

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
10116(b)(2)	Change the word "return" to "returned" in the last line. Also, this provision should be clarified to state how and when the filer and other parties will be notified of the case number.		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	Agree.	The "ed" is added.
<b>10116.2</b>	<p>Commenter requests that the division delete "Sections <u>4636, 4637, 4638 and 4645, Labor Code; and <i>Godinez v. Buffets, Inc. (2004) 69 Cal.Comp.Cases 1311</i>" from the References in this and all other sections of the regulations.</u></p> <p>Sections <u>4636, 4637, 4638 and 4645, Labor Code; and <i>Godinez v. Buffets, Inc. (2004) 69 Cal.Comp.Cases 1311</i></u> are non-existent or obsolete.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	Agree in part. Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite ( <i>Vulean Materials Co. v. WCAB (2006, Writ Denied) 71 Cal.Comp.Cases 1346</i> ) is added as it explains that the former vocational rehabilitation statutes still apply to pre January 1, 2004 injuries. "Significant Panel Decision" is added to the citation for the <i>Godinez</i> case.	Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite ( <i>Vulean Materials Co. v. WCAB (2006, Writ Denied) 71 Cal.Comp.Cases 1346</i> ) is added as it explains that the former vocational rehabilitation statutes still apply to pre January 1, 2004 injuries. "Significant Panel Decision" is added to the citation for the <i>Godinez</i> case.
<b>General</b>	As it relates to the regulations regarding return to work, the Initial Statement of Reasons states, "(t)he changes to the regulations address only the requirements needed for the first stage of EAMS (the internal go-live stage), which will allow the DWC to store claim data electronically." The regulations regarding the administration of the supplemental job displacement and the continued running off of the vocational rehabilitation benefit repealed by Assembly Bill 227 (Vargas) in 2003 are recast and the function of the Rehabilitation Unit (now the Retraining and Return to Work Unit) is extended, largely in reliance upon <i>Godinez v.</i>		Mark Webb Vice President – Governmental Relations Employer Direct Insurance Company July 15, 2008 Written Comments	Agree in part. Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite ( <i>Vulean Materials Co. v. WCAB (2006, Writ Denied) 71 Cal.Comp.Cases 1346</i> ) is added as it explains that the former vocational rehabilitation statutes still apply to pre January 1, 2004 injuries. "Significant Panel Decision" is added to the citation for the <i>Godinez</i> case.	Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite ( <i>Vulean Materials Co. v. WCAB (2006, Writ Denied) 71 Cal.Comp.Cases 1346</i> ) is added as it explains that the former vocational

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	<p><i>Buffets, Inc.</i> (2004) 69 Cal. Comp. Cases 1311.</p> <p>Therein lies the problem. While the Board waxed eloquent citing <i>Hamlet</i> for the proposition that, for a finite time, programs whose authorizing statutes have been repealed continue to exist under the same terms and conditions as if the statutes remain in force, today's regulation calls for an analogy to a different theatrical production. The song from <i>Spamalot</i>, "He's Not Yet Dead" would seem appropriate.</p> <p>In other words, for there to be application of a "ghost statute" there indeed needs to be a ghost. <i>Godinez</i> cannot be cited as authority as long as Labor Code § 139.5 remains the law, which it does until January 1, 2009. Conversely, engaging in this rule making exercise today, with the uncertainty of what may or may not happen in the waning days of this Legislative Session, seems to be an exercise that will only add uncertainty to the administration of these benefits. It would seem, consequently, to leave this part of the rule making process to its primary purpose – the implementation of EAMS – and defer the remainder pending resolution of the corporeal qualities of Section 139.5.</p>			<p>"Significant Panel" decisions are cases that are identified for dissemination by the WCAB in order to address issues of importance to the workers' compensation community and have been reviewed by each of the commissioners who agree that the decision merits general dissemination.</p>	<p>rehabilitation statutes still apply to pre January 1, 2004 injuries. "Significant Panel Decision" is added to the citation for the <i>Godinez</i> case.</p>
10116.2(2)	<p>This section provides that, "The Rehabilitation, Retraining and Return to Work Unit shall notify the filer and the other parties when a form or document is not deemed filed." How will this notification be made?</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>A notification will be sent by either the preferred method of service or US mail to the filer from the division.</p>	<p>None</p>
<b>10116.3</b>	<p>Commenter requests that the division delete "and Article 2.6 of Chapter 2, Part 2 of Division 4 of the Labor Code (commencing with section 4635), including the pamphlet entitled "Help In Returning To Work-94" (Section 10133.2)."</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers' Compensation Institute</p>	<p>Agree in part. "...by the Article and Article 2.6 of Chapter 2, Part 2 of Division 4 of the Labor Code (commencing with section 4635)" is deleted. The "-94" is deleted because the required pamphlet is named</p>	<p>"...by the Article and Article 2.6 of Chapter 2, Part 2 of Division 4 of the Labor Code (commencing with section 4635)" is deleted. The "-94" is</p>

