

County of Los Angeles ~ Chief Executive Office ~ Risk Management Branch

Return to Work

Desk Reference Manual

Revised March 2015

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Goals and Objectives

The purpose of this Return-To-Work (RTW) manual is to provide standardized procedures to help County of Los Angeles departments in implementing principles while assisting injured and/or ill employees returning to work.

Included is a compilation of forms, a RTW flowchart, a timeline that County departments should follow and utilize in the process of returning employees to work, and policies and procedures including [Department of Human Resources' Personnel Policies and Procedures \(PPG\) 601 \(Attachment U\)](#). For example, every RTW file must have an Employee Profile ([Attachment A](#)) and the Activity Sheet ([Attachment B](#)). These forms are crucial for the appropriate maintenance of a RTW file.

Pursuant to State of California and Federal laws, an employer is obligated to engage in a timely, good faith interactive process with an employee with a known disability to determine the most appropriate reasonable accommodation.

It is imperative to ensure the proper application of existing policies, procedures, and guidelines associated with the implementation of reasonable accommodation. The timely provision of ergonomic equipment and making the workplace accessible to persons with disabilities should be a priority. Supervisors and employees should monitor accommodations to ensure continued effectiveness. It is equally important to understand that reasonable accommodations vary and should be considered on a case-by-case basis. Departments should provide reasonable accommodation in a timely manner. If the department anticipates a delay in providing a particular reasonable accommodation, RTW and management staff shall immediately elevate the matter within their department for resolution or contact the Chief Executive Office (CEO) Risk Management Branch for assistance.

CEO Risk Management has considered the diversity of the County programs and the particular needs of each department while compiling this manual. We hope you will find this manual a useful tool to assist you in accomplishing the tasks involved in RTW.

“What is ADA and FEHA?”

The County of Los Angeles does not discriminate on the basis of disability in employment or in the admission and access to its services, programs, or activities. In addition, the following Federal and State laws prohibit disability discrimination:

- Title I of the Americans with Disabilities Act (ADA) of 1990, and ADA Amendments Act of 2008
- State of California Fair Employment and Housing Act (FEHA)

ADA

The ADA is a federal law which states that no employer shall discriminate against a qualified individual on the basis of disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment (42 U.S.C. Section 12112 *et seq.*). A person is recognized as “disabled” under the ADA if a person has a physical or mental impairment which substantially limits one or more of the person’s major life activities, and/or has a record of such an impairment, and/or is regarded by the covered entity as having an impairment. The Equal Employment Opportunity Commission (EEOC) has the primary responsibility of enforcing the provisions of the ADA.

FEHA

The FEHA is a California law administered by the Department of Fair Employment and Housing. The law states, in part, that it is an unlawful employment practice for an employer to discriminate against a person because of physical disability, mental disability, or medical condition (Government Code 12940 *et seq.*). Under FEHA, disability includes having a physical or mental disability that limits (i.e., makes the achievement of the major life activity difficult) one or more major life activities (construed broadly to include physical, mental and social activities and working); or having a history of such an impairment known to the employer; or being incorrectly regarded or treated as having had such an impairment; or being regarded or treated as having such an impairment that has no presently disabling effects but may become a qualifying impairment in the future.

Under ADA and FEHA, employers **must** engage in a **timely, good faith interactive process** with an employee or job applicant. The purpose of the interactive process is to explore **reasonable accommodation** for a **known disability**.

The reasonable accommodation would enable the individual with a disability to perform the essential functions of the job or to receive equal benefits and privileges of employment. An accommodation must be considered or provided, unless doing so would cause significant difficulty or expense for the employer.

A disability may be known through an employee request (may be verbal or written), or other available information (through disclosure or a medical certification). The department must consider all information provided, but does not have to offer the exact accommodation requested so long as an effective reasonable accommodation is offered.

Reasonable Accommodation

PURPOSE AND DEFINITION

Reasonable accommodation is a change in the work environment or in the application process that would enable a person with a disability to enjoy equal employment opportunities. There are three general categories of reasonable accommodations, which are: (1) changes to a job application process to permit people with disabilities to be considered for jobs; (2) changes to enable people with disabilities to perform the essential functions of a job; and (3) changes to give people with disabilities equal access to the benefits and privileges of employment.

STEP-BY-STEP PROCEDURE UPON RECEIPT OF A REQUEST FOR REASONABLE ACCOMMODATION

STEP 1: Review County and Departmental Policies and Resources Related to Disability Management.

STEP 2: Acknowledge Receipt of Request; Review and Assess Requested Accommodation.

When an employer learns of an employee's disability, or an employee informs the employer of a connection between his/her medical condition and an inability to perform a job function due to the medical condition, or is "regarded as" having a disability, this becomes the first notification of a potential need for reasonable accommodation. The employer now has an affirmative obligation to commence the Interactive Process within a reasonable period of time.

The employer should obtain all pertinent information to determine the nature of the request, assess what is needed, and promptly acknowledge receipt of the request.

STEP 3: Initiate the Interactive Process with the Employee/Applicant.

When appropriate, schedule to meet or speak with the employee/applicant at the soonest possible time.

Obtain a copy of medical document if employee/applicant has not already provided one. Obtain the Essential Job Functions (EJF's) of the employee's position.

For additional information about IPMs, please see the [IPM Protocol](#) later in this manual.

STEP 4: Determine if the Department is Able to Accommodate; Choose and Implement Effective Options Promptly. Explore Alternative Placement Options When Possible.

The obligation of the employer to pursue and/or provide a reasonable accommodation does not require the removal of essential job functions, lowering performance standards, or violating a uniformly administered conduct rule that is job related and consistent with business necessity.

If the accommodation issue cannot be easily and quickly resolved, it is recommended that another meeting with the employee/applicant be scheduled within a reasonable period of time to ensure there is a clear understanding of the request for accommodation as it relates to the EJF's of the position. Providing a modified and/or temporary assignment may be necessary while determining the most appropriate accommodation.

If the requested accommodation would impose an undue hardship on the employer, the employer can deny the request on the basis of "Undue Hardship." Additionally, when individuals with disabilities pose a direct threat to the safety of themselves or to others, employers may deny the request.

STEP 5: Document Actions Performed During Every Step and Monitor Results.

Identify who will monitor and follow up with the employee/applicant, and maintain dialogue with them once an accommodation has been implemented. If the accommodation should prove ineffective for either the employee or employer, the interactive process continues until an appropriate accommodation is determined.

The burden will be on the employer to prove it completed the accommodation process. Therefore, at every step, you should document your efforts to engage in the flexible, good faith Interactive Process. This requires your documentation and your best effort to find effective accommodations for your workforce.

"GOOD FAITH" INTERACTIVE PROCESS

Federal courts have provided an interpretation of "good faith," essentially saying an employer and employee must communicate directly with each other to determine essential information and that neither party can delay or interfere with the process. To demonstrate good-faith engagement in the interactive process, the employer should be able to point to cooperative behavior that promotes the identification of an appropriate accommodation.

ESSENTIAL JOB FUNCTIONS (EJF)

When evaluating whether a duty is an essential or non-essential function of the job, consider whether or not:

- The functions of the job are required to be performed by all persons in the position.
- The position exists to perform the function.
- The position would be fundamentally altered if the function(s) were eliminated.
- The functions to be performed in the position are provided in the class specification and job bulletin for the position.

UNDUE HARDSHIP

Undue hardship is any action, as it pertains to reasonable accommodation, requiring significant difficulty or expense. The employer has the burden to prove that a proposed accommodation would impose an undue hardship.

Return-To-Work File Management Guidelines

These guidelines provide the methodologies to create the optimal file management organization. While each department faces different challenges concerning RTW, it is imperative from a legal, operational, and financial basis to keep Short-Term Disability, Long-Term Disability, and RTW files organized uniformly across the organization. County Counsel and the CEO Risk Management Branch require consistent RTW files to defend the County of Los Angeles against lawsuits and claims. Therefore, all County Departments shall implement the following minimum requirements for all new claims filed on or after July 1, 2013.

CASE FILE MANAGEMENT

- Folder type—Departments should utilize a 6-section folder for all RTW files, Industrial Accidents (IA), and Non-Industrial Injury/Illness (Non-IA).
- IA and Non-IA claim files should follow the same format.
- Chronological order is from oldest at the bottom, to the most recent on top.
- The RTW file should tell a story that anyone can figure out and understand.
- A file must be set up within three days of notification of a claim.

EMPLOYEE PROFILE SHEET (REQUIRED)

- Must be placed on top of Section A.
- Must be completed and updated, as necessary.

ACTIVITY LOG (REQUIRED)

- Must be placed on top of Section B.
- If you physically open the file, you should make a notation about your activity.
- Even if you keep a log electronically, you must keep a hard copy of the activity log in the file.
- You must make notation of prior claims and prior accommodations at the top of each activity log. If none, write “none.”

DOCUMENTATION

- Keep all medical certifications current.
- Must memorialize all Interactive Process Meetings (IPM) including telephonic IPMs with a follow-up letter, and keep all follow-up letters in the case.
- Document all activities and identify a plan of action in the Activity Log.
- Document any personnel decisions that have been made.

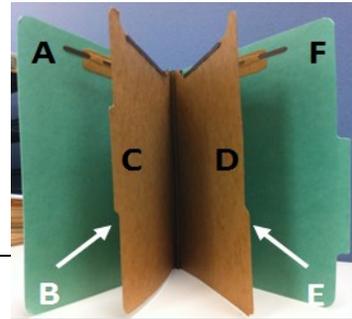
AGREEMENTS

- Must be completed and signed by all parties. If an employee refuses to sign, the RTW Coordinator shall indicate such on the signature line of the document.
- The department must keep all agreements current.

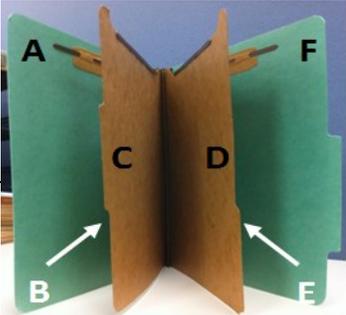
Return-To-Work File Organization

WORKERS' COMPENSATION—INDUSTRIAL ACCIDENT (IA)

Side/Flap	What Should Be Included (Arranged in Chronological Order)
A	<p>Initial Reporting</p> <ul style="list-style-type: none"> • Employee Profile Sheet (always top sheet) • 5020 • DWC 1 • Employee Receipt of Packet • Employee's Incident Report • RU-91 (description of employee's Job Duties) • Police Report
B	<p>Logs/Notes</p> <ul style="list-style-type: none"> • Activity Log (always top sheet) • Telephone Logs • Legal Correspondence
C	<p>Medical Certifications and Restrictions</p> <ul style="list-style-type: none"> • Medical certifications from physician • Work Restriction Letters from Third Party Administrator • Medical/Psychological Re-evaluations from Occupational Health Program • Authorizations for PHI
D	<p>Accommodations and Agreements</p> <ul style="list-style-type: none"> • IPM documents including job offer letters • WHTAA • CAA • Job Offers (State Forms) • Medical Releases (Civil Service Rule 9.08)
E	<p>Employee Communications</p> <ul style="list-style-type: none"> • Benefit notices from Third Party Administrator • ERTW letters • Clarification or Assessment letters sent to doctors • Faxed letters • FMLA notifications and documentations
F	<p>Miscellaneous (Department Specific)</p> <ul style="list-style-type: none"> • STD/LTD documents • Wage statements • Job skills interview forms • Job placement request forms



NON-INDUSTRIAL INJURY/ILLNESS (NON-IA)

Side/Flap	What Should Be Included (Arranged in Chronological Order)	
A	Initial Reporting <ul style="list-style-type: none"> • Employee Profile Sheet (always top sheet) • Employee's Incident Report • Police Report • Return-To-Work Timeline checklist 	
B	Logs/Notes <ul style="list-style-type: none"> • Activity Log (always top sheet) • Telephone Logs • Legal Correspondence 	
C	Medical Certifications/Restrictions <ul style="list-style-type: none"> • Medical certifications from physician • Work restriction letters • Occupational Health Program documents • Medical/Psychological Re-evaluations from Occupational Health Program • Authorizations for PHI 	
D	Accommodations and Agreements <ul style="list-style-type: none"> • CAA • Medical Releases (Civil Service Rule 9.08) 	
E	Employee Communications <ul style="list-style-type: none"> • ERTW letters sent to doctors • Clarification or Assessment letters sent to doctors • IPM documents including offer letters • FMLA notifications and documentations 	
F	Miscellaneous (Department Specific) <ul style="list-style-type: none"> • STD/LTD documents • Job skills interview forms • Job placement request forms 	

Acronyms

5020:	Employer's Report of Occupational Injury or Illness
CAA:	Conditional Assignment Agreement
ERTW:	Early Return to Work
FMLA:	Family Medical Leave Act
IPM:	Interactive Process Meeting
PHI:	Protected Health Information
STD:	Short Term Disability
WHTAA:	Work Hardening Transitional Assignment Agreement

Protocols

Interactive Process Meeting

PURPOSE AND DEFINITION

The Interactive Process Meeting (IPM) is a voluntary meeting, in person or by telephone, between the employee and the employer. The purpose is to identify appropriate reasonable accommodations to assist employees with a known disability in returning to work. An IPM is a cooperative effort in a neutral environment.

Departments must document IPMs, including telephonic IPMs, on the IPM form ([Attachment F](#)), as well as obtain signatures of all attendees. Departments should also send the employee an IPM follow-up letter ([Attachment G](#)) summarizing the discussion points and a “Plan of Action” with the appropriate follow-up date.

An IPM is an integral part of the Interactive Process (IP), but is not the only part. Good faith implies ongoing communication (documented) in various forms. In an effort to provide an effective reasonable accommodation, some cases may require multiple IPMs.

Being respectful, courteous, and objective when communicating with employees is crucial in establishing and maintaining ongoing good faith interaction throughout the process.

TRIGGERS

Most common triggers:

- Verbal – Employee approaches Employer.
- Non verbal – Employer observes change in performance.
- Letter from applicant’s counsel requesting an accommodation.
- Medical certification from the employee’s treating health care professional.
- Work restriction letter from the Third Party Administrator (TPA).

PREPARATION OF IPM

Whenever possible, to ensure a productive meeting the Return-to-Work (RTW) Coordinator or supervisor should:

1. Obtain all current medical certification(s);
2. Verify employee's current work status;
3. Review disability file;
4. If the restrictions are the result of a Workers' Compensation claim, contact the TPA to obtain current claim status;
5. Identify potential temporary tasks that adhere to the employee's known restrictions;
6. Prepare the IPM document and gather any other relevant documents, as appropriate;
7. Invite employee and line supervisor or manager for the IPM. The RTW Coordinator must ensure confidentiality and privacy during the meeting; and
8. Invite subject matter experts (SME), as necessary.

WHO MAY ATTEND

- Line supervisor of Usual and Customary (U&C) position.
- Line supervisor of light duty assignment.
- SME, as necessary.
- Relative, friend, union representative, counsel from both parties, or spouse/significant other, if necessary.
- The RTW Coordinator or designee responsible for conducting and coordinating the IPM. This responsibility includes documenting the meeting and following up on the plan of action.

WHAT SHOULD OCCUR

1. Discussion and review of Essential Job Functions (EJF) of U&C;
2. Review of disability status; and
3. Cooperative discussions to achieve an appropriate resolution to the employee's status.

AVAILABLE OPTIONS

- Return employee to work with or without restrictions.
- Possible light duty assignment.

- Work Hardening Transitional Assignment Agreement (WHTAA) ([Attachment I](#)) if employee has not reached P&S.
- Conditional Assignment Agreement (CAA) ([Attachment I](#)), if employee has reached P&S.
- Conduct a departmental and/or Countywide job search pursuant to PPG 621 ([Attachment O](#)) to accommodate employees with permanent work restrictions that preclude them from performing their U&C position.
- Any other available options the employee has to consider at that time including but not limited to:
 - Providing a [Workers Compensation Injury Packet](#) for employees who indicate they may have a possible work-related injury or the employer has knowledge that the employee may have sustained a possible work-related injury.
 - Providing an FMLA Packet for qualified employees with a serious health condition that may require an intermittent or continuous leave of absence.
 - Referring the employee to the [Employee Assistance Program \(EAP\)](#).
 - Requesting the employee to sign an [Authorization for Request or Use/ Disclosure of Protected Health Information \(PHI\)](#) ([Attachment H](#)) in order to obtain verification of a disability and/or work restrictions from the employee's Primary Treating Physician for Non-Industrial Accident related illness or injury, in order to successfully accommodate the employee.

NOTE:

The department should not make any final decisions prior to the IPM to avoid perceived discrimination. You do not have to provide the exact accommodation requested by the employee, but you must consider the employee's preference and provide an effective and reasonable accommodation. Ensure to document all attempts to accommodate.

Additionally, the accommodation process normally relates to the ADA and the FEHA; therefore, it is important to keep discipline outside of the IPM/IP process.

Return-To-Work — Usual and Customary

(TEMPORARY OR P&S/MMI WITH PERMANENT WORK RESTRICTIONS)

PURPOSE AND DEFINITION

The department receives notification that the employee can return to their Usual & Customary (U&C) position.

TRIGGERS

The TPA or the employee's treating health care professional notifies the department that the employee can return to work in their U&C position.

WHAT SHOULD OCCUR

- A. The department shall conduct an IPM to discuss the following:
 1. Acknowledgement that employee has been released by a qualified health care professional;
 2. The potential need for accommodation;
 3. Work restrictions are compatible with the EJF's of U&C;
 4. Offer employee opportunity to share and discuss any concerns they may have regarding their work restrictions. If the employee does not agree with the restrictions, the department shall refer the employee back to a qualified health care professional for re-evaluation.

- B. The RTW Coordinator should complete and place in the RTW file the following documents:
 1. Depending on the date of injury, it is necessary to complete a Notice of Offer of Regular Work with employee (DWC-AD 10118) ([Attachment K](#)), Notice of Offer of Modified or Alternative Work (DWC-AD 10133.53) ([Attachment L](#)), or Notice of Offer of Regular, Modified, or Alternative Work For Injuries Occurring On Or After 1/1/13 ([Attachment M](#)).
 2. Complete the IPM document including the statement "Employee RTW full duty with or without restrictions;"
 3. Return employee to U&C assignment (same position and location as originally assigned);
 4. Follow up with employee and supervisor to ensure there are no problems

- and document all interactions; and
5. Prepare follow-up IPM letter to employee and send via certified mail.

