Policy Letter: DMVA 600-1

Subject: Policy and Procedures for Workers’ Compensation

Effective Date: June 1, 2004

Summary: Establishes policy and procedures for Workers’ Compensation

Applicability: All State Employees of DMVA
               National Guardsmen Called to S.A.D. by the Governor

Staff Proponent: Director of Personnel

Supercedes: All Previous

Official:

William L. Robinson
Deputy Director

Distribution:
1-Each Supervisor
2-EOC
2-140th Personnel Flight
2-ARNG MILPO
1-HRO
1. All state employees are automatically covered under the Workers’ Compensation Insurance. This includes temporaries, non-classified, and Civil Air Patrol volunteers.

2. National Guardsmen called to state active duty by the Governor are covered under the state’s Workers’ Compensation Insurance, and should follow these procedures.

3. CONCENTRA is the designated provider for all covered individuals for work-related injuries. Treatment by any other health-care provider, except in the case of a life or limb-threatening emergency, may not be covered by the insurance carrier. If the injury occurs outside the Denver Metro area, consult the Select Net provider directory which has been provided to supervisors, or call this office at 720-847-8725 for the name/address of an acceptable health care provider.

4. Injuries should be reported immediately (and in no case later than four days after the incident) to the supervisor or other designated person.
   a. At the time the report is made, a brief written statement should be obtained from the injured party as to how the accident occurred and what injury was sustained. If the nature of the injury is such that a statement cannot be made immediately, it should be obtained as soon as possible and attached to the First Report of Injury form.
   b. The supervisor will call the nearest Concentra facility (or other designated provider) to advise of the injury and that the party is coming in to ascertain the nature and extent of the injury and for any necessary treatment.
   c. The supervisor or designee will report the accident to the personnel office (720-847-8725) within 24 hours.
   d. It is the supervisor’s responsibility to timely complete and sign the First Report of Injury form, based on the statements made by the injured party (and any witness(es)). This form is not to be completed by the injured party. The First Report of Injury form should be forwarded to the DMVA state personnel office to arrive no later than five (5) calendar days of the occurrence. It may be FAXed to 720-847-8728.
   e. The First Report of Injury will then be filed with the proper authority by the personnel office no later than ten (10) calendar days of the occurrence of the accident. We may be liable for substantial fines for untimely reporting of work-related accidents. The accident must be reported immediately if the injury was fatal.
   f. The employee should obtain a work status form from the physician at Concentra and advise the supervisor, or designee, as to the date of return to work or duty. The form will also indicate status (full duty, light duty, etc.) Paid leave, if applicable, will not be granted an employee without this form.
   g. Subsequent treatment must be provided at the Concentra or select net facility or the facility to which the injured party was referred (P.T., surgery, etc.).
5. Prescriptions, if any, will be paid by the insurance carrier directly. If the pharmacy requires immediate payment, any receipts should be kept and then forwarded to the insurance carrier for reimbursement after the Claim No. is received.

6. If an employee seeks treatment as prescribed above on the day of the work-related injury, the employee will be considered as having worked that full day. If the employee does not seek treatment on the day of the work-related injury, the employee will be charged sick leave for the initial doctor’s appointment. Subsequently, the employee will be placed on Sick Leave status at the time he/she goes for additionally-prescribed treatment, including physical therapy.

   a. S/he will also be charged Sick Leave for any time off as prescribed by the health care provider, until further determination is made, up to a maximum of three days, based on the physician’s recommendation. Any non-permanent party who does not accrue sick or annual leave will be placed in a LWOP status.

   b. If the physician recommends modified duty, the supervisor will evaluate whether this is feasible and safe. If it is determined that modified duty is absolutely not an option, then the employee will be placed on leave. Supervisors will keep employees working in some capacity if at all possible when this has been the recommendation of the physician. Modified duty (or light duty) is NOT guaranteed. Employees will not be allowed to return to regular, pre-injury duty prior to the physician’s return to work release.

   c. On the fourth day (not necessarily consecutive), the employee will be placed on Injury Leave. The insurance carrier will reimburse the Department 2/3 of the employee’s pre-injury wage, and the Department will pay the employee his/her regular wage, up to a maximum of 90 days. To be granted Injury Leave, the employee must assign the worker’s compensation payment to the Department. This will be automatic unless the employee indicates otherwise.

   d. Only permanent employees are eligible for Injury Leave. Eligible employees receive up to 90 working days injury leave, counted in whole days regardless of the number of hours absent on a given day. Example: an employee who is absent from work for a two-hour medical appointment is charged a full day of Injury Leave. The employee is expected to work the remaining six (or eight) hours in the workday.

   e. If the injury extends beyond 14 days, as defined in the preceding paragraphs, the sick (or annual) leave taken for the first three days can be restored to the employee.

   f. If after the 90 days of injury leave the employee is still required to take leave due to the work-related injury, then the “make whole” policy will commence. That is, the insurance carrier will pay the employee 2/3rds of their pre-disability wage and the employee will be able to use sick and annual leave for the 1/3 balance.

   g. If while on Injury Leave the employee chooses to go/stay home even though the health-care provider has directed that they are able to return to work, they will be charged with sick or annual leave and no payment will be forthcoming from the insurance carrier.

   h. In all cases, a leave slip should be completed, signed by the supervisor, and forwarded to the state timekeeper as soon as possible. **WHEN AN EMPLOYEE IS OFF ON LEAVE, INCLUDING INJURY LEAVE, DUE TO A WORK-RELATED INJURY, PLEASE BE SURE TO SO INDICATE ON THE LEAVE SLIP/TIME SHEET.**
7. Depending on the severity of the injury and the anticipated time off, the employee may also be placed in an FMLA (Family Medical Leave Act) status. This determination is made by the personnel director, and will be based upon information provided.

8. An employee may be able to file a claim for short-term disability (STD) while they are off work due to a work-related injury, if certain criteria are met. STD will be offset by any payments from the Department or the insurance carrier. This option should be explored for long-term (more than 30 days) treatment or time off work.

9. State Personnel Policies and Procedures will be followed in all cases. More information can be obtained by contacting the Department’s state personnel office (720-847-8725).

Edrie Womack
DMVA State Personnel Director

REVISED 06/01/04 — All other editions of this policy are obsolete and should be destroyed.