

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM

Revision-marked copy  
[Bracketed 8 point text is deleted]; bold/underlined text is added

EFFECTIVE SEPTEMBER 12, 1997

OREGON ADMINISTRATIVE RULES  
CHAPTER 436, DIVISION 110

TABLE OF CONTENTS

NOTE: Only revised (adopted, amended, or repealed) rules are included in this document:

<b>Rule</b>	<b>Page</b>
436-110-0002 Purpose of Rules .....	2
436-110-0003 Applicability of Rules .....	2
436-110-0005 Definitions.....	2
436-110-0006 Administration of Rules.....	4
436-110-0007 Administrative Review/Appeal to the director .....	5
436-110-0200 Assistance Available from the Reemployment Assistance Program.....	6
436-110-0240 Insurer Participation in Reemployment Assistance .....	6
436-110-0260 Procedure for Insurer to Request Preferred Worker Claim Cost Reimbursement .....	7
436-110-0280 Eligibility For Reemployment Assistance .....	10
436-110-0300 Assistance Available from the Preferred worker Program .....	10
436-110-0310 Eligibility And END OF Eligibility For the preferred Worker Program.....	16
436-110-0320 Preferred Worker Cards .....	19
436-110-0340 Procedure For a worker and employer to Use the Preferred Worker Program.....	21
436-110-0360 Procedure to Use the Employer-at-Injury Program .....	26
436-110-0380 Return to Regular Employment .....	26
436-110-0400 Procedure to Use the Preferred Worker Program .....	27
436-110-0450 Audits.....	28
436-110-0500 Sanctions .....	28
436-110-0510 Assistance Available from the Employer-at-Injury Program .....	28
436-110-0520 Eligibility And End of Eligibility for the Employer-at-Injury Program .....	29
436-110-0540 Procedure to Use the Employer-at-Injury Program .....	31
436-110-0850 Audits.....	33
436-110-0900 Sanctions .....	34

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**436-110-0002 Purpose of Rules**

These rules explain what assistance and reimbursements are available from the Reemployment Assistance Program, who is qualified and how to receive assistance and reimbursements. **The Reemployment Assistance Program consists of two programs:**

**(1) The Employer-at-Injury Program promotes the early return to work of injured workers by providing incentives to employers who return their injured workers with open claims to light-duty transitional work.**

**(2) The Preferred Worker Program encourages the reemployment of workers whose on-the-job injuries have resulted in permanent disabilities and who cannot return to the jobs they were doing at the time of injury because of those disabilities by providing incentives to time-of-injury and new employers.**

**Stat. Auth.:** ORS 656.622, ORS 656.726(5)

**Stats. Implemented:** ORS 656.622, ORS 656.726(5)

**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Amended 1/21/93 as WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

**436-110-0003 Applicability of Rules**

(1) These rules apply to all requests for reemployment assistance received by the division on or after the effective date of these rules. Reemployment assistance received as a result of a request filed and approved between June 30, 1990, and the effective date of these rules counts toward the maximum assistance allowed by these rules.

(2) [The director may waive the time provisions of OAR 436-110-0240(3) and OAR 436-110-0400(2)(a), (4)(a) and (7)(f) if the director finds it necessary to carry out the provisions of ORS 656.622.] **Applicable to this chapter, the director may, unless otherwise obligated by statute, in the director's discretion waive any procedural rules as justice so requires.**

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
Amended 12/30/81 WCD Admin. Order 7-1981, eff. 1/1/82  
Renumbered from OAR 436-63-005, 5/1/85  
Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Amended 1/21/93 as WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin Order 97-057, eff. 9/12/97**

[Ed. Note: OAR 436-110-0005 includes definitions from former OAR 436-110-0200.]

**436-110-0005 Definitions**

(1) "Administrator" means the Administrator of the Workers' Compensation Division,

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

Department of Consumer and Business Services, or the administrator's delegate.

(2) "Claim costs" means all benefits, including disability payments, medical services, vocational costs (except self-employment), claim disposition agreements in accordance with ORS 656.236, disputed claim settlements in accordance with ORS 656.289, administrative costs, as well as attorney fees awarded to the worker or the worker's beneficiaries.

(3) ["Department" means the Department of Consumer and Business Services.] **"Disability" means permanent physical or mental restriction(s) or limitation(s) caused by an accepted disabling Oregon workers' compensation claim which limits the worker from performing one or more of the worker's regular job duties.**

[4] "Director" means the director of the Department of Consumer and Business Services or the director's delegate.

(5) "Division" means the Workers' Compensation division of the Department of Consumer and Business Services.]

**(4)** [(6)] "Division approval" means a reemployment assistance agreement signed by an authorized division representative.

[7] "Employer" means a subject Oregon employer within the meaning of the Workers' Compensation Law.]

**(5)** [(8)] "Employer-at-injury" means the organization in whose employ the worker sustained the injury or occupational disease, or made the claim for aggravation.

**(6)** "Exceptional disability" means a disability [equivalent to the complete loss, or loss of use, of two or more limbs including, but not limited to, a serious head injury resulting in a significant loss of memory, cognitive ability or motor function or massive injuries where loss of limbs has not occurred] **equal to or greater than the complete loss, or loss of use, of both legs. Exceptional disability also includes brain injury which results in impairment equal to or greater than a Class III as defined in OAR 436-035.** The division shall determine whether a worker has an exceptional disability based upon the combined effects of all of the worker's Oregon compensable injuries **resulting in** [awarding] permanent disability.

**(7)** [(9)] "Fund" means the Workers' Benefit Fund.

[10] "Preferred Worker" means a subject Oregon worker as described in ORS 656.005(26) and ORS 656.027 who, because of permanent disability resulting from a compensable injury or occupational disease, is unable to return to regular employment and meets the Preferred Worker Program eligibility criteria for assistance under these rules.]

**(8)** [(11)] "Premium" means premium which results from a calculation which takes payroll multiplied by applicable rates of the employer's individual insurer multiplied by the employer's experience rating modification less any discounts, assessments, surcharges or taxes.

**(9)** [(12)] "Regular employment" means the job the worker held at the time of injury or the job the worker held at the time of the claim reopening, or employment substantially similar in nature, duties, responsibilities, knowledge, skills and abilities. **Regular employment which has been substantially modified as described in OAR 436-110-0380 is not regular employment for purposes of the Preferred Worker Program.**

**(10)** "Wages" means the money rate paid a worker for services performed including paid leave [accrued during the period of the wage subsidy], overtime, commission, **performance bonuses**, and reasonable value of board, rent, housing, lodging and similar advantage received from the employer, as determined by the division in accordance with OAR 436-060. Wages do not include

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

tips, **discretionary** bonuses, **paid leave cash-outs**, employee insurance or benefits programs, employee discounts or other forms of remuneration not included as part of the worker's gross wages.

**(11)** "Worksite" means a primary work area which is already constructed and available for a worker to use to perform the required job duties. The worksite may be the employer's or worker's premises, property, and equipment used to conduct business under the employer's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job.

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622, ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
Renumbered from OAR 436-63-010, 5/1/85  
Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-199 (Temp), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Amended 1/21/93 as WCD Admin. Order 93-050, eff. 3/1/93  
Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

#### **436-110-0006 Administration of Rules**

(1) Orders issued by the division to enforce ORS 656.530 and ORS 656.622 or these rules are orders of the director.

(2) The department maintains the financial integrity of the fund and all reimbursement is subject to the availability of funds. If the funds are too low for all reimbursements, the director has final authority to determine how the funds will be disbursed.

(3) The director may use [funds] **moneys** from the fund for [educational] activities to provide information about and encourage reemployment of injured workers. A maximum of \$250,000 may be used in a fiscal year, July 1 to June 30. The director must approve all expenditures. [Educational] **A**[a]ctivities include, but are not limited to:

(a) Advertisements and promotion of reemployment assistance programs and associated production costs; **and,**

(b) Public reemployment assistance program conferences and workshops[; and,

(c) Cooperative agreements with State of Oregon agencies and community colleges to defray costs for assisting the Preferred Worker Program in providing assistance to preferred workers and employers of preferred workers].

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622, ORS 656.726(3)

**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp.), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Amended 1/21/93 as WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**436-110-0007 Administrative Review/Appeal to the director**

(1) [An injured worker, the employer-at-injury, the employer's insurer, the potential employer or employer of an eligible worker, the potential or actual employer's insurer who disagrees with] **Parties directly affected by a division** reemployment assistance decision [of the division] may request a review by **sending** [filing] a written request for review [with] **to** the administrator [of the Workers' Compensation Division] no later than 60 days after the date the decision is issued. **Facsimiles that are legible and complete are acceptable and will be processed the same as originals.**

(2) The request for review shall specify the reasons why the decision is appealed. No review shall be granted unless the request meets the requirements of this subsection[.];

(3) **The division will reexamine** [Review of] the decision [by the division will occur] prior to a director's review[.] **and will notify** [A]all affected parties of **its decision** [will be notified by the division if the initial decision is reversed. If the decision is upheld, a director's review shall begin;]

**(4) If, upon reexamination, the division upholds the original decision, and the decision is not final as described in section (3) of this rule, the director's review shall begin.**

**(5)** [(4)] The director may require any **affected** party [described in section (1) of this rule] to provide information or to participate in the director's review. If the party requesting the director's review [does not] **fails to** participate [as requested,] without reasonable cause as determined by the director, the director[']s review will be dismissed] **may dismiss the review.** The director's review decision will be issued in writing. The director's review decision is final and not subject to further review by [the department or] any court or other administrative body.

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(6), ORS 656.726(3)

**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-080, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[**ED. NOTE:** Former OAR 436-110-010 through 110 has been renumbered and changed in its entirety.]

**436-110-010** [Renumbered to 436-110-0200]

**436-110-015** [Renumbered to 436-110-0006]

**436-110-017** [Renumbered to 436-110-0240]

**436-110-020** [Renumbered to 436-110-0200 and 0280]

**436-110-022** [Renumbered to 436-110-0320]

**436-110-025** [Renumbered to 436-110-0200 and 0400]

**436-110-031** [Renumbered to 436-110-0400]

**436-110-032** [Renumbered to 436-110-0400]

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

- 436-110-035** [Renumbered to 436-110-0400]
- 436-110-037** [Renumbered to 436-110-0400]
- 436-110-041** [Renumbered to 436-110-0200 and 0400]
- 436-110-042** [Renumbered to 436-110-0200]
- 436-110-045** [Renumbered to 436-110-0200 and 0400]
- 436-110-047** [Renumbered to 436-110-0400]
- 436-110-051** [Renumbered to 436-110-0400]
- 436-110-052** [Renumbered to 436-110-0400]
- 436-110-060** [Renumbered to 436-110-0400]
- 436-110-080** [Renumbered to 436-110-0007]
- 436-110-090** [Renumbered to 436-110-0360]
- 436-110-100** [Renumbered to 436-110-0450]
- 436-110-110** [Renumbered to 436-110-0500]

[**ED. NOTE:** Former OAR 436-110-0200 has been amended and renumbered to 436-110-0005, 0300, and 0510.]

