

WORKERS' COMPENSATION CLAIMS HANDLING RESOURCE GUIDE

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NOTE: The definitions for any words, phrases or acronyms in **Bold** can be found in the "Common Terms and Acronyms" exhibit (Exhibit 1) found at the end of this manual.

REPORTING A CLAIM

PURPOSE

Timely reporting of workers' compensation claims is a Risk Management best practice. Below are some benefits of timely reporting:

- Timely reporting to the **TPA** communicates to your employee that the District values them and that treatment and compensation for their injury/illness is a priority. A delay in reporting could potentially delay their recovery.
- Timely reporting allows the **TPA** to determine eligibility for benefits and treatment.
- Timely reporting allows the detection of "red flags" for fraud.

Often, employees experience an injury/illness that they are not sure they require treatment for or not. They are hesitant to go to the medical provider. Risk Managers are not medical professionals, and we will often encourage an employee to seek treatment with our medical provider because their health and safety are important, and we don't necessarily know the seriousness of their injury/illness.

In many cases, these injuries result in a First Aid claim. A First Aid claim is one that has no medication dispensed, has no lost time, and most often contains the initial first visit and possible follow up appointments and the employee is discharged from care (Labor Code 5401 (a) and Title 8, California Code of Regulations, section 9780(d)). Some Districts have First Aid Programs or utilize the Company Nurse program to guide employees in self-care. For more information on a First Aid Program and Company Nurse please contact your **Risk Management Analyst** at Keenan & Associates.

REQUIREMENTS

There are reporting and treatment requirements that must be met according to the California Labor Code and the Division of Workers' Compensation. Below are some of the obligations a District is required to meet when an employee injury/illness occurs:

- The Employees Claim for Workers' Compensation (DWC 1) form is to be provided to the employee within 24 hours of the date of knowledge of the injury/illness. (Labor Code 5401 (a))
 - An employee can elect not to file a claim. It is important to document the declination of medical treatment.
- The Employer's Report of Occupational Injury or Illness (5020) form is to be filled out within five days of knowledge (best practice submit same day, if possible) for every occupational injury/illness which results in lost time beyond the date of the incident and/or requires medical treatment beyond first aid. (Labor Code 6409.1. (a))
- An Accident Investigation needs to be completed to identify and correct unsafe or unhealthy conditions (Title 8, Section 3203 (a)(5)). A thorough and properly conducted accident investigation

should be completed in writing and should adequately identify the root cause(s) of the accident or near-miss occurrence. Keep asking “WHY” questions! For additional training on Accident Investigations please be acquainted with & contact your Loss Control Advisor at Keenan & Associates.

- An employee has up to one year from the date of injury/illness to report the incident and seek treatment under workers’ compensation (Labor Code 5405(a) & (c)).
 - A significant delay in reporting a claim is not necessarily indicative of fraud, however, could be cause for the **TPA** to delay and investigate the claim before accepting liability. A discussion with your **Claims Examiner** in these situations is encouraged.

COMMON PRACTICES

- Store your injury/illness reporting forms on the Districts Intranet or Website as a way to ensure Supervisors have access to the most up-to-date and current documents.
- When an injury/illness occurs, the Supervisor completes the injury/illness reporting paperwork with the employee and submits the completed forms to the appropriate District Office personnel.
- Creating a checklist for Employee and Employer responsibilities during the reporting process can be helpful to the Supervisor who may not have much experience in employee injuries/illnesses.
- An Accident Investigation should be completed by a supervisor who has been trained on conducting accident investigations, or by Risk Management. The Accident Investigation should be completed as close to the time of injury/illness as possible to help ensure the “scene” doesn’t change, witness’ memories are clear, and objects that may have caused the accident aren’t moved or disappear.
- Damaged equipment should be removed to prevent any further injury/illness and should be preserved for further investigation purposes, if necessary.
- An employee should be provided additional instructions at the time of injury/illness and could include information such as:
 - who to follow up with after seeking treatment
 - what to do with work status reports
 - **Return to Work** policies
 - specific district policies/bargaining agreement issues relating to workers’ compensation
 - appointment scheduling
 - appropriate leave information
 - keeping all medical appointments and following restrictions are the employee’s responsibility
 - salary continuation information (**Industrial Accident Leave**)
- Some Districts utilize the Company Nurse Program. When an employee has an injury/illness they are directed to contact Company Nurse. Company Nurse is a 24-hour triage hotline that takes calls from employees when they have been injured. The nurse will gather the employee’s statement of what happened and will recommend first aid/self-care advice or refer the employee for medical treatment at one of the District’s designated physicians within the **Medical Provider Network (MPN)**. A report is completed and sent to the designated personnel (Risk Management, Human Resources, etc.) within minutes of the employee ending the call with the nurse. Keenan & Associates has partnered with Company Nurse to use data mapping from the triage report to pre-populate some of the data fields in **Ultra ClaimsONLINE (UCO)** for ease of reporting.

EXHIBITS

[Exhibit 2 – Sample Injury/Illness Packets](#)

[Exhibit 3 - Sample First Aid Bill Review Letter](#)

AOE/COE

PURPOSE

An **AOE/COE** (Arising Out of Employment/Course of Employment) investigation is a workers' compensation investigation to determine the facts surrounding an alleged injury/illness or occupational illness to an employee. The purpose of delaying an employee's claim is to allow the District and the **TPA** time to evaluate the facts and evidence to decide whether to accept or deny the claim.

You may delay a claim when you have suspicions about the validity of a claim. These suspicions may develop from potential sources such as information obtained from the employee, co-workers, witnesses, supervisor, and medical reports/forms or if multiple "Red Flag" indicators exist. However, keep in mind the presence of just one red flag indicator is not necessarily indicative of fraud but it could potentially delay a claim.

Every claim decision made should be based upon the claim facts and the relevant law. Just because an injured employee reports an injury/illness more than two weeks after an occurrence does not mean this is a questionable claim or should be denied. Every decision to deny compensability must be supported by admissible evidence substantial enough in weight/credibility to offer an opportunity to win on that issue at the **Workers' Compensation Appeals Board (WCAB)**. Decisions to accept or deny a claim must be based on a medical, legal or factual basis. (Labor Code 3600)

REQUIREMENTS

During the delay period:

- The **TPA** has 14 days from the employer's date of knowledge to issue a Notice of Delay to the injured employee (Labor Code 4650 (a)).
- The **TPA** and District have up to 90 days to complete their investigation and keep the claim in the delayed status. A determination to accept or deny a claim can be made earlier and does not usually require the entire 90 period to make a determination. (Labor Code 5402 (b)).
- During the delay period, there is no **Temporary Disability** compensation provided to the employee while a liability determination is being made.
- During the delay period, medical treatment is limited to \$10,000 while a liability determination is being made (Labor Code 5402 (d)).
- A medical evaluation may be necessary to determine liability.
- Employee and witness statements taken by an investigator may be necessary to determine liability.
- Additional medical records and prior medical history intake may be necessary to determine liability.

AOE/COE (continued)

COMMON PRACTICES

- Work with your Human Resources Department to identify any personnel issues or other performance related issues like attendance. Partnering with them can also result in advance notice when personnel related issues come up (i.e., employee is upset regarding a poor evaluation and may file a stress claim).

When you know you are going to delay an employee's claim, meet with the employee to explain the process and timeline while the claim is in the delay process.

- Some Districts have a business practice or a Board Policy restricting the use of their 60 days of **Industrial Accident Leave** benefits.
- Some Districts do not allow injured employees whose claim is in the delay process to use their Education Code **Industrial Accident Leave** benefit of 60 days and require them to use personal leave until their claim is accepted or denied. If their claim is accepted the District can go back and reimburse the employee the used personal leave by substituting it with **Industrial Accident Leave**. If the claim is denied, the employee does not get reimbursed for their used personal leave. See section on Tracking Leaves and Disability Compensation for more information.
- Partner with frontline providers and doctors to ensure there is an awareness of any concerns with the claim or other underlying motivators the employee may have for filing a claim or for wanting to be off work.
- In depth investigations can be scheduled with the employee when there are "red flags" present.

OTHER NOTES

Affirmative Defenses

There are other situations involving injuries that do not trigger compensability for workers' compensation. Below is a list of affirmative defenses and other situations that may not be covered under workers' compensation. Work with your **Claims Examiner** if any of these are causally related to the injuries sustained by an injured employee.

- Intoxication
- Initial Physical Aggressor in an assault or fight
- Intentional Self-Infliction of Injury/Illness
- Felonious Criminal Act
- Willful Suicide
- Recreational, Social, Athletic Activity

Student Injuries

Students participating in regional occupation programs, work experience programs and internships may be afforded workers' compensation privileges. The district responsible for the educational program supporting the student's participation in external employment and internship can be responsible for compensation for injuries related to the program. See the matrix and notes below for when student injuries are covered by workers' compensation.

K-12 Work Experience Matrix

Student Group	Legal Reference	Are wages paid by a private employer?	Coverage?
Regional Occupation Centers & Programs (ROCP) Examples: Agriculture, Arts, Media & Entertainment, Building & Construction Trades, Business and Finance, Education, Child Development, Hospitality, Tourism	EC §52317 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Community Classroom Training Examples: Agriculture, Arts, Media & Entertainment, Building & Construction Trades, Business and Finance, Education, Child Development, Hospitality, Tourism	EC §52317 LC §3368	No Wages	Yes
Exploratory Work Experience Education (EWEE)	EC §51768, 51769 5 CCR § 10071©	No Wages	Yes
General Work Experience Education (GWEE)	5 CCR §10070(b)	Wages Paid	No
Career Technical Work Experience Education (CTWEE)	EC §52372.1 LC 3368	Paid or Unpaid	Maybe
Cooperative Vocational Education (COOP)	5 CCR §10107 and §10111 EC §51769	Wages Paid	No
Career Technical Education Programs Examples: Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism	EC §52372 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Job Shadowing Examples: Observations can involve occupations in fields such as Fire Engineering, Fashion Design, Hospitality, Education, Child Development, Health Care	EC §51769 LC 3070	No Wages	Maybe
Community Service No longer Administered by CDE		No Wages	No

Yes	Workers' compensation coverage is provided by the Educational Agency - The school district, county superintendent of schools, or any school agency administered by the State Department of Education are considered the employer for purposes of providing workers' compensation benefits.
Maybe	Worker's compensation coverage could be provided - When wages are paid by a private employer, the Educational Agency may elect to provide coverage not to exceed 3 months. Contact your Account Manager for assistance in reviewing community partner/affiliate agreements/contracts.
No	No workers' compensation coverage is provided – The student performs no services for the Educational Agency and they cannot be designated as an employee of the Education Agency for workers' compensation purposes. See Risk Controls for Job Shadowing or Community Service Best Practices and Sample Field Trip Form .

CCD Work Experience Matrix

Student Group	Legal Reference	Are wages paid by a private employer?	Coverage?
Internships and Registered Student Apprenticeship Programs Examples: Nursing Program, Childcare Program, Fire Academy	LC 3077 EC 79914 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Work Experience Programs Examples: Auto Collision, Cashier, Child Development, Cosmetology, Hospitality	LC 3077 LC 3368 EC 78249	No Wages	Yes
		Wages Paid	Maybe
Community Classroom Training Examples: Auto Collision, Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism, Welding, etc	EC 78249 EC 79914 EC 88532 LC 3368	No Wages	Yes
Career Technical Education Programs Examples: Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism	EC88532 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Job Shadowing Examples: Observations can involve occupational fields in Fire Engineering, Fashion Design, Hospitality, Education, Child Development, Health Care		No Wages	No

Yes	Workers' compensation coverage is provided - The school district, county superintendent of schools, or any school administered by the State Department of Education are considered the employer for purposes of providing workers' compensation benefits.
Maybe	Worker's compensation coverage could be provided - When wages are paid by a private employer, the district may elect to provide coverage not to exceed 3 months. Contact your Account Manager or Claims Analyst for assistance in reviewing the affiliate agreement/contract.
No	No workers' compensation coverage is provided – The student performs no services for the District, they cannot be designated as an employee of an employer for workers' compensation purposes. See Risk Controls for Job Shadowing and Sample Field Trip Form .

EXHIBITS

[Exhibit 4 – Common Workers' Compensation "Red Flags"](#)

[Exhibit 5 – K-12 & CCD Work Experience Handbook](#)

MEDICAL TREATMENT

PURPOSE

When an employee sustains an injury/illness, they are entitled to medical treatment that cures or relieves them from the effects of their injury/illness. In cases where the employee suffers permanent impairment from their injuries, the burden is to get them as close to pre-injury/illness status as possible and in a condition where further medical treatment will not have any future improvement on their disability (Labor Code 4600 (a) and (b)).

In the case of **Permanent Disability** and also zero % permanent disability, the employee may continue to require lifetime medical treatment. This determination is made by the **Primary Treating Physician** and is reported at the time of **Maximum Medical Improvement (MMI)**. Future medical treatment can include medical evaluations, medications, therapy, diagnostics, durable medical equipment, etc.

REQUIREMENTS

- All medical treatment must follow the treatment guidelines determined by the **Department of Industrial Relations (DIR)** Administrative Director. Treatment falls under the American College of Occupational and Environmental Medicine (ACOEM) or other nationally recognized guidelines (Labor Code 4600 and 5307.27)
- An employer may establish a **Medical Provider Network (MPN)** for the referral of medical the treatment of an injured employee (Labor Code 4616 (a)). The RSRMA **JPA** uses the PRIME Advantage Medical Provider Network Powered by Harbor Health Systems.
 - Notification regarding the **MPN** must be posted in a conspicuous location frequented by employees and information regarding the **MPN** must be provided at the time of injury/illness.
 - To maintain medical control and to ensure the best possible treatment for the injured employee, it is important to refer the employee only to medical providers within the **MPN**. An employee can be referred out of network to a specialist on a case-by-case basis only if the network does not have a specialist in a reasonable geographic area (60 minutes or 30 miles) from the injured employee's residence or workplace (Labor Code 4613.3 (d)(2) and Labor Code 9767.5 (2)).
- An employee may pre-designate their own personal physician (Labor Code 4617.7 (b), (c), and (d)) to treat him/her for a work related. A Personal Physician Pre-Designation form must be provided to all new employees at the time of hire and upon request. An employee can pre-designate their physician if:
 - The designation is in writing and provided to the employer prior to the date of injury/illness
 - The physician agrees to treat the employee for a work-related injury/illness
 - The physician is the custodian of the employee medical records

- A chiropractor can be the **Primary Treating Physician**, however after the employee has received the maximum number of chiropractic visits, they must select a new **Primary Treating Physician** (Labor Code 4604.5 (c))

COMMON PRACTICES

- After the initial medical referral, the injured employee may elect to change their treating physician at any time so long as that physician is within the **MPN** (Labor Code 4613.3 (c)).
 - An employee may disagree with the treatment or diagnosis prescribed by their **Primary Treating Physician** or might not “like” the physician for other personal reasons. The employee can select another physician at their discretion within the **MPN**.
 - If the employee wants to transfer their treatment to their personal physician and they are not pre-designated, this can be allowed so long as the physician is in the **MPN**.
 - Sometimes employees will want their employer’s assistance in selecting another physician. Even if the employee requests the employer’s or the **Claims Examiner’s** input for recommendations, it is important to refer them to the **MPN Directory** or the **MPN Medical Access Assistant (MAA)**. The **MAA** can be reached at:
 - Toll Free Telephone Number: (855) 521-7080
 - Fax Number: (703) 673-0181
 - Email Address: MPNMAA@harborsys.com
 - You can access the roster of all treating physicians in the MPN by going to the website: www.harborsys.com/keenan
- Workers’ Compensation medical information does not fall under the privacy requirements of **HIPAA**. An employer will have access to certain information pertaining to the treatment of the injured employee. However, it is important to treat the employee’s medical records and any information related to their injury/illness in a confidential manner. Information should only be provided to those who have a need to know about their claim. Individuals may include your supervisor or **CBO**, the employee’s supervisor, an investigator hired by the **TPA**, Human Resources, etc.

EXHIBITS

[Exhibit 6 – MPN Notification Materials](#)

[Exhibit 7 - Pre-Designation of Personal Physician Form](#)

MEDICAL WORK STATUS REPORTS

PURPOSE

After the employee is treated for the first time and every appointment thereafter, a Work Status Report should be provided to both the employee and to the employer. The purpose of the Work Status Report is to provide information to the employee and employer on the employees' medical status and ability to work. It will include pertinent information such as:

- Work restrictions or if they can return to full duty
- Date of Injury/Illness (DOI)
- Date of appointment with Time Checked In/Time Checked Out – this is important if employees are leaving work in the middle of a shift, or you have challenges with employees returning in a timely manner after an appointment
- Treatment rendered
- Patient's condition and treatment progress
- Diagnosis
- Treatment Plan – this may include information such as referrals or authorizations requested and/or medications dispensed
- Next Appointment
- Treating physician's information
- Additional Notes

REQUIREMENTS

- The **Primary Treating Physician** must submit a report every 45 days to the **TPA** outlining the injured employee's progress (California Code of Regulations, title 8, section 9785).
 - If an injured employee fails to keep their medical appointments, a delay in medical report could cause for **Temporary Disability** benefits to be temporarily postponed. Discuss delay in medical treatment and reporting with your examiner to determine the appropriate course of action.

COMMON PRACTICES

- Some Districts require the employee to report to the District personnel handling their claim after every appointment. This creates regular discussion with the employee and allows the District the opportunity to discuss ongoing work status. Some districts require the employee to provide a copy of the work status following every appointment.

The frontline providers should also be providing a copy of the Work Status Report to the appropriate District personnel. Keep in mind, when an employee's treatment has been transferred to a specialty

physician, it can be a challenge to receive the same courtesy that is provided by your frontline providers. Work on creating that same relationship with the specialty office. Request to speak with their main back-office staff. Introduce yourself. You have the ability to create the relationship necessary to aggressively manage their claim beyond the **Primary Treating Physician** at your frontline provider!

- Work with your **Claims Examiner** closely on communication needs and notification process for Work Status Reports.
- Use your email calendars or create a separate calendar for your injured employee's follow up appointments. Add all appointments including therapy, specialty and **Primary Treating Physicians**.

EXHIBITS

[Exhibit 8 – Primary Treating Physician's Progress Report PR 2](#)

REQUESTS FOR TREATMENT

PURPOSE

Your frontline provider may feel additional treatment is required beyond what the physician can do in order to help your injured employee. This may include physical therapy, chiropractic treatment, acupuncture, diagnostic testing, referral to a specialist, surgery, etc. The physician must submit a **Request for Authorization** to the **TPA** in order for the treatment to move forward.

REQUIREMENTS

- When a doctor requests medical treatment for an employee, the **TPA** has 5 workdays from the receipt of the request to authorize treatment on a “non-rush” basis (California Code of Regulations, title 8, section 9792.9 (b)(1)).
- A doctor must submit the request on the State required “**Request for Authorization**” (**RFA**) form to the **TPA** (California Code of Regulations, title 8, section 9785.5).
- If appropriate information which is necessary to render a decision is not provided with the original request for authorization (RFA), such information may be requested, and a decision made within 14 days of the original request. LC 9792.2(c)(2)

COMMON PRACTICE

- Regular discussions with the employee following all medical appointments provides the Risk Management personnel the opportunity to discuss requests for treatment timelines. The employee should understand the authorization timelines and the importance of following up with their medical treatment.
- When the Risk Management personnel becomes aware, either through the employee, **Primary Treating Physician**, or Work Status Report that additional treatment is needed communication is made with the **Claims Examiner** on the potential request. This is just a heads up to the **Claims Examiner**. The **Primary Treating Physician** still needs to complete the required **RFA** and send it to the **TPA**.
- For Physical Therapy and Diagnostic Testing, the Third-Party Scheduler (OneCall) will contact the employee directly to schedule authorized services and treatment. OneCall utilizes the **Medical Provider Network (MPN)** to locate a facility close to the employee’s preferred location whether it be place of work or their residence. They schedule the earliest possible date. An email with the appointment details (date, time and location) is sent by the Third-Party Scheduler to Keenan & Associates and then forwarded to the designated district office personnel.

Referrals for specialty physicians, surgeries, and other medical treatments are coordinated through OneCall, the **Claims Examiner**, the medical provider’s office and/or in some cases the nurse case manager. Districts

work with their **Claims Examiners** on scheduling protocols, communication needs and notification processes for when treatment has been authorized. Scheduling electronic reminders (through computer, email, tablets, phones, etc.) is a way to keep track of and follow up on medical appointments and other important timelines such as **Return to Work** programs, leave tracking, etc.

EXHIBITS

[Exhibit 9 – Request for Authorization \(DWC Form RFA\)](#)

ORTHOPEDIC REFERRALS

PURPOSE

If the employee does not show signs of improvement within the first few weeks of treatment it may be necessary for the **Primary Treating Physician** to refer the employee to an orthopedic specialist. In some cases, the referral will be for consult only and in other cases the referral will be for a complete transfer of care and the specialist will become the **Primary Treating Physician** on the claim.

REQUIREMENTS

- The **Primary Treating Physician** must submit a report every 45 days to the **TPA** outlining the injured employee's progress (California Code of Regulations, title 8, section 9785).
- When a doctor requests medical treatment for an employee, the **TPA** has 5 workdays from the receipt of the request to authorize treatment on a "non-rush" basis (California Code of Regulations, title 8, section 9792.9 (b)(1)).
- A doctor must submit the request on the State required "**Request for Authorization**" (**RFA**) form to the **TPA** (California Code of Regulations, title 8, section 9785.5).
- If appropriate information which is necessary to render a decision is not provided with the original request for authorization (RFA), such information may be requested, and a decision made within 14 days of the original request. LC 9792.2(c)(2)

COMMON PRACTICES

- Districts work with their **Claims Examiners** on utilizing preferred physicians based on provider outcomes and the facts of the claim.
- Some of the key areas that make an orthopedic doctor a "good" one includes timely status reports, responsive staff or someone who can help relay messages to the doctor, and a doctor who is open to discussing concerns like status clarification and other "red flag" issues.
- District personnel shouldn't be afraid to reach out to a doctor if necessary to obtain additional information or understand the facts of the claim.
- Keep in mind, when an employee's treatment has been transferred to a specialty physician, it can be a challenge to receive the same courtesy that is provided by your frontline providers. Work on creating that same relationship with the specialty office. Request to speak with their back-office staff. Introduce yourself. You can create the relationship necessary to aggressively manage the claim beyond the **Primary Treating Physician**!

INTERACTIVE PROCESS

PURPOSE

When a disability or a medical condition requires an accommodation, the employer must meet with the employee to determine the ability to reasonably accommodate any restrictions or limitations. A reasonable accommodation means taking appropriate (reasonable) measures to allow persons with a disability or medical condition the opportunity to continue employment. A reasonable accommodation meeting is triggered when an injured employee is provided with work restrictions (temporary or permanent) found on their Work Status Report from their **Primary Treating Physician or PQME/AME**.

REQUIREMENTS

- FEHA (California Government Code § 12926) defines a disabled employee as an individual with a physical or mental impairment which limits a major life activity. Major life activities include but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, communicating, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking.
- Employers have a duty to accommodate employees whom they know or should have known are disabled.
- An accommodation meeting can happen many times throughout the course of the employee's recovery of their injury/illness. Some important times when a meeting should be initiated are:
 - Following the initial medical evaluation when the employee is first released with restrictions.
 - A release to return to work with restrictions following an extended absence or period of **Temporary Disability**.
 - When the employee has reached **Maximum Medical Improvement** and the **Primary Treating Physician** has prescribed permanent work restrictions.
 - When the employee has exhausted all paid and unpaid leaves but prior to being placed on the 39-month re-hire list.
- It is important to note, prior to an employee being placed on the 39-month re-hire list, the District must have a reasonable accommodation meeting prior to placing the employee on the re-employment list. Even if a determination was previously made that a temporary accommodation could not be made while they are recovering from their injury/illness. The purpose of the meeting should be to revisit the employee's restriction (or **Temporary Disability** status) and reassess if the District is able to accommodate the restrictions or explain why the District continues to be unable to accommodate restrictions. This is also an opportunity to explain to the employee the re-employment requirements and any other considerations necessary to regain employment.

COMMON PRACTICES

- Designated risk management personnel are involved in reasonable accommodation meetings. Human Resources/Personnel Services is included along with the employee's supervisor and may also include the employee's union representative.
- Some risk management personnel are also included in non-industrial reasonable accommodation meetings.
- Meeting documentation and follow up correspondence with the employee varies by member. In some cases, the designated risk management personnel completes the appropriate memos or letters and in other cases Human Resources takes care of the correspondence.
- Some districts have the employee's job description or job analysis available during the interactive process and addresses all of the essential functions of the position in order to identify areas where an accommodation may be necessary.
- Having an accommodation meeting after any sort of change to the restrictions and limitations ensures open communication and an understanding of the process.

EXHIBITS

[Exhibit 10 – Sample Accommodation Checklist](#)

[Exhibit 11 – Sample Accommodation Letter Language](#)

RETURN TO WORK

PURPOSE

A **Return-to-Work** Program is one of the most effective ways in controlling the costs of the workers' compensation claim while helping the employee recover from their injury/illness. Studies show that implementing a **Return-to-Work** Program helps to retain valued employees and enhances the productivity of a workforce. The program also keeps employees active and engaged thereby reducing the long-term debilitating effects of disability such as emotional isolation or depression. Finally, a **Return-to-Work** Program helps the employer ensure compliance with the disability related regulations such as the American with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), and the Occupational Safety and Health Act (OSH Act).

Note: Bringing an employee back to work and accommodating the assigned work restrictions is often the difference between an Indemnity or a Medical Only claim.

1. Indemnity – A claim that has lost time, is litigated or has legal issues, is being delayed or denied, or is expected to incur some level of **Permanent Disability**.
2. Medical Only – A claim with no lost time, the injuries are expected to be resolved in five months or less, no complicated legal issues and no anticipation of **Permanent Disability**.

REQUIREMENTS

- The Americans with Disabilities Act (ADA) & Fair Employment & Housing Act (FEHA) requires an employer to provide reasonable accommodation to individuals with a physical or mental disability to apply for jobs and to perform the essential functions of their jobs unless it would cause an undue hardship.
- Reasonable accommodations are to be determined by the Interactive Process. The Interactive Process requires the employer and employee to work together to identify what barriers exist to that individual's performance of their essential functions in relation to their restrictions and limitations. FEHA/ADA prohibits discrimination based on disability and also require an employer to engage in an ongoing, good faith interactive process with an employee to determine whether reasonable accommodation can be made. The failure to participate in the interactive process deprives the employee of their rights as a disabled employee and could subject the employer to a lawsuit for failure to engage in a timely, good faith, interactive process, failure to provide a reasonable accommodation or disability discrimination.