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	Article 2.6 no longer exists and there is no longer statutory authority for the pamphlet.		July 15, 2008 Written Comment	""Help in Returning to Work.""	deleted because the required pamphlet is named ""Help in Returning to Work.""
10116.5	As with the other regulations considered in this hearing, commenter believes it is premature to start destroying paper file until EAMS is fully implemented for external as well as internal users and there is a confidence level about the satisfactory performance of EAMS. Commenter recommends that the RRTW unit retain paper files in the same manner and under the same rules as she earlier recommended for the DWC. (See Court Administrator rules, §10216.)		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment	Agree in part. The following sentence is added: "If a paper file has been converted to electronic form, the paper case file may be destroyed no less than 30 business days after the parties have been informed of the conversion.	The following sentence is added: "If a paper file has been converted to electronic form, the paper case file may be destroyed no less than 30 business days after the parties have been informed of the conversion.
10116.7(b)	<p>Commenter suggests the following revision:</p> <p>(b) any requests for provision or retraining or return to work services and for intervention/dispute resolution require confirmation <del>by the employee or his/her representative</del> that liability for the injury has been accepted.</p> <p>It is not clear what is intended. If an employee or representative must provide confirmation, the proposed regulations do not state how that is to be done. Since it is not clear what "retraining and return to work services" are, a definition is needed for the term.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	Agree in part. The section will be clarified.	The sentence now states: "Any requests for provision of retraining or return to work services and <del>for</del> intervention/dispute resolution require confirmation <u>on the appropriate form</u> by the employee or his/her representative that liability for the injury has been accepted.
10116.8(a)	Subdivision (a) includes in the definition of "alternative work" the phrase "or by another employer where the previous employment was seasonal." This definition conflicts with Labor Code §4658.6(b) which clearly indicates that the alternative work must be offered by the at-injury employer. This issue is being considered with regard to the pending legislation		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair	Disagree. This subdivision has not been changed and is not subject to comment.	None

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	mentioned above, but in the meantime the Division does not have the authority to expand or interpolate an additional definition that is not contained in the enabling statute. This reference to another employer should be deleted.		California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment		
10116.8(e)	This conflicts with the enabling statute that defines "essential functions". The division does not have the authority to expand or interpolate an additional definition that is not contained in the enabling statute.		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment	Disagree. No substantive change has been made to this subdivision. This subdivision has simply been moved from section 10133.50(a)(5) and has been in place as written since August 1, 2005.	None
10116.8(h)	This may be affected by the pending legislation that would expand the use of the voucher and the proposed definition in this subdivision may be more restrictive than appropriate if this legislation is enacted.		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment	Disagree. No substantive change has been made to this subdivision. This subdivision has simply been moved from section 10133.50(a)(8) and has been in place as written since August 1, 2005.	None
10116.8(l)	Commenter recommends amending paragraph (3) to read: "a stipulation or compromise that is approved by a Workers' Compensation Administrative Law Judge or the Workers' Compensation Appeals Board."		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants' Attorneys Association July 15, 2008	Disagree. This subdivision has not been changed and is not subject to comment.	None

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10116.8(r)	<p>Commenter requests that the division change all references to the treating physician to the <u>primary</u> treating physician.</p> <p>References to the medical legal evaluations in the workers' compensation system should be uniform. These are primary treating physicians, AMEs or QMEs.</p>		<p>Written and Oral Comment</p> <p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers' Compensation Institute July 15, 2008 Written Comment</p>	<p>Disagree. No substantive change has been made to this subdivision. This subdivision has simply been moved from section 10133.50(a)(16) and has been in place as written since August 1, 2005.</p>	<p>None</p>
10116.8(r)	<p>Commenter recommends the following addition to clarify the Primary Treating Physician's authority: "Work Restrictions. Permanent medical limitations on employment activity established by the <u>Primary treating</u> physician, qualified medical examiner or agreed medical examiner."</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Disagree. No substantive change has been made to this subdivision. This subdivision has simply been moved from section 10133.50(a)(16) and has been in place as written since August 1, 2005.</p>	<p>None</p>
10117(b)(3)	<p>This section states that the employer will file DWC-AD 10133.53 or DWC-AD 10118 with the Retraining and Return to Work Unit <b>immediately</b> after serving the form on the employee.</p> <p><b>Recommendation:</b> Commenter recommends that the word "immediately" be replaced with "<u>concurrently</u>."</p>		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment</p>	<p>Agree in part. The new language in this subdivision is stricken.</p>	<p>The new language in subdivision (b)(3) regarding filing the form with the Retraining and Return to Work Unit is deleted.</p>
10117(b)(3)	<p>Commenter questions the requirement to send offers of Regular, Modified, or Alternate work to the Unit at the time the offer is made. We recommend that offers only be sent where there is a dispute, Collecting the data regarding job offers already occurs <i>via</i> WCIS reporting, so whatever information gathering would be done in the RRTW Unit would be duplicative and unnecessary.</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Agree. The requested changes are made.</p>	<p>The new language in subdivision (b)(3) regarding filing the form with the Retraining and Return to Work Unit is deleted.</p>
10117(b)(3); 10117(b)(3)(A); 10117(b)(3)(B)	<p>Commenter recommends the following revised language:</p> <p>(3) The employer shall use form DWC-AD</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President</p>	<p>Agree. The requested changes are made.</p>	<p>The new language in subdivision (b)(3) regarding filing the form with the Retraining and</p>