Work Hardening Transitional Assignment Agreements

(TEMPORARY WORK RESTRICTIONS ARE ESTABLISHED)

PURPOSE AND DEFINITION

A Work Hardening Transitional Assignment Agreement (WHTAA) is an agreement between the employer and employee that allows an employee to return to work in a temporary assignment performing functions other than those usually assigned to the U&C position. The purpose of this assignment is to allow an employee the opportunity to return to work while recovering from an injury or illness. The department will monitor this temporary agreement until the employee becomes Permanent and Stationary (P&S) or has achieved Maximum Medical Improvement (MMI).

TRIGGERS

- The department receives medical certification indicating the employee is temporarily precluded from performing the EJF's of their U&C position, but is not yet P&S; or
- There are changes in the employee's disability status.

WHAT SHOULD OCCUR

Upon receipt of medical certifications:

1. Identify light duty assignment;
2. Discuss light duty options;
3. write a WHTAA considering employee's U&C position;
4. Itemize tasks based on employee's work restrictions;
5. Complete the WHTAA ([Attachment I](#)), obtain signatures, and provide copies to the employee, RTW Unit, and TPA; and
6. Develop and maintain a standard process to monitor the WHTAA.

Conditional Assignment Agreements

(PERMANENT WORK RESTRICTIONS)

PURPOSE AND DEFINITION

The purpose of a Conditional Assignment Agreement (CAA) is to allow an employee with permanent work restrictions (IA and Non-IA) to return to work while the department identifies a compatible permanent position through a Department or Countywide job search process. This is a temporary assignment to accommodate employees who can no longer perform their U&C due to permanent work restrictions. For more information about a Countywide Job Search, please see Policies, Procedures, and Guidelines (PPG) 621 ([Attachment O](#)) of this manual.

TRIGGERS

- Industrial Injury/Illness & Non-Industrial Injury/Illness – An employee has reached P&S or MMI and is permanently precluded from performing their Usual and Customary (U&C) position.

WHAT SHOULD OCCUR

Offer the employee the opportunity to share and discuss any concerns they may have regarding their work restrictions during the IPM. Upon receipt of medical certification or Work Restriction Letter, do the following:

1. Compare the current work restrictions with the information on file to ensure you are addressing all limitations;
2. Create a list of tasks compatible with the employee's work restrictions;
3. Complete the CAA ([Attachment I](#)) and obtain signatures;
4. Provide copies to the employee, RTW Unit, and TPA; and
5. Develop and maintain a standard process to monitor CAA.

Return-To-Work Modified/Alternative Position

(P&S/MMI WITH PERMANENT WORK RESTRICTIONS)

PURPOSE AND DEFINITION

The purpose of a modified or alternative position is to accommodate on a permanent basis an employee who has permanent work restrictions that are not compatible with their U&C position.

TRIGGERS

The department receives notification from the TPA or from a qualified health care professional indicating that the employee has permanent work restrictions that are not compatible with the employee's U&C position. However, the employee may be suitable for a modified/alternative position.

WHAT SHOULD OCCUR

- A. Offer employee the opportunity to share and discuss any concerns they may have regarding the job accommodation process during the IPM.
 1. Conduct a department wide search for a comparable position to assess the feasibility of the employee remaining in their own department.
 2. If you cannot identify a permanent position within the department, refer to the Department of Human Resources' [PPG 621 \(Attachment O\)](#).
 3. Once the department identifies a permanent a position with either the employee's home department or another County department, the RTW Coordinator must conduct an IPM to offer the modified or alternative assignment and complete the appropriate DWC form.
 4. Follow up with employee and supervisor to ensure there are no new or reoccurring problems and document all interactions.
- B. If the employee disagrees, but the department believes the assignment is compatible, do the following:
 1. Send the job description of the modified or alternative position to the appropriate health care professional for review and comment; and
 2. Conduct an IPM when the department receives a response from the health care professional.

Countywide Job Search

(P&S/MMI WITH PERMANENT WORK RESTRICTIONS)

PURPOSE AND DEFINITION

The purpose of a Countywide Job Search is to identify a permanent position to accommodate employees with permanent work restrictions who can no longer perform their U&C position. Departments initiate this process only when the home department does not have any suitable position to accommodate the employee. Requests based on [PPG 621](#) must include a synopsis of all reasonable efforts made to identify a permanent position within the department, as well as any supporting documentation.

TRIGGERS

Employee has permanent work restrictions that preclude him from returning to their U&C position and the home department cannot locate a comparable position.

WHAT SHOULD OCCUR

The department should coordinate efforts with the Department of Human Resources in accordance with [PPG 621 \(Attachment O\)](#) and conduct a Countywide job search before exploring a potential voluntary demotion.

NOTE:

A reasonable search within the department for a comparable position should be conducted and documented as appropriate before utilizing [PPG 621](#). Thereafter, a reasonable search within the County should be conducted before offering an employee a voluntary demotion.

Return-To-Work Voluntary Demotion

(P&S/MMI WITH PERMANENT WORK RESTRICTIONS)

PURPOSE AND DEFINITION

Employee is unable to return to his U&C position and there are no Modified or Alternative positions available within the County.

TRIGGERS

A departmental and a Countywide job search have been conducted in accordance with the Department of Human Resources' PPG 621 and no position has been identified. The employee may then request a voluntary demotion due to inability to perform their U&C position.

WHAT SHOULD OCCUR

Conduct an IPM to determine the employee's status. Offer the employee an opportunity to share and discuss any concerns they may have regarding the accommodation process. If there are discrepancies with the employee's medical status, the employee must follow up with the appropriate qualified health care professional for consideration in assessing his/her appropriate placement. During the IPM, the department should discuss the following:

1. Acknowledge that the employee has been released by their health care professional with permanent work restrictions;
2. Compare the EJC's to employee's work restrictions to determine whether employee can perform the essential job functions of any other position with or without an accommodation;
3. Determine if the employee meets minimum requirements of the new position.
4. Discuss Los Angeles County Employees Retirement Association's (LACERA) Supplemental Disability Allowance¹ with employee, if appropriate; and
5. Offer the employee a lower-level position in accordance with Civil Service Rules (CSR) and follow up with employee and supervisor to ensure the new assignment is appropriate.

¹ LACERA SUPPLEMENTAL DISABILITY ALLOWANCE

If the employee is in a contributory retirement plan (A – D, G), please ensure the employee is aware of the supplemental disability allowance available to employees who desire to continue working even if they are disabled from their usual and customary position. **Note:** A member who is found by the Board of Retirement (BOR) to be permanently incapacitated for the performance of his or her regular job duties, but is capable of performing the duties of another County position may be eligible for a Service Connected Disability Retirement (SCDR) or Non Service Connected Disability Salary Supplement. In such case, should the member opt to accept a lower-paying County position, LACERA will supplement the difference in compensation. LACERA should be contacted for specific information regarding eligibility.

Short-Term Disability

PURPOSE AND DEFINITION

The Short-Term Disability (STD) plan offers income replacement to ill, injured, or pregnant County employees who are Megaflex Cafeteria Plan participants.

HOW TO APPLY FOR BENEFITS

1. After an employee becomes disabled, they may contact Sedgwick, CMS (Sedgwick), the County's Third Party Administrator (TPA), at (800) 786-8600 or via their website at: www.sedgwickcms.com/calabasas to file a claim.

NOTE: To avoid a penalty, employees must file their claim no later than the last day of their 7 or 14 day waiting period, depending on which was selected during annual enrollment.

2. The Physician's Certification form must be completed by the doctor and provided to Sedgwick either by the employee or the doctor's office via fax no later than 29 days from the first day of disability.

NOTE: Employee is responsible for ensuring its completion and return to Sedgwick within the required time frame.

3. Once the complete claim information is received, Sedgwick will process a claim decision within 48 hours. However, as part of the claim review process, Sedgwick may require additional information such as copies of medical records. The employee will be advised of this requirement and whether a claims decision will be delayed.
4. If the claim is approved, Sedgwick will email a Hybrid Report to the employee's department and mail a notice to the employee. This approval will include information on the dates of disability approved for payment.
5. Department payroll will calculate the STD benefit and payment will be made through the normal payroll process.

If the claim is denied, employee will be mailed an explanation with instructions if they wish to file an appeal.

NOTE:

The Family Medical Leave Act (FMLA) entitles eligible employees up to 12 workweeks of job protected leave in a 12-month period for a variety of reasons. For more information regarding eligibility requirements, please see the County of Los Angeles Department of Human Resources Family Leave Policy Guidelines at <http://dhrcm.dhr.co.la.ca.us/fmla/>.

Transitional Return to Work (TRTW)

PURPOSE AND DEFINITION

Sedgwick supports the County's goal of attempting to return employees to work after a disability. Therefore, Sedgwick provides Transitional Return to Work (TRTW) services to County employees on the STD plan.

Depending on the claim, Sedgwick may attempt to return an employee to a modified position or a reduced work schedule. If the employee returns to a reduced work schedule, Sedgwick may authorize partial STD benefits.

THE PROCESS

1. Sedgwick submits an internal referral to the TRTW Coordinator.
2. The TRTW Coordinator contacts the department to verify if the department can provide work accommodations.
3. The TRTW Coordinator contacts the employee to determine the next medical appointment date and time.
4. In anticipation of the upcoming medical appointment, the TRTW Coordinator sends to the Health Care Practitioner a questionnaire to determine if the employee can return to work with restrictions.
5. If the doctor determines that the employee can return to work with restrictions, the TRTW Coordinator contacts the department to verify if they can accommodate the work restrictions.
6. If the department can accommodate the work restrictions, the TRTW Coordinator establishes a RTW date in collaboration with the department and notifies the employee.

For additional information regarding the County's STD Plan, please visit:

http://ceo.lacounty.gov/RTW/rtw_default.htm#none

WHEN AN INTERACTIVE PROCESS MEETING IS APPROPRIATE

If the employee does not return to work, the department should conduct an IPM to discuss the following:

- When the employee anticipates returning to work.
- Ensure employee has notified Sedgwick of change.
- Time employee is using. If personal, it is at the discretion of the department.
- If employee wishes to continue receiving STD, the department must refer the employee to Sedgwick for further review. If Sedgwick approves the STD, the department will receive another voucher.

NOTE:

Employee has 21 days to submit an “Extension of Disability” form to extend or resume a previous claim with Sedgwick if employee has not returned to work or if employee is required to be off work for a recurrence of a disability, respectively. For additional information regarding the STD Plan, contact the STD monitor at (213) 351-7278 or at <http://ceo.lacounty.gov/rtw/std.htm#none>.

Long-Term Disability

PURPOSE AND DEFINITION

Long-Term Disability (LTD) provides an income replacement benefit to Los Angeles County employees who are ill, injured, or pregnant and unable to perform the duties of their position. The employee must be on a qualifying approved leave for the required six-month waiting period. **“Employee”** refers to a County employee who is a General Member of Los Angeles County Employees Retirement Association (LACERA). General Member does not include Safety Retirement members (unless the Safety member is a MegaFlex participant).

TRIGGERS

At approximately four months of being off work, the employee must contact Sedgwick at (800) 786-8600 for an LTD application. Please allow Sedgwick approximately two months to review and process the LTD application for acceptance or denial. A penalty will occur if the application is received after one year of disability. The employee will be penalized one day for each day the application is late beyond one year. Additionally, an application will not be accepted after 30 months from the date of disability.

NEXT STEPS

1. Sedgwick will provide a monthly report to each department, listing all employees who are LTD claimants and their dates of approved disability.
2. When requested, Sedgwick will provide medical restrictions. However, Sedgwick cannot supply Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act (HIPAA) regulations.
3. In the event that Sedgwick provides a copy of the LTD termination letter to a claimant’s department, this should trigger an IPM to discuss RTW options available to the employee.
4. If Sedgwick provides a copy of the LTD approval letter indicating the employee is approved for LTD to age 65, thus confirming that the employee has been found permanently disabled per Social Security criteria and unable to work in any occupation, this should trigger an IPM to discuss the medical release process (for employees in LACERA non-contributory retirement plan E) or disability retirement (for employees in LACERA contributory retirement plans A-D and G).

Expired Medical Certification

PURPOSE AND DEFINITION

Once an employee's medical certification expires, the department must obtain current documentation to support an employee's absence from work; to address reasonable accommodation issues; and to properly code employee's timecard.

AUTHORITY — 6.20.120 PROOF OF ABSENCE

Any employee absent due to sickness, injury, pregnancy, quarantine, nonemergency medical or dental care, or on any of the leaves provided for in Section 6.20.080 of this code, may be required before such absence is authorized or payment is made, to furnish a doctor's certificate or other proof satisfactory to his department head that his absence was due to such causes. (Ord. 6222 Ch. 1 Art. 11 § 250, 1953.)

TRIGGERS

Expired medical certification.

WHAT SHOULD OCCUR

A. Non-Industrial:

1. Contact employee for updated status and send a Request for Proof of Absence (POA) letter ([Attachment C](#)) via certified mail; and
2. Obtain signed Authorization for Request or Use/Disclosure of Protected Health Information (PHI), also known as a medical release ([Attachment H](#)), from the employee; and
3. Contact the treating health care professional for updated status, request clarification of restriction(s), provide Job Description (JD), and document the correspondence or discussion on the Activity Sheet ([Attachment B](#)).

B. Industrial Injury/Illness:

1. Call employee for updated status and send a POA letter ([Attachment C](#)) via certified mail; or
2. Contact the TPA and request a copy of the medical certification; or
3. Contact the Personal Treating Physician to request clarification and/or review the job description; and
4. Review the GenIris system notes and make a copy of the notes for the file.

C. Long-Term Disability (LTD):

1. Contact the employee and request a copy of the letter from Sedgwick; or
2. Contact the personal treating health care professional to request an updated medical certification, and send a Job Description to request clarification; and
3. Contact Sedgwick for update of status.

If an employee fails to report to work or fails to provide an updated, valid medical certification, please refer to County Code Section 5.12.020 Resignation—Procedures and Methods for guidance.

NOTE:

The department does not need to request updated medical certification if the TPA has current information regarding the employee's disability status. The department should conduct a telephonic IPM, when appropriate, to inform the employee that light duty is available.

Medical Release (Civil Service Rule 9.08)

PURPOSE AND DEFINITION

In accordance with Civil Service Rule (CSR) 9.08 ([Attachment P](#)), the appointing authority may medically release an employee when a medical re-evaluation or other competent medical or legal evidence indicates the employee is unable to return to his U&C position or any other position with the County of Los Angeles.

TRIGGERS

- Employee has been deemed unfit for duty by a physician or OHP and is unable to perform the EJF's of any position with or without accommodation with the County, and is a member of Retirement Plan E; or
- Employee has been deemed unfit for duty by a physician or OHP and is unable to perform the EJF's of any position with or without accommodation with the County, and is a member of a contributory Retirement Plan (A-D or G), and has failed to cooperate in the Disability Retirement process; or
- Employee has been deemed unfit for duty by a physician or OHP and is unable to perform the EJF's of any position with or without accommodation with the County, and is a member of a contributory Retirement Plan (A-D or G); however, does not meet the eligibility requirements for a Disability Retirement.

WHAT SHOULD OCCUR

1. Verify that Employee has been found to be permanently disabled from any occupation and Sedgwick has approved LTD benefits for employee until age 65, and obtain a copy of the approval letter. In the event the employee has not been approved for LTD benefits to age 65, please consult with CEO before proceeding with a Medical Release.
2. Verify that Employee is ineligible for Los Angeles County Employees Retirement Association (LACERA) disability retirement. Ineligible employees are those in Plan E and those who have transferred into contributory plans, but have not met the disability retirement eligibility criteria. Contact LACERA for details; and
3. Conduct an IPM to address all medical release alternatives in accordance with CSR 9.08 ([Attachment P](#)).

OBTAIN CONCURRENCE FROM THE CHIEF EXECUTIVE OFFICE

Submit a written request to the CEO, Risk Management Branch, ATTN: Steven T. Robles ([Attachment Q](#)). Attach supporting documentation including the LTD approval letter from Sedgwick.

NOTIFY EMPLOYEE OF MEDICAL RELEASE

- A. Upon concurrence from the CEO Risk Management Branch, provide written notification to the employee of the department's intent to medically release them from County service ([Attachment R](#)). Consult departmental advocacy/performance management staff. The notice must specify the following:
1. Effective date of the proposed release;
 2. Facts justifying the release; and
 3. Timeframe within which the employee may respond orally or in writing (Due Process or "Skelly" Rights).
- B. Departmental management will determine if medical release is appropriate after considering the employee's response or his failure to respond within the specified timeframe. Upon final determination, the department will notify the employee in writing of his release from County service ([Attachment S](#)).

The notice must state:

1. Release is without prejudice (the employee is eligible for rehire if their condition improves); and
2. Employee has the right to appeal to the Civil Service Commission (CSC) within 15 business days of notice.

The department's Human Resources Division will request the County Department of Auditor-Controller to issue a check to the employee for any accumulated benefits.

NOTE:

- If the employee has an open workers' compensation claim, notify the TPA of the department's intent to release the employee from County service.
- If the CSC overturns the release, the department may need to reinstate the employee.

Occupational Health Programs

Occupational Health Programs (OHP) conducts various medical evaluations for the County as authorized under Civil Service Rules (CSR), particularly CSR 9.07, the Peace Officer Standards and Training, Board Policy, and labor agreements. OHP also administers reasonable suspicion drug/alcohol testing and the Employee Assistance Program.

OHP RE-EVALUATION

There are two types of reevaluations performed by OHP: psychological and medical. The type of reevaluation depends on the nature of the problem presented by the employee. A reevaluation is an independent assessment by an OHP County physician to determine the employee's medical capacity to perform the essential job duties, especially critical safety-sensitive duties such as driving or operating moving equipment, without undue hazard to self or others.

TRIGGERS

Departments may consult with OHP on re-evaluations for situations such as, but not limited to:

- Sudden loss of consciousness or confusion, either on or off duty;
- Verbal or behavioral actions that may present a risk to the safety of self or others;
- Employee had their driver's license temporarily suspended due to a medical condition; or
- Employee has poorly controlled sleep apnea as evidenced by sleepiness on the job.

WHAT TO DO

When concerns first arise, a Department must:

- Take immediate action
- Contact OHP to discuss the case
- Consider having an interactive process meeting
- For threatening behavior, report and consult with Office of Security Management, CEO.
- For problematic behavior that may result in discipline, consider implementing ordered absence procedures.

Departments are responsible to take effective measures to ensure a safe and healthful workplace.

If OHP determines that a reevaluation is warranted, the Department will prepare a written request, with the employee's information, full description of concerns, and the department contact's information.