COMMON PRACTICES

- Accommodation timelines vary by District; 60 days, 45 days, etc. Additional consideration may be given to extend temporary work accommodations by an additional 30 days when an employee's medical condition has shown improvement and is reported by the **Primary Treating Physician**.
- Assignment tasks vary by District; online/live training, check fire extinguishers, scan old documents, file, sanitize doorknobs, prepare lesson plans for the year, etc.

EXHIBITS

[Exhibit 12 - Sample Modified/Alternate Work Activities by Occupation](#)

[Exhibit 13 – Sample **Return to Work** Program Policy](#)

[Exhibit 14 – Sample **Return to Work** Modified Duty Offer](#)

TRACKING LEAVES AND DISABILITY COMPENSATION

PURPOSE

Most School District employees and Community College District employees are eligible for salary continuation benefits provided by the Education Code and Collective Bargaining Agreements. All leaves related to a work-related injury/illness should be tracked and consistently monitored to ensure the employee is compensated appropriately. (Refer to your CBA for specific instruction on leave).

REQUIREMENTS

The Education Code provides, at a minimum, injured employees are entitled to the following:

- A minimum of 60 days of **Industrial Accident Leave** (Education Code sections 44984 and 45192 for K12 and 88717 and 88192 for CCD)
 - Industrial Accident Leave is per injury/illness, not per calendar or fiscal year.
 - Industrial Accident Leave can also roll over into the next calendar or fiscal year if used for the same injury/illness.
 - Industrial Accident Leave does not accrue.
- Use of current and accumulated sick time (prorated with **Temporary Disability** benefits)
- Use of current and accumulated vacation time (classified employees only - prorated with **Temporary Disability** benefits)
- Sub Differential or 50% Pay, whichever is applicable (prorated with **Temporary Disability** benefits)
- Other paid leave provisions (i.e. – catastrophic leave - prorated with **Temporary Disability** benefits donated days)
- Other non-paid leave provisions (i.e. – FMLA)
- 39-month rehire list

Once an employee has exhausted their 60 days of Industrial Accident, they begin to use their current sick leave at a pro-rated amount. **Temporary Disability** pays them 2/3 of their daily rate which means only 1/3 of their sick leave can be deducted per day. Use the Ed Code Calculation Worksheet to calculate the prorated leave to be applied.

COMMON PRACTICES

- Storing leave tracking and work status forms on a shared network folder is a way to ensure all departments needing information (Human Resources, Payroll, etc.) have access to the most current leave documents.
- A status log can be used to track and update lost days and salary continuation benefits.

- Districts can count **any** amount of time missed on a workday as 1 day of **Industrial Accident Leave**. For example, John leaves for a PT appointment 2 hours early. He has now used 1 day of his allotted 60 days.
- Galaxy, Frontline, or Cypher can be used to track Industrial Accident, **Modified Duty**, etc. Access to the specific screens is determined by individual District and is not currently being utilized by all members.
- Open communication with the injured employee regarding the use of their leave during their claim helps ensure employee awareness regarding leave status. Memos, letters and meetings to discuss their calendar creates open dialogue and trust between the District and the injured employee.
- Your **Risk Management Analyst** at Keenan & Associates can assist with training on the application and use of the Labor Code and Education Code benefits.

EXHIBITS

[Exhibit 15 – Sample Education Code Timeline \(K12 and CCD\)](#)

WAGE STATEMENT

PURPOSE

The **Temporary Disability (TPA)** will request the last twelve months of an employee's wages from the date of injury/illness. This information is used to calculate the appropriate **Temporary Disability** rate. Providing accurate wage statements is important to ensure the employee is compensated fairly and to avoid penalties.

REQUIREMENTS

Wage statements should include all wages earned in the twelve-month period including regular pay, overtime, stipends, car allowances, etc.

COMMON PRACTICES

- Wage statement information is pulled from your District's payroll system. Access to the information is determined by the individual district and is not currently being utilized by all Risk Management personnel.
- The payroll department can run the wage information needed. Some Risk Management departments have been given access to the "View" screens within the payroll system and can run the payroll information needed.
- The timeline for providing the wage information varies by District. In some cases, the district will report the wage information along with the Employer's Report of Occupational Injury/Illness (5020) and other required documentation. Others request the information from payroll or the designated department and submit it to the **TPA** once it is received (usually within 1-2 days).

FRAUD AND INVESTIGATION

PURPOSE

Fraud occurs when someone knowingly tells a lie with the intent to obtain a benefit they would not otherwise be entitled to or could cause the benefit to be denied. When fraud is suspected, important facts like other employment or recreational activities should be communicated to the **TPA** to ensure investigation and surveillance are coordinated timely.

REQUIREMENTS

District personnel should not complete the investigation or surveillance themselves. This should be left to the **TPA** to coordinate.

COMMON PRACTICES

- Reports of activity or other employment are shared with the designated risk management personnel. The most common report is finding something communicated on social media (i.e., Facebook) like traveling, moving or other activities that may indicate fraud is occurring.
- The information is shared with the **TPA**. The District can request surveillance. Don't assume the **TPA** will do it from the information you provide. Surveillance and possible filming of the employee performing activities that contradict the physician's medical findings can be conducted. An employer can also request an activity check that includes media surveillance of any public social media platforms the injured employee may subscribe to.
- Some districts use an outside vendor for surveillance and others use the **TPA's** surveillance company.
- Accident Investigations, including talking to peers and supervisors, can be used to deter abuse and fraud by getting to the root cause of the injury/illness and following up on every claim.
- Working all of the components of a risk management program (with the support of management) is also instrumental in fighting abuse and fraud. When a district has a strong workers' compensation program and the right partnership in place (**TPA**, Medical Providers, attorneys, etc.) the employees who are looking for an easy road toward fraud will quit and give up. However, the employees who are willing to face the adversity and fight will be determined regardless of the roadblocks that are in place. In those cases, districts will continue being diligent with their programs and strive toward the most ethical outcome given the circumstances.
- NOTE – Sub-rosa is a common legal term used to describe surveillance conducted in workers' compensation cases.

DEFENSE ATTORNEY

PURPOSE

When an injured employee obtains legal representation to defend his/her interest in their workers' compensation claim, work with your **Claims Examiner** to assign a **Defense Attorney** for handling of the claim's legal proceedings. Decisions for selecting a **Defense Attorney** are based on the facts of the claim and the attorney best suited to handle the claim issues. Additional preferences include attorneys who are responsive and will include districts in case strategy decisions.

REQUIREMENTS

- Once an injured employee has obtained legal representation you are no longer able to speak to the employee about their injury/illness. You can discuss leaves, salary, benefits but do not discuss the facts of the claim related to their injury/illness. Do not allow the employee to discuss their claim with you. Direct them to their Attorney.

COMMON PRACTICES

- Districts work with their **Claims Examiners** on **Defense Attorney** preferences.
- Including a **Defense Attorney** in file reviews can be useful for addressing a plan of action and discussion of overall case strategy, especially in complicated and difficult cases.
 - Coordination with attorneys on files reviews can be done by teleconference when timing is an issue or only discussing a few files. However, an in-person meeting is also still appropriate.
- Keenan & Associates has regular case reviews with the defense firms assigned to your claims. These meetings are intended to discuss case strategy and ensure appropriate and timely handling of the claim.

CLOSING AND SETTLEMENTS

PURPOSE

Once all claim issues for treatment and disability compensation have been finalized, the claim can be settled and closed. There are two main ways a claim is settled:

1. **Compromise and Release (C&R)** – Buys out and resolves all issues of indemnity compensation and any award for future medical. This is referred to as a “lump sum” award.
2. **Stipulated Award (Stip)** – Resolves all issues of indemnity and future medical, however the indemnity award is paid bi-weekly until the agreed upon amount (based on medical findings of disability and wages) is exhausted and the medical benefits remain “open” for the employee to continue receiving medical treatment paid from the claim file.
 - a. The future medical treatment is determined by the **Primary Treating Physician** as prescribed in the Permanent & Stationary (**P&S**) report.

REQUIREMENTS

All settlements, whether it's a **C&R** or **Stip**, go through the Workers' Compensation Appeals Board (**WCAB**) for approval. If the settlement isn't acceptable to the **WCAB** it will be denied and sent back to the **TPA** to re-evaluate. This ensures that all settlements are proper and fair to the injured employee.

COMMON PRACTICES

- Districts and their **Claims Examiners** should discuss the settlements that are most appropriate based on the facts of the claim and consideration for any future claims if still employed with the District. Risk Management personnel should be involved, ask questions, and participate in the settlement process. **Claims Examiners** do not work for your District and don't know the culture and full background of an employee or their employment with your agency. Open communication during the entire claims process will ensure the settlement is a successful one for the District and the employee.
- For unrepresented (non-litigated) cases, meeting with the employee to review settlement documents helps explain what the settlement means to them and how their benefits are affected. Employees can be intimidated by the legal paperwork and afraid to sign documents which in result may hold up the settlement process. The **Claims Examiner** is a resource to assist in having these conversations with the employee.

EXHIBITS SECTION

EXHIBIT 1

Common Terms and Acronyms

WORKERS' COMPENSATION COMMON TERMS AND ACRONYMS

A/A	Applicant attorney. The injured worker's attorney.
AB & SB	Abbreviation for Assembly Bill and Senate Bill. These are followed by a number designation such as SB 1589 or AB 227.
ACOEM	American College of Occupational Environmental Medicine
AD	Administrative Director
ADA	Americans with Disabilities Act
Administrators	<p>a. Superintendent of Schools – Appointed by the Board to lead the district.</p> <p>b. Assistant Superintendent of Business – or Business Manager</p> <p>c. Assistant Superintendent of Personnel – Responsible for all personnel functions</p> <p>d. Principals of Schools – Administrator in charge at the school level.</p>
AE	Account Executive
AFA	American Fidelity Assurance
ALAE	Allocated loss adjustment expenses
AMA	American Medical Association
AME	Agreed Medical Evaluator. A doctor agreed by the parties to resolve some or all the issues. Requirement: Parties must agree when the employee is represented.
AOE/COE	An injury arising out of employment and occurring in the course of employment.
Apportionment	The portion of Permanent Disability that arose from a pre-existing and disabling injury or illness.
AWP	Average Wholesale Price: typically, prescription drug fee schedules are based on AWP.
AWW	Average Weekly Wage
Bargaining Units	Beginning on July 1, 1976, School District employees were permitted to form bargaining units to negotiate labor contracts with their District.
BeSt Comm	Benefit Study Committee – A committee dedicated to the study of California school's benefit programs
BeLiEF	Benefit Liability Excess Fund (Schools) Fully insured group purchase arrangement)
Board of Education	Each district is run by an elected Board of Citizens (usually unpaid). The final decision on all school matters is made at the Board meetings. The Superintendent and staff attend all board meetings. The Superintendent and key staff members are hired on a contract basis.
Brown ACT	Requires all school Board meetings to be held in public, except an Executive Session may be held for purposes as follows: Personnel; Consideration of expulsion or disciplinary action of a student, unless parent wishes open session; Instruct Board Representative on negotiations and Consult with Board's attorney on personnel matters.
B of R	Broker of Record

Budget	The official adopted statement by the Governing Board outlining the estimated income and proposed plan of expenditures.
CAJPA	California Association of Joint Powers Authorities
Ca Dept of Ed	The State Superintendent of Schools is elected by popular vote to a four-year term of office. This department is responsible for the establishment of statewide laws the State Superintendent of Schools is elected by popular vote to a four-year term of office. This department is responsible for the establishment of statewide laws.
CALPERS	California Public Employees Retirement System (Large purchasing alliance for medical benefits)
CASBO	California Association of School Business Officials
Certificated Personnel	Those persons requiring credentials by the State to perform a job. This Includes all teachers and certain administrators. (Principals).
Classified Personnel	Those persons performing non-teaching duties. This group includes secretaries, custodians, cafeteria workers, etc.
Confidential Employees	All teachers and many administrators sign contracts of employment.
CMS	Center for Medicare/Medicaid Services
County Counsel	Attorneys are assigned by the County to act as lawyers for a particular school district.
C&R	Compromise and Release. A full and final settlement of all the issues of the claim, except vocational rehabilitation. The worker is not entitled to further benefits except for rehabilitation services.
CSDC	California Schools Dental Coalition
CSEA	California School Employees Association: A union comprised of classified school employees.
CT	Continuing Trauma Injury (Gradual onset of injury, not specific incident)
CTA	California Teachers Association: A Union comprised of certificated school employees. Most Districts form their own local branches.
CTS	Carpal Tunnel Syndrome (Wrist)
D/A	Defense Attorney. The employer's or the Workers' Compensation company attorney.
DC	Doctor of Chiropractic
Demand	An offer to resolve made by the employee. A counteroffer by the defendant is called an "offer."
Depo	Deposition
DEU	Disability Evaluation Unit. A State agency, which evaluates a medical report to determine the percentage of Permanent Disability in the report.
Differential Pay	(Sub-Difference Pay) – After all industrial leave and/or sick leave benefits have been exhausted; certificated employees are entitled to the difference between their regular salary and that of a substitute for a five-month period. Many Districts have negotiated 50% pay for employees in lieu of the sub-difference pay.
DIR	Department of Industrial Relations
District	Political and a geographic unit that elects a 3–7-person Board of Education to run the school system. Type of Districts: – Elementary District provides education from kindergarten through 8 th grade (K-8)

- **High School District** provides education for 9th –12th grades.
- **Continuation High** provides special high schools for special situation students (last chance, wards of court, etc.)
- **Unified School District** provides education for K-12 (A combination of elementary and high school)

DOB	Date of Birth
DOC	Department of Corporations
DOI	Date of Injury
DOL	Date of Loss
DOR	Declaration of Readiness (Filed at WCAB to obtain hearing/conference date)
DWC	Division of Workers' Compensation
DX	Diagnosis
EDD	Employment Development Department
EDI	Electronic Data Interface
EE	Employee
ER	Employer
ERTW	Estimated/Early Return to Work
F & A	Findings and Award. When a case is tried, the judge issues a decision in the F&A. It lists the Judge's finding and what benefits he has awarded to the injured worker. This decision can be appealed by parties within a restricted time limit.
FCE	Functional Capacity Evaluation
FD	Full Duty
FEHA	Federal Employment & Housing Authority
Fiscal Year	July 1- June 30
FROI	First Report of Injury – Required EDI claim information reported to the Department of Industrial Relations.
GASB	Governmental Accounting Standards Board
Medicare HICN	Medicare Health Insurance Claim Number
	The Health Insurance Claim Number (HICN) is a Medicare beneficiary's identification number, used for paying claims and for determining eligibility for services.
HOTS	Health Care other Than Schools
HX	History
HCO	Health Care Organization. A State certified medical provider.
IAIABC	International Association of Industrial Accident Boards and Commissions

IAL	Industrial Accident Leave – the first 60 days of full salary leave school employees may be entitled to after reporting an injury or illness.
Injury:	<p>Specific Cumulative</p> <p>a. An injury may be "specific" occurring as the result of one incident & exposure that causes disability or need for medical treatment.</p> <p>b. "Cumulative" or "Continuous Trauma" occurring as repetitive mental or physical activities extending over a period.</p>
IBR	Independent Bill Review
ICD	<p>International Classification of Diseases:</p> <p>Official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.</p> <p>a. DOI on/after 10/1/15 = ICD 10 codes</p> <p>b. DOI prior to 10/1/15 = ICD 9 or 10 cods</p>
IME	Independent Medical Examiner (WCAB-appointed physician who determined PD)
IMR	Independent Medical Review within MPN
IND	Indemnity
JA	Job Analysis. A detailed job description was written by a vocational rehabilitation counselor. The counselor gets input from the employer and the injured worker. Job analysis is signed by both parties.
JPA	Joint Powers Authority: This may be elementary, high, unified, or college, but crosses county lines to make up its geographical Boundaries.
KICCS	Keenan Insurance Conference for CA Schools
LAWCX	Local Agency for Workers' Comp Excess JPA
Life Pension	Employee will require lifetime assistance to adapt to the effects of any disability arising of his/her industrial injury. The employee's ability to compete in the open labor market is reduced for the remainder of his/her life. A disability of 70% or greater qualifies for a life pension .
LC	Labor Code of California, as cited in Workers' Compensation Laws of California which contain the Labor Code and most other laws relating to Workers' Compensation in this State.
LD	Light Duty
LOV	Last Office Visit
LT	Lost Time
MMI	Maximum Medical Improvement
MOD	Modified Duties at Work
MPN	Medical Provider Network
MSA	Medicare Set Aside

MSC	Mandatory Settlement Conference. A hearing is scheduled at the Workers' Compensation Appeals Board to resolve the dispute between parties. At this conference, discovery is ended, and no additional information can be presented unless ordered by the Judge.
MTUS	Medical Treatment Utilization Schedule
NCM	Nurse Case Management
NGHP	Non-Group Health Program
NLT	No Lost Time from Work
NOV	Next Office Visit
ODG	Official Disability Guidelines: Evidence-Based Medicine approach to claims management
ORM	Ongoing Responsibility for Medical
ORTHO	Orthopedic Surgeon
OSIP	Office of Self-Insurance plans
OT	Occupational Therapy
OTS	Other Than Schools
OTC	Over the Counter (Drugs)
OV	Office Visit
PAID ACT	Provide Accurate Information Directly
PARMA	Public Agencies Risk Management Association
PD	<p>Permanent Disability. A benefit payable to the injured worker if he has a permanently reduced ability to compete in the open labor market. It is calculated based on subjective complaints (pain), objective findings (loss of motion), and/or work restrictions.</p> <p>PTD -- Permanent Total Disability means a permanent disability with a rating of 100% permanent disability which is payable at the TD rate at the time of injury.</p> <p>PPD -- Permanent Partial Disability means a permanent disability with a rating of less than 100%.</p> <p>Any of the following Permanent Disability should be presumed to be total:</p> <ol style="list-style-type: none"> Loss of both eyes and sight. Loss of both hands and the use thereof. An injury resulting in practically total paralysis. An injury to the brain, resulting in incurable imbecility or insanity.
PPD	Permanent Partial Disability
PERB	Public Employee Relations Board: Hears disputes between bargaining units and School District Employers.
PERS	Public Employees' Retirement Board

Permanent Part-Time	Some employees work a short day on a permanent basis. This includes certain cafeteria workers, bus drivers, custodians, etc. Most districts provide fringe benefits for permanent part-time employees working at least 20 hours per week.
PIPS	Protected Insurance Program for Schools is a first-dollar reinsurance program for financial purposes of obtaining reinsurance coverage. Local self-insured JPA's or individual self-insureds remain the entity that reports their liabilities to OSP. It is the industry's first hybrid program, saving schools millions of dollars in premiums.
Probationary	Certificated employees serve a three-year probationary period. At the end of that three-year, they receive tenure with the district.
Probationary Classified	Classified employees must serve a six-month probationary period.
PRIDE	Program for the Review and Integration of Defense Attorney Expenses
PRIME	Program for the Review and Integration of Medical Expenses.
RTW	Return to Work
Personal Physician	Means the employee's regular physician, surgeon, or licensed, who has previously directed the medical treatment of the employee and who retains the employee's medical records including his/her medical history.
Pro - per	A person who is "in pro per", i.e., acting as his/her attorney.
P&S	Permanent and Stationary. When an injured worker will no longer improve with continuing medical treatment.
PSYCHE	Psychiatrist/Psychologist
PTD	Permanent Total Disability
PT	Physical Therapy
PTP	Primary Treating Physician
QIW	Qualified Injured Worker. The injured worker is entitled to vocational rehabilitation benefits if he/she is precluded or likely to be precluded from usual occupation or the position in which he/she was engaged at the time of injury and the injured worker can reasonably be expected to return to suitable gainful employment.
QME	Qualified Medical Evaluator. This means a physician the State has determined as qualified to evaluate the injured worker. The QME usually is asked to comment on the issues of permanent disability, temporary disability, and the need for future medical and other issues.
QRR	Qualified Rehabilitation Representative. A person capable of developing and implementing the vocational rehabilitation plan whose experience and regular duties involve the evaluation, counseling, or placement of industrially injured workers.
Rating	A calculation of the percentage of permanent disability based on P&S/MMI medical report, age at the date of injury, and injured worker's occupation.
Reconsideration	Petition for Reconsideration is the first level of appeal of a Workers' Compensation case. The reconsideration can be filed by any party upon Findings and Award by Judge. Can be granted or declined.
ReLiEF	Regional Liability Excess Fund JPA – because of the diversity of need and location, the committee split into 3 committees forming: Nor Cal ReLiEF, So Cal ReLiEF and SWACC
RFP	Request for Proposal
ROM	Range of Motion (measurement of joint movement, knee, elbow, fingers, etc.)

RRE	Responsible Reporting Entity
RTW	Return to Work
RTWM	Return to Work Modified
RX	Pharmaceutical Prescriptions
SAWCX	Schools Alliance for Workers' Compensation Excess
SAWCX I	A group purchase type program where commercial insurance is purchased in excess of the district's SIR. There are five SIR options ranging from \$225,000 - \$500,000.
SAWCX II	self-funded JPA that provides members with coverage in excess of their SIR, up to \$500,000 per occurrence, inclusive of the SIR. Individual districts, community college districts, and JPAs are eligible for membership.
SCEET	Southern Counties Employer Employees Trust
SDI	State Disability Insurance
SDT	Subpoena Duces Tecum (Used to obtain records)
SELF	Schools Excess Liability Fund (Statewide)
Self-Procured	Treatment of employees, which is not authorized by the employer.
SERP	Supplemental Early Retirement Plan
SETECH	Service Enhancement Technologies
SIF	Secondary Injury Fund
SIR	Self-Insured Retention
SISK	Self-Insured Schools of Kern
SIU	Special Investigation Unit
SJDB/SJDV	Supplemental Job Displacement Benefit/Voucher
SS	Social Security
SSDI	Social Security Disability Indemnity
SROI	Subsequent Report of Injury – Required EDI claim information reported to the Department of Industrial Relations.
STRS	State Teachers Retirement System
Stipulations	A settlement where the parties agree on the amount and length of temporary disability, the percent of permanent disability, and the need for future medical treatment.
Subrogation	The right of the insurance carrier to pursue recovery of benefit paid to the injured worker from the third party who is responsible for the injury.
Sub Rosa	Surveillance investigation which can include videotaping of employees engaged in physical activity.
S&W	Serious and Willful. Under this section of the Labor Code, the <u>amount</u> of Misconduct of compensation shall be <u>increased by one-half</u> where the employee is injured Employer by reason of the Serious and Willful Misconduct of any of the following:

- a. The employer or his managing representative.
- b. If the employer is a partnership, on the part of the partners or managing representative or general superintendent thereof.
- c. If the employer is a corporation, on the part of an executive managing officer or general superintendent thereof.

If the employee causes Serious and Willful Misconduct, the compensation recoverable therefore shall be reduced by one-half, except:

- a. Death case.
- b. Life Pension case.
- c. Injured Worker is under 16 years of age.
- d. Employer failure to comply with any provision of the Law or any safety orders.

Thomas Findings

Case Law of Thomas vs. Sports Chalet.

Can only settle vocational rehabilitation if there is a good faith dispute as to the industrial causation or if there are affirmative defenses and no admission of liability. With Thomas Findings, we have a better chance of negotiating liens.

TPOC

Total Payment Obligation to the Claimant

TPD

Temporary Partial Disability (Disability based upon wage loss)

TTD/TD

Temporary Total Disability. A benefit is paid to the injured worker while he is unable to work due to his injury. The amount the injured worker receives depends on his earnings prior to the accident. Earnings are two-thirds of the average weekly consideration, given to the ability of the injured worker to compete in the open labor market, with a maximum set by the Legislature. Temporary disability can be total or partial (wage loss).

TX

Treatment

ULAE

Unallocated loss adjustment expenses (our claims admin fees)

VR

Vocational Rehabilitation. The process services and benefits are necessary to return an injured worker to suitable gainful employment.

WCAB

Workers' Compensation Appeals Board. The court/venue where cases are tried. The exclusive remedy for industrial injuries.

WCIS

Work Comp Information System

WCJ

Workers' Compensation Judge

Wrongful

If an employee is discriminated against or terminated following an

Termination (132a)

industrial injury in violation of State law or the employer's contract. The maximum penalty over and above permanent disability is \$10,000.00 plus reinstatement and reimbursement for lost wages and work benefits.

U & C

Usual & Customary (Job Duties)

UR

Utilization Review

VR

Vocational Rehab (Retraining to a new job)

VRM	Vocational Rehab Maintenance Allowance
VRTD	Temporary Disability Paid during VR Process
WC	Workers' Compensation
WCAB	Workers' Compensation Appeals Board (Judge at WCAB determines the outcome of litigation cases)
WCIRB	Workers' Compensation Insurance Rating Bureau
WPI	Whole Person Impairment under AMA Guidelines.
5020	Employer's First Report of Work Injury (Form #)

EXHIBIT 2

Sample Injury/Illness Packets

SAMPLE INJURY/ILLNESS PACKETS

The following templates were developed by Keenan & Associates and can be used for development of a district's injury/illness packets. A DWC-1 Claim Form and Complete Written Employee Notification regarding Medical Provider Network must also be included in the injury/illness packet. Copies of the DWC-1 and MPN materials can be obtained by contacting their **Risk Management Analyst** or online at www.Keenan.com.

