

The background of the slide features a stylized, 3D illustration of four human figures in a light blue color. They are arranged in a circle, holding hands, with their arms extended to form a continuous loop. The figures have simple, geometric bodies and circular heads. The entire scene is set against a solid blue background. A dark blue vertical bar is positioned on the left side of the slide, partially overlapping the text area.

# TRANSITIONAL RETURN TO WORK

WORKING TOGETHER FOR A BETTER WORK ENVIRONMENT

# R. S. 39:1547



## R. S. 39:1547

Authorizes ORM to develop and implement a guide for state agencies to develop a Transitional Return to Work Plan.

# WHAT IS TRANSITIONAL RETURN TO WORK?



Returning injured workers to work in a safe work environment with physical restrictions determined by a physician until they are capable of returning to full duty.



# GOALS



## The plan shall

- Provide return to work options for the injured worker and the employer.
  - Provide suitable accommodations for injured workers.
- Provide a safe return to work for job-related injuries or illnesses.
- Retain work skills by retaining qualified employees.
- Facilitate a safer working environment.
- Reduce the duration needed for the employee to transition back to full duty.
- Reduce workers' compensation claim costs.

# AGENCY EXPECTATIONS



- Develop job descriptions that include physical demands and essential functions.
- Work with the ORM RTW Coordinator to develop a suitable RTW plan within the outlined abilities/limitations.
- Monitor employee progress with the assistance of the ORM RTW Coordinator.
- Ensure a work environment that is conducive to a successful RTW plan.

# AGENCY RESPONSIBILITY



- Obtain signed Physicians' Modified Work Information sheet.
- Modify position duties for up to 6 (six) months based on Civil Service guidelines.
- May detail the employee to Special Duty for up to 1 year based on Civil Service guidelines.
  - Refer to Chapter 23 of the HR Handbook under “Procedures – Policy Standards for Detail to Special Duty.”
- Do not **reduce** rate of pay while an employee is on a Transitional Return to Work plan.
- Conduct Transitional Return to Work Team meetings.
- Review the Return to Work plan with existing employees annually.
- Review the Return to Work plan with new hires.



# PHYSICIANS' MODIFIED WORK INFORMATION SHEET



Civil Service requires that a copy of the

**PHYSICIANS' MODIFIED WORK INFORMATION SHEET**

be on file at the agency for each employee who is on a Transitional  
Return to Work plan.

# PHYSICIANS' MODIFIED WORK INFORMATION SHEET



## PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

Employee Name: \_\_\_\_\_ Injury/Illness date: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE \_\_\_\_\_

### To All Employees:

Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

### Attending Physician:

The State of Louisiana, Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions.

The following details the employee's current capabilities; (please checkmark as appropriate)

|           | 1 to 2 lbs | 3 to 5 lbs | 6 to 10 lbs | 11 to 20 lbs | 21 to 30 lbs | 31 to 40 lbs | 41 + lbs |
|-----------|------------|------------|-------------|--------------|--------------|--------------|----------|
| Lifting   |            |            |             |              |              |              |          |
| Carrying  |            |            |             |              |              |              |          |
| Push/pull |            |            |             |              |              |              |          |

|          | Minimal | Under 1 Hr | 1-2 Hrs | 2-3 Hrs | 3-4 Hrs | 4-5 Hrs | 5-6 Hrs | 8 hrs |
|----------|---------|------------|---------|---------|---------|---------|---------|-------|
| Sitting  |         |            |         |         |         |         |         |       |
| Standing |         |            |         |         |         |         |         |       |
| Walking  |         |            |         |         |         |         |         |       |

|                     | YES | NO |
|---------------------|-----|----|
| Squatting           |     |    |
| Bend/Twist at Waist |     |    |
| Reaching            |     |    |
| Work above Shoulder |     |    |

List any other restrictions: \_\_\_\_\_

Restrictions effective until (date) \_\_\_\_\_

Follow Up Appointment date(s): \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_

Date: \_\_\_\_\_



# REPORT ACCIDENTS / ILLNESSES



Once an employee notifies an agency of an injury/illness, the agency will:

- Immediately report the claim in the TPA's risk information system.
- Provide the employee with a Physicians' Modified Work Information sheet to give to the treating physician.
- Inform the injured employee of Occupational Medical Clinics in your area.
- Allow the injured employee to seek treatment with a physician of choice.

# TRANSITIONAL RETURN TO WORK TEAM



The transitional return to work team reviews each employee who is eligible for workers' compensation lost-time benefits.

## **Team composition:**

- human resources representative
- immediate supervisor
- safety personnel
- management representative
- claim adjuster for ORM's TPA
- ORM TPA RTW coordinator
- ORM TPA Vocational Rehabilitation Counselor as needed.

# TRANSITIONAL RETURN TO WORK TEAM



## **Team scope**

- complete transitional return to work plans,
- review job modifications,
- job tasking,
- identify tasks,
- comply with the transitional return to work plan requirement,
- oversee transitional return to work plans,
- report transitional return-to-work program results.



# ORM TPA RETURN TO WORK COORDINATOR



The RTW coordinator is the primary contact for disability management and return to work planning.

This includes but is not limited to:

- Coordinate and administer disability management of the claim;
- Assist agencies with job tasking;
- Assist and coordinate transitional return to work for the employee and the employer;
- Assist agencies with developing and facilitating accommodations;
- Monitor the RTW plan and provide progress reports to ORM and agencies.

# PRE-ACCIDENT JOB TASKING



Job tasking is detailing each specific job task performed in a position.

