

Office of the Ombuds for Injured Workers of Self- Insured Employers

Fiscal Year (FY) 2022 Annual Report to the Governor

September 2022

Table of Contents

A Message from the Ombuds.....	1
Executive Summary.....	2
Introduction.....	7
Office of the Ombuds.....	7
Primary Responsibilities.....	8
Self-Insurance in Washington.....	9
Summary of Activities and Findings.....	11
Inquiries.....	11
Investigations.....	12
Resolution Profile.....	14
Case Scenarios.....	15
Major Initiatives.....	17
Ombuds Office Business Transformation.....	17
Independent Medical Examinations.....	19
Self-Insurance Audit Reform.....	21
Self-Insurance Rules Review Work Group.....	26
Self-Insurance Program.....	28
Other Initiatives.....	29
Centers of Occupational Health and Education	29
Expand Availability of Approved Mental Health Professionals.....	30
Conclusion.....	31

Figures

Figure 1: Referral Sources.....	9
Figure 2: Washington’s Workforce.....	10
Figure 3: Inquiries Proportion by Self-Insured Employers	11
Figure 4: Reported Investigation Issues.....	12
Figure 5: Resolution Profile	14

A MESSAGE FROM THE OMBUDS

The Office of the Ombuds for Self-Insured Injured Workers (Ombuds Office) has accomplished several goals and projects this year despite the continuing pandemic. This year's report highlights progress toward the program's priorities and recommended improvements. In the Executive Summary and throughout the report, you will find information focused on three key areas:

- 1. Ongoing work:** Throughout the COVID pandemic, the Ombuds team continues receiving new referrals, as well as providing support and training for the self-insured community, including employee representatives, self-insured employers and their representatives, and medical providers. The Ombuds team resolved 2,124 new inquiries this year.
- 2. Impacts of new legislation and rules:** The legislature passed important legislation in 2020 (ESSB 6440, HB 2409) to address Independent Medical Exams, self-insurance penalties, and third-party administrator requirements, which has required L&I to develop several new rules and related procedures. We continue to monitor development of these new rules, and will help identify opportunities for self-insured process improvements as the new rules and regulations evolve.

It is disappointing that legislation to help expand mental health providers did not pass this year (SSB 5784). We remain hopeful for a solution to help injured workers seeking mental health treatment.

- 3. Deficiencies and recommendations:** You will read of several areas identified for improvement, and in particular, I recommend the Self-Insurance Rules Review Work Group reconvene to address important ongoing changes in, and modernization of, the Self-Insurance Program (expand self-insured authority, develop a single pathway to reporting, etc.) Continued evolution of the Self-Insurance audit process is also important, ensuring continual development of L&I's regulation and enforcement efforts, including consistent, comprehensive audits and penalties.

The Ombuds Office remains committed to supporting injured workers and community outreach. These activities are key to identifying issues and establishing priorities for workers' compensation program improvement recommendations. Ombuds Office initiatives and projects continue to focus on modernizing the Washington workers' compensation system.

Thank you for your continued support of the Ombuds Office. We look forward to another productive year supporting injured workers as we move toward a stable hybrid work model.

Donna Egeland
Ombuds for Injured Workers of Self-Insured Employers

Executive Summary

Introduction

The Department of Labor & Industries' (L&I's) Self-Insurance Program oversees and provides services to Washington employers that are certified to do so. Self-insured employers (SIE) pay workers' compensation benefits directly to employees who are injured or become ill due to their job. More than 350 Washington companies are certified to self-insure, employing about 25 percent of Washington's workforce.

Self-insured employers manage their own workers' compensation claims, usually through a third-party administrator (TPA). This includes making decisions about paying benefits and accessing medical care.

Office of the Ombuds

The legislature established the Office of the Ombuds (Ombuds Office) for injured workers of self-insured employers in 2007, with the mission of advocating for injured workers. To accomplish this mission, the Ombuds Office coordinates with workers, employers, and providers, or their representatives, to:

- Inform injured workers about industrial insurance and their rights and responsibilities.
- Investigate and resolve complaints.
- Identify Self-Insurance Program deficiencies.
- Recommend policy solutions.

Ombuds Office staff collaborates with multiple stakeholders and conducts community outreach to help ensure the awareness and success of the Ombuds program.

About this report

This report to the Governor is required annually by RCW 51.14.400 for the fiscal year reporting period of July 1 through June 30. It summarizes each year's Ombuds Office activities, including:

- Issues addressed during the past year, along with case scenarios.
- Activities, findings, and community outreach.
- Identifying deficiencies in the self-insured workers' compensation system, and providing recommendations for improvement.

The Ombuds Office is committed to L&I's mission to *keep Washington safe and working*. The initiatives described in this report are geared toward ensuring fair and equitable benefits for injured workers, and continual process and systemic improvements.

Summary of Fiscal Year 2022 activities and findings

As mentioned, the issues and activities addressed in this report are for FY 2022 (July 1, 2021 through June 30, 2022). The Ombuds Office continues to receive new cases daily and the Ombuds Office team resolved 2,124 inquiries regarding workers' compensation claims of self-insured employers this past year. Of these inquiries, 1,007 resulted in an official investigation, while others were resolved by sharing information. Investigations involved 44 percent of self-insured employers. Reported issues remain similar to those of the prior reporting period, including concerns about:

- Delays in time-loss benefit payments, as well as medical treatment and medical bill payments.
- Initial claim reporting delays via the Self-Insurance Electronic Data Reporting System (SIEDRS), not using new L&I communication templates and forms, and failure to respond to Ombuds Office claim file requests.
- Claim status issues, such as claim closure, denial, allowance, and re-opening.
- Unresponsive TPAs.
- Independent medical exams (IMEs).
- Incorrect wage and loss of earning power (LEP) benefit calculations.

The Ombuds Office attempts to resolve issues quickly by working directly with the self-insured employer or TPA. If this is not possible, the Ombuds Office engages L&I's Self-Insurance Program to help resolve the issue.

The Ombuds Office team is happy to see continued progress toward claims being adjudicated correctly by the SIE/TPA, resulting in faster resolution and better outcomes for injured workers. The team continues to assist workers with unresponsive claim managers, and despite the pandemic, we are meeting virtually with these TPAs.

Ombuds Office other priorities and changes

The Ombuds Office has accomplished several goals and projects this year. These include:

- Despite the ongoing COVID pandemic, the Ombuds Office outreach team continues to participate in labor and business community events, as well as provide training for L&I field offices, self-insured employers and TPAs. Much of this training continues on virtual platforms, however, we are happy to transition to more in-person events as we shift to a hybrid work model.
- The Ombuds is pleased to announce the promotion of Ombuds Program Specialist, Ciara High, to Ombuds Operation and Outreach Supervisor. Ciara is key to the success of the Ombuds program and has contributed to several important aspects of the program, including improving data analytics, expanding community outreach, and innovating numerous policies and procedures.

We are also happy to report that Judy Berquest has joined the Ombuds Team as our new Program Specialist. Judy worked previously in several departments within L&I from 2005 – 2013 and has held related positions in the private sector since 2013.

- We look forward to continued evolution of our new project team and onboarding new staff, including expanding data analytics, quality assurance, and community outreach.
- Customer service survey response rate is 21 percent, and overall results are positive – 98 percent of customers said they would recommend our services to other injured workers.