PSYCHOLOGICAL MEDICAL RE-EVALUATION AND ORDERED ABSENCE (PPG 810)

Ordered Absence From Regular Work Location (PPG 810) is a non-disciplinary, paid action when an employee is reassigned by management to a non-County work location, including the employee's home. When the department makes the determination of the need to place an employee on Ordered Absence due to an employee's conduct that has affected their performance, then OHP should be consulted to discuss submitting a request for a psychological re-evaluation.

It should be noted that the execution of Ordered Absence is at the discretion of the departments; therefore, ordering an employee to remain at home, as opposed to reassignment to a different work location within the department, or a non-County work location, should be a last resort

PROCEDURE FOLLOWING MEDICAL RE-EVALUATION DETERMINATION

If OHP issues work restrictions as a result of the re-evaluation, the department must conduct an interactive process meeting (IPM) to explore reasonable accommodation with the candidate or employee. For additional information about IPMs, please see the IPM Protocol later in this manual.

If OHP determines the employee is unfit to perform the Essential Job Functions (EJF) of their current position or **any** other position, at such time in the foreseeable future, the Department should do the following:

1. Immediately consult with the CEO Risk Management Branch's Return-To-Work Unit (CEO-RTW), as advised by OHP's letter, to determine a plan of action. The OHP letter issued to the department will indicate the outcome of the re-evaluation, including job-relevant findings and information.
2. Schedule an IPM with the employee to discuss the status from OHP. The Department should also provide the employee with relevant benefit options, including all available time on the books (i.e., Sick, Sick Personal, Sick Percentage Time, Vacation, Holiday, etc.), and information on FMLA, STD, LTD, and LTD Health Insurance.
3. Notify the STD/LTD Administrator of the employee's OHP determination and provide them with a copy of OHP determination letter, and explore the employee's eligibility for LTD benefits.
4. Explore possible medical release if Employee is a Plan E member, pursuant to Civil Service Rule 9.08.
5. Pursuant to section 31721 of California Government Code, the Department **must** file a disability retirement application on the employee's behalf when an employee is deemed by OHP to be unfit to perform the EJF of their position or any other position, **and** they are in a contributory plan. The department shall notify the employee that it has filed an application on their behalf.

6. After all of the above has been communicated to the employee, the department may immediately end the Ordered Absence and place the employee on their own time. It is not recommended for a department to end the Ordered Absence without first meeting with the employee to notify them of applicable benefits and termination of the Ordered Absence.

If OHP determines the employee is unfit to perform the EJF of their current position, but can perform in another position, please consult with CEO RTW.

Disability Retirement

PURPOSE AND DEFINITION

Members of contributory Plans A, B, C, D, or G who become permanently disabled and are unable to perform the EJJF's of their job with or without accommodation may apply for one of the following types of disability retirement:

Service-Connected Disability Retirement (SCDR): Permanent disability resulting from an illness or injury directly related to their employment with the County of Los Angeles.

Non-Service Connected Disability Retirement (NSCDR): Permanent disability resulting from an illness or injury not related to their employment with the County of Los Angeles.

TRIGGERS

Service-Connected Disability Retirement (SCDR): A contributory plan member who becomes permanently disabled and unable to perform the EJJF's of his/her regular job due to a service-connected disability may apply to receive a SCD retirement allowance; there is no age or service requirement.

Plan D members must meet one of the following additional conditions to apply for disability retirement:

- Has been in Plan D exclusively, or
- Transferred to Plan D from Plan E via a Prospective Plan Transfer (PPT) and meets one of the following conditions:
 - ◊ Completed two years of continuous service as an active Plan D member after his/her most recent effective date of transfer; or
 - ◊ Earned five years of service credit as an active Plan D member after his/her most recent effective date of transfer (break in service).

Non-Service Connected Disability Retirement (NSCDR): A contributory plan member of any age who has at least five years (60 months) of County (or County and reciprocal) service credit and becomes permanently disabled and unable to perform the EJJF's of his/her regular job due to a NSCD may apply to receive a NSCD retirement allowance.

WHAT SHOULD OCCUR

1. During the IPM, the employee should be advised of their ability to file for a disability retirement; and

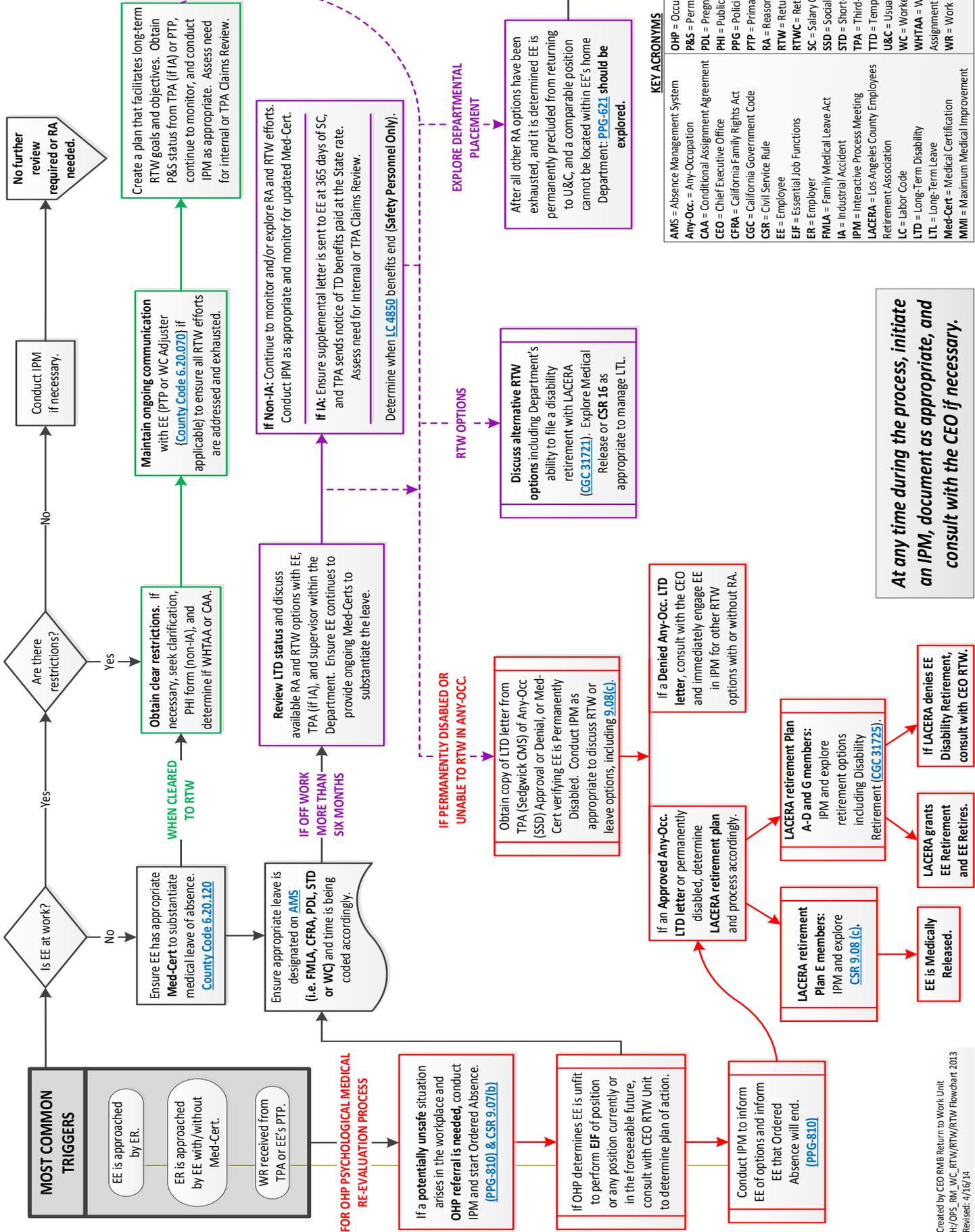
2. If the employee is unable to apply for or refuses to file for a disability retirement, the department may file an application on the employee's behalf.

NOTE:

An employee may not apply for disability retirement if they are a Plan E member or if they have withdrawn their retirement contributions. However, general members in Plans A, B, C, D, G, or E may apply for disability benefits under the County's Long-Term Disability and Survivor Benefit Plan.

An employee's disability retirement package, containing an application form and brochures detailing disability requirements, policies, and procedures is available on LACERA's website at: <http://LACERA.com> or by calling LACERA's Disability Division at (800) 786-6464.

County of Los Angeles Return-To-Work Flowchart



KEY ACRONYMS

AMS = Absence Management System	OHP = Occupational Health Program
Any-Occ. = Any-Occupation	P&S = Permanent & Stationary
CAA = Conditional Assignment Agreement	PDL = Pregnancy Disability Leave
CEO = Chief Executive Officer	PHI = Public Health Information
CFRA = California Family Rights Act	PPG = Policies Procedures and Guidelines
CGC = California Government Code	PTP = Primary Treating Physician
CSR = Civil Service Rule	RA = Reasonable Accommodation
EE = Employee	RTW = Return-To-Work
EIF = Essential Job Functions	RTWC = Return-To-Work Coordinator
ER = Employer	SC = Salary Continuation
FMLA = Family Medical Leave Act	SSD = Social Security Disability
IA = Industrial Accident	STD = Short-Term Disability
IPM = Interactive Process Meeting	TPA = Third-Party Administrator
LACERA = Los Angeles County Employees Retirement Association	TTD = Temporary Total Disability
LC = Labor Code	U&C = Usual & Customary
LTD = Long-Term Disability	WC Workers' Compensation
LTL = Long-Term Leave	WHTAA = Work Hardening/Transitional Assignment Agreement
Med-Cert = Medical Certification	WR = Work Restrictions
MMI = Maximum Medical Improvement	

At any time during the process, initiate an IPM, document as appropriate, and consult with the CEO if necessary.

Return-to-Work Process

Timeline

PERIOD	INDUSTRIAL INJURY/ILLNESS	NON-INDUSTRIAL INJURY/ILLNESS
Day 1	Supervisor provides employee with Injury Reporting Forms packet.	N/A
	Supervisor/RTW Coordinator calls the designated 800 number to report injury.	N/A
	Supervisor requests medical certification from employee after doctor's visit.	N/A
	Appropriate Leave should be designated (i.e., Family Medical Leave, California Family Rights Act Leave, and/or Pregnancy Disability Leave).	
Day 2 and 3	Submit completed injury reporting paperwork, including Wage Statement and Supervisor Investigation report, to TPA.	N/A
	Ensure the employee has submitted an appropriate medical certification to substantiate medical leave of absence.	
	Identify work restriction status and determine if a Work Hardening Assignment is appropriate.	N/A
Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting (IPM). It is crucial that all interactions with employees, including the IPM, be fully documented and a copy kept in their RTW file.		

RETURN-TO-WORK PROCESS TIMELINE

PERIOD	INDUSTRIAL INJURY/ILLNESS	NON-INDUSTRIAL INJURY/ILLNESS
Day 5 to 14	Maintain ongoing (weekly) communication with employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Ensure the employee has submitted an appropriate medical certification to substantiate medical leave.	
	Complete the Activity Log Sheet and Employee Profile form consisting of the following information: <ul style="list-style-type: none"> • Date of Birth • Hire Date • Job Classification • Payroll Status • LTD Benefits • Retirement Plan • And any other known information reflected on forms. 	
	Confirm STD MegaFlex benefits eligibility and provide accordingly.	
	Appropriate Leave should be designated	
Day 15 to 30 <small>(within the first month from date)</small>	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Conduct IPM to assess employee's ability to return to work in any capacity.	
Month 1	Maintain ongoing (weekly) communication with an employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Confirm STD MegaFlex benefits are being provided appropriately.	
	Ensure medical certification is updated and provided to TPA.	Ensure medical certification is updated and obtain medical release from employee to allow communication between the employer and employee's qualified health care professional.
	Contact the TPA for workers' compensation claim status to ensure time is being coded appropriately.	N/A
	Create a plan that facilitates long-term RTW goals and objectives.	
	Obtain work restriction status.	
Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting (IPM). It is crucial that all interactions with employees, including the IPM, be fully documented and a copy kept in their RTW file.		

RETURN-TO-WORK PROCESS TIMELINE

PERIOD	INDUSTRIAL INJURY/ILLNESS	NON-INDUSTRIAL INJURY/ILLNESS
Month 2	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	If appropriate, conduct IPM to assess employee's ability to return to work.	
	Discuss available options with employee, such as: <ul style="list-style-type: none"> • Modified duty • Suitable accommodation 	
	Contact the TPA for workers' compensation claim status to ensure time is being coded appropriately.	N/A
Month 3	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Create a plan that facilitates long-term RTW goals and objectives.	
	Obtain Permanent & Stationary status from TPA.	N/A
	Discuss work restrictions with employee's supervisor.	
Month 4	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Notify employee of their ability to file for Long-Term Disability benefits.	
	Maintain contact with the TPA regarding any unresolved workers' compensation issues.	N/A
Month 6 to 9	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Maintain contact with the TPA regarding any unresolved workers' compensation issues. Determine if case is appropriate for TPA Claim Review: <ul style="list-style-type: none"> • Complex RTW issues • High-dollar value cases • Long-term absence and skill retention • Fraud • Other personnel-related issues 	Obtain information regarding work restrictions from a qualified health care professional (make sure to obtain medical release from employee).
Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting (IPM). It is crucial that all interactions with employees, including the IPM, be fully documented and a copy kept in their RTW file.		

RETURN-TO-WORK PROCESS TIMELINE

PERIOD	INDUSTRIAL INJURY/ILLNESS	NON-INDUSTRIAL INJURY/ILLNESS
Month 6 to 9 (continued)	Obtain copy of Long-Term Disability letter of approval or denial from TPA (Sedgwick, CMS).	
	Verify with payroll that MegaFlex I/A payments have ceased, and TPA starts Temporary Disability (TD) payments at State rate.	Verify with payroll that MegaFlex payments have ceased.
Year 1	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Assess need for Claim Review with the TPA.	N/A
	If appropriate, conduct IPM to assess employee's ability to return to work in any capacity.	
	Send supplemental letter to employee at 365 days of salary continuation and ensure the TPA sends notice of TD benefits being paid at the State rate.	N/A
	Determine when LC 4850 benefits end (Safety Personnel Only).	N/A
Year 1 1/2	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Determine if case is appropriate for TPA Claim Review: <ul style="list-style-type: none"> Complex RTW issues High dollar value cases Long-term absence and skill retention Fraud Other personnel-related issues 	N/A
Year 2	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Conduct an Interactive Process Meeting to discuss alternatives with the employee, including the department's ability to file a disability retirement application with LACERA.	
Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting (IPM). It is crucial that all interactions with employees, including the IPM, be fully documented and a copy kept in their RTW file.		

RETURN-TO-WORK PROCESS TIMELINE

PERIOD	INDUSTRIAL INJURY/ILLNESS	NON-INDUSTRIAL INJURY/ILLNESS
Year 2 1/2	Contact Sedgwick, CMS, to obtain information about the employee’s disability status (i.e., does the employee meet the definition of disability according to Social Security criteria?).	
	If the employee meets the definition of total disability precluding them from working in any capacity, conduct an Interactive Process Meeting with the employee to assess their status.	
	Retirement Plan E participants may be medically released if it is determined that they can no longer work in any capacity.	
	<p>Retirement Plan A – D participants who have been determined to be precluded from working in any capacity should file for a disability retirement or the department may file on their behalf.</p> <p>If the following circumstances occur, please contact your CEO/RTW liaison and/or County Counsel for guidance:</p> <ul style="list-style-type: none"> • Sedgwick, CMS, has approved the employee for Federal Social Security Act (FSSA) criteria for “Total Disability.” • Employee is denied by LACERA for Service Connected Disability Retirement (SCDR) due to: “No Direct Causation to the Job.” • Employee is denied by LACERA for Non-Service Connected Disability Retirement (NSCDR) due to: “Fewer than 5 years of County service;” or • Employee is denied by LACERA for Regular Service Retirement due to: “Fewer than 10 years of County service and less than age 50.” 	
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting (IPM). It is crucial that all interactions with employees, including the IPM, be fully documented and a copy kept in their RTW file.</p>		

Glossary

A

Accepted (Claim): A workers' compensation claim in which the claims administrator agrees that the worker's injury is covered as a work-related injury or illness.

Active Return-to-Work Case: Includes the following:

- Employee off work due to an industrial or non-industrial disability.
- Employee working in any temporary modified/alternative position pending resolution of work status.
- Employee with a pending request for reasonable accommodation.
- Any situation where the department determines risk exposure requires ongoing action or monitoring.

Accident: An event or circumstance(s) causing or leading to an injury or illness, arising out of and in the course of employment. Also includes occupational disease. Generally, does not include stress other than as an acute reaction to a traumatic event.

Accommodation: The changing of work or work methods in order to permit a person to return to productive employment including reasonable modifications to the work environment.

Agreed Medical Examiner (AME): An evaluation performed by a doctor who was agreed upon by the employer/Third Party Administrator (TPA) and the employee/attorney. This evaluation is for the doctor's opinion, which is considered final.

Alternative Job: A job for the injured/ill employee that accommodates the permanent work limitations/restrictions of the employee. An alternative job must meet the following criteria:

1. The employee must meet the minimum requirements of the new job;
2. The employee must be able to perform the essential functions of the new job;
3. The job must be a budgeted position lasting at least 12 months;
4. The wages offered must be at least 85% of wages paid at time of injury/illness; and
5. The job must be within a reasonable commuting distance for the employee.

Americans with Disabilities Act (ADA): A federal law that prohibits discrimination against disabled persons. Employers are to afford disabled employees the same rights, opportunities, and benefits as non-disabled employees. The ADA requires that a physical disability must “substantially limit one or more of the major life activities of such individuals.”

AOE/COE (Arising out of and occurring in the course of employment): Caused by a worker’s job and occurring during the course of his/her work. An injury or illness must be AOE/COE to be covered or compensable by workers’ compensation.

Applicant: The party, usually the injured worker, who establishes a case before the Workers' Compensation Appeals Board (WCAB).

Application for Adjudication of Claim (application or app): Filing this form establishes a case before the Workers' Compensation Appeals Board (WCAB). A WCAB case number will be assigned.

Apportionment: An approved methodology to determine how much of an employee’s permanent disability is due to his/her industrial injury and how much is due to other causes.

B

Benefit: A payment made to a worker or a dependent in relation to a compensable injury or condition.

Business Necessity: When an employer must release an employee who is out due to injury or illness, based on the hardship placed on the business to maintain at least a minimum level of service for its clients.

