

STATE OF COLORADO

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway
Centennial, Colorado 80112
Phone (720) 250-1500
Fax (720) 250-1509



Jared Polis
Governor

Laura L. Clellan
Brigadier General,
COARNG
The Adjutant General

April 18, 2023

Policy Title: Workman's Compensation/Injuries on the Job

Effective Date: April 18, 2023

Summary: Provides Policy on Reporting On-the-Job Injuries

Applicability: All State Employees of DMVA

Staff Proponent: Human Resources

Supersedes: 01 December 2011

A. Purpose: To address who, when, and how injuries incurred on the job are to be handled for all State DMVA employees and State Active Duty.

B. Background: The state's workers' compensation program is self-insured. Broadspire Services, Inc. is the state's third-party administrator and in coordination with State Risk Management, handle claims and provide loss control services. Risk Management and Broadspire work closely with state agencies to provide claim management, a Return-To-Work Program, and injury prevention assistance.

C. Definitions:

Workers' compensation insurance covers work-related injuries and diseases. Benefits include:

1. Medical - all bills paid, no deductible or co-pay;

2. Wage Loss - replacement wages for time lost from injury, specifically, 66% of employee's average weekly wage not to exceed a maximum amount annually set by the Division of Workers' Compensation;
3. Death benefits to dependent family.

D. Policy:

1. All state employees are automatically covered under the Workers' Compensation Insurance. This includes temporaries, State Active Duty, non-classified, and Civil Air Patrol volunteers.
2. 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 Broadspire's PPO network which is on the DMVA web site under Human Resources, Benefits, or call the Human Resource office at 720-250-1520 for the name/address of an acceptable health care provider.
3. 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 or the Human Resource Director 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 (720-250-1520) within 48 hours.
 - d. It is the employee and/or 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)). The First Report of Injury form should be forwarded to the DMVA state human resource office to arrive no later than five (5) calendar days of the occurrence. It may be FAXed to 720-250-1529.
 - e. The First Report of Injury will then be filed with Broadspire 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/Hospital 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. This form must be forwarded to the HR office for filing. State Active Duty personnel are not eligible for paid leave time.
 - g. Subsequent treatment must be provided at the Concentra or Broadspire-approved PPO facility or the facility to which the injured party was referred (P.T., surgery, etc.).
4. 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.
5. 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. State Active Duty personnel on orders for 30 days or less will be paid for the full day, however any additional time off required will not be compensated. The following rules apply to State employees and SAD on orders more than 30 days:

- 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.**
 - i. Employees on Injury Leave will continue to accrue sick and annual leave as normal.
6. 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.

7. 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.

8. State Personnel Policies and Procedures will be followed in all cases. More information can be obtained by contacting the Department's state personnel office (720-250-1520).

REVISED 11/01/11 – All other editions of this policy are obsolete and should be destroyed.

Official:

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Laura L. Clellan
Brigadier General, COARNG
The Adjutant General

Distribution: DMVA Staff Proponents
DMVA Website

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EMPLOYEE VERIFICATION FORM FOR WORKERS' COMPENSATION

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I have been notified by my employer of the procedure to follow in the event I incur a work-related injury/illness. I understand that my employer has designated (a) primary provider(s) for all work related injuries/illnesses depending on the work-site location; and that I or my supervisor has been provided with a list of said providers and their locations.

I understand that if I do not receive my medical care for work-related injuries/illnesses from said provider(s), I will be financially responsible for that care.

I further understand that work-related injuries are to be reported to my supervisor within twenty-four hours of injury.

Signature of Employee

Date

Signature of Department Official

Date