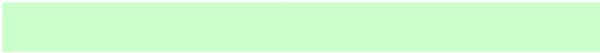




# **Managing Workers' Compensation Cases: Finding Your Way through the Maze, Part 2**

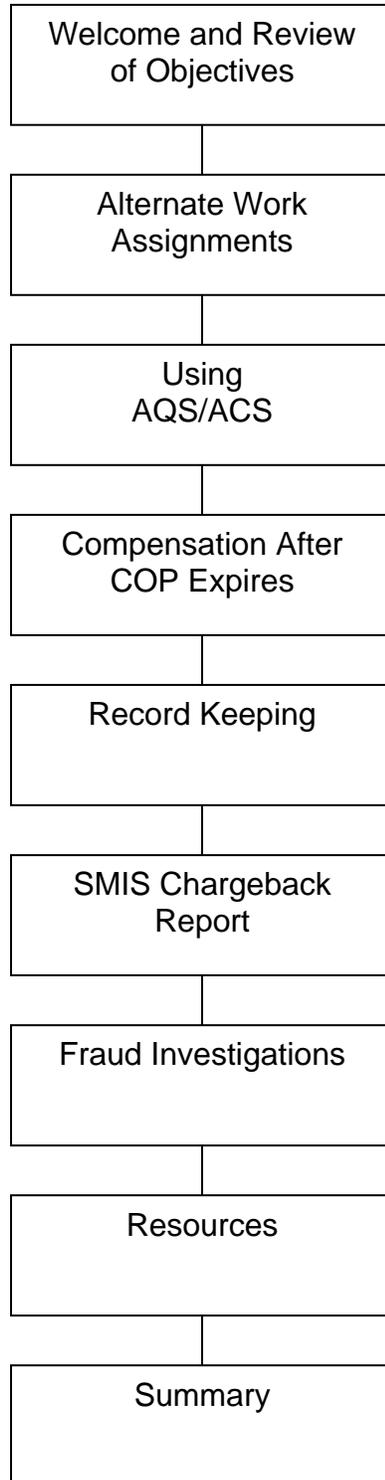
Participant Guide



National Park Service TEL Training  
April 2009

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## Managing Workers' Compensation Cases: Finding Your Way Through the Maze – Part 2 Course Map



## How to Interact with the Instructor

We encourage you to ask questions and share your comments with the instructors throughout this TELNPS course.

If you were physically in the classroom with the instructor, you would raise your hand to let him know you had a question or comment. Then you would wait for the instructor to recognize you and ask for your question. We are all familiar with that “protocol” for asking questions or making comments.

With TELNPS courses there is also a “protocol” to follow to ensure you can easily ask questions and others can participate as well. It may seem a little strange at first asking a question of a TV monitor. Remember, it is the instructor you are interacting with and not the monitor. As you ask more questions and participate in more TELNPS courses, you will soon be focusing only on the content of your question and not the equipment you are using to ask it.

As part of the TEL station equipment at your location, there are several push to talk microphones. Depending on the number of students at your location, you may have one directly in front of you or you may be sharing one with other students at your table.

When you have a question, press the push to talk button and say,

*“Excuse me [instructor’s first name], this is [your first name] at [your location]. I have a question (or I have a comment).”*

Then release the push to talk button. This is important. Until you release the button, you will not be able to hear the instructor. The best distance from the microphone is 10-12 inches. If you get closer than this, the instructor will have difficulty in hearing you clearly.

The instructor will acknowledge you and then ask for your question or comment. Stating your name and location not only helps the instructor, but also helps other students who are participating at different locations to get to know their classmates.