[Exhibit 2 \(a\) Employee Injury/Illness Checklist](#)

[Exhibit 2 \(b\) Instructions to Injured Employee](#)

[Exhibit 2 \(c\) Employee's Statement of Injury/Illness](#)

[Exhibit 2 \(d\) DWC-1](#)

[Exhibit 2 \(e\) Complete Written Employee Notification regarding Medical Provider Network](#)

[Exhibit 2 \(f\) MPN Confirmation and Acknowledgement Form](#)

[Exhibit 2 \(g\) Temporary Rx First Fill Card - Cadence](#)

[Exhibit 2 \(h\) Declination of Medical Treatment](#)

[Exhibit 2 \(i\) Supervisor Injury/Illness Checklist](#)

[Exhibit 2 \(j\) Supervisor's Instructions for Managing Injured Employees](#)

[Exhibit 2 \(k\) Supervisors Statement of Occupation Injury/Illness](#)

[Exhibit 2 \(l\) Witness Statement](#)

EMPLOYEE INJURY/ILLNESS CHECKLIST

PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS YOUR WORK-RELATED

EMPLOYEE: _____ DOI: _____

CALL **COMPANY NURSE** (XXX) XXX-XXXX (AVAILABLE 24 HOURS). USE SEARCH CODE XXXXXX TO IDENTIFY (ENTER DISTRICT NAME)

- ___ READ THE *INSTRUCTIONS FOR INJURED EMPLOYEE*
- ___ COMPLETE THE *EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY/ILLNESS*
- ___ COMPLETE THE *WORKERS COMPENSATION CLAIM FORM (DWC-1) IF YOU ARE FILING A CLAIM*
- ___ ACKNOWLEDGE YOU RECEIVED THE *COMPLETE WRITTEN EMPLOYEE NOTIFICATION* BY SIGNING THE *MPN SIGNATURE RECEIPT FORM*
- ___ ACQUIRE *AUTHORIZATION FOR MEDICAL TREATMENT* FROM YOUR SUPERVISOR (IF SEEKING MEDICAL TREATMENT). **DISREGARD IF USING COMPANY NURSE AS THEY PROVIDE THE CLINIC WITH AUTHORIZATION VIA FAX**
- ___ COMPLETE *DECLINATION OF MEDICAL TREATMENT* (IF YOU ARE **NOT** SEEKING MEDICAL TREATMENT)
- ___ CONTACT THE RETURN-TO-WORK COORDINATOR, **NAME AT (XXX) XXX-XXXX**.
- ___ **COMPLETE AND RETURN:**

EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

WORKERS COMPENSATION CLAIM FORM (DWC-1)

MPN CONFIRMATION & ACKNOWLEDGEMENT

DECLINATION OF MEDICAL TREATMENT (IF APPLICABLE)

INSTRUCTIONS FOR INJURED EMPLOYEE

IF YOU ARE INJURED AT WORK:

Report the injury/illness to your supervisor immediately. Your supervisor will complete the Supervisor Report of Injury/Illness. The Supervisor will also give you the following forms to complete:

- Employee Statement of Occupational Injury/Illness
- DWC-1 Claim Form
- Complete Written Employee Notification regarding Medical Provider Network (MPN) and Signature Receipt

IF YOU NEED TO SEE A DOCTOR:

Your supervisor will instruct you to go to the designated medical provider. Complete the DWC-1 Claim for Workers' Compensation Benefits form, return the form to your supervisor, and retain a copy for your records.

IF YOU DO NOT NEED TO SEE A DOCTOR:

You will be provided a *Declination Of Medical Treatment* form. Complete the Declination of Medical Treatment form, return the form to your supervisor, and retain a copy for your records. If you need medical treatment at a later date, please notify your supervisor.

PLEASE KEEP ALL SCHEDULED APPOINTMENTS:

If you cannot keep an appointment, please call >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<< at (XXX) XXX-XXXX or Keenan & Associates at (800) 654-8347. Missed appointments may result in loss of benefits and your ability to participate in the return-to-work program. >>>>INSERT DISTRICT SPECIFIC REQUIREMENTS FOR USE OF LEAVES FOR SCHEDULED APPOINTMENTS<<<<.

MEDICAL TREATMENT:

All services requested by the treating physician beyond the initial visit must by law (SB899), go through Utilization Review (UR). Timely filing of employee and supervisor reports is beneficial to the UR process. All UR approvals are set by certain medical standards (ACOEM) and are not a guarantee that requested services will be approved. Any questions regarding your treatment or a medical referral please contact your claims examiner at Keenan & Associates at (800) 654-8347.

IF YOU WISH TO CHANGE PHYSICIANS:

You may change physicians once you have received your initial medical evaluation as long as the doctor you choose is within the medical provider network (MPN). Information regarding the MPN is included with the packet of forms your supervisor will provide to you upon report of your injury/illness. If you have questions, please contact Keenan & Associates at (800) 654-8347 or the MPN coordinator listed on *Complete Written Employee Notification regarding Medical Provider Network*.

KEEP THE >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<< AND YOUR SUPERVISOR INFORMED:

It is your responsibility to provide a copy of your work status to the >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<< immediately following every doctor visit. In addition, you need to provide a copy of the work status to your supervisor. If you are given work restrictions by your physician, they should clearly state what your limitations are, including any recommended change in your normal schedule. Be certain

you understand these limitations and they are clearly written on your status report provided to the >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<.

RETURN TO WORK PROGRAM:

The district's return to work program provides opportunities for injured employees to return to work with medical restrictions as outlined by the treating physician.

An important part of recovering from an injury/illness is returning to work.

The transitional modified/alternate duties will be allowed for >>>>ENTER RETURN TO WORK TIMEFRAME HERE<<<.

Transitional modified/alternate duties and/or changes in your work schedule require approval. The process is outlined below:

- Provide >>>>INSERT NAME OF DEPARTMENT OF POSITION<<< with your treating physician's work status specifying your limitations.
- The >>>>INSERT NAME OF DEPARTMENT OR POSITION<<< will work with your supervisor to evaluate if modified duty within your position is available or if you will be placed in an alternate position on a temporary basis.
- You will be notified of the work options available to you.

Transitional modified/alternate duties will be terminated and placed off work if one of the following occurs:

- The treating physician reports you should remain off work temporarily disabled
- Your work restrictions can longer be accommodated
- After working 12 weeks of a transitional return to work assignment and the employee continues to require work restriction accommodations with no improvement

NOTES:

"Workers' compensation fraud is a felony"-anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$50,000 and sent to prison for up to five years (Insurance Code section 1871.4)

IF YOU HAVE ANY QUESTIONS, CONTACT >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<

Exhibit 2 (c)

EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY/ILLNESS

EMPLOYEE PERSONAL INFORMATION

EMPLOYEE NAME: _____ EMPLOYMENT SITE: _____
HOME ADDRESS: _____ PHONE NUMBER: _____

DATE OF BIRTH: _____
SOCIAL SECURITY #: _____

PLEASE CHECK ALL THAT APPLY:

☐ FULL TIME ☐ CLASSIFIED ☐ CONFIDENTIAL ☐ SUBSTITUTE ☐ STUDENT
☐ PART TIME ☐ ACADEMIC ☐ MANAGER/SUPERVISOR ☐ SHORT TERM

PLEASE ANSWER ALL THE QUESTIONS BELOW AND SUBMIT TO YOUR SUPERVISOR.

1. DATE OF INJURY/ILLNESS: _____ ☐ AM
2. TIME YOU BEGAN WORK: _____ ☐ AM ☐ PM TIME OF INJURY/ILLNESS: _____ ☐ PM
3. ADDRESS WHERE INJURY/ILLNESS OCCURRED: _____

4. DEPARTMENT/SITE WHERE EVENT OCCURRED: _____

5. PLEASE STATE SPECIFIC PART OF BODY AFFECTED AND TYPE OF INJURY/ILLNESS: _____

6. PLEASE STATE EQUIPMENT, MATERIALS AND/OR CHEMICALS BEING USED WHEN INJURY/ILLNESS OCCURRED

7. EXPLAIN THE CIRCUMSTANCES AND/OR ACTIVITY RELATED SPECIFICALLY TO THE INJURY/ILLNESS. DESCRIBE THE SEQUENCE OF EVENTS THAT LED TO THE INCIDENT THAT DIRECTLY AFFECTED THE INJURY/ILLNESS (USE BACK OF FORM IF NECESSARY.) _____

8. WAS ANYONE ELSE INJURED? ☐ NO ☐ YES: (IDENTIFY) _____
9. WHO DID YOU NOTIFY REGARDING THIS INJURY/ILLNESS: _____
10. PLEASE NAME ANY WITNESSES: _____
11. COMMENTS: _____



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (Medical Provider Network- MPN) o una Organización de Cuidado Médico (Health Care Organization- HCO), en la mayoría de los casos, usted será tratado en la MPN o HCO a menos que usted hizo una designación previa de su médico personal o grupo médico. Una MPN es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información.
- Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10,000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario a PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su PTP, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su PTP, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance- SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (I&A) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de I&A tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de I&A locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____

2. Home Address. *Dirección Residencial.* _____

3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____

4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____

8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. _____ Correo electrónico del empleado. _____

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____

11. Address. *Dirección.* _____

12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____

13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____

14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____

15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

16. Insurance Policy Number. *El número de la póliza de Seguro.* _____

17. Signature of employer representative. *Firma del representante del empleador.* _____

18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISSION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

PRIME Advantage MPN



California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide the medical care by using a Workers' Compensation physician network called a Medical Provider (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general area of medicine.

- **What MPN is used by my employer?**

Your employer is using PRIME Advantage MPN Powered by Harbor Health Systems with the identification number of 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN. The contact for your MPN is:

Title: MPN Contact

Address: P.O. Box 4240

Clinton, IA 52733-4240

Telephone Number: (888) 626-1737

Email Address: MPNContact@harborsys.com

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you with finding available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday (except holidays) from 7 AM to 8 PM (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access

Assistant is: Toll-Free Telephone Number:

(855) 521-7080

Fax Number: (703) 673-0181

Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/keenam. At minimum, the regional list must include a list of all of the MPN providers

within 15 miles of your workplace and/or residence or a list of MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the Roster of All Treating Physicians and the Roster of All Participating Providers in the MPN by going to the website at www.harborsys.com/keenam.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your primary treating physician for a referral to a specialist. Some specialists will only accept appointments with a referral from the primary treating physician. Such a specialist might be listed as "by referral only" in your MPN directory. If you need help finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact your claims adjuster, the Medical Access Assistant or the MPN Contact if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians and a hospital or an emergency healthcare facility within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage (i.e., when the number of available providers in the area is less than three within a 15-to-30-mile radius of a zip code in the MPN geographic service area for Primary and Secondary providers), there may be a different standard. When health facilities and providers are not available within 30 miles of your residence or workplace, you are allowed to obtain services from a non-contracted provider outside the MPN within a reasonable geographic area because all services shall be available and accessible at reasonable times to all covered employees.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If the treatment with a specialist has been authorized, the initial appointment with the specialist must be provided to you within 20 days of your reasonable request. If the MPN appointment with the specialist cannot be scheduled within 10 business days of your request, you may be allowed to obtain necessary treatment with an appropriate specialist outside of the MPN.

If you have trouble getting an appointment with a provider in the MPN, contact your claims adjuster or the Medical Access Assistant.

If there are no MPN providers in an appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN services area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about the medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN Contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must inform your claims adjuster or the MPN Contact of your appointment date, and the claims adjuster will send the doctor a copy of your medical records. You can request a copy of the medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this

treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify the MPN Contact or your claims adjuster and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went thru for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR). Your claims adjuster or MPN Contact will give you information on requesting an MPN Independent Medical Review and fill in the MPN Contact section of an MPN IMR application form for you when you select a third-opinion physician.

If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN

does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN (If you have questions about predesignation, ask your supervisor).

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the section below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN, and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• What if I am being treated by an MPN doctor who decides to leave the MPN?

Your employer or its claims administrator has a written "Continuity of Care" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer or its claims administrator decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose an MPN physician. These conditions are set forth in the **"Can I Continue Being Treated by My Doctor?"** section above.

You can disagree with your employer's or its claims administrator's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the section above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's or its claims administrator's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding the MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have any questions regarding your rights and responsibilities under the California workers' compensation law, you can call the DWC's Information and Assistance (I&A) Unit at 1-800-736-7401 for a recorded message, or access the web page at <http://www.dir.ca.gov/dwc/landA.html> to locate the contact information of your nearest local I&A office for assistance. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about the MPNs.
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:
DWC Medical Unit
P.O. Box 71010
Oakland, CA
94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.



La ley de California requiere que su empleador le proporcione y pague por el tratamiento médico si se lesiona en el trabajo. Su empleador ha escogido proporcionar este cuidado médico utilizando un médico de la red de Compensación de Trabajadores llamada la Red de Proveedores Médicos (MPN). Esta MPN es administrada por Harbor Health Systems.

Esta notificación le informará de lo que necesita conocer sobre el programa de la MPN y describe sus derechos en escoger los cuidados médicos para sus lesiones o enfermedades relacionadas con el trabajo.

- **¿Qué sucede si me lesiono en el trabajo?**

En caso de una emergencia, debe llamar al 911 o vaya a la sala de emergencia más cercana.

Si se lesiona en el trabajo, notifique a su empleador tan pronto sea posible. Su empleador le proporcionará el formulario del reclamo. Cuando notifica a su empleador que ha tenido una lesión relacionada con el trabajo, su empleador o asegurador le hará la cita inicial con un médico de la MPN.

- **¿Qué es la MPN?**

La Red de Proveedores Médicos (MPN) es un grupo de proveedores de cuidados de la salud (médicos y otros proveedores médicos) utilizados por su empleador para tratar a los trabajadores lesionados en el trabajo. La Red de Proveedores Médicos (MPN) debe permitir que los empleados tengan una selección de proveedores(es). Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de medicina.

- **¿Cual Red de Proveedores Médicos (MPN) es utilizada por mi empleador?**

Su empleador se encuentra utilizando la Red de Proveedores Médicos de PRIME Advantage MPN Powered by Harbor Health Systems con número de identificación 2358. Debe hacer referencia al nombre de la MPN y al número de identificación de la MPN siempre que tenga preguntas o solicitudes sobre la MPN.

- **¿Qué sucede si necesito ayuda en encontrar y hacer una cita con un médico?**

El Asistente de Acceso Médico de la MPN lo ayudará a encontrar los médicos de la MPN de su elección disponibles y puede ayudarle a programar y confirmar las citas con los médicos. El Asistente de Acceso Médico se encuentra disponible para ayudarle de lunes a sábados (excepto festivos) de 7 AM – 8 PM (Pacífico) y para programar citas medicas durante horas normales laborables. La asistencia se encuentra disponible en inglés y español. La información de contacto para el Asistente de Acceso Médico es:

Número de Teléfono Gratuito: (855) 521-7080

Número de Fax: (703) 673-0181

Dirección de Correo Electrónico: MPNMAA@harborsys.com

- **¿Con quién me puedo comunicar si tengo preguntas sobre mi MPN?**

El Contacto de la MPN nombrado en esta notificación será capaz de contestar sus preguntas sobre el uso de la MPN y dirigirá cualquier queja relacionada con la MPN.

El Contacto de la MPN es:

Título: Contacto de la MPN Dirección: P.O. Box 4240 Clinton, IA 52733-4240

Número de Teléfono: (888) 626-1737 Dirección de Correo Electrónico:

MPNContact@harborsys.com

Información general relacionada con la MPN también puede ser encontrada en el siguiente sitio web:

www.harborsys.com/Keenan.

- **¿Cómo puedo saber que médicos se encuentran en mi Red de Proveedores Médicos (MPN)?**

Usted puede obtener una lista regional de todos los proveedores de la MPN en su área llamando al Contacto de la MPN o visitando nuestro sitio web en: www.harborsys.com/Keenan. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de quince (15) millas del lugar de su trabajo y/o residencia o una lista de todos los proveedores de la MPN dentro del condado o donde vive y/o trabaja. Usted puede escoger cual lista desea recibir. También, tiene derecho a obtener una lista de todos los proveedores de la MPN una vez la solicite.

Puede acceder a la lista de todos los médicos tratantes y la lista de todos los proveedores en el MPN yendo al sitio web en www.harborsys.com/Keenan.

- **¿Cómo escojo un proveedor?**

Su empleador o el asegurador de su empleador harán los arreglos para la evaluación médica inicial con un médico de la MPN. Después de la primera visita, puede continuar siendo tratado por ese médico, o puede escoger otro médico de la MPN. Puede continuar escogiendo médicos dentro de la MPN para todos sus cuidados médicos para esta lesión.

Si es apropiado, usted puede escoger un especialista o puede solicitarle a su médico tratante primario que lo refiera a un especialista. Algunos especialistas solo aceptarán citas con el referido del médico tratante primario. Dicho especialista podría estar en la lista como "solo por referido" en el directorio de su MPN.

Si necesita ayuda en encontrar un médico o en programar una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedores?**

Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier razón, pero los proveedores que escoja deberán ser apropiados para tratar su lesión. Comuníquese con el Contacto de la MPN o con el ajustador de su reclamo si desea cambiar de médico tratante.

- **¿Con que estándares tiene que cumplir la MPN?**

La MPN tiene proveedores a través de todo el estado de California.

La MPN le brindará acceso a la lista regional de proveedores que incluye al menos (3) médicos de cada especialidad comúnmente utilizados para tratar lesiones/ enfermedades relacionadas con el trabajo en su industria. La MPN deberá proporcionar acceso a los médicos tratantes primarios y a un hospital o un centro de atención médica de emergencia dentro de treinta (30) minutos o quince (15) millas, y especialistas dentro de sesenta (60) minutos o treinta (30) millas de donde trabaja o vive.

Si vive en un área rural o en un área donde hay escasez de atención médica (es decir, cuando la cantidad de proveedores disponibles en el área es menos de tres dentro de un radio de 15 a 30 millas de un código postal en el área geográfica de servicio de MPN para atención primaria y proveedores secundarios), puede haber un estándar diferente. Cuando las instalaciones y los proveedores de salud no están disponibles dentro de las 30 millas de su residencia o lugar de trabajo, se le permite obtener servicios de un proveedor no contratado fuera de la MPN dentro de un área geográfica razonable porque todos los servicios estarán disponibles y accesibles en horarios razonables para todos los empleados cubiertos.

Después de que notificado a su empleador sobre de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de tres (3) días hábiles. Si se ha autorizado el tratamiento con un especialista, se le debe proporcionar la cita inicial con un especialista dentro de los veinte (20) días de su razonable. Si la cita de la MPN

con el especialista no se puede programar dentro de los diez (10) días hábiles de su solicitud, es posible que se le permita obtener el tratamiento necesario con un especialista apropiado fuera de la MPN.

Si tiene problemas obteniendo la cita con el proveedor de la MPN, comuníquese con el Asistente de Acceso Médico.

Si no existen proveedores de la MPN de la especialidad apropiada disponibles para tratar su lesión dentro de los requerimientos de distancia y periodo de tiempo, entonces a usted se le permitirá buscar el tratamiento necesario fuera de la MPN.

- **¿Qué sucede si no existen proveedores de la MPN donde me encuentro localizado?**

Si es un empleado actual que se encuentra viviendo en un área rural o trabajando temporalmente fuera del área de servicio de la MPN, o es un ex empleado viviendo permanentemente fuera del área de servicio de la MPN, la MPN o su médico tratante le proporcionará una lista con al menos tres (3) médicos que puedan tratarlo. La MPN también puede permitirle escoger su propio médico fuera de la red de la MPN.

Comuníquese con su Coordinador de la MPN para asistencia en encontrar un médico o para información adicional.

- **¿Qué sucede si necesito un especialista que no se encuentra disponible dentro de la MPN?**

Si necesita ver un tipo de especialista que no se encuentra disponible en la MPN, usted tiene derecho a un especialista fuera de la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

Si no está de acuerdo con su médico o desea cambiar su médico por alguna razón, puede escoger otro médico dentro de la MPN.

Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede solicitar una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con el

Contacto de la MPN o con su ajustador de los reclamos y debe decirle que desea una segunda opinión. La MPN deberá proporcionarle al menos una lista regional o completa de los proveedores de la MPN de

los cuales puede escoger el médico de la segunda opinión. Para obtener una segunda opinión, debe escoger un médico de la lista de la MPN y hacer una cita dentro de sesenta (60) días. Usted debe decirle al Contacto de la MPN su ajustador de los reclamos la fecha de la cita, y la MPN le enviará al médico una copia de sus expedientes médicos. Usted puede solicitar una copia de sus expedientes médicos que serán enviados al médico.

Si no hace una cita dentro de sesenta (60) días de recibir la lista regional de proveedores, a usted no se le permitirá tener una segunda o tercera opinión relacionada al diagnóstico o tratamiento disputado de su médico tratante.

Si el médico de la segunda opinión siente que su lesión se encuentra fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico le notificará a su el Contacto de la MPN o su ajustador de los reclamos y a usted. A usted se le entregará otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede solicitar una tercera opinión. Si solicita una tercera opinión, tendrá que ir a través del mismo proceso que pasó con la segunda opinión.

Recuerde que si no hace una cita dentro de sesenta (60) días a partir de recibir la otra lista de proveedores de la MPN, entonces no se le permitirá tener una tercera opinión relacionada al diagnóstico o tratamiento disputado de su médico tratante.

Si no está de acuerdo con el médico de la tercera opinión, puede solicitar una Revisión Médica Independiente (con sus siglas en inglés, MPN IMR) de la MPN. Su asegurador o contacto de MPN le brindará información sobre como solicitar una revision medica independiente de MPN y completara la seccion de contacta de MPN de un forulario de solicitud de IMR de MPN cuando seleccion un médico de la tercera opinión.

Si el médico de la segunda o tercera opinión o el Revisor Médico Independiente de la MPN está de acuerdo en que usted necesita el tratamiento o prueba, a usted se le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN o si la MPN no contiene un médico que pueda proporcionar el tratamiento recomendado, puede escoger un médico fuera de la MPN dentro de una área geográfica razonable.

- **¿Qué sucede si ya estoy siendo tratado por una lesión relacionada con el trabajo antes de que comience la MPN?**

Su empleador o asegurador tienen una póliza de "Transferencia de los Cuidados" la cual determinará si puede continuar siendo tratado temporalmente por una lesión relacionada con el trabajo existente por un médico fuera de la MPN antes de que su cuidado sea transferido a la MPN.

Si su médico actual no es o no se convierte en un miembro de la MPN, entonces a usted se le puede requerir ver a un médico de la MPN. Sin embargo, si usted ha predestinado apropiadamente a un medico tratante primario, usted no puede ser transferido a la MPN (si tiene preguntas sobre la predestinación, pregunte a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deberán recibir una carta notificándoles de la transferencia.

Si usted cumple con ciertas condiciones, puede calificar para continuar tratándose con un médico que no pertenezca a la MPN por hasta un (1) año antes de que sea transferido a la MPN. Las condiciones de calificación para posponer la transferencia de su atención a la MPN se establecen en la sección siguiente:

¿Puedo Continuar Siendo Tratado por Mi Médico?

Usted puede calificar para continuar recibiendo el tratamiento con su proveedor que no pertenece a MPN (a través de la transferencia de los cuidados o continuidad de los cuidados) por hasta un (1) año, su lesión o enfermedad cumple con cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento para su lesión o enfermedad será completado en menos de noventa (90) días;
- **(Seria o Crónica)** Su lesión o enfermedad es una que es seria y continua por al menos noventa (90) días sin una cura completa o empeora, y requiere tratamiento en lo subsiguiente. A usted se le puede permitir ser tratado por su médico tratante actual por hasta un (1) año, hasta que la transferencia del cuidado pueda ser realizada de manera segura.
- **(Terminal)** Usted tiene una enfermedad incurable o una condición irreversible que es probable que le cause la muerte dentro de un (1) año o menos.
- **(Cirugía Pendiente)** Ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de ciento ochenta (180) días de la fecha de efectividad de la MPN, o la terminación de la fecha del contrato entre la MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador de transferir su cuidado a la MPN. Si no desea ser transferido a la MPN, solicítele a su médico tratante primario un reporte médico que indique que tiene una (1) de las cuatro (4) condiciones indicadas anteriormente para calificar en posponer su transferencia a la MPN.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte de su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de la solicitud, el empleador puede transferir su cuidado a la MPN, y a usted se le requerirá el utilizar un médico de la MPN.

Necesitará brindarle una copia del reporte a su empleador, si desea posponer la transferencia de sus cuidados. Si usted o su empleador no están de acuerdo con el reporte del médico de su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de Transferencia de los Cuidados para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Transferencia de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

• ¿Qué sucede si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?

Su empleador o su administrador de reclamaciones tienen la póliza escrita de "Continuidad de los Cuidados" que determinará si puede continuar temporalmente el tratamiento de una lesión existente relacionada con el trabajo con su médico, si su médico decide no se encuentra participando por más tiempo en la MPN.

Si su empleador o su administrador de reclamaciones decide que usted no califica para continuar su cuidado con un proveedor que no pertenece a la MPN, usted y su médico tratante primario deberán recibir una carta notificándoles de esta decisión.

Si cumple con ciertas condiciones, usted puede calificar para continuar siendo tratado con este médico por hasta un (1) año antes de que deba escoger un médico de la MPN. Estas condiciones se establecen en la

sección, ¿Puedo seguir siendo tratado por mi médico?

Usted puede no estar de acuerdo con la decisión de su empleador o su administrador de reclamaciones de denegar la Continuidad de sus Cuidados con el proveedor terminado de la MPN. Si desea continuar tratando con el médico terminado, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones indicadas en la sección anterior para ver si califica para continuar tratando temporalmente con su médico actual.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte médico de su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de la solicitud, aplicará la decisión de su empleador o su administrador de reclamaciones de denegar la Continuidad de sus Cuidados con su médico que no se encuentra participando por más tiempo en la MPN, y a usted se le requerirá escoger un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la selección de un médico de la MPN para el tratamiento. Si usted o su empleador no están de acuerdo con el reporte de su condición de su médico, usted o su empleador pueden disputarlo. Vea la póliza completa de Continuidad de los Cuidados para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Continuidad de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

• **¿Qué sucede si tengo preguntas o necesito ayuda?**

- **Contactos de la MPN:** Siempre puede comunicarse con el Contacto de la MPN, si tiene preguntas sobre el uso de la MPN y para dirigir cualquier queja relacionada con la MPN.
- **Asistentes de Acceso Médico:** Puede comunicarse con el Asistente de Acceso Médico si necesita ayuda para encontrar médicos en la MPN, programar y confirmar citas.
- **División de Compensación de Trabajadores (DWC):** Si tiene alguna pregunta con pregunta sobre sus derechos y responsabilidades bajo la ley de compensación de trabajadores de California, puede llamar al Unidad de Información y Asistencia (I&A) e DWC al 1-800-736-7401 para obtener un mensaje grabado o acceder a su página web <http://www.dir.ca.gov/dwc/IandA.html> para localizar la información de contacto de su oficina local de I&A más cercana para obtener ayuda. También puede ir al sitio web del DWC en www.dir.ca.gov/dwc y hacer clic "redes de proveedores médicos" para obtener más información sobre las MPN.
- **Revisión Médica Independiente de la MPN:** Si tiene preguntas sobre el proceso de la Revisión Médica Independiente de la MPN, comuníquese con la Unidad Médica de la División de Compensación de Trabajadores en:
DWC Medical Unit
P.O. Box 71010
Oakland, CA
94612
(510) 286-3700 o (800) 794-6900

Mantenga esta información en caso de que tenga una lesión o enfermedad relacionada con el trabajo.