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	<p>10133.53 (Section 10133.53) to offer modified or alternative work, or form DWC-AD 10118 (Section 10118) to offer regular work <del>and shall file the forms with the Retraining and Return to Work Unit immediately after serving the form on the employee.</del> The claims administrator may serve the offer of work on behalf of the employer.</p> <p><del>(A) The DWC AD 10133.53 (Section 10133.53) or form DWC AD 10118 (Section 10118) filed with the Retraining and Return to Work Unit by the claims administrator shall contain a proof of service on the employee.</del></p> <p><del>(B) The employee, or their representative, within the time specified in the form DWC AD 10133.53 (Section 10133.53) to offer modified or alternative work or from DWC AD 10118 (Section 10118) shall file the completed form as paper document under section 10232.</del></p> <p>The language should be deleted because there is no statutory authority requiring the filing of work offer forms and proof of service on the employee with the Retraining and Return to Work Unit and it is unnecessary to send work offers to the Retraining and Return to Work Unit unless specific issues arise, in which case they can be supplied at that time. If information on the forms is desired for research purposes, WCIS regulations already require that any new or change in return to work and release to return to work information be submitted to WCIS within 15 business days. Having a second, paper trail is unnecessary and duplicative. Government Code section 11349(f) requires that a regulation not serve the same purpose as a state or federal statute or another regulation.</p>		<p>California Workers' Compensation Institute July 15, 2008 Written Comment</p>		<p>Return to Work Unit is deleted.</p>

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	<p>Here and elsewhere in the regulations and forms, changes are proposed that go beyond the stated purpose of implementing the initial phases of EAMS, which will allow the DWC to store claim data electronically. Commenter believes that the proposed regulations should be limited to those required to implement this initial phase. The additional resources needed for external users to implement EAMS are considerable, and adapting to EAMS is a major undertaking. Now is not the time for non-essential changes, particularly regulations that will add additional cost and burdens to EAMS for both external and internal users. Commenter strongly recommends that the Division eliminate all changes not essential to EAMS implementation.</p>			<p>Agree to make the requested change as noted above. Disagree that the proposed regulations go beyond implementing EAMS. See Addendum A.</p>	<p>See above.</p>
<p><b>10118</b></p>	<p>Commenter recommends as follows:</p> <p>Restore the original wording and content on the form and only make changes that are necessary to implement the OCR version of EAMS. See discussion under Section 10117(b)(3).</p> <p>Check boxes have been added to this and some other forms to indicate whether the claims administrator type is insurance company, third party administrator, or employer. Since this is not necessary information that would facilitate EAMS implementation, and would not even facilitate the return to work process, CWCI recommends its removal. See discussion under Section 10117(b)(3).</p> <p>To improve clarity, commenter recommends modifying language on the first page as follows:</p> <p>“Based on the opinion of: __ Primary Treating</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers’ Compensation Institute July 15, 2008 Written Comment</p>	<p>Disagree. See Addendum A.</p>	<p>None</p>

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	<p>__ Physician __ QME __ AME</p> <p>_____ (Name of Physician),  <del>You</del> are able to return to your usual occupation or the position you held at the time of your injury ☺</p> <p><del>(Choose only one)</del>  <del>a specific injury on _____</del>  MM/DD/YYYY  <del>a cumulative trauma injury which began on _____ and ended on _____.</del></p> <p>Combine the injury types listing only “Date of Injury.” See discussion under the Cover Sheet form.</p> <p>Restore original “Date Offer Received” in lieu of “Date Received” on page 3 to clarify that the date received refers to the offer of work.</p> <p>Identify the employee not as an “injured worker” but as an “injured employee” here and elsewhere on the forms and in the regulations. The term “employee” is preferable because only employees of employers are entitled to workers’ compensation benefits.</p> <p>The final note states that disputes are to be resolved by the WCAB, which is another reason why this form should be filed with the Board when necessary and not filed with Retraining and Return to Work Unit. The form relates to matters that will be enforced exclusively by the Board, including the permanent disability rate and the amount and payment of the SJDB.</p>			<p>Agree to change “You” to “you.”</p> <p>Agree to change “Date received” to “Date Offer Received.”</p> <p>Agree to change “injured worker” to “injured employee.”</p> <p>Agree. To reduce confusion regarding where to file the form, the note on page three and four are deleted and replaced with:  “If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative</p>	<p>The form is modified to reflect change of “You” to “you.”</p> <p>The form is modified to reflect change from “Date received” to “Date Offer received.”</p> <p>The form is modified to reflect change from “injured worker” to “injured employee.”</p> <p>To reduce confusion regarding where to file the form, the note on page three and four are deleted and replaced with:  “If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by</p>



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				Director.”	filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.”
10118	<p>‘Injured Worker’ should be ‘Injured <i>Employee</i>’ to match all other forms.</p> <p>Proposed Reg. 10117(b) (3) (B) says that the employer must file a copy of the form with the RRTW Unit, but the form indicates disputes go to the appeals board (WCAB).</p> <p>Proposed Reg. 10117(b) (3) (A) indicates that DWC-AD 10133.53 or DWC-AD 10118 shall</p>		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comments</p>	<p>Agree to change “injured worker” to “injured employee.”</p> <p>Agree to revise. The form must be sent to the Administrative Director, not the WCAB, as the Administrative Director has jurisdiction over the form and manner of the offers for work. (See Labor Code section 4658(d)(2) and (3).) The note will be replaced.</p> <p>Disagree that a revision is necessary. A proof of service must be attached.</p>	<p>The form is modified to reflect change from “injured worker” to “injured employee.” The following text that appeared on pages 3 and 4 was deleted: “<b>Note:</b> If either party has a dispute or objection regarding the offer of regular work, or if the employee rejects the offer of regular work, that party may file a Declaration of Readiness with the local district office of the Workers’ Compensation Appeals Board (WCAB).”</p> <p>The following replaces the “Note” that appeared on page 4: “If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.”</p> <p>None</p>

