



Ohio Police & Fire Pension Fund **Disability Evaluation Panel** PROCEDURES MANUAL

July 2025

Introduction

This manual details the processes for an initial determination of disability, appeals of initial determinations, reconsiderations, disability reporting requirements, and the termination of disability benefits. Each of these processes is designed to ensure a fair and equitable method of granting disability awards to those who qualify.

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DEP Procedures Manual

DEP Operating Guidelines

1. Apportioning Duty–Relatedness

Periodically a member with a predominately off–duty disability will also claim disability connected with old or relatively minor duty–related injuries or illnesses (for example, a member terminally ill with AIDS might also report disability connected with a 10–year–old on–duty knee injury). In these cases, the practice of the DEP is to award on–duty benefits although the bulk of the whole person impairment percentage is associated with the off–duty disability provided that the duty–related impairment percentage, taken alone, would have prevented the member from performing the prescribed official police or fire duties.

2. Disability Multiplier Factors

Disability grants will be calculated by multiplying the AMA Guides combined value whole person impairment (WPI) percentage of disabling conditions by a disability factor (DF). The disability factor will consider all sustained remunerative employment and be classified as extreme, severe, moderate, mild, or minimal. The multipliers associated with these classifications include (See Guidelines for Determining Disability Factors):

Extreme	3.0 multiplier
Severe	2.5 multiplier
Moderate	2.0 multiplier
Mild	1.5 multiplier
Minimal	1.0 multiplier

3. Calculation of Disability Grants

The total of the disability factor multiplied by the percentage of disabling conditions is used to calculate the amount of a person’s functional value that remains after the disabling impairments have been applied. This disability total equates to the final disability grant.

4. Prima Facie P&T Whole Person Impairment (WPI) Percentage

A member whose AMA Guides whole person impairment percentage (WPI%) combined value of disabling conditions is 60% or more shall be granted a permanent and total disability provided that the member’s

disability is duty-related. Furthermore, if the Disability Total (disabling WPI% X disability factor multiplier) equals 100% or more and the member also has a severe or extreme earnings capacity damage rating, the member shall be granted a permanent and total disability provided that the disability is duty-related. However, if the Disability Total equals 100% or more, but the member has a vocational assessment of moderate or less, the member will be granted a maximum partial disability. A breakdown of the disability grant summary is recapped as follows:

Final Recommendation	Disability Grant
If Disabling WPI% = 60 + and duty-related	Permanent and Total at 72%
If Disability Total = 1-59	Partial at %
If Disability Total = 60-99	Maximum Partial at 60%
If Disability Total = 100+ and Disability Factor = min, mild, moderate	Maximum Partial at 60%
If Disability Total = 100+, duty-related and Disability Factor= severe or extreme	Permanent and Total at 72%

5. Case Histories

OP&F staff maintains a listing of member disability cases and DEP decisions that the panel has reviewed in order to achieve consistent and fair disability determinations.

6. Defacto Hearing Standards

Since the U.S. Department of Labor occupational characteristics lack specific hearing standards for police officer and firefighter occupations, the OP&F-appointed physicians and DEP physicians will use the following hearing standard: "Sufficient hearing acuity and speech discrimination to safely and effectively perform essential job tasks."

7. Fractional Disability Grants

In using the disability multiplier factors listed previously (see item 2), some partial disability grants will result in an average annual salary percent, which is a fraction. The DEP will round any fractional percent upwards to the next whole number.

8. WPI Discrepancies

In using the disability multiplier factors listed previously (see item 2),

some partial disability grants will result in an average annual salary percent, which is a fraction. The DEP will round any fractional percent upwards to the next whole number.

9. Annual Medical Evaluations and Waiver Criteria and Procedures

To review these procedures see Waiver Criteria and the Annual Medical Evaluations flowchart.

10. Physician Specialty Licensure Verification

As a matter of practice, OP&F verifies that all of the physicians used by OP&F are licensed with the State Medical Board of Ohio and none have any disciplinary actions on file. At the request of the Disability Committee, OP&F staff verifies each physician's specialty certification with the American Board of Medical Specialties (ABMS). In the case of the DEP physicians, it will not be necessary for the physician to have a current license, if they have retired from practice, so long as they were licensed immediately prior to the date of their retirement and have no disciplinary actions on file.