### **436-110-0200 Assistance Available from the Reemployment Assistance Program**

**Stat. Auth.:** ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (5), (10), ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
 Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
 Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
 Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
 Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
 Renumbered from OAR 436-63-015, 5/1/85  
 Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
 Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
 Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp.), eff. 7/1/90  
 Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
 Renumbered from OAR 436-110-010, 020, 025, 041, 042, and 045, 1/21/93,  
 WCD Admin. Order 93-050, eff. 3/1/93  
 Amended 10/11/95 as WCD Admin. Order 95-062 (Temp), eff. 10/11/95  
 Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96  
 Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Amended and renumbered to OAR 436-110-0005, 0300, and 0510, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97

### **436-110-0240 Insurer Participation in Reemployment Assistance**

(1) The insurer of the employer at injury shall be an active participant in providing reemployment assistance. Participation includes issuing notices of the assistance available from the **Reemployment Assistance** Program[,] **and** administering the Employer-at-Injury Program as specified in OAR 436-110-[0200(2)]**0510, 0520** and [0360] **0540**[, and providing return-to-work information and support information for the Preferred Worker Program as specified in OAR 436-110-0200(3) through (8), and 0400].

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

(2) The insurer shall notify[, in writing.] the worker and employer at injury **in writing** of the reemployment assistance available from the fund. The notice shall be in the format the director prescribes by bulletin. A notice shall be issued [upon]:

- (a) **Upon** [A] **acceptance** or reopening of a disabling claim;
- (b) Within five days of a worker's first release for work after claim opening and the first release for work after the worker has been declared medically stationary by the attending physician;
- (c) **Upon** [D] **determination** of eligibility or ineligibility of the worker for vocational assistance under OAR 436-120; and,
- (d) **Upon** [A] **approval** of a Claim Disposition Agreement.

[ (3) The insurer shall provide the division with the required support information and request reimbursement on an Employer-at-Injury Program Reimbursement Request form within one year of the end of the Employer-at-Injury Program ].

**(3)** [(4)] The insurer shall provide the division with return-to-work information in the form and format the director prescribes by bulletin indicating whether the worker has returned to regular employment; is released to regular employment; has refused an offer of appropriate employment with the employer at injury as defined in OAR 436-110-[0280(6)(b)] **0310(2)(c)**, upon the following:

- (a) Claim closure [by the division or the insurer] pursuant to ORS 656.268;
- (b) Within 30 calendar days from the insurer's receipt of the earliest Opinion and Order of **an Administrative Law Judge** [a Referee], Order on Reconsideration, Order on Review by the Board, decision of the Court of Appeals or stipulation which grants initial permanent disability after the latest opening of the worker's claim; and,
- (c) Approval of a Claim Disposition Agreement according to ORS 656.236 and documented medical evidence indicates permanent disability exists as a result of the injury or disease, and the worker is unable to return to regular employment.

[ (5) The insurer shall assist the worker and employer in completing a reemployment assistance agreement and support information when providing the worker with vocational assistance under OAR 436-120. ]

**Stat. Auth.:** ORS 656.340, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.340(1), (2), (3), ORS 656.622, ORS 656.726(3)

**Hist:** Filed 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-017, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[**ED NOTE:** OAR 436-110-0260 is amended and renumbered from OAR 436-110-0400(2)(e) and (3).]

**436-110-0260 Procedure for Insurer to Request Preferred Worker Claim Cost Reimbursement**

[(3)] **Claim Cost Reimbursement** may be provided to an insurer when a Preferred

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

Worker employed with an employer receiving Premium Exemption incurs a new compensable injury or occupational disease.

**(1)** [(a)] The insurer shall request Claim Cost Reimbursement as follows:

**(a)** [(A)] All requests for reimbursement shall be made within one year of **the quarter within which** payment **was made**;

**(b)** [(B)] Quarterly reimbursement requests must be in the format the director prescribes by bulletin. Reimbursement documentation shall include, but is not limited to:

**(A)** [(i)] Net amounts paid. "Net amounts" means the total compensation paid less any recoveries including, but not limited to, third party recovery or reimbursement from the Retroactive Program, Reopened Claims Program or the fund;

**(B)** [(ii)] Payment certification statement; and,

**(C)** [(iii)] Any other information **the division** deem[ed]s necessary [by the division].

**(2)** [(b)] Request for reimbursement shall not include:

**(a)** [(A)] Claim costs for any injury which did not occur while the worker was employed with Premium Exemption;

**(b)** [(B)] Costs incurred for conditions completely unrelated to the compensable claim except for diagnostic tests, including independent medical examinations, to determine compensability of the condition;

**(c)** [(C)] Costs incurred due to inaccurate, untimely, or improper processing of the claim and those procedures outside generally accepted claims management processes;

**(d)** [(D)] Penalties, fines or filing fees;

**(e)** [(E)] Disposition amounts in accordance with ORS 656.236 and ORS 656.289, not previously approved by the division;

**(f)** [(F)] Costs reimbursed or outstanding requests for reimbursement from the Reopened Claims Program, Retroactive Program or the fund; and,

**(g)** [(G)] Reimbursable Employer-at-Injury Program costs.

**(3)** [(c)] Periodically, the division will audit the physical file of the insurer to validate the amount reimbursed. Reimbursed amounts shall be refunded to the division and, as applicable, future reimbursements denied if, upon audit, any of the following is found to apply:

**(a)** [(A)] Reimbursement has been made for any of the items specified in **section (2)** [subsection (b)] of this **rule** [section];

**(b)** [(B)] If claim acceptance as a new injury rather than an aggravation is questionable and the rationale for acceptance has not been reasonably documented in accordance with generally accepted claim management procedures;

**(c)** [(C)] The separate payments of compensation have not been documented, as required

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

under generally accepted accounting procedures;

**(d)** [(D)] The insurer included claim costs in any dividend or retrospective rating or experience rating calculations;

**(e)** [(E)] The insurer is unable to provide applicable records relating to experience rating, retrospective rating or dividend calculations at the time of audit or within 14 working days thereafter; [and] **or**,

**(f)** [(F)] The insurer failed to follow generally accepted claim management processes, procedures and practices.

**(4)** [(d)] If the conditions described in **subsections (3)(c), (d) and (e)** [paragraphs (c)(C), (D) and (E)] of this **rule** [section] are corrected and all other criteria of the rules are met, eligibility for reimbursement may be reinstated. If reimbursement eligibility is reinstated, any moneys previously reimbursed and then recovered will be reimbursed again according to these rules[.].

**(5)** [(e)] If a claim is denied, the insurer shall receive reimbursement for claim costs, as determined by the division, according to these rules[; and,].

**(6)** [(2)(e)] If an employer fails to [write] **note the** "Preferred Worker" **status** on *Form 801*, or fails to send its insurer a copy of the *Preferred Worker Eligibility Card*, and later notifies its insurer that the injury or disease was incurred by a Preferred Worker, the insurer shall correct all records previously filed which include claim costs in any dividend, retrospective rating or any claim valuation for experience rating performed.

**(7)** [(f)] A Claim Disposition Agreement according to ORS 656.236, a Disputed Claim Settlement according to ORS 656.289, or any stipulation or agreement of a claim subject to claim cost reimbursement from the fund must meet the following requirements for reimbursement:

**(a)** [(A)] The insurer must obtain prior written approval of the disposition from the division. The proposed disposition shall be submitted to the division prior to submitting the disposition to the Workers' Compensation Board for approval;

**(b)** [(C)] A claim's future liability and the proposed contribution from the fund must be a reasonable projection, as determined by the division, in order to be approved for reimbursement from the fund[.]; **and**,

**(c)** [(B)] A request for approval of the proposed disposition shall include:

**(A)** [(i)] A copy of the proposed disposition which specifies the proposed assistance from the fund and contains a signature line for division approval;

**(B)** [(ii)] A written explanation of how the calculations for the amount of assistance from the fund were made; and,

**(C)** [(iii)] Other information as required by the division.

**Stat. Auth.:** ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (4), (5), (10), ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1 15/73

Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
 Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
 Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
 Renumbered from OAR 436-63-045, 5/1/85  
 Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
 Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
 Renumbered from OAR 436-110-025, 031, 032, 035, 037, 041, 045, 047, 051, 052  
 and 060, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
 Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Amended and renumbered from OAR 436-110-0400(2)(e) and (3), 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97

[ED NOTE: Former OAR 436-110-0280 has been amended and renumbered to OAR 436-110-0310, 0380, and 0520.]

### 436-110-0280 Eligibility For Reemployment Assistance

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)  
**Stats. Implemented:** ORS 656.622(9), ORS 656.726(3)  
**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
 Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
 Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
 Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
 Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
 Renumbered from OAR 436-63-020, 5/1/85  
 Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
 Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
 Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp.), eff. 7/1/90  
 Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
 Renumbered from OAR 436-110-020, 1/21/93,  
 WCD Admin. Order 93-050, eff. 3/1/93  
 Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96  
 Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Amended and renumbered to OAR 436-110-0310, 0360, and 0520, 8/28/97 as WCD admin. Order 97-057, eff. 9/12/97

[ED. NOTE: OAR 436-110-0300 is amended and renumbered from OAR 436-110-0200 and 0400.]

### 436-110-0300 Assistance Available from the Preferred worker Program

[(3)]The Preferred Worker Program is a worker-option and worker-activated program. [Its purpose is to encourage the employment of the worker.] The program consists of Premium Exemption, Claim Cost Reimbursement, Wage Subsidy, Obtained Employment Purchases, and Worksite Modification. A [The] Preferred W[w]orker may offer reemployment assistance to an [the] employer. [The employer receives the benefit of the reemployment assistance the worker and employer agree to use.]

**(1)** [(4)] **Premium Exemption** releases an [the] employer from paying workers' compensation insurance premiums or premium assessments on a [the] Preferred Worker during the time Premium Exemption is in effect, up to a maximum of three years from the date of first use by the worker during the Preferred Worker eligibility period. If a [the] Preferred Worker has a new compensable injury or occupational disease, [the employer does not have] the claim costs will not be included in the employer's [its] experience rating calculation. Premium Exemption may not be extended. Premium Exemption allows the following:

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

(a) While actively using Premium Exemption, the employer does not report, and the insurer cannot use, the Preferred Worker's payroll for the calculation of insurance premiums or premium assessments. However, the employer is required to report and pay workers' compensation employer assessments and withhold employee contributions as required by OAR 436-085. The employer shall start paying insurance premiums and premium assessments when Premium Exemption ends.