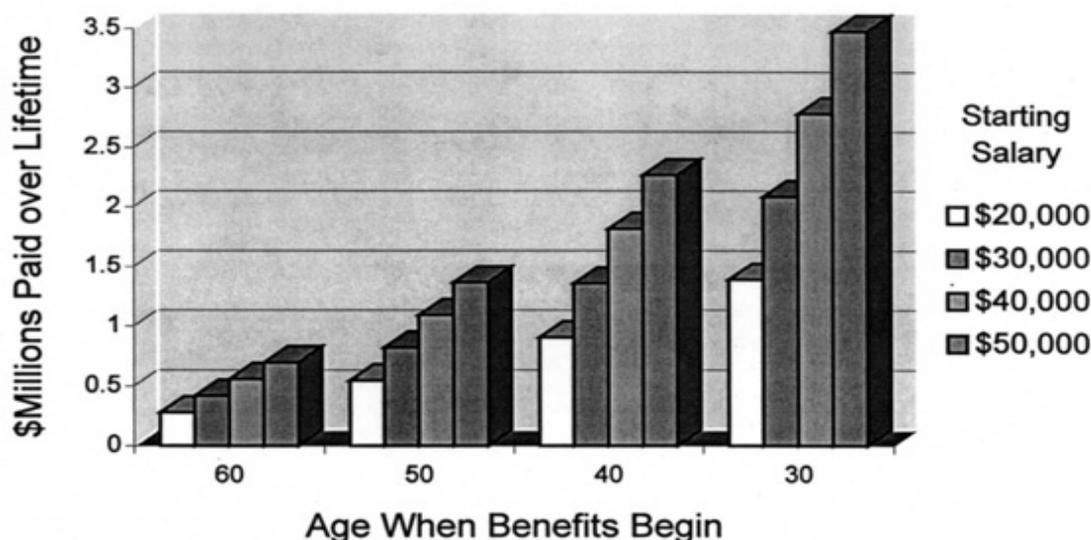
## **Course Objectives**

The goal of this course is to enhance your ability to use case management tools to improve your case management skills and strategies for managing cases.

At the conclusion of this course, you should be able to—

1. Explain the role of an Alternative Work Assignment and the importance of returning an employee to work as soon as possible.
2. Describe the information you can obtain from the Agency Query System and the Affiliate Computer System to help manage workers' compensation cases.
3. List the forms that should be filed and medical documentation required for employees to receive compensation payments after the time period for continuation of pay expires.
4. Explain how to process a leave buy-back request.
5. List the records that should be kept for each workers' compensation case and the timelines for how long each record should be kept.
6. Explain different methods used to manage cases.
7. Manage workers' compensation cases and reduce workers' compensation costs using the Safety Management Information System (SMIS) as a tool
8. Determine when it is appropriate to request a fraud investigation of a workers' compensation case.

### Projected Lifetime Disability Costs



<b>Timeliness of Filing</b>	<b>FY2003 Baseline</b>	<b>FY2007 Target</b>	<b>FY2008 Year-End Timeliness</b>	<b>FY2009 Target</b>
<u>Department of Interior</u>	41.80%	50.80%	80.0%	60.00%
Bureau of Indian Affairs	21.60%	---	33.10%	60.00%
Bureau of Land Management	41.20%	---	92.70%	60.00%
Bureau of Reclamation	40.50%	---	75.70%	60.00%
Fish & Wildlife Service	46.30%	---	87.80%	62.00%
National Park Service	50.20%	---	86.70%	67.30%
US Geological Survey	33.80%	---	87.00%	60.00%

<b>Lost Production Days</b>	<b>FY2006 Baseline</b>	<b>FY2008 Target</b>	<b>FY2008 Year-End LPD</b>	<b>FY2009 Target</b>
<u>Department of Interior</u>	57.2	56.10	56.30	55.5
Bureau of Indian Affairs	63.4	62.10	64.90	61.50
Bureau of Land Management	51.7	50.70	51.00	50.20
Bureau of Reclamation	57.1	56.00	55.00	55.40
Fish & Wildlife Service	38.3	37.50	27.40	37..20
National Park Service	98.7	96.70	85.1	95.80
US Geological Survey	6	15 or less	15.2	15 or less

## **Case Study – Grinding to a Halt**

**Richard** is a maintenance mechanic. He's 46 years old and has been with the NPS for 15 years. He is married, but has no children. His regular tour of duty is Monday-Friday from 7AM-3:30PM.

**Harry** is Richard's supervisor. He has been with the NPS for 24 years.

**You** are the WCC at Richard and Harry's park.

### **Case Study – May 24<sup>th</sup> 10 AM**

Richard was moving the grinder but the wheel assembly on the grinder base was broken, so instead of being able to roll the grinder out of the way, Richard had to wrestle the 45 pound grinder and base out of the way. Richard strained his back pretty bad, when he was twisting awkwardly while trying to lift and move the grinder.

