

What is a work-related injury or illness?



Work-Related Injury or Illness



Any injury or illness arising from work or working conditions and occurs during the course of employment. The injury may be a result from either trauma or illness

Injuries can be categorized in three ways:

- Specific
- Cumulative
- Aggravation

Arising Out of Employment (AOE) – How the activities of the work have led to the current injury.

Occurring in the Course of Employment (COE) – Circumstances of the accident or exposure.

Specific – Injury to one or more parts of the body resulting from a specific incident.

Cumulative – Injury from repetitive traumatic activities over a period of time, such as exposure to chemicals or fumes which are injuries to an employee.

Aggravation – A pre-existing condition or non-work-related condition aggravated by an occupational injury or disease. The employer provides medical treatment until the employee returns to the pre-injury status or the pre-existing condition.

Incident – When no medical treatment is required, the injury or illness is called an incident.

First-Aid – If an employee receives first aid but does not lose time from work beyond the day of injury, the injury or illness is categorized as first aid.

Module 2
**Managers, Supervisors and Employees
Roles & Responsibilities**



**Before An Injury Occurs -
Managers & Supervisors**

- When An Injury Occurs -**
- **Managers & Supervisors**
 - **Employees**

Before An Injury Occurs: Provide A Safe Work Environment

Managers & Supervisors Role and Responsibility

- Maintain a safe work environment by finding and controlling unsafe work conditions, practices and procedures
- Enforce all safety rules and policies
- Conduct safety inspections as required, and correct hazards
- Provide proper and safe tools and equipment, including personal protective equipment as needed



Personal Protective Equipment: i.e., gloves and dust masks

The law requires each employer to provide a safe place of employment. Each department is required to have a comprehensive Injury and Illness Prevention Program (IIPP). The IIPP focuses on preventing the types of injuries and illnesses most common in your work environment. You are required to know the elements of your department's IIPP and train your employees on various policies and procedures to be followed. Contact your department's Health and Safety Officer to obtain a copy of the IIPP.

Despite efforts to prevent injuries, they still occur. Therefore, you need to instruct your employees to report any and all incidents of work-related injury as soon as possible.

To limit accidents, take the following steps:

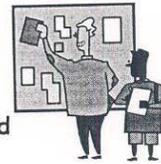
Hold regular safety meetings to discuss potential hazards.

Orient your employees to the department's emergency plan and evacuation procedures; and provide training to employees on cardiopulmonary resuscitation (CPR) and first aid to enhance your ability to respond to emergency situations.

A work-related injury or illness can occur when it is least expected. Knowing what to do when an injury occurs gives your employees assurance that they will be cared for properly.

Before an Injury Occurs: Employee's Right To Workers' Compensation Benefits and Posting Notice

California Labor Code (LC) Sections 3550 and 3551



Posting Notice: CA LC 3550

The employer must post a notice to employees explaining the workers' compensation benefits to which an injured employee may be entitled in the event of a work-related injury, illness or death and where to obtain medical treatment.

Written Notice – New Employees: CA LC 3551

Requires the employer to provide new employees with written notice of their right to:

1. Workers' Compensation Benefits
2. Pre-designated Physician or Chiropractor (Senate Bill 899)

State Compensation Insurance Fund (SCIF) developed the following resources which fulfill LC Section 3550 and 3551 requirements:

1. SCIF 13708 English/13709-Spanish – Notice to State Employees
2. SCIF 13545 New Employee's Guide to Workers' Compensation for New State Employees

Brief description of workers' compensation benefits and a pre-designation form. The pre-designation form provides space for the employee's selected physician to sign, which verifies that the physician agrees to be pre-designated.

Pre-designated Physician or Chiropractor:

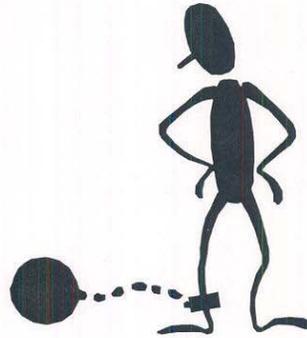
The criteria an employee must use in selecting a pre-designated physician or chiropractor was modified with the passage of Senate Bill (SB) 899 [see LC Section 4600(d)]. Effective April 19, 2004, an employee can only pre-designate a personal physician or chiropractor if his or her employer offers a group health insurance plan. The employee's pre-designated physician or chiropractor must meet all of the following criteria:

- The physician is the employee's regular physician and surgeon, licensed pursuant to Chapter 5 of Division 2 of the Business and Professions Code;
- The physician is the employee's primary care physician, has previously directed the employee's medical treatment, and retains the employee's medical records; and
- The physician agrees to be pre-designated.

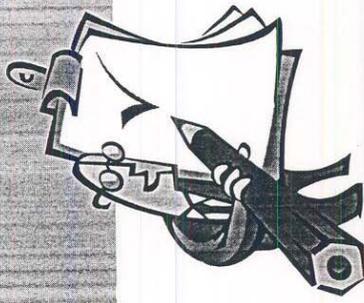
To remain consistent with SB899, SCIF revised the "New Employee's Guide to Workers' Compensation" pamphlet (renumbered from SCIF 13730 to SCIF 13545).

Before An Injury Occurs Make Sure Injuries Are Reported

Don't make it
difficult for
employees to report
injuries



Some employees may be afraid to report an injury or illness. Employees who are working in pain, may end up with a more serious and costly injury.



Employee Safety Training Checklist

- Are employees oriented to the workplace, shown how to do their job and how to report problems?
- Do all employees receive safety training when they move to a new job site or receive new equipment, furniture or tools?
- Do you make sure employees are included in training at their worksite?
- Do you have a feedback system to ensure employees understand training they receive?
- Where are the training records kept and by whom?

After An Injury Occurs: Roles & Responsibilities



Managers & Supervisors

Roles & Responsibilities



Step #1 Managers/Supervisors



“Injured Employee Receives Medical Care”

Effective January 1, 2005, refer employee to:

Medical Provider Network (MPN)

Workers' Comp Legislation, Senate Bill 899
Enacted April 4, 2004

An MPN is an entity or group of health care providers set up by an insurer or self-insured employer and approved by the Division of Workers' Compensation (DWC) administrative director to treat workers injured on the job.

Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs are required to meet access to care standards for common occupational injuries and work-related illnesses.

Further, the regulations require MPNs to follow all medical treatment guidelines established by the (DWC) and must allow employees a choice of provider(s) in the network after their first visit.

MPNs also must offer an opportunity for second and third opinions if the injured worker disagrees with the diagnosis or treatment offered by the treating physician. If a disagreement still exists after the second and third opinion, a covered employee in the MPN may request an independent medical review (IMR).

Medical Provider Network (MPN)

Workers' Comp Legislation, Senate Bill 899 Enacted April 4, 2004

Effective January 1, 2005:

Allows an insurer or employer to establish a medical provider network (MPN) to provide medical treatment to an industrially injured employee.

The injured employee is limited to treating within the network for the life of the claim. However, an employee still retains the right to seek medical treatment with his or her pre-designated physician, in accordance with Labor Code Section 4600.

State Compensation Insurance Fund (SCIF) has developed a MPN utilizing physicians and facilities from the existing Kaiser Permanente Alliance, Preferred Provider Network, and Blue Shield. Utilize the MPN when an employee requires medical treatment for a work-related injury or illness.

To locate a facility in the MPN, use the *Medfinder* at

http://www.scif.com/MedFinder/medfinder_fset.htm

locate physicians and facilities

Regulations governing the MPN process is located at the following website:

http://www.dir.ca.gov/dwc/MPN/DWC_MP_N_Main.html

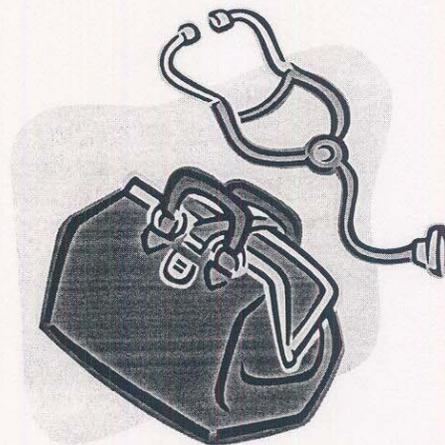
Refer to PML 2004-060 for additional information regarding predesignation, posting notices, and MPNs:

<http://www.dpa.ca.gov/benefits/health/workcomp/wcmain.shtm>

Medical Treatment Facilities (Sacramento Area)

Emergency: Sutter General Hospital

2801 L Street
Sacramento, 95816
916.733.8900



Non-Emergency: Sutter Health @ Work Medical Assoc., Inc. - NATOMAS

1014 W. North Market Blvd., Suite 20
Sacramento, 95834
916.565.8600
FAX 916.565.8601

Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.
Saturday & Sunday - Closed

As of March 2004

First Call Clinics and Hospitals Southern CA

RESD - Building and Property Management (BPM):

- Junipero Serra Building
- Ronald Reagan Building
- CalTrans Building

Occupational Medicine Center – Orthopedic Hospital

2400 South Flower Street, Los Angeles, CA 90007
(213) 742-1165 Phone
(213) 742-1512 Fax

- Van Nuys Building

Sherman Oaks Community Hospital

4929 Van Nuys Blvd
Sherman Oaks, CA 91403
(818) 981-7111 Phone
(818) 907-2913 Fax

- Santa Ana

Sunrise Multi Specialist Medical Center

867 S. Tustin Ave
Orange, CA 92866
(714) 771-1420
(714) 7712- 6918

Office of Administrative Hearings (OAH)

California Medical Center

1338 South Hope Street
Los Angeles, CA 90015
(213) 742-5555 Phone
(213) 742-6335 Fax

Occupational Medicine Center – Orthopedic Hospital

2400 South Flower Street, Los Angeles, CA 90007
(213) 742-1165 Phone
(213) 742-1512 Fax

First Call Clinics and Hospitals Southern CA Con't

Division of State Architect (DSA)

Temple Medical Center
124 North Vignes St.
Los Angeles, CA 90012
(213) 626-5679 Phone
(213) 680-0185 Fax

Step #2 Managers/Supervisors

Investigate The Accident and Address The Problem



- Correct hazards.
- If something seems suspicious, document and report it to the Return-to-Work Coordinator.
- Conduct a prompt and thorough initial investigation of the circumstances surrounding the injury. This investigation is extremely important – it preserves evidence and assists witnesses to remember the details of the accident. This will identify trouble spots.
- Set a good example for your employees. Encourage safe work practices through your own actions. Make safety an integral part of your office's mission and day-to-day activities.

Step #3 Managers/Supervisors

Within 24-Hours of Knowledge of The Injury/Illness, These Forms Are Required To Be Given or Mailed To The Employee:

- DWC Form 1 – SCIF 3301 (Revised July 2004)
Employee's Claim for Workers' Compensation Benefits
- Department of Personnel Administration (Revised June 2004)
I've Just Been Injured on The Job, What Happens Now?

OPTIONAL – You may also provide:

- SCIF Brochure – 13545 (Revised September 2004)
New Employee's Guide To Workers' Compensation for New State Employees

SCIF POLICY: Employee "Written Statement" Required

If after filing a SCIF 3301, the employee decides he/she does not wish to pursue a claim, the employee may submit a signed statement to SCIF. The date of injury must be indicated. Route the statement to SCIF, copy to RTWC and retain a copy in your office personnel file.

Step #4 Managers/Supervisors

Within 48-Hours of Your Knowledge of the Injury or Illness:

- Complete the SCIF 3067 utilizing the ABMS Injury Report System
- Witness Form – If Applicable
(TEMPLATE: DPA-Worker's Compensation Claim Kit, www.dpa.ca.gov)
- If available, copy Physician Pre-Designation Form and attach to the SCIF 3067

Within 5-Days of Your Knowledge of the Injury or Illness:

- Send SCIF 3067, SCIF 3301, Witness Form and Physician Pre-Designation Form to:
 1. Originals: State Compensation Insurance Fund (SCIF)
 2. Copies: Return-to-Work Coordinator

Report within 24-hours any serious, life threatening or fatal injuries immediately to the:

- Return-to-Work Coordinator

You must complete the SCIF 3067 in the following situations:

An employee reports a work-related injury or illness. (It is not necessary for someone to have witnessed the injury or illness).