(b) While Premium Exemption is active, the worker may provide a new eligible employer Premium Exemption for the remainder of the three-year Premium Exemption period.

**(2)** <sup>[(5)]</sup> **Claim Cost Reimbursement** provides reimbursement to the insurer for claim costs when a Preferred Worker incurs a new compensable injury or occupational disease while employed under Premium Exemption **as follows**<sup>[. Specific limitations of requesting claim cost reimbursement include the following]</sup>:

(a) Reimbursements will be made for the life of the claim;

(b) Reimbursements include disability benefits, medical benefits, vocational costs (except self-employment), claim disposition agreements in accordance with ORS 656.236, disputed claim settlements in accordance with ORS 656.289, stipulations, as well as attorney fees awarded the worker or the worker's beneficiaries and administrative costs. The administrative cost factor to be applied to claim costs shall be **calculated** <sup>[developed]</sup> in the manner specified in OAR 436-050-0180; <sup>[and,]</sup>

(c) The claim shall not be used for ratemaking, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premiums or premium assessments with the present or a future insurer. The insurer must be able to document that claim data will not affect the employer's rates or dividend<sup>[.]; and,</sup>

**(d) An insurer may request reimbursement as given in OAR 436-110-0260.**

**(3)** <sup>[(6)]</sup> **Wage Subsidy** provides an employer with partial reimbursement of a worker's gross wages for a specified period. Wage Subsidy benefits are <sup>[restricted by]</sup> **subject to** the following conditions:

(a) A Wage Subsidy is limited to a duration of six months and a monthly reimbursement rate of 50 percent, except for a worker with an exceptional disability **as defined in OAR 436-110-0005**. For a worker with an exceptional disability, the Wage Subsidy duration is limited to one year and a monthly reimbursement rate of 75 percent.

(b) A Wage Subsidy may be interrupted for reasonable cause and extended to complete the Wage Subsidy on a whole workday basis. Reasonable cause includes, but is not limited to, personal or family illness, death in the worker's family, pregnancy of the worker or worker's spouse, a compensable injury to the worker, participation in an Employer-at-Injury Program or layoff. A layoff must be a minimum of 10 consecutive work days.

(c) Wages subject to reimbursement must be within the prevailing wage range for that occupation. The prevailing wage range is determined by **the following method:**

(A) **F**<sup>[f]</sup>irst examin<sup>[ing]</sup>**e** the wages paid by the employer for other workers doing the

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

same job.

(B) If no other workers are doing the same job, a labor market survey of the local labor market may be conducted.

(C) If the labor market survey does not support the wage rate requested, the division will determine the wage subject to reimbursement.

(d) [Wages subject to reimbursement must be unsubsidized by any other source.] **Preferred Worker Program Wage Subsidies may not be combined with subsidies from other sources.**

**(e) Except as otherwise provided in these rules, a Preferred Worker may use Wage Subsidy twice during an eligibility period, once with one employer and once with a different employer.**

**(4) [(7)] Obtained Employment Purchases** are those items an employer requires of all workers performing the job for which the worker is employed or which are required for the worker to accept a job or continue employment. These purchases may be provided for a job [outside the state of Oregon] **with a non-subject employer in Oregon or out of state, as long as that employer complies with the appropriate workers' compensation law.** All purchases become the worker's property upon employment in the job for which they are required.

**(a) [(c)]** Obtained Employment Purchases are limited to:

**(A) Instruction provided by an educational entity accredited or licensed by an appropriate body in order to update existing skills or to meet the requirements of an obtained job, as follows:**

**(i) [(A)]** Tuition, books and fees [for a class or course of instruction to update existing skills or to meet the requirements of an obtained job]. Maximum reimbursement is \$750.

**(ii) [(F)]** Temporary lodging, meals and mileage to attend [a class or course of] instruction when overnight travel is required. The cost of meals, lodging, public transportation and use of a personal vehicle shall be reimbursed at the rate of reimbursement for **the department's** [State of Oregon Department of Consumer and Business Services] classified employees covered under the collective bargaining agreement. Lodging, meals and mileage are limited to a combined period of one month, and the total maximum reimbursement is \$2,500.

(B) Tools and equipment [limited to those items which are] mandatory for [initial] employment, such as starter sets. Purchases shall not include items the employer normally provides, items the worker possesses, [or] duplicate worksite modification items **or vehicles.** Maximum reimbursement is \$2,000.

(C) Clothing required for the job, not including clothing the employer normally provides [and/]or the worker already possesses. Clothing does not include accessories such as jewelry, scarves, wallets, purses or other items which are not basic clothing. Maximum reimbursement is \$400.

(D) Moving expenses for a job **if the new worksite is** more than 50 miles from the worker's primary residence. **When the worker's permanent disability from the injury precludes the worker from commuting the required distance,** [M]moving expenses may be

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

provided to move within 50 miles of the worker's primary residence or within the distance the worker commuted for work at claim opening[, when the worker's permanent disability from the injury precludes the worker from commuting the required distance]. A signed statement from the worker's medical service provider, as defined in OAR 436-010, shall be submitted to the division as evidence of the worker's inability to commute the required distance. Reimbursement is limited to:

**(i)** T[t]he cost of moving household goods weighing not more than 10,000 pounds and reasonable costs of meals and lodging for the worker and the worker's family. The cost of meals, lodging, public transportation and use of a personal vehicle shall be reimbursed at the rate of reimbursement for **the department's** [State of Oregon Department of Consumer and Business Services] classified employees covered under the collective bargaining agreement. The worker and the worker's spouse may receive per diem for meals and lodging. The worker's dependents may receive per diem for meals. Lodging and meals are limited to a maximum period of two weeks. Reimbursement of moving expenses and mileage for one vehicle is limited to a single one-way trip.

**(ii)** [E] Rental allowance for the worker's primary residence limited to first month's rent and last month's rent when required as specified in the rental agreement and non-refundable security, **credit check**, and utility fees, except deposits or fees for pets, telephone or television[, when the worker is required to move outside commuting distance to accept a job as specified in paragraph (D) of this section].

**(E)**[G] Initiation fees, or back dues and one month's current dues, required by a labor union; and,

**(F)**[H] Occupational certification, licenses and related testing costs, **drug screen testing**, **physical examinations**, or membership fees required for the job. Maximum reimbursement is \$500.

**(b)** Conditions for the use of Obtained Employment Purchases are as follows:

**(A)** [a] For items as specified in paragraphs **(a)**[c]**(A)(i)**, (B), (C), (E), **and** (F)[and (H)] of this section, the employer must submit a signed list of item(s) verifying **they** [the item(s)] are required of all workers performing the job for which the worker is employed. If no other workers are performing the same job, the division may conduct a local labor market survey to determine **whether** [the items] **similar** employers require **the items** to perform the job. If the labor market survey does not support the Obtained Employment Purchase item(s) requested, the division will determine the appropriate Obtained Employment Purchase item(s)[:].

**(B)** [b] [When] **Once the division provides** an Obtained Employment Purchase item [has been provided], **the division** [a duplicate of that item] will not **replace that item** [be provided] unless the item was stolen or destroyed by nature or an act of God; or, in the case of clothing for new employment, the clothing **previously provided** is no longer usable. The loss must be uninsured and **the division may require** a police report [may be required by the division] to verify the loss[:].

**(C)** Except as otherwise provided in these rules, a Preferred Worker may use each Obtained Employment Purchase category twice during a period of eligibility, once with one employer and once with a different employer.

**(D)** The department may deny reimbursement for Obtained Employment Purchases

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**it determines are not reasonable, practical or feasible for the job.**

**(E) A Preferred Worker who is receiving return-to-work follow-up services under OAR 436-120 may be eligible for Obtained Employment Purchases. This is the only condition under which a worker receiving vocational assistance under OAR 436-120 may be eligible for these purchases.**

[ (d) When the division determines the appropriate obtained employment purchase and the worker requests an obtained employment purchase equally appropriate but with a greater cost, upon division approval, funds equal to the obtained employment purchase identified by the division may be applied toward the cost of the obtained employment purchase desired by the worker. ]

**(5) [(8)] Worksite Modification** means altering a worksite by purchasing, modifying or supplementing equipment, or changing the work process to enable a worker to work within the limitations imposed by compensable injuries or occupational diseases. **Conditions** [Requirements] for the use of Worksite Modification assistance are as follows:

(a) [The form of modification will be determined based on the worker's limitations resulting from Oregon compensable injuries or occupational diseases. The division shall make the final determination of what is needed to modify the job.] The division must approve, by authorized signature, a completed and signed *Worksite Modification Agreement form*, [filed by the worker and employer] as specified in OAR 436-110-[0400(6)(f)]**0340(4)(c) or (d)**, prior to any reimbursement or authorization for [expenditure:] **payment**.

(b) Modifications [required because of limitations resulting from a compensable injury] may be provided up to three years from the date the worker returns to regular employment, **becomes medically stationary**, or other employment started while the worker is eligible for the Preferred Worker Program, **whichever occurs last**[:].

(c) Modifications will only be provided to allow the worker to perform the job duties within the worker's [mental and physical capabilities:] **injury-caused permanent limitations as defined by a medical provider. A job analysis which includes the duties and physical demands of the job before and after modification may be required to show how the modification will overcome the worker's limitations. The job analysis may be submitted to the attending physician for approval before the modification is performed.**

(d) Modifications may be provided to allow a worker to return to regular employment, **as described in OAR 436-110-0380**[:].

(e) Modifications after June 30, 1990, are limited to a maximum of \$25,000 on the claim which qualified the worker for assistance. A modification over \$25,000 may be provided for a worker with an exceptional disability as defined in **OAR 436-110-0005(6)**. [subsection [(6)(a)] of this rule:]

[ (f) Modifications over \$2,500 require division approval; ]

**(f) A worker may use Worksite Modification assistance once with one employer and once with a second employer, or twice with the same employer if there is a job change.**

(g) Modifications limited to a maximum of \$2,500 may be provided for on-the-job training under OAR 436-120 **or other similar on-the-job training programs including, but not limited to, those administered by the state of Oregon Employment Department and**

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**Department of Human Resources, Vocational Rehabilitation Division**, except when the employer at injury is the trainer. When the employer at injury is the trainer, a modification of up to \$25,000 may be provided. A modification will not be approved for any other type of training[.].

**(h) When a worker's personal vehicle is being modified, the worker must provide proof of the worker's ownership, insurance coverage, and valid drivers license.**

**(i)**<sup>(h)</sup> Modifications must be **reasonable**, practical, and feasible as determined by the division. **The director shall have final authority to make Worksite Modification decisions involving the use of the fund**[.].

