

SUBJECT: WORKERS' COMPENSATION AND SPECIAL INJURY
RETURN-TO-WORK PROGRAM

EFFECTIVE
DATE: 10-20-08 (replaces 02-22-01)

APPROVED BY:

Executive Director

Reviewed (no changes): 03-31-11 _____

POLICY

McIntosh Trail Community Services Board (McIntosh Trail CSB) is concerned about the health and safety of all of its employees. Supervisors should be alert to any situation which could result in potential injury or illness to employees, consumers, and customers. Employees are to immediately bring any potentially unsafe or unhealthful working condition to the attention of their supervisors for review and resolution.

When work-related injuries, illnesses or exposures to occupational disease occur, all employees will be returned to work, whenever feasible, as quickly and safely as possible. McIntosh Trail CSB has adopted a comprehensive RETURN-TO-WORK (RTW) Program to accomplish this objective.

ELIGIBLE EMPLOYEES:

All full-time and part-time employees in classified and unclassified positions, except for temporary and hourly employees who are short-term or hired for a specific project or function, are eligible for the Return-to-Work Program.

DENIAL OF COMPENSATION:

No compensation will be allowed for an injury, illness, exposure to occupational disease or death:

1. due to the employee's willful misconduct, including intentional self-inflicted injury;
2. growing out of his/her attempt to injure another;
3. due to intoxication by alcohol;
4. due to being under the influence of marijuana or a controlled substance, except as may have been lawfully prescribed by a physician for such employee and taken in accordance with such prescription;
5. due to willful failure or refusal to use a safety appliance or perform a duty required by statute; or,
6. due to the willful breach of any policy and/or procedure of the agency of which the employee had knowledge prior to the incident.

PROCEDURES:

Reporting Accidents

Whenever a work-related injury, illness or exposure to occupational disease occurs, the employee is to be given work time to seek appropriate medical attention. McIntosh Trail CSB is enrolled with the following Workers' Compensation/Managed Care Organization (WC/MCO), effective 8/1/02, to provide all the necessary medical treatment for workers' compensation injuries. The WC/MCO is as follows:

AMERISYS, INC.
200 Piedmont Avenue, SE
Suite 1208 West
Atlanta, GA 30034
1-877-656-7475 (1-877-656-RISK)

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PROCEDURES: (Continued)

Reporting Accidents (Continued)

Each employee receives a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services. Please contact the Human Resources Office at (770) 358-8265 for additional information or assistance.

1. Medical treatment must be rendered by a physician that is referred by the WC/MCO, unless an emergency situation exists. (See #5 of this section.) Failure to comply will result in non-payment of treatment by the Department of Administrative Services (DOAS) Workers' Compensation Program.

NOTE: A current OFFICIAL NOTICE, BILL OF RIGHTS FOR THE INJURED WORKER, WORKER'S COMPENSATION FRAUD NOTICE AND WORKERS' COMPENSATION REPORTING INSTRUCTIONS must be posted in prominent places at each work location. These documents are available from the Human Resources Department.

2. The employee should transport himself/herself, if possible, or may choose to contact a friend or relative for transportation.
3. If the injury/illness/exposure requires immediate medical attention and transportation is not otherwise available, the employee should be transported by the supervisor or qualified designee to a facility referred to by the WC/MCO. Time used to transport the employee is considered work time.

NOTE: The driver must have a valid driver's license.

- a. Where practicable, transportation should be provided using a company vehicle.
 - b. If a company vehicle is not available, the supervisor or designee may determine that it is appropriate to use a personal vehicle to transport the employee.
 - c. The supervisor or designee may be reimbursed for mileage, parking fees and other expenses incidental to the use of the personal vehicle for such transportation.
 - d. It is the responsibility of the supervisor or designee to ensure that any personal vehicle used is insured against loss. The agency does not insure private vehicles, even when they are used to conduct company business.
4. The employee, supervisor or designee is to present the completed GEORGIA ACTIVITY ANALYSIS Form (See Attachment #1) to the treating physician for review after the initial examination of the employee.
 5. In the event of an emergency, appropriate medical attention for the employee should be sought immediately (e.g., call 911 or transport to an emergency room). In an emergency situation, treatment does not have to be provided by a WC/MCO referred physician. All follow-up care must, however, be provided by a WC/MCO referred physician.