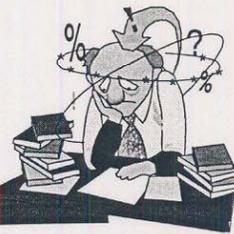
A work-related injury results in lost time beyond the date of injury or medical treatment beyond first aid.

An employee presents a doctor's note stating that an injury or illness is or may be work related; or you receive your first notification that an injury or illness may have occurred via a SCIF 3301 sent by an attorney, employee, doctor, or SCIF office.

NOTE:

- **If the injury is merely an incident where the employee has not lost time beyond the work shift nor sought medical treatment**, it is best to complete the SCIF 3067 to have a record of the injury should the employee decide within a year to pursue a claim.
- **If an employee makes a vague comment** like, "It hurts when I do that" or "My doctor told me not to do that", this is a RED FLAG. Ask the employee if their doctor has given him/her work restrictions and if the employee believes he/she has injured himself/herself on the job. If the employee believes he/she has sustained an injury on the job, offer the employee a SCIF 3301.
- **Completion of the SCIF 3067 is not an admission of liability.** By filling it out, you simply document the facts or allegations regarding the injury or illness reported by the employee. The date you were notified or made aware of the injury is the date of injury.

Step #5 Managers/Supervisors



Post to P.A.L. "Date of Injury/Illness" and "Time Lost"
Pending Worker's Compensation Benefits

Recording the Date of Injury or Illness

Enter "C" in the Alias Field

Recording Time Off After the Injury or Illness

Enter the appropriate Alias to symbolize dates off work due to the injury/illness (i.e., SX, VX, ALX, LX)

"4C" Designated and "Alternate Work Week": Employees revert to a 40-hour work week.

Lost Time: Notify the Return-to-Work Coordinator if employee lost time from work due to the injury/illness.

Within 24-hours of receipt of SCIF 3301 Route:

- Original - State Compensation Insurance Fund.
- Copy - Employee
- Copy - Employee's Office Workers' Compensation File
- Copy - Return to Work Coordinator

P.A.L. - Project Accounting & Leave System

Step #6
Managers/Supervisors



**Maintain Contact and
Communication With Injured
Employee**

If the employee is unable to return to work quickly, the supervisor should arrange for regular contact with the employee to provide support and necessary information until the employee is able to return to transitional or regular employment.

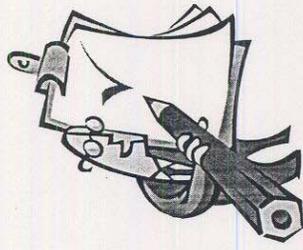
This communication between supervisor and the injured/ill employee shall not be utilized for investigative purposes or to obtain medically confidential information, such as diagnosis, prognosis, or other medical information.

Step #7
Managers/Supervisors

Work Status Report/Doctor's Note

Upon receipt, mail or fax a copy of the work status report/doctor's note to the Return-to-Work Coordinator

Check-List



When an on-the-job injury/illness is reported or claimed, your responsibility as a supervisor/manager is to:

- Ensure the injured employee receives initial medical care (Medical Provider Network)**
- Investigate the accident and address the problem**
- Within 24-hours of knowledge of the injury/illness, offer the employee:**
 1. SCIF 3301
 2. SCIF 13730 - Guide to Workers' Compensation for New Employees
- Within 48-hours of knowledge of the injury/illness:**
 1. Complete SCIF 3067 via ABMS Injury Report System
 2. If necessary, complete a Witness Form
 3. Copy Physician/Chiropractor Pre-designation Form and attach to the SCIF 3067

Employee is not to complete or receive a copy of the SCIF 3067.

ABMS: Activity Based Management System
PAL: Project Accounting & Leave System
SCIF: State Compensation Insurance Fund

- Within 5-days of knowledge of the injury/illness, route SCIF 3067, Witness Form, Physician/Chiropractor Pre-designation Form to:**
 - Originals – SCIF
 - Copy – Employee's Medical File
 - Copies – Return to Work Coordinator
- Record injury/lost time in P.A.L.**
- Within 24-hours of receipt of the SCIF 3301, route:**
 - Original – SCIF
 - Copy – Employee
 - Copy – Employee's Office Workers' Compensation File
 - Copy – Return to Work Coordinator
- Maintain Contact With Injured Employee**
- Upon receipt, send copies of the medical status disability/doctor's notes to the Return to Work Coordinator**
- Light Duty Assignment**

If applicable, take care not to work the injured worker beyond restrictions indicated on the treating physician's work status.
- Work status report prepared by treating physician required to document the release of the employee working full-duty without work restrictions.**

Responsibility of the Employee



1. Report injury to supervisor immediately
2. Employee should complete the SCIF 3301 to pursue a workers' compensation claim
3. If necessary, seek medical treatment with pre-designated physician/chiropractor or physician within the Medical Provider Network
4. Forward medical status reports/doctor's notes to supervisor
5. Maintain contact with supervisor regarding medical status/progress

Employee Post Injury/Illness Guidelines

Failure to produce work status/disability report to be off work could lead to a personnel action taken against employee, and an interruption of workers' compensation benefits.

Keep work status report current and maintain open communication with supervisor.

Doctor's work status/disability reports must be written clearly. If you have difficulty obtaining a legible work status/disability report, contact the Return-to-Work Coordinator (RTWC).

Work status report gives work restriction release for light duty. Let your supervisor know that you are able to return to work with restrictions (bring it to your supervisor's attention. Don't wait for them to tell you).

If you have questions, contact your RTWC.

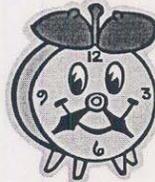
Continued: Employee Post Injury/Illness Guidelines

Return to work full duty. The employee must be re-evaluated by a physician prior to returning to full duty. The employee must provide a release to full duty report signed by the doctor prior to returning to full duty to his/her supervisor. Bring this doctor's note to the supervisor. The employee must call their supervisor the day of his/her medical evaluation to give the supervisor an updated status.

Failure to do the above could affect either your workers' comp benefits, causing a delay in having your payroll check issued or cause a delay in returning to work.

The employee shall provide medical substantiation from the doctor indicating they are off work with revised restriction limitation and/or expected date of return.

"Timing Is Everything"



Report Injury

See Doctor

Get Doctor's Note

Call Supervisor

Input P.A.L. Time = Check



*each injury should be on separate line
in PAL when recording visits*

**EACH INJURY SHOULD BE ON A SEPARATE LINE
IN PAL WHEN RECORDING VISITS TO THE DOCTOR.**

Module 3

What is the Return-to-Work Program?



Return-to-Work Program

Proactive approach to assist injured employees return to safe, meaningful and productive employment when medically able

The primary goal of the Return to Work Program is to return the injured employee to their pre-injury occupation



Role of The Return-to-Work Coordinator



- **Advise** managers, supervisors and employees regarding the proper procedures and benefits involved in the workers' compensation system
- **Assist** injured employees to transition from workers' compensation back to their employment in the employee's usual and customary job, temporary or modified job
- **Monitor** and track departmental workers compensation claims
- **Organize** and conduct training and information sharing meetings with employees, managers and supervisors
- **Liaison** for the Department's Workers' Compensation Program

Each State department has someone designated as the Return-to-Work Coordinator, Departmental Claims Coordinator, or departmental designee. This person is responsible for managing the workers' compensation cases for your department. This person is responsible for advising supervisors and employees on the workers' compensation process and the benefits to which an injured employee may be entitled. Your Return-to-Work Coordinator can assist you in dealing with questions regarding an employee's claim for workers' compensation.

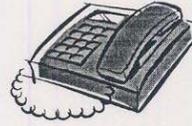
The Return-to-Work Coordinator is responsible for assisting injured employees in returning to work as soon as medically feasible. The Return-to-Work Coordinator will rely on you to provide him or her with updated medical slips, information on the availability of transitional duty (e.g., light duty), or the ability to permanently modify the employee's usual and customary job.

The goal in managing workers' compensation cases is to return the injured employee to medically suitable employment as soon as possible based on probative medical evidence.

RTW Coordinator provides input to employee's supervisor and to the injured employee about the workers' compensation process.

The RTW Coordinator is the liaison between the injured employee, supervisor and SCIF.

Department of General Services
Office of Risk and Insurance Management



Return-To-Work Coordinators

Jerry Gibbins	916.376.5422
Lorretta Y. Simmons	916.376.5425
Julie Willson	916.376.5284

FAX Number 916.376.5341

OFFICE ASSIGNMENTS

Jerry Gibbins

- Fleet Administration
- Procurement Division / Small Business Certification & Registration
- Office of Risk & Insurance Management
- State Publishing
- Telecommunications Division

Boards and Commissions

Administrative Law - Buildings Standards Commission - CA Law Revision Commission -
- Chiropractic Examiners - Colorado River Board - Emergency Medical Services
Authority - Gambling Control - High Speed Rail Authority - Little Hoover Commission -
Public Employment Relations Board - Santa Monica Mountain Conservancy - Seismic
Safety Commission - State Mandates Commission

OFFICE ASSIGNMENTS

Lorretta Simmons

- Office of Public School Construction
- RESD - Building & Property Management Branch (Sacramento Regions)

Boards and Commissions

Board of Corrections - CA Children and Families Commission - CA Power Authority
- CA Tahoe Conservancy - Commission on the Status of Women - State and
Consumer Services Agency - State Independent Living Council - Transportation
Commission

OFFICE ASSIGNMENTS

Julie Willson

- Administrative Hearings
- Audit Services
- Business Services
- Chief Information Officer - Office of Technology Resources
- Chief Information Officer - Office of Machine Repair
- Energy Management
- Executive Office/Legislation
- Fiscal Services
- Human Resources
- Legal Services
- RESD - Asset Planning & Enhancement
- RESD - Building & Property Management (Bay, LA Metro & Southern Regions, and Sacramento Office Buildings 8 & 9)
- RESD - Business Operations, Policy & Planning
- RESD - Customer Account Management
- RESD - Professional Services
- RESD - Project Management
- Research, Planning and Measurement
- State Architect

**Office of Risk & Insurance Management
(ORIM)**



**707 3rd Street
1st Floor, Suite 1-435, MS Z-01
West Sacramento, California 95605
916.376.5426 FAX 916.376.5341**

**Returning An Employee Back To Work
After An Injury With Work Restrictions**



Modified Duty

**Temporary Limited Duty Assignment
(A.K.A. – Light Duty)**

Temporary Limited Duty Assignment (Modified Duty)

- Temporary Limited Duty (TLD) is a temporary reassignment or modification of duties until they can return to their regularly assigned duties
- A TLD assignment is entered into with a written agreement. A TLD assignment is considered when medical verification from the employee's physician is provided

NOTE: Medical verification must include the employee's specific limitations and duration.

Departmental TLD Policy:

It is the policy of DGS that any injured employee shall be placed on temporary limited duty, where practicable. The injured employee shall be returned to work in his/her same position, with or without reasonable accommodation or to a closely related position, if the employee is unable to perform the essential functions of his/her former position.