C

California Family Rights Act (CFRA): Similar to FMLA, except it allows time off to care for a domestic partner. Also, it specifically excludes pregnancy related disabilities. Therefore, an employee may not coordinate CFRA leave with Pregnancy Disability Leave (PDL). However, 12 weeks of CFRA may run consecutively with PDL to care for a newborn. (Note: there is a combined FMLA and CFRA 12 week cap on the continuation of health coverage.)

Causation: The determination that employment resulted in (or ‘caused’) an illness or injury.

Choices Plan: A comprehensive benefit program offered to full-time, permanent employees represented by an SEIU Local 721 bargaining unit, or in an eligible class of employees approved for Choices by the Board of Supervisors.

Claim Form: A form used to report a work injury or illness to an employer (DWC-1). The State of California Division of Workers’ Compensation “Employees Claim Form.” The form can be accessed at: <http://www.dir.ca.gov/dwc/forms.html>.

Claims Administrator: An organization that handles workers’ compensation (WC) claims for employers. Also called “Claims Examiner” or “Claims Adjuster”. Los Angeles County utilizes Third Party Administrators (TPAs) to function as its claims administrator.

Closed Claim: A claim for which no further action or activity is expected; or a claim which is not actively being administered for benefit delivery.

Compensation: A term commonly used to refer to benefits paid to employees.

Compromise and Release (C&R): A final settlement of an employee’s workers’ compensation (WC) case where the parties agree on a single lump sum payment. It usually settles all outstanding issues. The worker may become responsible for paying future medical care for the injury.

Conditional Assignment Agreement: An agreement between the employer and employee used to document the specifics regarding a temporary assignment when time is needed to identify permanent placement after it is determined that the employee can never return to their Usual & Customary (U&C) job. To be used to after employee has reached Permanent and Stationary (P&S) status, has permanent work restrictions for either an Industrial or non-Industrial injury or illness, and/or has Occupational Health Programs (OHP) permanent work restrictions. See [Attachment I](#).

Consultative Rating: A rating of permanent disability provided by the Division of Workers Compensation (DWC) Disability Evaluation in response to a request by the WCAB, Workers' Compensation Judge, Settlement Referee, or Information & Assistance Officer.

Cumulative Trauma (CT): An injury that is caused by repeated events or repeated exposures at work. For example, Carpal Tunnel Syndrome (CTS) that is a result of performing long-term repetitive motion.

D

Date of Injury (DOI): The date on which the work-related injury took place. If the injury was caused by one event (a specific injury), this is the date of the event. If the injury was caused by repeated exposures (a cumulative injury), this is the date that the worker knew or should have known the injury was caused by work.

Death Benefits (DB): Benefits paid to surviving dependents if a work-related injury or illness results in death within five years from the date of injury.

Decision and Order (D&O): A decision by the Rehabilitation Unit on a Vocational Rehabilitation (VR) dispute. (Vocation Rehab benefit sunset occurred December 31st, 2008).

Declaration of Readiness (DOR or DR): A form to request a hearing before a workers' compensation administrative law judge in order to resolve a dispute.

Defendant: Usually the employer or his/her representative.

Deposition: A formal session in which an attorney asks questions of a party under oath. It is the equivalent of testifying at a trial. The testimony is recorded by a court reporter and may be used as evidence in a trial situation. Depositions may only take place if an application for adjudication has been filed.

Disability: The limiting loss or absence of capacity of a worker to meet personal, social or occupational demands, or to meet statutory or regulatory requirements.

Disability Evaluation Unit (DEU): A unit within DWC that calculates the percentage of permanent disability based upon the medical reports.

Disability Management: The proactive, employer-centered process of coordinating the activities of labor, management, insurance carriers, health care providers, and vocational rehabilitation professionals for the purpose of minimizing the impact of injury, disability or disease on a worker's capacity to successfully perform his/her job.

Disability Management Coordinator: The employer representative who directs the workplace's disability management activities.

Discrimination Claims (LC 132a): A petition filed against an employer for allegations that discriminatory action was taken against an employee for claiming an industrial injury.

Division of Workers' Compensation (DWC): A division of the State of California Department of Industrial Relations. http://www.dir.ca.gov/dwc/dwc_home_page.htm

Doctor's First Report of Injury (Form PR 5021): A form completed by a doctor after an injured employee's first visit. It describes the cause of injury, and medical treatment advice, or any work restrictions needed.

DWC Medical Unit: The DWC unit that certifies qualified medical evaluators (QME) and issues panel QMEs when there is a dispute with the treating doctor's report (see panel QME).

E

Early Return-to-Work (ERTW) letter: Letter to the treating doctor explaining the RTW program, providing carrier information, and identifying an employer contact.

Earnings: Wages, salary, overtime, or any other related remuneration designated as such by the WCAB.

Earnings Replacement Benefit: A benefit paid to a worker who experiences a loss of earnings as a result of a workplace injury.

Ergonomics: The science of adapting work environments to suit the capabilities and characteristics of an individual. Size, shape, age, gender, and physical abilities, in addition to strength, endurance and work tolerance, can affect the ability of some workers to do their jobs. Ergonomics considers job design, tools and equipment, the management of physical environments, and worker capabilities and limitations.

Essential Job Functions (EJF's): Core functions of a job, without which the job outcome could not be achieved and these elements cannot be reassigned to other workers.

F

Fair Employment and Housing Act (FEHA): A State law administered by the California Department of Fair Employment and Housing that prohibits discrimination against disabled persons. In some respects, FEHA is more protective of employees than the federal Americans With Disabilities Act (ADA).

Fair Labor Standards Act (FLSA): Provides that hourly paid employees who work FLSA overtime hours must be compensated for their overtime hours at a rate not less than one and a half times their regular hourly wage.

Family Medical Leave Act (FMLA): A federal law administered by the U.S. Department of Labor, that requires most employers with 50 or more employees to grant unpaid leave, without loss of job, to workers with serious health problems or who need to care for a child or other qualifying family member. The FMLA Manual may be found at <http://dhrdcap.co.la.ca.us/fmla/>.

Findings & Award (F&A): A workers' compensation administrative law judge's decision related to an applicant's entitlement to workers' compensation benefits.

First Aid: Any one-time treatment, and any follow up visit for the purpose of observation, or minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. The one-time treatment and follow up visit for observation may be provided by a

physician or registered professional personnel. First aid treatment does not have to be reported to the workers' compensation (WC) TPA.

Flex Plan: A comprehensive flexible benefits program that allows a full-time, permanent employee of the County of Los Angeles, who is in an eligible classification, to be approved for the Flexible Benefit Plan. Only these employees may continue their enrollment in the Flexible Benefit Plan.

Fraud: Any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation (WC) benefits.

Future Medical: Ongoing benefits for medical treatment for a work related injury.

G

GenIRIS: An electronic system utilized by the Third Party Administrators to manage and document employees' workers compensation claims. Access to this system provides the RTW Coordinator with the ability to view limited information such as correspondence and notes related to workers' compensation claims.

H

Hearings: Formal proceedings held at the Workers' Compensation Appeals Board (WCAB) before a workers' compensation administrative law judge, to discuss issues or receive information from various sources in order to make a decision about a dispute or a proposed settlement.

I

Impairment: The loss of use of any body part, system, or function.

In Pro Per: An injured worker or other party who is not represented by an attorney.

Industrial Accident (IA): An accident arising out of or occurring during the course of employment (AOE/COE), or (proximately caused) by employment.

Injury: For workers' compensation (WC) purposes, any injury or illness arising out of employment. There are three types of injuries:

1. Specific incident;
2. Repetitive or cumulative over time; and
3. An aggravation of a medical condition which is either pre-existing to employment or not directly related to employment.

Interactive: A process that is mandated by the State of California's FEHA law and strongly recommended by the Federal government's ADA law. It is intended to provide departments and employees with the opportunity to discuss and cooperatively determine the most appropriate plan of action.

Interactive Process Meeting (IPM): A specific Interactive Meeting between employer and employee, designed to discuss current issues such as changes in course of treatment/restrictions and/or other information and intended to evaluate and determine a plan of action involving reasonable accommodation for the employee.

J

Job Analysis (JA): A study of an employee's work/work area conducted by an outside vendor certified and licensed in the area of ergonomics and/or vocational rehabilitation. It is intended to assist the employer in indentifying/determining effective and appropriate accommodation for employees.

Job Description (JD): A document describing in some detail the required tasks and time needed to perform the employee's Usual and Customary job. It is a flexible, 'plug and play' document intended to provide the treating physician a better understanding of the employee's job. Its purpose is to assist the doctor in their evaluation of the employee to determine restrictions and whether or not an employee can return to work. This determination is up to the employer, but the treating physician provides the medical certification that reflects the employee's course of treatment/restrictions, and is therefore crucial in assisting the employer in making the best choice in accommodating the employee.

K

L

Light Duty: Temporary change in job assignment to accommodate work restrictions while an injured employee is healing. The position may or may not pay at the same rate as employee's normal work assignment. Lost wages may be partially supplemented by temporary partial disability (TPD) payments.

Litigated Claim: A workers' compensation (WC) claim where an application for adjudication has been filed.

Long-Term Disability (LTD): A benefit that provides an employee with partial income replacement if they become sick or injured and cannot work.

M

Mandatory Settlement Conference (MSC): A required conference to discuss settlement of disputed issues prior to a trial.

Maximum Medical Improvement (MMI): Newer term for Permanent and Stationary (P&S) status; can be used interchangeably to describe the employee's condition as a result of their industrial injury when it will neither improve nor deteriorate. This is determined by a treating physician, and is a prerequisite to determining any permanent disability.

Medical Only (MO) Claim: A work related injury case, in which there is no lost time away from work.

Medical Provider Network (MPN): Any entity or group of providers approved as a Medical Provider Network by the Administrative Director pursuant to Labor Code sections 4616 to 4616.7. See http://ceo.lacounty.gov/mpn/mpn_default.htm for more information.

Medical Treatment: Treatment reasonably required to 'cure or relieve' the employee from the effects of a work-related injury or illness. This also includes prescriptions or prescribed items such as durable medical equipment.

MegaFlex Plan: A comprehensive flexible benefits program offered to full-time, permanent employees of the County of Los Angeles, who are in an eligible classification of employees approved for MegaFlex by the Board of Supervisors.

Modified Job: A modified job means that an injured worker will work the position held as 'usual and customary' with a variation or slight limitation until released to usual and customary. A modification of the usual and customary job is designed to accommodate a Qualified Injured Worker (see definition). A modified job must meet the following criteria:

1. The employee must be able to perform the essential function of the job;
2. The job must be a regular position lasting at least 12 months;
3. The wages offered must be the same as wages paid at the time of injury; and
4. The job must be within a reasonable commuting distance.

N

Non-Service Connected Disability (NCSD): Permanent disability. Resulting from an illness or injury not related to their employment with the County of Los Angeles.

Nurse Case Manager (NCM): A Registered Nurse (RN) assigned by the TPA claims adjuster, to monitor medical treatments.

O

Occupational Disease: A disease arising out of and in the course of employment and resulting from causes or conditions which are peculiar to, or characteristic of, a particular trade, occupation, or place of employment.

Options Plan: A comprehensive benefit program offered to full-time, permanent employees of the County of Los Angeles who are represented by an SEIU Local 721 bargaining unit, or in an eligible class of employees approved for Options by the Board of Supervisors.

Order Taking Off Calendar (OTOC): An order that places a WCAB case in an inactive status.

P

Panel Qualified Medical Evaluator (Panel QME): A list of three independent qualified medical evaluators issued by the Division or Workers' Compensation Medical unit. The injured employee selects any one of the three doctors for evaluation. This is for workers not represented by an attorney.

Party: The injured worker, the claims administrator, the employer, attorneys, and any other person who has an interest in the claim (for example, doctors or hospitals that have not been paid).

Permanent and Stationary (P&S): A term used to describe the employee's condition as a result of their industrial injury when it will neither improve nor deteriorate. This is determined by the treating physician, and is a prerequisite to determining any permanent disability. See also Maximum Medical Improvement (MMI), which may be used interchangeably.

Permanent Disability (PD): Payments to a worker whose job injury permanently limits the kinds of work that he or she can do. Permanent Partial Disability (PPD) benefits are payments to a worker who can still work, but whose ability to compete in the open labor market is reduced. Permanent Total Disability (PTD) are payments to a worker who is considered permanently unable to compete in the open labor market.

Permanent Disability Advance (PDA): A payment of undisputed permanent disability prior to an award.

Permanent Disability Payments: Mandatory bi-weekly payments of permanent disability.

Permanent Disability Rating: The determination of the level of permanent disability based on a physician's medical report. Ratings can be done by claims administrators, attorneys, independent raters, or the Disability Evaluation Unit (DEU). A numeric percentage from 1% to 100%.

Petition for Reconsideration: An appeal of a decision issued by a workers' compensation (WC) administrative law judge. It must be filed within 20 days of the judge's final decision.

Plan of Action (POA): An individual plan which is designed to assist the injured worker to successfully return to work. Plans of action have time frames and schedules that are transitional and depend upon the type of injury, physical abilities and limitations, skills and pre-accident employment duties of the worker.

Pre-designation of Personal Physician: An employee informing an employer in writing, prior to getting injured on the job, that he/she wishes to be treated by his/her personal physician in the event of a job injury. If employee pre-designates a physician, he/she will be allowed to be treated by his/her personal physician right after injury, rather than being treated by a physician in the Medical Provider Network selected by his/her employer or the claims administrator.

Pregnancy Disability Leave (PDL): Six 40-hour weeks (704 hours) of unpaid leave due to pregnancy, childbirth, or related medical conditions that run concurrently with FMLA. Effective January 1, 2014, the County is required to continue payment for health insurance costs during PDL.

Pre-Injury Work: The work performed on the date of the injury, with all the duties, functional demands, obligations, rights, rules, earnings, qualifications, opportunities, and other pertinent aspects. (See also U&C)

Primary Treating Physician (PTP): The doctor who has overall responsibility for treatment of an employee's industrial injury or illness. There can only be one PTP at a time.

Protected Health Information (PHI): A form template that authorizes the employee's healthcare provider to release private medical information to specified parties. See [Attachment H](#).

Q

Qualified Health Care Professional: A person who is qualified in their area of expertise to assess, treat, and provide a medical opinion as to an individual's medical status.

Qualified Injured Worker (QIW): An employee whose expected permanent disability as a result of injury, permanently precludes, or is likely to preclude the employee from engaging in his/her usual occupation (U&C) or the position in which he/she was engaged at the time of injury.

Qualified Medical Evaluator (QME): An independent physician certified by the Division of Workers' Compensation Medical Unit to perform medical evaluations.

Qualified Rehabilitation Representative (QRR): A person who is trained and able to develop and implement a vocational rehabilitation plan and whose experience and regular duties involve the evaluation, counseling, or placement of disabled persons. Also called "rehabilitation counselor".

R

Return-To-Work Coordinator: An individual whose primary responsibility is to assist in the development of each injured worker's Return-To-Work Plan.

S

Serious and Willful Misconduct (S&W): A petition filed if the injury is caused by the serious and willful misconduct of the employer or the injured worker.

Service Connected Disability (SCD): Permanent disability resulting from an injury or illness directly related to their employment with the County of Los Angeles.

Short-Term Disability (STD): A disability benefit that may replace part of a MegaFlex employee's pay for up to 182 days if they have an Industrial or Non-Industrial illness/injury.

State Disability Insurance (SDI): A branch of the Employment Development Department that pays temporary disability benefits for non-industrial injuries or illnesses. Los Angeles County is not a covered entity.

Stipulation with Request for Award (Stip): A settlement where the parties agree on the terms of an award. It may include future medical treatment. Payment takes place over time.

Subject Matter Expert (SME): A person who can provide pertinent information in their area of expertise.

Subpoena: A document that requires a witness to appear at a hearing. There must be an application for adjudication on file for a subpoena to be valid.

Suitable Employment: Any employment that a worker has the necessary skills to perform, is medically able to perform, and that does not pose a health or safety hazard to the worker or any co-worker.

Summary Rating: The percentage of permanent disability calculated by the DWC Disability Evaluation Unit (DEU), based on either the primary treating physician or a panel QME.

Supplemental Job Displacement Benefit (SJDB): Employers injured on or after January 1, 2009, who are permanently unable to do their usual job, and whose employer does not offer other work, may qualify for the SJDB. This benefit comes in the form of a non-transferable voucher that can be used to pay for educational retraining or skill enhancement, or both at State-approved or State-accredited schools. The voucher covers tuition fees, books, and expenses required by the school for training.

Survivor Benefits (SB): A benefit program for survivors of Non-MegaFlex employees who die either as a direct consequence or result of injury, disease, or illness. The employee must have five years of County service prior to death. Safety members are not covered under this program.

T

Temporary Disability (TD) or Temporary Total Disability (TTD): A wage replacement benefit paid when a physician reports that an employee cannot work due to an industrial injury or illness pursuant to the filing of a workers' compensation claim. It is a non-taxable benefit paid over a seven day week and is designed to replace wages while an employee is temporarily disabled.

Temporary Partial Disability (TPD): A wage replacement benefit that may be paid when an injured employee returns to work but at less than full earnings (AKA "wage loss"), pursuant to the filing of a workers' compensation claim.

Third-Party Administrator (TPA): Contractors that provide services to the County for workers' compensation claims administration, Long-Term Disability (LTD), and Short-Term Disability (STD).

Transferable Skills: Skills acquired in the performance of jobs or hobbies that can be used in other jobs.

Transitional Work: Temporary assignment of tasks to perform while recovering from injury or illness.

Treating Physician: A physician as defined by the County code, who examines or provides treatment to the employee.

U

Undue Hardship: Evidence of detrimental impact on the productivity, operation, or profitability of an employer's business. Used in connection with employer's duty to alter the work or the work environment to facilitate an injured worker's return to work.

Usual and Customary (U&C): Referring to the employee's ordinary or regular work at the time of injury.

Utilization Review (UR): A systematic review conducted by professional personnel of the appropriateness, quality of, and need for health care services rendered to injured workers.

V

Voice Recognition (VR): A software program that can be utilized to recognize an individual's voice patterns to allow for an alternative means of computer input replacing the keyboard.

W

Wage Loss: Temporary Disability (TD) benefits that may be paid when an employee returns to work at less than full earnings. Also known as temporary partial disability (TPD).

Work Hardening: Temporary work duties used as part of a recovery program that conditions and strengthens the worker's physical capabilities and increases workday tolerance.