Self-Insurance Program improvements

The Ombuds serves on several committees and work groups and collaborates with multiple stakeholders to address improvements in the Washington Self-Insured Employer workers' compensation system. These improvements are:

- The Self-Insurance modernized tiered audit system continues to evolve and the collaborative governance committee consisting of representatives from labor and business continues to inform the evolving audit process. Self-Insurance auditors have completed the second biennial audit cycle and must begin using trend data to continue to evolve the audit model. This ensures strengthened regulation and appropriate training and penalties for those SIEs/TPAs that fail audits.

Self-Insurance suffered a staffing shortage during the pandemic and is onboarding and training new auditors.

About one-third of self-insured employers failed their Tier 1 time-loss benefit timeliness audit and moved to a Tier 2 wage calculation accuracy audit, 42 percent did not pass Tier 2, and 37 percent failed Tier 3 (most SIEs failing Tier 3 had four or fewer claims reviewed). The Self-Insurance Program audit team is closely monitoring this concerning trend and its potential cause, and will identify opportunities for improvement.

- With the implementation of ESSB 6440, the IME process continues to evolve. A cross-disciplinary collaborative work group identified several improvements to the IME process and L&I is implementing related new rules and processes, including dispute resolution processes and IME electronic data interchange data (EDI). The Ombuds will continue to monitor new rules and processes and their impact on self-insured IMEs.

Other initiatives supported by this Office

- Filing self-insured claims is complicated for providers, workers, and employers. Much of it is manual, risking errors, and it also creates unnecessary barriers for workers filing claims who have left the employer of injury or who are not well informed on the point of contact to file a claim. L&I should research and implement an expedited single pathway to reporting similar to the State Fund accident reporting system.

- Fortunately, the L&I Centers of Occupational Health and Education program (COHE) is considering expansion to include the self-insured community understanding the information-sharing barriers to be addressed. L&I will also conduct an updated recruitment for COHE vendors in FY 2022, and continues to explore ways to further self-insured employer engagement in the next COHE contracting cycle.
- Injured workers still have trouble getting approved mental health care because there are not enough approved providers. L&I continues a pilot project to expand care by adding master's-level therapists and will complete a report recommending next steps by end of 2024.

We are disappointed that L&I's proposed legislation (SSB 5784) to expand mental health providers did not pass the legislative session, and we remain hopeful for a solution to help injured workers find timely mental health treatment.

Additional recommendations

- The complexity of wage calculations continues to be an issue due to vast differences in occupational wages in the self-insured community. This often causes time-loss benefit underpayments and overpayments, which continue to create financial hardships for injured workers. The Ombuds recommends the rules review work group address simplifying the self-insured wage calculation and try to identify any feasible solutions without legislation. However, a statutory fix may be necessary.
- The Ombuds continues to recommend opportunities for Self-Insurance process improvement. Many of the current priorities are related to multiple new rules and processes. The Ombuds recommends the following:
 - Continue to evolve the modernized audit process and address SIEs that continue to fail audits.
 - Establish an efficient dispute resolution process.
 - Streamline the current penalty process to ensure timely, consistent penalties, and improve communication detailing the penalty decision.
 - Shift the focus of re-adjudication to stronger regulatory oversight, enforcement, audit, and training.
 - Improve self-insurance data reporting.
 - Reconvene the Self-Insurance Rules Review Work Group.
- Recommend the Rules Review Work Group reconvene to address specific improvements:
 - Continue to implement and refine new rules and processes related to HB 2409 and ESSB 6440.

- Effectively communicate with injured workers.
 - Reduce re-adjudication with a shift to stronger regulation, enforcement, and training.
 - Make the dispute resolution process more efficient.
 - Address complex wage calculations.
 - Improve the L&I Self-Insurance Risk Analysis System.
- The Ombuds continues to recommend self-insured employers use services offered by the COHEs. Their health services coordinators (HSCs) manage care and care transitions, helping injured workers heal and return to work faster. We are pleased L&I is addressing potential expansion to include self-insured employers.

Conclusion

The Ombuds Office is committed to a strong advocacy program for injured workers, including timely and efficient resolution of issues and complaints. The Ombuds Office continues to advocate for new rules and procedures to further the goal of continual process improvement.

Introduction

The Office of the Ombuds for Self-Insured Injured Workers advocates for injured workers of self-insured employers, identifies program deficiencies, and makes recommendations for policy and process improvements.

The Ombuds Office is here to help injured workers and their representatives with questions and concerns about industrial insurance rules and regulations, and quickly resolve complaints. The Ombuds Office team offers a high level of customer service as we help injured workers maneuver through the complexities of the workers' compensation system.

The Ombuds Office works to ensure a smooth claim process for injured workers by identifying areas for process improvement and related policy enhancements. Effective collaboration is critical and the team strives to maintain objectivity and positive relationships with all stakeholders, including worker advocates, L&I staff, and the self-insured business community.

This report describes the structure of the Ombuds Office and Self-Insurance in Washington. This is followed by a summary of inquiries and investigation results for Fiscal Year 2022, spanning July 1, 2021 through June 30, 2022, including statistical analysis of the issues addressed. Each section then details work to resolve issues as well as process improvement recommendations.

Office of the Ombuds

The Ombuds program is funded by self-insured employers and governed by Revised Code of Washington (RCW) 51.14.300 through 51.14.400. All information is highly confidential, and injured workers are informed of their rights to confidentiality under RCW 51.14.370.

Governor Inslee appointed the current Ombuds for a second six-year term effective March 2021. The Ombuds reports to L&I Director, Joel Sacks, but operates independently from the agency. The team consists of the official Ombuds position, an operations and outreach supervisor, two workers' compensation adjudicators, and a program specialist.

Ensuring fair and certain relief on behalf of injured workers is the primary mission of the Ombuds Office. The Ombuds operates in the best interest of all parties involved in the Washington Self-Insured Employer workers' compensation system.

PRIMARY RESPONSIBILITIES

Investigate and resolve complaints

- We ensure injured workers receive appropriate benefits under Washington industrial insurance rules and regulations. It is important for workers to understand their rights and responsibilities and the investigation process. The top priority of the Ombuds Office is to resolve all complaints as efficiently and quickly as possible and maintain contact with the worker throughout the investigation process. When a timely resolution is not feasible, the complaint is referred to L&I's Self-Insurance Program for further action.

Provide information and training

- We address questions and concerns about the workers' compensation process. The Ombuds Office team strives for excellent customer service and empathy—helping workers understand and maneuver through the often-complex workers' compensation claims process. The team provides a range of training and education on appropriate regulations, administrative procedures, or claim management tools and resources.

Track complaints and inquiries

- We maintain a comprehensive database of complaints and inquiries, document outcomes, and analyze trends. Ombuds staff uses data analytics to identify systemic issues, as well as potential policy and process improvements.

Recommend policy and process improvements

- We identify solutions and opportunities for potential self-insured program improvements. To prepare our recommendations, we coordinate with applicable L&I divisions, external stakeholders, work groups, and committees as well as other groups.

Maintain collaborative relationships

- We cultivate positive relationships with all interested parties, including worker advocates, L&I staff, and the self-insured business community.