**(j)**<sup>(i)</sup> When the division determines the appropriate form of modification and the worker or employer requests a form of modification equally appropriate but with a greater cost, upon division approval, funds equal to the cost of the form of modification identified by the division may be applied toward the cost of the modification desired by the worker or employer[.].

**(k)**<sup>(j)</sup> A modification may include tools, equipment, fixtures, or furnishings not customarily provided by an employer[. It may include]; installation of equipment or machinery[.]; or alteration of permanent structures.

**(l)** [It] **A modification** may include rental of tools, equipment, fixtures, or furnishings to determine the feasibility of a modification[. It may include], **and** consultative services consisting of engineering, architectural, ergonomic and similar services required to determine the feasibility, **to** recommend, **to** design or to perform a Worksite Modification.

**(m)** Rental of Worksite Modification items and consultative services require division approval and are limited to a cost of up to \$3,500 each. The cost for rental of Worksite Modification items and consultative services does not apply toward the total cost of a Worksite Modification[.].

**(n)**<sup>(k)</sup> Modification equipment shall become the employer's property upon successful completion of a Worksite Modification agreement and employment of the worker, **unless the division** [except when] specific[d]s [by the division] **otherwise**. The division shall determine ownership of Worksite Modification equipment prior to approving an agreement **and has the final authority to assign property**. Exceptions to the modification becoming the employer's property include, but are not limited to:

(A) An item unique to the worker, such as a custom-designed tool to adapt the worker's prosthesis to a job-related task;

(B) An item that is mobile, portable, easily transferable, not affixed or attached to the employer's property or equipment, not integral to the employer's operations, and of greater value to the worker in order to maintain employment; and,

(C) Items installed in **or on** the worker's personal property or premises.

**(o)**<sup>(l)</sup> The division may request a physical capacities evaluation, **work tolerance screening, or review of a job analysis** [after claim closure] to quantify the worker's injury-caused permanent limitations [or review of a job analysis to support a worksite modification]. [Reimbursement for each physical capacities

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

evaluation and each job analysis review shall be in accordance with the Oregon Medical Fee and Relative Value Schedule as specified in OAR 436-010.] **The cost of temporary lodging, meals, public transportation and use of a personal vehicle necessary for a worker to participate in one or more of these required activities shall be reimbursed at the rate of reimbursement for the department's classified employees covered under the collective bargaining agreement.** The cost of **the services described in this subsection** [a physical capacities evaluation or review of a job analysis] does not apply toward the total cost of a Worksite Modification[.];

**(p)**[**(m)**] If[, prior to the end of a Worksite Modification agreement,] the **property provided for the modification is damaged, in need of repair or lost,** [the employer or worker must repair or replace the modification without repayment from] the division **will not repair or replace the property**[.];

**(q)**[**(n)**] The employer [or worker] shall not dispose of the **property provided for the modification or reassign it to another worker** while the worker is employed **in work for which the modification is necessary** or prior to the end of the agreement without division **and worker approval.** Failure to repair or replace the **property** [modification], or **inappropriate** [early] disposal **or reassignment** of the **property** [modification] may result in [the end of eligibility for reemployment assistance;] **sanctions under OAR 436-110-0900.**

**(r) The worker shall not dispose of the property provided for the modification while employed in work for which the modification is necessary or prior to the end of the agreement without division approval. Failure to repair or replace the property, or inappropriate disposal of the property may result in sanctions under OAR 436-110-0900.**

[**(o)** All Worksite Modification assistance is subject to the Worksite Modification Agreement provisions established by the director.]

**Stat. Auth.:** ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (5), (10), ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
Renumbered from OAR 436-63-015, 5/1/85  
Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp.), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-010, 020, 025, 041, 042, and 045, 1/21/93,  
WCD Admin. Order 93-050, eff. 3/1/93  
Amended 10/11/95 as WCD Admin. Order 95-062 (Temp), eff. 10/11/95  
Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended and renumbered from OAR 436-110-0200 and 0400, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[**ED. Note:** OAR 436-110-0310 is amended and renumbered from OAR 436-110-0280 and 0400.]

### **436-110-0310 Eligibility And END OF Eligibility For the preferred Worker Program**

[**(1)** The general eligibility provisions and Employer-at-Injury Program eligibility provisions or Preferred Worker Program eligibility provisions must be fulfilled to receive reemployment assistance, except for worksite modification assistance as specified in subsection (3)(b) of this rule.] **(1)** [**(2)**]The [general] eligibility [provisions] **requirements** for an employer are:

(a) The employer has and maintains Oregon workers' compensation insurance coverage;

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

[and,]

(b) The employer complies with the Oregon Workers' Compensation Law; **and,** [.]

**(c) The employer is not currently ineligible for Preferred Worker benefits under OAR 436-110-0900.**

**(2)** [(3)] The [general] eligibility [provisions] **requirements** for a worker are:

(a) The worker has an accepted Oregon compensable injury or occupational disease; [and,]

(b) **Because of injury-caused limitations,** [T]the worker has not returned to, and [(except for the Employer-at-Injury Program)] medical evidence indicates the worker will not be able to return to, regular employment **as defined in OAR 436-110-0005** under the most recent disabling claim opening. [Exceptions are a worker who is able to return to regular employment with substantial worksite modification may be eligible for the Preferred Worker Program as specified in subsection (6)(c) of this rule, or worksite modification assistance may be provided a worker who is not otherwise eligible for the Preferred Worker Program to allow the worker to return to regular employment.]

**(c)** [(6)(b)] The worker has not refused an offer of appropriate employment with the employer at injury. For the purpose of this rule, "appropriate employment" means employment for which the worker has the knowledge, skills, abilities, and physical capacit[y]ies to perform the job. A job offer requiring the use of reemployment assistance by the worker is not considered an offer of appropriate employment; [or,] **and,**

**(d)** [(6)(a)] The worker has permanent disability as a result of an accepted Oregon disabling injury or occupational disease by one of the following:

(A) Permanent disability awarded by a Notice of Closure, a Determination Order, Order on Reconsideration, Order of a Referee, Order on Review by the Board, a decision of the Court of Appeals or an approved stipulation; [or,]

[(B) An open claim and the worker has available, immediate employment and documented medical evidence indicates permanent disability will likely be awarded at the time of claim closure; or,]

**(B)** [(c)] A claim closed by a Board's Own Motion or the insurer's own motion and medical documentation indicates permanent disability exists as a result of the injury or disease; [or,]

**(C)** [(d)] A claim settled by a Claim Disposition Agreement according to ORS 656.236 and medical documentation indicates permanent disability exists as a result of the injury or disease; **or,**

**(D) Medical documentation indicates permanent disability exists as a result of the injury or disease, whether or not an order has been issued awarding permanent disability.**

**(3)** [(4)] [Reemployment assistance may be provided when the worker was self-employed at the time of initial injury in order to return to the same self-employment venture as at the time of initial injury or to employment other than a self-employment venture.] **A worker may not use Preferred Worker benefits for self-employment unless the injury which gave rise to the worker's eligibility for the Preferred Worker Program occurred in the course and scope of self-employment. In that case, the worker may use the benefits to return to the same self-employment or for employment other than self-employment.**

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**(4)** [(7)] Reasons for ending **Preferred Worker Program** [reemployment assistance] eligibility [are] **include, but are not limited to, the following:**

(a) Misrepresentation or omission of information by the worker or employer to obtain assistance;

(b) Failure of the worker or employer to provide requested information or cooperate;

(c) Falsification or alteration of a Preferred Worker card or a Reemployment Assistance Program agreement;

(d) Conviction of fraud in obtaining workers' compensation benefits;

(e) The worker releases all claim rights through a Disputed Claim Settlement in accordance with ORS 656.289;

[(f) The claim upon which eligibility was determined receives no award for permanent disability, except for a Claim Disposition Agreement in accordance with ORS 656.236, and the worker does not have a previous claim with an award for permanent disability. However, reemployment assistance costs approved prior to claim closure with no award for permanent disability may be reimbursed, and compensable injuries occurring prior to claim closure during a period of premium exemption may qualify for claim cost reimbursement for the life of the claim, except as cited in OAR 436-110-0450;]

**(f)**[(g)] The worker returns to regular employment without substantial worksite modification [and a documented demand from the Department has been made for the return of the preferred worker card from the worker];

**(g)**[(h)] The claim upon which eligibility was determined is subsequently denied in accordance with ORS 656.262. However, reemployment assistance costs approved prior to the denial may be reimbursed, and compensable injuries occurring prior to the denial during a period of premium exemption may qualify for claim cost reimbursement for the life of the claim, except as cited in OAR 436-110-[0450] **0850**;

**(h)**[(i)] The worker or employer is sanctioned from receiving reemployment assistance in accordance with OAR 436-110-[0500] **0900**; **or,**

[(j) The worker or employer fails to repair or replace a damaged or lost worksite modification as specified in OAR 436-110-0200(8)(m);]

**(i)**[(k)] The employer does not maintain Oregon workers' compensation insurance coverage[; or,].

[(l) Alteration of an Authorization for Expenditure or misuse of funds to purchase items not specifically authorized during the period of an active reemployment assistance agreement including, but not limited to, the sale or return of items for cash, credit or exchange, without written division approval. The worker or employer may be required to repay all or part of the funds as determined by the division.]

**(5)** [Once the division determines a worker's eligibility for the Preferred Worker Program and] **If** there is an active Reemployment Assistance Program agreement, the division will not end **Preferred Worker Program** eligibility **until termination of the agreement if a Disputed Claim Settlement pursuant to ORS 656.289 settles that portion of the claim from which eligibility arose or** [if] the claim is subsequently [closed without an award for permanent disability, through approval of a Disputed Claim Settlement pursuant to ORS 656.289, or a denial] **denied** pursuant to ORS 656.262[, until termination of the agreement]. Premium Exemption ends either at the expiration date shown on the card or when the job ends, whichever

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

occurs first. When this occurs, the division will issue written notification to the worker. The worker must notify all affected parties. If the job ends before the expiration date shown on the card, the Preferred Worker card must be surrendered to the division.

**(6) [(8)][Reasons] The division retains the right to reinstate Preferred Worker Program [reemployment assistance] eligibility [are:] if eligibility was ended prematurely or in error, or the employer has reinstated or obtained workers' compensation insurance coverage.**

[(a) Reemployment assistance was prematurely ended for reasons beyond the worker's control. Examples of reasons beyond a worker's control may include, but are not limited to, breach, default or omission on the part of the employer; or the worker returned to work and the job ended prior to claim closure; or,

(b) Eligibility was ended in error; or,

(c) The employer has reinstated or obtained new workers' compensation insurance coverage.]