Harry, Richard's supervisor drove him to the clinic.

This was a traumatic injury and you issued a CA-16.

Richard received medical treatment and filed a CA-1.

Richard started using COP.

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## Alternate Work Assignments (AWA)

## Notes

### Case Study – May 31<sup>st</sup> 7:00 AM

Richard calls you. Larry went to the doctor for a follow-up appointment on May 30<sup>th</sup>. Richard can return to work full time; but he has work restrictions.

Harry, Richard's supervisor says that he would like to have Richard back at work, but isn't sure what he can do since he isn't 100% better and isn't sure how to use him. He also is concerned about aggravating the injury and delaying his overall recovery.

What would you say to Harry?

***“Employees don't get well to return to work, they return to work to get well.”***

### Alternate Work Assignments (AWA)

- Mandated by DO 50A
- Temporary job assignment
- Accommodates employee's injury or medical limitations
- Aids healing process of recuperating employee
- Reduces amount of loss time

Identification of AWA facilitated by cover letter sent with CA-17. (See Appendix C for example.)

### AWA Considerations

- Must be in writing (Sample at Appendix C)
- Must be within MD approved restrictions
- Normally within employee's division
- May be in another division if no AWA in employee's division

**Alternate Work Assignments (AWA) (cont.)**

**Notes**

**Questions to Help Supervisors Identify AWA's**

- What is not getting done in your work area?
- What special projects are currently on your "To Do" list?
- If you had eight hours of free labor how would you use it?
- What administrative functions of YOUR job could you delegate to one of your workers?
- Are there areas that need straightening, organization, sorting, labeling?
- What quality control issues need to be addressed in your department
- Is there minor maintenance, preventative maintenance, deskwork or cleaning that needs to be done?
- Are there other branches that you can "exchange" with or provide training opportunities?
- What's on your "wish list"?



**Alternate work assignments for Richard**

Using the CA-17 Appendix N list some alternate work assignments that Richard could do at your park.

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**Agency Query System (AQS)****Notes**

- Case information
- Current case status
- Track compensation payments
- Claims examiner code
- Condition acceptance codes (ICD-9)
- Portal to access ACS

**Affiliated Computer Services (ACS)**

- Provides eligibility inquiry
- Provides bill pay history
- Provides status of medical authorization
- Provides status of procedure authorization
- Provides forms and ACS training to providers
- Provides a provider inquiry

**ACS Common Provider Errors**

- Provider not enrolled
- Provider must use forms in ACS
- Forms must be complete
- Ensure the right CPT and ICD-9 codes are used
- Provider ID, Tax ID number and the date of service (should be a range)
- Bills not submitted within 1 year of date of service
- Not responding to Return to Provider (RTP) letters or Explanation of Benefits (EOB) codes

## **Compensation After COP Runs Out**

## **Notes**

### **Case Study – June 1 8:00 AM**

Richard is back at work full time. Harry has found work for him within his restrictions. Richard has a recheck appointment on June 5th at 8 am.

Richard is concerned about the financial impact this may have on his family. He wants to know what needs to be done to ensure that he gets the proper compensation due to him for this work related injury.

### **Disability Benefits**

- Temporary total disability – wage loss compensation
- Scheduled awards
- Loss of wage earning capacity (LWEC)
- Disfigurement
- Home care
- House and vehicle modifications

### **Before COP Runs Out**

- 15 days before COP runs out, you are at a decision point.
- Are they continuing to lose time as a result of the injury?
- Employee must decide to apply for compensation payments from OWCP or use leave.
- When compensation is elected send employee CA-7 & SF-1199 to complete and return to you
- Employee should return to WCC by the 40th day. If you haven't received it, send email.
- WCC counsels with employee and forwards CA-7 to OWCP.

