

Article 19 Attachment table.

1. Occupational Accident Labor Screening Tracking Fee

Declaration Code	Subsidized Items	Subsidy Fee (NTD)	Maximum Number of Declarations
C001	Occupational Accident Case Screening Fee Screening and data collection of rehabilitation program service needs for workers suffering occupational accidents/suspected occupational accidents in the institution. Subsidies Request Form: Occupational Accident Labor Rehabilitation Services Need Screening Form.	NTD\$2,000/cycle	1 cycle
C002	Occupational Accident Case Tracking Fee or occupational accident workers/suspected occupational accidents workers who need to be tracked after the demand screening in the institution, follow up the post-disaster status progress. Subsidies Request Form: Occupational Accident Worker Case Tracking Record Form.	NTD\$300/cycle	Once every month, maximum can be 6 cycle

2. Rehabilitation program service related service fees

Declaration Code	Subsidies Items	Subsidy Fee (NTD)	Maximum Number/Hours of Declarations
P001	Rehabilitation Program Services Case Initial Interview Fee Rehabilitation Program Services Case Initial Interview Fee and Data Collection. Subsidies Request Form: Occupational Accident Labor Rehabilitation Services Need Evaluation Form.	NTD\$800/Hours	5 hours
P002	Rehabilitation Program Services Physician Evaluation Fee Physician who specialize in the Department of Occupational Medicine conduct the post-disaster rehabilitation assessments and set rehabilitation goals for workers suffering occupational accidents. And according to the need of the workers, to prescribe the evaluation and occupational rehabilitation project declaration code.	NTD 1,500/Cycle	5 Cycle

	Subsidies Request Form: Rehabilitation Services Physician's order.		
P003	Rehabilitation Program Service Proposed Fee Develop a rehabilitation program for workers suffering occupational accidents to provide occupational rehabilitation services. Subsidies Request Form: Occupational Accident Labor Rehabilitation Program Service Proposal Form.	NTD\$2,000 /Case	4cycle
P004	Rehabilitation Program Service Case Management Fee Occupational Accident Worker Rehabilitation Program Services, tracking service progress and managing resource interventions. Subsidies Request Form: Occupational Accident Labor Rehabilitation Service Management Record Form.	NTD\$4,000 /Case	1 cycle

3. Rehabilitation Program Services Evaluation Fee

Declaration Code	Subsidies Items	Subsidy Fee (NTD)	Maximum Number/Hour of Declarations.
E001A	<p>Functional Capacity Assessment (Complex Version)</p> <p>Provide a complex version of a comprehensive work capacity assessment according to the Rehabilitation Services physician's order of the specialist in occupational medicine and the rehabilitation program service.</p> <p>Subsidies Request Form: Comprehensive Work Capacity Assessment Report.</p>	NTD\$6,000/ Cycle	1 cycle
E001B	<p>Functional Capacity Assessment (Moderate Version)</p> <p>Provide a moderate version of a functional work capacity assessment according to the Rehabilitation Services physician's order of the specialist in occupational medicine and the rehabilitation program service..</p> <p>Subsidies Request Form: Comprehensive Work Capacity Assessment Report.</p>	NTD\$4,000/ Cycle	1 cycle
E001C	<p>Functional Capacity Assessment (Simplified Version)</p> <p>Provide a simplified version of a functional work capacity assessment according to the Rehabilitation Services physician's order of the specialist in occupational medicine and the rehabilitation program service.</p> <p>Subsidies Request Form: Comprehensive Work Capacity Assessment Report.</p>	NTD\$2,000/ Cycle	1 cycle
E001D	<p>Functional Capacity Assessment (Psychological Version)</p> <p>Provide a psychological version of a functional work capacity assessment according to the physician's order of the specialist in occupational medicine and the rehabilitation program service.</p> <p>Subsidies Request Form: Functional Work Capacity Assessment Report.</p>	NTD\$2,000 / Cycle	1 cycle
E002A	<p>Target job task analysis (on-site)</p> <p>For the job content of the occupational accident labor target job, enter the workplace to conduct an on-site assessment and analyze the specific quantitative value of the ability required for the job. Transportation expenses are extra.</p> <p>Subsidies Request Form: Job Analysis Report.</p>	NTD\$5,000/ Case	1 cycle
E002B	<p>Target job task analysis (not on-site)</p> <p>For the job content of the occupational accident labor target job, collect data to conduct an on-site assessment and analyze the specific quantitative</p>	NTD\$3,000/ Case	1 cycle

	value of the ability required for the job. Subsidies Request Form: Job Analysis Report.		
E003	On-site evaluation (physician, medical practitioner, specialist) According to the needs of occupational accident workers, experts are invited to conduct on-site assessment. Transportation expenses are extra. Subsidies Request Form: Expert Evaluation and Recommendation Report/On-Site Service Record.	1,500/ Person	Apply as needed
E004A	Work Simulation Evaluation(Simplified Version) Carry out some of the simulation evaluations required for the performance of duties for occupational accident workers. On-site simulation conductor's transportation expenses are extra. Subsidies Request Form: Work Simulation Evaluation Report.	NTD\$2,000 / Cycle	2 cycle
E004B	Work Simulation Evaluation(Complex Version) Carry out some or all of the simulation evaluations required for the performance of duties for occupational accident workers. On-site simulation conductor's transportation expenses are extra. Subsidies Request Form: Work Simulation Evaluation Report.	NTD\$4,500/ Cycle	2 cycle
E005	Other necessary evaluation fee Other evaluation items approved by the central competent authority in accordance with the recommendations of the specialist physicians in the occupational medicine department. Subsidies Request Form: Professional Evaluation Report and Suggestion.	1,500/Cycle	Based on the review result
E006	Vocational Evaluation Service Fee According to the needs of vocational evaluation prescribed by the physician who specialize in occupational medicine, conduct vocational evaluation, and propose directions and service suggestions for job change or employment. Subsidies Request Form: Vocational Guidance Assessment Report and Job Assessment Briefing.	NTD\$750 /Hour	40 hours