Important Information about Medical Care if you have a Work-Related Injury or Illness

**Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)**

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide the medical care by using a Workers' Compensation physician network called a Medical Provider (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general area of medicine.

- **What MPN is used by my employer?**

Your employer is using PRIME Plus MPN Powered by Harbor Health Systems with the identification number of 2357. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN. The contact for your MPN is:

Title: MPN Contact Address: P.O. Box 4240 Clinton, IA 52733-4240

Telephone Number: (888) 626-1737

Email Address: MPNContact@harborsys.com

General information regarding the MPN can also be found at the following website:
www.harborsys.com/KeenanPlus

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you with finding available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday (except holidays) from 7 AM to 8 PM (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is: Toll-Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/KeenanPlus. At minimum, the regional list must include a list of all of the MPN providers within 15 miles of your workplace and/or residence or a list of MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the Roster of All Treating Physicians and the Roster of All Participating Providers in the MPN by going to the website at www.harborsys.com/KeenanPlus (select "Roster of Treating Physicians/Providers" icon).

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your primary treating physician for a referral to a specialist. Some specialists will only accept appointments with a referral from the primary treating physician. Such a specialist might be listed as "by referral only" in your MPN directory. If you need help finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact your claims adjuster, the Medical Access Assistant or the MPN Contact if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians and a hospital or an emergency healthcare facility within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage (i.e., when the number of available providers in the area is less than three within 15-to-30-mile radius of a zip code in the MPN geographic service area for Primary and Secondary providers), there may be a different standard. When health facilities and providers are not available within 30 miles of your residence or workplace, you are allowed to obtain services from a non-contracted provider outside the MPN within a reasonable geographic area because all services shall be available and accessible at reasonable times to all covered employees.

The telehealth physicians may provide services via (a) telehealth only or (b) at a brick-and-mortar facility and also via telehealth. The physician who is available for only telehealth appointments will be counted when determining if the MPN has met access standards, if you consent to see the telehealth physician; and will not be counted when determining if the MPN has met the access standards if you do not consent to receive telehealth services prior to delivery of telehealth treatment, inclusion of physician in determining the MPN's compliance with access standards, is dependent upon whether or not the physician's physical location is within 30 minutes or 15 miles (if Primary Treating Physician), or within 60 minutes or 30 miles (if specialist), or your residence or workplace, in accordance with 8 CCR §9767.5(a)(1) and (a)(2).

Your consent is required prior to delivery of the telehealth treatment and must be documented in your medical record, pursuant to Business and Professions Code section 2290.5(b).

Physicians who provide services at a brick-and-mortar facility and also via telehealth, if you choose, and consent to telehealth services, the physician will be counted when determining if the MPN has met access standards. If you do not consent or retract your consent prior to the delivery of telehealth treatment, inclusion of physician in determining the MPN's compliance.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If the treatment with a specialist has been authorized, the initial appointment with the specialist must be provided to you within 20 days of your reasonable request. If the MPN appointment with the specialist cannot be scheduled within 10 business days of your request, you may be allowed to obtain necessary treatment with an appropriate specialist outside of the MPN.

If you have trouble getting an appointment with a provider in the MPN, contact your claims adjuster or the Medical Access Assistant.

If there are no MPN providers in an appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN services area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about the medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN Contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must inform your claims adjuster or the MPN Contact of your appointment date, and the claims adjuster will send the doctor a copy of your medical records. You can request a copy of the medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify the MPN Contact or your claims adjuster and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went thru for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR). Your claims adjuster or MPN Contact will give you information on requesting an MPN Independent Medical Review and fill in the MPN Contact section of an MPN IMR application form for you when you select a third-opinion physician.

If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN

does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a “*Transfer of Care*” policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the section below.

Can I Continue Being Treated by My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or its claims administrator that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer’s decision to transfer your care into the MPN. If you don’t want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN, and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask you MPN Contact.



Información Importante sobre el Cuidado Médico si tiene una Lesión o Enfermedad Relacionada con el Trabajo

Notificación Escrita Completa del Empleado Re: Red de Proveedores Médicos
(Título 8, Código de Regulaciones de California, sección 9767.1)

La ley de California requiere que su empleador le proporcione y pague por el tratamiento médico si se lesiona en el trabajo. Su empleador ha escogido proporcionar este cuidado médico utilizando un médico de la red de Compensación de Trabajadores llamada la Red de Proveedores Médicos (MPN). Esta MPN es administrada por Harbor Health Systems.

Esta notificación le informará de lo que necesita conocer sobre el programa de la MPN y describe sus derechos en escoger los cuidados médicos para sus lesiones o enfermedades relacionadas con el trabajo.

- **¿Qué sucede si me lesiono en el trabajo?**

En caso de una emergencia, debe llamar al 911 o vaya a la sala de emergencia más cercana.

Si se lesiona en el trabajo, notifique a su empleador tan pronto sea posible. Su empleador le proporcionará el formulario del reclamo. Cuando notifica a su empleador que ha tenido una lesión relacionada con el trabajo, su empleador o asegurador le hará la cita inicial con un médico de la MPN.

- **¿Qué es la MPN?**

La Red de Proveedores Médicos (MPN) es un grupo de proveedores de cuidados de la salud (médicos y otros proveedores médicos) utilizados por su empleador para tratar a los trabajadores lesionados en el trabajo. La Red de Proveedores Médicos (MPN) debe permitir que los empleados tengan una selección de proveedores(es). Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de medicina.

- **¿Cuál Red de Proveedores Médicos (MPN) es utilizada por mi empleador?**

Su empleador se encuentra utilizando la Red de Proveedores Médicos de PRIME Plus MPN Powered by Harbor Health Systems con número de identificación 2357. Debe hacer referencia al nombre de la MPN y al número de identificación de la MPN siempre que tenga preguntas o solicitudes sobre la MPN.

- **¿Qué sucede si necesito ayuda en encontrar y hacer una cita con un médico?**

El Asistente de Acceso Médico de la MPN lo ayudará a encontrar los médicos de la MPN de su elección disponibles y puede ayudarlo a programar y confirmar las citas con los médicos. El Asistente de Acceso Médico se encuentra disponible para ayudarlo de lunes a sábados (excepto festivos) de 7 AM – 8 PM (Pacífico) y para programar citas médicas durante horas normales laborales. La asistencia se encuentra disponible en inglés y español. La información de contacto para el Asistente de Acceso Médico es:

Número de Teléfono Gratuito: (877) 334-9425

Número de Fax: (703) 673-0181

Dirección de Correo Electrónico: MPNMAA@harborsys.com

- **¿Con quién me puedo comunicar si tengo preguntas sobre mi MPN?**

El Contacto de la MPN nombrado en esta notificación será capaz de contestar sus preguntas sobre el uso de la MPN y dirigirá cualquier queja relacionada con la MPN.

El Contacto de la MPN es:

Título: Contacto de la MPN Dirección: P.O. Box 4240 Clinton, IA 52733-4240

Número de Teléfono: (888) 626-1737 Dirección de Correo Electrónico:

MPNContact@harborsys.com

Información general relacionada con la MPN también puede ser encontrada en el siguiente sitio web:

www.harborsys.com/KeenanPlus.

- **¿Cómo puedo saber que médicos se encuentran en mi Red de Proveedores Médicos (MPN)?**

Usted puede obtener una lista regional de todos los proveedores de la MPN en su área llamando al Contacto de la MPN o visitando nuestro sitio web en: www.harborsys.com/keenan. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de quince (15) millas del lugar de su trabajo y/o residencia o una lista de todos los proveedores de la MPN dentro del condado o donde vive y/o trabaja. Usted puede escoger cual lista desea recibir. También, tiene derecho a obtener una lista de todos los proveedores de la MPN una vez la solicite.

Puede acceder a la lista de todos los médicos tratantes y la lista de todos los proveedores en el MPN yendo al sitio web en www.harborsys.com/KeenanPlus y haciendo clic en el icono "Lista de médicos tratantes/proveedores."

- **¿Cómo escojo un proveedor?**

Su empleador o el asegurador de su empleador harán los arreglos para la evaluación médica inicial con un médico de la MPN. Después de la primera visita, puede continuar siendo tratado por ese médico, o puede escoger otro médico de la MPN. Puede continuar escogiendo médicos dentro de la MPN para todos sus cuidados médicos para esta lesión.

Si es apropiado, usted puede escoger un especialista o puede solicitarle a su médico tratante primario que lo refiera a un especialista. Algunos especialistas solo aceptarán citas con el referido del médico tratante primario. Dicho especialista podría estar en la lista como "solo por referido" en el directorio de su MPN.

Si necesita ayuda en encontrar un médico o en programar una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedores?**

Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier razón, pero los proveedores que escoja deberán ser apropiados para tratar su lesión. Comuníquese con el Contacto de la MPN o con el ajustador de su reclamo si desea cambiar de médico tratante.

¿Con que estándares tiene que cumplir la MPN?

La MPN tiene proveedores a través de todo el estado de California.

La MPN le brindará acceso a la lista regional de proveedores que incluye al menos (3) médicos de cada especialidad comúnmente utilizados para tratar lesiones/ enfermedades relacionadas con el trabajo en su industria. La MPN deberá proporcionar acceso a los médicos tratantes primarios y a un hospital o un centro de atención médica de emergencia dentro de treinta (30) minutos o quince (15) millas, y especialistas dentro de sesenta (60) minutos o treinta (30) millas de donde trabaja o vive.

Si vive en un área rural o en un área donde hay escasez de atención médica (es decir, cuando la cantidad de proveedores disponibles en el área es menos de tres dentro de un radio de 15 a 30 millas de un código postal en el área geográfica de servicio de MPN para atención primaria y proveedores secundarios), puede haber un estándar diferente. Cuando las instalaciones y los proveedores de salud no están disponibles dentro de las 30 millas de su residencia o lugar de trabajo, se le permite obtener servicios de un proveedor no contratado fuera de la MPN dentro de un área geográfica razonable porque todos los servicios estarán disponibles y accesibles en horarios razonables para todos los empleados cubiertos.

Los médicos de telesalud pueden prestar servicios a través de (a) tele calentamiento solamente o (b) en una instalación de ladrillo y mortero y también a través de telesalud. El médico que está disponible solo para citas de telesalud se contará al determinar si el MPN ha cumplido con los estándares de acceso, si usted da su consentimiento para ver al médico de telesalud; y no se contará al determinar si el MPN ha cumplido con los estándares de acceso, si usted no da su consentimiento para recibir servicios de telesalud antes de la entrega del tratamiento de telesalud.

Los médicos que proporcionan servicios en una instalación de ladrillo y mortero y también a través de telesalud, si usted elige y da su consentimiento a los servicios de telesalud, el médico será contado al determinar si el MPN ha cumplido con los estándares de acceso. Si no da su consentimiento o retrae su consentimiento antes de la prestación del tratamiento de telesalud, la inclusión del médico para determinar el cumplimiento del MPN de las normas de acceso, depende de si la ubicación física del médico está dentro de 30 minutos o 15 millas (si el físico de tratamiento primario), Physician o dentro de 60 minutos o 30 millas (si es especialista), de su residencia o work place de acuerdo con 8 CCR 9767.5(a)(1) y (a)(2).

Después de que notificado a su empleador sobre de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de tres (3) días hábiles. Si se ha autorizado el tratamiento con un especialista, se le debe proporcionar la cita inicial con un especialista dentro de los veinte (20) días de su razonable. Si la cita de la MPN con el especialista no se puede programar dentro de los diez (10) días hábiles de su solicitud, es posible que se le permita obtener el tratamiento necesario con un especialista apropiado fuera de la MPN.

Si tiene problemas obteniendo la cita con el proveedor de la MPN, comuníquese con el Asistente de Acceso Médico.

Si no existen proveedores de la MPN de la especialidad apropiada disponibles para tratar su lesión dentro de los requerimientos de distancia y periodo de tiempo, entonces a usted se le permitirá buscar el tratamiento necesario fuera de la MPN.

- **¿Qué sucede si no existen proveedores de la MPN donde me encuentro localizado?**

Si es un empleado actual que se encuentra viviendo en un área rural o trabajando temporalmente fuera

del área de servicio de la MPN, o es un ex empleado viviendo permanentemente fuera del área de

servicio de la MPN, la MPN o su médico tratante le proporcionará una lista con al menos tres (3) médicos que puedan tratarlo. La MPN también puede permitirle escoger su propio médico fuera de la red de la MPN.

Comuníquese con su Coordinador de la MPN para asistencia en encontrar un médico o para información adicional.

- **¿Qué sucede si necesito un especialista que no se encuentra disponible dentro de la MPN?**

Si necesita ver un tipo de especialista que no se encuentra disponible en la MPN, usted tiene derecho a un especialista fuera de la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

Si no está de acuerdo con su médico o desea cambiar su médico por alguna razón, puede escoger otro médico dentro de la MPN.

Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede solicitar una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con el

Contacto de la MPN o con su ajustador de los reclamos y debe decirle que desea una segunda opinión. La MPN deberá proporcionarle al menos una lista regional o completa de los proveedores de la MPN de los cuales puede escoger el médico de la segunda opinión. Para obtener una segunda opinión, debe escoger un médico de la lista de la MPN y hacer una cita dentro de sesenta (60) días. Usted debe decirle al Contacto de la MPN su ajustador de los reclamos la fecha de la cita, y la MPN le enviará al médico una copia de sus expedientes médicos. Usted puede solicitar una copia de sus expedientes médicos que serán enviados al médico.

Si no hace una cita dentro de sesenta (60) días de recibir la lista regional de proveedores, a usted no se le permitirá tener una segunda o tercera opinión relacionada al diagnóstico o tratamiento disputado de su médico tratante.

Si el médico de la segunda opinión siente que su lesión se encuentra fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico le notificará a su el Contacto de la MPN o su ajustador de los reclamos y a usted. usted se le entregará otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede solicitar una tercera opinión. Si solicita una tercera opinión, tendrá que ir a través del mismo proceso que pasó con la segunda opinión.

Recuerde que si no hace una cita dentro de sesenta (60) días a partir de recibir la otra lista de proveedores de la MPN, entonces no se le permitirá tener una tercera opinión relacionada al diagnóstico o tratamiento disputado de su médico tratante.

Si no está de acuerdo con el médico de la tercera opinión, puede solicitar una Revisión Médica Independiente (con sus siglas en inglés, MPN IMR) de la MPN. Su asegurador o contacto de MPN le brindará información sobre cómo solicitar una revisión médica independiente de MPN y completará la sección de contacto de MPN de un formulario de solicitud de IMR de MPN cuando seleccion un médico de la tercera opinión.

Si el médico de la segunda o tercera opinión o el Revisor Médico Independiente de la MPN está de acuerdo en que usted necesita el tratamiento o prueba, a usted se le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN o si la MPN no contiene un médico que pueda proporcionar el

tratamiento recomendado, puede escoger un médico fuera de la MPN dentro de una área geográfica razonable.

- **¿Qué sucede si ya estoy siendo tratado por una lesión relacionada con el trabajo antes de que comience la MPN?**

Su empleador o asegurador tienen una póliza de "Transferencia de los Cuidados" la cual determinará si puede continuar siendo tratado temporalmente por una lesión relacionada con el trabajo existente por un médico fuera de la MPN antes de que su cuidado sea transferido a la MPN. Si su médico actual no es o no se convierte en un miembro de la MPN, entonces a usted se le puede requerir ver a un médico de la MPN. Sin embargo, si usted ha predestinado apropiadamente a un médico tratante primario, usted no puede ser transferido a la MPN (si tiene preguntas sobre la predestinación, pregunte a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deberán recibir una carta notificándoles de la transferencia.

Si usted cumple con ciertas condiciones, puede calificar para continuar tratándose con un médico que no pertenezca a la MPN por hasta un (1) año antes de que sea transferido a la MPN. Las condiciones de calificación para posponer la transferencia de su atención a la MPN se establecen en la sección siguiente:

¿Puedo Continuar Siendo Tratado por Mi Médico?

Usted puede calificar para continuar recibiendo el tratamiento con su proveedor que no pertenece a la MPN (a través de la transferencia de los cuidados o continuidad de los cuidados) por hasta un (1) año, si su lesión o enfermedad cumple con cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento para su lesión o enfermedad será completado en menos de noventa (90) días;
- **(Seria o Crónica)** Su lesión o enfermedad es una que es seria y continua por al menos noventa (90) días sin una cura completa o empeora, y requiere tratamiento en lo subsiguiente. A usted se le puede permitir ser tratado por su médico tratante actual por hasta un (1) año, hasta que la transferencia del cuidado pueda ser realizada de manera segura.
 - **(Terminal)** Usted tiene una enfermedad incurable o una condición irreversible que es probable que le cause la muerte dentro de un (1) año o menos.
 - **(Cirugía Pendiente)** Ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o su administrador de reclamaciones que ocurrirá dentro de ciento ochenta (180) días de la fecha de efectividad de la MPN, o la terminación de la fecha del contrato entre la MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador de transferir su cuidado a la MPN. Si no desea ser transferido a la MPN, solicítele a su médico tratante primario un reporte médico que indique que tiene una (1) de las cuatro (4) condiciones indicadas anteriormente para calificar en posponer su transferencia a la MPN.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte de su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de la solicitud, el empleador puede transferir su cuidado a la MPN, y a usted se le requerirá el utilizar un médico de la MPN. Necesitará brindarle una copia del reporte a su empleador, si desea posponer la transferencia de sus cuidados. Si usted o su empleador no están de acuerdo con el reporte del médico de su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de Transferencia de los Cuidados para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Transferencia de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

- **¿Qué sucede si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?**

Su empleador o su administrador de reclamaciones tienen la póliza escrita de "Continuidad de los Cuidados" que determinará si puede continuar temporalmente el tratamiento de una lesión existente relacionada con el trabajo con su médico, si su médico decide no se encuentra participando por más tiempo en la MPN.

Si su empleador o su administrador de reclamaciones decide que usted no califica para continuar su cuidado con un proveedor que no pertenece a la MPN, usted y su médico tratante primario deberán recibir una carta notificándoles de esta decisión.

Si cumple con ciertas condiciones, usted puede calificar para continuar siendo tratado con este médico por hasta un

(1) año antes de que deba escoger un médico de la MPN. Estas condiciones se establecen en la sección, ¿Puedo seguir siendo tratado por mi médico?

Usted puede no estar de acuerdo con la decisión de su empleador o su administrador de reclamaciones de denegar la Continuidad de sus Cuidados con el proveedor terminado de la MPN. Si desea continuar tratando con el médico terminado, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones indicadas en la sección anterior para ver si califica para continuar tratando temporalmente con su médico actual.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte médico de su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de la solicitud, aplicará la decisión de su empleador o su administrador de reclamaciones de denegar la Continuidad de sus Cuidados con su médico que no se encuentra participando por más tiempo en la MPN, y a usted se le requerirá escoger un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la selección de un médico de la MPN para el tratamiento. Si usted o su empleador no están de acuerdo con el reporte de su condición de su médico, usted o su empleador pueden disputarlo. Vea la póliza completa de Continuidad de los Cuidados para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Continuidad de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

- **¿Qué sucede si tengo preguntas o necesito ayuda?**

- **Contactos de la MPN:** Siempre puede comunicarse con el Contacto de la MPN, si tiene preguntas sobre el uso de la MPN y para dirigir cualquier queja relacionada con la MPN.
- **Asistentes de Acceso Médico:** Puede comunicarse con el Asistente de Acceso Médico si necesita ayuda para encontrar médicos en la MPN, programar y confirmar citas. División de Compensación de Trabajadores (DWC): Si tiene alguna pregunta con pregunta sobre sus derechos y responsabilidades bajo la ley de compensación de trabajadores de California, puede llamar al Unidad de Información y Asistencia (I&A) e DWC al 1-800-736-7401 para obtener un mensaje grabado o acceder a su página web <http://www.dir.ca.gov/dwc/landA.html> para localizar la información de contacto de su oficina local de I&A más cercana para obtener ayuda. También puede ir al sitio web del DWC en www.dir.ca.gov/dwc y hacer clic "redes de proveedores médicos" para obtener más información sobre las MPN.
- **Revisión Médica Independiente de la MPN:** Si tiene preguntas sobre el proceso de la Revisión Médica Independiente de la MPN, comuníquese con la Unidad Médica de la División de Compensación de Trabajadores en:
DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 o (800) 794-6900

Mantenga esta información en caso de que tenga una lesión o enfermedad relacionada con el trabajo.

Exhibit 2 (f)

MPN CONFIRMATION AND ACKNOWLEDGEMENT FORM

PRIME MPN Powered by Harbor Health Systems MPN

A safe working environment is a priority for the District. However, should an accident or injury occur we want to ensure that our employees receive prompt effective medical treatment. Our goal is to assist injured employees in making a full recovery and return them their job as soon as possible.

Unless you have pre-designated your personal primary treating physician that meets the requirements of L.C. 4600 [must be your personal physician (MD or DO) who previously directed your medical care, retains your medical history and who agrees to treat you for a work related injury) ***in writing*** prior to your work related injury, all medical treatment must be provided by a physician or provider within the medical provider network. The attached "Complete Written Employee Notification regarding Medical Provider Network" will explain, in detail, all of your rights including how to change physicians, request a second and third opinion and how to gain access to a list of participating providers.

The attached "Complete Written Employee Notification regarding Medical Provider Network" is being provided to you in compliance with state regulations. Please read the material carefully and contact the >>>>>INSERT
DEPARTMENT NAME OR POSITION HERE<<<< or Keenan & Associates should you have any questions.

By signing below, you are acknowledging that you have received and read the "Complete Written Employee Notification regarding Medical Provider Network".

Employee Name (Please Print)

Employee Signature

Date

Exhibit 2 (g)



Workers' Compensation Prescription Information

Employer:

Please fill out the employee information below and provide your employee with this document to take to any pharmacy for his/her Workers' Compensation prescriptions.

Employee:

Keenan & Associates has partnered with Cadence Rx to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements.

This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you within the next three to five business days.

Please take this letter and your prescription(s) to a pharmacy near you. Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <http://cadencerox.com/find-a-pharmacy/> or call Cadence Rx toll free at 1-888-813-0023.

IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist:

Please obtain below information from the injured employee if not already filled in by the employer to process prescriptions for the workers' compensation injury only.

For questions or rejections, please call 1-888-813-0023. Please do not send patient home or have patient pay for medication(s) before calling Cadence Rx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

Prescription Drug ID Card



Employee Name:

Member ID

Date of Injury:

Group Number: KEENAN

PCN Number: CRX

BIN Number: 021460

Card Created On: ____/____/____

Card Valid for Medications Related to this Date of Injury Only

Pharmacy Information

This form allows you to fill your initial prescriptions with a maximum cost of \$300 per medication and no more than a 14- day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.

The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.

- **Member ID format: The ID must start with FF followed by the last 4 digits of social security number plus 8- digit Date of Injury (MMDDYYYY). Example: FF999901012018**

Información sobre recetas médicas de compensación para trabajadores

Empleador:

Complete la información del empleado a continuación y proporcione al empleado este documento para que lo lleve a cualquier farmacia para sus recetas de compensación para trabajadores.

Empleado:

Keenan & Associates se ha asociado con Cadence Rx para facilitar el surtido de recetas de compensación para trabajadores.

Este documento sirve como tarjeta de prescripción temporal. Se le enviará directamente una tarjeta de prescripción permanente específica para su lesión dentro de los próximos 3 a 5 días hábiles.

Lleve esta carta y su(s) receta(s) a una farmacia cercana. Cadence Rx tiene una red de más de 72,000 farmacias en todo el país. Para ubicar una farmacia de la red cerca de usted, use el localizador de farmacias en <http://cadencerx.com/find-a-pharmacy/> o llame gratis a Cadence Rx al 1-888-813-0023.

SI TIENE ALGUNA PREGUNTA O NECESITA AYUDA EN LA FARMACIA, LLAME AL 1-888-813-0023

Farmacéutico:

Obtenga la siguiente información del empleado lesionado si aún no la ha completado el empleador para procesar las recetas solo para la lesión de compensación del trabajador.

Si tiene preguntas o rechaza, llame al 1-888-813-0023. Por favor no envíe al paciente a casa ni haga que el paciente pague por los medicamentos antes de llamar a Cadence Rx para solicitar ayuda.

NOTA: Ciertos medicamentos están preprobados para este paciente; estos medicamentos se procesarán sin una autorización. Todos los demás requerirán aprobación previa.

**PARA CUALQUIER PREGUNTA O AYUDA CON
APROBACIONES DE MEDICAMENTOS, LLAME
AL: 1-888-813-0023**

Tarjeta de identificación de medicamentos recetados



PRIME Rx

Nombre del Empleado:	
No de ID de Miembro:	
Fecha de la lesión:	
Nombre del Grupo:	KEENAN
Número PCN:	CRX
Número BIN:	021460

Tarjeta creada el: ____/____/____

Información de farmacia

Este formulario le permite surtir sus recetas iniciales con un costo máximo de \$300 por medicamento y un suministro de no más de 14 días por receta. Farmacia, si necesita ayuda para procesar este reclamo, llame al 1-888-813-0023.

La tarjeta de beneficios de farmacia solo debe usarse para medicamentos recetados para su lesión relacionada con el trabajo. Al usar esta tarjeta, usted reconoce y acepta la responsabilidad financiera por cualquier receta facturada con esta tarjeta que luego se descubre que no está relacionada con su lesión.

- Formato de identificación de miembro: la identificación debe comenzar con FF seguido de los últimos 4 dígitos del número de seguro social más la fecha de la lesión de 8 dígitos MMDDYYYY. Ejemplo: FF999901302018
- Tarjeta válida solo para medicamentos relacionados con esta fecha de lesión



Declination of Medical Treatment

SITE OR LOCATION WHERE INJURY OCCURRED	DATE OF INJURY	DATE OF REPORT
NAME OF INJURED EMPLOYEE	INJURED EMPLOYEE'S DEPARTMENT	

DETAILS OF ACCIDENT :

<input style="width: 40px; height: 40px;" type="checkbox"/>	My signature below confirms that <u>I am not</u> experiencing any signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I further decline any medical treatment as a result of this job-related accident.
<input style="width: 40px; height: 40px;" type="checkbox"/>	My signature below confirms that <u>I am</u> experiencing signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I further decline any medical treatment as a result of this job-related accident.

If the need for medical treatment arises as a result of this injury, I have been instructed to inform my supervisor and immediately contact the Return-to-Work Coordinator.

EMPLOYEE SIGNATURE	DATE

This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured employee has a maximum period of one (1) year from the date of injury to obtain medical treatment and benefits.

SUPERVISOR INJURY/ILLNESS CHECKLIST

PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS THIS WORK-RELATED INJURY/ILLNESS.

