May 7, 2024

INSURANCE INFORMATION NOTICE 2024-2

SUBJECT: Transitional Duty Return to Work Plan

This notice supersedes Insurance Information Notice 2015-1 dated September 25, 2014

The Office of Risk Management (ORM) has developed a Transitional Return to Work Plan to facilitate the early return to work of injured workers who have been released to return to work by their treating physician pursuant to R. S. 39:1547. The development and implementation of the plan is <u>mandatory</u>.

The Transitional Return to Work Plan located on the following pages does not have to be used verbatim but serves as a template/guide for state agencies to create their own plan.

Transitional return to work is employment that allows injured workers to return to work at the agency where they were injured for up to one year, within the physical restrictions determined by their physician, until they are capable of returning to full duty. ORM requires that all agencies offer transitional return to work options to injured employees who have been released to return to work in a transitional capacity by their treating physician. This includes employees who are currently receiving workers' compensation benefits. This return to work plan only applies to Departments with employees who are eligible to receive workers' compensation benefits under Title 23 through the Office of Risk Management's self-insurance program.

ORM's third-party administrator (TPA) will assist and coordinate transitional return to work plans with state agencies.

For any other issues pertaining to Transitional Return to Work, please contact Karen Jackson at (225) 342-7390.

STATE OF LOUISIANA

TRANSITIONAL RETURN TO WORK PLAN

FOR

STATE AGENCIES

I. GOALS OF TRANSITIONAL RETURN TO WORK

Injured workers should be returned to gainful employment as soon as medically possible after a job-related injury or illness. The plan shall:

- 1. Provide a safe return to work for occupationally related injuries or illnesses.
- 2. Give employees return to work options.
- 3. Provide suitable accommodations for employees who have sustained an injury or illness that impacts their ability to perform all aspects of their pre-injury or pre-illness job.
- 4. Retain qualified employees.
- 5. Facilitate a safer working environment.
- 6. Reduce the duration of time needed for the employee to transition back to full duty.
- 7. Retain valuable employee work skills, physical conditioning.
- 8. Reduce workers' compensation claim costs.
- 9. A workers' compensation claims reporting process.
- 10. A process of semi-annual reports to the legislature and the governor.

II. IMPLEMENTATION PLAN

Department plans shall include the following procedures, components and policies.

A successful transitional return to work plan shall be based on medical prognosis and recovery.

Transitional work shall be available until an employee is able to resume full duty employment based on the following Civil Service guidelines:

- Agencies that choose to return employees to work following a workers compensation claim are allowed to return the employee to his own job in light duty status for six (6) months provided the agency maintains in the employee's file a copy of the "Physician's Modified Work Information Sheet".
- Requests for additional time beyond the initial six months may be made by the appointing authority to the Director of State Civil Service.
- Appointing authorities also have the option of using a Detail to Special Duty in which to return the employee to work.
- For additional information on Detail to Special Duty, please refer to Chapter 23 of the HR Handbook under "Procedures Policy Standards for Detail to Special Duty".

Medical issues that can delay return to work shall be referred to the ORM's third party administrator's (TPA) Return to Work Coordinator. Departments that provide special services may add statements to clarify its mission.

A. Plan Implementation

- 1. Review the Return to Work plan with existing employees annually.
- 2. Review the Return to Work plan with all new hires during the new hire orientation.

B. Report Work Related Accidents / Illnesses

Once an injury/illness is reported by an employee the agency will:

- 1. Report work related injuries or illnesses immediately or no later than 5 days of the injury or knowledge as prescribed in the Louisiana Administrative code using the TPA's online claims management system.
- 2. Only electronic claims will be accepted.
- 3. Provide the employee with a Physicians' Modified Work Information sheet to give to the treating physician.
- 4. Allow the injured employee to seek treatment with a physician of choice chosen from Occupational Medical Clinics in your geographic area. Employees still retain the right to seek medical treatment from a physician of choice for the work related accident.

III. TRANSITIONAL RETURN TO WORK TEAM

Each state agency shall have a transitional return to work team to review all lost-time workers' compensation employees under its authority.

A. Team Scope:

- 1. Complete transitional return to work plans,
- 2. Review of job modifications,
- 3. Job tasking,
- 4. Task identification,
- 5. Comply with the State's requirement for a transitional return to work plan,
- 6. Oversight of plans,
- 7. Facilitate success of plans,
- 8. Report transitional return to work plan results.