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	contain a proof of service. Proposed form DWC-AD 10118 does not contain a section for proof of service.				
10118	<p>The sentence under "Name of Physician" on page 1 is incomplete.</p> <p>Also, commenter suggests clarifying "Date Received" on page three by changing it to "Date Offer Received".</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Agree. The sentence starting with "You" is a completion of the sentence from above Based on the opinion of ... you are able to return...). To correct this, "You" is changed to "you."</p> <p>Agree to change "Date received" to "Date Offer Received."</p>	<p>The form is modified to reflect change of "You" to "you."</p> <p>The form is modified to reflect change from "Date received" to "Date Offer received."</p>
10119(h)	<p>This section states that an eligible employer seeking reimbursement pursuant to subdivision (d) shall submit a "Request for Reimbursement of Accommodation Expenses" (Form DWC AD 10120, section 10120) to the Division of Workers' Compensation Return to Work Program within ninety (90) calendar days from the date of the expenditure for which the employer is seeking reimbursement.</p> <p><b>Recommendation:</b> To expedite reimbursement, the regulation should specify that the employer should include Form STD-204 (Payee Data Record) the first time a payment is being requested from the State of California.</p>		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment</p>	<p>Disagree. The changes to this section are nonsubstantive only.</p>	<p>None</p>
10119(h)	<p>Commenter recommends adding an address here and on the form so that the employer knows where to send its request, reports, and other documentation, and receipts.</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers' Compensation Institute July 15, 2008 Written Comment</p>	<p>Agree to replace stricken words regarding where to send requests.</p> <p>Disagree regarding adding the address on the form. The address was not on the previous form. See Addendum A.</p>	<p>The previously stricken words will be replaced: "Requests should be sent to the mailing address for the Division of Workers' Compensation Return to Work Program that is listed in the web site of the Division of Workers'</p>

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					Compensation, at: <a href="http://www.dir.ca.gov/dwc/dwc_home_page.htm">http://www.dir.ca.gov/dwc/dwc_home_page.htm</a> ”
10119(h)	Subdivision (h) requires that the employer send the Request for Reimbursement of Accommodation Expenses to the Division of Workers’ Compensation Return to Work Program 90 days from date of expenditure. First, commenter believes the 90 days may be unnecessarily restrictive and could be expanded. Second, the information regarding the address to which requests should be sent was deleted from subdivision (h). Commenter recommends including address information somewhere in this section.		Sue Borg, President California Applicants’ Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants’ Attorneys Association July 15, 2008 Written and Oral Comment	Disagree regarding the request to increase the 90 day time period to submit the request. The changes to this section are nonsubstantive only. Additionally, there is no explanation why an employer would be unable to submit the request 90 days from the date of the expenditure.  Agree to replace stricken words regarding where to send requests.	None  The previously stricken words will be replaced: “Requests should be sent to the mailing address for the Division of Workers’ Compensation Return to Work Program that is listed in the web site of the Division of Workers’ Compensation, at: <a href="http://www.dir.ca.gov/dwc/dwc_home_page.htm">http://www.dir.ca.gov/dwc/dwc_home_page.htm</a> ”
10119(j)	Remove the strikethrough on the lower case "d" in director and replace with an underscore.		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	Agree.	The strikethrough on the lower case "d" in director is replaced with an underscore.
10119(k)	The words "with the district office of the Workers’ Compensation Appeals Board" have been deleted. Commenter recommends that the deleted language be reinstated, or that some other directions be added to this subdivision telling employers where to file their appeal. She also recommends that the same change be made to subdivision (g) of §10133.54.		Sue Borg, President California Applicants’ Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants’	Agree in part. Language will be inserted to reference the proposed Court Administrator Rule section 10294 regarding how to appeal the decision.	Subdivision (k) is revised as follows:  An eligible employer may appeal the <del>A</del> administrative <del>D</del> director’s notice under subdivision (i) by filing a <del>D</del> declaration of

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			Attorneys Association July 15, 2008 Written and Oral Comment		<del>Readiness to proceed with the district office of the Workers' Compensation Appeals Board</del> within twenty calendar days of the issuance of the notice, together with a petition entitled " <u>Petition Appealing Appeal of Administrative Director's Reimbursement Allowance</u> ," setting forth the basis of the appeal pursuant to <u>section 10294 of title 8 of the California Code of Regulations</u> . <del>A copy of the Declaration of Readiness to Proceed and the petition shall be concurrently served on the Administrative Director.</del>
10120	<p>Commenter recommends as follows:</p> <p>Add a field for the case number at the top of the form.</p> <p>Restore the "Date of Injury" field that was replaced by a "Date of Birth" field. It is important that there is evidence of a workers' compensation claim to establish the employers' eligibility for reimbursement.</p> <p>An STD-204 form is required if it is the first time the applying employer has done business with the State. Consider adding information on how employers can obtain the STD-204.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	<p>Disagree. See Addendum A.</p> <p>In addition, the case number is on the Document Cover Sheet.</p> <p>In addition, the Date of Injury is on the Document Cover Sheet.</p>	None