TLD Criteria

- TLD in accordance with a physician's substantiation/instructions
- Employer determines that the assignment provides needed services
- Employee can satisfactorily perform the work
- There is a prognosis for improvement of the illness or injury

The Main intent of a TLD assignment is to:

- **Expedite recovery** and assist the employee's return to full duties
- **Benefit the department by retaining the services of experienced employees**

Temporary Limited Duty Assignment Process

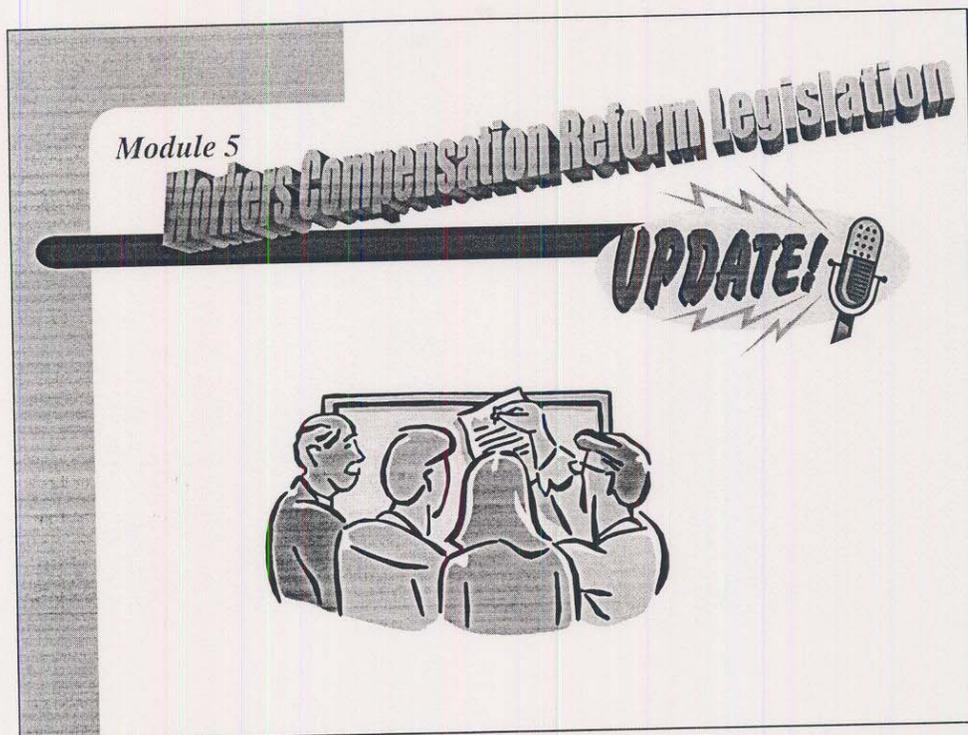


- Step 1 Supervisor recognizes need for TLD based on medical information and informs employee of the TLD process
- Step 2 Manager/Supervisor request medical documentation
- Step 3 Manager/supervisor reviews work restrictions and/or limitations
- Step 4 Unable to determine if a TLD assignment is possible or available, contact the RTW Coordinator for guidance
- Step 5 Complete the TLD Assignment Agreement (Memo)
- Step 6 Employee re-evaluated by physician prior to returning to full duty

Take care not to work the employee beyond restrictions indicated on the medical status/disability report.

When in doubt whether or not you are able to provide modified-duty, contact the Return-to-Work Coordinator.

Alternate Work Week Schedule – Employee reverts back to 8-hour day.



(SCIF e13276) - Recent Reform Legislation At A Glance

- **AB 749 / AB 486**
- **SB 228 / AB 227**
- **SB 899**

AB – Assembly Bill

SB – Senate Bill

Recent Reform Legislation At A Glance

BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
Temporary Disability (TD)	Effective 1/1/03: increases the minimum and maximum TD rates for 2003 through 2006 and beyond. TD weekly maximums: '02/\$490; '03/\$602; '04/\$728; '05/\$840; '06/\$840 or SAWW.		Effective for all dates of injury on or after 4/19/04, except for a small number of injuries or conditions, aggregate TD for a single injury shall not extend for more than 104 compensable weeks within a period of 2 years from date of commencement of TD payments. Exceptions: hepatitis B and C, amputations, severe burns, HIV, high-velocity eye injuries, chemical eye burns, pulmonary fibrosis, chronic lung disease.	The AB 749/486 increases help to support injured workers. The SB 899 cap helps reduce claims costs.
Permanent Disability (PD)	Effective 1/1/03: increases the minimum and maximum PD rates for 2003 through 2006.		Effective 1/1/05, uses American Med. Assn. (AMA) guidelines to define PD. PD based on diminished future earning capacity not diminished ability to compete. By 1/1/05, AD to establish new PD rating schedule.	The AB 749/486 increases help to support injured workers.
➤ Life Pension (LP)	For injuries on or after 1/1/03, increases LP payments as of 1/1/04 and every year thereafter for cost-of-living adjustments.			Provides cost-of-living adjustments.
➤ Apportionment			Apportionment of PD is now based on causation, not labor disability. Any physician preparing a report on PD must also address causation. Employer is liable only for his/her specific injury. Previous disabilities presumed to continue for purposes of determining additional disability. Specifies injured employee must disclose previous disabilities upon request to his/her physician. Accumulation of all PD awards not to exceed 100% for any one region of body.	Changes the standard for obtaining apportionment. Should lead to employers only being responsible for PD related to their injury.



Recent Reform Legislation At A Glance

2 of 6

BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
Medical Treatment	<ul style="list-style-type: none"> > Predesignation of personal doctor or personal chiropractor as primary treating physician (PTP). 		<p>Effective 4/19/04: limits predesignation to PTPs who participate in the employers' Health Care Organization (HCO), Health Maintenance Organization (HMO), or Group Health Ins. Requires doctor or chiropractor's agreement for the predesignation to be valid. Other criteria listed in bill.</p>	<p>Predesignation options become more limited.</p>
<ul style="list-style-type: none"> > Official Medical Fee Schedule (OMFS) 		<p>Five new fee schedules: outpatient, pharmacy, durable medical equipment, laboratory, and ambulance. Two existing fee schedules revised (physician and inpatient hospital). Rates set at 120% of Medicare except pharmacy, which is set at 100% of MediCal. Schedules effective post-1/1/04 dates of injury.</p>		<p>Reduces medical costs.</p>
<ul style="list-style-type: none"> > Pharmaceutical Fees 	<p>Effective 1/1/03: generic drugs required, unless physician specifies dispense as written (DAW). Effective 1/1/03: employers may send employees to pharmacy networks. By 7/1/03: Administrative Director (AD) of the Division of Workers' Compensation (DWC) must create a pharm. Fee Schedule.</p>	<p>Effective 1/1/04: indexes drugs and pharmacy services at 100% of MediCal.</p>		<p>Reduces the cost of drugs and pharmacy services.</p>
<ul style="list-style-type: none"> > Outpatient Surgery Centers 	<p>Effective 1/1/03: Allows DWC's AD to create a fee schedule for these centers, but does not set a due date for the schedule.</p>	<p>Effective 1/1/04: indexes Outpatient Surgery and Emergency Room facility fees at 120% of Medicare. Effective 1/1/04: prohibits physicians from referring injured workers to Outpatient Surgery Centers where the physicians or family members have ownership or interests. Exception: OK with disclosure and preauthorization.</p>		<p>Reduces the cost of outpatient surgery centers and emergency medical facilities.</p>

**STATE
COMPENSATION
INSURANCE
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Recent Reform Legislation At A Glance

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BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
<ul style="list-style-type: none"> ➤ Limits on Number of Visits for Chiropractic, Occupational Therapy, and Physical Therapy ➤ Time Frame to Pay Providers 	<p>Effective 1/1/04: chiropractic and physical therapy (PT) visits limited to 24 each per injury; also must comply with ACOEM guidelines.</p> <p>Effective 1/1/04: changes the time frame from 60 calendar days to 45 working days. Self-assessed penalty increased from 10% to 15% on late treatment payments.</p>	<p>Effective 4/19/04: medical treatment must be authorized within one working day after an employee files a claim form. Medical treatment will continue until liability for the claim is denied or a maximum of \$10,000 has been reached. Medical treatment must be consistent with accepted treatment guidelines.</p>	<p>Effective 4/19/04: in addition, limits the number of occupational therapy visits to 24 per injury. Also must comply with guidelines.</p>	<p>Reduces the overall cost of chiropractic, physical therapy, and occupational therapy visits.</p> <p>Changes the payment time frame from calendar days to working days.</p>
<ul style="list-style-type: none"> ➤ Prompt Authorized Medical Care/Early Medical Treatment 	<p>Effective 1/1/04: every claims administrator must establish an internal UR process. Treatment must be evidence-based (i.e., based on scientific medical studies). ACOEM guidelines to be followed until the AD establishes guidelines. Both of these guidelines are presumed correct.</p>	<p>Effective 4/19/04: evidence-based guidelines apply to all dates of injury (DOI). Redefines medical treatment as that based on ACOEM until the AD establishes guidelines.</p>	<p>Promotes early and prompt medical care. Requires prompt investigation of all potential claims/injuries. Employer and carrier must coordinate efforts to evaluate claims quickly. Subject to the new provisions in SB 899, carriers still must accept of deny a claim in 90 days or it will be presumed compensable.</p> <p>Medical treatment will now be per evidenced-based guidelines.</p>	<p>Promotes early and prompt medical care. Requires prompt investigation of all potential claims/injuries. Employer and carrier must coordinate efforts to evaluate claims quickly. Subject to the new provisions in SB 899, carriers still must accept of deny a claim in 90 days or it will be presumed compensable.</p> <p>Medical treatment will now be per evidenced-based guidelines.</p>
<ul style="list-style-type: none"> ➤ Medical Treatment / Utilization Review (UR) 	<p>Effective 1/1/05: expands the role of MPNs. All medical treatment must be obtained within the employer/carrier-created network. Absent a properly created MPN or pre-designation, worker has free choice of physician after 30 days. Medical treatment disputes to be resolved with network physicians. If dispute still exists after third opinion, parties to go to Independent Medical Review (IMR).</p>	<p>Effective 1/1/05: expands the role of MPNs. All medical treatment must be obtained within the employer/carrier-created network. Absent a properly created MPN or pre-designation, worker has free choice of physician after 30 days. Medical treatment disputes to be resolved with network physicians. If dispute still exists after third opinion, parties to go to Independent Medical Review (IMR).</p>	<p>Effective 1/1/05: expands the role of MPNs. All medical treatment must be obtained within the employer/carrier-created network. Absent a properly created MPN or pre-designation, worker has free choice of physician after 30 days. Medical treatment disputes to be resolved with network physicians. If dispute still exists after third opinion, parties to go to Independent Medical Review (IMR).</p>	<p>Employer needs to know the type of med plan the carrier provides. All treatment must be directed to the network. Dramatically extends employer medical control beyond 30 days.</p>
<ul style="list-style-type: none"> ➤ Medical Provider Networks (MPNs) 				

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BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
<ul style="list-style-type: none"> ➤ Spinal Surgery 		<p>All denied requests for spinal surgery must go to a second opinion.</p>		<p>Incentives added for providing return to work.</p>
<p>Return to Work Program</p>			<p>Effective for injuries on or after 1/1/05, modifies the DWC return-to-work program. Provides reimbursement to some employers (less than or equal to 50 employees) for workplace modifications to accommodate an injured employee's return to modified or alternative work. PD benefit weekly rate increases or decreases 15% based on whether employer offers return to work.</p>	
<p>Vocational Rehabilitation / SJDB (Supplemental Job Displacement Benefit)</p>	<p>Effective 1/1/03: Vocational Rehabilitation Maintenance Allowance (VRMA) payments are subject to the new statutory minimum TD rates. Future VR can be settled with lump sum payment to a represented employee.</p>	<p>Effective 1/1/04: Repeals Vocational Rehabilitation, replaces it with SJDB. SJDB consists of a voucher to be used for retraining. The amount ranges from \$4000 to \$10,000 depending on the amount of PD. Amounts paid only to provider. SJDB not awarded if employer offers modified or alternative work meeting specified criteria.</p>	<p>Clarifies AB 227/SB 228. Reinstates VR prior to 1/1/04 and establishes SJDB thereafter.</p>	<p>SJDB replaces Vocational Rehabilitation. Significantly lowers all VR-related costs.</p>
<p>Death Benefits</p>	<p>Effective 1/1/03: continues payments to physically or mentally incapacitated child for life. Effective 1/1/04: doubles the amount paid if no dependents; pays the amount to decedent's estate. Effective 1/1/06: doubles the amount paid to dependents.</p>		<p>Effective 1/1/04: for fatality with no spouse, dependents, or heirs, claims administrator to pay Dept. of Industrial Relations (DIR) an amount equal to that for a spouse with no dependents (\$125,000).</p>	<p>AB 749/486 increases death benefits for surviving relatives or heirs of fatally injured workers. SB 899 provides unclaimed funds for DIR.</p>
<p>Medical-Legal</p> <ul style="list-style-type: none"> ➤ Presumption of Correctness 	<p>Effective 1/1/03: treating physician presumed correct only if he/she was pre-designated prior to the date of injury (DOI).</p>		<p>Effective 4/19/04: eliminates the treating physician presumption of correctness regardless of date of injury.</p>	<p>Will prevent undue weight being attached to a treating doctor's medical opinion.</p>