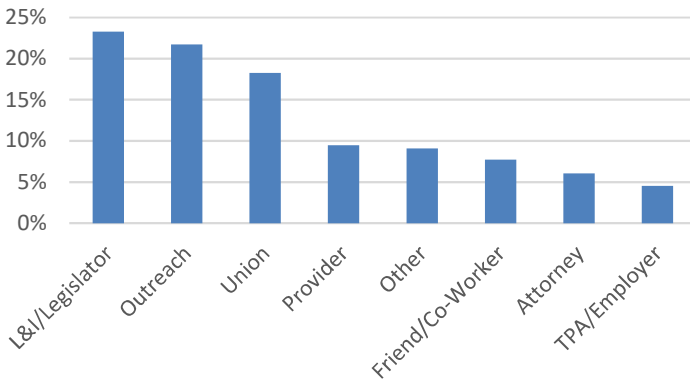
Conduct community outreach

- We participate in community events, providing training and education to constituents. Participation in conferences, meetings, and committees offer meaningful ways to share information, build relationships, and identify both issues and solutions.

Referrals

As shown in Figure 1, community outreach and worker advocates are the major source of referrals to the Ombuds Office. Other sources of referrals include friends, providers, legislators, L&I staff, attorneys, and employers and their representatives.

Figure 1: Referral sources



Source: Self-Insurance Ombuds Database (SIOD)

SELF-INSURANCE IN WASHINGTON

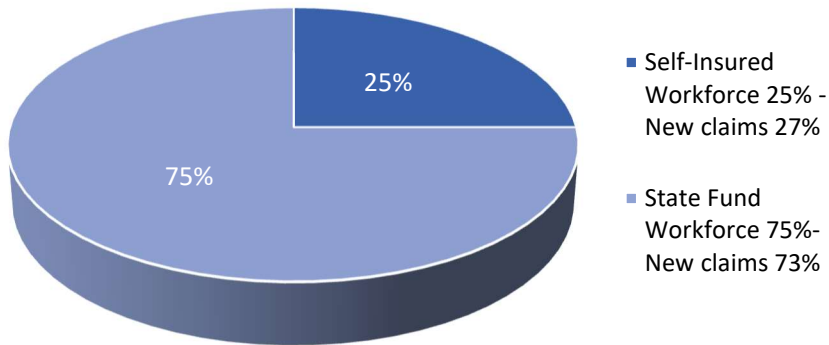
Self-insured employers typically represent the state’s largest companies. They choose to self-administer their workers’ compensation program or to contract with a third-party administrator (TPA) to manage their claim process. L&I has regulatory authority over all industrial insurance rules and regulations, and enforces these regulations for self-insured employers. This includes providing certification services, audits, education and training, and assessing penalties if indicated.

Self-Insured Employer Facts:

- There are 351 active self-insured employers in Washington, employing approximately 874,680 workers.
- Self-insured workers represent about 25 percent of Washington’s workforce.
- Self-insured employers reported 35,711 new claims compared to 95,657 new State Fund claims (27 percent of new claims) during FY 2021.
- More than 95 percent of self-insured employers currently contract with a TPA. There are 19 licensed TPAs with 11 headquartered out of state.

Figure 2 shows the proportion of workers covered by self-insured employers, compared to workers covered by State Fund employers in Washington.

Figure 2: Washington's workforce



Source: L&I Self-Insurance Section

Self-insurance basic requirements

To qualify for self-insurance, businesses must meet certain requirements, including:

- Be in business for at least three years.
- Meet mandatory financial standards and obligations.
- Demonstrate the existence of an established safety program, including an effective accident prevention program.
- Submit a description of an acceptable industrial insurance administration process to L&I.

Standard workers' compensation benefits

All workers are entitled to the same level of benefits provided by Washington industrial regulations, including but not limited to:

- Medical benefits for approved treatment related to a work-related injury or illness.
- Partial wage replacement for lost wages due to a temporary disability resulting from a work-related injury or illness.
- Vocational assistance if the worker qualifies for retraining.
- Permanent partial disability award to compensate for a permanent loss of bodily function.

- Disability pension if the worker is totally, permanently disabled from any gainful employment.
- Death benefits for survivors if a worker dies as the result of a work-related injury or illness.

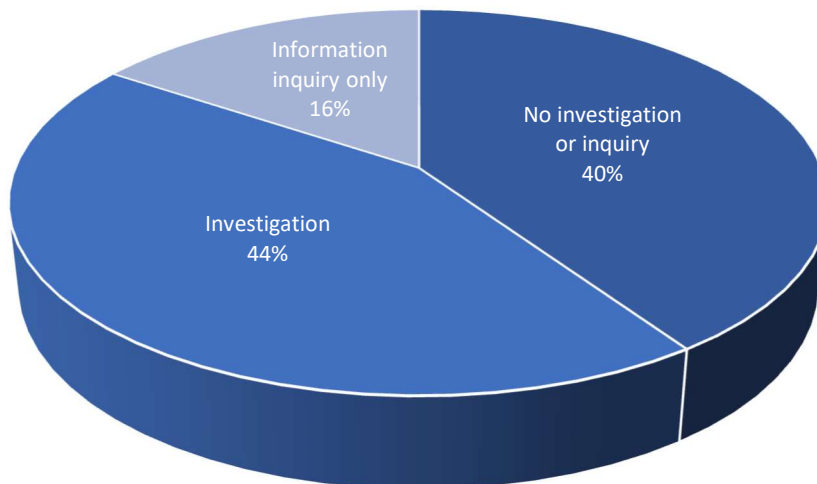
Summary of Activities and Findings

The Ombuds Office highest priority is to advocate for injured workers of self-insured employers. This involves providing information about industrial insurance and identifying, investigating, and facilitating resolution of issues and complaints from workers and their representatives.¹ The following information is a summary of investigation activities and findings for FY 2021/2022.

INQUIRIES

The Ombuds Office resolved 2,124 inquiries regarding workers' compensation claims of self-insured employers for the 2021/2022 reporting period as of June 30, 2022. We received information-only inquiries on about 16 percent of self-insured employers. The rest were split almost evenly, with investigations for 44 percent and no investigation or inquiry needed for 40 percent of self-insured employers.

Figure 3: Inquiries proportion by self-insured employers



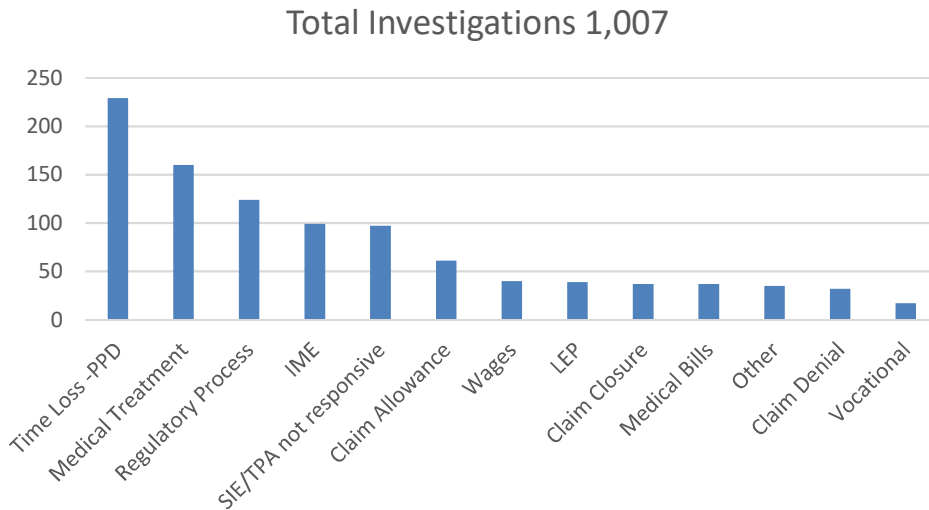
Source: SIOD

¹RCW 51.14.340

INVESTIGATIONS

Of the 1,007 investigations during FY 2021/2022, Figure 4 compares the issues involved.