B. Team Composition:

- 1. Human resources representative,
- 2. Immediate supervisor,
- 3. Safety personnel,
- 4. Management representative,
- 5. Claim Adjuster for the ORM TPA,
- 6. ORM TPA RTW coordinator,
- 7. ORM TPA Vocational Rehabilitation Counselor as needed.

C. ORM TPA Return to Work Coordinator:

The RTW coordinator is the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes but is not limited to:

- 1. Responsible for the overall coordination and day-to-day administration of the disability management plan.
- 2. Develop, facilitate and monitor return to work plan.
- 3. Develop and facilitate accommodations.
- 4. Work with the employee and the employer to facilitate RTW plans.
- 5. Monitor RTW plan and provide progress reports to appropriate individuals.

D. Frequency of Team Meetings:

- 1. The Transitional Return to Work team shall meet bi-weekly or monthly or when an employee is injured and/or there is a change in the injured employee's medical status based on the following:
 - a) Size of the agency
 - b) Number of lost time claims
- 2. Team meetings will not be necessary if there are no active lost time claims.

IV. PRE-ACCIDENT JOB TASKING

Job tasking is the process of detailing each specific job task performed in a position to ensure injured workers are returned to a safe work environment. If assistance is needed with job tasking, please contact ORM's TPA RTW Coordinator.

- 1. Job tasking should begin before the accident occurs or once an injury has occurred that leads to lost time.
- 2. Compile a master list of transitional tasks for each position.
- 3. Complete job tasking for each position of injury that results in lost time.
- 4. Consult with first-line supervisors to ensure employees will not be worked outside of restrictions placed by the treating physician.
- 5. Maintain a file of job tasks for each position for which a lost-time claim has occurred.
- 6. There is no need for repetition of job tasking with each new occurrence.

A. Accommodation Types:

Modification of job tasks, equipment or schedules in accordance with Civil Service provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can return to full duty, whichever comes first.

Accommodations may include, but are not limited to:

1. Modified Work –Includes modification to the job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.

- 2. Alternate Work Different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
- 3. Transitional work A group of tasks or specific jobs that can be performed until the worker is capable of returning to full pre-injury duties.
- 4. Agencies are not expected to create a position for Transitional Return to Work.

V. THE RETURN TO WORK PROCESS

A transitional return to work plan should be completed with the supervisor of the injured employee and a representative from the return to work team to include:

- 1. Specific job tasks identified,
- 2. Hours to be worked,
- 3. Duty assignment,
- 4. Physical restrictions,
- 5. The plan shall be reviewed and approved by each member of the team.

A. Eligibility for Return to Work:

When reviewing an individual worker's eligibility for return to work options, the following criteria should be followed:

- 1. Assess the job task of the worker's pre-injury position.
- 2. Identify transitional tasks that can be performed with the employee's current physical restrictions.
- 3. Review other services or tasks that can be performed which would improve the overall function of the agency.
- 4. Review tasks that can be performed that would return an employee to gainful employment.
- 5. The Office of Risk Management's TPA will be available to identify transitional return to work tasks if needed.

B. Before the Return to Work:

- 1. The agency will hold a return to work meeting with the employee to review the plan before the employee returns to work.
- 2. Once the meeting has taken place, an offer of transitional duty employment shall be made to the injured employee in writing.
- 3. If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

C. The Return to Work Offer:

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

1. Offer must be made in writing;

- 2. Certified mail return receipt request or electronic mail;
- 3. A specific return to work date and time;
- 4. Duty assignment;
- 5. Who to report to; and
- 6. The employing agency shall provide transitional employment for up to one year utilizing Civil Services' Special Detail provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can medically return to full duty, whichever comes first.

D. Employee Responsibility:

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

E. After the Employee Has Returned to Work:

The agency shall not require the employee to perform tasks that have been prohibited by the treating physician when the employee returns to work on a transitional return to work plan.

- 1. Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
- 2. The Office of Risk Management's TPA will be responsible for communications with medical personnel.

VI. TERMINATION OF EMPLOYMENT

An agency should notify the ORM TPA if a person is at risk of termination due to exhaustion of sick leave.

Agencies should:

- 1. Maintain documentation of failed transitional return to work employment.
- 2. Maintain documentation of efforts made to identify transitional return to work tasks.
- 3. Maintain documentation of barriers in identifying transitional return to work.
- 4. Documentation shall include evidence that transitional return to work tasks could not be identified, if applicable.
- 5. Notify the RTW Coordinator for the ORM TPA when an injured worker is removed from work or the accommodations are no longer available.