**Compensation After COP Runs Out (cont.)****Notes****Filing for Compensation**

- Requires CA-7 and SF1199 (CA-7a may be required) and supporting medical documentation
- SF-50 Personnel Action for > 80 hours of LWOP
- Use payroll code 162 (LWOP for WC)

**OWCP Compensation After COP**

- No dependents = 66 2/3% of regular pay
- Dependents = 75% of regular pay
- Considers night differential, Sunday, hazard pay, etc.
- Does NOT consider overtime
- Not taxable
- No TSP contributions while receiving
- Health and life insurance benefits continue

**Use of Sick Leave or Annual Leave in Lieu of FECA**

- Employee's choice
- Regular pay continues
- Regular deductions continue
- May apply for Leave Buy-Back later
- Use payroll code 024 for annual leave and 034 for sick leave

## **Leave Buy-Back**

### **Leave Buy-Back**

- Employee must have medical evidence to support each date/period of LBB
- Cannot buy back leave used during a period the employee was eligible for COP, but the employee can choose to convert leave used to COP up to 1 year after using it
- Reduces an employees earnings
- Employee is placed on Leave Without Pay which may result in:
  - Leave accrual reduction,
  - Reduced Retirement Contributions, or
  - Reduced TSP Contributions
- Much simpler when application completed in same calendar year leave used
- Must still be on agency's rolls
- Consider CSRS vs FERS
- LBB is usually advantageous to the employee

### **Leave Buy-Back Process**

1. Employee submits CA-7a to WCC requesting time analysis
2. Employee ensures medical information has been provided to support each absence or period of absence
3. WCC verifies absences
4. WCC submits verified CA-7a & b to NBC
5. NBC certifies CA-7a&b or notifies WCC of discrepancies
6. WCC resolves discrepancies with employee/timekeeper and resubmits CA-7a & b to NBC
7. NBC certifies CA-7a & b and returns to WCC
8. WCC counsels with employee and gets signatures on CA-7, CA-7a & b.
9. WCC forwards CA-7, 7a & b to OWCP for action or, if employee does not want to proceed with LBB application, files signed certification in case file
10. OWCP processes LBB application sends check to Agency (AOC)
11. NBC/AOC issues bill of collection to employee for difference
12. NBC credits leave once bill of collection has been paid by the employee

### **Correcting the Personnel/Payroll Record**

- NBC corrects T&A's to reflect LWOP for periods/dates of LBB application once they receive the payment from OWCP and employee
- WCC should ensure SF-52 is submitted to request LWOP and RTD for continuous periods of LBB (now LWOP) in excess of 80 hours
- SF-50 required to record LWOP in OPF and document period of absence as creditable service for the period paid under 5 USC Chapter 81.

## **Record Keeping**

### **WC Record Keeping**

- OWCP really owns the files
- Files confidential information
- Files must be kept in a secure location (lock and key)
- Files will be an audit item

### **When Do I Create a Case File?**

- Start with making sure that you have case files for all employees on your chargeback report

### **What To Keep?**

- Signed claim forms (CA-1, CA-2, CA-16, etc.)
- Supporting medical documentation
- Correspondence with injured worker
- Correspondence with OWCP
- Correspondence with medical providers
- Checklist
- COP Tracking
- Telephonic notes

### **How Long Do I Keep Files?**

- Agency maintains file as long as the case is active
- Once the case is closed, Agency maintains the case file for 3 years
- Do not confuse “off the rolls” with the case being closed (Check with AQS)
- AFTER the case has been CLOSED for 3 years, Agency may destroy the file

### **What Happens When An Employee Transfers?**

- Case file is maintained at the park where injury took place
- Copy of case file may be provided to new park or agency

### **How Should Investigative Files Be Maintained?**

- Region is responsible for maintaining
- Park may keep a copy if they desire, but they **MUST** keep those documents and files SEPARATE from the case file
- Employee is NOT entitled to access

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## **SMIS Chargeback Report**

## **Notes**

### **Purpose of the Report**

- Tool to help you manage your workers' compensation cases
- Developed specifically to give NPS ready access to workers' compensation data
- Becomes your map for returning employees to work, reducing costs and managing long term cases
- Some data available before, but SMIS report dramatically reduced effort and increased data