Figure 4: Reported investigation issues



Source: SIOD

The categories remain fairly consistent with the prior reporting period. The Ombuds Office’s new tracking system continues to evolve—now with expanded data hierarchy that expands the nature of inquiries.

Points of interest:

- The timeliness and accuracy of time-loss benefits remain a primary source of complaints and resolving these benefit issues continues to be a top priority for the Ombuds Office. We believe instituting self-enforced late benefit-payment penalties will help reduce late benefit payments—a proven solution in other states (AK, CA, OR). The Audit Governance Committee also continues to ensure effective audits of time-loss benefit payments and establishing trends for self-insured employers/TPAs that do not pass these audits.
- The new Regulatory Process category was our top source of inquiries last year, which is not surprising due to the increase in new mandatory templates and forms. We are happy to report this category decreased from 22 percent of inquiries to 12 percent. This category tracks inquiries about a new regulatory process that is not otherwise captured in a different category (e.g., not using L&I templates and forms, failure to respond to our claim file requests, initial claim reporting via the Self-Insurance Electronic Data Reporting System (SIEDRS)).
- The 2020/2021 two-year audit cycle included issue-based audits addressing correct use of new L&I templates and forms. The Ombuds Office outreach team continues to contact TPAs with high complaints in this area—meeting with those requesting help to grasp new regulatory processes.

- Concerns regarding claim status (claim allowance, closure, and denial) continue to be a source of inquiries. New rules recommended by the Self-Insurance Rules Review Work Group addressed some of these issues by streamlining and modernizing both process and forms. The work group should continue to address ongoing issues, including medical-only claim delays and related orders.
- The Ombuds team continues to work with TPAs noted for low responses to workers and representatives, and provide information regarding WAC 296-15-550, which requires prompt response to inquiries from workers, L&I, the Ombuds Office, and medical providers.
- Independent medical exam (IME) investigations increased slightly (10 percent from 7 percent last year), which is to be expected due to the vast changes in IME processes. 72 percent of IME investigations were due to new rules related to RCW 51.36.070, and of those 49 percent are due to failure to send the IME report to the injured worker or attending provider. These issues are easily resolved and we expect to see this issue decrease.
- Incorrect wage calculations continue. Current Tier 2 audits address the accuracy of wage calculations. In early FY 2020, new rules required better communication with injured workers about the wages used to calculate disability benefits. The Ombuds team continues to monitor the impact of these new communications and Tier 2 audits. We recommend the Rules Review Work Group address the complex self-insurance wage calculation issue.

RESOLUTION PROFILE

The following describes how investigations were resolved. Please note, some involve multiple issues.

Figure 5: Resolution profile

	FY2022	FY2021	FY2020	FY2019
Total Number of Investigations	1,007	1,166	1,086	1,208
Claim Adjudicated Correctly	306	283	304	360
Resolved – SIE / TPA	364	588	366	313
Resolved - L&I Assistance	177	155	224	184
Not in Jurisdiction	108	100	125	172
No worker follow-up	52	40	67	179

Source: SIOD

The team first works directly with the injured worker's employer or TPA, and we are pleased to see continued progress in the claims adjudicated correctly category. If we cannot resolve the issue with the self-insured employer or TPA, we engage L&I's Self-Insurance Program and the complaint may be referred for further review and action (RCW 51.14.350). If that happens, they make an independent claim review and determination, providing our team with a thorough summary.

CASE SCENARIOS

This report includes case scenarios on a wide range of issues summarizing Ombuds Office activities (RCW 51.14.400). These case scenarios describe some of the cases closed FY 2022.

Time-loss benefit delays

A worker reached out to our office after not receiving time-loss benefit payments nor any return calls from their TPA claims manager (CM) for several months. Our review found ongoing time-loss certification and we contacted the TPA, who promptly issued the delayed time-loss benefits.

Overpayment

A worker reached out after receiving a notice of an overpayment from their TPA. Our office discovered that the overpayment was due to a change in the TPA's wage calculation, however, termination of the worker's health care benefits was not addressed. The worker disputed to L&I and a wage order was issued, including the value of health care benefits. This new wage created an underpayment and the TPA issued a benefit payment.

Medical treatment

A worker reached out to the Ombuds Office after their surgery was canceled several times due to delay in authorization by the TPA. Our office contacted the TPA CM who explained that while an independent medical exam (IME) was performed, additional follow-up was needed prior to authorizing the surgery. We helped the worker understand their dispute rights and they requested L&I intervention. L&I reviewed the medical information and issued an order authorizing the surgery.

Claim allowance

A frontline agriculture worker contacted the Ombuds Office after contracting COVID because their employer would not respond to their attempts to file a workers' comp claim. We contacted the TPA who confirmed a claim was filed. At that time, we also gave additional education regarding RCW 51.32.181 and presumptive coverage for certain frontline workers, such as this claimant. Yet, the TPA requested denial of the claim, resulting in an allowance order by L&I because in this case, the criteria for presumption was met.

IME concerns

A worker reached out to our office as their IME was scheduled in a location not reasonably convenient. Our office contacted the TPA CM and shared the specifics of RCW 51.36.070(1)(b), defining what is a place reasonably convenient to the injured worker. The CM rescheduled the examination to a location closer to the worker.

Communication

Our office left several messages with an assigned TPA CM about a claim, getting no response. A further request was sent to the CM referencing WAC 296-15-550(2)(a), stating that a response to telephone inquiries from our office should happen within three business days. A response was provided, resolving the issue.

Claim closure

An injured worker reached out to our office after they learned their TPA submitted a claim closure request. The closure request was based on two IMEs, and noted the attending provider did not concur. Our office helped the worker file a protest, including a report from their provider explaining why further treatment was needed and that the worker was not released to the job of injury. L&I reviewed the protest and additional medical support, and reversed the claim closure.

Claim denial

A worker reached out to our office after their claim was submitted for denial. The TPA contended that the worker did not sustain an industrial injury as defined by law because the mechanism of injury (hip abduction) was a normal physiological function of everyday living or employment in general. However, the definition of injury was expanded as a result of the 1981 case of Longview Fibre Company v Weimer, to include musculoskeletal conditions caused by normal bodily movement during the course of employment. Our office advocated for allowance of the claim, and after review L&I issued an allowance order.

Wages concerns

A worker contacted the Ombuds office concerning the calculation of their wages. We reached out to TPA CM who indicated the dependent portion was not being paid pending a verification response from the worker. Our office coordinated with the worker and the CM to ensure appropriate information was sent to the TPA. The CM received verification, updated the wage calculation, and paid the balance due to the worker.