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(9), ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73  
Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
Renumbered from OAR 436-63-020, 5/1/85  
Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 6/21/90 as WCD Admin. Order 13-1990 (Temp.), eff. 7/1/90  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-020, 1/21/93,  
WCD Admin. Order 93-050, eff. 3/1/93  
Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended and renumbered from OAR 436-110-0280 and 0400, 8/28/97 as WCD admin. Order 97-057, eff. 9/12/97**

### **436-110-0320 Preferred Worker Cards**

(1) The division may issue two types of Preferred Worker cards to eligible workers. The cards identify the worker as being eligible to offer an employer Preferred Worker Program assistance [to employ the worker. Limitations on] **Conditions for** using the Preferred Worker cards include:

(a) A worker can have only one valid Preferred Worker card at a time;

[(b) A Preferred Worker subsequently determined eligible for the program under another claim or claim opening shall discontinue use of a previously issued card when a new card is issued;]

**(b)[(c)] A Preferred Worker card is valid for [expires] three years from the date of issue.** The three-year period cannot be interrupted or extended[. A new card will not be issued without a subsequent qualifying claim opening]; and,

**(c)[(d)] A Preferred Worker card may be reissued upon loss of the original card during and for the three-year period the original card was issued.**

(2) [A Preferred Worker Identification Card may be requested as follows:] **The first card issued is a Preferred Worker Identification Card. The worker and employer use this card to start Premium Exemption by completing the card and returning it to the division. When worker eligibility criteria are met, the division issues this card as follows:**

(a) **Automatically [A]at the time of claim closure based upon** insurer submission of

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

return-to-work information as specified in OAR 436-110-0240<sup>(4)</sup>**(3)**;

(b) Prior to claim closure when the worker has available, immediate employment and meets the eligibility criteria specified in OAR 436-110-[0280(6)(a)(B)] **0310(2)**. Workers or their representatives may contact the division directly to request an eligibility determination and a Preferred Worker card. [Upon determining eligibility, the division will issue a Preferred Worker Identification Card to the worker. If the worker is determined to be ineligible, the division will issue written notification explaining why the worker is not eligible; and,]

(c) **When notified by the worker or their representative that there is a** [Upon] claim closure by a Claim Disposition Agreement, a Board's Own Motion or insurer's own motion[, the worker or their representative may contact the division directly.];

**(d) Upon request by the worker or their representative any time after claim closure;**  
**or,**

**(e) If, as a result of a new claim or claim reopening, a Preferred Worker meets the Preferred Worker Program eligibility criteria, the division shall issue a new Preferred Worker Identification Card. The later card shall be used for subsequent benefits.**

**(3) The second card issued is the Preferred Worker Eligibility Card. The division sends the Preferred Worker this card upon approval of Premium Exemption. This card shows the three-year Premium Exemption period. The worker may offer other employers Preferred Worker benefits for the remainder of the time shown on this card.**

**(4)**<sup>(3)</sup> The division may **inactivate** [cancel and withdraw] a Preferred Worker card if:

- (a) The Preferred Worker card was issued in error; or,
- (b) Any reason for ending **Preferred Worker Program** [reemployment assistance] eligibility as specified in OAR 436-110-[0280(7)] **0310(4)** applies.

[<sup>(4)</sup> The division will notify the worker of the cancellation of a preferred worker card. The worker must surrender the card upon written demand by the division. Failure to surrender the card upon demand may result in sanctions against the worker as specified in OAR 436-110-0500.]

**(5) If the division finds that a worker who has requested a Preferred Worker card is ineligible, the division shall notify the worker in writing. Such notice shall give the basis for the decision, the relevant rule(s), and the worker's appeal rights as given in OAR 436-110-0007.**

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(9), ORS 656.726(3)

**Hist:** Filed 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-022, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
**Amended 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[**ED. NOTE:** OAR 436-110-0340 has been amended and renumbered from OAR 436-110-0400.]

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM

---

**436-110-0340 Procedure For a worker and employer to Use the Preferred Worker Program**

[1] The following procedures are to be used to access the Preferred Worker Program. **Materials may be sent by facsimile. Facsimiles that are legible and complete are acceptable and will be processed the same as originals.**

**(1)[2] Premium Exemption** must be activated in order to use Claim Cost Reimbursement **and** Wage Subsidy. [and] **Requirements regarding** Premium Exemption and Obtained Employment Purchases [for employment in Oregon] **are given in subsection (3)(c) of this rule.**

(a) Premium Exemption is activated as follows:

(A) When a worker issued a *Preferred Worker Identification Card* accepts employment with Premium Exemption requested, the worker and employer shall complete the *Preferred Worker Identification Card*. The card must be signed and dated by the worker and employer and [mailed] **sent** to the division within 90 days of the date the worker starts work. Upon division approval, Premium Exemption will begin the date the worker started work[. If the division does not approve premium exemption, the division will issue written notification explaining why premium exemption cannot be approved]; [or.]

(B) When a potentially eligible worker without a *Preferred Worker Identification Card* accepts employment with Premium Exemption requested, the worker shall [submit] **send** a written request to the division, or call the division, within 90 days of the date the worker starts work. Upon the division determining **the worker** eligibil[ity]e as specified in OAR 436-110-[0280]**0310**, **the division will issue a Preferred Worker Identification Card. The card must be completed by the worker and employer and sent to the division within 90 days of the date of issue.** **P**[p]remium Exemption will begin the date the worker started work[. If the worker is not eligible or premium exemption cannot be approved, the division will issue written notification explaining why the worker is not eligible or why premium exemption cannot be approved]; Or,

(C) When a worker with an open claim accepts employment and a *Preferred Worker Identification Card* is subsequently issued, the card must be signed and dated by the worker and employer and [mailed] **sent** to the division within 90 days of the date the card was issued. Upon division approval, Premium Exemption will begin either the date the card was issued or the date **the worker started work** [employment began], whichever is later. [If the division does not approve premium exemption, the division will issue written notification explaining why premium exemption cannot be approved.]

**(b) If the division does not approve Premium Exemption, the division shall notify the worker and employer in writing. Such notice shall give the basis for the decision, the relevant rule(s), and the appeal rights as given in OAR 436-110-0007.**

**(c)[(b)]** Upon approval of Premium Exemption, the division will issue the worker a *Preferred Worker Eligibility Card* which shows the Premium Exemption start and end dates. The division will also issue a *Notice of Premium Exemption* to the employer, the employer's insurer and the insurer of the employer at injury;

**(d)[(c)]** **The worker may use a** [A] *Preferred Worker Eligibility Card* [may be used by the worker] to obtain new employment and to provide subsequent employers with Premium Exemption for the remainder of the three-year Premium Exemption period;

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**(e)**<sup>(d)</sup> Employers who subsequently employ a Preferred Worker shall **photocopy** the *Preferred Worker Eligibility Card* as evidence of Premium Exemption, **and distribute copies as follows:**

**(A)** **S**<sup>s</sup>end one copy to their insurer as notice that a Preferred Worker is employed using Premium Exemption<sup>]</sup>;

**(B)** **K**<sup>k</sup>keep one copy on file<sup>]</sup>; **and,**

**(C)** **Return** <sup>T</sup>the card <sup>[shall be returned]</sup> to the worker<sup>]</sup>; **and,**

**(f)**<sup>(e)</sup> If a Preferred Worker incurs a compensable injury or occupational disease during the Premium Exemption period, the employer shall notify its insurer of the injury and **either check the appropriate box on Form 801 or** write " Preferred Worker" in the left-hand margin of <sup>[Form 801]</sup> **the form, and** provide a copy of the worker's *Preferred Worker Eligibility Card*. If the employer fails to <sup>[write " Preferred Worker"]</sup> **note the Preferred Worker status** on *Form 801*, or fails to send a copy of the *Preferred Worker Eligibility Card*, the employer shall notify the insurer as soon as possible that the injury or disease was incurred by a Preferred Worker.

**(2)** <sup>(4)</sup> A **Wage Subsidy** may be requested by a worker and employer and the employer reimbursed as follows:

(a) A *Wage Subsidy Agreement* must be completed and signed by the worker and employer and submitted to the division. The agreement must be <sup>[mailed]</sup> **sent** to the division within 90 days of the date the worker starts work, except as specified in paragraph <sup>(2)</sup> **(1)(a)(B) and** (C) of this section. Upon division approval, the Wage Subsidy will begin either the date the worker started work, or the date Premium Exemption is approved as provided in subsection <sup>(2)</sup> **(1)(a)** of this rule. <sup>[If the Wage Subsidy is not approved, the division will issue written notification explaining why the Wage Subsidy was not approved]</sup>;

(b) Upon approval of the Wage Subsidy, the division will send a copy of the agreement to the worker and a copy of the agreement with a *Wage Subsidy Reimbursement Request* form to the employer;

**(c) If the division does not approve the Wage Subsidy, the division shall notify the worker and employer in writing. Such notice shall give the basis for the decision, the relevant rule(s), and the appeal rights as given in OAR 436-110-0007;**

**(d)** <sup>(c)</sup> The employer may request reimbursement based on the wage agreed to on the *Wage Subsidy Agreement* **form** or the wage paid the worker, whichever is less. Wages subject to reimbursement must have been paid the worker. Reimbursement shall be on a whole workday basis. An employer may request reimbursement, interruption or extension of a Wage Subsidy for a part of a day the worker worked; the part of the day reimbursed or interrupted will be counted as a whole workday toward the total duration of the Wage Subsidy; and,

**(e)** <sup>(d)</sup> Requests for reimbursement shall be made no more frequently than once every two weeks. A *Wage Subsidy Reimbursement Request* **form** must include a copy of the worker's payroll records. The payroll record shall state the dates (daily or weekly), hours, wage rate and the worker's gross wage. Payroll records **shall** <sup>[may]</sup> be a **legible** copy <sup>[of the ledger or an itemized statement with the required information signed by the employer. Payroll records must be]</sup> **and** compiled in accordance with generally

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

accepted accounting procedures.