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BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
<ul style="list-style-type: none"> > Burden of Proof and Liberal Construction 			<p>While LC section 3202 provides for liberal construction, LC section 3202.5 as amended requires that all parties shall meet their burden of proof on all issues by a preponderance of the evidence.</p>	<p>Over the years a perception had developed that liberal construction applies not only to interpretative of the law but to evidentiary matters as well. The subtle change in LC section 3202.5 signals that injured employees are not relieved of their evidentiary burden (i.e. WCAB may not liberally interpret the facts to extend benefits).</p>
<ul style="list-style-type: none"> > Medical-Legal Evaluation 			<p>Effective 4/19/04 for Unrepresented workers; effective 1/1/05 for Represented workers. Creates new med-legal evaluation processes for disputes over injuries. If a treating doctor's opinion is in dispute, one QME to be selected from a panel of three. Other provisions of LC sections 4060, 4061, 4062 remain intact. AME possible only for represented employees.</p>	<p>Should streamline medical/legal process and reduce litigation.</p>
<p>Penalties</p>			<p>Up to a 25% penalty for delayed or denied benefits with a cap of \$10,000 for unreasonable delay or denial. Self-imposed 10% penalty over-rides 25% if employer discovers and makes payment within 90 days. Penalties now apply only to the delayed payment. Effective 6/1/04 for all dates of injury.</p>	<p>Significantly reduces the costs of penalties paid. Prevents payment of exorbitant amounts for penalties on the entire claim—past, present, and future. Penalties only on the delayed payment can result in substantial savings for the workers' compensation system.</p>
<p>Fraud</p>	<p>Effective 1/1/03: doubles the civil penalties for fraud so they are \$4,000 to \$10,000 per claim; also doubles the additional penalty for prior fraud felons to \$4,000 for each item or service.</p>	<p>Effective 1/1/04: increases the penalty to \$150,000 (or twice the amount of the fraud) for workers' compensation fraud.</p>	<p>Effective 4/19/04: provides immunity from civil liability to insurers, self-insured employers, third-party administrators (TPAs) who in good faith report suspected med provider and billing fraud.</p>	<p>Workers' compensation fraud laws make it a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining or denying workers' compensation benefits. Anyone caught performing these illegal acts will be prosecuted. If convicted, the person can face up to 5 years in prison and/or up to a \$150,000 fine.</p>

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BENEFITS/ISSUES ADDRESSED	AB 749 / AB 486 (Enacted 2/02) / (Enacted 9/02)	SB 228 / AB 227 (Both enacted 10/03)	SB 899 (Enacted 4/04)	Result and/or Employer's Responsibilities
Injury and Illness Prevention Program (IIPP)		Effective 1/1/04: requires insurers to obtain a copy of employer's written IIPP program, review it, and make recommendations as appropriate. Does not specify an ex-mod rating requirement.	Effective 4/19/04: restricts the scope of IIPP reviews. Review new policyholders' IIPP within 6 months of policy effective date if ex-mod is over 200%.	Employers must keep ex-mod below 2.0 (200%) to avoid IIPP review.
Funding Sources (Surcharges)		Adds UEET and SIBT to previously existing CIGA, WCA, and WCFA surcharges.	Assessments now called surcharges.	Funds employee benefits paid on behalf of uninsured employers and insolvent carriers. Funds Subsequent Injuries Benefits Trust. Provides funds to prosecute fraud. Finances administrative cost of implementing reform.
Alternative Dispute Resolution (ADR)		ADR expanded beyond the construction industry effective 1/1/04. Applies to any industry if certain requirements are met regarding amount of premiums or number of employees or self-insurance. Employer and employees must agree to ADR.		An informal process of resolving disputes outside the traditional workers' compensation trial process. Reduces litigation-related costs.

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Module 6

References & Resources





- **The Supervisor's Role When an Employee is Injured on the Job**
Source: Department of Personnel Administration - www.dpa.ca.gov
- **Workers' Compensation Claim Kit**
Source: Department of Personnel Administration - www.dpa.ca.gov
- **ABMS User Guide For Supervisors**
Source: Department of General Services - <http://abms.dgs.ca.gov>
- **User Guide – ABMS Injury Report (SCIF 3067)**
Source: Department of General Services - <http://abms.dgs.ca.gov>
- **P.A.L. User Manual**
Source: Department of General Services - <http://pal.dgs.ca.gov>



- **P.A.L. Guide For Supervisors (NEW)**
Source: Department of General Services - <http://pal.dgs.ca.gov>
- **Disability Leave Manual**
Source: Department of Personnel Administration - www.dpa.ca.gov
- **TEMPLATE – Temporary Limited Duty Assignment Memo**
Source: Office of State Publishing – <http://osp.dgs.ca.gov/forms/default.htm>
- **I've Just Been Injured on the Job, What happens now?**
Source: Department of Personnel Administration - www.dpa.ca.gov
- **SCIF Pamphlet 13545 – New Employee's Guide to Workers' Compensation for New State Employees**
Source: DGS-Office of Risk and Insurance Management Intranet
<http://orim.dgs.ca.gov>



- **Workers' Compensation – How a Disability Claim is Filed and Processed**
- **Workers' Compensation – Claims Flowchart**
- **State Compensation Insurance Fund – Form/Brochure Ordering Procedures**
- **Pre-designation of a Personal Physician For Industrial Injuries - DGS Memo To All Employees Dated December 16, 2004**



- **State Compensation Insurance Fund**
www.scif.com
- **Department of Industrial Relations**
www.dir.ca.gov
- **Office of Risk & Insurance Management**
<http://orim.dqs.ca.gov/WorkersCompensation>
- **To locate physicians and medical facilities in the Medical Provider Network (MPN), use the State Compensation Insurance Fund - *Medfinder***
http://www.scif.com/MedFinder/medfinder_fset.htm

MEMORANDUM

Date:

To:

From: **Department of General Services
Office of State Publishing**

Subject: Temporary Limited Duty Assignment Approval

Temporary Limited Duty (TLD) has been approved for you based on substantiation provided by your doctor. The following TLD assignment was developed in accordance with the Injured State Workers Assistance Program and your current abilities, restrictions, and/or limitations as outlined by your physician:

DUTIES:

Enter restricted or modified duties based on doctor's note

DATES/TIME/LOCATION

This TLD assignment will be in effect from Enter date EE starts TLD Assignment through Enter date EE is to finish TLD Assignment unless terminated prior to that date by the Department of General Services. Extensions will be considered on a case-by-case basis and will require a revised note from your physician that indicates the date you will be returning to full duty.

You are to report to your TLD assignment at the following date, time, and location:

- Date: Enter date EE starts reporting when on TLD Assignment _____
- Time: _____ to _____
- Location: _____
(Address, Room #, City, Zip, Supervisor Name-if different than EE's Supervisor)

You must maintain contact with your supervisor at OSP during your TLD assignment and provide updated disability slips regarding your return to work status.

If you are unable to report as directed, you must contact me. You may be considered AWOL and/or face adverse action if you do not report as directed. Please also be advised that if you do not report for this TLD assignment as directed, your Non-Industrial Disability Insurance, Workers' Compensation, Industrial Disability Leave, sick leave, or vacation benefits will be adversely affected.

(Supervisor's Name), Supervisor's Title
Unit Name

I have read and understand the above.

Employee's Signature _____ Date _____
 CC: Lori Kagimoto-Nelson, RTW, Ed Sullivan, DGS-RTW, Angie Boldrini, DGS-OHR,

I've Just Been Injured on the Job, What Happens Now?

Having an on-the-job injury is a traumatic event for most people. You are faced with the task of understanding your rights and responsibilities under the State of California Workers' Compensation system. The following information, along with the information provided in the *Notice of Potential Eligibility*, will help answer most of the questions you may have regarding "What happens now that I have been injured on the job?"

What happens after you have given the Workers' Compensation Claim Form & Notice of Potential Eligibility (SCIF 3301) to your employer?

Although you have up to a year from the date of your injury to file a SCIF 3301, it is important that you promptly return the SCIF 3301 to avoid the risk of losing benefits to which you may be entitled. Once you have returned the SCIF 3301 to your supervisor/manager, it is forwarded to the Return-to-Work Coordinator (RTWC) within your department. The RTWC will review the SCIF 3301 and forward it to the State Compensation Insurance Fund (SCIF). SCIF is the adjusting agent that manages your claim for workers' compensation benefits and provides you with benefits to which you are entitled. SCIF will establish your workers' compensation claim and send you notification on whether your claim has been delayed, accepted, or denied. SCIF makes all liability determinations regarding your claim of injury or illness based on available medical documentation and relevant facts.

What happens if your claim is delayed?

If your claim is delayed, SCIF is in need of additional information in order to make its liability determination. SCIF has 90 days from your employer's date of knowledge that you are claiming a work-related injury or illness to make its determination. Your employer will pay for medical treatment until a liability determination has been made or \$10,000 in medical treatment has been paid. If the \$10,000 cap is reached prior to a liability determination being made, then you or your medical insurance carrier are responsible for paying the cost of any medical treatment that you receive as a result of your injury or illness. Additionally, you will not be compensated for any lost time from work pending SCIF's liability determination. If you miss time from work during the delay period, you should contact your personnel office to find out about other leave options that may be available to you. To gather more information, SCIF may request you to attend a medical evaluation(s). You will be asked to complete and sign medical release forms so that SCIF can obtain copies of your prior medical records. SCIF will use all relevant information to make a liability determination regarding your claim.

What happens if your claim is accepted?

If your claim is accepted, SCIF will pay for all approved medical treatment, hospital visits, and reasonable medical transportation. SCIF will reimburse you or your insurance carrier for approved medical treatment received prior to the acceptance of your claim. SCIF will require you to submit a receipt with any requests for reimbursement of out-of-pocket medical expenses (e.g., co-payment). SCIF will provide you with all benefits to which you are entitled. The *Notice of Potential Eligibility* describes the benefits to which you may be entitled.

What happens if your claim is denied?

If your claim is denied, you or your medical insurance carrier will be responsible for the costs of any medical treatment that you receive as a result of your injury or illness. You will not be provided with any type of compensation. If you have lost time from work, you should contact your personnel office to discuss other leave options that may be available to you. If you agree with the denial, your claim will be closed. If you disagree with the denial, you have a right to dispute SCIF's determination. Your options for disputing the determination are outlined in the denial letter that is sent to you by SCIF.

What are your responsibilities?

As an injured worker, you should know that your entitlement to workers' compensation benefits is based on the medical information received regarding your injury. Your employer must rely upon medical information in order to coordinate all return to work issues that may arise. To alleviate any delays in the provision of your Workers' Compensation benefits, it may be helpful for you to remember that you are responsible for the following:

- Accept examination and treatment by the medical provider arranged for you by your employer, unless you have pre-designated (prior to your injury) a treating physician or chiropractor in writing.
- Provide SCIF and your employer with copies of medical notes or reports that you receive from your treating physician. These notes or reports contain information regarding your ability to work and restrictions, if any, which must be considered by your employer.
- Inform both SCIF and your employer of any name or address changes.
- If you have lost time from work due to your injury, make sure to submit an *Absence Request* form (STD 634) each month that clearly notes the lost time due to your work-related injury or illness.

Who can you contact if you have additional questions or concerns?

You may contact your Department's RTWC or designated representative,

_____, at _____.

You may also contact the SCIF office managing your claim by calling

_____.

WORKERS COMPENSATION

HOW A DISABILITY CLAIM IS FILED AND PROCESSED

EMPLOYER LEARNS OF EMPLOYEE INJURY

Within one working day of knowledge, employer gives "Employee's Claim For Workers' Compensation Benefits" (SCIF Form 3301-DWCI) and 'State Employees' Guide to Workers' Compensation SCIF Form 13730 claim form to injured employee (or their dependents).

Employer completes "Employer's Report of Injury (Form 3067) and sends it to State Compensation Insurance Fund (SCIF) within 5 days of knowledge of injury.

Employee (or dependents or agent) completes claim form and returns to employers

Employer signs and dates form. One copy is given to employee, one copy is retained in employer's file, and one copy is sent to SCIF.

Claim form and/or Employers Report is received by SCIF. Begin case make-up and processing.