11. Documenting Decisions

The procedures for documenting the DEP decisions are as follows:

- The DEP physician and vocational expert assigned to the IDH case prepare a written summary of his/her findings.
- Prior to the Disability Committee meeting, OP&F staff meets with the DEP physicians and vocational experts via teleconference or videoconference. The DEP physician presents the case summary, any adjustments, explanations or comments relating to the WPI. The earnings capacity damage reported by the vocational expert. The DEP physician and vocational expert record any changes or comments in their final recommendations and submit to OP&F staff to distribute to the Disability Committee/Board of Trustees for approval.
- At the Disability Committee/Board of Trustees meeting, the members vote on the final recommendation reports of the DEP physicians and vocational experts and make the grant recommendations that are recorded by OP&F staff.

12. Adoption of AMA Guides

The Board currently uses the American Medical Association's Guides to the Evaluation of Permanent Impairment (the Guides, 5th Edition) for use by DEP physicians as the standard framework for evaluating permanent impairments, with the following exceptions:

Pain: Examining physicians will not be required to fully complete the formal pain assessment. DEP physicians may elect to award percentages for pain consistent with the Guides, 5th Edition (0 to 3%).

Mental Health: The Guides, 6th Edition, will be utilized for determining psychiatric impairment percentages. OP&F will continue to provide a summary document for ease of administration.

Vision: The Guides, 6th Edition, will be utilized for determining visual impairment percentages.

These will be considered part of the AMA Guides whole person impairment percentage (WPI%) whenever referenced.

13. Dependent Disabled Child Determination by DEP

Pursuant to Ohio Revised Code Section 742.37(E)(1), a surviving child of any age who is mentally or physically disabled so that he or she was totally dependent on a member for support at the time of the member's death may receive a monthly survivor benefit. Since the statute does not outline the test for showing dependency for survivor benefits, the Board adopted Administrative Rule 742-3-18, which outlines the criteria for total dependency.

To determine dependency under the rule, the DEP physician and vocational advisor will determine if the child has a mental or physical disability and is incapable of earning at least \$16,000 annually. To allow this determination to be made, the applicant must submit some or all of the following information as appropriate for the DEP review:

- Discharge Summary from a hospital or rehabilitation center.
- Letter from the treating physician or results of psychological testing that includes duration of disability, physical limitations and mental limitations.
- Letter from school or report card showing placement in mentally or physically challenged classroom.
- Any other documents requested by the reviewing DEP physician or vocational advisor as noted on a case-by-case basis.
- Previous year's W2s and/or affidavit from the child's guardian stating the child's employment status and earnings for the previous calendar year.

Guidelines for Determining Disability Vocational Factors*

Disability Factors Multipliers	Physical and Mental Factors		
	Physical Demands	Mental Demands	Vocational Demands
Extreme (3.0 Multiplier)	Not Capable of Competitive Work Activity on a Sustained Basis	Poor Ability to Function**	No earning capacity No employability (E) No Future Work Life Expectancy (WLE)
Severe (2.5 Multiplier)	Sedentary Unskilled	Poor to Fair Ability to Function**	Significantly compromised EC, E, WLE
Moderate (2.0 Multiplier)	Light and Sedentary Unskilled	Fair to Good Ability to Function**	Moderately compromised EC, E, WLE
Mild (1.5 Multiplier)	Medium, Light, and Sedentary Unskilled	Good Ability to Function**	Mild reduction EC, E, WLE
Minimal (1.0 Multiplier)	Heavy, Medium, Light and Sedentary Unskilled	Good to Very Good Ability to Function**	Minimal reduction EC, E, WLE

* All guidelines must take into account age, education, past work experience, transferable vocational skills, physical demands, mental demands, and vocational demands.

These are general guidelines used in assessing the Disability Factors.

** Defined in terms of occupational, performance, and personal-social adjustments.

Revised by W. B. Walsh, Ph.D. 10-8-21**

Physical Demands

Physical demands are assessed using the Department of Labor (DOL) Physical Demands – Strength Rating, the Functional Capacity Estimate rated by the OP&F appointed and other examining physician(s) and the DOL Specific Vocational Preparation for skilled and unskilled work.