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10120	The form should reference that STD-204 (Payee Data Record) is required for employers who are requesting reimbursement from the State of California for the first time.		Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment	Disagree. See Addendum A.	None
10123 (a) and (b)	<p>Commenter recommends the following changes:</p> <p><del>(a) The insurer shall advise the employer of a potential refund as described in Labor Code section 4638 no later than the required date of the initial notice of potential eligibility.</del></p> <p><del>(b) The claims administrator shall retain a true copy of all vocational rehabilitation notices sent to the employee and shall provide the Rehabilitation Unit unit with a copy upon request.</del></p> <p>Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 139.5, <del>4636, 4638 and 4645, Labor Code; <i>Godinez v. Buffets, Inc.</i> (2004) 69 Cal.Comp. Cases 1311.</del></p> <p>Section (a) must be removed because Labor Code section 4638 no longer exists. If section (a) is deleted, (b) can be removed or renumbered and it may be appropriate to specify the name of the unit.</p> <p>Delete “Sections <del>4636, 4637, 4638 and 4645, Labor Code; and <i>Godinez v. Buffets, Inc.</i> (2004) 69 Cal.Comp. Cases 1311” from the References in this and all other sections of the regulations as they are non-existent or obsolete.</del></p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers’ Compensation Institute July 15, 2008 Written Comment	<p>Disagree in part. Subdivision (a) will be clarified as follows: <u>For injuries occurring prior to January 1, 2004,</u> <del>The insurer shall advise the employer of a potential refund as described in former Labor Code section 4638 no later than the required date of the initial notice of potential eligibility.</del></p> <p>Agree in part. Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite (<i>Vulean Materials Co. v. WCAB</i> (2006, Writ Denied) 71 Cal.Comp.Cases 1346) is added as it</p>	<p>Subdivision (a) will be clarified as follows: <u>For injuries occurring prior to January 1, 2004,</u> <del>The insurer shall advise the employer of a potential refund as described in former Labor Code section 4638 no later than the required date of the initial notice of potential eligibility.</del></p> <p>Sections 139.5, 4658 and 4658.5 are added as authorities. Sections 4636, 4637, 4638, and 4645 are removed from the references as they were repealed. An additional case cite (<i>Vulean Materials Co. v.</i></p>

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
				<p>explains that the former vocational rehabilitation statutes still apply to pre January 1, 2004 injuries. “Significant Panel Decision” is added to the citation for the <i>Godinez</i> case.</p> <p>“Significant Panel” decisions are cases that are identified for dissemination by the WCAB in order to address issues of importance to the workers’ compensation community and have been reviewed by each of the commissioners who agree that the decision merits general dissemination.</p>	<p>WCAB (2006, Writ Denied) 71 Cal.Comp.Cases 1346) is added as it explains that the former vocational rehabilitation statutes still apply to pre January 1, 2004 injuries. “Significant Panel Decision” is added to the citation for the <i>Godinez</i> case.</p>
10127	<p>Commenter requests that the division add the address of the Rehabilitation Unit in order to ensure that the form is sent to the correct address.</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers’ Compensation Institute July 15, 2008 Written Comment</p>	<p>Disagree. The instructions on the form state: “Where submitted: With the applicable Rehabilitation Unit district office. The Rehabilitation Unit’s venue is the same as the WCAB’s. If no WCAB case exists, file with a Rehabilitation Unit within the county where the injured employee resides.”</p>	None
10127(a)(1)	<p>This section states that the employee shall file with the Rehabilitation Unit a request for Dispute Resolution, DWC Form RU 103, with copy to all parties;</p> <p><b>Comment:</b> The section should clarify the sunset date of the Rehabilitation Unit &amp; what processes should be followed for any remaining disputes on or after 1/1/2009.</p>		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment</p>	<p>Disagree. The sunset date is in the Labor Code and within the discretion of the legislature. Directions regarding how to proceed once the date arrives will be addressed at that time.</p>	None
10133.13	<p>Check boxes have been added to this form to indicate whether the employee representative is “Law Firm/Attorney” or “Non-Attorney Representative.” Since this information is not necessary for EAMS OCR implementation or for a Vocational Rehabilitation Plan,</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers’ Compensation Institute</p>	<p>Disagree. See Addendum A.</p>	None

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	commenter recommends removing the boxes.		July 15, 2008 Written Comment		
10133.13	<p>Commenter notes that the Post Office Box has been added for the Employee Address. If this will have any effect on determination of the date of service, we must object to the addition.</p> <p>The phone number field has been deleted from the required data for the Claims Administrator and Employee. In addition to requesting that this be reinstated, commenter suggests adding Fax numbers, e-mail addresses and preferred service option for all parties on all forms in preparation for an all-electronic communication system.</p> <p>There is an Employee Representative Data Section, but none for the Employer Representative. Commenter recommends adding identification information for the Defense Attorney.</p> <p>Under the "Name" line in the Claims Administrator Section, the phrase "Leave blank spaces between numbers, words and names" appears. This is true in virtually all of the Notices/Forms. It is repeated under the address line which is where it appears to belong.</p> <p>On page four, commenter is unclear about the two lines under Training/tuition fees. Wouldn't these be the same amount, and as such duplicative?</p> <p>On page 5, in the Additional Resources Section, The Permanent Disability Supplement information is repeated.</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Disagree. This will have no effect on determination of the date of service.</p> <p>Disagree. See Addendum A. The system will already have this information.</p> <p>Disagree. See Addendum A.</p> <p>Agree.</p> <p>Disagree. The form is set up with a subtotal line on the left and a total line on the left. The two lines are following the same pattern. Visually this allows the numbers to line up when computing the final total amount.</p> <p>Agree. The second "paid to date" is corrected to state "...to be paid."</p>	<p>None</p> <p>None</p> <p>None</p> <p>The instruction is removed from the name lines.</p> <p>None</p> <p>The second "paid to date" is corrected to state "...to be paid."</p>