Within 14 days of employer knowledge of injury and disability, adjuster must make decision on claim.

"Reject"

SCIF rejects claim and sends notification to employee.

"Delay in Decision"

SCIF is unable to determine whether Workers' Compensation benefits are owed. Letter is sent to employee advising what additional information is required and when employer/insurer expects to have information required to make the decision.

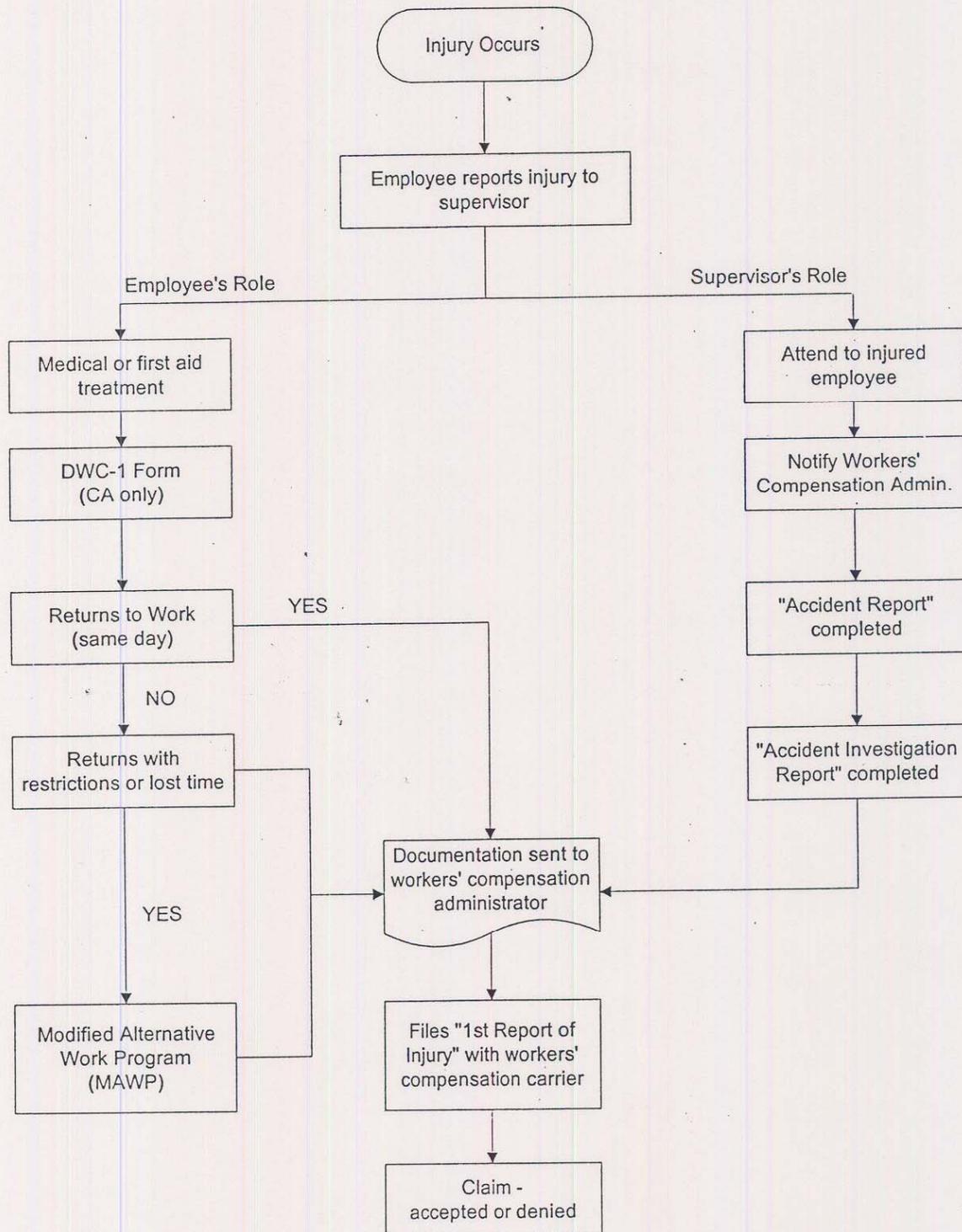
"Accept"

SCIF accepts claim. Letter and benefit notice is sent to employee.

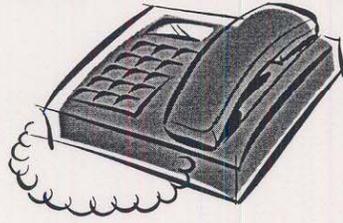
Employee may file Application for Adjudication of Claim (litigate) if dispute exists.

If liability is not rejected within 90 days after date of written claim, the injury is presumed compensable (Rebuttable presumption)

Diagram 1
WORKERS COMPENSATION FLOWCHART



*State Compensation Insurance Fund
Form/Brochure Order Request Line*



Telephone Number: 916.567.7526

Fee: No Charge ☺

Form Numbers:

- e13545 - Guide To Workers' Compensation For New State Employees (Rev. 9-04)
- 3067 - Employer's Report of Occupational Injury or Illness (Rev 11-02)
- 3301 - Employee's Claim for Workers' Compensation Benefits (Rev 7-04)
- 13090 - Making a Successful Return to Work After an On-the-Job Injury or Illness (Rev 7-01)
- 13708 - Notice to Employees (Rev 7-04)
- 13720 - Modified Jobs, Costs: Control Workers' Compensation Cost With An Early Return -to-Work Program (Rev 12-01)
- 13737 - Stop FRAUD - Call The State Fund Fraud Hotline (Rev 2-00)
- 15740 - AB749 & AB486 Important Changes in Worker's Compensation (New 12-02)
- 15749 - AB749 & AB486 Major Changes in Workers' Compensation (New 11-02)

PROCEDURE:

1. Requestor's First Name & Last Name
2. Area Code & Telephone Number
3. Agency
4. Mailing Address & Attention To:
5. SCIF Form Number, Name and Quantity



DEPARTMENT OF GENERAL SERVICES
Executive Office

December 16, 2004

All DGS Employees

PRE-DESIGNATION OF A PERSONAL PHYSICIAN FOR INDUSTRIAL INJURIES

This notification is to inform you of a recent change in legislation, Senate Bill 899 (SB 899), which affects your ability to pre-designate a personal physician for the treatment of work-related injuries.

Prior to SB 899, you were required to notify your employer in writing prior to a work-related injury that you were pre-designating your treating physician. Due to the change in the law, the notice must also include a written statement with the physician's signature agreeing to the pre-designation. To qualify for pre-designation, your employer must provide non-occupational group health coverage in a health care service plan (HMO/PPO), and the physician you pre-designate must meet **all** of the following criteria:

- Be your regular physician and surgeon
- Be your primary care physician
- Be licensed per Business & Professions Code
- Have previously provided treatment to you
- Retain your medical records and history
- Agree to be the pre-designated physician

If you obtain non-occupational group health care coverage through a spouse employed in private industry, you will not be eligible to pre-designate your personal physician because your employer does not provide the health plan. However, if the State of California employs both you and your spouse and you obtain your non-occupational group health coverage from your spouse, you will be eligible to pre-designate.

The new law calls for a revised pre-designation form. The enclosed State Compensation Insurance Fund (SCIF) brochure (Form 13545) contains the new provisions of the law, and includes a revised pre-designation form. We recommend that all employees read this brochure to be aware of the change in pre-designation. If you chose to pre-designate your personal physician, please return the completed pre-designation form to your personnel liaison.

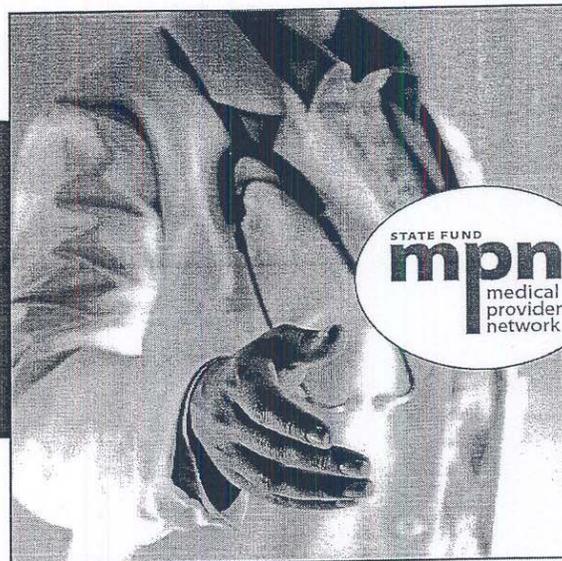
Please contact the Return-to-Work Unit, Office of Risk and Insurance Management at (916) 376-5300, if you have further questions regarding the change in pre-designation requirements.

A handwritten signature in black ink, appearing to read 'Ron Joseph'.

Ron Joseph
Director

Enclosure

EMPLOYEE'S GUIDE to the **STATE FUND Medical Provider Network**



What is the State Fund Medical Provider Network?

State Fund's Medical Provider Network (MPN) is a group of medical providers who primarily treat occupational injuries. If your injury or illness is due to employment, the State Fund MPN will provide authorized medical treatment. Our MPN consists of the State Fund~Kaiser Permanente Alliance, the State Fund Preferred Provider Network (PPN), and the Blue Cross of California Preferred Provider Organization (PPO) providing authorized treatment to our covered employees. These medical providers base their medical treatment on the utilization schedule developed by the administrative director of the Division of Workers' Compensation. If necessary, the MPN provides specialists to treat your injury or illness.

How do I obtain medical treatment?

For non-emergency services, after you file a claim your employer will refer you to an MPN facility for initial treatment within 3 business days.

If you are temporarily working outside the geographical service area of the MPN and you are injured on the job, you should seek emergency treatment at the nearest emergency room. If you are injured on the job, but it is not an emergency, you should notify your employer, your adjuster, or State Fund's Claims Reporting Center. If you need additional treatment, contact State Fund or your employer to continue authorized treatment with an available MPN physician.

Can I predesignate a doctor?

Yes, if you meet the requirements to predesignate.

Can I change my doctor?

Yes. After your initial medical evaluation with an MPN doctor, you have the right to choose another primary treating physician from the MPN.

How do I choose a doctor?

You may obtain a regional list of MPN doctors by going to MEDfinder at www.scif.com. You may also obtain a regional list by telephoning or sending a written request to your claims adjuster, if one has been assigned to you, or by calling State Fund's Claims Reporting Center at (888) 222-3211. If you wish to obtain a complete hard-copy list of all MPN providers, contact the State Fund MPN by sending an e-mail to scifmpn@scif.com, or by calling (323) 266-5096, or by sending a written request to:

State Compensation Insurance Fund
Attention: State Fund-Medical Provider Network
900 Corporate Center Dr.
Monterey Park, CA 91754

After you receive a list of MPN doctors, you may select a treating doctor (or any subsequent doctor) on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition.

How do I make an appointment with an MPN doctor?

After you choose an appropriate doctor within the MPN, you may call the doctor for an appointment. If you are unable to obtain an appointment, contact State Fund.

If you are unable to obtain a non-emergency appointment with a specialist within 20 business days, you should contact State Fund.

How do I obtain a referral to a specialist?

You may receive a referral to a specialist from your treating doctor, or you may select a specialist or subsequent physician of your choice from within the MPN. Your choice of physician from the MPN shall be based on the physician's specialty or recognized expertise in treating your particular injury or condition.

What do I do if I disagree with my doctor's diagnosis or treatment?

It is your responsibility to advise your adjuster* of the dispute and request a second opinion. You will need to select a doctor or specialist from the list of MPN providers and make an appointment with the selected doctor within 60 days. If you do not make the appointment within the 60-day period, the assumption will be that you no longer wish to pursue this dispute.

After you make an appointment with the MPN doctor, notify your claims adjuster. The adjuster will contact your treating doctor to obtain your medical records for the second-opinion doctor. The adjuster will contact the second-opinion doctor to notify the doctor that he or she has been selected to provide a second opinion on the dispute.

The results of the second opinion will be sent to you and the adjuster. If you disagree with the second-opinion doctor's findings, you may seek an opinion from a third MPN doctor. It is your responsibility to advise your adjuster of the dispute and request a third opinion. You will need to select a doctor from the list of MPN physicians and make an appointment with the selected doctor within 60 days. If you do not make the appointment within the 60-day period, the assumption will be that you no longer wish to pursue this dispute.

