

# NC DIVISION OF SERVICES FOR THE BLIND POLICIES AND PROCEDURES VOCATIONAL REHABILITATION

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<b>Section:</b>	<b>W</b>
<b>Title:</b>	<b>Workers' Compensation Coverage for Certain Rehabilitation Individuals</b>
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## **North Carolina Industrial Commission/Workers' Compensation Insurance for Certain Rehabilitation Individuals**

The Division of Services for the Blind (DSB) has private, workers' compensation insurance coverage to apply to DSB Vocational Rehabilitation (VR) eligible individuals who participate in work experiences in integrated employment sites in the community in which the employers do not pay them. These include Trial Work experiences for Assessment purposes, work experiences for placement purposes, and work experiences for students in transition from school to work. Coverage applies only to such relationships where Work Experience/On-the-Job Training (OJT) is not utilized. The coverage is limited only to accidents and injuries incurred at a work site and can be utilized for no other purposes.

All individuals participating in these work experiences and for whom Workers' Compensation coverage is needed, will be paid a stipend while participating in the experience. The stipend will be provided regardless of **economic eligibility** and the amount of the stipend will be reviewed annually by DSB Management. Currently, the stipend will be \$40 for each day of active participation by individuals at the employer's work site. If the work experience does not include a full day, or if the experience is part-time, the individual will receive \$20 for work experience of 4 hours or less for each day while participating at the employer's work site. Any work experience that exceeds 4 hours in a given day will be paid the full \$40 for that day. Other maintenance services can be provided as needed but will remain subject to Financial Responsibilities/Economic Need Requirement (On-Line DSB-4040-VR Economic Need Survey with instructions) eligibility. (Stipends do not apply to OJT or Job Shadowing.)

**COVERAGE - Request for Workers Compensation Coverage** (On-Line DSB 4009wcc-a-VR Request for Workers Compensation Coverage with instructions)

Information must be requested from the DSB's Workers' Compensation (WC) Administrator for coverage approval prior to the VR individual going to the work site.

The information noted can be sent electronically, by phone, fax or email, to the WC Administrator. The WC Administrator will respond to the request, and this response is needed prior to the individual beginning work.

## **Accident Reporting Requirements for Covered Individuals**

The following instructions are to be used when a worker's compensation accident or injury occurs. It is important that all injuries be reported to the Area Supervisor **no matter how insignificant the injury may appear.**

1. **Vocational Rehabilitation Individual Report of Injury** (On-Line DSB 4009wcc-b-VR Rehabilitation Individual Report of Injury with instructions)

If a VR individual has an accident or injury while participating in specified, sanctioned activities as indicated in paragraph one, the individual must immediately report the accident/injury to the VR staff member responsible for case services. If the staff member is not available, the Vocational Rehabilitation District/Area Supervisor or the Counselor in Charge is to be notified. The VR staff will contact the WC Administrator as soon as possible, but no later than 24 hours after occurrence. If the accident or injury occurs during non-business hours when DSB VR staff is not available, the accident or injury should be reported to the appropriate person at the work site (supervisor, manager, foreman, etc.) and reported to VR staff the next business day.

The **Rehabilitation Individual Report of Injury** must be completed and signed by the individual after an accident or injury occurs, regardless of its significance or severity, within 24 hours of the occurrence. If the individual is assisted in the preparation of the report, it must be signed by the individual and witnessed. The individual will give the **Rehabilitation Individual Report of Injury** to the DSB VR staff member, who will fax it to the WC Administrator within 24 hours of the occurrence. The VR staff will keep a copy of the report in the individual's file.

**Again, ALL ACCIDENTS OR INJURIES ARE TO BE REPORTED, no matter how insignificant the injury may appear.**

2. **Accident Reporting Requirements for Vocational Rehabilitation Supervisors/Staff** (On-Line DSB 4009wcc-c-VR Rehabilitation Individual Incident Investigation Report with instructions)

The VR staff to which the accident/injury is reported will complete an **Incident Investigation Report** immediately after knowledge that an injury has occurred. The VR staff will fax this Incident Investigation Report along with the **Rehabilitation Individual Report of Injury** to the WC Administrator no later than 24-hours after occurrence, and keep a copy of each in the individual's file.

3. **Workers' Compensation Medical Authorization Form** (On-Line DSB 4009wcc-d-VR Rehabilitation Individual Workers' Compensation Medical Authorization with instructions)

The **Workers' Compensation Medical Authorization** allows the VR individual to visit an approved participating physician if it is determined that the accident or injury requires medical attention. Whenever possible the Workers' Compensation Administrator should be contacted prior to medical visits for referral to an approved physician/provider. When not possible, the individual should be referred to the medical provider utilized by the business where the individual is working. The individual **must** take the completed and signed **Worker's Compensation Medical Authorization** to the physician's office to insure coverage. Authorization for medical services will be given by the Vocational Rehabilitation Counselor-In-Charge, District Vocational Rehabilitation Supervisor, or Area Vocational Rehabilitation Supervisor, who will complete and sign this form, then give it to the VR individual to take to the physician. Faxed authorization is acceptable. If these individuals are unavailable, the responsible VR staff can seek verbal authorization from the WC Administrator. If verbal authorization is given, the VR staff will note on the Worker's Compensation Medical Authorization that verbal authorization was given by the WC Administrator, sign and date the authorization, and then give it to the individual to take to the physician. In cases where there are no participating physicians in the geographic area, the individual will be sent to an Urgent Care type facility or to the nearest hospital emergency room.

#### 4. North Carolina Industrial Commission Form 19

The **North Carolina Industrial Commission Form 19** is required by the North Carolina Industrial Commission and must be filed within five (5) days after any reportable injury. The form will be completed by the WC Administrator with the assistance of appropriate VR staff and submitted to the Commission and the Carrier as required by North Carolina law. On completion, a copy will be returned to the local office for file in the case record.