



## Rehabilitative Services “Case Management” Frequently Asked Questions

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### 1. What is the Rehabilitative Services Program?

- This is a case management program offered to OPERS members who have been approved for a disability benefit on or after Jan. 7, 2013. The goal of this program is to maximize a participant’s employability and wellness by providing clinical resources to help you better understand your disabling condition. This includes helping you follow your physician-prescribed treatment plan, working with you to identify and achieve your goals, and providing you with employment resources.

### 2. What are the advantages to me if I decide to participate in this program?

- There are many advantages to participation in the Rehabilitative Services Program, which are at no cost to you:
  - A clinical nurse case manager, who is a Registered Nurse, will work with you to identify and implement a case management plan of care which will address your disabling condition(s) and any other conditions you may have that could impact your disabling condition(s). Your case manager will provide you with clinical resources to assist you in managing your disabling condition(s). All communication will be conducted over the phone and/or via mail and will be available to you in between scheduled calls should you have questions or need additional resources.
  - You will be provided access to vocational resources in your area that prepare you for potential future employment, offering tools and guidance to help you re-enter the labor market when possible.
  - As a member receiving a disability benefit from OPERS, you are on a leave of absence from your last public employer for the first three years following the effective date of your disability benefit. ***The leave of absence can be extended up to five years as long as you continue to actively participate in the OPERS Rehabilitative Services Program and remain compliant with your case management and physician-directed treatment plan.***

### 3. What kind of “rehabilitation facility” are you sending me to?

- You **will not** be sent to any rehabilitation facility. You will continue to see ***your current physician(s)***.

### 4. Why should I participate in this program if I believe I cannot be “rehabilitated?”

- Rehabilitative Services” means our clinical case management staff will telephonically work with you to assist you in managing your disabling condition(s) and improving those condition(s) if possible. Additionally, case management staff will assist you in maximizing your employability which will help you in your self-directed job search efforts. ***This program is not a “physical” rehabilitation program.***

### 5. I understand there are now two standards of review for disability. What are the differences between the two standards of review and how does this impact me?

- The “Own Occupation” standard of review means that a member is mentally or physically incapacitated for the performance of duty from his/her last public position and the disability must be expected to last at least 12 months.
- Members who applied for disability benefits before Jan. 7, 2013 and members who last contributed under the Law Enforcement division are evaluated under the “Own Occupation” standard of review. The Own Occupation standard of review is applied when these members are evaluated to determine if they should continue receiving a disability benefits following the approval of their application for disability benefits.
- Members who applied for disability benefits on or after Jan. 7, 2013 will be evaluated under the “Own Occupation” standard until their leave of absence period with their public employer expires. The leave of absence period is between three and no more than five years following the benefit effective date, depending on whether the member participates in the Rehabilitative Services Program. Once a member’s leave of absence expires, the “Any Occupation” standard of review is applied to evaluate if the members should continue receiving disability benefits. To receive benefits under the “Any Occupation” standard of review a member must be unable to perform any position which meets the following criteria:

- Replaces not less than 75 percent of the member's inflation-adjusted final average salary;
- Is reasonably found in the member's regional job market; and
- Is one that the member is qualified for by experience or education.

**6. What happens if I become eligible for an age and service retirement benefit while I'm participating in this program?**

- ***Becoming eligible for an age-and-service retirement benefit does not disqualify you from participation in the Rehabilitative Services Program.*** However, if you are removed from disability or you switch to an age and service retirement benefit your participation in the Rehabilitative Services Program will end.

**7. How do I sign up for the Rehabilitative Services Program?**

- Make the selection on your Disability Application or return the form (DR-REHABSELECT) to OPERS' disability program administrator, Managed Medical Review Organization (MMRO), indicating that you would like to participate in this program.

**8. When should I return the Rehabilitative Services Selection Form?**

- Return the form **as soon as possible** to take full advantage of the program. However, if you want to participate, you must make your selection no later than six months prior to your third benefit anniversary.

**9. How do you determine my third benefit anniversary?**

- Your third benefit anniversary date is three years from the effective date of your disability benefits. For example, if your benefit effective date is Jan. 1, 2024, your benefit anniversary date would be Jan 1, 2027.

**10. How much does it cost to participate in the Rehabilitative Services Program?**

- There is **NO COST** to you for the rehabilitative services. However, during your participation in the Rehabilitative Services Program, you will be responsible for any cost associated with release of medical documentation from your physician, as well as fees (such as copays or deductibles) for treatment or health care that you receive. You should refer to your Medical Plan Description booklet for the levels of coverage under your health care plan.

**11. What if tests and/or treatments are recommended, but are not covered through my insurance?**

- Keep in mind, any tests or treatments would be at the direction of **your** physician. Payment for any treatment that your physician is requesting that is not covered by your health care coverage is your responsibility.

**12. Will my disability benefit be affected if I say no to the Rehabilitative Services Program?**

- If you choose not to participate in the Rehabilitative Services Program, you may be required to provide OPERS with documentation of your treatment on a semi-annual basis. This means you would need to have a form completed by your treating physician, as directed by OPERS. Also, your leave of absence period will expire three years from your benefit effective date. At that point, you will be re-evaluated under the "Any Occupation" standard of review for continued eligibility to receive a disability benefit.

**13. What kind of services will I receive if I participate in this program?**

- If you select to participate in the Rehabilitative Services Program, you will receive frequent phone calls to discuss your disabling conditions and goals to improve those conditions. Your individualized case management plan is based on your disabling condition, and information provided by you and your treating physician. Additionally, you may be provided vocational resources to assist with your self-directed job search.

**14. Do you have satellite offices where I can follow up with my Clinical Case Manager?**

- Your Rehabilitative Services case management will be performed over the telephone. If you elect to participate in the Rehabilitative Services Program, you will be contacted by a clinical nurse case manager, and all communication will be by telephone or mail.

**15. Can I find a job before the “Any Occupation” standard of review applies to me?**

- You may decide to begin employment with a non-public employer while you are still under the Own Occupation standard of review for disability and are participating in the Rehabilitative Services Program. If you choose to do this, complete an Employment Review for a Disability Benefit Recipient form (DR-2) and return it to OPERS. OPERS will then advise you if the job you are considering will have an impact on your continued receipt of a disability benefit while you are under the “Own Occupation” standard of review for disability. This program **is not intended to provide job placement services**; you will direct your own job search activities. By participating in the Rehabilitative Services Program you will receive assistance in maximizing your employability and resources to assist you in your self-directed job search.

**16. Will I have to seek employment outside of my hometown?**

- It is your decision where to seek employment, as your job search is self-directed. The goal of the Rehabilitative Services Program is to maximize your employability in a competitive labor market. This program is not intended to provide job placement services. However, under the Any Occupation standard of review, OPERS evaluates employment within your regional job market.

**17. Can information obtained as part of the Rehabilitative Services Program be used to evaluate my continued eligibility to receive a disability benefit?**

- Yes. If you elect to participate in the Rehabilitative Services Program, the medical and vocational information acquired through the Rehabilitative Services Program may be used in the determination of your continued eligibility for a disability benefit.

**18. Who can I talk to if I have more questions?**

- Please feel free to contact OPERS’ disability program administrator, Managed Medical Review Organization, 1-866-516-6676