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>On page 6, it looks like the word "Firm" above the "First Name" line in Section E may be misplaced.</p> <p>On page 7, commenter recommends the following addition: "Failure of the employee to comply with the <i>responsibilities</i>, provisions and schedules developed for this plan may result in termination of the employer's liability for rehabilitation services."</p> <p>On page 8, the Form Completion area advises that all information must be contained within the Section provided. If the Sections will be as shown in this version, it does not appear that there will be adequate space for describing Educational/Vocational History, Vocational Testing or Labor Market results.</p>			<p>Agree. The word "firm" is removed.</p> <p>Disagree. This is the same language that has been used on this form since January 2003.</p> <p>Disagree. See Addendum A.</p>	<p>The word "firm" is removed.</p> <p>None</p> <p>None</p>
<b>10133.14</b>	<p>Commenter recommends changing the name of this form from "Request for Dispute Resolution" to "Request for Vocational Rehabilitation Dispute Resolution" to clarify that the form is to request dispute resolution regarding Vocational Rehabilitation only, and to avoid confusion with Form DWC-AD 10133.55 which is also headed "Request for Dispute Resolution."</p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers' Compensation Institute July 15, 2008 Written Comment</p>	<p>Agree in part. The heading is changed by the addition of the words "RU 103" (which is how the form is commonly referred to) to help distinguish it from form 10133.55.</p>	<p>The heading is changed by the addition of the words "RU 103" (which is how the form is commonly referred to) to help distinguish it from form 10133.55.</p>
<b>10133.14</b>	<p>Form indicates to file a dispute at the Rehab Unit, but makes no reference or provides space to the indicate names and addresses of the parties served.</p>		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comments</p>	<p>Disagree. The form instructions provide that service must be made on the parties.</p>	<p>None</p>
<b>10133.14</b>	<p>This form and the DWC-AD Form 10133.55 are subject to confusion due to their similar titles. Commenter recommends changing the title of this form to "Request for Vocational Rehabilitation Dispute Resolution" to more accurately reflect the limitation on its use.</p>		<p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Agree in part. Form 10133.55 is titled: Request for Dispute Resolution before the Administrative Director The footer states: DWC-AD form 10133.55 (SJDB)</p>	<p>The words "RU-103" are added to form 10133.14.</p>



RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
				Form 10133.14 is now titled: Rehabilitation Unit, Request for Dispute Resolution, RU-103 The footer states: (Voc. Rehab.) section 10133.14	
10133.16	Pg 6 of RU-105 indicates that proof of service is required; however the proof of service section available in an earlier version of RU-105 is not there in the new version. All forms requiring Proof of Service should have similar forms attached to them.		Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comments	Disagree. See Addendum A. If the form does not include a proof of service, the parties must attach one to the document being filed.	None
10133.22	<p>On page three, the form provides a line for the "employer or Claims Administrator". A self-insured employer is included in the definition of a Claims Administrator. As such, commenter believes that the word "employer" should be removed as it could cause confusion.</p> <p>In the middle of page four there is a line captioned "Completed By:" It is unclear who this line is to be signed by.</p>		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	<p>Disagree, See Addendum A. The wording is the same on the current form. The form asks for the name of the party entering into the agreement.</p> <p>Disagree. The claims administrator who completes the form signs the form. This wording has existed since January 2003 and there has not been any reported confusion.</p>	None  None
10133.53	<p>Commenter recommends as follows:</p> <p>Eliminate the check boxes designating the claims administrator type as this information is not necessary to facilitate the OCR version of EAMS or the return to work process.</p> <p>Delete the field following "is offering you" on page 1, or clarify its use.</p> <p>Add a field for the case number.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	<p>Disagree. See Addendum A.</p> <p>Agree. The words "employee name" are added below the line to indicate what data should be listed.</p> <p>Disagree. See Addendum A. The case number is captured from the Document Cover Sheet.</p>	None  The words "employee name" are added below the line to indicate what data should be listed.  None

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Delete the field for date of birth, as it is unnecessary information.</p> <p>Combine the injury types listing only "Date of Injury."</p> <p>Move the "Date offer received" field into the section to be completed by the employee on page 3.</p>			<p>Disagree. See Addendum A. Additionally, the Retraining and Return to Work Unit needs the information.</p> <p>Disagree. See Addendum A.</p> <p>Disagree. This offer is usually served by hand at the employee's place of employment. Therefore, the claims administrator is able to fill out the date. Additionally, the language is the same on the current form.</p>	<p>None</p> <p>None</p> <p>None</p>
10133.53	Regulation 10117(b) (3) (A) indicates the form is filed with the RRTW Unit. The form DWC 10133.53 indicates the form is filed with the Administrative Director (AD).		Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment	Agree in part. The language in 10117(b) is deleted. However, the RRTW name is added to the form. The RRTW Unit maintains copies of the offers for statistical research. The Labor Code provides authority to the Administrative Director to govern the program. See Labor Code section 4658.5.	The language in 10117(b) is deleted. However, the RRTW name is added to the form.
10133.53	There is no field for the Division's Case Number.		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	Disagree. See Addendum A. The case number is captured from the Document Cover Sheet.	None
10133.54(g)	The words "with the district office of the Workers' Compensation Appeals Board" have been deleted. Commenter recommends that the deleted language be reinstated, or that some other directions be added to this subdivision telling employers where to file their appeal. She also recommends that the same change be made to subdivision (g) of §10133.54.		Sue Borg, President California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment  Linda Atcherley, Legislative Chair California Applicants' Attorneys Association July 15, 2008 Written and Oral Comment	Agree in part. Subdivision (g) is revised. The phrase "as set forth in section 10294.5 of title 8 of the California Code of Regulations" is added. Proposed section 10294.5 sets forth the appeal procedure.	Subdivision (g) is revised. The phrase "as set forth in section 10294.5 of title 8 of the California Code of Regulations" is added.