**(3)** [(5)] **Obtained Employment Purchases** may be requested by a Preferred Worker [not receiving vocational assistance under OAR 436-120.] as follows:

(a) The worker [or insurer] shall call or write the division directly for assistance in receiving Obtained Employment Purchases;

(b) The *Obtained Employment Purchase Agreement* **form** must be completed and signed by the worker and employer and submitted to the division[. The agreement must be received by the division with a signed statement from the employer as specified in OAR 436-110-0200(7)(a), an itemized list of items to be purchased, or that were purchased, the quantity, unit cost, total cost, and the vendor name(s) and address(es). The worker must also indicate whether reimbursement will be requested or a means of expenditure from the fund is desired];

**(c) Premium Exemption must be active and in effect in order to use Obtained Employment Purchases, except as follows:**

**(A) If purchase(s) are necessary prior to the date the worker is scheduled to start work and thereby activate Premium Exemption, the worker and employer must submit the Preferred Worker Identification Card to the division along with the Obtained Employment Purchase Agreement form;**

**(B) If purchase(s) are necessary prior to the date the worker is scheduled to start work and Premium Exemption has previously been activated, the employer must submit a letter of intent to hire;**

**(C) Paragraphs (A) and (B) of this subsection do not apply to workers receiving vocational assistance under OAR 436-120. These workers may only request Obtained Employment Purchases after the date the worker starts work as described in OAR 436-110-0300(4)(b)(E); or,**

**(D) If Obtained Employment Purchases are to be used with a non-subject employer in Oregon or out of state, Premium Exemption is not activated. The employer must comply with the appropriate workers' compensation law.**

**(d)** [(c)] Upon division approval, **the division will send** a copy of the agreement [will be sent to the worker] **and, if applicable,** [with either an Obtained Employment Purchase(s) Reimbursement Request form,] a completed *Authorization for Payment form* [Expenditure as defined in subsection (7)(b) of this rule] Or **other instrument of payment** [another means of expenditure from the fund. If the obtained employment purchase is not approved, the division will issue written notification explaining why the obtained employment purchase was not approved];

**(e)** [(d)] A worker, employer, vocational assistance provider or insurer **may** [shall] request reimbursement by submitting to the division [a completed Obtained Employment Purchase(s) Reimbursement Request form with] **a legible copy of** an invoice or receipt indicating "paid" for the item(s) purchased. Reimbursement will be made for only those items and costs approved and paid; **and,**

**(f) If the division does not approve the Obtained Employment Purchase, the division shall notify the worker and employer in writing. Such notice shall give the basis for the decision, the relevant rule(s), and the appeal rights as given in OAR 436-110-0007.**

[(e) An Authorization for Expenditure or another means of expenditure from the fund may be issued to the worker and vendor jointly for Obtained Employment Purchases as specified in OAR 436-110-0200(7), except for the cost of meals and lodging required in association with

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

a worker moving or attending a class or a course of instruction;]

[f) A check may be issued to the worker for reasonable costs of meals, mileage and lodging due to moving, or to attend a class or course of instruction as allowed in OAR 436-110-0200(7)(c)(D) and (F) when overnight travel is required. A receipt for commercial lodging is required verifying funds were expended as agreed for all purchases. Failure to provide complete and accurate receipts may disqualify the party to whom funds were advanced from receiving a future advancement of funds or further reimbursement under the claim for which services were provided until the receipts are received. The department may also order the party to repay funds advanced including the Department's costs to recover funds.]

**(4)** [(6)] A **Worksite Modification** may be requested by a worker and costs reimbursed as follows:

**(a) The worker and employer may develop a Worksite Modification without division assistance or** [The worker] may contact the division directly for Worksite Modification assistance.

[The worker, employer, insurer or insurer representative may perform a Worksite Modification with a cost of \$2,500 or less without division involvement. However, a completed and signed Worksite Modification Agreement must be approved by the division to be effective. A worksite modification with a cost of over \$2,500 requires division approval and involvement as specified in OAR 436-110-0200(8)(f);]

(b) Upon contact from the worker or employer, the division will provide instruction on how to proceed with the modification. The division may schedule an on-site visit to assist in identifying appropriate forms of modification;

(c) When the cost of the modification is \$2,500 or less, a *Worksite Modification Agreement limited to \$2,500 form* must be completed and signed by the worker and employer[. The agreement must be] **and** sent to the division. [with the support information requested by the division. For workers with a Preferred Worker Card, the support information specified in paragraphs (e)(C) and (F) through (M) of this section may be requested. For workers without a Preferred worker card, the support information specified in paragraphs (e)(D) through (M) of this section may be requested.];] **The division may request additional support information;**

(d) When the cost of the modification is over \$2,500, **the division will issue a Worksite Modification Agreement form upon determination that the modification is appropriate.** [information required in paragraphs (e)(A) through (M) of this section may be requested by the division. The requested support information must be received by the Division. If the proposed modification is appropriate, a Worksite Modification Agreement will be issued by the Division for the worker's and employer's signatures;

(e) Worksite modification support includes the following:

(A) The employer's legal name, "doing business as" (DBA) name, address, telephone number, Workers' Compensation Division (WCD) Employer Registration number, workers' compensation insurer, and Federal Tax Identification number;

(B) The worker's name, address, telephone number, WCD file number, insurer claim number, date of injury, and social security number;

(C) Whether the employment is with the employer-at-injury or a new employer, regular or new employment, the job title, Dictionary of Occupational Titles (DOT) code and wage;

(D) The eligibility criteria cited in OAR 436-110-0280(3) and (6) for those workers without a preferred worker card;

(E) Whether the worker has an exceptional disability as defined in OAR 436-110-0200(6)(a);

(F) Information indicating the worker possesses the basic knowledge, skills and abilities for the position;

(G) A permanent physical capacities and limitations statement;

(H) A job analysis which includes the duties and physical demands of the job before and after modification and the worker's limitations to performing the unmodified job. The worker, employer or Department may require the job analysis be approved by the attending physician before the modification is performed;]

(I) Any consultative report relating to the modification, if applicable;

(J) An explanation of how the proposed modification will overcome the worker's limitations;

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

(K) Identification of whether the modification is to be purchased by the employer, worker or insurer and reimbursed by the department, or purchased through an Authorization for Expenditure or another means of expenditure from the fund approved by the director;

(L) Proof of the worker's ownership, insurance coverage and valid drivers license when the worker's personal vehicle is being modified; and,

(M) An itemized list of the things to be constructed or altered; materials, tools, equipment, fixtures, furnishings, shipping and any other purchases. The list shall include make, model and serial number of the items to be purchased or modified and related rates and costs of labor, material, shipping and any other item or service.

**(e)** [(f) A Worksite Modification Agreement must be completed and signed by the worker and employer and received by the division.] Upon division approval [by authorized signature], **the division will send** copies of the agreement [will be sent] to the employer[, **and** worker [and insurer]. The **division will send the** party purchasing the modification [item will be sent either a *Worksite Modification Reimbursement Request* form,] an *Authorization for Payment form*[Expenditure] **or other instrument of payment** [another means of expenditure from the fund] approved by the director. [If the worksite modification is not approved, the division will issue written notification explaining why the worksite modification was not approved;]

**(f)** [(g) The worker, employer or insurer **may** [shall] request reimbursement by submitting to the division [a completed Worksite Modification Reimbursement Request form with] **a legible copy of** an invoice or receipt indicating "paid" for the items purchased. Reimbursement will be made for only those items and costs approved and paid; and,

**(g) If the division does not approve the Worksite Modification, the division shall notify the worker and employer in writing. Such notice shall give the basis for the decision, the relevant rule(s), and the appeal rights as given in OAR 436-110-0007.**

[(h) The division may issue an Authorization for Expenditure or another means of expenditure from the fund approved by the director to the employer and vendor jointly for worksite modification property assigned to the employer. The division may issue an Authorization for Expenditure or another means of expenditure from the fund approved by the director to the worker and vendor jointly for worksite modification property assigned to the worker.]

**(6)** [(7) **Preferred Worker Program** [Reemployment assistance] costs may be reimbursed, an *Authorization for Payment form* [Expenditure] may be issued or [another means of expenditure from the fund] **other instrument of payment** approved by the director [may be allowed under the following conditions:].

**(7)** [(a) The department shall not purchase directly or otherwise assume responsibility for Worksite Modifications or Obtained Employment Purchases[.].

[(b) An Authorization for Expenditure becomes effective only when signed by the division. An "Authorization for Expenditure" is a voucher form issued by the division which authorizes an employer or worker to purchase specific reemployment assistance items or services from the fund;

(c) Reimbursement of costs, an Authorization for Expenditure or another means of expenditure from the fund approved by the director shall be made only for reemployment assistance provided in accordance with these rules. Reimbursement under these rules shall not be made for vocational assistance under OAR 436-120;]

**(8)** [(d) Reimbursed costs shall not be charged by the insurer to the employer as claim costs or by any other means. Whenever reimbursement is denied, the insurer shall not charge the costs of the assistance to the worker or employer, except when agreed to between the employer and insurer, on an individual case basis, prior to the provision of assistance[.].

**(9)** [(e) If the cost for a single item, except for a chair, is over \$2,500, [or the cost for items purchased from a single vendor is over \$2,500,] three competitive quotes shall be obtained. If a chair costs over \$1,000, three competitive quotes shall be obtained. If three quotes are not available,

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

documentation of efforts to obtain three quotes shall be provided. The lowest quote shall normally be selected. However, other criteria may be considered including, but not limited to, past vendor performance, delivery time, and vendor availability to service or maintain the item[; and,].

**(10)** [(f)] All requests for reimbursement shall be made within one year of the agreement termination date.

**(11) The director may waive the time provisions of subsections (1)(a), (2)(a), and section (10) of this rule if the time frames were not met due to:**

**(a) Department, insurer, or rehabilitation counselor error or omission; or**

**(b) There is evidence the item(s) were sent but not received by the division.**

**Stat. Auth.:** ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (4), (5), (10), ORS 656.726(3)

**Hist:** Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1/15/73

Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73

Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77

Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78

Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82

Renumbered from OAR 436-63-045, 5/1/85

Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87

Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90

Renumbered from OAR 436-110-025, 031, 032, 035, 037, 041, 045, 047, 051, 052

and 060, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93

Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96

**Amended and renumbered from OAR 436-110-0400, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[**ED. NOTE:** Former OAR 436-110-0360 has been amended and renumbered to OAR 436-110-0540.]