Physical Demands—Strength Rating

The Physical Demands Strength Rating (from the Dictionary of Occupational Titles, Volume II, Fourth Edition, U.S. Department of Labor reflects the estimated overall strength requirement of the job, expressed in terms of the letter corresponding to the particular strength rating. It represents the strength requirements, which are considered to be important for average, successful work performance. Following are descriptions of the five terms in which the Strength Factor is expressed:

- **S—Sedentary Work:** Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
- **L—Light Work:** Exerting up to 20 pounds of force occasionally, and/ or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an

industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

- **M—Medium Work:** Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.
- **H—Heavy work:** Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.
- **V—Very Heavy Work:** Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

Functional Capacity Estimate

The Functional Capacity Estimate is used to assess physical strength and demands. The individual's capability is indicated in each of the activities as either:

- Not at all
- 0-3 hours
- 3-5 hours
- 5-8 hours
- Unrestricted

These times may be made up of interrupted periods of occupational activity throughout the day. Consistency between the individual's level of daily living activities and potential occupational activities is expected.

Activities:

- Sit
- Stand
- Walk
- Lift or carry ...up to 10 pounds, ...10 to 20 pounds, ...20 to 50 pounds

- Push, pull or otherwise move ...less than 10 pounds, ...10 to 20 pounds, ...20 to 50 pounds
- Climb stairs
- Climb ladders
- Use foot controls (Are restrictions for RLE, LLE or both?)
- Crouch, stoop, bend kneel
- Handle (seize, hold, grasp, turn) (are restrictions for RUE, LUE or both?)
- Reach overhead, ...waist level, ...knee level, ...floor level (are restrictions for RUE, LUE or both?)

Comments are also requested on the physical findings, which are the basis for the stated limitations. Sufficient detail is provided for clear understanding of the reasoning given. Also included are any environmental restrictions (e.g., heights, vibration, noise, smoke, fumes, dust, humidity, temperature extremes) or categories not specified.

Skilled/Unskilled Work

Skilled work is defined in terms of expertness (ability or proficiency) that comes from training and practice. This is operationalized in terms of Specific Vocational Preparation (SVP). SVP levels 1 and 2 define unskilled work. This is work requiring a short demonstration up to 1 month of training. Levels 3 and 4 define semi-skilled work. SVP levels 5 and higher define skilled work.

Specific Vocational Preparation (SVP)

Specific Vocational Preparation is defined (in the Dictionary of Occupational Titles, Volume II, Fourth Edition, U.S. Department of Labor) as the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation.

This training may be acquired in a school, work, military, institutional, or vocational environment. It does not include the orientation time required of a fully qualified worker to become accustomed to the special conditions of any new job. Specific vocational training includes: vocational education,

apprenticeship training, in-plant training, on-the-job training, and essential experience in other jobs.

Specific vocational training includes training given in any of the following circumstances:

- a. Vocational education (high school; commercial or shop training; technical school; art school; and that part of college training which is organized around a specific vocational objective);
- b. Apprenticeship training (for apprenticeable jobs only);
- c. In-plant training (organized classroom study provided by an employer);
- d. On-the-job training (serving as learner or trainee on the job under the instruction of a qualified worker);
- e. Essential experience in other jobs (serving in less responsible jobs which lead to the higher grade job or serving in other jobs which qualify). The following is an explanation of the various levels of specific vocational preparation:

The following is an explanation of the various levels of specific vocational preparation:

<i>Level</i>	<i>Time</i>
1	Short demonstration only
2	Anything beyond short demonstration up to and including one month
3	Over 1 month up to and including 3 months
4	Over 3 months up to and including 6 months
5	Over 6 months up to and including 1 year
6	Over 1 year up to and including 2 years
7	Over 2 years up to and including 4 years
8	Over 4 years up to and including 10 years
9	Over 10 years

(The levels of this scale are mutually exclusive and do not overlap)

Mental Demands

Mental demands are defined in terms of occupational adjustments, performance adjustments, and personal-social adjustments. These are assessed in the psychiatry and psychological evaluations using the Mental Residual Functional Capacity Assessment reported below:

Mental Residual Functional Capacity Assessment

To determine an individual's ability to do work-related activities on a day-to-day basis in a regular work setting, an assessment is given of how an individual's mental/emotional capabilities are affected by his or her impairment(s). Explanation of assessments are also provided. For each activity, the individual's ability to perform the activity is described according to the following terms:

- Very Good- Ability to function in this area is more than satisfactory
- Good - Ability to function in this area is limited but satisfactory
- Fair - Ability to function in this area is seriously limited, but not precluded
- Poor - No useful ability to function in this area.