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
10133.55	<p>Commenter recommends as follows:</p> <p>Change the name of this form from “Request for Dispute Resolution before Administrative Director” to “Request for SJDB Voucher Dispute Resolution” in order to clarify that the purpose of the form is to request dispute resolution regarding SJDB vouchers only.</p> <p>Restore the prompt “Has PPD been stipulated” to the current “Has PPD been stipulated, <u>issued/approved.</u>”</p> <p>Combine the injury types listing only “Date of Injury.” See discussion under the Cover Sheet form.</p> <p>Delete the check boxes for insured, self-insured, legally uninsured, or uninsured, since this information unnecessary to EAMS implementation and voucher dispute resolution.</p> <p>With regard to the disputed issues list:</p> <ul style="list-style-type: none"> <li>• Delete Item 2 -- The WCAB has the sole jurisdiction to resolve disputes regarding the amount of the voucher.</li> <li>• Delete Item 4 – The Division has no statutory authority over the fees of professionals for the preparing a job</li> </ul>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers’ Compensation Institute July 15, 2008 Written Comment</p>	<p>Agree in part. Form 10133.55 is titled: Request for Dispute Resolution before the Administrative Director The footer states: DWC-AD form 10133.55 (SJDB)</p> <p>Form 10133.14 is now titled: Rehabilitation Unit, Request for Dispute Resolution, RU-103 The footer states: (Voc. Rehab.) section 10133.14</p> <p>Agree.</p> <p>Disagree. See Addendum A.</p> <p>Disagree. See Addendum A.</p> <p>Agree in part: Item 4 is deleted.</p> <p>Disagree regarding Item 2, 5 and 6. Labor Code section 4658.5 provides authority to the Administrative Director to adopt regulations governing the form of payment, direct reimbursement to the employee, and</p>	<p>The words “RU-103” are added to form 10133.14.</p> <p>The form is amended at page 1, line 5, to add the following language to the box “issued/approved.” Thus the sentence now states: “Has PPD been stipulated, issued/approved.”</p> <p>None</p> <p>None</p> <p>Item 4 is deleted.</p> <p>None</p>

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>description or analysis.</p> <ul style="list-style-type: none"> <li>Delete Item 5 – At issue is the employee’s entitlement to the voucher (i.e., item 1), not the job and its duties. The ability to perform the job offered is not within the jurisdiction of the DWC.</li> <li>Item 6 – “employer” should be changed to “employee.”</li> </ul> <p>Add a DWC mailing address to the form so that users know where to mail the form.</p>			<p>any other matters necessary to the proper administration of the supplemental job displacement benefit.</p> <p>Labor Code section 4658.6 authorizes the administrative director to determine the proper form and manner of a modified or alternative offer of work. Regulations sections 10133.56 and 10133.57 implement the statutes.</p> <p>Item 6 is for the employer to use when disputing the reimbursement amount allowed pursuant to Labor Code section 139.48.</p> <p>Disagree. The address is listed in section 10116.2 and on form 10133.53, the Notice of Offer of Modified or Alternative Work, which will ordinarily precede the filing of the request for dispute resolution. It is also posted on the website.</p>	<p>None</p> <p>None</p>
10133.55	<p>The follow reason for the dispute option should be deleted (page 3): <i>The employer refuses to pay the professionals who rendered services for preparation of a job description or job analysis.</i> The form is used for issues pertaining to the Supplemental Job Displacement Benefit. There are no statutes or regulations which refer preparation of a job description or job analysis.</p> <p><i>The employer objects to the amount of reimbursement approved or denied.</i> This is probably a typographical error and is meant to say “The employe<del>e</del> objects...”</p>		Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008 Written Comment	<p>Agree. This reason is deleted.</p> <p>Disagree. This option is for the employer to use when disputing the reimbursement amount allowed pursuant to Labor Code section 139.48.</p>	<p>This reason is deleted.</p> <p>None</p>

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
10133.55	DWC-AD Form 10133.14 and AD 10133.55 are subject to confusion because of their similar titles. In order to clarify the single purpose of this form, commenter recommends changing the title to "Request for SJDB Voucher Dispute Resolution".		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	Agree in part. Form 10133.55 is titled: Request for Dispute Resolution before the Administrative Director The footer states: DWC-AD form 10133.55 (SJDB)  Form 10133.14 is now titled: Rehabilitation Unit, Request for Dispute Resolution, RU-103 The footer states: (Voc. Rehab.) section 10133.14	The words "RU-103" are added to form 10133.14.
10133.56(c)	<p>Commenter recommends the following language:</p> <p>(c) When the requirements under subdivision (b) have been met, and the employee <u>has not settled his or her potential entitlement to the voucher</u>, the claims administrator shall provide a nontransferable voucher for education-related retraining or skill enhancement or both to the employee within 25 calendar days from the issuance of the permanent partial disability award by the workers' compensation administrative law judge or the appeals board.</p> <p>This voucher is not due if the potential eligibility has not been settled.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	Disagree. The suggested language is unnecessary.	None
10133.56(c)(1); (c)(2); (d)	<p>Commenter requests that the division delete the language requiring voucher form DWC-AD 10133.57, and proof of service form, to be filed with the Retraining and Return to Work Unit simultaneously with the employee, as follows:</p> <p>(1) <del>The employer shall file the form DWC AD 10133.57 with the Retraining and Return to Work Unit simultaneously with serving the employee.</del> The claims administrator may serve the offer of work on behalf of the employer.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	Agree. Subdivisions (c)(1) and (c)(2) are deleted. The last line of (d) is deleted.	Subdivisions (c)(1) and (c)(2) are deleted. The last line of (d) is deleted.

