

Nevada Workers' Compensation Educational Conference

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Immigration Status and its Impact on Vocational Rehabilitation Services

Nevada Statutes & Regulations

Nevada Revised Statutes
(NRS)



Chapter 616C
Industrial Insurance Act

Nevada Administrative
Codes (NAC)



Chapter 616C
Industrial Insurance Act

<http://dir.nv.gov/WCS/Home/>

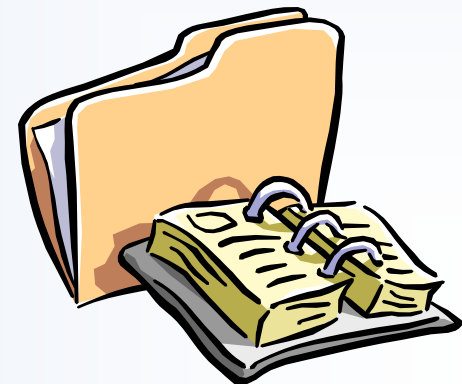
Vocational Rehabilitation Objective

To return the injured employee to gainful employment in a timely manner



Written Assessment (NRS 616C.550)

- If benefits for Temporary Total Disability will be paid to an Injured Employee (IE) for more than 90 Days:
 - Insurer or IE may request a Voc Rehab Counselor to complete a written assessment of IE's ability/potential to return to:
 - Pre-Injury Position
 - Any other gainful employment
- A Voc Rehab Counselor shall prepare a written assessment not more than 30 days after receiving the request



Written Assessment (NRS 616C.550)

Eligibility Process

- If a determination for vocational rehabilitation (VR) is impractical, the written assessment will be prepared stating such and the reason for it (e.g. IE remains on TTD, IE has permanent restrictions, however there is a pending employer response regarding a permanent job offer, etc.)
- If a determination that the IE is eligible for voc rehab services is made, a plan for a program of voc rehab must be completed



Written Assessment Benefits



- Provide IE with Written Assessment Process
- IE Presents Documents to Establish Identity & Work Authorization as required by Dept of Homeland Security
- Assist ER and IE with appropriate Return to Work Services
 - Temporary or Permanent
- Assist with obtaining Pre-Injury Job Description
- Monitor IE's Medical Progress & Work Capabilities
- Monitor IE while working in temporary job
- Determine if IE has marketable skills
- Determine Eligibility for Vocational Rehabilitation Services

I-9 Form



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address		Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.	
Document Title:	Expiration Date (if any) (mm/dd/yyyy):
Document Number:	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Acceptable Documents

- Must be UNEXPIRED
- List A: Identity & Work
 - **OR**
- List B: Identity
 - **AND**
- List C: Work
- Copies are not acceptable
- Employee chooses which doc's to present from list

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Tarango v. SIIS



The Nevada Supreme Court in Tarango v. SIIS, Nev. Ad. Op.40, 25 P.3d (June 13, 2001) held “We conclude that the IRCA preempts Nevada’s workers’ compensation scheme insofar as it provides undocumented aliens with employment within boundaries of the United States. Furthermore, the legislature’s priority scheme under NRS 616C.530, and the Equal Protection Clause, preclude SIIS [a workers compensation insurer] from awarding formal vocational training to undocumented workers”.

Denial of Vocational Rehabilitation



- When valid documents are **not** presented:
 - IE is not eligible for vocational rehabilitation services
 - Written notice of denial with Appeal Rights is sent to IE and copied to all pertinent parties
 - Denial of Vocational Rehabilitation has no effect on current/future medical benefits

Valid Documents After a Denial



1. IE obtains valid documents
2. IE may request a new review of their claim for an eligibility determination
3. Valid documents does not automatically make IE eligible
4. IE presents document(s) to establish identity and authorization to work in the U.S.
5. After request, Counselor reviews claim, completes new Written Assessment or Addendum
6. Voc Rehab Services Eligibility Determination is made



Certification of Disability
Management Specialists
COMMISSION

Contact Information

- CDMSC
1120 Route 73 Suite 200
Mount Laurel, NJ 08054
Phone: 844-681-8156
Fax: 856-439-0525
Email: cdmshq@CDMS.org
Website: www.CDMS.org



Contact Information

- CRCC
1699 E. Woodfield Road
Suite 300
Schaumburg, IL 60173
Phone: 847-944-1325
Fax: 847-944-1346
Email: info@crccertification.com
Website: www.crccertification.com

Contacting NV Dept of Business & Industry
Division of Industrial Relations
Workers Compensation Section

400 West King Street
Suite 400

Carson City, NV 89703

Phone (775) 684-7270

Fax (775) 687-6305

1301 Green Valley Parkway
Suite 200

Henderson, Nevada 89074

Phone (702) 486-9080

Fax (702) 990-0364

www.dir.nv.gov/WCS/Contacts

Questions???