EMPLOYEE: _____ DOI: _____

- ☐ HAVE THE EMPLOYEE CALL COMPANY NURSE _____ AT WHICH IS AVAILABLE 24 HOURS.
- ☐ SECURE THE EMPLOYEE'S STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS FORM.
- ☐ SECURE THE SUPERVISOR'S STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS FORM.
- ☐ PROVIDE EMPLOYEE THE WORKERS' COMPENSATION CLAIM FORM (DWC-1) FOR COMPLETION, THEN COMPLETE YOUR SECTION AND MAKE A COPY FOR THE EMPLOYEE TO KEEP.
- ☐ PROVIDE EMPLOYEE WITH THE COMPLETE WRITTEN EMPLOYEE NOTIFICATION AND MPN SIGNATURE RECEIPT.
- ☐ TRANSMIT WORKERS' COMPENSATION CLAIM TO KEENAN THROUGH ULTRA CLAIMS ONLINE (UCO).
- ☐ PROVIDE AUTHORIZATION OF MEDICAL TREATMENT (IF APPLICABLE).
- ☐ PROVIDE DECLINATION OF MEDICAL TREATMENT (IF APPLICABLE).
- ☐ PROVIDE ANY WITNESSES WITH THE WITNESS REPORT OF INJURY (IF APPLICABLE).
- ☐ FOLLOW UP WITH EMPLOYEE FOR WORK STATUS AND DETERMINATION ON ACCOMMODATION.

Exhibit 2 (j)

SUPERVISOR INSTRUCTIONS FOR MANAGING INJURED EMPLOYEES

1. In the event of a life threatening emergency, immediately contact 911.
2. Report Injury/Illness
 - Notify >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<<
 - Complete ***SUPERVISOR'S STATEMENT OF OCCUPATIONAL INJURY/ILLNESS***
3. Provide the employee the following paperwork:
 - ✓ ***EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS***
 - This form must be filled out by the employee anytime you are notified that an injury, illness or accident occurred, regardless of the employee's intent to seek medical care. The employee must fill out this form.
 - ✓ ***ORIGINAL WORKERS' COMPENSATION CLAIM FORM (DWC-1)***
 - Complete Employee Name and Numbers 9-17 on the form.
 - The following information should be used for items 13 and 14:
Keenan & Associates; P.O. Box 2707, Torrance, CA 90509
Insurance Policy Number: PIPS
 - It is extremely important for the employee to return the DWC-1 form as soon as possible in order to receive benefits timely
 - If the employee **DOES NOT WANT** medical treatment:
 - Give the employee the DWC1 with the employer's fields completed. ***It is not necessary for the employee to complete this form if they are not pursuing a claim, but it remains the supervisor/employer's responsibility to provide it.***
 - The employee **MUST** complete the ***DECLINATION OF MEDICAL TREATMENT FORM*** if they are not filing a claim. The completed form is returned to the >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<<. A copy is provided to the employee and a copy is retained for your records.
 - If the employee **DOES WANT** medical treatment:
 - Have the employee fill out the top section of the DWC1. Provide the originals to the >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<< and a copy for the injured employee.
4. Provide the ***WITNESS REPORT OF INJURY*** to any identified witnesses.
5. Send all original copies to the Business Office. The forms that should be included are:
 - ✓ ***EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS***
 - ✓ ***SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS***
 - ✓ ***WORKERS' COMPENSATION CLAIM FORM (DWC-1)***
 - ✓ ***DECLINATION OF MEDICAL TREATMENT (IF APPLICABLE)***
 - ✓ ***WITNESS REPORT OF INJURY (IF APPLICABLE)***
6. The district has a return-to-work program and supervisors may be asked to participate in discussions regarding transitional modified duty.

Notes:

- Any doctor's notes, appointments notices, or temporary/modified duty slips received at the site should be sent to >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<.

**IF YOU HAVE ANY QUESTIONS, CONTACT >>>>INSERT NAME OF DEPARTMENT OR POSITION<<<
AT (XXX) XXX-XXXX.**

Exhibit 2 (k)**SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY/ILLNESS**

Department/School Site: _____

Name of injured employee: _____

Occupation: _____

Date of injury or illness: _____ Time: _____ AM _____ PM _____

Was medical treatment offered? Yes _____ No _____ Was treatment refused? Yes _____ No _____

Was employee given a claim form? Yes _____ No _____

What type of medical treatment was given?

First aid _____ Paramedics _____ Emergency room _____
Hospitalization _____ Clinic _____ Authorized _____

Was employee required to leave work due to this injury or illness? Yes _____ No _____ Date last worked: _____

Has employee returned to work? Yes _____ Date returned: _____ No, still off work _____

Name of person to whom the injury or illness was reported: _____

Timeliness of reporting: If the accident was not reported immediately, why not?

Location where accident or exposure occurred:

Was the injury or exposure witnessed? Yes _____ No _____

WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

Body part injured (check all that apply and indicate left and/or right):

_____ Head	_____ Upper back	_____ Finger (which?)	_____ Ankle
_____ Face	_____ Lower back	_____ Upper leg	_____ Foot
_____ Eye	_____ Arm	_____ Lower leg	_____ Toe (which?)
_____ Neck	_____ Wrist	_____ Knee	_____ Other _____

Nature of injury or illness:

<input type="checkbox"/> Scrape	<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Cold-related problem
<input type="checkbox"/> Cut	<input type="checkbox"/> Sprain/strain	<input type="checkbox"/> Skin problem	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Puncture	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Chemical-related problem	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Heat-related problem	<input type="checkbox"/> Other_____

What was employee doing at the time of injury or exposure?

Person, object or substance that directly injured employee:

Check any of the following unsafe actions which apply:

<input type="checkbox"/> Haste/unsafe speed	<input type="checkbox"/> Improper procedure	<input type="checkbox"/> Unsafe lifting
<input type="checkbox"/> Not authorized	<input type="checkbox"/> Unsafe equipment usage	<input type="checkbox"/> Unsafe position
<input type="checkbox"/> Disregard of instructions	<input type="checkbox"/> Defective equipment/tools	<input type="checkbox"/> Running/Jumping
<input type="checkbox"/> Lack of knowledge/skill/training	<input type="checkbox"/> Inattention	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Failure to use proper equipment	<input type="checkbox"/> Assault	<input type="checkbox"/> Act of other
<input type="checkbox"/> Inadequate protective gear	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Physical handicap
<input type="checkbox"/> Carelessness	<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Other

☐ I know the injury occurred on duty. ☐ I have no specific knowledge that the injury occurred on duty.

What steps have been taken or recommended to prevent a recurrence?

Comments:

Supervisor's signature: _____ Date: _____

Exhibit 2 (I)

WITNESS STATEMENT OF EMPLOYEE INJURY/ILLNESS

WITNESS NAME: _____ CONTACT PHONE: _____

JOB TITLE: _____ DISTRICT EMPLOYEE? ☐ YES ☐ NO

HOME ADDRESS: _____

NAME(S) OF INJURED EMPLOYEES: _____

DATE OF INJURY/ILLNESS: _____ TIME OF INJURY/ILLNESS: _____ ☐ AM ☐ PM

SITE AND EXACT LOCATION OF ACCIDENT: _____

12. PLEASE DESCRIBE THE ACCIDENT: _____

13. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? _____

14. PLEASE NAME ANY OTHER WITNESSES: _____

WITNESS SIGNATURE _____ DATE _____

EXHIBIT 3

Sample First Aid Bill Review Letter

>>>>INSERT MEDICAL PROVIDER NAME<<<<

Attn: Accounts Receivable

>>>>INSERT ADDRESS<<<<

>>>>INSERT ADDRESS<<<<

Re: Patient Name: _____ Date of Service: _____

To Whom It May Concern:

>>>>INSERT NAME OF DISTRICT<<<< received the enclosed bill(s) for the above mentioned patient and processed it/them through the Bill Review process. Bill Review found that the amount(s) billed were above the recommended allowance and are hereby objected to being in excess of the amounts authorized under Section 5307.1 of the California Labor Code. Remedies available for contesting this recommendation include filing a lien and/or application for adjudication with the WCAB.

If you have any questions or concerns regarding this decision, please feel free to contact our office at (XXX) XXX-XXXX

Sincerely,

>>>>INSERT DEPARTMENT CONTACT NAME<<<<

>>>>INSERT DEPARTMENT NAME<<<<

>>>>INSERT DISTRICT NAME<<<<

EXHIBIT 4

Common Workers' Compensation "Red Flags"



COMMON WORKERS' COMPENSATION "RED FLAGS"



- The alleged injury/illness occurs prior to or just after a strike, layoff, plant closure, job termination, completion of seasonal or temporary work, or notice of employer relocation, and so on.
- The employee reports an alleged injury/illness immediately following disciplinary action, notice of probation, demotion, or being passed over for promotion or has a history of discipline issues
- The employee is injured after receiving notice of termination or issuing notice of resignation
- The employee has a poor attendance record
- The accident occurs immediately prior to an employee's retirement
- The employee has problems with workplace relationships
- The employee has a history of personal injury/illness, workers' compensation claims, and/or of reporting "subjective" injuries or has more than one claim open at a time.
- The alleged injury/illness relates to preexisting injury or health problem.
- The employee's version of the accident has inconsistencies, is not credible.
- There are no witnesses to the accident or witnesses to the accident conflict with the employee's version or with one another.
- The employee fails to report the injury/illness in a timely manner.
- Accident or type of injury/illness is unusual for the applicant's line of work.
- Facts regarding accident are related differently in various medical reports, statements, and employer's first report of injury/illness.
- The employee cannot be reached at home during working hours although a claim to be disabled from working; or message taker is vague and noncommittal. The employee is otherwise unavailable and elusive.
- The employee refuses diagnostic procedures to confirm injury/illness or refuses to attend a scheduled defense medical exam.
- Tips or anonymous information from co-workers, relatives or neighbors suggest that the claimant's injuries are exaggerated or not legitimate
- Alleged injuries are all subjective, i.e., soft tissue, pain and emotional issues.
- Surveillance shows employee's activities are inconsistent with physical limitations related in medical reports and deposition.
- Lawyer's letter of representation or letter from medical clinic is first notice of claim.
- The employee's job history reflects a series of jobs held for relatively short periods of time.
- The employee is involved in home improvement or auto repair activities
- The employee has a part-time job that is labor intensive, i.e., building outdoor decks, installing tile, etc.
- The incident report and the medical evaluation offer conflicting information
- The employee refuses or delays treatment to diagnose the injury/illness
- The employee's family doesn't know anything about the claim, or they are extremely helpful to the point of the information sounding rehearsed
- The employee is having financial difficulties
- The employee's family members are on workers' comp or have a history of claims or lawsuits
- The employee is familiar with claims-handling procedures or workers' compensation rules.

The list of "red flags" serves only to alert to the possibility of fraud. The presence of any one by itself is not necessarily indicative of fraud, but it is a clue or lead to be further investigated for potential fraud. This list is not a comprehensive representation of "red flags" as there are many others not otherwise listed.

EXHIBIT 5

K-12 & CCD Work Experience Reference Guide and Matrix

A WORK EXPERIENCE REFERENCE GUIDE AND MATRIX

K-12



When does a student injury become
a work-related injury?

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DISTRICT READINESS FOR

IMPLEMENTING WORK EXPERIENCE EDUCATION

Work experience programs provide an opportunity to establish tangible relevance between an education curriculum and the world of employment. Work experience programs can extend learning experiences outside the classroom and into the community. A primary value of this extension lies in the fact that the business industry community serves as an expansive training laboratory for the education community.

In addition to the regulations that may be imposed for such work experience programs by state and federal governing agencies, it is useful for Educational Agencies to develop internal processes as well to ensure the programs operate as seamlessly as possible. Below is a checklist of items to consider that can be used as a reference when developing your work experience education programs.

- ☐ Memorandum of Understanding (MOU) with community business partners/affiliates, which should include an outline of student supervision responsibility, indemnification, and all insurance requirements
- ☐ Student Training Agreements
- ☐ Work Experience Evaluation Forms
- ☐ Work Experience Coordinator Training
- ☐ Child labor compliance training, posters, and permits
- ☐ Safety training checklist for community business partners for CalOSHA compliance
- ☐ Safety training compliance for classroom participation
- ☐ Safety training recordkeeping
- ☐ District legal counsel review of all agreements and work experience requirements

STUDENT GROUP DEFINITIONS AND OCCUPATION EXAMPLES

Regional Occupation Centers and Programs (ROCP)

ROCPs provide high school students 16 years of age and older, as well as adult students, with valuable career and technical education so students can (1) enter the workforce with skills and competencies to be successful; (2) pursue advanced training in postsecondary educational institutions; or (3) upgrade existing skills and knowledge.

ROCPs fall under one of three distinct Educational Agency organizational structures: (1) school district participating in a county office of education operated ROCP; (2) school districts participating under a joint powers agreement; or (3) a single school district.

Some examples of ROCP programs include: Certified Nurse Assistant/Home Health Care Aide (CNA/HCA), Automotive Youth Education Systems Programs (AYES), ROCP California Work Opportunity and Responsibility to Kids (CalWORKs), and SkillsUSA.

More information can be found by visiting the ROCP web page from the CDE website:
<https://www.cde.ca.gov/ci/ct/rp/>

Community Classrooms

Community Classrooms are an instructional methodology that utilizes unpaid on-the-job training experiences at business, industry, and public agency sites to assist students in acquiring specific competencies. The intent of the community classroom experience is to augment classroom instruction that can be extended into the community. It is most typically associated with ROCP.

Work Experience Education (WEE)

Work Experience Education (WEE) is a work-based learning course of study that offers internships and/or employment combined with instruction in critical workplace skills.

The operational plan of the WEE program combines an on-the-job component with related classroom instruction designed to maximize the value of on-the-job experiences. The WEE may be established by the governing board of any school district or charter school, or other specified local educational agency (LEA) in accordance with the provisions of the California Education Code Section 51760 and the California Code of Regulations (CCR), Title 5) Section 10070-75.

The WEE includes both paid and non-paid work experience opportunities. The LEA may offer **one or more** of the following types of WEE programs authorized by the CCR, Title 5, Section 10071:

Exploratory Work Experience Education (EWEE)

- The LEA must provide Workers' Compensation Insurance for the student.
- EWEE includes a combination of job observations and related classroom instruction in WEE.
- Students participating in EWEE do not need a work permit.
- Non-Paid.

General Work Experience Education (GWEE)

- The purpose of GWEE is to provide students with opportunities for applying the basic skills of reading, writing, and computation through a combination of supervised employment in any occupational field and related classroom instruction.
- Open to all high school juniors and seniors.
- Students participating typically require a work permit.
- Paid program.

Career Technical Work Experience Education (CTWEE)

- CTWEE is to develop and refine the occupational competencies necessary to acquire paid employment in a specific field or industry.
- Open to all high school juniors and seniors.
- Students enrolled must have a worksite placement or employment that is related to a previous or concurrently enrolled Career Technical Education course study.
- Paid or Non-paid.

More information can be found by visiting the WEE web page on the CDE website: <https://www.cde.ca.gov/ci/ct/we/>

Cooperative Vocational Education (COOP)

- An instructional methodology that correlates concurrent, formal vocational classroom instruction with regularly scheduled **paid on-the-job** training experience.
- Assists students to develop and refine occupational competencies.
- A COOP Training Station is the business/industry location, public or private, where the student receives regularly scheduled, paid on-the-job training experiences.
- On-the-job experiences should be in occupations for which there is a local job market.
- Employers for COOP training shall provide workers' compensation insurance for students employed through a Cooperative Vocational Education Program.

Career Technical Education Programs

These programs of study involve a multiyear sequence of courses that integrate core academic knowledge with specific technical and occupational knowledge to provide students with a pathway to postsecondary education and careers.

Career-specific programs may include:

- Agriculture Education
- Business & Marketing
- Family and Consumer Sciences Education (formerly home economics careers and technology)
- Health Careers Education
- Industrial & Technology Education

For additional information, visit the Career Technical Education website at California Department of Education at <http://www.cde.ca.gov/ci/ct/>

Job Shadowing

Job Shadowing enables students to observe employees at various work sites. Job shadowing experiences may:

- Provide students with opportunities to observe actual employees in real work situations.
- Motivate students to expand their educational career goals.
- Help prepare students to become productive working members of society.
- Allow students to better understand the relationship between educational experiences and occupational choices.
- Include a visit to a workplace for the purpose of career explorations for no less than three hours and no more than 25 hours in one semester, intersession, or summer school session.

Example: Opportunities for job shadowing can involve a wide variety of occupational fields such as

Fire Engineering, Fashion Design, Hospitality, Education, Child Development, and Health Care.

Community Service Curriculum

The CalServe K-12 Service-Learning Initiative was added to the list of programs no longer administered by the California Department of Education (CDE) on February 4, 2015. If your Educational Agency encourages programs for community service, please seek legal counsel

regarding coverage for your students.

To further reference Work Experience Education guidelines and specific information, please utilize the Work Experience Education (WEE) Guide through the California Department of Education by clicking on the following link: [WEE Guide](#)

WORK EXPERIENCE MATRIX

When a student is enrolled in a Regional Occupational Centers and Program (ROCP) or one of the various Work Experience Education programs, the following matrix can be used to determine when an Educational Agency would be responsible for providing workers' compensation coverage.

Student Group	Legal Reference	Are wages paid by a private employer?	Coverage?
Regional Occupation Centers & Programs (ROCP) Examples: Agriculture, Arts, Media & Entertainment, Building & Construction Trades, Business and Finance, Education, Child Development, Hospitality, Tourism	EC §52317 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Community Classroom Training Examples: Agriculture, Arts, Media & Entertainment, Building & Construction Trades, Business and Finance, Education, Child Development, Hospitality, Tourism	EC §52317 LC §3368	No Wages	Yes
Exploratory Work Experience Education (EWEE)	EC §51768, 51769 5 CCR § 10071©	No Wages	Yes
General Work Experience Education (GWEE)	5 CCR §10070(b)	Wages Paid	No
Career Technical Work Experience Education (CTWEE)	EC §52372.1 LC 3368	Paid or Unpaid	Maybe
Cooperative Vocational Education (COOP)	5 CCR §10107 and §10111 EC §51769	Wages Paid	No
Career Technical Education Programs Examples: Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism	EC §52372 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Job Shadowing Examples: Observations can involve occupations in fields such as Fire Engineering, Fashion Design, Hospitality, Education, Child Development, Health Care	EC §51769 LC 3070	No Wages	Maybe
Community Service No longer Administered by CDE		No Wages	No

Yes	Workers' compensation coverage is provided by the Educational Agency - The school district, county superintendent of schools, or any school agency administered by the State Department of Education are considered the employer for purposes of providing workers' compensation benefits.
Maybe	Worker's compensation coverage could be provided - When wages are paid by a private employer, the Educational Agency may elect to provide coverage not to exceed 3 months. Contact your Account for assistance in reviewing community partner/affiliate agreements/contracts.
No	No workers' compensation coverage is provided – The student performs no services for the Agency and they cannot be designated as an employee of the Education Agency for workers' purposes. See Risk Controls for Job Shadowing or Community Service Best Practices and Sample Field Form .

CLASSROOM AND JOBSITE INJURIES

Classroom Injuries

Students whose classroom studies involve hands-on training, clinical practice, laboratory assignments, etc., as part of an ROCP or WEE class in which they are enrolled, may be provided workers' compensation coverage by the Educational Agency in the event of an accident or injury. Injuries in this environment should be treated as work related.

Student accidents or injuries occurring outside of the ROCP, or work experience class would not be covered under the Educational Agency's workers' compensation and should be treated as a third-party injury. See [Risk Controls for Student Injuries](#).

Jobsite Injuries

Student accidents or injuries occurring at a job site should be treated as work related. For cases where the student is receiving a salary from a private employer, contact your designated [Account Manager](#) for assistance in reviewing the community partner/affiliate agreement/contract to determine the party responsible for providing workers' compensation coverage.

If the student is performing Job Shadowing or community service duties, there is no Educational Agency coverage for workers' compensation and any incident should be treated as a third-party injury. See [Risk Controls for Student Injuries](#).

Industrial Causation and Compensability

Any claim filed should be handled based on its own merits and be thoroughly investigated for compensability according to the standard rules and regulations under the workers' compensation

laws of this state. An injury must meet the threshold for determining if it is arising out of or during the course of employment (AOE/COE) under the ROP or work experience program. The

discretion to accept or reject a claim will be based on the claims examiner's investigation. If you have any questions regarding a specific incident, please contact your claims examiner for additional information or clarification.

WORKERS' COMPENSATION BEST PRACTICES

Managing the unique risks of these student programs requires proactive involvement with curriculum and instruction. In an effort to maintain compliance with both Labor Code and CalOSHA, as part of classroom instruction, students should be provided with safety information/training as required under Labor Code as well as workers' compensation required notices.

Pre-Injury Requirements

The following materials and forms should be provided to classroom personnel overseeing Regional Occupation Centers and Programs, Work Experience Education Programs, Cooperative Vocational Education, and Career Technical Education Programs.

- Have in place the proper required posting notices:
 - DWC-7 or equivalent Notice to Employees
 - Company Nurse Flyer (*if applicable*)
 - MPN Notification Materials
- As part of the classroom curriculum, students should be provided:
 - New Hire pamphlet
 - Physician Pre-Designation forms

Post-Injury Requirements

Classroom teachers and aides can be considered a “position of authority” for purposes of a student reporting a work-related injury. The following instructions and forms should be provided to classroom personnel overseeing Regional Occupation Programs, Work Experience Programs, and Career Technical Education Programs:

- Conduct post-accident investigation. Remediate hazards and document actions taken.
- Directives to call Company Nurse (if applicable) for incident reporting. Company Nurse will administer self-care treatment advice or refer an injured student to a designated facility.
- DWC-1 Workers' Compensation Claim Form (to be provided to an injured student within 24 hours of notice of an injury)
- MPN Notification Materials
- Instructions for Injured Employees
- Injury Statement Forms (Employee, Supervisor, Witness)
- Preserve Evidence and Collect 3rd Party Information for Subrogation (when necessary)
- Serious injuries must be reported to CalOSHA within 8 hours as required by Title 8 regulations, [§342](#).
- Claims must be reported to Keenan within 72 hours, typically through *UltraCLAIMS Online*.

RISK CONTROLS FOR STUDENT INJURIES

An Educational Agency may elect to provide workers' compensation coverage, not to exceed three (3) months, when a student is earning wages paid by a private employer while they are enrolled in a Regional Occupation Program, Work Experience Program, or Career Technical Education Program.

If the Educational Agency elects not to provide coverage, the community partner/affiliate agreement should be clear in outlining the private employer's responsibility to provide workers' compensation coverage. It is recommended for the Educational Agency to obtain a certificate of insurance from the community partner/affiliate employer evidencing workers' compensation coverage, including a Waiver of Subrogation endorsement in the Educational Agency's favor.

In the event of a non-industrial student injury, all complaints of injury or pain should be taken seriously and be given proper consideration and appropriate care. Below are some simple steps that should be followed to assure a student's needs are being met:

- During complaints of injury, dizziness or severe pain, a student should not be moved or left unattended. Do not assume an injury is minor or non-existent merely because it is not visible.
- Treat all complaints of injury or discomfort seriously. Do not encourage a student to "shake it off," even if there is no visible evidence of an injury.
- Call the District Nurse or health facility, if available.
- In the case of an emergency, do not hesitate to call 911.
- Call the parent/guardian or those listed on the emergency data card to authorize a method of treatment and mode of transportation to a medical facility. If none of the emergency contacts are available for authorization, proceed to seek appropriate medical treatment.
- If an injury is minor and treated with first aid, call the parent/guardian or send a note home with the student advising of the injury.
- Do not promise to pay medical bills.

RISK CONTROLS FOR JOB SHADOWING

Examples of practices used by Educational Agencies regarding Job Shadowing Programs include:

- Students should be given a choice from many programs rather than having a single program mandated.
- Students (and parents/guardians if a minor) should be advised as to which of the programs are being supervised by the Educational Agency and which are being supervised by outside entities.
- Detailed written descriptions of all programs and their activities should be provided.
- There should be a written contract with each employer/program that indicates the intent of the program, and that outlines which entity is responsible for student supervision. Contracts should include a hold harmless agreement and indemnification clauses in favor of the Educational Agency.
- Contracts should indicate who is responsible for providing transportation to/from/during the approved activity.
- Fingerprinting legislation is not expressly directed at Job Shadowing Programs. The Educational Agency should consider requiring fingerprinting of all employers and their employees as a requirement of participation in the program. Consideration should be given to determine how much contact the students will have with the employer/employees; the totality of the circumstances, including factors such as the length of time students will be on the employer's premises; and, if the employer and students will be working by themselves or with others.
- Consider requiring students to shadow in pairs rather than on an individual basis.
- Require each student (and parent/guardian if minor) to sign a Voluntary Field Trip Authorization form.
- Require each student (and parent/guardian if minor) to sign a Transportation Authorization form.

STUDENT SAFETY AND WORK EXPERIENCE

As trainers and educators of students and young workers, there is a responsibility for educating them on workplace health and safety including, but not limited to: safe work practices; worker's rights; the importance of safety meetings and other trainings; and complying with applicable rules and regulations. Preventing injuries/illnesses by improving safety in the classroom or workplace results in increased productivity, product quality, and business competitiveness. In short, "good safety and health is good business."

The following recommendations should be considered during oversight of Regional Occupation Programs, Work Experience Programs, and Career Technical Education Programs:

- Mandated safety compliance trainings for student workers according to specific occupational hazards in their field of interest.
- Provide a copy of the Injury Illness Prevention Plan (IIPP) to students.
- Require Job-Site/Career Affiliates to provide students with a new employee handbook containing job site rules, regulations and exposures.
- Safety training is the responsibility of the Educational Agency. The Agency may consider contracting with the Job-Site/Career Affiliates to provide students with job-specific safety training.
- Coordination with Job-Site/Career Affiliates to conduct worksite safety inspections.
- Coordination with Job-Site/Career Affiliates to conduct accident investigations in the event of an injury.
- Ensure ADA accommodations are considered with Job-Site/Career Affiliates.
- Create a test for students covering safety issues and knowledge.

For additional information on workplace safety and compliance, contact your Keenan & Associates Loss Control Consultant.