Regulatory process

A worker's attorney contacted the Ombuds Office after repeated attempts to get an SIF2 and claim number were unsuccessful. The Ombuds Office contacted the TPA CM and shared the State Fund Report of Accident that was filed with L&I, supporting claim elements and notice to the self-insured employer. The CM assigned the proper form (SIF2), and processed and reported the claim to L&I.

Loss of Earning Power (LEP)

A worker reached out to the Ombuds Office after being told by their TPA CM that they did not qualify for LEP benefits. The worker was being accommodated on light duty at reduced hours when they were placed on an unrelated leave of absence. Our office reviewed the Claim Adjudication Guidelines with the CM and advocated for the LEP recalculation, including the hours the worker would have earned on light duty. The CM disagreed so we assisted the worker with a written dispute to L&I, who eventually directed payment of the LEP benefit.

Major Initiatives

The Ombuds Office was involved in several important projects that improved the self-insurance system. Significant projects are highlighted in this section.

OMBUDS OFFICE BUSINESS TRANSFORMATION

The Ombuds Office has made several internal process changes and is well-positioned for the future. These improvements focus on modernizing our office, supporting a positive customer service experience, and timely resolution of issues and complaints. We have also implemented new protocols to better serve limited English proficiency customers. We continue to monitor these process improvements—making amendments as necessary.

We are pleased to announce the promotion of Ombuds Program Specialist, Ciara High, to Supervisor, Ombuds Operation and Outreach. Ciara is key to the success of the Ombuds program and has contributed to several important aspects of the program, including improving Ombuds Office data analytics, expanding community outreach, and innovating numerous policies and procedures.

We are also happy to report Judy Berquest has joined the Ombuds Team as our new Program Specialist. Judy worked previously in several departments within L&I during 2005 – 2013, and has held various workers’ comp positions in the private sector since 2013. We look forward to continued evolution of our new project team and onboarding new staff, including expanding data analytics, quality assurance, and community outreach.

The Ombuds team has also shifted to a hybrid work model and we look forward to returning to more in-person community outreach events. We have found great value in meeting with TPAs to review their Ombuds inquiry data and identifying improvements to help streamline claim management, and experienced a significant decrease in inquiries for one large employer due to these productive meetings. We plan to increase these outreach events, virtually and in-person.

Mission statement

The Ombuds Office has adopted an official mission statement and core values, as follows:

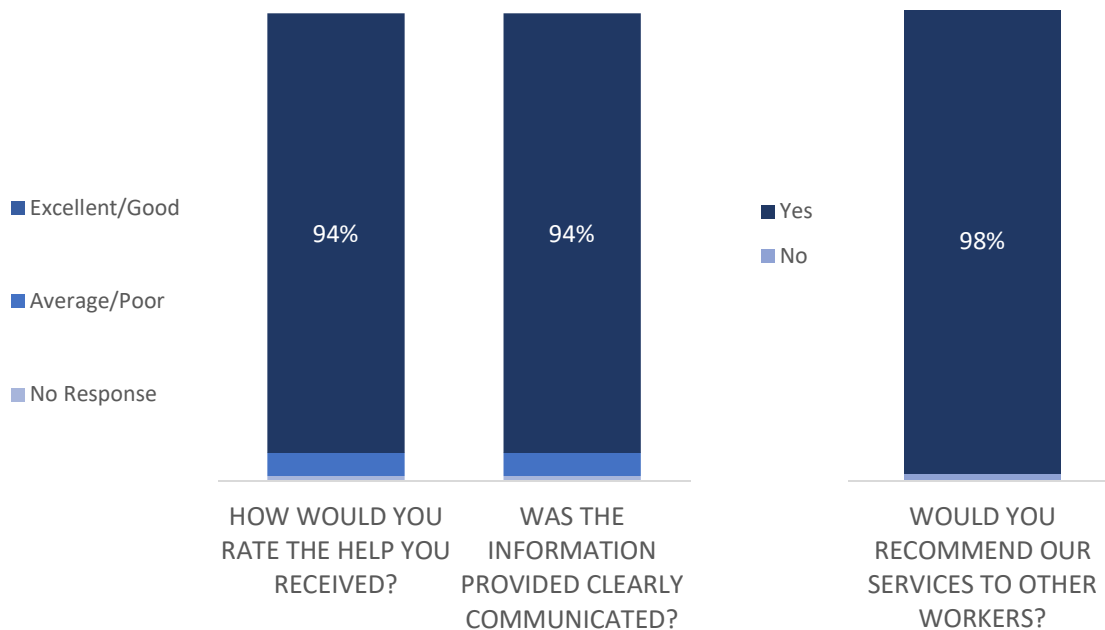
The primary mission of the Office of the Ombuds for Self-Insured Injured Workers is to provide a confidential dispute resolution process, which advocates for fair and equitable outcomes for injured workers of self-insured employers. We provide an informed annual report to the Governor and Legislature containing a summary of our activities, findings, and recommendations for systemic improvements to the Washington Self-Insured Workers’ Compensation system.

Core Values:

- **Independence:** We are independent and collaborate with multiple stakeholders (injured workers of self-insured employers and their representatives, self-insured employers and their representatives, medical providers, L&I).
- **Integrity:** We take pride in our work and are committed to ethical, honest, and fair outcomes.
- **Professionalism:** We maintain the highest level of professionalism at all times.
- **Empathy:** We are committed to kindness and understanding the needs of our customers and the impact of our actions.
- **Confidentiality:** We are committed to the highest level of confidentiality at all times, and protect the information given to us.

Injured worker customer service surveys

The Ombuds Office sends surveys to injured workers after resolution of their issue(s). The current response rate is 21 percent, and overall, survey results are positive. Ninety-eight percent of customers said they would recommend our services to other injured workers.



INDEPENDENT MEDICAL EXAMS

Independent Medical Exam (IME) issue inquiries increased from self-insured injured workers (99 vs 85 in prior year), which is not surprising due to the multitude of new IME rules and processes.

Primary complaints are related to claim management, and 72 percent of complaints are due to new rules related to RCW 51.36.070, and of those 49 percent are due to the IME report not being sent to the injured worker or attending provider. The Ombuds Office expects to see continued improvements using new IME processes, and we continue to educate on the new processes whenever possible.

Effective January 1, 2021, Engrossed Substitute Senate Bill 6440 (ESSB 6440) amended requirements for IMEs and mandated a collaborative work group to address certain elements of the IME process, including strategies and recommendations for improving the IME process.

The amended requirements include:

- Adding specific criteria regarding when an IME can be ordered.
- Ensuring exams are conducted at a location reasonably convenient to the worker, or via telemedicine.
- Addressing in rule how to accommodate the worker if no approved medical examiner in the specialty needed is available in the worker's community.
- Placing limits on no-show fees assessed by L&I or self-insured employers.

The work group was led by L&I and consisted of 10 representatives from the legislature and labor, business, and IME provider communities. The work group published a report of the committee's findings and recommendations to the legislature in December 2020. This report is available at https://lni.wa.gov/agency/_docs/2020essb6440imelegreport.pdf.

The work group's report contains 25 strategies across seven topics for L&I's consideration. L&I recommended 15 of these strategies. Key aspects of these recommendations that impact self-insured IMEs are as follows:

- Enforce current rules for consultation exams.
- Encourage consultations via the attending provider, and claim manager training on the process.