Work Hardening Transitional Assignment Agreement (WHTAA): An agreement between the employer and employee that allows an employee to return to work in an assignment performing functions other than those usually assigned, and is intended to allow an employee the opportunity to recover from their injury/illness while continuing to work. To be used for employees

that have temporary work restrictions for an Industrial or non-Industrial injury or illness, have not yet reached Permanent & Stationary (P&S) status, or have Occupational Health Programs (OHP) temporary work restrictions. This agreement is meant to be temporary and should be revisited every 12 weeks until the employee becomes P&S. See [Attachment I](#).

Work Restrictions: Limitations of work activities which are imposed by the doctor, based upon medical evidence.

Workers' Compensation Appeals Board (WCAB): The judicial unit that formally resolves workers' compensation disputes.

X, Y, Z



County of Los Angeles - Chief Executive Office - Risk Management Branch
Return-to-Work and Disability Management Unit
Contacts and Departmental Assignments By Cluster

Gaile Aguila, RTW Specialist Ph. (213) 351-8813 Email: GAguila@ceo.lacounty.gov		Del Riley, RTW Specialist Ph. (213) 351-8402 Email: DRiley@ceo.lacounty.gov		Miriam Gomes Oprisan, RTW Specialist Ph. (213) 351-8428 Email: MGomesOprisan@ceo.lacounty.gov	
Department	Dept Codes	WC TPA	Department	Dept Codes	WC TPA
Children and Families' Well Being			Public Safety		
Child Support Services	CD 371	Intercare	Agricultural Commission WM	AW 10	Sedgwick
Children and Family Services	CH 350	Sedgwick	Alternate Public Defender	AD 675	Intercare
Community and Senior Services	C5 325	Sedgwick	Animal Care and Control	AN 620	Sedgwick
Public Social Services	S5 140	Sedgwick	Coroner	ME 340	Intercare
Operations, Budget and Capital Programs			District Attorney	DA 370	Intercare
Assessor	AS 40	Sedgwick	Fire	FR 390	Intercare
Auditor-Controller	AU 50	Intercare	Military and Veterans Affairs	MV 767	Sedgwick
Executive Office (BO5)	B5 61	Intercare	Probation	PB 640	Sedgwick
Chief Information Office	IO 80	Intercare	Public Defender	PD 670	Intercare
Consumer Affairs	CA 762	Sedgwick	Sheriff	SH 770	York
County Counsel	CC 360	Intercare			
Human Resources	HM 100	Intercare			
Internal Services	IS 300	Intercare			
Museum of Art	AR 35	Intercare			
Museum of Natural History	NH 440	Intercare			
Registrar-Recorder/County Clerk	RR 710	Sedgwick			
Treasurer and Tax Collector	TT 790	Sedgwick			
No Cluster Assigned			No Cluster Assigned		
Los Angeles Superior Court	SC 441, 442, 443	Intercare			
Chief of Return-to-Work and Disability Management Unit					
Indira "Didi" Richards	(213) 351-6362	IRichards@ceo.lacounty.gov	Stephanie Leeks, RTW Specialist	(213) 738-2228	SLeeks@ceo.lacounty.gov
Return-to-Work Supervisor					
Jackie Stoniker	(213) 738-2116	JStoniker@ceo.lacounty.gov	Humphrey Ahaïwe	(213) 738-2224	HAhaïwe@ceo.lacounty.gov
CEO Short-Term Disability Specialist					
Mark LeBlanc	(213) 351-7278	MLEblanc@ceo.lacounty.gov	Tammy Usher	(213) 738-2143	TUsher@ceo.lacounty.gov
Short-Term and Long-Term Disability Third Party Administrator					
Sedgwick Claims Management Services (800) 786-8600					
Worker's Compensation Third Party Administrators					
York Risk Services	(Unit 1)	(800) 782-5888	Intercare Insurance Services	(Unit 3)	(866) 221-2968
Tristar Risk Management	(Unit 2)	(800) 377-3487	Sedgwick Claims Management Services	(Unit 4)	(855) 238-4936

Other Resources

WORKERS' COMPENSATION PROGRAM

Alex Rossi, Manager/Contract Administrator	(213) 738-2154	arossi@ceo.lacounty.gov	
Tony Taras	Chief Program Specialist/Contract Mgr	(949) 635-3125 x1678	ttaras@ceo.lacounty.gov
Rose Bloom	Supervisor Unit 1 & 2	(949) 635-3125 x1676	rbloom@ceo.lacounty.gov
	Toni Vu, Monitor Unit 1	(949) 635-3125 x1679	tvu@ceo.lacounty.gov
Joe Carrillo	Supervisor Unit 3 & 4	(714) 480-4422	jcarrillo@ceo.lacounty.gov
	Pamela Kennedy, Monitor Unit 3	(714) 480-4421	pkennedy@ceo.lacounty.gov
	Ernie Romo, Monitor Unit 4	(213) 351-6434	eromo@ceo.lacounty.gov
Brian McKenzie	Fraud Investigation	(661) 351-6426	bmckenzie@ceo.lacounty.gov
Chun Liu	Vendor File Management	(213) 738-2199	bmckenzie@ceo.lacounty.gov
	Medical Provider Network (MPN)

OCCUPATIONAL HEALTH PROGRAMS (OHP)/LOSS CONTROL AND PREVENTION

Steve NyBlom, Manager	(213) 738-2214	snyblom@ceo.lacounty.gov
Barbara Knighton, Chief Program Specialist	(213) 637-1856	bknighton@ceo.lacounty.gov
Loss Control and Prevention	(213) 637-1856	
Occupational Health Programs	(213) 738-2177	
Employee Assistance Program (EAP)	(213) 738-4200	

OTHER COUNTY DEPARTMENTS

Department of Human Resources

PPG 621, FMLA/CFRA/PDLA: Sylvia Quintanilla

(213) 738-2235

County Counsel

Principal Deputy

(213) 974-1957



ATTACHMENTS

**County of Los Angeles
Return-To-Work
EMPLOYEE PROFILE**

- Industrial Accident (I/A)
 Non-Industrial Accident (Non-I/A)

Date: _____

PERSONAL INFORMATION			
Employee Name	Employee Number	DOB	Retirement Plan
Payroll Title	Physical Class		Hire Date
Home Address			
Home Phone	Other Contact Number		
Work Location	Supervisor	Contact Number	
LEAVE HISTORY			
Date of Injury/Illness	Leave Start Date		
WC Third Party Administrator	Adjuster Name/Number	Claim Number	
CLAIM STATUS			
<input type="checkbox"/> Delayed _____ Date <input type="checkbox"/> Denied _____ Date <input type="checkbox"/> Accepted _____ Date <input type="checkbox"/> Closed _____ Date			
Benefits : <input type="checkbox"/> TTD <input type="checkbox"/> Post TD <input type="checkbox"/> PD <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> Other _____ Litigated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK STATUS			
Working <input type="checkbox"/> No <input type="checkbox"/> Yes RTW Date: _____ <input type="checkbox"/> U&C <input type="checkbox"/> Mod/Alt <input type="checkbox"/> Temporary <input type="checkbox"/> Long Term Leave (6 months or more)			
WORK RESTRICTIONS			
(for actual restrictions, please see Work Hardening Transitional Assignment Agreement or Work Restriction Document)			
<input type="checkbox"/> TEMPORARY _____ Date Received <input type="checkbox"/> PERMANENT _____ Date Received <input type="checkbox"/> P&S/MMI _____ Date Received			
ACCOMMODATIONS AND AGREEMENTS			
Work Hardening Transitional Assignment Agreement (WHTAA)			
WHTAA Start _____	End _____	Extended To _____	
WHTAA Start _____	End _____	Extended To _____	
WHTAA Start _____	End _____	Extended To _____	
Conditional Assignment Agreement (CAA)			
CAA Start _____	End _____	Extended To _____	
CAA Start _____	End _____	Extended To _____	
CAA Start _____	End _____	Extended To _____	
PRIOR ACCOMMODATIONS / ERGONOMICS:			
EMPLOYMENT STATUS			
<input type="checkbox"/> Medical Release <input type="checkbox"/> Retirement <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Return-To-Work <input type="checkbox"/> Resignation <input type="checkbox"/> Termination			

Other IA/Non-IA Files:

No Yes

Comments:

[Department Letterhead]

[Date]

[Employee Name and Address]

REQUEST FOR PROOF OF ABSENCE

Dear Mr./Ms. _____:

This is to inform you that we do not have a current medical certificate on file for you covering your absence since [Date].

Pursuant to Section 6.20.120 of the Los Angeles County Code, any employee absent due to sickness, injury, pregnancy, quarantine, non-emergency medical or dental care, may be required, before such absence is authorized or payment is made, to furnish a doctor's certificate, or other proof satisfactory to his Department Head, that his absence is due to such cause.

Therefore, please provide our office with satisfactory proof of your absence, on your medical provider's official letterhead, covering your absence since [Date], on or before [Date]. You may also fax your medical certification to our office at (XXX) XXX-XXXX.

Failure to report to work or to provide an acceptable medical certification by the date stated above may result in your discharge from County service based on your unauthorized absence. Reporting to work alone does not preclude the Department from taking disciplinary action for your unauthorized absence from work.

Additionally, you are reminded that it is your responsibility to keep management informed of any change in your address and/or telephone number and to timely submit documentation to support your need to extend your leave prior to the expiration.

If you have any questions, please contact [Dept. RTW Contact Name and Section], at [Phone number]

Sincerely,

[Dept. Head Name]
[Title]

[Chief Name], Chief
[Section]

c: [HR contact name]
Employee Disability File

[Department Letterhead]

[Date]

[Employee Name and Address]

Dear Mr./Ms. _____:

Our records indicate that you have been continually absent without authorization from work since _____. As of today, you have not communicated with any staff from the Department or submitted a valid medical certification to authorize your continued absence.

As we advised you previously, Section 6.20.120 of the County Code states that any employee absent due to sickness, injury, pregnancy, quarantine, non-emergency medical or dental care, or on any of the leaves provided for in Chapter 6.20 of the County Code may be required, before such absence is authorized or payment is made, to furnish a doctor's certificate or other proof satisfactory to his/her department head that his/her absence was due to such causes.

Our Return-to-Work (RTW) Unit has the responsibility of maintaining your timesheets until you have returned to your regularly assigned division or other designated work location. It is your responsibility to keep the RTW Unit informed of your medical status by providing current medical certification in a timely manner. You can mail your valid medical certification to the Return-to-Work Unit at _____ or fax to (xxx) xxx-xxxx within one day of your doctor's visit. Attached is the medical certification form that is to be provided to your doctor for signature and returned to the RTW Unit. A fax will be accepted with the original to follow within 5 business days.

You are required to submit valid medical certification that covers your unauthorized absences beginning with _____. If we do not receive a valid medical certification that justifies your absences by _____, you will be hereby required to report to your regularly scheduled on-duty shift effective _____.

Prior to reporting to your actual work location, you have been scheduled to meet with Mr./Ms. _____ of the Americans with Disabilities Act (ADA)/Fair Employment and Housing Act (FEHA) Unit, to conduct an interactive, reasonable accommodation meeting that will address any work restrictions you may have and identify any reasonable accommodations, if needed. A meeting with Mr./Ms. _____ is scheduled as follows:

DATE:

TIME:

LOCATION

To ensure the Department has all the necessary information needed, a current medical certification from your treating physician will be needed with recommendations of accommodations or work restrictions that will assist in addressing any disability request you may have to enable you to perform the essential functions of your position as _____.

In accordance with Civil Service Rule 5.12.020 (A), if you do not submit a valid medical certification that covers your absences or you do not report to your regularly scheduled on-duty shift by the close of the business day on _____, you may be deemed by the Department to have resigned your position of _____ with Los Angeles County.

If you have any questions, please contact [Dept. RTW Contact Name and Section], at [Phone number]

Sincerely,

[Dept. Head Name]
[Title]

[Chief Name], Chief
[Section]

c: [HR contact name]
Employee Disability File

[Department Letterhead]

[Date]

[Employee Name and Address]

REQUEST TO RETURN TO WORK

Dear Mr./Ms. _____:

Our records indicate that you are not presently working and have been on leave status since [Date], without medical authorization.

Facts

On [Date], you were sent a letter by the [Department and Section Name]. The letter was to inquire about your medical status and requesting medical certification authorizing your absence from [Date] to present.

On [Date], you were sent a second letter by [Section Name] inviting you to an Interactive Process Meeting on [Date]. You did not respond.

Direct Order

You are ordered to report to the Leave Management Unit Center on [Day and Date], at [Time] at [Location Address]. There, you will meet with _____, who will discuss your job assignment.

Conclusion

Failure to report to work on [Date], may result in a referral to performance management for failure to respond.

If you have any questions, please contact [Dept. RTW Contact Name], Return-to-Work Unit, at [Phone number]

Sincerely,

[Dept. Head Name]
[Title]

[Chief Name], Chief
[Section]

[Code]

c: [HR contact name]

c: Performance Management
Employee Disability File

[Department Letterhead]

[Date]

[Employee Name and Address]

Dear Mr./Ms. _____:

Thank you for participating in the [telephonic or in-person] Interactive Process Meeting (IPM) held on [Date]. The purpose of the meeting was to discuss your current medical status. I have received your current medical statement that has you Temporarily Totally Disabled through [Date].

[Itemize main points of discussion here, and end with a Plan of Action]

Please continue to provide your medical documentation to your work location and the Return-to-Work Unit.

If you have any questions, please contact [Dept. RTW Contact Name and Section], at [Phone number]

Sincerely,

[Dept. Head Name]

[Title]

[Chief Name], Chief

[Section]

c: [HR contact name]
Employee Disability File



AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

County of Los Angeles Department of ()
Department Name
EMPLOYEE/APPLICANT:

Name/Previous Names Birth Date Employee Number

Street Address City, State, Zip

AUTHORIZES:

DISCLOSURE OF PROTECTED HEALTH INFORMATION TO:

Name of Health Care Provider/Plan/Other

Name of Agency (Department)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

INFORMATION TO BE RELEASED:

Applicant/Employee's condition and the major life activity that is limited. The duration of the limitation(s) and the physician's/qualified professional's opinion as to what type(s) of accommodation may be appropriate.

PURPOSE OF DISCLOSURE:

____ Applicant/Employee's Request
____ Other (Specify below)

This office works cooperatively with the applicant/employee to determine effective employment reasonable accommodations pursuant to the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). In order to successfully accommodate applicant's/employee's requested accommodation, it is necessary to obtain appropriate verification of disability to ensure the disability rises to the protected level and to determine the availability of reasonable accommodation.

I understand that PHI used or disclosed as a result of my signing this Authorization may not be further used or disclosed by the recipient unless such use or disclosure is specifically required or permitted by law.

EXPIRATION DATE: This authorization is valid until the following date ____ / ____ / ____
Month Day Yea

"To Enrich Lives Through Effective and Caring Service"



AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to receive a Copy of This Authorization - I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke This Authorization – I understand that I have a right to revoke this Authorization at any time by telling (Department Name) in writing. I may use the Revocation of Authorization at the bottom of this form, mail or deliver the revocation to:

Contact Person

Department Name

Street Address

City, State, Zip

I also understand that revocation will not affect the ability of any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization.

Conditions: None. This authorization does not have anything to do with my ability to obtain treatment. In the event that I refuse to sign this authorization, (department name) will be unable to process my request for reasonable accommodation.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Applicant/Employee

Date

If signed by other than the client, state relationship and authority to do so: _____

'The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.'

<p>REVOCAION OF AUTHORIZATION</p> <p>SIGNATURE OF APPLICANT/EMPLOYEE: _____</p> <p>If signed by other than client, state relationship and authority to do so: _____</p> <p style="text-align: center;">DATE: ____/____/____ Month Day Year</p>

COUNTY OF LOS ANGELES TEMPORARY RETURN-TO-WORK AGREEMENT

Select One:

IA

Non-IA

Select one:

**WORK HARDENING TRANSITIONAL
ASSIGNMENT AGREEMENT (WHTAA)**

Required for:

- *Temporary Work Restrictions for Industrial and Non-Industrial Injury/Illness.*
- *Employee who has not yet reached P&S/MMI status.*
- *Occupational Health Programs (OHP) Work Restrictions.*

CONDITIONAL ASSIGNMENT AGREEMENT

(CAA) Required for:

- *Permanent Work Restrictions for Industrial and Non-Industrial Injury/Illness.*
- *Employee who has reached P&S/MMI status and cannot perform the Usual and Customary (U&C) job duties.*
- *Employees pending Permanent Placement.*
- *Occupational Health Programs (OHP) Work Restrictions.*

The Department must conduct an Interactive Process Meeting (IPM) with the employee to discuss this agreement. IPM date: _____

Employee name: _____ Employee No: _____

Employee payroll title: _____

Claim No.: _____ Date of injury/illness: _____

Pay location: _____ Work location: _____

Supervisor name and phone number: _____

_____ has released you to return to work with the following work restrictions:

In an effort to assist you in returning to work, we have identified a WHTAA or CAA compatible with your limitations or work restrictions. The purpose of this temporary assignment is to prevent further injury or aggravation of your present condition. By signing this agreement, you agree that you will follow the instructions of your treating physician regarding your work restrictions and immediately notify your supervisor if any duties conflict with these restrictions.

The total length of your WHTAA or CAA may last up to 12 weeks, starting on the date listed below; however, it may be extended if necessary. At or before the end of this agreement, the Department will conduct an IPM with you to determine the need for further accommodation.

_____ to _____
Assignment Start Date Assignment End Date

NOTE TO EMPLOYEE AND SUPERVISOR: The Department has the right and responsibility to explore other accommodation(s) should this accommodation prove ineffective by either the Department or the employee.

NOTE TO SUPERVISOR/RETURN-TO-WORK COORDINATOR: Review with employee the work restrictions and conditions of this agreement before signing. Complete, sign, and return the **original** document to your Department's Return-To-Work Coordinator or designee, and provide a copy to the employee.

Employee Initials:	_____
Supervisor Initials:	_____
RTW Coordinator Initials:	_____

(Department Name)

COUNTY OF LOS ANGELES TEMPORARY RETURN-TO-WORK AGREEMENT

<input type="checkbox"/> IA
<input type="checkbox"/> Non-IA
<input type="checkbox"/> WHTAA
<input type="checkbox"/> CAA

Employee Name: _____ Employee No.: _____

CONDITIONS OF TEMPORARY ASSIGNMENT

Job title (if different from employee's payroll title): _____

Pay location: _____ Work location: _____

Supervisor name and phone number (if different from information on Page 1): _____

WORK SCHEDULE

Use the space or boxes below to specify the employee's schedule. Example: "Tuesday through Thursday 6 a.m. to 1 p.m."