RISK CONTROLS FOR INDUSTRIAL ARTS COMMUNITY CLASSROOMS

Shop clean-up: Maintaining a clean shop directly relates to maintaining a safe shop. Below are some techniques which can help organize, implement, and enforce shop clean-up protocols:

- **Begin shop clean-up ten minutes before the end of class** – Regardless of how busy students are or how close they are to completing their project, shop clean-up should occur daily at the end of every individual class period that occurs throughout each day.
- **Assign specific clean-up tasks** – Assign each student a specific duty, such as sweeping the left or right side of the shop, returning all tools to their place, replacing unused wood or other materials, cleaning the table saw, etc. These tasks should be permanently assigned for the duration of the semester/quarter, and alternates for each task should be pre-determined in the event a student is absent. Ideally, each student would be held accountable for completion of their task, enforced by an assigned “shop foreman” or the instructor.
- **Keep tools in designated locations** – Each individual tool should have a specific and designated storage location. From welding tanks to drill bits and every tool in between should have a specific, identifiable storage location. This allows students to retrieve/store items in an approved and consistent manner, while allowing the instructor to be able to immediately notice if a tool is missing. Below is one possible system to ensure students follow this rule:
 - At the beginning of each class period, a designated student(s) checks the tool storage areas for any missing items. Once they identify that all tools are present or otherwise accounted for, shop work may begin.
 - At the end of the period, the same designated student(s) checks the tool storage areas again, ensuring all tools that were present at the beginning of the period have been returned to their designated home locations.
 - If a tool is missing, the class should not be released until the tool is located and replaced/stored properly. This not only helps maintain shop safety, but also teaches responsibility and helps prevent theft. If the tool is not found or returned in a reasonable time after the bell rings, then the group of students in that period should not be allowed to continue work on their projects in subsequent class sessions until the tool is found and replaced. This will hopefully encourage students to return a missing tool (if taken).

Shop/Class Maintenance: Maintaining the physical condition of a shop is an important component to creating a safe work environment. Of equal importance is setting a good example to help maintain the conduct that is expected of students. If shop instructors do not hold themselves to high standards, then their students will not expect to be held to those standards either. The following are some techniques to help shop instructors stay ahead of the game:

- **Stay organized** – Instructors should always be fully aware of the overall status of their shop. They should always know what the plan for the day is, what tools will be needed, what

processes will take place, and what student activity levels to anticipate. Keeping instructional aids and techniques organized will help encourage the class to keep the shop organized.

- **Use project folders** – Each project should have its own folder where instructions, tips, and any other information related to that project is kept. This will allow students to refer to information as needed when they need answers to specific project questions. Items such as measurements, mathematical formulas or information, safety information, and project design documents are examples of items that would be included in these folders.
- **No group work** – Projects should be assigned to only one or two students per project. Having larger groups can more easily allow some members of the group to lose focus and pay less attention. Limiting projects to only one or two students requires them to be more directly involved with every aspect of their project, thereby increasing their concentration and reducing the opportunities for them to wander (physically or mentally).
- **Control the students** – This might sound obvious, but maintaining control of what students do, how they move throughout the shop, and how they interact with other students

are all important factors in maintaining a safe shop. Here are a couple tips to help control student activity:

- **Enter and exit the room at the same time** – A simple yet effective method to help prevent horseplay inside the shop before or after class is to require the students to enter and exit together as a group. Make it a standard practice to have the students line-up outside the classroom/shop door at the beginning of their class period. Once the instructor is ready, then the students can all enter the shop at once. At the conclusion of the class period, before allowing students to leave, the instructor should have their full attention and should check the shop before dismissing them, again as a group. This provides the instructor with better control of where the students go, what they do, and how they act while walking through the shop.
- **Raise hand for permission** – Another technique to help control equipment use and student safety is to require them to obtain permission before using a machine. This can be broken down into two steps.
 - **Step 1** – When a student wants to use a machine, they should wait outside of the use zone for the machine and raise their hand. Once the instructor identifies that the student is capable of using that particular machine and that the surrounding environment is safe, then the instructor indicates approval to the student to enter the use zone and set up their materials.
 - **Step 2** – Before powering on the machine, the student should once again raise their hand. Once the instructor has identified that the materials are positioned properly, all appropriate PPE is in place, and that all machine safety devices are operational, then the instructor allows the student to begin work.

Enforcing Rules and Requirements: While we would all like to think that students are perfect and always follow the rules...we also all know that's not exactly a reality-based thought! The truth is that despite your best efforts, some students will break the rules or act in ways that could put their own safety or the safety of others at risk. That's why having sound, strict rules, policies and procedures in place for dealing with these situations is so important. It not only shows students what the consequences of their actions are, but also shows all students that you mean business and that you take their safety seriously and expect them too as well. Some safety enforcement techniques could include:

- Sending permission slips with clearly defined rules, responsibilities, and safety expectations home to be signed by both the student and their parents and returned.
- Be direct and transparent with students. Tell them what your expectations are and explain the consequences of breaking the rules.
- **BE FIRM AND CONSISTENT.** For example, if you say you will not tolerate horseplay in the classroom, then do not tolerate it in any fashion and follow through on whatever consequences were previously disclosed EVERY TIME! This will convey and reinforce the importance of following the rules and provide students with a clear understanding of what is, and isn't, considered safe and appropriate behavior.

With respect to enforcing rules and consequences, it is also important to recognize and understand the difference between intentional and unintentional violations:

- **Intentional violations** – These are acts that are not accidental and should be held to strict procedural consequences. Acts such as horseplay, unsafe or inappropriate behavior, using equipment without permission, or any other unacceptable act that was intentional should not be tolerated. The following is a sample procedure for dealing with intentional safety violations:
 - **1st Offence:** Detention
 - **2nd Offence:** Detention and shop-specific letter home to parents
 - **3rd Offence:** Detention, letter home to parents and school “Disciplinary Referral Form” (disciplinary actions determined by site administrators)
- **Unintentional violations** – These are acts that are accidental. Instances such as forgetting to replace a tool, forgetting to wear protective goggles, or turning away from a machine while operating it are acts that may have occurred unintentionally. While such acts can still be very serious safety hazards and must be addressed, consequences may be applied differently. Calling attention to an unintentional violation to use as a learning example can underscore the importance of paying closer attention and following safety rules while maintaining the understanding that as students, they are still learning. If a violation continues to occur, then it might be construed as intentional and treated accordingly.

RISK CONTROLS FOR COMMUNITY SERVICE ACTIVITIES

There are many Educational Agencies that currently implement community service requirements as a part of the high school curriculum and a requirement for graduation or encourage the activities on a voluntary basis for “extra credit” on a student’s transcript. There are a wide variety of community service programs, some of which would be supervised by the Educational Agency and some of which would be supervised by a community partner/affiliate.

These programs can pose unique risk management issues for Educational Agencies. For the programs/activities that are not under the control of the Educational Agency, there may be little to no risk management consideration given to the activities. If community service activity is a required part of the curriculum, it could be alleged that the Educational Agency is responsible for supervising the activities and/or that they should be sponsoring transportation to/from/during the programs. Community service programs should be risk managed as follows:

- Students should be given a choice of various programs rather than having a single program mandated.
- Students and parents/guardians should be clearly advised as to which of the community service programs are supervised by the Educational Agency, and which are supervised by a community partner/affiliate.
- Detailed written descriptions of all community service programs and their activities should be provided, including a clear statement of which entity is responsible for supervision of the participants.
- Students and parents/guardians should sign a form indicating their selection of a particular community service program. Included on that form should be a statement acknowledging that they have read the program description and understand who will be responsible for student supervision in their chosen program.
- The form should indicate who is responsible for transportation to/from/during the community service activity. If the Educational Agency is NOT providing transportation, this should be clearly stated.
- The Educational Agency should have written agreements with community partners/affiliates confirming that the partner/affiliate is responsible for student supervision and that the partner/affiliate agrees to defend, indemnify and hold harmless the Educational Agency for any losses resulting from their negligence, including supervision and transportation, if they are providing any transportation to/from/during an activity.

Federal Law prohibits volunteers under the age of 13 from registering on-line. To sign up a family member under the age of 13, sign yourself up and then email the project leader directly to let her/him know. Or form a family volunteer team, include your children as team members, and then sign your team up for the project.

SAMPLE COMMUNITY SERVICE SELECTION FORM

Student Name:

Home Phone:

Address:

District/School Site:

Community Service Program Selection:

The undersigned acknowledge and understand the following:

1. The selection was our choice and was not mandated or assigned by the District.
2. That unless otherwise mandated by law, the District is not providing transportation to/from or during the community service activity. Transportation is the responsibility of the student.
3. We have received the written program description for the community service program selected.
4. That unless the above chosen program description clearly states it is under the direct supervision of the District, the District has no responsibility for supervising the program and all program supervision will be the responsibility of the outside entity sponsoring the program.

SIGNED:

Student

Date

Parent/Guardian

Date

Parent/Guardian Name (please print legibly)

VOLUNTARY EXCURSION/FIELD TRIP AUTHORIZATION FORM – SAMPLE FORM

School Site: _____

I grant permission for my child/ward: _____

To voluntarily participate in a field trip to: _____

Field Trip Date(s): _____

Approximate scheduled return to school campus: _____

Supervising Teacher/Sponsor: _____

Parent/Guardian Name: _____

Primary Telephone: _____

Emergency Contact & Telephone (other than parent): _____

Transportation will be:

☐

District Provided

☐

District Vehicle

☐

Public Transportation

☐

Volunteer (Private Vehicle)

☒

Non-District Provided *Transportation to and from this event is on your own. The District shall NOT be responsible for, and shall not assume liability for,

any injury or loss which may result from such non-district- provided transportation.

Medical Information

Name of Medical Provider: _____

Provider's Address & Phone Number: _____

Medical Conditions/Medications: _____

Medical Insurance Carrier/Policy Number: _____

Authorization to Treat Minor If an injury or medical emergency occurs during the Field Trip, you have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of my child to an urgent care or emergency care provider. In such circumstances, notice to me and/or the listed Emergency Contact regarding the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my financial responsibility.

Prescription or over-the-counter medication: I certify that emergency medical information regarding my child is on file with the District and is current. (Provide updated information before trip, if necessary).

Parent/Guardian Signature

Date

Parent/guardian acknowledgement, Consent, and liability Waiver

California Education Code Section 35330(d) states that: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.”

I understand and agree that I cannot hold the District, its officers, agents, employees and volunteers, individually and collectively (“the protected parties”), liable for any claim arising out of, or which is in some manner connected with, my child’s participation in this Field Trip.

The Supervising Teacher or Sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing Students to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as

Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of my child to follow field trip rules or safety requirements may result in my child being sent home, at my expense, and that my child may be barred as a result from future field trips.

I understand that this field trip is an optional/voluntary activity and not a required part of the

District Curriculum. I understand that participation in the field trip by my child is not required and that an alternative activity at school will be provided if my child does not participate in the field trip activity. I hereby acknowledge that I have been advised of the activities that are involved in this field trip and understand that some of the activities may be dangerous to me and/or my child participant.

Student Name *(please print legibly)*

Student DOB

Parent/Guardian Signature

Date

Parent/Guardian Name *(please print legibly)*

Address

Primary Telephone

SAMPLE ASSUMPTION OF RISK FORM

Voluntary Activities Participation Form

Acknowledgment And Assumption Of Potential Risk

_____ wishes to participate in the District-sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and/or back injury
5. Paralysis
6. Loss of eyesight
7. Communicable diseases
8. Death

I understand and acknowledge that participation in these activities is completely voluntary and as such, is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Name (*please print legibly*)

A **signed VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the District before a student will be allowed to participate in the above activities.

LEGAL REFERENCES AND EXCERPTS FOR K12

Labor Code

DIVISION 4. WORKERS' COMPENSATION AND INSURANCE [3200 - 6002]

PART 1. SCOPE AND OPERATION [3200 - 4418]

CHAPTER 2. Employers, Employees, and Dependents [3300 - 3553]

ARTICLE 2. Employees [3350 - 3371.1]

3368. Notwithstanding any provision of this code or the Education Code to the contrary, the school district, county superintendent of schools, or any school administered by the State Department of Education under whose supervision work experience education, cooperative vocational education,

or community classrooms, as defined by regulations adopted by the Superintendent of Public Instruction, or student apprenticeship programs registered by the Division of Apprenticeship Standards for registered student apprentices, are provided, shall be considered the employer under Division 4 (commencing with Section 3200) of persons receiving this training unless the persons during the training are being paid a cash wage or salary by a private employer. However, in the case

of students being paid a cash wage or salary by a private employer in supervised work experience education or cooperative vocational education, or in the case of registered student apprentices, the school district, county superintendent of schools, or any school administered by the State

Department of Education may elect to provide workers' compensation coverage, unless the person

or firm under whom the persons are receiving work experience or occupational training elects to provide workers' compensation coverage. If the school district or other educational agency elects to provide workers' compensation coverage for students being paid a cash wage or salary by a private employer in supervised work experience education or cooperative vocational education, it may only be for a transitional period not to exceed three months. A registered student apprentice is a

registered apprentice who is (1) at least 16 years of age, (2) a full-time high school student in the

10th, 11th, or 12th grade, and (3) in an apprenticeship program for registered student apprentices registered with the Division of Apprenticeship Standards. An apprentice, while attending related and supplemental instruction classes, shall be considered to be in the employ of the apprentice's

employer and not subject to this section, unless the apprentice is unemployed. Whenever this work experience education, cooperative vocational education, community classroom education, or student apprenticeship program registered by the Division of Apprenticeship Standards for registered

student apprentices, is under the supervision of a regional occupational center or program operated by two or more school districts pursuant to Section 52301 of the Education Code, the district of residence of the persons receiving the training shall be deemed the employer for the purposes of this section.

(Amended by Stats. 1998, Ch. 541, Sec. 1. Effective January 1, 1999.)

LABOR CODE - LAB

DIVISION 3. EMPLOYMENT RELATIONS [2700 - 3100]

CHAPTER 4. Apprenticeship and Pre-apprenticeship [3070 - 3100]

ARTICLE 1. Administration [3070 - 3074.7]

3070. There is in the Division of Apprenticeship Standards the California Apprenticeship Council, which shall be appointed by the Governor, composed of six representatives each from employers or employer organizations and employee organizations, that sponsor apprenticeship programs under Section 3071, respectively, geographically selected, and of two representatives of the general public. The Director of Industrial Relations, or his or her permanent and best qualified designee, and the Superintendent of Public Instruction, or his or her permanent and best qualified designee, and the Chancellor of the California Community Colleges, or his or her permanent and best qualified designee, and the Chairperson of the California Firefighter Joint Apprenticeship Committee (Cal-JAC), or his or her permanent and best qualified designee, shall also be members of the California Apprenticeship Council. The chairperson shall be elected by vote of the California Apprenticeship Council. Beginning with appointments in 1985, three representatives each of employers and employees, and one public representative shall serve until January 15, 1989. In 1987, three representatives each of the employers and employees, and one public representative shall serve until January 15, 1991. Any member whose term expires on January 15, 1986, shall continue to serve until January 15, 1987. Thereafter each member shall serve for a term of four years. Any member appointed to fill a vacancy occurring prior to the expiration of the term of his or her predecessor shall be appointed for the remainder of that term. Each member of the council shall receive the sum of one hundred dollars (\$100) for each day of actual attendance at meetings of the council, for each day of actual attendance at hearings by the council or a committee thereof pursuant to Section 3082, and for each day of actual attendance at meetings of other committees established by the council and approved by the Director of Industrial Relations, together with his or her actual and necessary traveling expenses incurred in connection therewith.

California Code of Regulations

5 CCR § 10071. Formal Training Agreements for Each Type of Work Experience Education

Work Experience Education shall consist of one or more of the following paid and unpaid types of on-the-job experiences which the secondary school district may offer through a formal training agreement with each employer. The written agreement shall identify the responsibilities of the student, employer, parent or guardian (with respect to minors only) and the secondary school district shall outline the objectives that the student is to accomplish at the training site:

(a) Career Technical Work Experience Education has as its purpose the reinforcement and extension of career learning opportunities for a student through a combination of related classroom instruction in Work Experience Education and supervised paid employment in the occupation for which the student's career technical course in school prepares him/her.

(b) General Work Experience Education is an instructional course which has as its purpose the application of basic reading, writing, and computation skills. A General Work Experience Education student will acquire general and specific occupational skills through a combination of a supervised paid employment in any occupational field and related classroom instruction in Work Experience Education.

(c) Exploratory Work Experience Education is nonpaid and has as its general purpose the career guidance of the student by affording him/her opportunities to observe and sample systematically a variety of conditions of work for the purpose of ascertaining his/her interest and suitability for the occupation he/she is exploring. Exploratory Work Experience Education includes a combination of job observations and related classroom instruction in Work Experience Education. The student may be required to perform, on a limited, periodic and sampling basis, nonpaid work activities while exploring the occupation. The employer or workstation supervisor may, but shall not be required to teach production or other job skills to the Exploratory Work Experience Education student. The length of exploratory assignments may vary, depending on the aptitude of the student, the occupation being explored, the facilities of the workstation, and the job classification. A student may not be a part of Exploratory Work Experience Education if pay is received for like work at the same workstation or similar job during hours when not assigned as an Exploratory Work Experience Education student. The student shall not replace a paid employee. **The district shall provide Worker's Compensation Insurance for the student.** A student in Exploratory Work Experience Education may be less than 16 years of age. Permits to Employ and Work (CDE Form B1-4, revised 07-10) are not required for students enrolled in Exploratory Work Experience Education.

Note: Authority cited: Section 51762, Education Code. Reference: Sections 51760, 51760.3, 51764 and 51769, Education Code.

5 CCR § 10090. Unpaid On-the-Job Experiences.

(a) The unpaid on-the-job training element of the program shall not:

- (1) Provide the management of the community classroom site with an immediate benefit.
- (2) Allow a student to replace an employee of the community classroom site or cause the employee's hours to be reduced, nor shall the student's training activities preclude the hiring of additional employees.
- (3) Include productive work of any kind as defined by State and Federal Labor Regulations (Div. 2, Part 4 commencing with section 201, California Labor Code; Fair Labor Stds. Act, 29 U.S.C., sections 201 et seq.).

(b) Unpaid on-the-job training experiences shall only expand competencies developed in the classroom instruction portion of the vocational course/program utilizing the community classroom methodology.

Note: Authority cited: Section 52372.1, Education Code. Reference: Sections 52372.1 and 52372.1, Education Code.

5 CCR § 10107. Selection and Approval of Training Stations.

The following criteria shall be used to select and approve training stations.

(a) The employer at the cooperative vocational education training station shall:

- (1) Have a clear understanding of program objectives and a willingness to participate in the program.
- (2) Provide adequate supervision to ensure a planned program of the students' paid on-the-job training in order that the student may receive maximum education benefit.

- (3) Consult with the cooperative vocational education teacher regarding the paid on-the-job progress of the student.
- (4) Cooperate with the vocational education director or his or her designee in preparing a written training agreement.
- (5) Participate with the cooperative vocational education teacher and the student in preparing an individualized training plan.
- (6) Provide a minimum of 8 hours of paid employment per week to assist students to acquire those competencies necessary for employment and advancement in the occupational area for which training is offered.
- (7) Assist in maintaining accurate records of the students' training hours.
- (8) Provide Workers' Compensation Insurance for students employed through the Cooperative Vocational Education Program.
- (b) The training station shall offer training opportunities in the specific occupation for which the course is approved. Training opportunities at the paid station shall be in the occupation for which related instruction is provided.
- (c) Training station working conditions shall not endanger the health, safety, welfare or morals of the students.
- (d) The training station shall have adequate equipment, materials and other resources to provide an appropriate learning opportunity.

Note: Authority cited: Sections 52372 and 52372.1(a), Education Code. Reference: Sections 44806, 46300(f), 51769, 52372, 52372.1(a)(1), (a)(3), (a)(4), (a)(6) and (b), Education Code.

5 CCR § 10111. Paid On-the-Job Experiences.

- (a) The paid on-the-job training experience shall be:
 - (1) Regularly scheduled.
 - (2) In the specific occupation for which the course/program is approved.

Note: Authority cited: Section 52372.1(a), Education Code. Reference: Section 52372.1(a)(6) and (b), Education Code.

Education Code

§ 51760. Authority of governing board with respect to work-based learning or work experience education; insurance.

The governing board of a district maintaining a high school may do all of the following:

- (a) Provide for the instruction of pupils in the skills, attitudes, and understanding necessary to succeed in employment by means of courses of work-based learning or work experience education as provided in this article.

(b) Provide for guidance and supervision procedures designed to ensure maximum educational benefit to pupils from placement in suitable work-based learning or work experience education courses.

(c) Provide for arranging, approving, coordinating, and awarding credit for work-based learning or work experience education courses, and for those purposes employ instructors, coordinators, and other necessary personnel.

(d) Provide for the district to purchase liability insurance for pupils enrolled in programs of study involving work experience, which may include work-based learning, or vocational education at locations off school grounds approved by the governing board, or require pupils to purchase insurance and to pass on all or a portion of the costs, at the discretion of the governing board, to the district.

§ 51768. Part-time jobs outside the district; wages; workers' compensation

The governing board of any school district providing work experience and work study education may provide for employment under the program of pupils in part-time jobs located in areas outside the district, either within this state or in a contiguous state, and the employment may be by any public or private employer. The districts may pay wages to persons receiving the training whether assigned within or without the district and may provide workers' compensation insurance as may be necessary, but no payments may be made to or for private employers. However, wages to individuals with exceptional needs, as defined in Section 56026, may be paid to or for private employers as part of work experience programs funded through the annual Budget Act for these individuals.

(Amended by Stats. 1993, Ch. 1296, Sec. 11.3. Effective October 11, 1993.)

§ 51769. Workers' compensation; status as employer

(a) Notwithstanding any provision of this code or the Labor Code to the contrary, the school

district, county superintendent of schools, or any school administered by the State Department of Education, under whose supervision work experience education, cooperative vocational education,

or community classrooms, as defined by regulations adopted by the Superintendent, or a job shadowing experience, as defined in subdivision (b), or student apprenticeship programs registered

by the Division of Apprenticeship Standards of the Department of Industrial Relations for

registered student apprentices, are provided, shall be considered the employer under Division 4 (commencing with Section 3200) of the Labor Code of persons receiving this training unless the persons during the training are being paid a cash wage or salary by a private employer, except in the case of registered student apprentices, when the school district, county superintendent of schools, or any school administered by the State Department of Education elects to provide workers' compensation insurance, or unless the person or firm under whom the persons are receiving work experience or occupational training elects to provide workers' compensation insurance. A registered student apprentice is a registered apprentice who is (1) at least 16 years of age, (2) a full-time high school pupil in the 10th, 11th, or 12th grades, and (3) in an apprenticeship program for registered student apprentices registered with the Division of Apprenticeship Standards. An apprentice, while

attending related and supplemental instruction classes, shall be considered to be in the employ of the apprentice's employer and not subject to this section, unless the apprentice is unemployed.

Whenever this work experience education, cooperative vocational education, community classroom education, or job shadowing, or student apprenticeship program registered by the Division of Apprenticeship Standards for registered student apprentices, is under the supervision of a regional occupational center or program operated by two or more school districts pursuant to Section 52301, the district of residence of the persons receiving the training shall be deemed the employer for the purposes of this section.

(b) For purposes of this section, "job shadowing experience" means a visit to a workplace for the purpose of career exploration for no less than three hours and no more than 25 hours in one semester, intersession, or summer school session.

(c) Notwithstanding subdivision (b), a pupil may participate in a job shadowing experience for up to 40 hours in one semester, intersession, or summer school session if the principal of the school in which the pupil is enrolled certifies that it is necessary for the pupil's participation in a career technical education program. *(Amended by Stats. 2016, Ch. 72, Sec. 2. (AB 2063) Effective January 1, 2017.)*

§ 52372.1 Cooperative career technical education programs; community classrooms

(a) The Superintendent of Public Instruction shall adopt rules and regulations for cooperative career technical education programs and community classrooms. The rules and regulations shall include, but need not necessarily be limited to, all of the following:

- (1) Selection and approval of work and training stations.
- (2) Related classroom instruction.
- (3) Supervision of students while in training.
- (4) Joint venture training agreements and plans.
- (5) Student teacher ratios.
- (6) Paid and unpaid on-the-job experiences.
- (7) Credit for participation in cooperative career technical education programs and community classrooms.

(b) As used in this section, "cooperative * * * career technical education programs" includes cooperative agreements between schools and employers to provide students with paid on-the-job experiences, as well as career technical education instruction contributing to the student's education and employability.

(c) As used in this section, "community classrooms" includes instructional methodologies which are part of a career technical education course, and which may utilize the facilities and equipment of a public agency or private business to provide students the opportunity to expand competencies developed in a career technical course in unpaid on-the-job experiences.

(d) Joint venture agreements shall be entered into between the director and the management of the community classroom site to ensure that students will be provided, through unpaid on-the-job

experiences, the opportunity to expand the competencies developed in the classroom instruction portion of their training.

Each instructor, in cooperation with the business or agency in which the student will be placed, shall develop an individualized training plan for each pupil enrolled in a community classroom.

(e) All statutes and regulations applicable to minors in employment relationships apply to cooperative career technical education programs and to community classrooms.

(f) For purposes of this section, “public agency” means any public agency capable of providing unpaid on-the-job experience meeting all of the following requirements:

- (1) The on-the-job experiences are in occupations for which there is a local job market.
- (2) The on-the-job experiences are equivalent to those which could be received for each specific occupational area as if they were held at a private business site.

NOTABLE CASE LAW

In one case, a student was enrolled at a facility owned and operated by the Los Angeles Unified School District (LAUSD) to take occupational training classes in aircraft mechanics (“Grant”, *infra*). He sustained an injury and at the time of the injury, he attended classes five days per week, was not employed, and received no compensation whatsoever. There was a dispute about whether he was an employee of the LAUSD. This issue was raised because the applicant wanted to sue for civil damages.

The appeals board held that the applicant was an employee of the LAUSD at the time of the injury because he was injured during a class authorized by the California Department of Education and provided by the LAUSD, and LC § 3368 was enacted to provide that students injured at an occupational center who were not on someone's payroll at the time of injury were considered employees of the school district. [See *Pamplona v. Los Angeles Unified School District*, 2015 Cal. Wrk. Comp. P.D. LEXIS 329, citing *Grant v. WCAB* (1997) 62 CCC 1454 (writ denied).]

RESOURCES/SITES OF INTEREST

P&C Bridge

www.keenan-pcbridge.com

California Department of Education

www.cde.ca.gov

California Association of Work Experience Educators (CAWEE)

www.cawee.org

Department of Industrial Relations

www.dir.ca.gov

U.S. Department of Labor

www.dol.gov

California Association of Leaders for Career Preparation

www.calcp.org

California Department of Fair Employment and Housing

www.dfeh.ca.gov

U.S. Equal Employment Opportunity Commissions (E.E.O.C.)

www.eeoc.gov

A Work Experience Reference Guide and Matrix

CCD

When does a student injury become a work-related injury?