Occupational adjustment activities:

- Follow the work rules
- Relate to co-workers
- Deal with the public
- Use judgment
- Maintain regular attendance
- Interact with supervisor(s)
- Deal with work stresses
- Function independently
- Maintain attention/concentration
- Perform at a consistent pace

Performance adjustment activities:

- Understand and carry out complex job instructions
- Understand and carry out detailed but not complex, job instructions
- Understand and carry out simple job instructions

Personal-Social adjustment activities:

- Maintain personal appearance.
- Behave in an emotionally stable manner
- Relate predictably in social situation
- Demonstrate reliability.

Reasons for believing any significant limitations in any of these activities is also requested, as are detailed comments for a clear understanding of the reasoning.

Vocational Demands

Vocational demands are defined in terms of earning capacity, employability, and future work life expectancy. These are assessed in the vocational evaluation.

Earning capacity is the individual's ability to earn money, given their skills, training, and experience. If work ability is diminished by injury, this will probably affect post-injury work options and earning capacity. Earning capacity or wage loss may be categorized as extreme (total loss), significant (about 75%), moderate (about 50%), mild (about 25%), and minimal (less than 25%).

Employability (labor market access) is the individual's access to existing positions post-injury. Post-injury the individual will probably experience some loss of choice in accessing existing positions. Based on physical demands employability is the percent of jobs the individual can access (i.e. sedentary only 11% of jobs, light is 48%, medium is 30%, heavy is 10%, and very heavy is 1%) (Dictionary of Occupational Titles, Fourth Edition, Revised 1991, U. S. Department of Labor). Employability and the individual's access to existing positions may be further compromised by mental and vocational demands and limitations.

Future work life expectancy is the individual's work capacity for continued participation in the labor force. This is a qualitative assessment regarding the individual's work life expectancy based on actuarial data and the labor force participation rate at any age.

Authority of DEP Medical Advisor

The DEP Medical Advisor designated by the OP&F Board of Trustees shall have the following authority on behalf of OP&F:

1. Advise the Disability Committee and the Disability Evaluation Panel on medical issues related to OP&F's DEP process, including any applications for disability and other medical processes;
2. Assist OP&F with the engagement and retention of physicians engaged by OP&F to conduct medical evaluations of disability applicants and retirees;
3. Address training and quality issues with OP&F physicians on the completion of appropriate documentation for OP&F's disability process and other medical processes, as needed from time to time, and communicating those issues to OP&F staff;
4. Serve as the liaison between OP&F and OP&F physicians on matters and issues related to the DEP process and other medical processes; or
5. Review the required pre-employment physical process tests and reports for appropriateness and advise on changes as needed.
6. Performs file reviews for disability reporting waivers, mandatory medical reports, potential fraud reports, and other special cases as assigned.

Notwithstanding the foregoing, the Board of Trustees shall have the authority to modify or amend the authority of the DEP Medical Advisor with the approval or consent of the Medical Advisor.

Annual Medical Evaluation Policies

For purposes of addressing the medical reports issued for the annual medical evaluations which are not referenced in ORC Section 742.40, the following policies will apply:

1. For any reports of an annual medical evaluation that state that the member should be re-examined, OP&F staff will schedule the benefit recipient for another medical evaluation with an OP&F physician. The results will be reported to the Disability Committee and the Board of Trustees.
2. For any reports of the annual medical evaluation that are inconclusive due to the fact that the evaluating physician failed to certify the ongoing nature of the member's disability or whether the member was no longer incapacitated, OP&F staff will schedule the benefit recipient for another medical evaluation with an OP&F physician designated by the DEP Medical Advisor. The Disability Committee will then review the report issued by the OP&F physician for this evaluation and make a recommendation to the Board of Trustees.
3. For any reports of the annual medical evaluation that certify that the member is not incapacitated, but yet note that the "disability is permanent and ongoing so further medical evaluation is unlikely to be cost effective," OP&F staff will schedule the benefit recipient for another medical evaluation with an OP&F physician designated by the DEP Medical Advisor. The Disability Committee will then review the report issued by the OP&F physician for this evaluation and make a recommendation to the Board of Trustees.
4. For any reports of the annual medical evaluation that certify that the member is not incapacitated, the report of the annual medical evaluation and the member's medical records shall be reviewed by the DEP Medical Advisor or an IME appointed by the DEP Medical Advisor. After this review, if the DEP Medical Advisor or appointed IME agrees that the member is no longer incapacitated, staff shall schedule the case for review by the Disability Committee for recommendation to the Board on the termination of that person's disability grant as provided for in the Found Not Incapacitated flowchart.