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Example:	Off	Off	6:00 a.m. - 1 p.m.	6:00 a.m. - 1 p.m.	6:00 a.m. - 1 p.m.	Off	Off

LIST OF DUTIES

(Indicate below or attach separate list)

Employee Signature	Print Name	Date
Supervisor Signature	Print Name	Date
RTW Coordinator Signature	Print Name	Date

cc: Employee
Supervisor
Return-to-Work Unit
Third Party Administrator



Temporary Return-to-Work Agreement Form Usage Guidelines

In an effort to streamline and simplify the forms used during the accommodation process, the Work Hardening Transitional Assignment Agreement (WHTAA) and Conditional Assignment Agreement (CAA) have been combined into one form titled Temporary Return-to-Work Agreement (TRTWA). When completing the new form, check the appropriate box located on the top-right of the form to indicate whether it is an Industrial Accident (IA) or Non-IA and whether it is WHTAA or CAA.

(Department Name)
COUNTY OF LOS ANGELES
TEMPORARY RETURN-TO-WORK AGREEMENT

Select one:

WORK HARDENING TRANSITIONAL ASSIGNMENT AGREEMENT (WHTAA)
Required for:

- Temporary Work Restrictions for Industrial and Non-Industrial Injury/Illness.
- Employee who has not yet reached P&S/MMI status.
- Occupational Health Programs (OHP) Work Restrictions.

CONDITIONAL ASSIGNMENT AGREEMENT (CAA) Required for:

- Permanent Work Restrictions for Industrial and Non-Industrial Injury/Illness.
- Employee who has reached P&S/MMI status and cannot perform the Usual and Customary (U&C) job duties.
- Employees pending Permanent Placement.
- Occupational Health Programs (OHP) Work Restrictions.

Select One:

IA

Non-IA

What Has Changed?

- The WHTAA may now be used for either IA or non-IA injury work restrictions.
- The WHTAA is used for temporary work restrictions, while the CAA is used for permanent work restrictions.
- The new TRTWA form may also be used for employees who have received work restrictions from Occupational Health Programs (OHP).
- All parties must initial on page one and sign on page two.
- The second page of the new form includes fields for the employee's name and employee number, along with the specific conditions and work schedule of the temporary assignment.

How Do I Know Which Agreement To Select?

- Select WHTAA for an employee who is not yet P&S and has temporary work restrictions.
- Select CAA for an employee who is P&S with permanent work restrictions and cannot perform his Usual and Customary job duties.

If you have any questions regarding this fact sheet, you may contact the Chief Executive Office, Risk Management Branch at (213) 351-6411 or contact your Return-to-Work Specialist.



State of California
Division of Workers' Compensation
Retraining and Return to Work Unit

NOTICE OF OFFER OF REGULAR WORK
FOR INJURIES OCCURRING BETWEEN 1/1/05 - 12/31/12
DWC - AD 10118

THIS SECTION TO BE COMPLETED BY EMPLOYER OR CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type

Insurance Company Third Party Administrator Employer

Case Number

Claim Number

Claims Administrator (Name of Claims Administrator)

Injured Employee First Name MI

Injured Employee Last Name Date of Birth: MM/DD/YYYY

Based on the opinion of: Treating Physician QME AME

(Name of Physician)

you are able to return to your usual occupation or the position you held at the time of your injury on

(Choose only one)

a specific injury on MM/DD/YYYY

a cumulative trauma injury which began on and ended on (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Date you are eligible to return to your job (as stated in the above physician's report), MM/DD/YYYY

Employer (Name of Firm)

Job Title Starting Date MM/DD/YYYY

This position is at the same location and shift as your pre-injury position.



This position is at a different location than your pre-injury position. The location is:

This position is for a different shift than your pre-injury position. The shift time is _____ (Start Time) — _____ (End Time)

You may contact _____ at _____ concerning this position.
(Name of contact person) Phone Number

You must return the completed form to the employer or claims administrator listed here:

Claims Administrator (To Be Completed By The Employer or Claims Administrator) (All information in this section must be completed)

Name

Claims Mailing Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Claims Representative Phone

This position provides wages and compensation of \$ _____, that are equivalent to or more than
Weekly Wages

the wages and compensation paid to you at the time of your injury.

This position is expected to last for a total of at least 12 months of work. If this position does not last for a total of at least 12 months of work, you may be entitled to an increase in your permanent disability benefit payments.

I, _____
(Name of Claims Administrator)
have obtained the above job offer information from your employer.



THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Case Number _____

The employee must accept, reject, or object to this offer for regular work and return this form to the employer or claims administrator listed on the form within 20 calendar days of receipt of the offer or it will be deemed that the employee accepted the offer and has waived the right to object to the location or shift.

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the time of your injury is not reasonable, you may object to the job offer as not being within a reasonable commuting distance.

You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice. The employee should keep a copy of this form for his or her records.

First Name _____

MI _____

Last Name _____

Date Offer Received _____

MM/DD/YYYY

Claim Number _____

I understand that if my disability is permanent and stationary and the employer has fulfilled its legal obligations related to this offer, my remaining permanent disability payments will be decreased by 15% whether I accept or reject this offer.

Offer of Regular Work at Same Location and/or Shift

I accept this offer of regular work.

I reject this offer of work. Reason

THIS SECTION TO BE COMPLETED BY EMPLOYEE:



Offer of Regular Work at a Different Location and/or Shift

I understand that I have the right to object to a work offer when the location or shift is different than what I had at the time of my injury.

- I accept the offer and waive my right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.
- I reject this offer of work. Reason

- I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.
- I object to this offer because the job shift that has been offered is different than the job shift I held at the time of my injury.
- I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

(Signature)

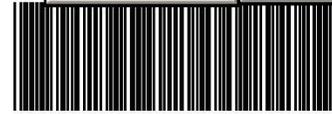
Date _____
MM/DD/YYYY



State of California
Division of Workers' Compensation
Retraining and Return to Work Unit

Reset Form

Print Form



NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK
FOR INJURIES OCCURRING BETWEEN 1/1/04 - 12/31/12
DWC - AD 10133.53



THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type: (Please Choose One)

Insurance Company

Third Party Administrator

Employer

Employer (name of firm) _____

is offering you _____

(Employee name)

the position of a _____

Name of Job

You may contact _____

concerning this offer. Phone No.: _____

Date of offer: _____

MM/DD/YYYY

Date job starts: _____

MM/DD/YYYY

Claims Administrator _____

Claim Number : _____

NOTICE TO EMPLOYEE (All information in this section must be completed)

Name of employee: _____

First Name

Last Name

(Choose only one)

a specific injury on

_____ MM/DD/YYYY

a cumulative trauma injury which began on _____

(START DATE: MM/DD/YYYY)

and ended on _____

(END DATE: MM/DD/YYYY)

Date offer received: _____

MM/DD/YYYY

Date of Birth: _____

MM/DD/YYYY

You have 30 calendar days from receipt to accept or reject the attached offer of modified or alternative work. Regardless of whether you accept or reject this offer, the remainder of your permanent disability payments may be decreased by 15%. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:

Modified Work or Alternative Work

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages and compensation offered are less than 85% paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance from residence at time of injury.



POSITION REQUIREMENTS (All information in this section must be completed)

Actual job title: _____

Wages: \$ _____ Per hour Week Month

Is salary of modified/alternative work the same as pre-injury job? Yes No

Is salary of modified/alternative work at least 85% of pre-injury job? Yes No

Will job last at least 12 months? Yes No

Is the job a regular position required by the employer's business? Yes No

Work location: _____

Duties required of the position:

Description of activities to be performed (if not stated in job description):

Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional):

Date of report: _____
MM/DD/YYYY

Date of last payment of Temporary Total Disability: _____
MM/DD/YYYY

Preparer's Name: _____

Preparer's Signature: _____

Date: _____
MM/DD/YYYY

THIS SECTION TO BE COMPLETED BY EMPLOYEE (All information in this section must be completed)

I accept this offer of Modified or Alternative work.

I reject this offer of Modified or Alternative work and understand that I am not entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

Signature: _____

Date: _____
MM/DD/YYYY

I feel I cannot accept this offer because:

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of receipt of the offer, the offer is deemed to be rejected by the employee.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

|

State of California
Division of Workers' Compensation

NOTICE OF OFFER OF REGULAR, MODIFIED, OR ALTERNATIVE WORK
FOR INJURIES OCCURRING ON OR AFTER 1/1/13
DWC - AD 10133.35

THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type: (Please Choose One)

Insurance Company Third Party Administrator Employer

_____ is offering you _____
Employer Name (Employee Name)

the position of a _____
Name of Job

This offer is for: Regular Work Modified Work Alternative Work

You may contact _____ concerning this offer. Phone No.: _____

Date of offer: _____ Date job starts: _____
MM/DD/YYYY MM/DD/YYYY

Claims Administrator

Claims Representative Claim Phone Number

Claims Address Claim Number:

(Choose only one)

a specific injury on _____
MM/DD/YYYY

a cumulative trauma injury which began on _____ and ended of _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Date of Birth: _____
MM/DD/YYYY

You have 30 calendar days from receipt to accept or reject the attached offer of work. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless the offer is for modified work or alternative work and:

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages and compensation offered are less than 85% paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance from residence at time of injury.

POSITION REQUIREMENTS

Actual job title: _____

Wages: \$ _____ Per hour Week Month Year

Is salary of regular/modified/alternative work the same as pre-injury job? Yes No

Is salary of regular/modified/alternative work at least 85% of pre-injury job? Yes No

Is job expected to last at least 12 months? Yes No

Is the job a regular position required by the employer's business? Yes No

Work location: _____ Same as Pre-Injury Position

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the time of your injury is not reasonable, you may object to the job offer as not being within a reasonable commuting distance.

You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice. The employee should keep a copy of this form for his or her records.

I accept the offer and waive any right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

Position is for a different shift. The shift time is _____ - _____
(Start Time) (End Time)

Duties required of the position:

Description of activities to be performed (if not stated in job description):

Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional):

PTP QME AME

Date of report: _____
MM/DD/YYYY

Proof of Service by Mail
(To Be Completed By the Employer or Claims Administrator)

I declare that: On _____,

I served the attached on:

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail.

by personal service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on: _____ at _____, CA.

Signature: _____

Print Name: _____

THIS SECTION TO BE COMPLETED BY EMPLOYEE (All information in this section must be completed)

I accept this offer of Regular, Modified, or Alternative work.

I reject this offer of Regular, Modified, or Alternative work and understand that I may not be entitled to the Supplemental Job Displacement Benefit.

I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence.

I understand that this offer is expected to last at least 12 months. If seasonal work is being offered, I understand that the 12 months may be satisfied by cumulative periods of seasonal work. In the event this position ends or I am laid off prior to working 12 months, I understand that I may be entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

I feel I cannot accept this offer because:

Signature: _____

Date: _____
MM/DD/YYYY

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of receipt of the offer, the offer is deemed to be rejected by the employee.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142-0603.

Proper Usage of the DWC-AD 10133.53 Form State of California Workers' Compensation

There have been many questions surrounding the proper usage of the State of California workers' compensation form DWC-AD 10133.53. The following information should clarify when it is, and not, appropriate to use the form.

Supplemental Job Displacement Benefit (SJDB): A non-transferable voucher for education-related retraining or skill enhancement, or both, at State-approved or accredited schools.

According to Labor Code 4658.6, the SJDB would be denied if the employer provides the DWC-AD 10133.53 form within 30 days of the termination of temporary disability indemnity payments, and can accommodate the employee's work restrictions in a modified position for at least 12 months, or provides an alternative position lasting at least 12 months. There are other criteria for the alternative position – but the one that stands out the most is the obligation for the employer to provide the position for at least 12 months. Because it is not guaranteed that a temporary accommodation will last at least 12 months, the **DWC-AD 10133.53 form should not be completed.** However, please continue to utilize the Work Hardening Transitional Assignment Agreement (WHTAA) form when you are accommodating an employee in a temporary position.

Increase: Permanent Disability benefits shall be increased by 15%

According to Labor Code 4658 (d)(2), the 15% increase would apply only if the employer is unable to provide an offer of modified/alternative work within 60 days of the employee becoming Permanent & Stationary (P&S) or achieving Maximum Medical Improvement (MMI). Part of the offer would be that the job will last at least 12 months. It does not appear that a Conditional Assignment Agreement (CAA) would or should necessarily last at least 12 months. Because a CAA is not considered to be a permanent assignment, this would not be considered a genuine offer of modified/alternative work lasting at least 12 months, and the **DWC-AD 10133.53 form should not be completed.** In this case, the employee may be entitled to the 15% increase in Permanent Disability benefits.

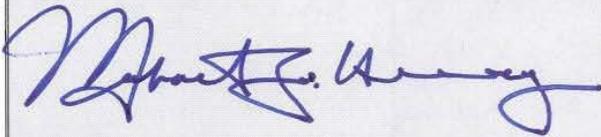
Decrease: Permanent Disability benefits shall be decreased by 15%

According to Labor Code 4658 (3)(A), the 15% decrease applies only if the employer is able to provide an offer of regular, modified, or alternative work within 60 days of the employee becoming P&S or MMI. The offer of regular work, modified work, or alternative work would last at least 12 months and is a genuine good faith offer of employment. In this case, the **DWC-AD 10133.53 or DWC-AD 10118 forms should be completed.**

If you have any questions about this fact sheet, please contact Jackie Sloniker at the Chief Executive Office, Risk Management Branch, at (213) 738-2116 or jsloniker@ceo.lacounty.gov.



County of Los Angeles
Department of Human Resources
POLICIES, PROCEDURES, AND GUIDELINES

Subject: INTERDEPARTMENTAL PLACEMENT OF EMPLOYEES RETURNING TO WORK FOLLOWING APPROVED LEAVE	Policy Number: 621	Page(s): 4
	Effective Date: December 23, 2008	
	Approved By: 	

POLICY

It is the policy of the County of Los Angeles that employees who have been on approved leave be returned to work as soon as practicable. Employees returning to work should be placed either in their own department or, if no position in their department is suitable, in another department, to a position consistent with their knowledge, skills and abilities, taking into consideration work restrictions, if any. Under provisions of Civil Service Rule 15, the Director of Personnel may authorize an interdepartmental placement (loan) of an employee or change the classification of an employee.

On issues pertaining to medical leave, all departments must comply with all State and Federal regulations and County policy on non-discrimination based on disability prior to implementing any change to an employee's assignment and/or position upon the employee's return to work. Departments must follow the County "Employment Guidelines for the Reasonable Accommodation Process" published in 2006 by the Office of Affirmative Action Compliance, that requires a timely, good-faith, interactive process with the employee prior to any action concerning reasonable accommodations related to employment activities. All departments must diligently apply the interactive process in assessing the employee's essential job functions as they relate to Work Hardening, Light Duty or an Alternate Assignment in the employee's classification with the department.

Subject: Interdepartmental Placement Of Employees Returning To Work Following Approved Leave	Policy Number: 621 Effective Date: December 23, 2008
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BACKGROUND

The Board of Supervisors of the County of Los Angeles has directed that County departments identify the number of employees on long-term absence and whether their leaves are being actively managed. The Board further directed the Chief Executive Office to report on Countywide policies and procedures for departments to follow to ensure that appropriate measures are implemented by departments to address this issue. The Chief Executive Office Risk Management Branch developed the Return to Work Guide and Reference Manual for departments to manage approved employee leaves. Non-approved leaves and job abandonment can be addressed by established performance management procedures. The Department of Human Resources has been designated as the responsible agency to facilitate interdepartmental placement of employees when they cannot be placed in their original department.

PROCEDURES

Prior to requesting interdepartmental placement (loan) of returning employees, all County departments must first exhaust internal resources in locating vacant positions, within the department, suitable for accommodating an employee's work restrictions, if any. Thereafter, when such placement is not feasible within a department, the department may submit a request to the County's Department of Human Resources (DHR) Long-Term Leave Management Unit (LTLM) for evaluation of the employee for possible interdepartmental transfer and for assistance in locating potential loan placement of the employee Countywide.

All requests for interdepartmental placement of represented and non-represented classes shall be made to the DHR by submitting a completed Employee Interdepartmental Placement Request Form (EIPR), verified and signed by the department director or chief deputy.

1. Staff assigned to the Return-to-Work program in County departments must complete and submit the EIPR Form A with the required attachments to their departmental human resources manager for review and approval.
2. Upon approval by the department's departmental human resources manager/designated authority, the EIPR Form A should be sent to the department director or chief deputy for signature. At the same time, while the department is exploring interdepartmental placement, wherever practicable, the department should offer a temporary assignment, taking into account the employee's work restrictions.

Subject: Interdepartmental Placement Of Employees Returning To Work Following Approved Leave	Policy Number: 621 Effective Date: December 23, 2008
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3. The signed request and the entire packet, including all required attachments, should be submitted to the DHR LTLM staff to identify potential placement.
4. DHR LTLM staff will submit the request, with supporting documents, to the Chief Executive Office (CEO) Risk Management Branch (RMB) staff for evaluation of work restrictions, if any.
5. CEO RMB staff and DHR LTLM staff and the departmental human resources manager will work together to match the individual to vacancies Countywide, taking into consideration work restrictions.
6. Once a potential placement is identified, the DHR LTLM staff will provide line departments' human resources section/division (home and receiving departments) with all information deemed by DHR to be necessary to coordinate the placement.
7. The home department shall continue to employ the individual, and be responsible for funding the position (maintain the employee on department's item control), for up to six months (but no more than one year) or, until the receiving department accepts and hires the employee on a permanent item.
8. The receiving department will be responsible for submitting a recommended performance evaluation. The home department will be responsible for completing and issuing any performance evaluation.
9. When no placement is identified countywide, DHR LTLM staff will provide a completed and signed EIPR Form B to the home department's return to work unit for documentation and initiation of further action including, but not limited to, medical release in accordance with Civil Service Rules 9.08 B 2-3 and C.

If a department has any questions regarding this policy, please contact James P. Ross, with the Department of Human Resources Long-Term Leave Management Unit, at (213) 738-2284.