4. Occupational Rehabilitation Service Intervention fees

Declaration Code	Subsidies Items	Subsidy Fee (NTD)	Maximum Number/ Hours/ Amount of Declarations
T001	<p>Suggestion report on return-to-work plan</p> <p>Provide labor and employer return-to-work planning and coordination of job objectives.</p> <p>Subsidies Request Form: Occupational Accident Labor Return to Work Plan Report.</p>	NTD\$2,000 /Case	1 cycle
T002A	<p>Physiological work ability enhancement training program</p> <p>According to the rehabilitation program, specific physiological work ability training programs or graded return-to-work training programs will be formulated according to the functional capacity assessment results of occupational accident workers.</p> <p>Subsidies Request Form:Physiological work ability training plan</p>	NTD\$1,200 / Cycle	1 cycle
T002B	<p>Physiological work ability enhancement training</p> <p>According to the rehabilitation program, carry out occupational accident workers' physiological work ability training or graded return-to-work program (including physiological work ability training, work simulation training or work adjustment training).</p> <p>Subsidies Request Form: Physiological work ability training plan, physiological work ability training record, and case completion evaluation report of physiological working ability training.</p>	NTD\$1200/ Hour	48 hours
T002C	<p>Physiological work ability enhancement training case completion evaluation(Simplified Version)</p> <p>Conduct a simplified version of the closure assessment based on the results of the physiological work ability training or graded return-to-work program.</p> <p>Subsidies Request Form:Case Completion Evaluation Report of Physiological Working Ability Training, Rehabilitation Services Physician's order.</p>	NTD\$2,000 / Cycle	1 cycle
T002D	<p>Physiological work ability enhancement training case completion evaluation(Complex Version)</p> <p>Conduct a complex version of the closure assessment based on the results of the physiological work ability training or graded return-to-work program.</p> <p>Subsidies Request Form:Case Completion Evaluation Report of Physiological Working Ability</p>	NTD\$4,000 / Cycle	1 cycle

	Training, Rehabilitation Services Physician's order.		
T003A	<p>Psychological work ability training program</p> <p>According to the rehabilitation program, conduct psychological or cognitive functional capacity training program for occupational accident workers.</p> <p>Subsidies Request Form: Psychological Work Ability Training Plan.</p>	NTD\$1,600 / Cycle	1 cycle
T003B	<p>Psychological work ability training</p> <p>According to the rehabilitation program, conduct psychological or cognitive functional capacity training for occupational accident workers.</p> <p>Subsidies Request Form: Psychological Work Ability Training Record.</p>	NTD\$1,600 / Hour	20 hours
T003C	<p>Psychological work ability training case completion</p> <p>Conduct a closure assessment based on the results of the psychological or cognitive functional capacity training</p> <p>Subsidies Request Form: Psychological Work Ability Training Case Closing Evaluation Report.</p>	NTD\$1,600 / Cycle	1 cycle
T004A	<p>Assistive Facilities Evaluation Report/Job Accommodation Service Fee</p> <p>Evaluation and planning recommendations for strategic planning, environmental design, assistive device production, and assistive facility design required for the target duties of workers suffering from occupational accidents.</p> <p>Subsidies Request Form: Assistive Facilities Evaluation Report/Job Accommodation Evaluation Recommendation Report.</p>	NTD\$1,200 / Day	Maximum 2 persons per day, maximum 5-day per case
T004B	<p>Job Accommodation Consumables Fee</p> <p>Provide the cost of improvement materials required for the accommodation of occupational accident workers.</p> <p>Subsidies Request Form: Job Accommodation Results Report.</p>	Payment after verification	NTD\$10,000
T004C	<p>Assistive device evaluation and recommendation</p> <p>According to the referral of the central competent authority, the relevant assistive devices and equipment subsidy evaluation will be carried out.</p> <p>Subsidies Request Form: Assistive Device Evaluation Report.</p>	NTD\$600/ Item	Calculated based on referral status

A001	<p>First Approval Start-up Fee</p> <p>The start-up fee in this paragraph shall be deducted from the approved subsidy amount during the initial approval period according to other payment items in this Schedule</p>	NTD \$1,000,000	For first-time approval only
A002	<p>Acquisition cost of training evaluation tools</p> <p>A list of training evaluation tools announced by the central competent authority may be purchased.</p>	Training evaluation tool to verify payment cap of 300,000 yuan	For first-time approval only
A003	<p>Equipment Rental Fee</p> <p>Listed equipment announced by the central competent authority may be leased.</p>	Payment after verification	
A004	<p>Necessary Transportation/Travel Expenses</p> <p>It should be combined with E002A, E003, E004, and T004A services, and should be reported according to the actual needs of individual cases.</p>	Payment after verification for reporting expenses based on domestic travel expenses	
A005	Other non-listed items shall be reviewed and approved by the central competent authority.	Based on the review result	Based on the review result

Note:

1. The above items shall not be repeatedly applied for expenses from the National Health Insurance.
2. The above-mentioned items are subject to the upper limit of the declaration in the attached table, and the central competent authority may first report to the central competent authority for review and approval of the items that need to be extended or increased on a case-by-case basis.
3. On a case-by-case basis, if you have applied for C001 within three months, you cannot apply for P001
4. E001A-E001C can only be applied for once, while E001D can be applied for separately once additionally.