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Student Group Definitions and Occupation Examples

Internships

Employment and classroom training provided to students in a particular career field that is meant to develop the technical skills and experience in the student's field of interest.

Example: Nursing Program, Childcare Program, Fire Academy

Registered Student Apprentice and Programs

Employment and classroom training provided to students in a particular career field that is meant to develop the technical skills and experience in the student's field of interest. Apprenticeship trainings are usually one to five years in length.

Example: Auto Mechanic, Deputy Sheriff, Fire Engineer, Painter, Youth Counselor

For a list of apprenticeable jobs in California, visit the DIR website at <http://www.dir.ca.gov/das> or search for available programs at <http://www.dir.ca.gov/databases/das/aigstart.asp>

Cooperative Career Technical Education Programs

Paid on the job experiences, meant to allow students to explore and develop their work skills and employability.

Example: Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism

For additional information, visit the Career Technical website for California Department of Education at <http://www.cde.ca.gov/ci/ct/>.

Community Classrooms

Providing classroom training or onsite training that supports **Career Technical Education** and **Registered Apprentice Programs**

Example: Auto Collision, Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism, Welding

Work Experience Programs

The employment of students in part-time jobs selected or approved as having educational value for the students, where they can apply classroom knowledge and develop employment type skills.

Example: Auto Collision, Cashier, Childcare, Cosmetology, Hospitality

For additional information, visit the Work Experience Education website for California Department of Education at <http://www.cde.ca.gov/ci/ct/we/>.

Job Shadowing

Provides students an opportunity to learn more about a particular field of interest by observing a person in that field performing the related job duties. This does not involve any activity on the part of the student and the student does not practice or perform the related job duties.

Example: Observations can involve occupational fields in Fire Engineering, Fashion Design, Hospitality, Education, Child Development, Health Care

Work Experience Matrix

When a student is enrolled in an Internship, Registered Apprentice Program, Work Experience Program, or Career Technical Education Program, use the following matrix to determine when workers' compensation coverage is provided.

Student Group	Legal Reference	Are wages paid by a private employer?	Coverage?
Internships and Registered Student Apprentice Programs Examples: Nursing Program, Childcare Program, Fire Academy	LC 3077 EC 79914 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Work Experience Programs Examples: Auto Collision, Cashier, Child Development, Cosmetology, Hospitality	LC 3077 LC 3368 EC 78249	No Wages	Yes
		Wages Paid	Maybe
Community Classroom Training Examples: Auto Collision, Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism, Welding, etc	EC 78249 EC 79914 EC 88532 LC 3368	No Wages	Yes
Career Technical Education Programs Examples: Child Development, Education, Fashion Design, Manufacturing, Food Service, Hospitality, Tourism	EC88532 LC 3368	No Wages	Yes
		Wages Paid	Maybe
Job Shadowing Examples: Observations can involve occupational fields in Fire Engineering, Fashion Design, Hospitality, Education, Child Development, Health Care		No Wages	No

Yes	Workers' compensation coverage is provided - The school district, county superintendent of schools, any school administered by the State Department of Education are considered the employer for purposes of providing workers' compensation benefits.
Maybe	Worker's compensation coverage could be provided - When wages are paid by a private employer, district may elect to provide coverage not to exceed 3 months. Contact your Account Manager or Analyst for assistance in reviewing the affiliate agreement/contract.
No	No workers' compensation coverage is provided – The student performs no services for the District, they cannot be designated as an employee of an employer for workers' compensation purposes. See Controls for Job Shadowing and Sample Field Trip Form .

Classroom and Jobsite Injuries

Classroom Injuries

Students whose classroom studies involve hands on training, clinical practice, laboratory assignments, etc. as part of their internship, apprenticeship or work experience class they are enrolled in, would be provided workers' compensation coverage in the event of an accident or injury. Injuries in this environment should be treated as work related.

Student accidents or injuries occurring outside of their internship, apprenticeship or work experience class would not be covered under workers' compensation and should be treated as a third-party injury. See [Risk Controls for Student Injuries](#).

Jobsite Injuries

Student accidents or injuries occurring at the job-site should be treated as work related. For cases where the employee is receiving a salary from a private employer contact your [Account Manager](#) or [Claims Analyst](#) for assistance in reviewing the affiliate agreement/contract.

If the student is performing Job Shadowing or community service duties, there is no coverage for worker's compensation and should be treated as a third part injury. See [Risk Controls for Student Injuries](#).

Industrial Causation and Compensability

The discretion to accept or reject a claim is based on the claims examiner's investigation. An injury must still meet the threshold for determining if it is arising out of or during the course of employment under the internship, apprenticeship or work experience program. If you have any questions regarding a specific incident, please contact your claims examiner for additional information or clarification.

Workers' Compensation Best Practices

Managing the unique risks of these student programs requires proactive involvement with curriculum and instruction. Students should be provided with safety information and workers' compensation required notices as part of the classroom instruction in an effort to maintain compliance with the labor code and CalOSHA.

Pre-Injury Requirements

The following materials and forms should be provided to classroom personnel overseeing Regional Occupation Programs, Work Experience Programs, and Career Technical Education:

- Have in place the proper required posting notices:
 - DWC-7 or equivalent Notice to Employees
 - MPN Notification Materials
- As part of the classroom curriculum students should be provided:
 - New Hire pamphlet
 - Physician Pre-Designation forms

Post-Injury Requirements

Classroom teachers and aides can be considered a “position of authority” for purposes of a student reporting a work-related injury. The following instructions and forms should be provided to classroom personnel overseeing Regional Occupation Programs, Work Experience Programs, and Career Technical Education:

- Conduct post-accident investigation. Take any necessary corrective action and document action taken.
- Authorized Medical Provider where the student can seek medical treatment
- DWC-1 Workers' Compensation Claim Form (within 24 hours of notice of an injury)
- MPN Notification Materials
- Instructions for Injured Employee
- Injury Statement Forms (Employee, Supervisor, Witness)
- Preserve Evidence and Collect 3rd Party Information for Subrogation (when necessary)
- District's risk management/workers' compensation contact should be notified immediately
 - Serious injuries must be reported to CalOSHA within 8 hours
 - Claims must be reported to Keenan within 72 hours

Risk Controls for Student Injuries

The District may elect to provide workers' compensation coverage not to exceed 3 months when the student is earning wages paid by a private employer while they are enrolled in an Internship, Apprenticeship, Work Experience Program, or Career Technical Education Program. If the District elects not to provide coverage, the affiliate agreement should be clear in outlining the private employer's responsibility to provide workers' compensation coverage. It is recommended for the District to obtain a certificate of insurance evidencing workers' compensation coverage with a Waiver of Subrogation endorsement in the District's favor.

In the event of a student (non-workers' compensation) injury, all complaints of injury or pain should be taken seriously.

- If someone complains of injury, dizziness or severe pain, the person should not be moved or left unattended. Do not assume an injury is minor or non-existent merely because it is not visible.
- Do not encourage the person to "shake it off" even if there is no visible evidence of an injury. Treat the complaint seriously.
- Call the District Nurse or health facility, if available.
- Do not hesitate to call an ambulance or paramedics because of financial concerns. Time is always important.
- If an injury is minor and treated with first aid, call the parent/guardian or send a note home with the student advising of the injury.
- Do not promise to pay medical bills.

Risk Controls for Job Shadowing

Examples of practices used by school districts regarding Job Shadowing Programs include:

- Students should be given a choice from many programs rather than having a single program mandated.
- The student (and parent/guardian if a minor) should be advised as to which of the programs are being supervised by the District and which are being supervised by other entities.
- Detailed written descriptions of all programs and their activities should be provided.
- There should be a written contract with the employer/program, indicating the intent of the program and which entity is responsible for the supervision of the students. The contract should include a hold harmless and indemnification clause in favor of the District.
- The contract should indicate who is responsible for providing transportation, to, from and during the activity.
- Fingerprinting legislation is not expressly directed at Job Shadowing Programs. The district should consider requiring fingerprinting on all employers and their employees as a requirement of participation in the program. Consideration should be given to determine whether the employer/employee will have limited contact with the students, the totality of the circumstances, including factors such as the length of time students will be on the employer's premises and if the employer and students will be working by themselves or with others.
- Consider requiring students to shadow in pairs and not alone.
- Require each student (and parent/guardian if minor) to sign a Voluntary Field Trip Authorization form.
- Require each student (and parent/guardian if minor) to sign a Transportation Authorization form.

Student Worker Safety

Managing the unique risks of student work experience programs requires proactive involvement with curriculum and instruction. Students should be provided with safety information and workers' compensation required notices as part of the classroom instruction in an effort to maintain compliance with the labor code and CalOSHA.

The following instructions and forms should be provided to classroom personnel overseeing Regional Occupation Programs, Work Experience Programs, and Career Technical Education:

- Provide training for students in the occupational hazards in their field of interest
- Provide a copy of the Injury Illness Prevention Plan to the student
- Require Job-Site/Career Affiliates to provide a new employee handbook containing job site rules, regulations and exposures.
- Safety training is the responsibility of the District. The district may consider contracting with the Job-Site/Career Affiliates to provide job specific safety training.
- Work with Job-Site/Career Affiliates to conduct worksite safety inspections.
- Work with Job-Site/Career Affiliates to conduct accident investigations in the event of an injury.
- Ensure ADA accommodations are considered with Job-Site/Career Affiliates
- Create a test for students on safety.

For additional information on youth worker safety and employment visit:

<http://www.cdc.gov/niosh/topics/youth/>

Risk Controls for Industrial Arts Community Classrooms

Shop clean up: Maintaining a clean shop goes hand-in-hand with maintaining a safe shop. However, getting students to keep the shop clean can sometimes be a challenge. Below are some techniques a school district has done to help organize, implement, and enforce shop clean up:

- **Begin shop clean up ten minutes before the end of class** – Regardless of how busy the students are or how close they are to completing their project, shop clean up should occur every period, every day.
- **Assign specific clean up tasks** – Assign each student a specific duty, such as sweeping the left side of the shop, returning all tools to their place, replacing unused wood, cleaning the table saw, etc. These tasks should be permanently assigned for the duration of the semester/quarter, and alternates for each task should be pre-determined in the event a student is absent. Each student should be held accountable for this task, enforced by an assigned “shop foreman” or the instructor.
- **Keep tools in their designated locations** – Each individual tool should have a designated/specific storage location. Everything from welding tanks to drill bits should have a specific, identifiable storage location. This allows the students to retrieve/store items in an approved manor, while allowing the instructor to immediately notice if a tool is missing. One way to ensure students follow this rule is to follow these steps:
 - At the beginning of each period, a designated student(s) checks the tool storage areas for any missing items from the previous period’s use. Once they identify that all tools are present, shop work may begin.
 - At the end of each period, the same designated student(s) checks the tool storage areas again, ensuring all tools have been returned from that period’s use.
 - If a tool is missing, the class will not be released until the tool is replaced/stored property. This not only helps maintain shop safety but it also helps prevent theft. If the tool is not found or returned in a reasonable time after the bell rings, then that period will not be allowed to continue work on their projects in subsequent class sessions until the tool is replaced. This will hopefully encourage the students to return the missing tool (if taken).

Shop/Class Maintenance: Maintaining a shop from a teacher-student standpoint is just as important as maintaining a shops physical condition. If shop instructors do not hold themselves up to high standards, then their students will not expect to be held to these standards either. The following are some techniques to keep a shop instructor ahead of the game:

- **Stay organized** – Instructors should always be aware of their shop. They should always know what the plan for the day is, what tools will be needed, what processes will take place, and what student activity levels to anticipate. Keeping your instructional aids and techniques organized will help encourage the class to keep the shop organized.
- **Use project folders** – Each project should have its own folder, where instructions, tips, and any other related information related to that project could be kept in one location. This will allow students to refer to them as needed when they need answers to specific project questions. Items such as measurements, mathematical formulas or information, safety information and project design documents are all items to be included in these folders.

Risk Controls for Industrial Arts Community Classrooms

(Continued)

- **No group work** – Student projects should be kept to one or two people per project. Having larger groups usually allows some members of the group to lose focus and not pay attention. Keeping the projects to one or two students allows them to be directly involved with each aspect of the project, maintaining their concentration and preventing them from wandering around (both physically and mentally).
- **Control the students** – This might sound obvious, but maintaining control of what students do, how they move throughout the shop, and how they interact with other students are all important factors to maintaining a safe shop. Here are a few tips to help control student activity:
 - **Enter and exit the room at the same time** – An interesting way to help prevent horseplay inside the shop before and after class is to make the students enter and exit together, as a group. Make it a standard practice to have the student's line-up outside the classroom/shop door every day. Once the instructor is ready, then they can all enter the shop at once. Before allowing students to leave, the instructor should have their full attention and should check the shop before dismissing them, as a group. This allows the instructor to maintain control of where they go, what they do and how they act while walking through the shop.
 - **Raise your hand** – Another interesting technique to help control equipment use and student safety is to make them obtain permission before using each machine. This can be broken down into two steps. Before a student wants to use a machine, they should wait outside of a machine's use zone and raise their hand. Once the instructor identifies that the student is capable of using that particular machine and nobody else is around, then he/she nods towards the student, allowing them to enter the use zone and set-up their materials. Before powering on the machine, the student should once again raise their hand. Once the instructor has identified that the materials are positioned properly, all appropriate PPE is in place and that all machine safety devices are in place, then the instructor nods, allowing the student to begin work.

Enforcing Rules and Requirements: While we would all like to believe that students are perfect and always follow the rules, well, keep dreaming. The truth is that despite your best efforts, some students will continue to break the rules or act in a way that could put their safety or the safety of others at risk. That's why having sound and strict rules, policies and procedures in place for dealing with these situations is so important. It not only shows the student what the consequences of their actions are, but it also shows other students that you mean business and take their safety seriously. Enforcement techniques include:

- Sending permission slips, rules, responsibility and safety expectations home to be signed and returned by the student and their parents.
- Be up-front with the students. Tell them what your expectations are from them and explain the procedure for breaking the rules.
- **BE FIRM.** If you say you will not tolerate cell phones in the class, then do not tolerate cell

Risk Controls for Industrial Arts Community Classrooms

(Continued)

phones in the class. Yes, you might come across as a “mean” instructor, but only to those students who don’t understand the importance of these rules.

- Understand the difference of intentional and unintentional violations:
 - **Intentional violations** – These are acts that were not an accident and should be held to strict procedural consequences. Acts such as horseplay, misbehaving, using unapproved equipment, or any other act that was done intentionally should not be tolerated.
 - **Unintentional violations** – These are acts that are accidental. Items such as forgetting to replace a tool, forgetting to wear protective goggles or turning away from a machine are usually acts that were done unintentionally, or because they “forgot”. While these are still very serious safety hazards, they can be dealt with differently. Bringing the incorrect act to the attention of the student as well as the class as a learning example still gets the importance across, while maintaining the understanding that the students are learning and should remember from then on. If the act occurs again, then it might become intentional since they have previously been reminded and informed.

Sample Field Trip Forms

COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION NOTICE

Field Trip/Excursion: _____

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, by participating in the field trip(s)/excursion(s), I am deemed by law to have waived any claims against CALANYWHERE Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.

I have no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

In the event of accident or illness please notify:

I hereby acknowledge and understand that unless specifically advised otherwise, the college is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the college is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the college assumes no responsibility or liability of any kind.

If the college is not providing the transportation I further understand:

- the driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- the college is in no way responsible, nor does the college assume liability, for any injury or loss which may result from my transportation;
- although the college may assist in coordinating the transportation and/or recommend travel time, routes, carpooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

Name (Print) _____

Signature _____ Date _____

Sample Field Trip Forms

_____ **COMMUNITY COLLEGE DISTRICT**

FIELD TRIP/EXCURSION REQUEST

Instructor/Advisor: _____

Class (Name/Number/Section)/Club: _____

Activity (ies)/Destination(s)

Departure Date

Return Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the objectives of the proposed activity(ies) and how they relate to course/program/club content/objectives.

Transportation: Provided by college _____

Responsibility of Student _____

Attach roster of proposed participants.

Participation form(s) to be signed by each participant:

_____ Field Trip/Excursion Notice

_____ Acknowledgment & Assumption of Potential Risk

_____ Voluntary Activity Waiver, Release & Indemnity Agreement

_____ Other _____

Requested By: _____ Date: _____

Instructor/Advisor

APPROVED _____

REJECTED _____

REASON: _____

BY: _____ DATE: _____

Sample Field Trip Forms

_____ COMMUNITY COLLEGE DISTRICT

VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT

For and in consideration of permitting _____ (Participant) to enroll in and participate in _____ (activity) and class instruction of _____ (activity) given by _____ (college), in the City of _____, County of _____, State of California, beginning on the _____ day of _____, 2000, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against (district) or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of (participant) by this instrument, to exempt and relieve (district) from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against (district), he/she shall indemnify and save harmless the same (district) from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of (activity), and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant)

Date

Signature (Witness)

Date

Sample Field Trip Forms

COMMUNITY COLLEGE DISTRICT

PERSONAL VEHICLE USE

Name: _____ Phone _____

DOB: _____

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____

Vehicle License #: _____

Insurance Carrier: _____ Phone: _____

Liability Limits: _____ Policy #: _____

Expiration Date: _____

I certify that the above information is correct, and that the insurance coverage is in force. I understand that while driving my personal vehicle in the course of my duties with the college that I must have liability insurance coverage and a valid driver's license as required by the State of

California. I agree to advise the college, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

If you drive your personal automobile while on college business and you are involved in an accident, by law your liability insurance policy is used first. The college liability coverage would be used only after your limits have been exceeded. The college does not provide comprehensive or collision coverage to your vehicle.

All persons driving on college business will: (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests; (4) transport no more than 9 students, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts if available in the vehicle.

Attach a photocopy of the following: (1) "Proof of Insurance" provided by your automobile insurance company that indicates expiration date of insurance, and (2) driver's license. The college may obtain a driving record check from the California Department of Motor Vehicles.

Signed _____ Date _____

Site _____ Purpose _____

Approval _____ Date _____

Sample Field Trip Form

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guardian:

Kindly complete and return two signed copies of this form to _____.

_____ has my permission to participate in the following voluntary activity:

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employees.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier

Policy No.

Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____ If

your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

Legal References and Excerpts for CCD

Ed Code - Part 48 Community Colleges, Education Programs Chapter 2 Courses of Study

Work Experience Education 78249 - (a) Notwithstanding any provisions of this code or the Labor Code to the contrary, the community college district under whose supervision work-experience education, or occupational training classes held in the community, as defined by regulations adopted by the board of governors, are provided shall be considered the employer under Division 4 (commencing with Section 3200) of the Labor Code of persons receiving the training unless the persons during the training are being paid a cash wage or salary by a private employer, or unless the person or firm under whom those persons are receiving work experience or occupational training elects to provide workers' compensation insurance. An apprentice, while attending related and supplemental instruction classes, shall be considered to be in the employ of the apprentice's employer and not subject to this section, unless the apprentice is unemployed. Whenever the work-experience education, or occupational training classes held in the community, are under the supervision of a regional occupational center or program operated by two or more community college districts pursuant to Section 52301, the district of residence of the persons receiving the training shall be deemed the employer for the purposes of this section. (b) Sections 1292, 1293, and 1294 of the Labor Code shall not apply to work-experience education programs established pursuant to this article if the work-experience coordinator determines that the students have been sufficiently trained in the employment or work otherwise prohibited, if parental approval is obtained, and the principal or the counselor of the student has determined that the progress of the student toward graduation will not be impaired.

Chapter 9 Miscellaneous

Industry Internship and Apprenticeship Programs 79144 - For the purposes of this article, the following definitions shall apply: (a) "Apprenticeship program standards" means the written document containing, among other things, all the terms and conditions for the qualification, recruitment, selection, employment and training, working conditions, wages, employee benefits, and other compensation for apprentices and all other provisions and statements, including attachments, as required by the Labor Code and by Chapter 2 (commencing with Section 200) of Title 8 of the California Code of Regulations, which, when approved by the Chief of the Division of Apprenticeship Standards of the Department of Industrial Relations, shall constitute registration of these standards and authority to conduct that program of apprenticeship in this state. (b) "Apprenticeship training program" means a comprehensive plan containing, among other things, apprenticeship program standards, program regulations, related and supplemental instruction course outlines, and policy statements for the effective administration of that apprenticeship training program, in accordance with Chapter 2 (commencing with Section 200) of Title 8 of the California Code of Regulations. (c) "Internship training program" means a planned series of educational training activities, paid or unpaid, in a specific or general occupational field.

Legal References and Excerpts for CCD (Continued)

Ed Code - Part 52 Career Technical Education Pathways Program

Career Technical Education 88532 - (a) The chancellor and the Superintendent shall assist economic and workforce regional development centers and consortia, community colleges, middle schools, high schools, and regional occupational centers and programs to improve linkages and career technical education pathways between high schools and community colleges to accomplish both of the following objectives: (1) Increase the readiness of middle school and high school pupils for, and their access to, postsecondary education and careers in high-need, high-growth, or emerging regional economic sectors. (2) Increase student success in postsecondary education and training for careers in high-need, high-growth, or emerging regional economic sectors.

**Whenever this work experience education, cooperative vocational education, community classroom education, or job shadowing, or student apprenticeship program registered by the Division of Apprenticeship Standards for registered student apprentices, is under the supervision of a regional occupational center or program operated by two or more school districts pursuant to Section 52301, the district of residence of the persons receiving the training shall be deemed the employer for the purposes of this section.*

Labor Code 3077

Apprenticeships - The term "apprentice" as used in this chapter, means a person at least 16 years of age who has entered into a written agreement, in this chapter called an "apprentice agreement," with an employer or program sponsor. The term of apprenticeship for each apprenticeable occupation shall be approved by the chief, and in no case shall provide for less than 2,000 hours of reasonably continuous employment for such person and for his or her participation in an approved program of training through employment and through education in related and supplemental subjects.

Labor Code 3368

Notwithstanding any provision of this code or the Education Code to the contrary, the school district, county superintendent of schools, or any school administered by the State Department of Education under whose supervision work experience education, cooperative vocational education, or community classrooms, as defined by regulations adopted by the Superintendent of Public Instruction, or student apprenticeship programs registered by the Division of Apprenticeship Standards for registered student apprentices, are provided, shall be considered the employer under Division 4 (commencing with Section 3200) of persons receiving this training unless the persons during the training are being paid a cash wage or salary by a private employer. However, in the case of students being paid a cash wage or salary by a private employer in supervised work experience education or cooperative vocational education, or in the case of registered student apprentices, the school district, county superintendent of schools, or any school administered by the State.

Legal References and Excerpts for CCD (Continued)

Labor Code 3368 (continued)

Department of Education may elect to provide workers' compensation coverage, unless the person or firm under whom the persons are receiving work experience or occupational training elects to provide workers' compensation coverage. If the school district or other educational agency elects to provide workers' compensation coverage for students being paid a cash wage or salary by a private employer in supervised work experience education or cooperative vocational education, it may only be for a transitional period not to exceed three months. A registered student apprentice is a registered apprentice who is (1) at least 16 years of age, (2) a full-time high school student in the 10th, 11th, or 12th grades, and (3) in an apprenticeship program for registered student apprentices registered with the Division of Apprenticeship Standards. An apprentice, while attending related and supplemental instruction classes, shall be considered to be in the employ of the apprentice's employer and not subject to this section, unless the apprentice is unemployed. Whenever this work experience education, cooperative vocational education, community classroom education, or student apprenticeship program registered by the Division of Apprenticeship Standards for registered student apprentices, is under the supervision of a regional occupational center or program operated by two or more school districts pursuant to Section 52301 of the Education Code, the district of residence of the persons receiving the training shall be deemed the employer for the purposes of this section.

EXHIBIT 6
MPN Notification Materials

MPN Notification Materials

Members can obtain the most current Notice to Employees posting and Complete Written Employee Notification regarding Medical Provider Network by contacting their **Risk Management Analyst** or by going online at www.keenan.com, select Knowledge Center, select Documents & Forms, under WC Claims Kit and MPN sections.

EXHIBIT 7

Personal Physician Pre-Designation Forms

English and Spanish

[enter employer name]

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 **to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury.** must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in **writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

EMPLOYEE NAME & ADDRESS:

- ☐ **I acknowledge receipt of this form and elect not to predesignate my personal physician at this time.** I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ **Date:** _____

- ☐ **If I am injured on the job, I wish to be treated by my personal physician*:**

Name of Physician or Medical Group _____ Phone Number _____

Address _____

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee Signature: _____ **Date:** _____

A Personal Physician must be willing to be pre-designated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME:

- ☐ **I agree to treat the above named employee in the event of an industrial accident or injury.** I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

(Physician or Designated Employee of the Physician or Medical Group)
Date

Please return completed form to:

[enter employer name, address and fax number]

[enter employer name]

Compensación de trabajadores: Predesignación del médico personal

Si usted tiene seguro médico y se lesiona en el trabajo, usted tiene derecho a ser tratado inmediatamente por su médico personal (M.D. - Doctor en Medicina, D.O. - Doctor en Osteopatía) o grupo médico; si notifica a su empleador, por escrito y antes de la ocurrencia de la lesión. De conformidad con el artículo 4600 del Código Laboral, para reunir los requisitos como su médico personal predesignado, el médico debe confirmar por escrito, que está de acuerdo en tratarlo por lesiones laborales, debe haber dirigido previamente su cuidado médico y conservar su historia y expedientes médicos. Su médico predesignado debe ser un médico familiar, médico general, certificado o internista titulado, obstetra-ginecólogo o pediatra. Su "médico personal" puede ser un grupo médico, si es una corporación o sociedad compuesta de médicos licenciados, medicina u osteopatía la cual opera un grupo médico integrado de múltiples especialidades que brinda servicios médicos completos predominantemente por enfermedades y lesiones que no sean laborales.

Este es un formulario opcional que puede usar para avisar a su empleador sobre su médico personal. Usted puede elegir usar otro formulario, siempre y cuando dé aviso a su empleador por escrito, antes de la ocurrencia de alguna lesión y le proporcione una constancia por escrito indicando que su médico personal reúne los requisitos previamente mencionados y está de acuerdo con dicha asignación. De lo contrario, será atendido por uno de los proveedores médicos para casos de compensación de trabajadores designados por su empleador.