If you still disagree with the findings of the third opinion regarding the disputed diagnosis or treatment, you may request an independent medical review (IMR) from the administrative director of the Division of Workers' Compensation.

During this second- and third-opinion process you may continue treatment with your treating physician within the MPN or a physician of your choice within the MPN. Selection of a treating physician and any subsequent physicians shall be based on the physician's specialty or recognized expertise in treating the particular injury or condition in question.

How do I request an independent medical review?

If you select a doctor for a third opinion, the State Fund adjuster will send you information about the IMR process. You will receive an Application for Independent Medical Review as well as medical reports from your primary treating physician and second-opinion physician. You do not

*If you have been assigned an adjuster, contact him or her directly. The adjuster's name and telephone number appear on your claim correspondence.

If you have not been assigned an adjuster, you may call the State Fund Claims Reporting Center at (888) 222-3211. Translation services are available.

receive the medical reports unless they are requested. The adjuster will complete the Medical Provider Network Contact section of the application before you receive the form.

After receiving the third doctor's opinion, if you still disagree, you must complete the employee section of the Application for Independent Medical Review and mail the form with your medical reports to:

Department of Industrial Relations
 Division of Workers' Compensation
 P.O. Box 8888
 San Francisco, CA 94128-8888

Within 20 days the administrative director will select an IMR with an appropriate specialty. If you wish to have an in-person examination, the administrative director will randomly select a physician from the list of available independent medical reviewers with an appropriate specialty and within 30 miles of your residence. If you request a record review only, the administrative director will randomly select a physician with an appropriate specialty to review your records.

After selecting the IMR, the administrative director will send written notification of the name of the IMR to you, the adjuster, the IMR, and your attorney, if you have one. Your application will be sent to the IMR with your medical records from your adjuster.

If you wish to have an in-person examination, within 60 days of receiving the name of the IMR, you must contact the IMR to make an appointment. If you fail to make the appointment in time, the IMR is waived and you must file a new Application for Independent Medical Review. You should schedule the new IMR appointment within 30 days.

To withdraw your application, you must provide written notice to the administrative director and the State Fund claims adjuster.

If the IMR certifies in writing that an imminent and serious threat to your health exists, the IMR will expedite and render the report within 3 business days of the in-person examination. The administrative director may grant an extension of 3 more business days, if necessary.

What is Transfer of Ongoing Care?

If your date of injury is prior to the implementation of the MPN and you are treating with a physician outside the MPN whom you did not predesignate, you may be considered for transfer of care to an MPN physician under the following circumstances:

- Where the administrative director has found good cause to grant petitions that the primary treating physician has failed to submit timely reports per Title 8, CCR §9785.

- Where the administrative director has found good cause to grant petitions that the primary treating physician or facility is not within a reasonable geographic area per Title 8, CCR §9780.
- Where the Workers' Compensation Appeals Board (WCAB) finds that the current treatment by the non-MPN provider is inappropriate or that there is no present need for medical treatment to cure or relieve from the effects of the injury or illness.
- At your request.

You may be able to complete your treatment with your treating doctor outside the MPN in the following situations:

- An **acute condition**: For the purposes of this section, an acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a duration of not more than 30 days. Completion of treatment shall be provided for the duration of the acute condition.
- A **serious chronic condition**: For the purposes of this section, a serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be authorized for a period of time necessary, up to one year: (A) to complete a course of treatment approved by the employer or insurer; and (B) to arrange for transfer to another provider within the MPN, as determined by the insurer or employer. The one-year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition.
- A **terminal illness**: For the purposes of this section, a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
- Performance of a **surgery or other procedure** that is authorized by State Fund as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN-coverage effective date.

Your claims adjuster will notify you regarding the completion of treatment. The notification will be sent to you and a copy of the letter will be sent to your primary treating physician.

If you dispute the medical determination under this section, you may request a report from your primary treating physician that addresses whether you fall within any of the conditions set forth above.

If you or State Fund objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062.

If the treating physician agrees with State Fund's determination that your medical condition does not meet the conditions set forth above, the transfer of care shall go forward during the dispute-resolution process.

If the treating physician does not agree with State Fund's determination that your medical condition does not meet the conditions set forth above, the transfer of care shall not go forward until the dispute is resolved.

If it is determined that transfer of care is necessary, you will be notified in writing, and you will be able to choose your treating physician from the MPN. You can obtain the MPN provider list at MEDfinder at www.scif.com or by calling your State Fund adjuster.

What is Continuity of Care?

If your MPN treating physician no longer belongs to the network, you can request to continue treating with your doctor if your condition meets one of the following requirements:

- An **acute condition**: a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration. Completion of treatment shall be provided for the duration of the acute condition.
- A **serious chronic condition**: a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
- A **terminal illness**: an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.



- Performance of a **surgery or other procedure** that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

The terminated provider must agree to the same contractual terms and conditions that were imposed upon the provider prior to termination. The terminated provider shall be compensated at rates and methods of payment similar to those used by State Fund for other providers providing similar services.

A more detailed copy of State Fund's Continuity of Care policy may be obtained upon request from your adjuster.

CONTACTS FOR MPN PROVIDER LISTS

You may obtain a regional list of MPN providers by accessing MEDfinder at www.scif.com. You may also obtain a regional list by telephoning or sending a written request to your adjuster, or by contacting the State Fund Claims Reporting Center at (888) 222-3211.

You may obtain a complete hard-copy list of all MPN providers by sending an email to scifmpn@scif.com, by calling (323) 266-5096, or by sending a written request to:

State Compensation Insurance Fund
 Attention: State Fund Medical Provider Network
 900 Corporate Center Dr.
 Monterey Park, CA 91754

STATE FUND LOCATIONS

BAKERSFIELD

Policy (661) 664-4000
 Claims (661) 664-4000

EUREKA

Policy (707) 443-9721
 Claims (707) 443-9721

FRESNO

Policy (559) 433-2600
 Claims (559) 433-2700

LOS ANGELES

Policy (877) 405-4545
 Claims (818) 291-7000

OAKLAND

Policy (510) 577-3000
 Claims (510) 577-3000

OXNARD

Policy (805) 988-5200
 Claims (805) 988-5300

REDDING

Policy (530) 223-7135
 Claims (530) 223-7000

RIVERSIDE

Policy (951) 656-8300
 Claims (951) 656-8300

SACRAMENTO

Policy (916) 924-5072
 Claims (916) 924-5100

SAN BERNARDINO

Policy (909) 384-4560
 Claims (909) 384-4500

SAN DIEGO

Policy (858) 552-7000
 Claims (858) 552-7100

SAN FRANCISCO

Policy (415) 974-8100
 Claims (415) 974-8200

SAN JOSE

Policy (408) 363-7600
 Claims (408) 363-7400

SANTA ANA

Policy (714) 565-5995
 Claims (714) 565-5000

SANTA ROSA

Policy (707) 573-6400
 Claims (707) 573-6500

SOUTH ORANGE

Policy (714) 347-5445
 Claims (714) 347-5400

STOCKTON

Policy (209) 476-2600
 Claims (209) 476-2600

CUSTOMER SERVICE CENTER

— **Policy Services & Certificates of Insurance** —

(877) 405-4545 toll-free
 (800) 268-3635 toll-free fax

— **Certificates of Insurance** —

(866) 266-2071 toll-free fax

— **24-Hour Claims Reporting Center** —

(888) 222-3211 toll-free
 (800) 371-5905 toll-free fax

— **Fraud Hot Line** —

(888) 786-7372 toll-free

STATE
 COMPENSATION
 INSURANCE
FUND
www.scif.com

EMPLOYER: You must, by law, post the information contained on this notice in a conspicuous location frequented by employees, where employees may easily read such notice during the course of the day. You must post this notice in English and Spanish, if your staff includes Spanish-speaking employees. Insert the appropriate phone numbers and addresses in the spaces indicated on this employee notice. Failure to comply with this regulation could result in penalties.

NOTICE TO EMPLOYEES

How to get emergency medical treatment for an industrial injury or illness. If it's a medical emergency, go to an emergency room right away. Your employer may advise you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related, and, if possible, give your employer's workers' compensation carrier information.

Types of events, injuries, and illnesses that workers' compensation covers. You could get hurt by one event at work, such as hurting your back in a fall, or by repeated exposures at work, such as hurting your wrist as the result of doing the same motion over and over.

Report all injuries to your supervisor right away. Immediately notify your supervisor of any work-related injury or illness. Your employer will provide you with a notice of potential eligibility for benefits, and a claim form on which you must describe the circumstances of the injury. Return the completed form to your supervisor. If you have any questions or would like more details about workers' compensation benefits, please see your supervisor or call State Compensation Insurance Fund (State Fund).

Time limits for reporting injuries. Generally, the law requires you to provide your employer with notice of your injury within 30 days of the date of injury. In addition, if you disagree with any of our actions, in order to protect your rights, you must commence proceedings before the Workers' Compensation Appeals Board (WCAB) within the approved time limit. You must file an Application for Adjudication of Claim within one year of the date of injury, or one year from the last furnishing of indemnity or medical-treatment benefits by your employer or State Fund. It is important that you act promptly so you don't risk losing your benefits because you waited too long.

Your right to receive medical care. You have the right to receive medical care, at your employer's expense, to help you recover from an injury or illness resulting from your work. Within one day after you file a claim form, the law requires your employer to authorize medical treatment as required and limited by the law, until the claim is accepted or rejected, up to a limit of \$10,000 in total. Medical care may include doctors, hospital services, physical therapy, lab tests, x-rays, medicines, and related reasonable transportation expenses. For injuries on or after January 1, 2004, there are limits on the number of chiropractic, occupational therapy, and physical therapy visits. All medical treatment is provided in accordance with the medical treatment utilization schedule.

What is the role and function of the primary treating physician? Your treating doctor will decide what type of medical care you'll need for your injury or illness, determine when you can return to work, help identify the kinds of work you can do safely while recovering, refer you to specialists, if necessary, and write medical reports that will affect the benefits you receive.

Can I choose the doctor who will treat me for my job injury? Your ability to choose the doctor depends upon whether you predesignate the doctor before you are injured and whether your employer offers Group Insurance, a Medical Provider Network (MPN), or none of the preceding insurance options.

Your predesignated physician must meet the following requirements:

- Must be your regular physician.
- Must be your primary care physician.
- Must be licensed per Business & Professions Code.
- Must have previously provided your treatment.
- Retains all your records.
- Agrees to be your predesignated physician.

If you predesignate, you must give your employer the name and address of this physician *in writing, before* you are injured.

If you do not predesignate a personal physician, your employer arranges your medical care for at least 30 days after learning of your injury or illness. (The length of time varies, depending upon whether your employer offers Group Insurance, an MPN, or neither of the preceding insurance options.)

Can I predesignate a chiropractor? No. However, if there is no MPN available and you have identified a personal chiropractor prior to your injury, you may treat with your personal chiropractor

Doctor: _____
Name and telephone

Hospital: _____
Name and telephone

Ambulance: _____
Name and telephone

Fire: _____ **Police:** _____
Telephone Telephone

Check one of the following two boxes before posting:

Our workers' compensation carrier is:

_____ (888) 222-3211 (toll-free)
Telephone (Claims Reporting Center)

STATE
COMPENSATION
INSURANCE
FUND

State of California employee claims are self-administered by: **State Fund.**

during the first 30 days of your employer's medical control once you have been seen by your employer's physician at least one time.

Contact either your employer or your employer's workers' compensation carrier or claims administrator for further information.

Disability benefits. If hospitalized, or unable to work for more than three days, you will receive temporary disability (TD) benefits equal to two-thirds of your average weekly pay, up to a legal maximum per week. No TD will be paid beyond 104 compensable weeks within two years after the initial TD payment. Exempt are certain injuries that typically take longer to heal; they are subject to a cap of 240 weeks within a five-year period. If your injury results in a permanent disability that decreases your ability to work, you will receive additional payments.

Death benefits. If a work injury causes death, your dependents will receive a benefit amount.