### **Step 1 – Request the Report**

- Logon to SMIS as WCC
- On the left hand side, you have to create a batch

### **Step 2 – Validate the Data**

- Do all of the IWs really belong to you?
- Are they alive?
- HR can help identify employees
- If additional assistance is needed, request it from your RWCPM

### **Step 3 – Prioritize into Groups**

Group 1	injured less than 1 year, any age
Group 2	injured 1-3 years, any age
Group 3	injured more than 3 years, under age 60
Group 4	injured more than 3 years, over age 60

### **Step 4 – Review Medical**

- Is the medical documentation current?
- Does it match up with what you know about the case?
- Does it give a prognosis for how long the condition will last?
- If not current, request update using CA-17 or OWCP 5.
- Have they reached MMI or do you have a good assessment of what their restrictions will be?

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**SMIS Chargeback Report (cont)****Notes****Step 5 – Evaluate Return to Work (RTW) Possibilities**

- Can IW perform usual and customary job duties?
- Can IW temporarily perform an AWA?
- Can their permanent job be modified?
- Can we make them a suitable job offer?

**Making a job offer**

- Coordinate with HR first  
(hiring authority, classification, qualifications, etc.)
- Temporary employees who were injured have special requirements  
(Appendix F)
- Send written job offer to employee with a required response date
- Send copy to OWCP at the same time

**Step 6 – Periodic Review**

- Check status of dependents
- Has vocational rehabilitation been initiated/completed?
- Has OWCP taken appropriate action?

**Step 7 – Go Back and Start Step 4 With Next Group****Possible “Red Flags” In SMIS Chargeback Report**

- No medical costs and high compensation costs
- High medical costs and no compensation costs
- Injury > 5 years and no vocational rehab attempts OR  
in vocational rehab > 2 years
- Under age 50 and on wc rolls > 5 years
- Employment status code of 2



Look at the chargeback report in Appendix K.  
Circle any item that is a red flag and be  
prepared to explain why.

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## **Making A Job Offer**

## **Notes**

### **When Offering the Job**

- Make sure it can be accomplished within their work restrictions
- Make offer in writing and provide OWCP with a copy
- If employee does not accept, have them give reason in writing
- Send employee's rejection and offer to OWCP

### **Ten Potholes in the Road to a Suitable Job Offer**

1. The offered job is beyond the person's restrictions.
2. The claimant is offered a job to which he cannot travel due to the residuals of his injury.
3. Although the stated physical requirements are within the employee's capabilities, the claimant could obviously not do the tasks in the job description without going beyond his or her capabilities.
4. A job classified as temporary is offered to an employee whose date of injury position was classified as permanent.
5. A job which will terminate in less than 90 days is offered to an employee whose date of injury job was temporary.
6. A job is offered to an employee the physical requirements of which are obviously less than his or her actual capabilities.
7. A job is offered to the claimant which does not take into account *non-work related* medical problems that have arisen since the injury.
8. The claimant is no longer on the agency's rolls, has moved out of the area, and a medical condition either of the claimant or a member of the claimant's family contraindicates return to the area of residence at the time of injury.
9. The claimant is no longer on the agency's rolls, and will lose health insurance coverage by accepting the job.
10. The claimant already has a job which represents his wage-earning capacity, that is, what he could reasonably be expected to earn within his commuting area.

## **Nurse Intervention and Vocational Rehabilitation**

## **Notes**

### **Nurse Intervention**

- Medical case managers who bridge the gap between the claims world and the medical community
- Facilitators of the RTW process

### **When Is Vocational Rehabilitation An Option?**

- IW has reached MMI or you have a good assessment of what work restrictions will be AND
- The IW is not expected to be able to perform their position of record

### **What Does Vocational Rehabilitation Include?**

- Counseling/guidance
- Testing/work evaluations
- Placement (previous/new employer)
- Training
- Job follow-up
- May include additional allowance of up to \$200 per month
- Compensation payments continue during this process

### **What Happens After Vocational Rehabilitation Is Complete?**

- OWCP does wage loss calculation
- Employee receives difference between wage/salary at time of injury and new wage/salary (Shadrack Formula)

## **Fraud and Fraud Investigations**

## **Notes**

### **“Red Flags” Indicating Possible Fraud**

- High WC costs and low medical bills
- High medical bills and low WC costs
- Facing firing or layoff
- Seasonal near end of appointment
- History of submitting subjective claims
- Several family members on WC
- IW does not promptly report injury to supervisor
- Discrepancies between IW's account of injury and medical evaluation
- Discrepancies between IW's account of injury and witness' accounts
- Timing of injury i.e. the beginning of every fishing season.