- Conduct rulemaking to define case progress (or lack thereof).
- Update the IME fee schedule to improve the availability of examiners.
- Focus on claims that have too many IMEs.
- Set an enforceable deadline for claim/medical records to be sent to the IME firm.
- Update IME letters and materials to provide information on how to file a complaint.
- Conduct exit interviews of examiners who do not reapply for IME credentialing.
- Compensate examiners for IME record reviews when a worker fails to appear or there is a late appointment cancellation.
- Add incentives to recruit more bilingual examiners.
- Revisit extensive requirements on documentation for the IME report to determine if they can be streamlined.

Additionally, Senate Bill 2409 requires improved communication between self-insured TPAs and injured workers, including information about the intent of an IME, as well as mandatory certification and training for all self-insured claim administrators. The training includes information about the frequency and use of an IME.

L&I has accomplished a great deal of work to implement new rules and processes related to ESSB 6440 and SB 2409, including in-depth training for internal and external stakeholders. External stakeholders have also developed informative training (e.g., Washington Self-Insured Association). Important aspects of this training include when and how to schedule an IME under new guidelines, which requires thoughtful review before scheduling an IME. This training must evolve consistent with patterns of confusion and/or concern when using new IME processes.

We commend Self-Insurance for implementing a new dispute resolution process to address IME complaints and concerns. However, the new process may be beyond the intent of ESSB 6440 (i.e., extends the 14-day notification requirement for IMEs from 14 to 28 days for only self-insured employers—adding disparity between self-insurance and the State Fund). Regardless, we are hopeful this is an effective and efficient tool to resolve IME issues, and we will monitor its impact and that it does not create unnecessary delays. Additionally, while we recognize a formal dispute process is sometimes necessary, we also encourage informal resolutions when possible (alternative dispute resolution process). Many of the IME issues presented to the Ombuds Office are resolved informally by bridging communication between parties and expediting the IME process (e.g., phone calls, information sharing).

The Ombuds also recommends a strong focus on improving self-insured EDI data reporting to help inform the use and frequency of self-insured IMEs. The ESSB 6440 work group also suggested that L&I consider reconvening the work group when self-insured EDI data is more mature.

Self-Insurance has delivered by providing preliminary EDI self-insured IME data. This data should not be ignored, and Self-Insurance should continue to develop and audit EDI data, and hold accountable those TPAs/SIEs who are not reporting data to the EDI system.

L&I's long-standing L&I IME Business and Labor Advisory Committee responds to stakeholder concerns and IME quality issues, and the IME Steering Committee is an internal, cross-divisional collaborative effort that oversees IME improvements. It is important these committees continue to oversee new processes and evaluate their impacts on the IME process.

In summary, the Ombuds team is carefully monitoring the multitude of new rules and processes and their impact on IME inquiries/complaints to the Ombuds Office, and the Ombuds will continue to attend relevant committee meetings.

SELF-INSURANCE AUDIT REFORM

The modernized Self-Insurance audit process has been in place for over four years, and auditors have completed their second official two-year audit cycle. Audit processes continue to be informed by the Self-Insurance Audit Governance Committee, which is led by L&I. The advisory committee consists of representatives from the labor community, self-insured employer community, and the Ombuds.

The Self-Insurance audit model is designed to:

- Build an effective, industry-leading audit model that combines performance-based, complaint-based, and issue-based audits.
- Ensure program compliance by self-insurers and representatives, including payment of accurate and timely benefits.
- Detect non-compliers using reliable data, and apply a tiered audit approach to bring them into compliance.
- Communicate clear expectations to self-insurers and provide effective claim management tools, consultation, and training.
- Shorten the prior audit cycle to ensure all self-insured employers and TPAs experience an audit every two years.

The second two-year audit cycle was completed in December 2021.

2020/2021 Self-Insurance Compliance Audit Plan

Self-Insurance began the 2020/2021 two-year audit cycle in January 2020 and ended it in December 2021. The Self-Insurance Compliance Audit Plan aligns with Red Book audit standards and maximizes audit resources across the self-insured community. The three areas of audit continue to be performance-based audits, issue-based audits, and complaint-based audits. Completion of the second audit cycle will begin establishing trends, which will help inform future audits and regulatory compliance priorities².

Performance-based audits

Performance-based audits address timeliness, accuracy, and entitlement to disability benefit payments. They consist of three progressive levels of audit using a tiered audit approach, with each tier increasing in depth based on audit findings.

For example, failure to pass Tier 1 will lead to a Tier 2 audit. Failure to pass a Tier 2 audit will lead to a comprehensive Tier 3 audit. An 80 percent passing threshold is required to pass each audit tier.

- **Tier 1 audits** – Verify time-loss payments are paid timely and in compliance with applicable rules and regulations. A maximum of 10 claims and 50 transactions were evaluated. Tier 1 audits included 341 employers.
 - 218 employers passed Tier 1.
100 employers did not pass and moved to Tier 2.
(Note: Of the 100 that did not pass, 27 had 4 or fewer claims reviewed)
 - 23 employers had no time-loss audit eligible claims, moving to the next audit cycle.

About one-third of self-insured employers failed their Tier 1 audit. This is a concern and the self-insurance audit team is closely monitoring this trend and potential causes, and will identify opportunities for improvement.

- **Tier 2 audits** – Verify the correct wage was calculated, which is used to determine time-loss benefits. A maximum of 10 claims were evaluated, and employers are allowed up to a five percent variance below the auditor's wage calculation. Tier 2 audits included 100 employers.
 - 42 employers passed Tier 2.
42 employers did not pass and moved to Tier 3.
(Note: Of the 42 that did not pass, 25 had 4 or fewer claims reviewed)
 - 16 employers had no eligible claims, moving to the next audit cycle.

² L&I Self-Insurance Compliance Final Audit Summary December 31, 2021

Top wage accuracy issues continue to include health care benefit contributions and other compensation, correct use of the representative wage period and multiple rates of pay.

Auditors continue with difficulties in auditing wage calculations, primarily due to vastly different, complex wages in the self-insured community. Also, errors in wage calculations create time-loss benefit overpayments and underpayments, creating financial hardships for injured workers.

Therefore, the Ombuds continues to recommend a solution to simplify these wage calculations, which may require a statutory fix. Many states have adopted proven solutions.

- **Tier 3 audits** – Verify time-loss and loss of earning power payments are paid correctly and in compliance with applicable rules and regulations. Tier 3 audits included 41 employers.
 - 16 employers passed Tier 3.
 - 19 employers did not pass, and failed all three sections of the Performance-Based Audit Review. (Note: Of the 19 that did not pass, 16 had 4 or fewer claims reviewed)
 - 16 employers had no eligible claims, moving to the next audit cycle.

Employers that fail the Tier 3 entitlement audit are required to take further action to improve their processes, as follows:

- Develop a Performance Improvement Plan if they had fewer than five claims available for review.
- Participate in L&I's mandatory training, with a six-month follow-up review if they had five or more claims available for review.

Issue-based audits

Self-Insurance Program Compliance Auditors audited a sample of self-insured employers and TPAs regarding new WAC templates and forms (WAC 296-15-425). The purpose is to review use of L&I communication forms and templates to inform injured workers of actions involving delivery of benefits. This proof of concept identified 1,268 occasions where a letter should have been mailed. Of those, 714 were mailed timely, 554 were not timely, and 438 of the 554 were not mailed.