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p><del>(2) After the service of the form on the employee, the employer shall file a completed proof of service with the Retraining and Return to Work Unit.</del></p> <p>(d) The voucher shall be issued to the employee allowing direct reimbursement to the employee upon the employee's presentation to the claims administrator of documentation and receipts or as a direct payment to the provider of education related training or skill enhancement and/or to the VRTWC. <del>The employer, or its representative, shall file the completed form DWC AD 10133.57 with the Retraining and Return to Work Unit pursuant to section 10232.</del></p> <p>There is no statutory requirement and it is not necessary to send voucher form DWC-AD 10133.57, and the proof of service form to the Retraining and Return to Work Unit unless a dispute arises. If a dispute arises, copies and any proof of service can be supplied at that time.</p>				
10133.56(c)(1); (c)(2); (d)	Commenter believes these documents should only be submitted where a dispute arises.		Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment	Agree. Subdivisions (c)(1) and (c)(2) are deleted. The last line of (d) is deleted.	Subdivisions (c)(1) and (c)(2) are deleted. The last line of (d) is deleted.
10133.56(g)	<p>Commenter recommends the following revised language:</p> <p>(g) The voucher shall certify that the school is approved and if outside of California, approval is required <del>similarly to the Bureau for Private Postsecondary (BPPVE)</del> by one of the Regional Associations of Schools and Colleges authorized by the United States Department of Education.</p>		Brenda Ramirez Claims & Medical Director Michael McClain, General Counsel & Vice President California Workers' Compensation Institute July 15, 2008 Written Comment	Agree. Subdivision (g) is revised.	<p>Subdivision (g) is revised as follows:</p> <p>(g) The voucher shall certify that the school is approved <del>and if outside of California, approval by</del> <u>one of the Regional Associations of Schools and Colleges authorized by the United States</u></p>

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	The reference to the Bureau for Private Postsecondary and Vocational Education should be deleted as the Bureau no longer exists, and replaced with the language that is consistent with the language in Section 1033.58(c).				<u>Department of Education or has approval from a California State agency that has an agreement with the United States Department of Education or Regional Associations of School and Colleges for the regulation and oversight of non-degree granting private post secondary providers.; ois required similarly to the Bureau for Private Postsecondary (BPPVE).</u>
10133.57	<p>Commenter recommends as follows:</p> <p>Restore “For injuries occurring on or after 1/1/04” at the top of the form to clarify eligibility. It is necessary so that voucher forms are issued only to employees with dates of injury on or after 1/1/04.</p> <p>To eliminate language duplication, modify the second to last paragraph on the form as follows: In order to initiate your training or return to work counseling present the voucher to the school or the vocational and return to work counselor of your choice, <del>chosen from the list developed by the Division of Workers’ Compensation’s Administrative Director, in order to initiate your training and return to work counseling.</del></p>		<p>Brenda Ramirez Claims &amp; Medical Director Michael McClain, General Counsel &amp; Vice President California Workers’ Compensation Institute July 15, 2008 Written Comment</p>	<p>Disagree. This language is not necessary to be on the form. The law has been in place now for almost 5 years. The claims administrator is responsible for knowing that the SJDB is not available for dates of injury prior to 1/1/04.</p> <p>Agree. We will make the nonsubstantive change of removing the words “in order the initiate your training and return to work counseling.”</p>	<p>None</p> <p>We will make the nonsubstantive change of removing the words “in order the initiate your training and return to work counseling.”</p>
10133.57	‘Training Provider Details’ section should begin with the name of the provider/school instead of the first and last name as currently listed.		<p>Marie Wardell Claims Operations Manager State Compensation Insurance Fund July 15, 2008</p>	Agree in part. An explanation is added stating “(Institutions must list their names in the first name box.)”	An explanation is added stating “(Institutions must list their names in the first name box.)”

RETRAINING AND RETURN TO WORK	RULEMAKING WRITTEN COMMENTS 45 DAY COMMENT PERIOD	P	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
<p><b>10133.55 (incorrectly referred to as 10133.57)</b></p>	<p>Commenter recommends the restoration of "For Injuries on or after 1/1/04" to the title caption area.</p> <p>Commenter also recommends the addition of a field for the Division's case number and the injured employee's Date of Injury in order to qualify such employee for this benefit.</p> <p>If all of the requested information requested on page four in "Summary of Parties Informal Effort" must fit on the six lines imaged on the form, the available space appears inadequate.</p>		<p>Written Comment</p> <p>Steven Suchil Assistant Vice President American Insurance Assn. July 15, 2008 Written Comment</p>	<p>Disagree. This language is not necessary to be on the form. The law has been in place now for almost 5 years. The claims administrator is responsible for knowing that the SJDB is not available for dates of injury prior to 1/1/04.</p> <p>Disagree. This information captured on the document cover sheet. Also, see Addendum A.</p> <p>Disagree. See Addendum A. A "summary" is requested and therefore the form should be adequate.</p>	<p>None</p> <p>None</p> <p>None</p>