Policy on Waiver of Earnings Statement and Medical Evaluation

1. No Additional Medical Examinations Recommended—In cases where the OP&F physician conducts an annual medical evaluation of a disability benefit recipient and issues an unqualified opinion on the ongoing status of the disability benefit recipient's disability to OP&F, the Board will waive the annual earnings statement and medical evaluation requirement, even though the Board has the right at a later point in time to request compliance with such requirements, as permitted by Ohio law.
2. Additional Medical Evaluations Recommended—In cases where the OP&F physician conducts an annual medical evaluation of a disability benefit recipient and issues a qualified opinion on the ongoing status of the disability benefit recipient's disability to OP&F or certifies that such person should be reexamined at a later point in time, the Board's waiver shall only apply to the annual medical evaluation for the period certified by the OP&F physician due to the costs associated with such medical evaluation. Notwithstanding the foregoing, the Board has the right at a later point in time to request compliance with such requirement, as permitted by Ohio law.

In cases where a limited waiver of the medical evaluation is granted by the Board, the Board will not consider the waiver of the annual earnings statement requirement until such time as OP&F's physician certifies that no additional medical examinations are recommended and in such cases, those such disability benefit recipients would continue to file their respective annual earnings statement until waived by OP&F's Board of Trustees.

As recommended by the DEP Medical Advisor, a disability is deemed to be ongoing for purposes of waiver of the annual earnings statement requirement in cases where a disability benefit recipient has filed an annual earnings statement for a period of five years and is at least 67 years of age.

This policy can be amended or restated upon approval of OP&F's Board of Trustees.

Waiver Criteria

A disability benefit recipient suffering from one of the following conditions will be considered for waiver review from the annual mandatory medical examination and/or filing of the annual earnings statement:

- I. Head, Central Nervous System, Hearing, Vision, and Other Neurological Disorders
 - A. Anosmia—Loss of the sense of smell
 - B. Aphonia—Loss of the voice resulting from disease, injury to the vocal cords, or various psychological causes, such as hysteria
 - C. Ataxia—Loss of the ability to coordinate muscular movement
 - D. Multiple sclerosis
 - E. Paralysis of any limb
 - F. Persistent vegetative state
 - G. Seizure disorder
 - H. Significant hearing deficit
 - I. Significant vision deficit with best corrected vision less than 20/60 in best eye and/or monocular vision
 - J. Stroke (cerebral arteriosclerosis)
- II. Pulmonary
 - A. Advanced COPD—chronic obstructive pulmonary disease
 - B. Suppurative—disease of lung/pleural space (formation or discharge of pus)
 - C. Tracheostomy—Surgical construction of a respiratory opening in the trachea

III. Cardiovascular / Renal (Current)

- A. Aneurysm
- B. Angina
- C. Angioplasty and/or Bypass surgery
- D. Chronic renal failure requiring regular dialysis
- E. Hemorrhagic disease or need to use Coumadin or other anticoagulant
- F. Implantable Device
- G. Implanted Cardiac Defibrillator (ICD) and/or pacemaker
- H. Myocardial insufficiency
- I. Myocardial infarction
- J. Recurrent syncope

IV. Abdomen

- A. Chronic active hepatitis

V. Musculoskeletal

- A. Amputation of three or more digits from a hand or a foot
- B. Chronic Musculoskeletal pain which is the underlying disabling condition and is greater than five (5) years in duration
- C. Multilevel spinal fusion
- D. Progressive muscular dystrophy
- E. Category III DRE or greater condition spinal impairment
- F. Total joint replacement, particularly of the hip or knee

VI. Cancer

- A) Cancer involving the:
 - 1) Abdominal organs
 - 2) Bone
 - 3) Brain
 - 4) Lung
 - 5) Cancerous conditions with a poor prognosis

VII. Psychological

- A. Psychiatric condition which is the underlying disabling condition and is greater than five (5) years in duration.

VIII. Miscellaneous

1. AIDS (not only HIV +)
2. Cosmetic or functional injury or disfigurement from a duty-related injury that is disabling.

If the DEP Medical Advisor certifies that a disability is ongoing, the condition not listed may be waived.



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