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PROCEDURES: (Continued)

Reporting Accidents (Continued)

6. If the employee is dissatisfied with the referred physician, a second referral may be made by the WC/MCO. Any further changes require permission from the appropriate DOAS Workers' Compensation representative.
7. After ensuring that proper medical treatment has been arranged, the supervisor or designee is to report all injuries, illnesses and exposures to occupational disease that require medical treatment or result in time lost from work through the telephonic reporting system at 1-877-656-RISK (7475). (Since this number is toll-free, it should be dialed like a local call, i.e., dial "9" prior to the phone number, if applicable.)
 - a. The report should be made immediately and in no case more than 24 hours from the time the supervisor or designee has knowledge of the injuries, illnesses or exposures to occupational disease.
 - b. The supervisor or designee should have a copy of the GEORGIA ACTIVITY ANALYSIS Form (or job description) available in order to respond to questions asked by the telephonic reporting system staff.

NOTE: If the injuries, illnesses or exposures to occupational disease do not require medical treatment and do not result in lost time from work, supervisors or designees should complete an INCIDENT REPORT and retain for their records. (See Attachment #2.) Should the employee require treatment or lose time away from work at a later date, the claim should be reported by calling the telephonic reporting system.

Satisfactory Medical Documentation

1. An employee must provide satisfactory medical documentation of an injury, illness or exposure to occupational disease to his immediate supervisor.
2. Satisfactory medical documentation is certification from a WC/MCO (Workers' Compensation/Managed Care Organization) referred physician or emergency health care provider that employee is physically unable to perform the duties of employment as a result of the injury, illness or exposure to occupational disease on the specified date.
3. Failure by the employee to submit satisfactory medical documentation of a work-related injury, illness or exposure to occupational disease within two (2) weeks may result in the employee's benefits being suspended.
4. An employee who does not initially use a WC/MCO referred physician is not eligible for Workers' Compensation benefits unless the employee received emergency treatment.

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PROCEDURES (Continued):

Return to Work & Transitional Employment Plans

A determination based on the GEORGIA ACTIVITY ANALYSIS Form must be made by the treating physician regarding the employee's ability to immediately return to regular or modified duty.

1. If the physician is not able to release the employee immediately to regular or modified duty, the employee will not return to duty that day.

NOTE: The employee will not be charged leave for the absence from work on the day of the injury, illness or exposure to occupational disease.

2. The supervisor and/or designee is to arrange follow-up contact with the employee within 24 hours to check on the employee's well-being and begin preparation for a TRANSITIONAL EMPLOYMENT PLAN.
3. As soon as the employee is released to work activities, the employee will be asked to meet with the Transitional Employment Team to develop a TRANSITIONAL EMPLOYMENT PLAN. (See Attachment #4.)

NOTE: Time spent by the employee in Transitional Employment Team meetings will be considered work time.

- a. The plan will specify the following:
 - Start and end date of transitional duty;
 - Specific duties to be performed;
 - Signatures of both the supervisor and injured/ill employee; and,
 - Next review date.
4. The TRANSITIONAL EMPLOYMENT PLAN Form may be reviewed by the treating physician as determined necessary or appropriate.
5. Responsibilities and duties identified for the employee must be of value to the agency while ensuring the employee's safety at all times.
6. If possible, tasks should be similar to the employee's regular work and within the same functional unit to help the employee maintain relationships with co-workers. If this is not feasible, however, other alternatives should be considered utilizing the following guidelines:
 - a. Focus on unique skills and abilities of the employee;
 - b. Consider duties outside of the employee's regular work unit;
 - c. Provide tasks which add value to services normally provided by the agency;
 - d. Explore training or other on-the-job learning experiences to help enhance the skills of the employee;
 - e. Allow an employee to share skills through mentoring other employees;
 - f. Provide employees with special projects which need to be completed.

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Monitoring Transitional Employment Plans

1. As the employee's medical condition improves, the Transitional Employment Team will meet periodically to revise the plan to increase activities. This should help the employee gain strength and endurance to expedite the transition to regular employment.
2. The plan should be reviewed on a regular basis during the Transitional Employment Team meetings; assignments should be changed periodically to reflect improvement in the employee's physical capacities, as documented by the treating physician.
3. Supervisors are to complete the TRANSITIONAL EMPLOYMENT TRACKING FORM (see Attachment #5) to maintain awareness of employees on Workers' Compensation/Special Injury leave.
4. Transitional Employment will continue for the period of time determined necessary and appropriate, up to ninety (90) calendar days.