Complaint-based audits

Self-Insurance auditors completed one reasonable inquiry audit during this audit cycle, involving vocational claim documentation. Audit results found that the claim documentation was maintained in the file.

Lessons learned and opportunities

- Clear communication resulted in more employers waiving walkthroughs, saving time.
- All employers who did not pass an audit were offered walkthroughs, ensuring clear understanding for the reasons they did not pass the audit.
- Electronic access to claim information and certified requests saved time.
- The pilot issued-based audit increased awareness and the need to improve the processes and controls regarding communication.
- The audit process continues to increase communication between all parties.
- Continue to improve on response time for all parties to meet audit timelines.
- Address wage accuracy, including health care contribution and LEP issues.
- Investigate alternate format for audit files sent via compact discs.

2022/2023 Self-Insurance Compliance Audit Plan

The 2022/2023 audit plan covers audit years January 2022 – December 2023 and is designed to provide earlier client notification of audit, increased audit plan stability, and communicate continued commitment to audit reform and services.³

The audit team will experience three temporary staff reductions this year. Consequently, performance-based audits will be adjusted to allow for onboarding and training of new auditors.

To ensure accuracy of time-loss benefit payments, some select employers who passed Tier 1 timeliness audits of the first two audit cycles the past four years will skip to a Tier 2 wage audit. The Employers who fail the Tier 2 audit may move to a Tier 3 entitlement audit.

Auditors will also continue to implement out-of-scope audits, empowering auditors to find out-of-scope issues during an audit. This will help inform the SIE/TPA and provide an opportunity to correct the issue

Audit priorities

The Ombuds continues to monitor evolution of the modernized audit model, as it takes multiple audit cycles to establish reliable trends. Unfortunately, the audit team has experienced delays due to the impact of the COVID pandemic and temporary staffing changes, primarily due to staff retirements.

³ Self-Insurance Compliance Audit Plan For Audit Years January 2022 – December 2023

The audit team expects to be fully staffed by mid-2022, restoring regular audit goals and timelines.

The Ombuds recommends the audit team expand audit focus to include the following audit priorities:

- Correct use of new rules and processes, with a focus on new TPA claim administration and IME legislation (HB 2409, ESSB 6440).
- Timeliness and efficiency of time-loss claim allowance and claim closure.
- Timeliness and efficiency of medical-only claim allowance and claim closure.
- Timeliness of initial claim reporting by the self-insured employer, including the employer's internal claim reporting system (e.g., date stamping, posting notices, claim packets).
- Efficiency of claim reserve practices.
- Accuracy of self-insured employer's quarterly assessment reporting, including payroll data.
- Efficient use of medical electronic data reporting and the Self-Insurance Data Reporting System (SIEDRS), and implement new claim management electronic data reporting via the electronic data interchange (EDI) to help identify future issue-based audit concepts.

The Ombuds understands it takes several years for new audit models to mature and establish trends, however, Self-Insurance's regulatory enforcement standards must continue to evolve. This includes:

- Ensuring audit volume is commensurate with the size of employer. For instance, the Ombuds continues to question the size of Tier 1 timeliness audits for large employers, as the current number of claims audited for large employers seems low. Self-Insurance remains committed to evaluating this issue to ensure fair and efficient use of audit resources.
- Audits for small self-insured employers and TPAs have proven challenging because there are not as many claims eligible for audit. Consequently, we recommend establishing training early on for these entities to ensure they understand Washington's workers' compensation processes and can pass future audits.
- Ensuring audit evolution, including comprehensive review of self-insured employer workers' compensation systems, including administrative assessments and timely claim reporting.
- Ensuring audit resources are adequately allocated, including ensuring resources for issue-based and complaint-based audits, and expanding the focus of audits.
- Monitoring audit trends and the impact on benefit delays and accuracy based on L&I audit results and complaint-based data contained in the Self-Insured Ombuds Database (SIOD). If audits are effective, benefit complaints and issues should decrease.

- Monitoring impact on self-insured employers that repeatedly do not pass at any level of the audit process. Completion of the second audit cycle should begin to establish trends, and we expect to see stronger regulatory enforcement and corrective action for those that continue to fail audits. It should complement the L&I goal that non-compliers will experience a different L&I than those who comply with workers' compensation rules and regulations.

The Ombuds serves on the Self-Insurance Audit Governance Committee, as the audit process is vital to ensuring compliance and identifying self-insured non-compliance and systemic issues.

SELF-INSURANCE RULES REVIEW WORK GROUP

The Self-Insurance Rules Review Work Group was established in 2017 as part of a collaborative rules modernization effort in follow-up to the Self-Insurance Audit Reform initiative. As the audit reform project evolved, it identified many outdated rules and processes. The work group's guiding principles ensure better communication with workers, greater certainty for employers, and reduced re-adjudication and stronger regulation by L&I. The committee is sponsored by L&I with members representing labor and business communities, and the Ombuds Office.

The work group continued to meet until January 2021, and during that time L&I accomplished several process improvements, including implementing 13 important rule updates improving self-insured claims administration. These include new comprehensive training for certified claims administrators, new purpose-driven claim management forms, and several new templates to communicate important information to injured workers. The work group shifted focus in FY 2021, addressing newly enacted legislation (HB 2409 and ESSB 6440), resulting in several more new rules and process improvements.

The Ombuds continues to recommend the Self-Insurance Rules Review Work Group reconvene to ensure continued progress toward modernization of the self-insured system and better communication with injured workers. This includes shifting the focus of Self-Insurance staff from re-adjudicating claims to strengthening regulatory enforcement, improving self-insurance rules and processes, and developing electronic data reporting to identify risks and opportunities for claim management improvement.

Ombuds top recommendations for the Rules Review Work Group include:

- Shift the Self-Insurance Program focus from re-adjudication to audits, enforcement, dispute resolution, claim management improvements, education, and electronic data reporting. This concept aligns with L&I's goals of making it easier to do business with L&I and focusing effort on the bad actors—consistent with protocols in other states. Expanded authority must be accompanied by strong L&I regulation and penalties for failure to deliver timely and accurate benefits, including automatic self-enforcement penalties.

The Ombuds continues to recommend that self-insured employers be allowed to issue formal

orders when accepting, closing, or denying a claim. The Joint Legislative Audit & Review Committee (JLARC) 2015 audit report on workers' compensation claims management confirmed that the current process of re-adjudication by Self-Insurance takes an average of 66 days, compared to an average of six days to make a decision on a State Fund claim. According to the JLARC study, "L&I agrees with the [self-insured] employer for 99 percent of acceptance decisions and 98 percent of denials."⁴

- Enable self-enforcement by self-insured employers and TPAs, including automatic penalties for late payment of time-loss disability benefits, which is a common practice in some surrounding states (AK, CA, OR). Automatic late time-loss payment penalties should decrease benefit payment delays, one of the top sources of complaints to the Ombuds Office. This may require statutory language.
- Continue to develop an efficient dispute resolution process for the Self-Insurance Program.
- Review the current Self-Insurance penalty process and ensure timely, consistent penalties, including consistent use of detailed letters of explanation whether or not a penalty is assessed. As penalty and dispute resolution processes evolve, shifting staff may be necessary.
- Solve the delays related to medical-only claim issues, including requiring allowance orders on medical-only claims. The current statute (RCW 51.14.130) requiring timely claim allowance or denial of a claim does not provide an exception for medical-only claims. However, Self-Insurance rules do not require these orders due to limited resources. Consider allowing self-insured employers to issue more orders in exchange for requiring allowance and denial orders on all claims.
- Oversee L&I's continued evolution and use of EDI data. This component of the L&I Self-Insurance Risk Analysis System (SIRAS) establishes medical data reporting standards and benchmarking with other states. It will inform policy discussions, establish training curriculum, audit criteria, penalties, and corrective actions for the self-insured community.