### **When Is Appropriate to Request a Fraud Investigation?**

- You have received credible information that there may be fraud
- Employee is engaged in activities outside work restrictions AND/OR
- Employee is working at another job

### **How Is A Fraud Investigation Conducted?**

- WCC contacts RWCPM and provides case documentation
- RWCPM will put together referral documentation and contact NPS WCPM
- NPS WCPM refers to contractor for investigation
- Contractor assigns investigator
- Investigator may work closely with park personnel

**NPS Workers' Compensation Fraud Hotline 866.301.4474**

## **Managing Long Term Cases**

## **Notes**

### **Long Term Cases**

- Use the charge back reports
- Use AQS and ACS
- Communicate with OWCP
- Know when you can make job offers
- Know when to request investigation
- Know when disability retirement is an option

### **Seasonals and Long Term OWCP Compensation**

- Identify the employees in this category
- See FECA Circular 99 in Appendix E

***“Just because the worker has gone away does not mean the case has!”***

## **NPS Workers' Compensation Managers**

Carol Moore  
National Capital Region/Northeast Region  
(202)619-7247 carol\_d\_moore@nps.gov

Northeast Region  
Nancy Fischer (215) 597-4942

Mary Chandler  
Midwest Region/Southeast Region  
(402)661-1706 mary\_chandler@nps.gov

Midwest Region  
Denise Stewart: (402) 661-1650 Fax (402) 661-1985

Southeast Region  
Vacant

Michael Arighi  
Intermountain Region/Pacific West Region/Alaska Region  
(510)817-1319 michael\_arighi@nps.gov

Intermountain Region  
Judy Schnittker (303)969-2749 Fax (303)969-2952

Alaska Region  
Virginia Aronson (907)644-3344

### **NPS Workers' Compensation Program Manager**

Steve Rosen  
(303)987-6778 steve\_rosen@nps.gov

### **OWCP Claims Examiners**

Assigned by case. See online reference on page 20 for OWCP District Offices.

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**FWS REGIONAL WC COORDINATORS**  
**April 2009****REGION 1 (HI, ID, OR, WA, GU) and Region 8 (CA, NV)**

Robert VanBuskirk  
Regional Safety Office  
911 NE 11<sup>th</sup> Avenue  
Portland, Oregon 97232-4181  
Phone – (503) 231-2347  
Fax – (503) 231-2147  
robert\_vanbuskirk@fws.gov

**REGION 3 (IL, IN, IA, MI, MN, MO, OH, WI)**

Kathleen Schleener  
Regional Human Resources Office  
Bishop Henry Wipple Federal Building  
1 Federal Drive  
Fort Snelling, Minnesota 55111-4056  
Phone - (612) 713- 5232  
Fax - (612) 713 – 5281  
kathleen\_schleener@fws.gov

**REGION 5 (CT, DE, ME, MD, MA, NH, NJ, NY, PA, RI, VT, VA, WV)**

Emery Gallant  
Regional Human Resources Office  
300 Westgate Center Drive  
Hadley, Massachusetts 01035-9589  
Phone - (413) 253-8313  
Fax - (413) 253-8461  
emery\_gallant@fws.gov

**Region 7 (AK)**

Rebecca Moore  
BLM/FWS Shared Service Center  
1011 East Tudor Road  
Anchorage, Alaska 99503  
Phone - (907) 786-3302  
Fax – (907) 786-3841  
rebecca\_moore@fws.gov

**REGION 2 (AZ, NM, OK, TX)**

Anna Vargas  
Regional Human Resources Office  
500 Gold Ave, SW  
Albuquerque, New Mexico 87103  
Phone - (505) 248-6936  
Fax - (505) 248-6924  
anna\_vargas@fws.gov