**436-110-0360 Procedure to Use the Employer-at-Injury Program**

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(2), (3), (5), ORS 656.726(3)

**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87

Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88

Amended 6/21/90 as WCD Admin. Order 13-1990, (Temp), eff. 7/1/90

Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90

Renumbered from OAR 436-110-090, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93

Amended 12/7/95 as WCD Admin. Order 95-068 (Temp), eff. 1/1/96

Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96

**Amended and renumbered to OAR 436-110-0540, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

**436-110-0380 Return to Regular Employment**

**Worksite Modification may be provided to allow a worker to return to regular employment, regardless of the worker's eligibility for the Preferred Worker Program.**

**(1) If the division determines the modification is not substantial as defined in section (3) of this rule, the division will not issue the worker a Preferred Worker Identification Card. If the worker already has an Identification Card, it will not be activated.**

**(2) If the division determines the modification is substantial as defined in section (3) of this rule and the worker does not have a Preferred Worker Identification Card, the division will issue a card after the modification is in place. If the worker already has an**

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**Identification Card, it will be activated.**

**(3) The division shall determine a substantial modification based upon the worker's permanent limitations from compensable Oregon injuries in relation to the required job duties and the extent of the modifications necessary to accommodate the worker's limitations resulting from the injuries. The modification is "substantial" if any one of the factors given in subsections (a), (b) and (c) of this rule apply. When making its decision, the division may consider other factors in addition to whether the modification significantly impacts the following:**

**(a) Changes how the worker performs essential job duties;**

**(b) Reduces the physical exertion required; or**

**(c) Affects the employer's work process.**

**(4) The provision of the following Worksite Modification items or similar items by themselves do not constitute a substantial modification:**

**(a) Ergonomic chair;**

**(b) Anti-fatigue mat;**

**(c) Slant board;**

**(d) Telephone head set;**

**(e) Anti-vibration wrap for tools;**

**(f) Special pen or pencil;**

**(g) Footrest;**

**(h) Wristrest; or**

**(i) Changing the height of a work surface.**

Stat. Auth: ORS 656.622, ORS 656.726(3)

Stats. Implemented: ORS 656.622(3), (9), ORS 656.726(3)

Hist: **Filed 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[ED. Note: Former OAR 436-110-0400 has been amended and renumbered to OAR 436-110-0260 and 0340.]

### **436-110-0400 Procedure to Use the Preferred Worker Program**

Stat. Auth.: ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

Stats. Implemented: ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (4), (5), (10), ORS 656.726(3)

Hist: Filed 1/2/73 as WCB Admin. Order 1-1973, eff. 1 15/73  
Amended 3/14/73 by WCB Admin. Order 3-1973, eff. 4/1/73  
Amended 9/29/77 as WCD Admin. Order 2-1977 (Temp.), eff. 10/4/77  
Amended 2/1/78 as WCD Admin. Order 2-1978, eff. 2/1/78  
Amended 12/30/81 as WCD Admin. Order 7-1981, eff. 1/1/82  
Renumbered from OAR 436-63-045, 5/1/85  
Amended 2/20/87 as WCD Admin. Order 1-1987, eff. 3/16/87  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-025, 031, 032, 035, 037, 041, 045, 047, 051, 052

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

and 060, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Amended and renumbered to OAR 436-110-0260 and 0340, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97

[Ed. Note: Former OAR 436-110-0450 is renumbered to OAR 436-110-0850.]

#### **436-110-0450      Audits**

**Stat. Auth.:** ORS 656.455, ORS 656.622, ORS 656.726(3), ORS 731.475  
**Stats. Implemented:** ORS 656.455, ORS 656.622, ORS 656.726(3), ORS 731.475  
**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/1/87  
Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-100, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Renumbered 8/28/97 to OAR 436-110-0850, as WCD Admin. Order 97-057, eff. 9/12/97

[Ed. Note: OAR 436-110-0500 is amended and renumbered to OAR 436-110-0900.]

#### **436-110-0500      Sanctions**

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)  
**Stats. Implemented:** ORS 656.622, ORS 656.726(3)  
**Hist:** Filed 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90  
Renumbered from OAR 436-110-110, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96  
Amended and renumbered to OAR 436-110-0900, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97

[Ed. Note: OAR 436-110-510 is amended and renumbered from OAR 436-110-0200.]

#### **436-110-0510      Assistance Available from the Employer-at-Injury Program**

The Employer-at-Injury Program is an employer-option and employer-activated program. Its purpose is to encourage the early return to work of an injured worker before claim closure. The Employer-at-Injury Program may be used only once per worker per claim opening. The insurer at injury administers the program and requests reimbursement for program costs from the fund. Reimbursement is limited to:

(1) **Worksite Modification** which means altering a worksite by renting, purchasing, modifying or supplementing equipment, or changing the work process to enable a worker to work within the limitations imposed by the compensable injury which qualified the worker for the Employer-at-Injury Program. ["Worksite" means a primary work area which is already constructed and available for a worker to use to perform the required job duties. The worksite may be the employer's or worker's premises, property and equipment used to conduct business under the employer's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job.] Maximum reimbursement is \$2,500.

(a) The form of modification shall be determined based solely on the obstacles to the worker performing the job due to the limitations caused by the compensable claim;

(b) Modifications must be provided for and used by the worker during the Employer-at-Injury Program, **except when the employer can demonstrate that they were provided in good faith and the worker refused to return to work;**

(c) A modification shall be provided only to allow the worker to perform the job within

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

the limitations cited by the medical service provider[.];

**(d) Worksite Modification items become the employer's property upon the end of the program, except for modifications unique to the worker, such as a custom-designed tool to adapt the worker's prosthesis to a job-related task, which become the worker's property.**

(2) **Wage Subsidy** [as defined in section (6) of this rule, except w] **provides an employer with partial reimbursement of a worker's gross wages for a specified period.** Wage Subsidy benefits are restricted to the following conditions:

(a) A Wage Subsidy is limited to a maximum duration of three **consecutive** months [and may not be interrupted or extended];

(b) A Wage Subsidy is limited to a monthly reimbursement rate of 50 percent; and,

(c) The wage [must be either the wage at injury or] **subject to reimbursement shall be the wage, as defined in OAR 436-110-0005(10),** paid in the early-return-to-work position[, whichever is lower] **for a wage subsidy started on or after September 12, 1997.**

(3) **Employer-at-Injury Program Purchases** [include] **are limited to:**

(a) Tuition, books and fees for [a] **classes** or course of instruction to update existing skills or to meet the requirements of the job. **Instruction must be provided by an entity accredited or licensed by an appropriate body.** Maximum reimbursement is \$750.

(b) Tools and equipment required for the job limited to items mandatory for employment. Purchases do not include items the employer normally provides, items the worker possesses or duplicate worksite modification items. Maximum reimbursement is \$1,000.

(c) Clothing required for the job, except clothing the employer normally provides [and/]or the worker already possesses. Maximum reimbursement is \$400.

(d) [All Employer-at-Injury Program purchases] **Tools and equipment** become the employer's property upon the end of the program[.], [except] **C**[c]lothing **becomes the worker's property** [and worksite modifications unique to the worker as specified in paragraph (8)(k)(A) of this rule].

**Stat. Auth.:** ORS 656.236, ORS 656.289, ORS 656.307, ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.236(6), ORS 656.289(5), ORS 656.307(2), ORS 656.622(1), (2), (3), (5), (10), ORS 656.726(3)

**Hist:** **Amended and renumbered from OAR 436-110-0200, 8/28/97 as Admin. Order 97-057, eff. 9/12/97**

[**Ed. Note:** OAR 436-110-0520 is amended and renumbered from OAR 436-110-0280.]

### **436-110-0520 Eligibility And End of Eligibility for the Employer-at-Injury Program**

[ (1) The general eligibility provisions and Employer-at-Injury Program eligibility provisions [or Preferred Worker Program eligibility provisions must be fulfilled to receive reemployment assistance[, except for worksite modification assistance as specified in subsection (3)(b) of this rule.

[ (2) **(1)** The [general] eligibility provisions for an employer are:

(a) The employer has and maintains Oregon workers' compensation insurance coverage **during and through the Employer-at-Injury Program period;** [and,]

(b) The employer complies with the Oregon Workers' Compensation Law[.] ;

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

(a) **(c)** The employer is the employer at injury;

(b) **(d)** The employer is reemploying an eligible worker as part of the employer's early-return-to-work program while the worker's claim is open; and,

**(e) The employer is not currently ineligible for Employer-at-Injury Program benefits under OAR 436-110-0900.**

(3) **(2)** The [general] eligibility provisions for a worker are:

(a) The worker has an accepted Oregon compensable injury or occupational disease; [and,]

(b) The worker has not returned to[, and (except for the Employer-at-Injury Program) medical evidence indicates the worker will not be able to return to,] regular employment under the most recent [disabling] claim opening **except when there is a release for regular work which is subsequently rescinded[.]; and,** [Exceptions are a worker who is able to return to regular employment with substantial worksite modification may be eligible for the Preferred Worker Program as specified in subsection (6)(c) of this rule, or worksite modification assistance may be provided a worker who is not otherwise eligible for the Preferred Worker Program to allow the worker to return to regular employment.]

(c) The worker is released for [employment] **work** with restrictions which prevent the worker from performing full duty regular employment.

(4) The additional specific eligibility provisions for the Employer-at-Injury Program are:

(a) The employer is the employer at injury;

(b) The employer is reemploying an eligible worker as part of the employer's early- return-to-work program while the worker's claim is open; and,

(c) The worker is released for employment with restrictions which prevent the worker from performing full duty regular employment.

(5) **(3)** Reasons for ending [reemployment assistance] **Employer-at-Injury Program** eligibility [are] **include but are not limited to the following:**

(a) Misrepresentation or omission of information by the worker or employer to obtain assistance;

(b) Failure of the worker or employer to provide requested information or cooperate;

(c) [Falsification or alteration of a preferred worker card or a Reemployment Assistance Agreement;]

(d) Conviction of fraud in obtaining workers' compensation benefits;

(e) **(d)** The worker releases all claim rights through a Disputed Claim Settlement in accordance with ORS 656.289;

(f) The claim upon which eligibility was determined receives no award for permanent disability, except for a Claim Disposition Agreement in accordance with ORS 656.236, and the worker does not have a previous claim with an award for permanent disability. However, reemployment assistance costs approved prior to claim closure with no award for permanent disability may be reimbursed, and compensable injuries occurring prior to claim closure during a period of premium exemption may qualify for claim cost reimbursement for the life of the claim, except as cited in OAR 436-110-0450;

(g) **(e)** The worker returns to regular employment [without substantial worksite modification and a documented demand from the Department has been made for the return of the preferred worker card from the worker];

(h) **(f)** The claim upon which eligibility was determined is subsequently denied in accordance with ORS 656.262[. However, reemployment assistance costs approved prior to the denial may be reimbursed, and

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

compensable injuries occurring prior to the denial during a period of premium exemption may qualify for claim cost reimbursement for the life of the claim, except as cited in OAR 436-110-0450];

[(i)] **(g)** The worker or employer is sanctioned from receiving reemployment assistance in accordance with OAR 436-110-[0500]**0900**;

[(j)] **(h)** The worker or employer fails to repair or replace a damaged or lost Worksite Modification [as specified in OAR 436-110-0200(8)(m)] **item(s); or,**

[(k)] **(i)** The employer does not maintain Oregon workers' compensation insurance coverage.; or,

(l) Alteration of an Authorization for Expenditure or misuse of funds to purchase items not specifically authorized [during the period of an active reemployment assistance agreement] including, but not limited to, the sale or return of items for cash, credit or exchange, without written division approval. The worker or employer may be required to repay all or part of the funds as determined by the division.]