- Complete job tasking before the accident occurs or once an injury leads to lost time.
- Compile a master list of transitional tasks for each position.
- Maintain a job task file of for each position for which a lost-time claim has occurred.

# ACCOMMODATION TYPES



Agencies should modify

- job tasks,
- equipment and,
- schedules,
- up to six months utilizing Civil Services guidelines
- may utilize the Civil Service provision concerning Special Detail
  - refer to Chapter 23 of the HR Handbook under “Procedures – Policy Standards for Detail to Special Duty”.

**Agencies are not expected to create a position for Transitional Return to Work.**



# THE RETURN TO WORK PROCESS



A completed transitional return to work plan should define the following:

- Specific job tasks identified,
- Hours to be worked,
- Duty assignment,
- Review of physical restrictions.

Each member of the team shall review and approve the plan.

# ELIGIBILITY FOR RETURN TO WORK



Assess job tasks of the pre-injury position to identify the following:

- Tasks within current physical restrictions
  - based on a signed Physicians' Modified Work Information Sheet;
- Other tasks that can improve overall agency function;
- Tasks that promote return to gainful employment;
- The Office of Risk Management's TPA will be available to identify transitional return to work tasks if needed.

# BEFORE THE RETURN TO WORK



- Review the plan with the employee before the employee returns to work.
- Make an offer of transitional duty employment in writing;
  - certified mail with a return receipt request or
  - electronic mail.
- If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.



# THE RETURN TO WORK OFFER



The offer of transitional return to work employment shall include the following:

- A specific return to work date and time
- Duty assignment
- Who to report to
- Provide transitional employment for up to six months or until the injured worker can medically return to full duty, whichever comes first.
  - Utilize Civil Services' Special Detail provision.
  - HR Managers' Handbook maintained on the Civil Service website.

# EMPLOYEE RESPONSIBILITY



- Return the Physicians Modified Information sheet to the immediate supervisor within 24 hours of receipt of the signed form from the treating physician.
- Accept the transitional return to work offer.
- Report to work as requested in the return to work offer letter.
- Work within the restrictions provided by the physician.
- Comply with medical treatment and keep scheduled medical appointments.
- Advise the immediate supervisor and the ORM TPA RTW Coordinator if the transitional work is physically too difficult.

# AFTER THE EMPLOYEE HAS RETURNED TO WORK



- Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
- Do not require an employee to perform tasks that have been prohibited by the treating physician.



# TERMINATION OF EMPLOYMENT



If a person is at risk of termination due to exhaustion of sick leave, agencies should:

- Notify the RTW Coordinator for the ORM TPA.

Document failed transitional return to work employment.

- Include evidence that transitional return to work tasks could not be identified, if applicable;
- when an injured worker is removed from work;
- or the accommodations are no longer available.

# TRANSITIONAL RETURN TO WORK AUDIT FORM (DA WC4000)



Loss Prevention review during annual loss prevention audits.

- Information tracked shall include the following:
  - Number of workers injured per month
  - Number of lost-time days from work-related injuries per month
  - Number of employees returned to work on transitional employment duties.
    - Include employees who have resigned or who have been terminated.
    - As the employee is receiving workers' compensation indemnity benefits.
    - Lost-time days for those employees will be tracked as an average of 21.5 days per month.
- Loss prevention audits for fiscal year 2016
  - assess agency Transitional Return to Work Plan after July 1, 2015.

# TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000



## TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Month of Report \_\_\_\_\_ Location code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

### REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: \_\_\_\_\_
2. Number of employees returned to work on transitional duty: \_\_\_\_\_
3. Number of employees returned to work full duty: \_\_\_\_\_
4. Number of employees on workers' compensation at month's end: \_\_\_\_\_
5. Number of employees who are separated from the agency and still receiving workers' compensation: \_\_\_\_\_

- The sum of #3 plus #4 should be greater than the sum of #2 plus #5.  
#2 \_\_\_\_\_ + #3 \_\_\_\_\_ > #4 \_\_\_\_\_ + #5 \_\_\_\_\_ = PASS
- Total RTW \_\_\_\_\_ > total not RTW \_\_\_\_\_ = PASS
- A job task list is on file for each workers' compensation claim this month: \_\_yes\_\_ \_\_no\_\_
- The RTW committee has met and reviewed all W/C \_\_yes\_\_ \_\_no\_\_

- |                    |                   |                    |
|--------------------|-------------------|--------------------|
| 1. Employee _____  | days missed _____ | day pay rate _____ |
| 2. Employee _____  | days missed _____ | day pay rate _____ |
| 3. Employee _____  | days missed _____ | day pay rate _____ |
| 4. Employee _____  | days missed _____ | day pay rate _____ |
| 5. Employee _____  | days missed _____ | day pay rate _____ |
| 6. Employee _____  | days missed _____ | day pay rate _____ |
| 7. Employee _____  | days missed _____ | day pay rate _____ |
| 8. Employee _____  | days missed _____ | day pay rate _____ |
| 9. Employee _____  | days missed _____ | day pay rate _____ |
| 10. Employee _____ | days missed _____ | day pay rate _____ |
| 11. Employee _____ | days missed _____ | day pay rate _____ |
| 12. Employee _____ | days missed _____ | day pay rate _____ |
| TOTAL _____        |                   | TOTAL _____        |



# CONTACT INFORMATION



Karen C. Jackson, CWCP, CCLA

State Risk Claims Manager

P. O. Box 91106

Baton Rouge, LA 70821-9106

225-342-7390 (p)

225-219-4470 (f)

[karen.jackson@la.gov](mailto:karen.jackson@la.gov)