**REGION 4 (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, PR, VI)**

Linda Harbert and Angela Wyatt  
Regional Safety Office  
1875 Century Blvd, Suite 360  
Atlanta, Georgia 30345  
Phone - (404) 679-4188  
Fax - (404) 679-4183  
linda\_harbert@fws.gov  
angela\_wyatt@fws.gov

**REGION 6 (CO, KS, MT, NE, ND, SD, UT, WY)**

Monica Holguin  
Regional Human Resources Office  
134 Union Blvd  
Lakewood, Colorado 80228  
Phone - (303) 236-4458  
Fax – (303) 236-5775  
monica\_holguin@fws.gov

**REGION 9 (DC)**

Kathy Cannavino  
Division of Personnel Management  
4501 N. Fairfax Drive  
Arlington, Virginia 22203  
Phone - (703) 358-1743  
Fax - (703) 358-2127  
kathy\_cannavino@fws.gov

**Washington Office**

Mary Parkinson  
Division of Safety and Health  
4401 N. Fairfax Drive, Mailstop 7097-43  
Arlington, VA 22203  
Phone – (703) 358-2255, Fax – (703) 358-1875  
mary\_parkinson@fws.gov

## **Resources**

### **Online Resources**

NPS Risk Management <http://inside.nps.gov> then click on NPSafe logo  
Director's Order 50A – “Workers’ Compensation Case Management”

SMIS <http://www.smis.doi.gov> (Login Required)  
<http://www.smis.doi.gov/SMISReference/homepage.HTM>  
Help Desk (303)236-7130 x228

DOL OWCP Web Site <http://www.dol.gov/esa/owcp/dfec/index.htm>  
OWCP Handbook  
Publication CA-810, “Injury Compensation for Federal Employees”  
OWCP CA-550 Questions and Answers  
OWCP Forms  
OWCP District Offices – technical assistance

ACS <http://owcp.dol.acs-inc.com>  
Customer Care 850-558-1818 (Bills, provider enrollment, medical authorization inquiries)  
Fax Medical Authorization Requests to 800-215-4901  
Prescription Authorization Requests 866-664-5581

Agency Query System <https://aqsweb.dol-esa.gov/aqs/login.html> (Login Required)

**NPS Workers’ Compensation Fraud Hotline** 866.301.4474

**Federal Workers’ Compensation Update (Newsletter)** [www.fendonline.com](http://www.fendonline.com)

**Appendix A – Case Study Calendars**

May						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
13	14	15	16	17	18	19
20	21	22	23	24 Richard picks up grinder; goes to MD @ 12:30 pm <b>12:30 – 3:30 code 060</b>	25 Richard on TTD until next appt on 30 <sup>th</sup> <b>COP day 1</b>	26 <b>COP day 2</b> <b>Code 161</b>
27 <b>COP day 3</b> <b>Code 161</b>	28 Memorial Day <b>COP day 4</b> <b>Code 160</b>	29 <b>COP day 5</b> <b>Code 160</b>	30 MD sees Richard @ 2 pm again; RTW F/T with Restrictions <b>COP day 6</b> <b>Code 160</b>	31 Supv unable to accommodate; checking on MLD work <b>COP day 7</b> <b>Code 160</b>		

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Richard back to work within MD's restrictions	2
3	4	5 MD sees Richard @ 8 am; MLD work half days <b>COP day 8</b> <b>Code 160/010</b>	6 <b>COP day 9</b> <b>Code 160/010</b>	7 <b>COP day 10</b> <b>Code 160/010</b>	8 <b>COP day 11</b> <b>Code 160/010</b>	9 <b>COP day 12</b> <b>Code 161</b>
10 <b>COP day 13</b> <b>Code 161</b>	11 <b>COP day 14</b> <b>Code 160/010</b>	12 MD sees Richard @ 1 pm released to F/D <b>COP day 15</b> <b>Code 160</b>	13	14	15	16
17	18	19	20	21 MD sees Richard @ 2:30 pm MLD with P/T 3x week 2 weeks <b>COP day 16</b> <b>Code 010/160</b>	22	23
24	25 P/T 4 hours <b>COP day 17</b> <b>Code 010/160</b>	26	27 P/T 4 hours <b>COP day 18</b> <b>Code 010/160</b>	28	29 P/T 6 hours <b>COP day 19</b> <b>Code 010/160</b>	30