Vocational rehabilitation. For injuries before January 1, 2004, if your injury or illness prevents you from returning to your same job, you may be eligible for vocational rehabilitation benefits.

Supplemental Job Displacement Benefit. For injuries on or after January 1, 2004, a nontransferable voucher is payable to a state-approved school if your injury results in permanent disability, and you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or for testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

An Information and Assistance Officer at the state Division of Workers' Compensation (DWC) can provide information and forms and help resolve problems with your claim. You can contact the nearest Information and Assistance Officer as follows:

Location

Telephone

Your employer may not be liable for the payment of workers' compensation benefits for an injury that arises out of an employee's voluntary participation in an off-duty recreational, social, or athletic activity that is not a part of the employee's work-related duties.

Medical network providers. For a list of State Fund's network providers in your area, please call the Claims Reporting Center's toll-free number: (888) 222-3211. A directory of State Fund's medical network providers (MEDfinder) is also available online at www.scif.com.

WARNING: It is unlawful to file a false or fraudulent workers' compensation claim or to make a false or fraudulent written or oral statement in support of or in opposition to a workers' compensation claim, or to aid or conspire with anyone to commit such fraud. If convicted, the penalty is up to 5 years in prison or a fine of up to \$150,000 or double the value of the fraud, whichever is greater, or both imprisonment and fine. Restitution and other penalties may also apply.

This notice, which is in accordance with Labor Code Section 3550, has been approved by the Administrative Director of the Division of Workers' Compensation.

PATRÓN: La ley lo obliga a publicar la información contenida en este aviso en un lugar visible frecuentado por sus empleados, donde éstos puedan leer fácilmente el aviso durante el transcurso del día. Usted tiene que publicar este aviso en inglés y en español, si su personal incluye empleados que hablen español. Incluya los números telefónicos y direcciones apropiadas en los espacios indicados en este aviso a los empleados. Usted incurrirá en sanciones si no cumple con esta disposición

AVISO A LOS EMPLEADOS

Cómo obtener tratamiento médico de emergencia para una enfermedad o lesión de trabajo. Si es una emergencia médica, acuda a una sala de emergencias inmediatamente. Su patrón le puede indicar adonde acudir para obtener tratamiento. Diga al profesional de la salud que lo atiende, que su enfermedad o lesión está relacionada con su trabajo y, de ser posible, déle la información de la compañía aseguradora de su patrón para compensaciones por lesiones de trabajo.

Tipos de eventos, lesiones y enfermedades cubiertas por la compensación por lesiones de trabajo. Usted podría lesionarse por un incidente en el trabajo, como lastimarse la espalda en una caída, o por acontecimientos repetitivos en el trabajo, como lastimarse su muñeca como resultado de hacer el mismo movimiento una y otra vez.

Reporte todas las lesiones a su supervisor inmediatamente. Notifique inmediatamente a su supervisor de cualquier lesión o enfermedad relacionada con el trabajo. Su patrón le proporcionará un aviso de la posible elegibilidad para beneficios y un formulario de reclamo en el cual usted deberá describir las circunstancias de la lesión. Entregue el formulario lleno a su supervisor. Si usted tiene alguna pregunta o si quisiera más detalles acerca de los beneficios por compensaciones por lesiones de trabajo, por favor pregunte a su supervisor o llame a State Compensation Insurance Fund (State Fund).

Límites de tiempo para reportar lesiones. Generalmente, la ley requiere que usted proporcione a su patrón un aviso de su lesión dentro de los 30 días siguientes a la fecha de la lesión. Adicionalmente, si usted no está de acuerdo con alguna de nuestras acciones, para proteger sus derechos, usted deberá comenzar un proceso ante el Consejo de Apelaciones de Compensaciones por Lesiones de Trabajo (WCAB por sus siglas en inglés) dentro del tiempo límite aprobado. Usted deberá registrar una Solicitud de Adjudicación de Reclamo dentro del año siguiente a la fecha de la lesión, o dentro del año siguiente a partir de la fecha del último pago por indemnización o beneficios por tratamiento médico que usted haya recibido de su patrón o de State Fund. Es importante que usted actúe con prontitud para que no se arriesgue a perder sus beneficios por haber esperado demasiado tiempo.

Su derecho a recibir atención médica. Usted tiene derecho a recibir atención médica, pagada por su patrón, para ayudarle a recuperarse de una lesión o enfermedad que resulte de su trabajo. La atención médica puede incluir doctores, servicios hospitalarios, terapia física, pruebas de laboratorio, rayos X, medicinas y gastos razonables por transportación relativa a dicha lesión o enfermedad. Para lesiones que hayan sucedido el 1° de enero de 2004 o después de esa fecha, existe un límite al número de visitas por terapia quiropráctica u ocupacional y por terapia física.

¿Cuál es el rol y función del principal médico que le atiende? El doctor que le atiende decidirá qué tipo de atención médica necesitará usted para su lesión o enfermedad, determinará cuándo puede usted regresar al trabajo, identificará los tipos de trabajo que usted puede hacer con seguridad mientras esté en recuperación, le referirá a especialistas, de ser necesario, y escribirá los reportes médicos que afectarán los beneficios que usted reciba.

¿Puedo elegir al doctor que me atenderá por mi lesión en el trabajo? Su habilidad para elegir al doctor depende de si usted predesigna al doctor antes de haberse lesionado y de si su patrón ofrece Seguro de Grupo, una Red Médica, una Institución de Cuidados de la Salud (HCO por sus siglas en inglés), o ninguna de las opciones anteriores. Su patrón tiene que proporcionarle un formulario en el cual usted puede designar a su médico personal o quiropráctico personal que le haya atendido en el pasado y que tenga sus registros médicos o quiroprácticos. El médico o quiropráctico debe estar de acuerdo con la predesignación.

• **Si usted predesigna,** usted tiene que darle a su patrón el nombre y la dirección de este médico o quiropráctico por escrito, antes de ser lesionado.

• **Si usted no predesigna** a un médico o quiropráctico personal, su patrón hará arreglos para su atención médica cuando menos por los 30 días siguientes después de enterarse de su lesión o enfermedad. (El período de tiempo varía, dependiendo de si su patrón ofrece Seguro de Grupo, una Red Médica, una HCO, o ninguna de las opciones de seguro anteriores.) Durante este período de tiempo, usted puede solicitar un cambio de doctor. Después de este período de tiempo, usted puede cambiar a un doctor de su elección si usted aún necesita atención médica. Póngase en contacto ya sea con su patrón o con la compañía aseguradora de su patrón para

Doctor: _____
Nombre y teléfono

Hospital: _____
Nombre y teléfono

Ambulancia: _____
Nombre y teléfono

Incendio: _____ **Policía:** _____
Teléfono Teléfono

Marque no de los recuadros siguientes antes de publicarlo:

Nuestra compañía contratada para compensaciones por lesiones de trabajo es: **STATE COMPENSATION INSURANCE FUND**
(888) 222-3211 (sin-costo)
Teléfono (Centro de Reporte de Reclamos)

Los reclamos de los empleados al Estado de California son auto-administradas por: **State Fund.**

compensaciones por lesiones de trabajo o con el administrador de reclamos para mayor información.

Beneficios por incapacidad. Si usted es hospitalizado, o no puede trabajar por más de tres días, usted recibirá beneficios de incapacidad temporal (TD por sus siglas en inglés), lo que equivale a dos tercios de su salario semanal promedio, hasta un límite legal máximo por semana. El pago por TD no será mayor a 104 semanas compensables dentro de los dos años posteriores al pago inicial de TD. Quedan exentas ciertas lesiones que típicamente toman más tiempo para sanar; éstas están sujetas a un tope de 240 semanas dentro de un período de cinco años. Si su lesión resulta en incapacidad permanente que disminuye su habilidad para trabajar, usted recibirá pagos adicionales.

Beneficios por muerte. Si una lesión de trabajo causa la muerte, sus dependientes recibirán una cantidad de beneficios.

Rehabilitación vocacional. Para lesiones anteriores al 1° de enero de 2004, si su lesión o enfermedad le impide regresar al mismo trabajo, usted puede ser elegible para beneficios de rehabilitación vocacional.

Beneficio Complementario por Pérdida de Trabajo. Para lesiones sucedidas el 1° de enero de 2004 o después de esa fecha, existe un documento intransferible pagadero a una escuela aprobada por el estado si su lesión resulta en incapacidad permanente, y usted no regresa a su trabajo en un plazo de 60 días después de que TD termine, y su patrón no le ofrece trabajo modificado o alternativo.

Discriminación. Es ilegal que su patrón lo castigue o lo despidan por haber tenido una lesión o enfermedad relativa al trabajo, por registrar un reclamo, o por testificar en el caso de compensación de otra persona. De ser comprobado, usted puede recibir salarios perdidos, reinstalación en el trabajo, incremento en los beneficios y costos y gastos hasta los límites fijados por el estado.

Un Funcionario de Información y Asistencia en la División Estatal de Compensación por Lesiones de Trabajo (DWC por sus siglas en inglés) le puede proporcionar información, formularios y ayuda para resolver su reclamo. Usted puede ponerse en contacto con el Funcionario de Información y Asistencia más cercano de la siguiente manera:

Ubicación _____

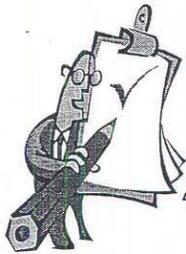
Teléfono _____

Es posible que su patrón no sea responsable por el pago de beneficios en caso de una lesión que surja de la participación voluntaria de un empleado en una actividad recreativa, social o atlética fuera de las horas de trabajo y que no sea parte de las responsabilidades relacionadas con el trabajo del empleado.

Proveedores de la Red Médica. Para recibir una lista de la red de proveedores de State Fund en su área, por favor llame al número telefónico sin costo del Centro de Reporte de Reclamos: (888) 222-3211. También se encuentra disponible un directorio de la red de proveedores de State Fund (MEDfinder) en internet en www.scif.com

ADVERTENCIA: Es ilegal registrar un reclamo de compensación por lesiones de trabajo falso o fraudulento o haga una declaración escrita u oral falsa o fraudulenta como apoyo o como oposición a un reclamo de compensación por lesiones de trabajo de un empleado, o ayudar o conspirar con alguien para cometer dicho fraude. De ser encontrado culpable, la sentencia será de hasta 5 años en prisión o una multa de hasta \$150,000 o el doble del valor del fraude, lo que sea mayor, o ambos encarcelamiento y multa. También pueden ser aplicables la restitución y otras sanciones.

Este aviso, el cual cumple con lo dispuesto en la Sección 3550 del Código del Trabajo, ha sido aprobado por el Director Administrativo de la División de Compensaciones por Lesiones de Trabajo.



After An Injury/Illness Check-List

Supervisor report (phone, email for fax) the following to RTWC:

Employee: _____

- Date of Injury (DOI) _____
- Body Part or Illness _____
- Lost Time?
 - No
 - Yes, provide day(s) and hours per day _____

- Medical Treatment?
 - No
 - Yes. Fax copy of Work Status/Doctor's Note to RTWC (FAX 916.376.5431)

Work Restrictions?

- No
- Yes

Modified Work Available?

- No. Provide explanation, email or fax to RTWC
- Yes. Complete a **Temporary Limited Duty Assignment Memo**, fax a copy to RTWC
 - Providing modified work can improve employee morale, avoid the replacement and training costs of hiring a new employee, and reduce or prevent the need for the Supplemental Job Displacement Benefit (SJDB) previously known as vocational rehabilitation
 - If you think you do not have modified work, contact the RTWC for assistance
 - DGS is committed to returning all employees back to the workplace, if medically possible

- Date Employee Returned Back To Full-Duty Without Restrictions: _____
- Supervisor's Statement regarding the injury/illness, email or fax to RTWC



WITNESS CONTACT SHEET

This sheet should be completed by the injured employee's supervisor or other department designee. Attach to the *Employer's Report of Occupational Injury or Illness* (SCIF 3067). If completed after the SCIF 3067 has been submitted, forward it to your departmental Health and Safety/Workers' Compensation Unit. This information will be sent to the State Compensation Insurance Fund office adjusting this claim.