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(9), ORS 656.726(3)

**Hist:** Amended and renumbered from OAR 436-110-0280, 5/15/97 as Admin. Order 97-057, eff. 9/12/97

[**Ed. Note:** OAR 436-110-540 is amended and renumbered from OAR 436-110-0360.]

#### **436-110-0540 Procedure to Use the Employer-at-Injury Program**

(1) The employer at injury or employer at aggravation shall directly contact the original insurer at the time of injury to request Employer-at-Injury Program assistance. The insurer shall respond to the request for assistance and administer the Employer-at-Injury Program according to these rules.

(2) The insurer shall assist the employer to:

(a) Identify an early-return-to-work position;

(b) Obtain a temporary release for work from the worker's medical service provider; **and,**

(c) Make Employer-at-Injury Program purchases as specified in OAR 436-110-[0200(2)]**0510**.

(3) The insurer shall maintain **the following information** at the authorized claims processing location(s):

**(a) D**[a]ocumentation from the worker's medical service provider that the worker is unable to perform full duty regular employment due to the injury[. signed] and dated copies of the work release **for modified work** from the worker's medical service provider[. a written copy of the employer's early-return-to-work program.];

**(b) A**[a] copy of the worker's payroll records for the wage subsidy period[.]. Payroll records shall state the dates (daily [or weekly]), hours, wage rate and the worker's gross wages for the wage subsidy period. Payroll records [may] **shall** be a **legible** copy [of the ledger or an itemized statement with the required information signed by the employer. Payroll records must be] **and** compiled in accordance with generally accepted accounting procedures[.];

**(c) A legible** [ a] copy of receipts for Employer-at-Injury Program purchases[.];

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

**(d) J** justification for a Worksite Modification; and,

**(e) D** documentation of the worker's early-return-to-work position. Documentation of the worker's early-return-to-work position shall include:

(a) T the reemployment start date, [time,] wage and hours; **and**

[ (b) To whom and the location where the worker reported to work; and

(c) A a description of the job duties.

(4) For Worksite Modification, the insurer shall obtain a [temporary] capacities and limitations statement from the worker's medical service provider[,] **and** identify the injury-caused obstacles to employment[ and make purchases as specified in OAR 436-110-0400(7)(e)]. The insurer shall document the injury-caused obstacles to employment and how the modifications overcame those obstacles. [If the cost for a single item, except for a chair, is over \$2,500, or the cost for items purchased from a single vendor is over \$2,500, three competitive quotes shall be obtained.] If a chair costs over \$1,000, three competitive quotes shall be obtained. If three quotes are not available, documentation of efforts to obtain three quotes shall be provided. The lowest quote shall normally be selected. However, other criteria may be considered including, but not limited to, past vendor performance, delivery time, and vendor availability to service or maintain the item[; and,].

(5) Wages subject to reimbursement must have been paid the worker.

(6) The insurer shall make duplicate Employer-at-Injury Program purchases only when the required items are currently in use by other workers in the Employer-at-Injury Program, the items are permanently assigned to [other workers] **the original injured worker**, or when geographical location of the worksite makes transfer of the item(s) impractical.

(7) The insurer may end the Employer-at-Injury Program at any time while the worker's claim is open. The insurer shall end the Employer-at-Injury Program when the worker's claim is closed, the worker is released for full-duty regular employment or the worker has returned to other work which is not part of the employer's early-return-to-work program, whichever occurs first.

**(8) The insurer must receive all insurer-required documentation for reimbursement from the employer within one year of the end of the Employer-at-Injury Program in order to qualify for reimbursement. The insurer shall date stamp each reimbursement request support document with the receipt date.**

[(8)] **(9)** The insurer shall **mail, send by facsimile or hand-deliver** the request **for** reimbursement **to the division** within one year **and 30 days** [of] **from** the end of the **Employer-at-Injury P**[p]rogram on an *Employer-at-Injury Program Reimbursement Request* form. **Reimbursement requests must be in the manner and format the director prescribes by bulletin.** Reimbursements may include Wage Subsidy, Employer-at-Injury Program Purchases, and Worksite Modification. Reimbursements may include Employer-at-Injury Program costs for a nondisabling claim for a program begun on or after January 1, 1996. For an Employer-At-Injury Program begun on or after January 1, 1996, administrative costs will be reimbursed. The administrative cost factor to be applied to each reimbursement request shall be computed by the division and published by bulletin. [The insurer shall request reimbursement as follows:

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

(a) For a nondisabling claim, the insurer shall submit to the division a completed and signed Employer-at-Injury Program Reimbursement Request form with a copy of the Notice of Claim Acceptance attached; or,

(b) For a disabling claim, the insurer shall submit to the division a completed and signed Employer-at-Injury Program Reimbursement Request form.]

**(10) Amended reimbursement requests must be in the manner and format the director prescribes by bulletin. Amendments are limited to payroll miscalculations, mathematical errors, and Worksite Modification and Employer-at-Injury purchase omissions. Employer-at-Injury Program and Wage Subsidy start and end dates may be amended only due to typographical errors, if satisfactory evidence of the error is provided.**

**(11) The department may deny reimbursement for Worksite Modification and Employer-at-Injury Program Purchases if it determines they are not reasonable, practical or feasible for the job.**

[(9)] **(12)** The insurer shall not use Employer-at-Injury Program costs subject to reimbursement for ratemaking, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premiums or premium assessments with the present or a future insurer. The insurer must be able to document that Employer-at-Injury Program costs do not affect the employer's rates or dividend.

[(10)] **(13)** If a Preferred Worker employed by an eligible employer with active Premium Exemption incurs a new injury, the claim is subject to Claim Cost Reimbursement. If the worker subsequently enters an Employer-at-Injury Program, program costs are to be separated from claim costs and will not be reimbursed as claim costs. These program costs are to be billed on an *Employer-at-Injury Program Reimbursement Request* form, not on a *Quarterly Claim Cost Reimbursement Request* **form**.

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622(2), (3), (5), ORS 656.726(3)

**Hist:** Amended and renumbered from OAR 436-110-0360, 5/15/97 as Admin. Order 97-057, eff. 9/12/97

[**Ed. Note:** OAR 436-110-0850 is renumbered from OAR 436-110-0450.]

### **436-110-0850      Audits**

(1) Insurers and employers are subject to periodic program and fiscal audits by the division. All reimbursements are subject to subsequent audits, and may be disallowed on any of the grounds set forth in these rules. Disallowed reimbursements may be recovered by the division directly or from future reimbursements by way of offset. If the division finds upon audit that procedures which led to disallowed reimbursements are still being used, the division may withhold further reimbursements until corrections satisfactory to the division are made.

(2) The insurer shall maintain case files, notices, worker payroll records, reports, receipts and [canceled checks] document[ing] **ation of payment supporting** reemployment assistance costs for which reimbursement has been requested by the insurer. These records shall be maintained in accordance with OAR 436-050 or for a period of three years after the last reimbursement request.

(3) The division reserves the right to visit the worksite to determine compliance with the

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

agreement under which reemployment assistance has been provided.

**Stat. Auth.:** ORS 656.455, ORS 656.622, ORS 656.726(3), ORS 731.475

**Stats. Implemented:** ORS 656.455, ORS 656.622, ORS 656.726(3), ORS 731.475

**Hist:** Filed 2/20/87 as WCD Admin. Order 1-1987, eff. 3/1/87

Amended 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88

Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90

Renumbered from OAR 436-110-100, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93

Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96

**Renumbered from OAR 436-110-0450, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**

[Ed. Note: OAR 436-110-0900 is amended and renumbered from OAR 436-110-0500.]

### **436-110-0900      Sanctions**

(1) If the director finds an individual certified under OAR 436-120, a vocational assistance provider authorized under OAR 436-120, an agency of the State of Oregon, or an insurer misrepresented information in order to obtain reemployment assistance, made a serious error or omission which resulted in the division approving a Reemployment Assistance Program agreement, issuing a Preferred Worker card, or reimbursing claim costs in error, or failed to comply with any condition of these rules, the director may do any, or all, of the following:

(a) Order the vocational assistance provider, state agency, or the insurer to assume all or part of the financial obligation for the agreement;

(b) Prohibit an individual certified under OAR 436-120, a vocational assistance provider authorized under OAR 436-120, a state agency or an insurer from negotiating or arranging reemployment assistance for such period as the director deems appropriate;

(c) Decertify an individual or vocational assistance provider under the authority of OAR 436-120.

(2) If the director finds an employer falsely obtained reemployment assistance, failed to maintain Oregon workers' compensation insurance, failed to abide by the terms and conditions of a Reemployment Assistance Program agreement or these rules, failed to return required receipts or invoices, submitted false reimbursement requests or job analyses, altered an *Authorization for Payment form* [Expenditure] or purchased unauthorized items, **inappropriately disposed of or reassigned Worksite Modification property**, or [established a pattern of] unreasonably terminat[ing]ed **a** worker[s] employed under a Reemployment Assistance Program agreement, the director may do any, or all, of the following:

(a) Order the employer ineligible for reemployment assistance for a specific period of time;

(b) Order the employer to repay the department for reemployment assistance costs incurred, including the department's legal costs;

(c) Pursue civil or criminal action against the employer.

(3) If the director finds a worker falsely obtained reemployment assistance, failed to abide by the terms and conditions of a Reemployment Assistance Program agreement or these rules, failed to return a Preferred Worker card or required receipts or invoices, altered an

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE PROGRAM**

---

*Authorization for **Payment form** [Expenditure] or purchased unauthorized items, **inappropriately disposed of Worksite Modification property**, or submitted false reimbursement requests or job analyses, the director may do any, or all, of the following:*

- (a) Order the worker ineligible for reemployment assistance for a specific period of time;
- (b) Order the worker to repay the department for reemployment assistance costs incurred, including the department's legal costs;
- (c) Pursue civil or criminal action against the worker.

**Stat. Auth.:** ORS 656.622, ORS 656.726(3)

**Stats. Implemented:** ORS 656.622, ORS 656.726(3)

**Hist:** Filed 12/17/87 as WCD Admin. Order 12-1987, eff. 1/1/88  
Amended 12/10/90 as WCD Admin. Order 30-1990, eff. 12/26/90]  
Renumbered from OAR 436-110-110, 1/21/93, WCD Admin. Order 93-050, eff. 3/1/93  
Amended 3/13/96 as WCD Admin. Order 96-056 eff. 4/5/96

**Amended and renumbered from OAR 436-110-0500, 8/28/97 as WCD Admin. Order 97-057, eff. 9/12/97**