NOMBRE DEL EMPLEADO Y DOMICILIO: _____

- ☐ **Acuso recibo de este formulario y elijo no designar anticipadamente a mi médico personal en este momento.** Entiendo que el proveedor médico de mi empleador me proporcionará tratamiento médico. Entiendo que, en cualquier momento en el futuro puedo cambiar de opinión y proporcionar aviso por escrito sobre mi médico personal. Entiendo que el aviso por escrito debe estar en el expediente antes de la ocurrencia de una lesión laboral.

Firma del empleado: _____ **Fecha:** _____

- ☐ **Si sufriera una lesión de trabajo, deseo ser atendido por mi médico personal*:**

Nombre del médico o grupo médico _____ Número de teléfono _____

Dirección _____

* Este es mi médico personal que ha dirigido mi atención médica previamente y conserva mi historia y registros médicos.

Nombre de compañía de seguros, Plan o Fondo de cobertura de salud por enfermedades o lesiones no ocupacionales:

Firma del empleado: _____ Fecha: _____

El médico personal debe estar de acuerdo con que se le designe anticipadamente y en tratarlo por lesiones laborales.

El resto de este formulario debe ser completado por su médico y devuelto a su empleador.

VERIFICACIÓN DEL MÉDICO PERSONAL

De conformidad con el artículo 4600 del Código Laboral, para calificar, usted debe cumplir con los requisitos indicados anteriormente. No se requiere que firme este formulario; sin embargo, si usted o el empleado que ha designado no lo firma, se requerirán otros documentos, **por escrito**, sobre el acuerdo del médico para que se le designe con anticipación, de acuerdo con el Título 8, del Código de Reglamentos de California, artículo 9780.1(a)(3).

NOMBRE DEL MÉDICO PERSONAL O GRUPO MÉDICO: _____

- ☐ **Estoy de acuerdo en tratar** al empleado arriba nombrado en caso de accidentes o lesiones laborales. Cumpló con los requisitos indicados anteriormente. Estoy de acuerdo en adherirme a las Normas y Reglamentos del Director Administrativo, Artículo 9785, sobre los deberes del médico designado por el empleado.
- ☐ **No estoy de acuerdo en tratar** al empleado arriba nombrado en caso de accidentes o lesiones laborales.
- ☐ **No califico como médico personal del empleado** No soy M.D. o D.O., o no cumpló con los requisitos detallados anteriormente.

(Médico o Médico asignado del empleado o Grupo médico)

Fecha

Por favor devuelva este formulario lleno a:

[enter employer name, address and fax number]

EXHIBIT 8

Primary Treating Physician's Progress Report PR-2

Print Form Reset Form

State of California

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

- ☐ Periodic Report (Required 45 days after last report) ☐ Change in treatment plan ☐ Release From Care
☐ Change in work status ☐ Need for referral or consultation ☐ Response to request for information
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Request for authorization
☐ Other _____

Patient

Patient last name: _____ Patient first name: _____ MI _____
Patient Street Address/PO Box _____ Patient City _____ State _____ Zip Code _____ Sex _____
Occupation _____ Phone Number _____ Date of Birth _____
Claims Administrator _____ Date of Injury _____

Claims Administrator Name _____ Claim number _____
Claims Administrator Street Address/ _____ Claims Administrator City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____ Employer Name _____ Phone Number _____

Subjective Complaints (The information below must be provided. You may use this form or you may substitute or append a narrative report):

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Diagnoses:

1. _____ ICD-10 _____	7. _____ ICD-10 _____
2. _____ ICD-10 _____	8. _____ ICD-10 _____
3. _____ ICD-10 _____	9. _____ ICD-10 _____
4. _____ ICD-10 _____	10. _____ ICD-10 _____
5. _____ ICD-10 _____	11. _____ ICD-10 _____
6. _____ ICD-10 _____	12. _____ ICD-10 _____

Treatment Plan: Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?

Work Status: This patient has been instructed to:

- ☐ Remain off-work until _____
- ☐ Return to *modified* work on _____ with the following limitations or restrictions. (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

- ☐ Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (*original signature, do not stamp*)

Date of Exam

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3.

Physician signature



Cal. License Number:

Executed at:

Date (mm/dd/yyyy):

Physician Name

Specialty:

Physician address:

Phone Number

PRIVACY NOTICE: A statement of current data collection and use policies and certain privacy rights of injured workers may be found at the following website: http://www.dir.ca.gov/od_pub/privacy.html.

EXHIBIT 9

Request for Authorization (DWC Form RFA)

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.	<input type="checkbox"/> Resubmission – Change in Material Facts
--	--

Employee Information

Name (Last, First, Middle):	
Date of Injury (MM/DD/YYYY):	Date of Birth (MM/DD/YYYY):
Claim Number:	Employer:

Requesting Physician Information

Name:		
Practice Name:		Contact Name:
Address:		City: State:
Zip Code:	Phone:	Fax Number:
Specialty:		NPI Number:
E-mail Address:		

Claims Administrator Information

Company Name:		Contact Name:
Address:		City: State:
Zip Code:	Phone:	Fax Number:
E-mail Address:		

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)

Requesting Physician Signature:	Date:
---------------------------------	-------

Claims Administrator/Utilization Review Organization (URO) Response

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied or Modified (See separate decision letter)	<input type="checkbox"/> Delay (See separate notification of delay)
<input type="checkbox"/> Requested treatment has been previously denied	<input type="checkbox"/> Liability for treatment is disputed (See separate letter)	

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:

Comments:

EXHIBIT 10

Sample Accommodation Checklist

ACCOMMODATION CHECKLIST

Employee name: _____

Job title: _____

School District: _____

Employee currently working: Yes No

- If no, last day worked: _____

Due Date	Activity	Person Responsible	Date
Week 1	1. Notice of Disability Status/ Request Rec'd by _____ - Verbal/ In Writing? - If in person, ask Employee to sign the Job Analysis - Is employee MMI/P&S? Yes No If yes, Permanent Accommodation Required If no, Temporary Accommodation. Max Length: _____		
	2. Request File Opened		
	3. Acknowledgment letter / Request for Medical Information Sent		
	4. HR to discuss with Employees Supervisors		
	5. Employee medical information received and date stamped A. ___ If no response in 2 weeks –Reminder letter sent B. ___ If no response in 4 weeks –Send termination of process letter C. ___ If information insufficient – Seek additional information/IME requested: Send Job Analysis to doctor, if appropriate. D. Additional information/IME results received ___/___/___		
	6. Refer accommodation request to appropriate department		
Week 2	7. Evaluation of employee's condition concluded A. ___ Not a covered disability B. ___ Insufficient medical information C. ___ May be eligible for reasonable accommodation		
	8. Request file returned with the decision		
3 Business Days	9. Employee notified of results of evaluation A. ___ Denial letter sent – no covered disability/file closed/ notify TPA if WC so TTD benefits can begin. B. ___ Insufficient medical information letter sent C. ___ Request for checklist meeting letter sent Meeting scheduled on _____		
1 Week	10. Checklist meeting held		
	11. Completed check was forwarded to ADA HR department		
2 Weeks	12. ADA conference held internally A. ___ Employee May be a Qualified Individual with a disability Describe Reasonable Accommodation: _____ _____ _____ B. ___ Employee NOT a qualified individual with a disability C. ___ Request		

Due Date	Activity	Person Responsible	Date
Immediately after decision	14. Employee informed of decision A. ___ If no accommodation available – letter sent immediately B. ___ Continue looking for vacancy until ___/___/___ C. ___ If accommodation offered – accommodation meeting letter sent Meeting scheduled on _____		
	13. Meeting with Employee to discuss Accommodation A. ___ Employee rejects accommodation/ agreement prepared B. ___ Employee rejects accommodation/report to duty letter sent		
	14. Employee response to accommodation agreement A. ___ Employee reports to duty in new or modified position B. ___ Employee fails to report		
	15. File Closed		

COMMENTS:

EXHIBIT 11

Sample Accommodation Letter Language

SAMPLE ACCOMMODATION LETTER LANGUAGE

Example letter for documenting that accommodation meeting requested or scheduled.

On [DATE], we receive notification the requested job-related accommodation because of self-reported medical condition. Your physician has indicated you have the following permanent work restrictions:

___ We would like schedule a meeting to discuss your requested accommodations. Please contact _____ to discuss a convenient time to schedule this meeting.

___ A meeting has been scheduled for _____ to discuss your requested accommodations.

Example letter for permanent accommodations, more information requested:

On [DATE], we receive notification the requested job-related accommodation because of self-reported medical condition. In order to assess your request adequately we need additional medical information regarding a reported condition and the way in which it impacts your ability to work at_____.

Please ask your physician to clarify the following information:

Because we cannot continue our assessment of your accommodation until we receive the completed medical forms, it is to your benefit to return this information as quickly as possible. Please try to complete it within the next 2 weeks. If you fail to return the forms within 4 weeks of the date of this letter without advanced authorization by me,_____; I will consider you to have withdrawn your request for an accommodation.

If you believe you are completely unable to perform in your current position due to medical reasons now or at any time, please contact _____ for information concerning your eligibility for medical leave.

Also if you have any questions relating to any accommodations; or if you find any of this information is incorrect, please contact me to discuss this. I look forward to working with you.

Example letter for Termination of Process

You were sent a letter on _____ indicating that if you failed to return the medical forms with your work restrictions within 4 weeks, we would consider you to have withdrawn your request for a work place accommodation. It has been 4 weeks and I have not received the information requested. Therefore, I will now be closing your file. Please contact _____ immediately if you find this information is not correct or if you have any questions.

Example letter for permanent accommodations, No duties available

On [DATE], we met to discuss your request for a job- related accommodation. I regret to inform you that after carefully reviewing your situation, we are not aware of any available positions at _____, at this time for which you are qualified and capable of performing the essential job functions with or without reasonable accommodation. Know that we will continue to look for such available position up to [X MONTHS]. If your condition or ability's change in the future, however; or, if you become aware of an open position that you believe your capable of performing, please contact me so that we may re-evaluate your situation.

If you have any questions regarding the determination that _____ has been unable to find an available position for you, your entitlement to benefits or employment status, please contact me at _____. You should also contact me to discuss any positions that you become aware of that may open within the next [X MONTHS].

OR YOU CAN SEND A LETTER WITH THE PERMANENT MODIFIED JOB OFFERED TO THE CLAIMANT.

EXHIBIT 12

Sample Modified/Alternate Work Activities by Occupation

MODIFIED/ALTERNATE WORK ACTIVITIES

CAMPUS SECURITY/POLICE OFFICERS

Monitor Detention Facility Area
Check Emergency Buttons at Desks
Monitor
Run Shuttle Service
Additional Supervision Assignments (Where Needed)
Monitor/Greeter
Perimeter Checks
Clean Sweep
Camera Duty
Lost/Found Sorter
Assist with Dispatch
Filing/Processing Reports
Background Checks
Maintain Fleet
Reducing Reports to Electronic
Training for Campus Security
Surveillance
Provide Escorts
Ticketing
Check Emergency Signs
Information Booth
Check Fire Extinguishers
Check Emergency Supplies/First Aid Kits
Check Power Cords
Check Blocked Exits/Entrances

CUSTODIAL

Check Lights/Light Bulbs
Check Parking Lot Lights
Clean Keyboards in the Computer Lab
Wash Windows/Doors
Check Restrooms
Check & Replace Toilet Paper
Pick Up Trash
Check & Replace Paper Towels
Check for MSDS Sheets
Label Secondary Containers
Painting Curbs, Playground Lines, Parking, etc.
Sweeping

CUSTODIAL (cont.)

Identify Faulty Furniture, Equipment, Etc.
Check Gates
Dust/Polish Furniture
Clean up After Birds/Pressure Washing
Weeding
Clean Unoccupied Classrooms
Pick up Trash Interior/Exterior
Clean Keyboards/Computer Labs
Dust Furniture
Window Cleaning
Supplies Stocking
Security- Campus Walk
Information Services
Staff Welcome Tables
Gum Abatement
Monthly Hazard Waste
Graffiti

CHILD DEVELOPMENT CENTER

Review Files
Work w/Children
Review and Scan IEP's
One on One Tutoring
Laundry
Bathroom Supervision
Monitor Camera at Children Assessment Area
Answer Phones
Family Greeter
Assist in the Classroom
Verify Emergency Data Cards
Prepare Food Snacks
Inventory Supply Room
Playground Maintenance
Safety Inspections
Update Course Outline
Prepare Lesson Plans/Supplies
Check In/Out Students
Check Earthquake Kits

CLASSIFIED PERSONNEL/CLERICAL

Answering Phones
Line Monitoring/Provide Directions
Filing
Label Documents
Stuff Envelopes
Distribution of Non-Confidential Information
Put Together Packets
Photocopy
Reception Desk Duty
Scanning Documents
Another "Set of Eyes" Where Needed
Sorting Mail
Library Assistance
Clean Workroom & Restock
Laminate/Work on Special Projects
Verify Emergency Card Data (CDC)
Review Hiring Packets
Data Entry
Schedule Appointments
Follow up with work/employees
Deliver Mail
Safety Inspection
Room Inventory Update
Tool Inventory
Tool Labeling

FOOD SERVICES

Cashier
Inventory
Filing
Counting Money
Sweeping
Labeling Secondary Containers
Package Cookies
Relief for High Student Count Days
Supervise Salad Bar
Supervise Students
Help with A.M. Food Preparation
Cleaning
Stuffing Envelopes

MAINTENANCE

Wash/Maintain District Fleet (Gas Up)
General Cleaning
Assist Locksmith w/Key Organizing System
Cut Lock off in Locker rooms
Check Sinks & Spigots for Leaks
Check Fans in Restrooms
Check Toilet Operations
Check Function of Lighting
Check Fire Alarm Panels
Check Drainage of Sinks
Check Wheelchair Lifts for Permits
Check Elevators for Permits
Check Emergency Exits for Clearance
Touch-up Painting
Check for Surge to Surge & Extension Cord
Filing
Self-Inspection Fire Extinguishers
Self-Inspection Fire Sprinkler Risers
Self-Inspection Eyewash/Deluge
Tool Cleaning
Maintenance of Fall Cushioning
Check Clearance for Water Heaters
Check Clearance for Electrical Panels
Check Sprinklers
Check Exit Signs
Change Air Conditioner Filters
Clean Air Returns
Check Emergency Lighting
Inventory – VIN Match
Inventory – Surplus Items/Emergency
Office Work – Work Orders (Depart & DW)
Dispatch
Run Errands
Wash Windows (Department & District-Wide)
Breakdown Trash
Playground Inspections
Scraping Gum
Clean Up Trash Against the Fence
Visual Inspections
Perimeter Monitor
Lock Work

MAINTENANCE (cont.)

Checking door screws
Calibrate Thermostat
Checking Room Temperature
Filters HVAC Check
Touch Up Paint
Replace Damaged Ceiling Tiles
Building Inspections
Emergency Evacuation Maps
Check Drains/Plumbing
Concrete Checks
Graffiti

SPECIAL EDUCATION

Filing
Copying
Returning Phone Calls
Verbal Surveys
Book Conference Room
Student Aides
Packaging of Binders
Tutoring
Diapering of Children

TEACHERS

Proctor Students
Review/Scan IEPs at the CDC
Assist in the Classroom
One on One Tutoring at the CDC
Inventory/Organize Department Supplies
Filing
Copying
Returning Phone Calls
Verbal Surveys
Book Conference Room
Packaging of Binders
Tutoring
Front Office Work
Training Aides
Researching Scholarships/Grants
One on One Tutoring
Data Entry
Triage Assistance for Counseling
Library Support
Review Course Syllable
Update Course Outline for Dept Curriculum
Evaluate SLO Assessments
Research Grants
Review Courses

EXHIBIT 13

Sample Return to Work Program Policy

Return to Work Program

Introduction

The Governing Board recognizes that, when employees have temporarily disabling medical conditions, temporary modified or light-duty assignments can allow the district to continue to use their valuable knowledge, skills, and abilities while minimizing time away from work. Temporary modified/light-duty assignments may also serve to facilitate the employee's transition back to his/her regular duties or full-time work.

In order to assist industrially injured employees with the recovery process and to encourage an early return to work status, the District has implemented a program which reviews, on a case by case basis, the restrictions outlined in the physician's medical report to determine if an industrially injured employee can return to work with modifications to their usual and customary job or to a temporary modified/alternative work assignment.

Definition and Parameters

Modified work assignments are temporary assignments to assist the injured employee to transition back to his/her regular duties or full-time work. This type of duty is a "transitional" process which enables the employee to return to work until medically recovered and able to return to his/her regular duties. The maximum duration of the transitional assignment will be determined on a case-by-case basis.

Legal Reference:

EDUCATION CODE

44984 Required rules for industrial accident and illness leave

45192 Industrial accident and illness leave for classified employees

Program Objectives

- A. Provide a means for an industrially injured employee to return to the workplace as soon as safely possible.
- B. Provide a means of maintaining the employee's job skill, self-esteem and morale, while enabling him/her to progress back to his/her regular duties.
- C. Maintain organizational productivity by allowing the employee to perform tasks that are part of the employee's normal assignments or assist in another department if necessary.
- D. Reduce the need for temporary help due to the absence of the injured worker.

- E. Improve communication with the injured employee and ensure them of their value at the District.
- F. Reduce extended periods of medical treatment and associated costs. Injured employee recovery periods are lessened if accommodated assignments are made available in lieu of remaining at home.

Operating Procedures

- A. A report of the employee's work injury is completed on site and forwarded to the district office.
- B. The employee is sent to the designated medical facility.

- C. The employee receives treatment and brings the “Physician’s Medical Status Report” to the Return-to-Work Coordinator, in the Human Resources Office.
- D. The Return-to-Work Coordinator will review the medical report and the employee’s job description.
 - 1. If the medical report lists restrictions, the Return-to-Work Coordinator along with the employee’s supervisor will determine if the employee can return to their regular job within the restrictions.
 - 2. If the Return-to-Work Coordinator in conjunction with the employee’s supervisor determines the employee cannot return to their regular job within the restrictions, the Return-to-Work Coordinator will attempt to place the employee in a temporary modified/alternative work assignment within the restrictions outlined in “Physician’s Medical Report”.
 - 3. If the Return-to-Work Coordinator determines the employee cannot return to their regular job or to a temporary modified/alternative work assignment within the restrictions, the employee will be placed on temporary disability, sick leave, or other available leave until the restrictions have been changed or are removed.
- E. A modified/alternative work offer letter, listing the restrictions and defining the employee’s responsibilities must be provided and signed by the employee and supervisor.
- F. If the employee refuses the temporary modified/alternative work assignment, no temporary disability payments are payable, and sick leave/other leaves will be subject to approval by the Human Resources Department.

If the employee is given an “Off Work Order - Temporary Total Disability” from the treating physician, this should be closely monitored by the Return-to-Work Coordinator for a possible return to a temporary modified/alternative work assignment.

Program Provisions

- A. Under no circumstance does this program intend to permanently establish new positions within the District. Its intent is to continue to use the employee’s valuable knowledge, skills, and abilities while minimizing their time away from work.
- B. The District recognizes the benefits of implementing a Return-To-Work Program in accordance with the aforementioned terms and, therefore, agrees to voluntarily participate in adopting such a program.

EXHIBIT 14

Sample Return to Work Modified Duty Offer

School District

Return to Work Program

Modified/Alternative Work Offer

(School Name) has developed a Return-to-Work Program to benefit all employees and the District. You are a valuable resource to the District and we are pleased that your treating physician has approved you for temporary transitional duty. You will be assigned to a temporary position that is within the medical abilities and limitations outlined by your treating physician. Effective immediately please report to the following:

Temporary Position:

Location:

Temporary Restrictions:

Temporary Duties:

Supervisor:

Supervisor Phone:

Hours:

Effective Dates:

If you are sick or unable to report to work for any reason, please contact the supervisor above immediately, as well as Human Resources. If you become ill or are unable to report to work during your temporary transitional work assignment, we will charge your sick leave unless you provide our office with a doctor's off work notice indicating your illness was industrial related.

This is a transitional assignment that is subject to change. If, at any time, you feel you are unable to perform the transitional assignment or, if you should feel the physical requirements of the position exceed limitations placed by your physician, please immediately notify your supervisor.

The intent of this program is not to create a new permanent position. If your work restrictions change, we reserve the right to assign you to a new temporary transitional position or place you back on workers' compensation temporary disability.

We look forward to your participation in our Return-to-Work Program.

_____ I have read and **ACCEPT** this modified/alternative work offer

_____ I have read and **DECLINE** this modified/alternative work offer

(I understand this will affect my ability to receive temporary disability benefits)

Employee Name (Print)

Employee Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date

cc: Workers' Compensation File
 Payroll Department

 Human Resources

 Keenan & Associates

EXHIBIT 15

Sample Education Code Timelines – K12 and CCD

K12 Education Code Sections

K-12 Classified Sub-Differential Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (45192)	Current Year's Sick Leave Minimum 12 days (45191)	Accumulated Sick Leave and Accumulated Vacation (45192)	Sub-Differential Pay (45196)	39-Month Rehire List (45192)
	Limited to total of 5 months or less*				
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when Sub-Diff + TD less than full wages) TD paid to District (when Sub-Diff + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ?	

* Opinion of the California Attorney General, March 27, 1970 (53 Ops. Cal. Atty. Gen. 111) concluded that the five-month period for different pay commences with the first day of disability and is not extended by the 60-day Industrial Accident Leave; it runs concurrently (or at the same time).

K-12 Certificated Sub-Differential Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (45192)	Current Year's Sick Leave Minimum 10 days (44977, 44978)	Accumulated Sick Leave (44977)	Sub-Differential Pay (44977)	39-Month Rehire List (44978.1)
				Limited to total of 5 months or less*	
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when Sub-Diff + TD less than full wages) TD paid to District (when Sub-Diff + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ?	

* Once Industrial Accident Leave, Current Year's Sick Leave and Accumulated Sick Leave are exhausted, Sub-Differential pay begins. Sub-Differential pay is limited to five school months per accident or injury (SB 10109).

K12 Education Code Sections

K-12 Classified 50% Pay Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (45192)	Current Year's/Accumulated Sick Leave Minimum 12 days (45191)	50% Pay (45196)	Accumulated Vacation/Other paid leave (45197)	39-Month Rehire List (45192)
		Limited to total of 100 working days or less*			
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to Employee (when 50% + TD less than full wages) TD paid to District (when 50% + TD more than full wages)	TD paid to District as offset to accumulated vacation/other leave; accumulated vacation/other leave prorated	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ? →	

* Once Industrial Accident Leave has been exhausted, the 100 working days of 50% pay runs concurrently (or at the same time) with current and accumulated sick leave. The combination of sick and 50% pay cannot exceed 100 working days. However, if the employee has additional vacation time or other paid leave that extends beyond the 100 working days of 50% pay, they are entitled to exhaust that leave before being placed on the 39-month rehire list.

K-12 Certificated 50% Pay Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (44984)	Current Year's Sick Leave Minimum 10 days (44977, 44972)	Accumulated Sick Leave (44977)	50% Pay (44983)	39-Month Rehire List (44978.1)
			Limited to total of 5 school months or less*		
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when 50% + TD less than full wages) TD paid to District (when 50% + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ? →	

* Once Industrial Accident Leave and Current Year's Sick Leave are exhausted, the five months of 50% Pay runs **concurrently** (or at the same time) with accumulated Sick Leave. The employee begins receiving 50% Pay only after accumulated Sick Leave exhausted. The combination of accumulated Sick Leave and 50% Pay cannot exceed five school months (Lute vs. Governing Board of the Covina Valley USD 1988. Note: 50% Pay provisions not amended by SB 1019).

Community College Education Code Sections

Classified Sub-Differential Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (88192)	Current Year's Sick Leave Minimum 12 days (88191)	Accumulated Sick Leave and Accumulated Vacation (88192)	Sub-Differential Pay (88196)	39-Month Rehire List (88192)
	Limited to total of 5 months or less*				
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when Sub-Diff + TD less than full wages) TD paid to District (when Sub-Diff + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ?	

* Opinion of the California Attorney General, March 27, 1970 (53 Ops. Cal. Atty. Gen. 111) concluded that the five-month period for different pay commences with the first day of disability and is not extended by the 60-day Industrial Accident Leave; it runs concurrently (or at the same time). Although this case deals with a K-12 District, it can be arguably applied to Community College classified employees.

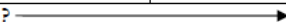
Academic Sub-Differential Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (87787)	Current Year's Sick Leave Minimum 10 days (87781)	Accumulated Sick Leave (87787)	Sub-Differential Pay (87780)	Benefits Exhausted (check collective bargaining agreement)
				Limited to 5 school months*	
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when Sub-Diff + TD less than full wages) TD paid to District (when Sub-Diff + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ?	

* Once Industrial Accident Leave, Current Year's Sick Leave and Accumulated Sick Leave are exhausted, Sub-Differential pay begins. Sub-Differential pay is limited to five school months per accident or injury.


Community College Education Code Sections

Classified 50% Pay Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (88192)	Current Year's/Accumulated Sick Leave Minimum 12 days (88191)	50% Pay (45196)	Accumulated Vacation/Other paid leave (88197)	39-Month Rehire List (88192)
		Limited to total of 100 working days or less*			
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to Employee (when 50% + TD less than full wages) TD paid to District (when 50% + TD more than full wages)	TD paid to District as offset to accumulated vacation/other leave; accumulated vacation/other leave prorated	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ? 	

* Once Industrial Accident Leave has been exhausted, the 100 working days of 50% pay runs concurrently with current and accumulated sick leave. The combination of sick and 50% pay cannot exceed 100 working days. However, if the employee has additional accumulated vacation or other paid leave that extends beyond the 100 working days of 50% pay, they are entitled to exhaust that leave before being placed on the 39-month rehire list.

Academic 50% Pay Programs

Ed Code Benefit	Industrial Accident Leave minimum 60 days (87787)	Current Year's Sick Leave Minimum 10 days (87781)	Accumulated Sick Leave (87787)	50% Pay (87786)	Benefits Exhausted (check collective bargaining agreement)
			Limited to total of 5 school months or less*		
WC Benefit	TD paid to District as offset to IA (3-day WP applies)	TD paid to District as offset to sick leave; sick leave prorated	TD paid to District as offset to accumulated sick leave; accumulated sick leave prorated	TD paid to Employee (when 50% + TD less than full wages) TD paid to District (when 50% + TD more than full wages)	TD paid to Employee (PD paid when P&S/MMI)
	FDTL	Day 61	Day 73	Day ? 	

* Once Industrial Accident Leave and Current Year's Sick Leave are exhausted, the five months of 50% Pay runs concurrently (at the same time) with accumulated Sick Leave. The employee begins receiving 50% Pay only after accumulated Sick Leave exhausted. The combination of accumulated Sick Leave and 50% Pay cannot exceed five school months.