Expand EDI data collection to include claim management information, including detailed time-loss benefit payments and more detailed information related to IMEs. Also improve the Self-Insurance Electronic Data Reporting System (SIEDRS) for collecting more detailed claim management information.

- The Washington complex wage calculation continues to be an issue in the self-insured claim process (e.g., time-loss benefit underpayments and repayment of overpayments). There is a way to maintain fairness and equity for injured workers and streamline administrative

⁴JLARC Proposed Final Report: Workers' Compensation Claim Management, Published January 2016

processes for self-insured employers, including an acceptable, consistent entitlement for all injured workers.

The Ombuds will continue to serve on the Rules Review Work Group when it reconvenes, to improve processes, reduce re-adjudication, and strengthen L&I regulation.

SELF-INSURANCE PROGRAM

The Ombuds meets regularly with L&I's Self-Insurance Program staff and stakeholders regarding timely resolution of injured worker concerns and to identify opportunities for process improvement.

The Self-Insured Program has a new program manager, as well as a new assistant director responsible for the self-insured program. We look forward to building partnerships with new leadership and continue a collaborative relationship that ensures continued modernization of the self-insured system.

The Ombuds Office's current Self-Insurance Program top priorities include the following:

- Recent legislation (HB 2409) requires licensing of TPAs and establishes new rules related to TPA claim administration and penalties. Self-Insurance must continue to develop related rules and processes, and monitor those for effectiveness.
- HB 2409 also mandates official certification for self-insured claim administrators. Self-Insurance has established training requirements for related training, and must ensure evolution of this important training.
- ESSB 6440 requires several new rules and processes related to IMEs. HB 2409 also requires communication with injured workers about the purpose of an IME. Self-Insurance has implemented related rules and processes, and is monitoring the impact of these important, evolving rules and amending processes accordingly.
- Establish an effective dispute resolution process, especially in light of new rules and processes related to IMEs, third-party administrator licensing, claim administration, and related penalties and processes.
 - SI has established a new dispute resolution process to address IME disputes. However, the new process appears to extend self-insured IME notification requirements from 14 to 28 days, and may be beyond the intent of ESSB 6440. We will monitor this change, and hope it does not create unnecessary delays.
- Streamline the current penalty request process, ensuring timely, consistent penalties that strengthen self-insurance regulatory standards, and develop consistent letters of explanation when a penalty decision is made.
- Focus on decreasing re-adjudication, and increasing and strengthening regulatory oversight, enforcement, audit, and training.

- L&I adopted new rules requiring self-insured employers' submit information via the medical Electronic Data Interchange (EDI). This component of the L&I Self-Insurance Risk Analysis System (SIRAS) establishes medical data reporting standards and benchmarking with other states. It will inform policy discussions, establish training curriculum, audit criteria, penalties, and corrective actions for the self-insured community.
- The system for filing self-insured claims is complicated for providers, workers, and employers—much is done manually. L&I should research and implement a solution to expedite claim reporting, such as a centralized single pathway to reporting similar to the State Fund accident reporting system.
- The Self-Insurance Rules Review Work Group should reconvene, continuing to identify new rules and processes which modernize self-insured claim management practices.

Other Initiatives

The Ombuds Office continues to search for opportunities to improve Self-Insurance Program processes and identify enhancements to self-insured systems. The Ombuds Office is confident these initiatives will lead to further positive solutions.

CENTERS OF OCCUPATIONAL HEALTH AND EDUCATION

The Ombuds Office continues to experience issues related to medical care and return-to-work coordination—this can affect time-loss benefit payments and medical treatment authorization. The Ombuds recommends self-insured employers use services offered by the Centers of Occupational Health and Education (COHEs). Their health services coordinators (HSCs) manage care and care transitions, helping injured workers heal and return to work faster.

Discussions started with a large COHE and a TPA representing multiple self-insured employers, and a pilot project was planned in 2020. Unfortunately, discussions have stopped primarily due to electronic system challenges. We continue to search for opportunities to initiate COHE services in the self-insured community.

The Ombuds recently learned the L&I COHE Program continues to consider expanding involvement of the self-insured community and realizes the information-sharing barriers that need to be addressed. Fortunately, L&I is planning to conduct an updated recruitment for COHE vendors in FY 2022, and will explore opportunities to include self-insured employer engagement in the next COHE contracting cycle.

EXPAND AVAILABILITY OF APPROVED MENTAL HEALTH PROFESSIONALS

The Ombuds team continues to face challenges with helping injured workers find approved mental health treatment due to the low number of approved providers.

We are disappointed L&I proposed legislation to expand mental health providers did not pass this legislative session (SSB 5784). This legislative change would allow psychologists to act as the attending provider for mental only health claims. We remain hopeful a solution will be adopted to help injured workers with timely mental health treatment.

L&I continues a pilot project to increase approved mental health professionals, including master's-level therapists, to provide behavioral health services focused on recovery and return to work. The pilot project includes about 70 therapists and runs through December 31, 2024, and a report will provide recommendations for next steps.

In the meantime, the Ombuds team will continue to assist injured workers with the current process to access mental health care, which requires referral and oversight from an approved treatment provider.

Conclusion

The Ombuds Office adapted and remains active throughout the COVID pandemic to help injured workers of self-insured employers, worker advocates, providers, self-insured employers and their representatives, and any other party involved in the self-insured system. Our team modernized several processes and is well-positioned to assist interested parties with many new self-insured rules and processes. Community outreach remains a top priority and is key to maintaining awareness of issues and establishing priorities for the self-insured community. The Ombuds Office team is dedicated to efficiently resolving issues and complaints, and identifying positive solutions and recommendations to improve the Washington workers' compensation system.

How to get help

For assistance with a self-insured workers' compensation issue, please contact us:

- Ombuds Confidential Hotline: 888-317-0493
- Ombuds Confidential Secured Email: SIombuds@Lni.wa.gov

Let us know your thoughts

The Ombuds Office welcomes feedback and suggestions about this report, as well as any suggestions for improving the self-insured workers' compensation system. Additional information about the Ombuds program can be found at:

- Ombuds Office website: www.Lni.wa.gov/Ombuds

Contact information

For more information about this report or Self-Insurance in Washington, please contact:

- Donna Egeland, Ombuds for Self-Insured Injured Workers
253-596-3840
- Ciara High, Operations and Outreach Supervisor
253-596-3938
- Judy Berquest, Program Specialist
253-596-3865

This document is available in alternative formats to accommodate persons with disabilities. Copies of this document can be obtained in alternative formats by calling 1-888-317-0493.