VII. MEASURE OF EFFECTIVENESS

The **TRANSITIONAL RETURN TO WORK AUDIT FORM (DA WC4000)** shall be used to measure the effectiveness of the agency's transitional duty employment program. The **TRANSITIONAL RETURN TO WORK AUDIT FORM (DA WC4000)** can be found on ORM's website.

This report will be reviewed by the Loss Prevention section of the Office of Risk Management's TPA during the agency's annual loss prevention audit.

VIII.ATTACHMENT

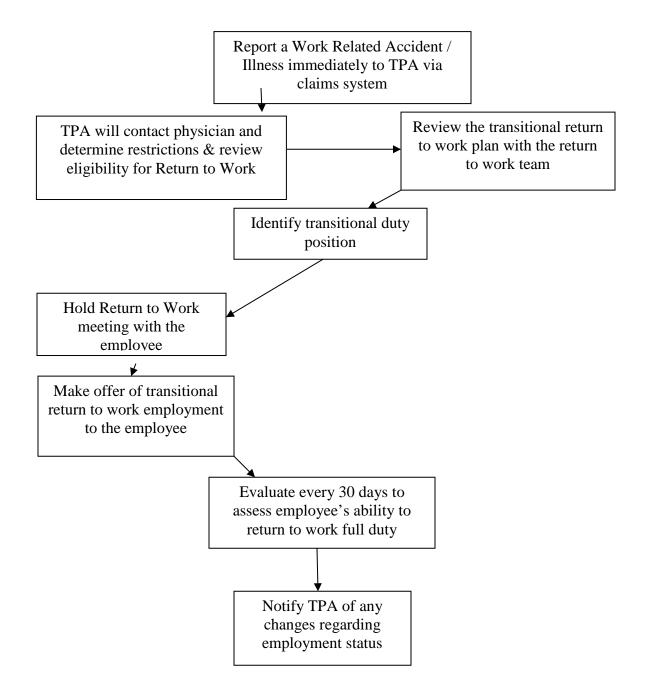
Return to Work Flow Chart

IX. FORMS

- 1. Physician's Modified Work Information Sheet
- 2. Transitional Return to Work Audit Form (DA WC4000)

VIII. ATTACHMENT

Transitional Return to Work Flow Chart



Physician's Modified Work Information Sheet

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 pursuant to R.S.39:1547 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. Please fax a copy of the completed form to (225)368-3490.

Employee Name:		Visit Date:	Next Visit:		Claim Number:	
Health Care Provider Name:					Injury Da	te:
Employee is released to the job of injury without restrictions as of (date)://						
Employee may perform modified duty, if available, from (date):// to// If released to modified duty, may work limited hours: hours/day Does employee require assistance returning to work? Yes No						
Transitional Duty Available: Yes						
Employer / Employee notified of Restrictions: Yes No						
How long do the employee's current capacities apply (estimate)? 1-10 days 11-20 days 21-30 days 30+ days // Capacities apply all day, every day of the week, at home as well as at work.						
Employee abilities (related to work injury) A blank space = no restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Freq 34-6 3-6 h	6%	Constant 67-100% (Not restricted)
Sit						
Stand / Walk						
Frequent Breaks						
Climb ladder, stairs, etc.						
Drive						
Twist						
Bend / Stoop						
Squat / Kneel						
Crawl						
Reach L R B						
Work above shoulders L R B						
Keyboard L R B						
Wrist (flexion/extension) L R B						
Grasp (forceful) L R B						
Fine manipulation L R B						
Operate foot controls L R B						
Vibratory tasks; high impact L R B		O a lata ara 11 lla a	Ossesiens! # lbs	-	4 // II	Orantant // Iba
Lifting / Durching	Never # lbs	Seldom # lbs	Occasional # lbs	Frequer	nt # IDS	Constant # lbs
Lifting / Pushing						
Lift L R B						
Carry L R B						
Push / Pull L R B						
Other Restrictions:						
Signature:				Date:		

TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000

The purpose of this form is to record an agency's Transitional Duty activity for the current month only. It is not cumulative.

Month of Report_____ Location code_____

Agency_____ Contact Person

The agency has developed and implemented a Transitional Duty Employment plan: _____ Yes _____ No

Transitional Duty Employment is monitored at the department level: _____ Yes _____ No

REPORT THE FOLLOWING ACTIVITY:

- 1. Number of lost time workers' compensation claims during the month of reporting: _____. *
- 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. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: ____ yes ____ no ____ n/a.

*NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.

> Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.

THIS FORM IS FOR INTERNAL USE ONLY.

FORM DA WC4000 **REVISED 06.2020**