Providing Reasonable Accommodation

1. If an employee is unable to resume regular duties within ninety (90) days, the Transitional Employment Team will initiate a reasonable accommodation evaluation in order to comply with Title 1 of the Americans with Disabilities Act (ADA).
2. Affected employees will be active members of the Transitional Employment Team as it relates to reasonable accommodation, and their opinions and input will be solicited.
3. When it is determined that the team either needs assistance with reasonable accommodation or no accommodation can be identified, the employee will be referred to the DOAS Workers' Compensation Program for rehabilitation evaluation.

Non-Compliance With RTW Program

Refusal to return to work and refusing to follow directives given by a supervisor in a job where the responsibilities and duties have been approved by the treating physician may jeopardize an employee's Workers' Compensation/Special Injury benefits.

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PROCEDURES (Continued)

WORKERS' COMPENSATION PAYMENT AND LEAVE PROCEDURES

Use Of Leave Or Leave Without Pay

1. If employees are absent due to Workers' Compensation claims, employees have the option of:
 - a. using some or all of their accrued FLSA compensatory time, sick, annual or personal leave; or,
 - b. receiving Workers' Compensation payments for lost salary during the period of disability.
2. Employees must provide written notification of the selected option by using the LEAVE ELECTION Form. (See Attachment #3.)
3. Employees who choose to receive Workers' Compensation payments for lost salary will be placed on leave without pay. Employees cannot receive Workers' Compensation payments and regular salary (i.e., use of accrued FLSA compensatory time or leave) at the same time.
4. Absences due to a Workers' Compensation claim which qualifies as a serious health condition will be charged to family leave with and/or without pay if available and as determined appropriate.
5. The supervisor/manager of the employee or a HR Representative must notify the DOAS Workers' Compensation Program when the employee loses work time or when the employee returns to work.

Wage Loss Payment

1. The waiting period for Workers' Compensation wage loss payments is seven (7) calendar days. Usually no payment is due for the first week of the disability.
2. Entitlement to benefits for the first seven (7) calendar days of disability or any portion of the time, requires that the employee be disabled for at least twenty-one (21) consecutive calendar days and that the first seven (7) calendar days were leave without pay.
3. In the event available leave is inadequate to cover the entire period of disability (in excess of the first seven (7) calendar days of disability), the employee would be entitled to weekly benefits as of the day the leave was exhausted.

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PROCEDURES (Continued)

WORKERS' COMPENSATION PAYMENT AND LEAVE PROCEDURES (Continued)

Medical Payments

1. Medical expenses arising from a work-related injury, illness or exposure to occupational disease are covered if the claim is accepted by the DOAS Workers' Compensation Program. This includes hospital bills, prescribed drugs, ambulance charges, physician fees and other medical expenses. Expenses connected with a work-related injury, illness or exposure to occupational disease is excluded under the State Health Benefit Plan.
2. For treatment that is for some reason not covered by Worker's Compensation benefits, or if Workers' Compensation benefits terminate, employees should seek treatment from their personal health care provider.

SPECIAL INJURY LEAVE AND PAYMENT PROCEDURES

Leave & Payment

1. An eligible employee who becomes physically disabled as a result of a physical injury incurred in the line of duty and caused by a willful act of violence committed by a person other than a fellow employee shall be entitled to regular compensation, up to a maximum of 180 work days, for the period of time that the employee is physically unable to perform the duties of employment.
2. Benefits will not be provided for more than a total of 180 work days for injuries resulting from a single incident.
3. Special Injury claims are to be reported in the same manner as other Workers' Compensation claims.
4. Requests for Special Injury leave should be carefully reviewed. The supervisor/manager or HR Representative responsible for Workers' Compensation reporting should review all available information to determine if the injury falls within the provisions of the Special Injury Law.
5. Notification of the decision should be sent to the employee.

NOTE: If Special Injury leave is approved or extended but the medical documentation of physical disability does not give a definite return to work date, the supervisor/manager or human resources representative should select and approve a reasonable period of time.