AUTHORITY

Civil Service Rules 9.08
Civil Service Rule 15

Subject: Interdepartmental Placement Of Employees Returning To Work Following Approved Leave	Policy Number: 621 Effective Date: December 23, 2008
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REFERENCES

OAAC's Employment Guidelines for the Reasonable Accommodation Process, 2006 Return to Work Guide, CEO Risk Management Branch, available on the CEO website

DATE ISSUED/REVIEW DATE

Original Issue Date: December 23, 2008
Sunset Review Date: December 23, 2011

RESOURCE GUIDE

**INTERDEPARTMENTAL
PLACEMENT OF
EMPLOYEES
RETURNING TO WORK
FOLLOWING APPROVED
LEAVE**

PPG No. 621

Employee Interdepartmental Placement Request (EIPR Form A)
Page 1 of 2

Employee Information	
Employee Name:	
Employee No.:	
Employee Payroll Title:	
Appointment Date:	Probation Completed (Date)
Employee Encumbered Item No.:	
Employee Class Schedule Los Angeles County Code 6.26.040 :	
Is there any disciplinary action currently in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee's Work Restrictions	
Permanent Conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period Covered by Medical Certificate:	
Date of Latest Medical Certificate attached:	
Required Attachment: Medical Certificate citing specific work restriction. Please <u>do not</u> submit any medical diagnosis or assessment with this report. Black out all medical diagnosis or assessment if they were included in the medical certificate provided by the employee.	
Job Information	
Employee's Job Information	
Position (Job) Description Completed by:	
Date job description prepared:	
Job Description:	
<p>Note: <u>Do not</u> copy from the County's Class Specification. Provide information gathered from actual job analysis of the employee's position.</p> <p>In order to accomplish the above listed responsibilities, the employee must perform the following "critical and/or essential" functions and duties:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. <p>Names and Payroll Titles of persons providing information: (interviews with the employee and verification from the employee's supervisor):</p> <p>Required Attachment: Employee's last performance evaluation report prior to the disability.</p>	
Placement effort within the Department	
<p>What attempts have been made in placing the employee in a Work Hardening, Light Duty or an Alternate Assignment in the employee's classification within the department? Ensure that the OAAC's "Employment Guidelines for the Reasonable Accommodation Process" are followed. Please provide the following information for <u>each</u> vacant position considered (use additional pages if necessary):</p> <ol style="list-style-type: none"> 1. Class Title of the Vacant Position(s): 2. Description of assignment(s): 	

Employee Interdepartmental Placement Request (EIPR Form A)
Page 2 of 2

3. Essential Functions of the vacant position:
- a.
 - b.
 - c.
 - d.
4. Which one of the essential functions/duties of the assignment cannot be performed by the employee due to his/her work restrictions?
5. What accommodation requested by the employee was not possible for this assignment? If the operating unit was to make this accommodation, how would it negatively impact staffing, finance, and/or services of operations?

Assessment Conducted by _____ (Print Name of Hiring Authority)

Hiring Authority's Signature

Title

Date

Make as many copies of this page as necessary and attach them to this requisition form.

I, _____ (Department Director or Chief Deputy) have reviewed and verified all information contained in this request form to be accurate.

Signed: _____ on _____ (Date)

Employee Interdepartmental Placement Result (EIPR Form B)

Page 1 of 2

Requisition No:		Date of Request:	
Requesting Department:		DHR Analyst:	
Requisition: <input type="checkbox"/> Work Hardening Assignments <input type="checkbox"/> Permanent Job Placement			
Employee Name:			
Employee No.:			
Employee Payroll Title:			
Employee's Work Restrictions			
Permanent Conditions:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Conditions:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Denied			
Reasons:			
<input type="checkbox"/> Accepted			
<input type="checkbox"/> Additional Employee's Job Information attached			
<input type="checkbox"/> Contacts and communication log attached			
Placement Effort			
I. Placement Successful			
<input type="checkbox"/> Placement in the employee's encumbered class <input type="checkbox"/> Placement in a different class at the same rank and grade <input type="checkbox"/> Class Title of placement _____ <input type="checkbox"/> Class Specification Attached <input type="checkbox"/> Employee met the Minimum Requirements stated in the Class Specification <input type="checkbox"/> Employee possesses transferable knowledge, skills and abilities required of the functions and duties of the class			
II. Placement Unsuccessful			
A. Placement in the employee's class			
<input type="checkbox"/> There is no vacancy in the employee's classification Countywide. <input type="checkbox"/> There are vacant position(s) in the employee class in _____ (Department/ Office), but the employee does not have the required qualifications (specialization of the particular position) to perform the assignments of these vacant positions. <input type="checkbox"/> There are vacant position(s) in the employee class in the Department/Office of _____. However, the Department was not able to accommodate employee's work restriction because of impact on operations. <u>Provide the reason or the impact of such accommodation on the operation/services:</u>			

EIPR FORM B-12.23.08

Employee Interdepartmental Placement Result (EIPR Form B)
Page 2 of 2

B. Placement in classes comparable to the employee's class in rank and grade

- There is no comparable class in the employee's classification Countywide because it is a specialty class specific to the employee's department.
- There is a comparable class in the employee's classification in _____ (Department/Office). However, employee must acquire additional specialty training _____ by completing _____, and be placed in a lower level position at a lower pay level for transition to the comparable level. Employee can only be appointed or transferred when there is a vacant position at the higher level position at the time the employee completes the training.
 - Employee agreed to the arrangement, and referrals have been made to the home department to coordinate and monitor the progress until a permanent appointment can be made. Contact and Referrals made on _____ (Date.)
Responsible Parties: _____ at the Department/Office of _____.
 - Employee does not agree to the arrangement proposed.
- There is a comparable class in the employee's classification in _____ (Department/ Office). However, the Department is not able to accommodate employee's work restrictions.

1. Class Title and Essential Functions of the position.
2. Which one of the essential functions/duties of the assignment cannot be performed by the employee due to his/her work restrictions.
3. What accommodation was not possible for this assignment?
4. If the operating unit were to make this accommodation, how would it negatively impact (staffing, finance & services) the operations?

C. Placement in classes lower than the class encumbered by the employee

- Employee turned down job offer made.
- Employee was not cooperative in the interactive process and turned down opportunities for potential placement.

(DHR) Supervisor: _____ Title: _____

DHR Analyst _____

Rule 9 MEDICAL STANDARDS FOR EMPLOYMENT

9.01 Purpose of medical standards. The director of personnel, shall establish medical standards for county employment, and shall specify the physical category of each classification in order to:

A. Ensure that proper consideration is given to the relationship between each person's health status and the physical, psychological and environmental demands of the duties such person is to perform; and

B. Select employees who can be expected to remain in a state of good health for a reasonable period of service, consistent with the economics of the retirement, sick leave, and other employee benefit programs. (Ord. 88-0020 § 1 (part), 1988.)

9.02 Appeal of medical standards. The appointing authority, employee, or applicant for county employment who can provide medical evidence that a medical standard adopted by the director of personnel is unreasonable may submit this evidence to the director of personnel for review. (Ord. 88-0020 § 1 (part), 1988.)

9.03 Medical examinations.

A. The director of personnel shall require an appropriate medical examination by a county examining physician or any other reasonable evidence of the applicant's health status. The examination may include X-rays, laboratory tests, or any other medical tests or evidence needed to determine that the applicant's health status is consistent with the standards referred to in Rule 9.01.

B. The director of personnel may require any employee or candidate for employment to be reexamined at any time prior to his original appointment, during his probationary period, or at the time of reinstatement. (Ord. 88-0020 § 1 (part), 1988.)

9.04 Determination of qualification following medical examination. Following the medical examination, the director of personnel shall determine whether each applicant is qualified. In arriving at this determination, the director of personnel shall consider:

A. The applicant's health status, as indicated by the medical examination;

B. The physical, psychological and environmental demands of the position the applicant is to perform within the purview of the standards referred to in Rule 9.01; and

C. The needs of the service, including retirement, sick leave, and other employee benefit programs. (Ord. 88-0020 § 1 (part), 1988.)

9.05 Requirement of qualification prior to employment.

A. No applicant in an open examination shall be employed in a permanent, temporary or recurrent position prior to a determination by the director of personnel, following a medical examination, that the applicant is qualified for the duties to be performed; provided, however, that the director of personnel may authorize in specific cases:

1. Employment prior to medical examination for a period the director deems reasonable;

2. Employment of persons who are found to have certain disqualifying, but correctable, medical conditions. Such employment may be for a period the director deems reasonable, but not to exceed five months.

B. An appointment made before the director of personnel determines that the applicant is qualified must be considered as contingent upon such determination.

C. If the director of personnel finds that an applicant is a poor long-term risk for permanent employment but otherwise meets the standards the director of personnel may approve an appointment on a temporary basis, if a temporary appointment is otherwise authorized by Rule 13. (Ord. 88-0020 § 1 (part), 1988.)

9.06 Review of medical findings.

A. An applicant or an employee who has been disqualified due to failure to meet the medical standards may request a review of the case. The applicant shall be entitled to present new or additional medical evidence related to the case at any time his/her name is on an active eligible list.

B. The director of personnel, upon receipt of such request, shall designate a physician to review the case. Such physician, after review of the case in light of the purpose of medical standards as stated in Rule 9.01, shall report the findings to the director of personnel. The director of personnel shall decide on the applicant's medical qualification and notify the applicant of the decision. (Ord. 88-0020 § 1 (part), 1988.)

9.07 Medical reevaluation.

A. The director of personnel may require a reasonable medical reevaluation at the time of promotion, demotion, reassignment, or other changes of status of an employee from one class to another class with increased physical, psychological and environmental demands. Such change of status shall not be completed until the employee has shown that the increased physical, psychological and environmental demands are met.

B. An employee may request, or an appointing authority may, with the consent of the director of personnel, require an employee to have a medical reevaluation. The purpose of such reevaluation must be to determine the capacities of the employee to perform the duties of the employee's job satisfactorily and without undue hazard to the employee or others. Accordingly, such reevaluation shall be concerned only with the medical condition related to the satisfactory performance of the required duties or to the protection of the health, safety and welfare of the employee or others.

C. If the employee's condition is the result of a work-incurred injury which falls within the jurisdiction of the workers' compensation appeals board, the determination by the director of personnel of the employee's medical capacities shall be based solely upon the medical evidence used by the appeals board in its disposition of the case.

D. The appointing authority, with the consent of the director of personnel, may require periodic reevaluations for classes in the safety series to assure adequate capability to protect the public. (Ord. 88-0020 § 1 (part), 1988.)

9.08 Partially or fully incapacitated employees. Whenever, upon medical reevaluation or competent medical or legal evidence, an employee who has previously qualified is found to be unable to perform the duties of his/her position satisfactorily, due to a medical incapacity of a continuing nature:

A. The employee may submit a request to the appointing authority for reassignment, voluntary demotion, or transfer to a position for which the employee has the qualifications. Any voluntary demotion under this rule must be with the approval of the director of personnel.

B. If no action is taken under paragraph A of this Rule, the director of personnel shall, consistent with his determination of the employee's medical capacities, recommend the most appropriate of the following alternatives:

1. Return of the employee to suitable work through one of the following means:

- a. Modification of the employee's duties or change of his/her assignment,
- b. Change of classification or reduction to another position in the employee's department,
- c. Transfer to a position in another department. Where appropriate, this recommendation will include a retraining program;

2. Disability retirement of the employee, in accordance with the employee's eligibility under appropriate provisions of the Government Code;

3. Release of the employee in accordance with paragraph C of this Rule. The appointing authority considering the recommendations of the director of personnel may change classification or reduce the employee to a position for which the employee is qualified or for which the employee can be trained within a reasonable period of time. Where the appointing authority indicates that he/she cannot follow the recommendation of the director of personnel for a change of classification or reduction, the director shall place the employee on appropriate departmental reemployment lists, provided the employee's performance has been competent or better. Such lists shall only be applicable to positions that are compatible with the employee's medical capacities, and training and/or experience.

C. If there is no suitable position in which the employee can perform satisfactorily, the appointing authority may release the employee, subject to the applicable provisions of Rule 18, said release to be without prejudice as to reemployment should the employee's condition improve. (Ord. 88-0020 § 1 (part), 1988.)

[Department Letterhead]

[Date]

Mr. Steven T. Robles
Chief Executive Office
3333 Wilshire Boulevard, Suite 820
Los Angeles, CA 90010

Dear Mr. Robles:

**MEDICAL RELEASE OF [EMPLOYEE'S NAME]
EMPLOYEE NUMBER:**

This is to request approval to medically separate [Employee Name] from County service. The following is a summary of the facts:

- [Employee's Name]'s condition meets Social Security Disability criteria per Sedgwick letter dated [Date], (Attachment).
- [Employee's Name] is in Retirement Plan E.
- [Employee's Name] has been on medical leave from work since [Date].
- Our department has recently attempted to interact with employee, per certified letter [Date], and employee has indicated no interest in meeting/accommodation.
- [Employee's Name]'s treating physician has indicated that he/she will probably never be able to return to gainful employment.

If you have any questions, please contact [Dept. RTW Contact Name and Section], at [Phone number].

Very truly yours,

[Dept. Head Name]
[Title]

[Chief Name], Chief
[Section]

[Code]

C: [HR contact name]
Employee Disability File

[Department Letterhead]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

CONFIDENTIAL

(Date)

(Employee Name)
(Address)

NOTICE OF INTENT TO MEDICALLY RELEASE

Dear Ms./Mr. (Name):

This letter is to notify you of our intent to medically release you from your permanent position of (Position Title) with (Department Name) and from County service.

The reasons for the proposed action are:

- Medical Release without prejudice, under Civil Service rule 9.08

FACTS

The specific facts supporting this proposed action are:

1. Our records indicate that you have been off work due to your disability since (Date).
2. There is no suitable position in which you can perform satisfactorily.
3. In a letter dated (Date), the County of Los Angeles Risk Management Branch of the Chief Executive Office (CEO) concurred that your release is appropriate under provision of Civil Service Rule 9.08 (Exhibit A) based on the following:
 - It has been determined that you meet the Federal Social Security criteria for total disability per the Sedgwick, CMS, letter dated (Date) (Exhibit B).
 - You have been receiving Long Term disability (LTD) and will continue receiving this benefit until age 65, as long as you continue to meet the plan requirements.

- As a member of Retirement Plan E, you are ineligible for service-connected disability retirement (SCDR), but will receive service credit until age 65 as long as you are totally disabled and receiving LTD benefits.

CONCLUSION

In view of your incapacity to work and the (Date) letter of concurrence from the County of Los Angeles Risk Management Branch of the CEO, the Department intends to medically release you from your position without prejudice.

As a member of Retirement Plan E, you are ineligible for service-connected disability retirement. You may contact (Name) with Sedgwick, CMS, at (555) 555-5555 or (888) 888-8888 regarding your eligibility for LTD.

RIGHT TO RESPOND

All written materials, reports, and documents upon which this action is based are available for your review. If you wish to see them or obtain copies, please contact (Name), (Title) at (555)555-5555.

You have the right to respond to this action, either orally, in writing, or both. If you choose to respond in writing, send your response to the facts contained in this letter to (Name), Deputy Director (Department Name) (Address). If you wish to respond personally, you and your representative, if you choose to be represented, may schedule a meeting with (Name of last person above). For an appointment, call (Name of person above's secretary at(555) 555-5555.

If you do not respond to this letter in writing by (Date) or arrange to meet with (Name of above person), you will have waived your right to respond and the Department will proceed with the proposed action.

If you have any questions, please contact [Dept. RTW Contact Name and Section], at [Phone number]

Sincerely,

[Dept. Head Name]
[Title]

[Chief Name], Chief
[Section]

c: [HR contact name]
Employee Disability File

[Department Letterhead]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

CONFIDENTIAL

(Date)

(Employee Name)

(Address)

Dear Ms./Mr. (Name):

NOTICE OF MEDICAL RELEASE FROM SERVICE

This is to notify you of your medical release, effective (Date), from your permanent position of (Position Title) with (Department Name) and from County service.

The reasons for the action are:

- Medical Release without prejudice, under Civil Service rule 9.08

FACTS

The specific facts supporting this proposed action are:

1. Our records indicate that you have been off work due to your disability since (Date).
2. There is no suitable position in which you can perform satisfactorily.
3. In a letter dated (Date), the County of Los Angeles Risk Management Branch of the Chief Executive Office (CEO) concurred that your release is appropriate under provision of Civil Service Rule 9.08 (Exhibit A) based on the following:
 - It has been determined that you meet the Federal Social Security criteria for total disability per the Sedgwick, CMS, letter dated (Date) (Exhibit B).
 - You have been receiving Long Term disability (LTD) and will continue receiving this benefit until age 65, as long as you continue to meet the plan requirements.
 - As a member of Retirement Plan E, you are ineligible for service-connected disability retirement (SCDR), but will receive service credit until age 65 as long as you are totally disabled and receiving LTD benefits.

4. On (date), we informed you of our intent to medically release you, of the specific grounds for the release, and of your right to obtain copies of the materials upon which this action is based. We also informed you of your right to respond to the proposed medical release by (Date).
5. On (Date), at (time), you met with me and (Name), (Title) (Discipline or other Section Name that handles your department separation process), in the Skelly meeting for this matter. During the meeting, you expressed concern regarding LTD and Retirement Allowance after the medical release. I recommended that you schedule an appointment with LACERA to discuss options for retirement and medical insurance coverage.

CONCLUSION

In view of your incapacity to work and the (Date), letter of concurrence from the County of Los Angeles Risk Management Branch of the Chief Executive Office, the Department is medically releasing you from your position without prejudice.

EMPLOYEE RIGHTS

Civil Service Rules give you the right to appeal this action and request a hearing before the Los Angeles County Civil Service Commission within fifteen (15) business days from the date on which this letter was mailed or hand-delivered to you. Your request for a hearing must be in writing, signed by you or your representative, and state the ruling or action you are appealing. In your letter, you must provide your mailing address and describe in plain language, and in detail, sufficient specific facts and reasons upon which you base your appeal.

Your written response and request for a hearing must be sent to the Los Angeles County Civil Service Commission, 522 Kenneth Hahn Hall of Administration, 222 North Grand Avenue, Los Angeles, CA 90012. A copy should also be sent to (Department Contact Name, Title and address).

Very truly yours,]

[Dept. Head Name]
[Title]

[Manager Name], Manager
[Section]

c: [HR contact name]
Employee Disability File

RETURN TO WORK PROCESS TIMELINE CHECKLIST

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Day 1	Supervisor provides employee with Injury Reporting Forms packet.	N/A	
	Supervisor/RTW Coordinator calls the designated 800 number to report injury.	N/A	
	Supervisor requests medical certification from employee after visit.	N/A	
	Appropriate Leave should be designated (i.e. Family Medical Leave, California Family Rights Act Leave, and/or Pregnancy Disability Leave).	N/A	
Notes:			
Day 2 & 3	Submit completed injury reporting paperwork including Wage Statement and supervisor Investigation report to TPA.	N/A	
	Ensure the employee has submitted an appropriate medical certification to substantiate medical leave of absence.	N/A	
	Identify work restriction status and determine if a Work Hardening Assignment is appropriate.	N/A	
Notes:			
Day 5 - 14	Maintain ongoing (weekly) communication with employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing (weekly) communication with employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Ensure the employee has submitted an appropriate medical certification to substantiate medical leave.	Ensure the employee has submitted an appropriate medical certification to substantiate medical leave.	

Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.

FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861

Revised 01/11

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Day 5 – 14 <i>(Continued)</i>	Complete the Activity Log Sheet and Employee Profile form consisting of the following information: <ul style="list-style-type: none"> • Date of Birth • Hire Date • Job Classification • Payroll Status • LTD Benefits • Retirement Plan 	Complete the Activity Log Sheet and Employee Profile form consisting of the following information: <ul style="list-style-type: none"> • Date of Birth • Hire Date • Job Classification • Payroll Status • LTD Benefits • Retirement Plan 	
	Confirm STD MegaFlex benefits eligibility and provide accordingly.	Confirm STD MegaFlex benefits eligibility and provide accordingly.	
	Appropriate Leave should be designated (i.e. Family Medical Leave, California Family Rights Act Leave, and/or Pregnancy Disability Leave).	Appropriate Leave should be designated (i.e. Family Medical Leave, California Family Rights Act Leave, and/or Pregnancy Disability Leave).	
Notes:			
Day 15 – 30 <i>(within first month from date of injury/illness)</i>	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Conduct IPM to assess employees ability to return to work in any capacity.	Conduct IPM to assess employees ability to return to work in any capacity.	
Notes:			
Month 1	Maintain ongoing (weekly) communication with employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing (weekly) communication with employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Confirm STD MegaFlex benefits are being provided appropriately.	Confirm STD MegaFlex benefits are being provided appropriately.	
	Ensure medical certification is updated and provided to TPA.	Ensure medical certification is updated and obtain medical release from employee to allow communication between the employer and employee's qualified health care professional.	
Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.			
FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861 <i>Revised 01/11</i>			

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Month 1 <i>(Continued)</i>	Contact the TPA for workers' compensation claim status to ensure time is being coded appropriately.	N/A	
	Create a plan that facilitates long-term RTW goals and objectives.	Create a plan that facilitates long-term RTW goals and objectives.	
	Obtain work restriction status.	Obtain work restriction status.	
Notes:			
Month 2	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	If appropriate, conduct IPM to assess employee's ability to return to work.	Conduct IPM to assess employee's ability to return to work.	
	Discuss available options with employee such as: <ul style="list-style-type: none"> • Modified duty • Suitable accommodation 	Discuss available options with employee such as: <ul style="list-style-type: none"> • Modified duty • Suitable accommodation 	
	Contact the TPA for workers' compensation claim status to ensure time is being coded appropriately.	N/A	
Notes:			
Month 3	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Create a plan that facilitates long-term RTW goals and objectives.	Create a plan that facilitates long-term RTW goals and objectives.	
	Obtain Permanent & Stationary status from TPA.	N/A	
	Discuss work restrictions with employee's supervisor.	Discuss work restrictions with employee's supervisor.	
Notes:			
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.</p> <p>FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861</p> <p style="text-align: right;"><i>Revised 02/12</i></p>			

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Month 4	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Notify employee of their ability to file for Long Term Disability benefits.	Notify employee of their ability to file for Long Term Disability benefits.	
	Maintain contact with the TPA regarding any unresolved workers' compensation issues.	N/A	
Notes:			
Month 6 – 9	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Maintain contact with the TPA regarding any unresolved workers' compensation issues. Determine if case is appropriate for TPA Claim Review: <ul style="list-style-type: none"> • Complex RTW issues • High dollar value cases • Long-term absence and skill retention • Fraud • Other Personnel related issues 	Obtain information regarding work restrictions from qualified health care professional (Make sure to obtain medical release from employee allowing the department to communicate with qualified health care professional).	
	Obtain copy of Long Term Disability letter of approval or denial from TPA (Sedgwick, CMS).	Obtain copy of Long Term Disability letter of approval or denial from TPA (Sedgwick, CMS).	
	Verify with payroll that MegaFlex I/A payments have ceased, and TPA starts Temporary Disability (TD) payments at state rate.	Verify with payroll that MegaFlex payments have ceased.	
Notes:			
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.</p> <p>FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861</p> <p style="text-align: right;"><i>Revised 01/11</i></p>			

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Year 1	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Assess need for Claim Review with the TPA.	N/A	
	If appropriate, conduct IPM to assess employee's ability to return to work in any capacity.	Conduct IPM to assess employee's ability to return to work in any capacity.	
	Send supplemental letter to employee at 365 days of salary continuation and ensure the TPA sends notice of TD benefits being paid at the state rate.	N/A	
	Determine when LC 4850 benefits end (Safety Personnel Only).	N/A	
Notes:			
Year 1 ½	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
	Determine if case is appropriate for TPA Claim Review: <ul style="list-style-type: none"> • Complex RTW issues • High dollar value cases • Long-term absence and skill retention • Fraud • Other Personnel related issues 	N/A	
Notes:			
Year 2	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	Maintain ongoing communication with the employee to ensure RTW efforts are being addressed and current medical certification is being provided.	
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.</p> <p>FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861</p>			

Revised 02/12

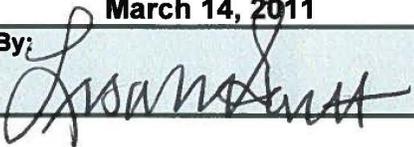
PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
Year 2 <i>(Continued)</i>	Conduct an Interactive Process Meeting to discuss alternatives with the employee including the department's ability to file a disability retirement application with LACERA.	Conduct an Interactive Process Meeting to discuss alternatives with the employee including the department's ability to file a disability retirement application with LACERA.	
Notes:			
Year 2 ½	Contact Sedgwick, CMS to obtain information about the employee's disability status (i.e. Does the employee meet the definition of disability according to Social Security criteria?)	Contact Sedgwick, CMS to obtain information about the employee's disability status (i.e. Does the employee meet the definition of disability according to Social Security criteria?)	
	If the employee meets the definition of total disability precluding them from working in any capacity, conduct an Interactive Process Meeting with the employee to assess their status.	If the employee meets the definition of total disability precluding them from working in any capacity, conduct an Interactive Process Meeting with the employee to assess their status.	
	Retirement Plan E participants may be medically released, if it is determined that they can no longer work in any capacity.	Retirement Plan E participants may be medically released, if it is determined that they can no longer work in any capacity.	
	Retirement Plan A – D participants who have been determined to be precluded from working in any capacity should file for a disability retirement or the department may file on their behalf. If the following circumstances occur, please contact your CEO/RTW liaison and/or County Counsel for guidance: <ul style="list-style-type: none"> • Sedgwick CMS has approved the employee for Federal Social Security Act (FSSA) criteria for "Total Disability"; and 	Retirement Plan A – D participants who have been determined to be precluded from working in any capacity should file for a disability retirement or the department may file on their behalf. If the following circumstances occur, please contact your CEO/RTW liaison and/or County Counsel for guidance: <ul style="list-style-type: none"> • Sedgwick CMS has approved the employee for Federal Social Security Act (FSSA) criteria for "Total Disability"; and 	
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.</p>			
<p>FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861</p>			

Revised 01/11

PERIOD	INDUSTRIAL INJURY/ ILLNESS	NON INDUSTRIAL INJURY/ILLNESS	COMPLETION DATE
<p>Year 2 ½ <i>(Continued)</i></p>	<ul style="list-style-type: none"> Employee is denied by LACERA for Service Connected Disability Retirement (SCDR) due to: "No Direct Causation to the Job"; or Employee is denied by LACERA for Non-Service Connected Disability Retirement (NSCDR) due to: "Fewer than 5 years of County service"; or Employee is denied by LACERA for Regular Service Retirement due to: "Fewer than 10 years of County service and less than age 50". 	<ul style="list-style-type: none"> Employee is denied by LACERA for Service Connected Disability Retirement (SCDR) due to: "No Direct Causation to the Job"; or Employee is denied by LACERA for Non-Service Connected Disability Retirement (NSCDR) due to: "Fewer than 5 years of County service"; or Employee is denied by LACERA for Regular Service Retirement due to: "Fewer than 10 years of County service and less than age 50". 	
<p>Notes:</p>			
<p>Note: At any time during this process, as appropriate, the department may conduct an Interactive Process Meeting. It is crucial that all interactions with employee(s) including the IPM be fully documented and a copy kept in their RTW file.</p> <p>FRAUD ALERT – Please report workers' compensation fraud to (800) 544-6861</p> <p style="text-align: right;"><i>Revised 01/11</i></p>			



County of Los Angeles
Department of Human Resources
POLICIES, PROCEDURES, AND GUIDELINES

Subject: RETURN-TO-WORK	Policy Number: 601	Page(s): 8
	Effective Date: March 14, 2011	
	Approved By: 	

POLICY

All departments are required to develop, implement, and maintain a Return-to-Work Program. The program must manage efforts of returning injured or ill employees to suitable employment to minimize the effects of employees' disabilities, reduce the costs associated with employees' lost time, comply with anti-discrimination laws and comply fully with all applicable MOU(s) and Los Angeles County Employee Relations Ordinance 5.04.040.

The head of each department or institution is responsible for developing and implementing an effective Return-to-Work Program adapted to the department's or institution's specialized needs. In pursuing this directive, it is the duty of the department or institution heads to develop return-to-work policies and procedures and identify those responsible for implementing them.

GUIDELINES

Specific guidelines relating to return-to-work processes, file management, medical certifications, leaves of absence, the return-to-work self-assessment tool, and other subjects exist as distinct policies and/or training materials. More information on the Return-to-Work Program can be found at <http://ceo.lacounty.gov/mpn> under the "Return-to-Work Unit" link.

The Return-to-Work Desk Reference Manual contains protocols to assist County departments in improving their programs. The protocols are as follows:

- Interactive Process Meeting Return-to-Work Usual and Customary Work Hardening Transitional Assignment Agreements (WHTAA) Conditional Assignment Agreements (CAA)
- Return-to-Work Modified/Alternative
- Countywide Job Search
- Return-to-Work Voluntary Demotion
- Short-Term Disability

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- Long-Term Disability
- Expired Medical Certification
- Medical Release (CSR 9.08)
- Disability Retirement

In addition, the manual includes a RTW process timeline, standardized forms, letter templates, and interactive process meeting documentation.

PROCEDURES

Return-to-Work Program

An employee who is disabled due to injury or illness or is otherwise unable to return to work for a medical reason and needs reasonable accommodation to perform the essential functions of the position may be placed in the department's Return-to-Work Program. The objective of the Return-to-Work Program is to return the employee to productive work as soon as feasible after his/her injury or illness.

The cornerstone of the program is appropriate, prompt, interactive communication with the employee, and the physician when appropriate. The purpose of communication with the employee and physician is to explore any potential reasonable accommodation that could be made to allow the employee to return to work. The purpose of the communication with the treating physician is to inform the physician about the physical demands of the employee's usual and customary assignment.

If the usual and customary assignment requires physical or mental demands that are not compatible with the work restrictions of the employee, the employee's supervisor, in conjunction with the return-to-work staff, will explore providing the employee a work hardening transitional assignment compatible with the work restrictions. This temporary assignment can last until the employee's medical condition has reached a permanent and stationary status. The supervisor and departmental return-to-work staff will review and update the work hardening transitional assignment every twelve weeks with the employee. The work hardening assignment should be a meaningful and productive assignment within the usual work group of the employee. If this cannot be arranged, a department should explore a work hardening transitional assignment in another work area in the same classification or comparable classification with Y rating if necessary.

To accomplish the goal of return-to-work, the Americans with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA) require the employer to engage in a timely, good faith, interactive process with an employee with a known disability to explore effective reasonable accommodations for the employee. When an employee is determined to be permanent and stationary or to have reached maximum medical improvement with restrictions that limit the employee's ability to return to their usual and customary position, the department shall perform a reasonable accommodation evaluation. As part of the evaluation process, the department shall define the essential

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functions of the job, clarify work restrictions, research and evaluate possible accommodations, and hold timely good faith interactive processes with the employee.

The department shall be proactive at every stage of the return-to-work process. This means one or more persons in a position of supervision or management, including the departmental human resources office, must communicate directly and openly with the employee in an effort to determine effective reasonable accommodations. Such interactions shall be timely and documented. It may be necessary to conduct multiple interactive process meetings with employees to reach or show a good faith effort to accommodate.

There are a number of outcomes for the employee once his or her status is permanent and stationary, most of them involving the employee's return to work. For placement in any work assignment, the employee must be able to perform the essential duties of that job. Options for outcomes include:

- Return to his or her usual and customary assignment with no restrictions.
- Return to his or her usual and customary assignment with reasonable accommodation for any medically necessary restrictions.
- Assignment and placement in a different and vacant assignment where the employee is qualified to perform the essential duties of the job with or without reasonable accommodation for any medically necessary restrictions.
- Interdepartmental assignment and placement, taking into consideration any medically necessary restrictions and after exhausting all options for internal placement.
- Disability retirement for those employees whose retirement plans have such a provision (if the employee meets the requirements of the plan).
- Medical separation of the employee from County employment.

The intent of the Return-to-Work program is to resolve the employee's situation. The County, the public, the department and the employee benefit when the employee is able to fill a funded position and to perform the duties necessary to meet the public need. Department management, supervisors, employees and treating physicians will work with the department's Return-to-Work staff and Chief Executive Office Risk Management in order to determine an effective, timely and permanent resolution.

Return-to-Work File Management

Return-to-work files must be properly organized and maintained. The file must include the Employee Profile form (Appendix A) and Activity Sheet (Appendix B) on the inside front cover. All incoming mail must be sorted in a timely manner, placed in the proper files and acted on appropriately. Documentation should be filed in a chronological manner to allow for easy handling of the file and secured in the file. Immediate corrective action should be implemented to ensure that medical certifications are

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current, plans of action are in place, and diary systems are implemented to indicate when future action must be taken.

Medical Certifications

For each absence, two medical certifications may be required. The first should be submitted as soon as practicable and documents that the employee is unable to work. It also should state how long the employee is expected to be off work. The second statement may document that the employee is now able to return to work and may contain work restrictions.

The medical certification must:

- Be obtained from the employee or the treating physician immediately following determination that the employee is being placed off work;
- List the dates of absences and include a statement that the employee was unable to work for that specific period because of functional limitations on the employee's capacity to work;
- Be signed by a licensed physician or licensed practitioner;
- Be presented by the employee to the supervisor on the first day back to work authorizing the release of the employee to return to work, including any work restrictions.

The Supervisor must not ask for the employee's medical diagnosis or other protected health or personal information. Departments must ensure that proactive efforts are underway to manage medical certification expirations. If the employee's medical certification has expired, the department should contact the employee to obtain a current medical certification. This contact should typically be made by phone, by First Class mail (indicate on letter that this was sent by First Class mail), and by certified mail (indicate on letter how it was sent). Exceptions to this process may apply but must be clearly documented in the file.

Where appropriate, the department should contact the employee to offer an interactive process meeting to discuss any reasonable accommodations that could be made.

Leave of Absence Without Pay

Under Civil Service Rule 16.02, Leaves of Absence Without Pay, each Department Head may grant a leave of absence from regular duties, without pay, for recovery from a prolonged illness or injury. This approval must be documented in the employee's return-to-work file. When the leave is for longer than twelve months, it must be approved by the Director of Personnel.

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Each Department Head should evaluate such leaves of absence, and corresponding approvals, within the department. If an employee has been on unpaid leave for twelve (12) weeks or more, and there is no associated workers' compensation claim (industrial accident [IA]) resulting in the leave, the department should offer to conduct an interactive process meeting with the employee to determine if the department can reasonably accommodate the employee in the future. The CEO and/or the Department of Human Resources (DHR) will monitor departmental approval of these leaves of absence.

Interactive Process

When employees are off work due to a known disability, the department has an obligation to regularly interact with the employee to determine if the employee can be reasonably accommodated to return to work. Such interaction, and offers to interact, must be documented in the employee's return-to-work file.

If an appropriate interactive meeting has been scheduled and the employee fails to meet or provide appropriate medical documentation for his/her absence from the meeting, the department should direct the employee to return to work the next business day. If the employee does not report to work for three days, the department may commence implied resignation procedures under County Code Section 5.12.020. If the employee indicates he/she cannot return to work, other options including medical re-evaluations through the CEO, must be considered.

Interdepartmental Placement of Employees Returning to Work Following Approved Leave

Employees returning to work should be placed either in their own department or, if no position in their department is suitable, in another department, to a position consistent with their knowledge, skills and abilities, taking into consideration work restrictions, if any. Under provisions of Civil Service Rule 15, the Director of Personnel may authorize an interdepartmental placement (loan) of an employee or change the classification of an employee. See PPG 621 for more information on interdepartmental placements.

Disability Retirement

For Retirement Plans A, B, C, and D, the department may file for disability retirement benefits on behalf of an eligible employee according to the LACERA rules. An employee is deemed eligible by the LACERA Board of Retirement based on a determination that the employee is permanently incapacitated and unable to perform their regular job duties.

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Medical Separation

For Retirement Plan E participants, the department may request approval from the CEO, Risk Management Branch to medically separate the employee from County service when the:

- Employee's condition meets Social Security Disability criteria, and
- Employee has indicated no interest in participating in an interactive meeting or discussing reasonable accommodations, and/or
- Employee's treating physician or County's Occupational Health Program (OHP) has indicated that the employee will probably never be able to return to gainful employment.

For any other medical separation issues consult with CEO Risk Management Branch.

AUTHORITY

County Code: Title 5 – Personnel, Chapter 5.31 - Health, Safety Program and Workers' Compensation; Sections 5.31.030, 5.31.040, 5.31.060, and 5.31.070
County Code Section 5.12.020, Resignation – Procedures and methods
County Code Section 5.16.030, Absence because of sickness must be reported
County Code Section 5.16.040, Abuse of Sick Leave – Penalty
Civil Service Rule 9.07, Medical reevaluation
Civil Service Rule 9.08, Partially or fully incapacitated employees
Civil Service Rule 15.02, Interdepartmental transfers
Civil Service Rule 15.03, Change of classification
Civil Service Rule 16.02, Leaves of absence without pay
Department of Human Resources Policies, Procedures and Guidelines No. 621
California Fair Employment and Housing Act
Federal Americans with Disabilities Act (ADA)

The Director of Personnel has delegated responsibility for administering the Countywide Environmental Health and Safety Program to the Chief Executive Office (CEO).

The CEO administers and provides policy direction for the Countywide Environmental Health and Safety Program and Employee Service Rehabilitation Program based on delegated authority from the Director of Personnel.

DATE ISSUED

Issue Date: March 14, 2011