INJURED EMPLOYEE

DATE OF CLAIMED INJURY OR ILLNESS

INJURED EMPLOYEE WORK LOCATION

WITNESS, POTENTIAL WITNESSES, AND /OR KNOWLEDGEABLE PERSONS

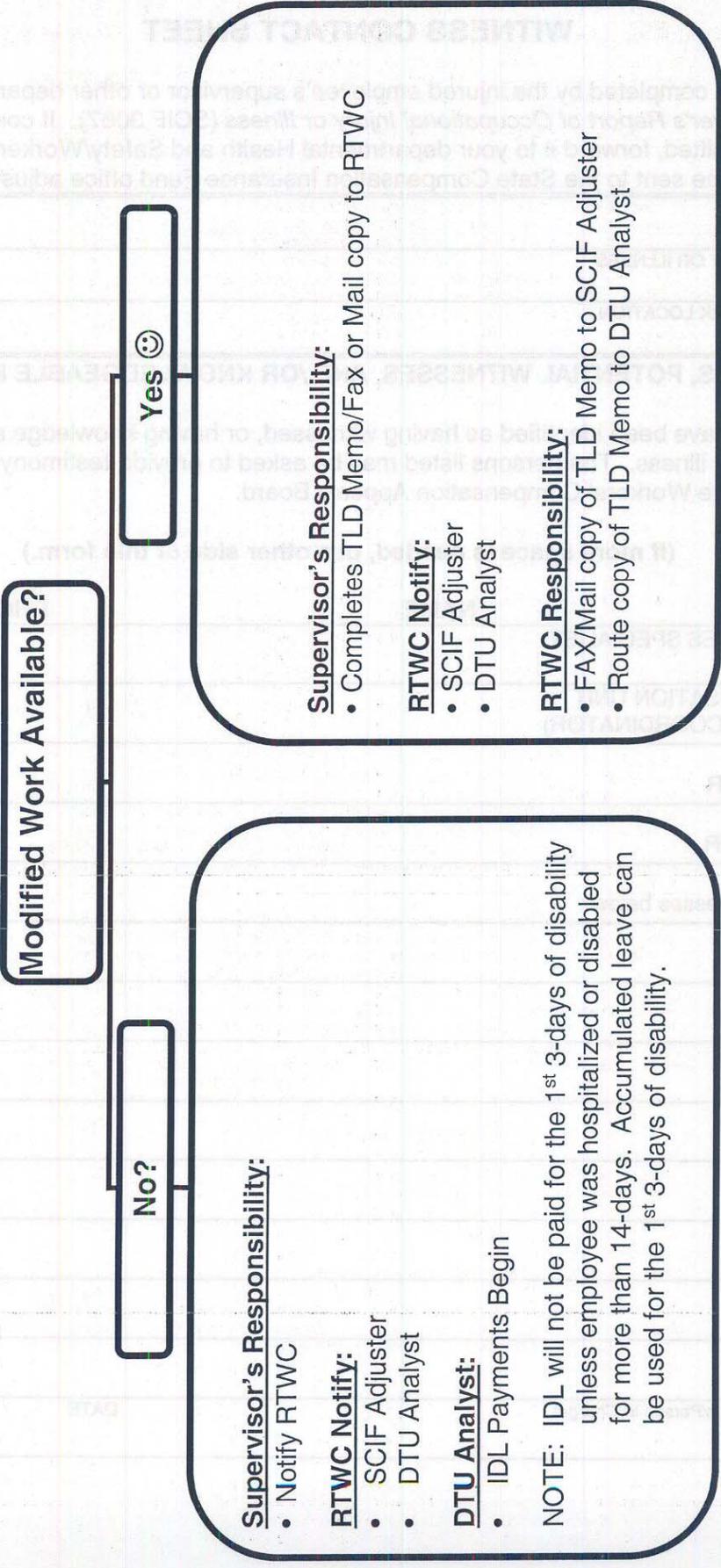
The persons below have been identified as having witnessed, or having knowledge about, the claimed work-related injury or illness. The persons listed may be asked to provide testimony surrounding the facts of the claim before the Workers' Compensation Appeals Board.

(If more space is needed, use other side of this form.)

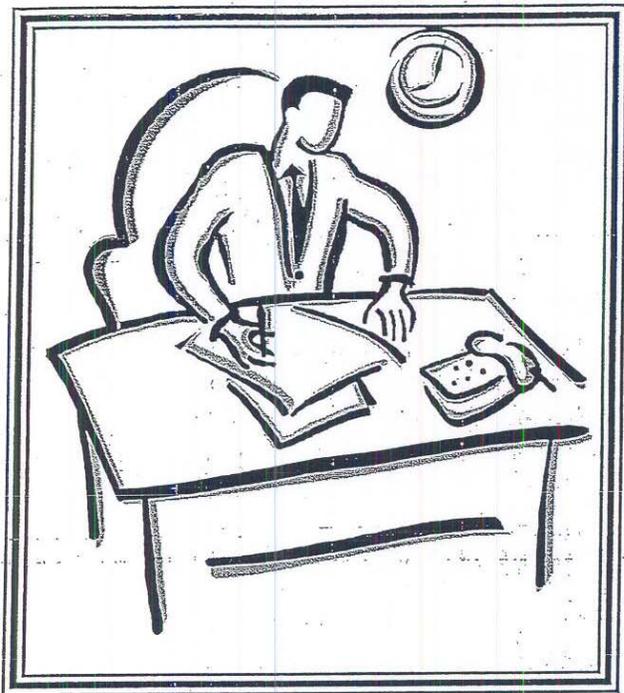
TITLE	NAME	PHONE NUMBER
PERSONNEL SERVICES SPECIALIST (TIMEKEEPER)		
WORKERS' COMPENSATION UNIT (RETURN TO WORK COORDINATOR)		
1 ST LINE SUPERVISOR		
2 ND LINE SUPERVISOR		
List other potential witnesses below:		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
COMPLETED BY (Supervisor/Person in Charge)		DATE

Treating Physician Reports

Employee Can Return to Work With Work Restrictions



DTU: Disability Transactions Unit	SCIF: State Compensation Insurance Fund
IDL: Industrial Disability Leave	RTWC: Return to Work Coordinator
TLD: Temporary Limited Duty	



Reasonable Accommodation Process

Return-to-Work Coordinator (RTWC) is made aware of a disability that precludes an employee from performing the essential functions of his/her job.

Interactive Process:

- DGS RA Coordinator will have an interactive conversation and/or meeting with the employee who's made the request.
- Interactive communication with the employee is ongoing and a priority throughout the RA process.
- Supervisor and managers are also a part of the interactive process.

Reasonable Accommodation Process

A Reasonable Accommodation is considered when the employer is made aware of a disability that precludes an employee from performing the essential functions of his/her job.

DEFINITION:

Reasonable Accommodation (RA) is a logical, permanent adjustment made to a job and/or the work environment that enables a qualified disabled person to perform the essential functions of that position.

DEPARTMENT OF GENERAL SERVICE POLICY:

DGS policy is to fully comply with the RA requirements of the Fair Employment and Housing Act (FEHA). Under the law, state agencies must provide reasonable accommodation to qualified employees or applicants with disabilities, unless to do so would cause undue hardship. DGS is committed to providing RA to its employees and applicants for employment in order to ensure that individuals with disabilities enjoy full access to equal employment opportunity at DGS.

REQUESTS FOR REASONABLE ACCOMMODATION:

A request for RA is a statement that an individual needs an adjustment or change at work, in the application process, or in a benefit or privilege of employment for a reason related to a medical condition. The RA process begins as soon as the request for accommodation is made.

Employee Has Permanent Work Restrictions/Preclusions

Permanent Modified Work Available?

RTWC Contacts:

- Supervisor - Email
- Employee - Letter

Supervisor's Response: No?

Supervisor's Responsibility:

- **Employee Working (Temporary Light Duty Assignment)?** TLD Assignment continues until RA Coordinator renders a decision regarding an RA placement within the Department.
- **Employee Not Working?** Notify RTWC regarding employee work status. Employee receives PD benefits.

RTWC Notify:

- SCIF Adjuster
- DTU Analyst
- DGS – RA Coordinator (Cheryl Whiting)

Supervisor's Response: Yes 😊

Supervisor's Responsibility:

- **Employee Working (Temporary Light Duty Assignment)?** TLD Assignment continues until RA Coordinator renders a decision regarding an RA placement within the Department.
- **Employee Not Working?** Notify RTWC regarding employee work status. Employee receives estimated PD benefits.

RTWC Notify:

- SCIF Adjuster
- DTU Analyst
- DGS – R/A Coordinator (Cheryl Whiting)

DTU: Disability Transactions Unit
 PD: Permanent Disability Benefit
 TLD: Temporary Limited Duty

SCIF: State Compensation Insurance Fund
 RTWC: Return to Work Coordinator
 RA: Reasonable Accommodation Coordinator

Simmons, Lorretta

To: Immediate Supervisor; 2nd level Supervisor; RESD-BPM-Sacramento Managers;
Division/Branch Chief
Subject: Reasonable Accommodation Request - (Employee's Name)

EXAMPLE:

Correspondence Sent to Management from RTWC - Employee Has Permanent Work Restrictions/Preclusions

Hi Everyone :)

I have received information (**Employee**) has a permanent disability as a result of the effects of his/her workers' comp injury (Date of Injury - March 19, 2002, TL160122). As a result of this disability, he/she has permanent work restrictions. His/Her work restrictions interfere or prevent (**Employee**) from performing some or all of his/her essential functions.

NOTE:

Due to his/her disability, (**Employee**) is protected under the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). As such, if he/she can be permanently reasonably accommodated so he/she can perform his/her custodial position, we must proceed to do so in compliance with the previously mentioned laws.

(**Employee**) permanent work limitations are:

- **No Climbing**
- **No Kneeling**

I will need to know whether you can "permanently accommodate" (**Employee**) within the above work restrictions. If you feel that you cannot do so, I will need a detailed email reply as why the Real Estate Services Division - Building and Property Management Branch feels this is not possible. This accommodation can occur anywhere within your Division/Branch even if it means another work location, work shift change or region change, as long as it's within the employee's work limitations.

I hope you will find this information helpful to you in addressing the topic of Reasonable Accommodations with your DGS Division/Branch supervisors, managers and personnel liaisons.

As always, I am available should you have questions regarding this matter. My phone number is 916.376.5425.

Lorretta Y. Simmons ☺

Workers' Compensation & Return-to-Work Coordinator

Office of Risk Insurance Management (ORIM)

Management Services Division - Department of General Services

707 3rd Street, 1st Floor, Room 460 MS Z-01

West Sacramento, CA 95605

Mailing Address: PO Box 989052, West Sacto, CA 95798-9052

916.376.5425 Fax 916.376.5341

lorretta.simmons@dgs.ca.gov

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State of California • Arnold Schwarzenegger, Governor
State and Consumer Services Agency

DEPARTMENT OF GENERAL SERVICES
Management Services Division
Office of Risk & Insurance Management

SENT BY REGULAR AND CERTIFIED MAIL

Date: _____

Employee Name _____
Home Address _____
City, State, Zip Code _____

Dear Ms./Mr. _____:

I am writing this letter to you as I have received information that you have a disability due to the permanent effects of the workers' compensation injury of (date of injury). This disability interferes or prevents you from performing the essential functions of your _____ position.

As you have a disability as described above, you are qualified for reasonable accommodation under the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

Enclosed you will find 2 forms regarding reasonable accommodation: The Request for Reasonable Accommodation form (RA1) with an attached instruction sheet and the Authorization for the Release of Medical Information Pursuant to Request for Reasonable Accommodation form (RA3). The employee completes both of these forms.

Please send the completed forms to:

Reasonable Accommodation Coordinator
Office of Risk and Insurance Management, 1st Floor
P.O. Box 989052
West Sacramento, CA 95798-9052

Should you have any questions regarding these forms or the reasonable accommodation process, you may contact Cheryl Whiting, the Reasonable Accommodation Coordinator, at (916) 376-5424.

Sincerely,

Your Name,
Return to Work Coordinator

Enclosures: Request for Reasonable Accommodation form (RA1)
Authorization for the Release of Medical Information Pursuant to Request for Reasonable Accommodation form (RA3)

The Ziggurat • 707 Third Street, First Floor • West Sacramento, California 95605-2811 • (916) 376-5300