6. The supervisor/manager or Human Resources representative must also notify the DOAS Workers' Compensation Program when the employee loses work time or when the employee returns to work.
7. If supported by satisfactory evidence of physical disability, ANY absence during the first seven (7) days of physical disability is covered by Special Injury Leave and MUST NOT BE CHARGED to sick leave, annual leave, personal leave, FLSA compensatory time or leave without pay (LWOP).
 - a. Any leave charged in error to the employee during this period must be restored.
 - b. Salary adjustments must be made if the employee was placed on LWOP.

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PROCEDURES (Continued)

SPECIAL INJURY LEAVE AND PAYMENT PROCEDURES (CONTINUED)

Processing & Coordination

1. During the first seven (7) days of physical disability, the employee is not eligible for Workers' Compensation benefits; therefore, coordination of benefits with the DOAS Workers' Compensation Program is not necessary at this time. The employee will receive the regular salary from the agency during this time. (See #3 of this Section if absence due to disability exceeds twenty-one (21) consecutive calendar days.)
2. Coordination of Workers' Compensation benefits with the DOAS Workers' Compensation Program is required for employees absent due to physical disability beyond the first seven (7) days. The Human Resources Office/Payroll Department will process Special Injury leave beyond the first seven (7) days. The injured employee's regular salary will be reduced by two-thirds (2/3), resulting in the injured employee receiving one-third (1/3) of the regular salary from the agency. A Human Resources representative will contact the DOAS Worker's Compensation Program to determine the amount of any Workers' Compensation award.
3. If the employee is physically disabled for twenty-one (21) consecutive calendar days as the result of a Special Injury, the employee becomes eligible for Workers' Compensation salary benefits for the first seven (7) days of physical disability.
 - a. Since the employee has already received the regular salary for the first seven (7) days from the agency (see #1 in this Section, above), the Workers' Compensation salary benefits will result in an overpayment to the injured employee.
 - b. Adjustments in compensation should be put into place as soon as feasible to recoup the overpayment. A Human Resources representative will communicate directly with the DOAS Workers' Compensation Program to determine the amount of the overpayment. The Payroll Department will adjust compensation accordingly.

Change In Work Status

1. The employee's supervisor must notify the Human Resource Office when the employee returns to work or has any other change in employment or Workers' Compensation status. (This includes time status changes.) A Human Resources representative will notify the DOAS Workers' Compensation Program.

Expiration of Special Injury Leave

An employee who remains physically disabled after 180 work days is no longer eligible for Special Injury leave benefits. Regular Workers' Compensation benefits will then apply. A Human Resources representative will process the personnel action to return the employee from Special Injury Leave.

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PROCEDURES (Continued)

SPECIAL INJURY LEAVE AND PAYMENT PROCEDURES (CONTINUED)

Family Leave Coordination with Workers' Compensation & Special Injury Leave

1. A work-related injury, illness or exposure to occupational disease may qualify as a serious health condition under family leave. An employee may be placed on available family leave during the Workers' Compensation/Special Injury Absence, which may run concurrently.
2. At some point during the employee's absence, the treating physician providing medical care pursuant to Workers' Compensation/Special Injury may certify that the employee is able to return to work in a transitional employment position.
 - a. If the employer offers such a position, the employee is permitted but not required to accept the position.
 - b. If the employee does not accept the transitional employment position, the employee may no longer qualify for payments from the Workers' Compensation/Special Injury benefit plan, but the employee is entitled to continue on family leave, either until the employee is able to return to the same or equivalent job the employee left or until the twelve (12) work week family leave entitlement is exhausted, whichever is first.
3. If the employee returning from a Workers' Compensation/Special Injury Absence due to an injury, illness or exposure to occupational disease is an individual with a qualifying disability, he or she will have rights under the ADA.

For additional information or assistance, please contact the Human Resources Office at 770-358-8265.

ATTACHMENTS:

- [Attachment #1](#) - Georgia Activity Analysis
- [Attachment #2](#) - Incident Notice Only
- [Attachment #3](#) - Leave Election Form
- [Attachment #4](#) - Transitional Employment Plan
- [Attachment #5](#) - Transitional Employment Tracking Form
- [Attachment #6](#) - Reasonable Accommodation Checklist

REFERENCES: State Law (O.C.G.A. 34-9-1 through 34-9-367 - Workers' Compensation)
State Law (O.C.G.A. 45-7-9 - Special Injury)
Rules of the State Personnel Board - Rule 18 (Leave)
AMERISYS, Inc. - Workers' Compensation/Managed Care Organization