**Appendix A – Case Study Calendars (cont.)**

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 P/T - 4 hours <b>COP day 20</b> <b>Code 010/160</b>	3	4 Holiday	5 P/T - 4 hours <b>COP day 21</b> <b>Code 010/160</b>	6 P/T - 6 hours <b>COP day 22</b> <b>Code 010/160</b>	7
8	9 P/T – 4 hours  <b>COP day 23</b> <b>Code 010/160</b>	10 MD sees Richard @ 1:30 pm; TTD pending MRI results <b>COP day 24</b> <b>Code 010/160</b>	11 <b>COP day 25</b> <b>Code 160</b>	12 <b>COP day 26</b> <b>Code 160</b>	13 <b>COP day 27</b> <b>Code 160</b>	14 <b>COP</b> <b>day 28</b> <b>Code 161</b>
15 <b>COP</b> <b>day 29</b> <b>Code 161</b>	16 COP entitlement ends – but 15 days COP left <b>COP day 30</b> <b>Code 160</b>	17 <b>COP day 31</b> <b>Code 160</b>	18 <b>COP day 32</b> <b>Code 160</b>	19 Richard has MRI <b>COP day 33</b> <b>Code 160</b>	20 <b>COP day 34</b> <b>Code 160</b>	21 <b>COP</b> <b>day 35</b> <b>Code 161</b>
22 <b>COP</b> <b>day 36</b> <b>Code 161</b>	23 <b>COP day 37</b> <b>Code 160</b>	24 <b>COP day 38</b> <b>Code 160</b>	25 <b>COP day 39</b> <b>Code 160</b>	26 <b>COP day 40</b> <b>Code 160</b>	27 MD sees Richard for MRI; Referral to Ortho; TTD pending Ortho <b>COP day 41</b> <b>Code 160</b>	28 <b>COP</b> <b>day 42</b> <b>Code 161</b>
29 <b>COP</b> <b>day 43</b> <b>Code 161</b>	30 <b>COP day 44</b> <b>Code 160</b>	31 <b>COP day 45</b> <b>Code 160</b>				

August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 3 day wait? <b>Code 162</b>	2 <b>Code 162</b>	3 <b>Code 162</b>	4
5	6 <b>Code 162</b>	7 <b>Code 162</b>	8 <b>Code 162</b>	9 <b>Code 162</b>	10 Ortho sees Richard..... <b>Code 162.....</b>	11
12	13	14	15	16	17	18

## **Appendix B – Sample Letter to Accompany CA-17**

P3415 (HR-YOSE)

July 2, 2005

Dr. Steve Tocord  
26 Medical Way  
Merced, CA 98117

Ref: Larry DARDEL

Dear Dr. Tocord:

We received the attached note dated July 1, 2005 from you indicating that your patient Larry Dardel is to remain off work until July 8, 2005.

The National Park Service has established a program that is designed to provide employees who have suffered on-the-job injuries/illness with an opportunity to return to work with an alternative work assignment during their recovery process.

The attached CA-17, Duty Status Report will enable us to look for an alternative work assignment that would be appropriate for Mr. Dardel's injury. Once we have identified an alternative work assignment, the description will be forwarded to your office for approval.

If you have any questions, please feel free to call me at (209) 379-1878. Please fax the completed CA-17 to (209) 379-1934.

Sincerely,

Cindy Whitten  
Compensation Specialist

Cc: Larry Dardel  
U.S. Department of Labor

**Appendix C – Sample Letter Request for Approval of AWA**

P3415 (HR-YOSE)

November 26, 2005

Dr. Steve Tocord  
26 Medical Way  
Merced, CA 98117

Reference: Larry Dardel – Return to Work

Dear Dr. Tocord:

In order to provide employees who have suffered on-the-job injuries/illnesses with an opportunity to return to work the National Park Service has developed a Short Term Case Management Program. This program allows for the development of alternative work assignments during the injured workers' recovery process.

Larry's position of record is a Maintenance Worker. In an effort to accommodate Larry's work restrictions, he has been performing primarily administrative type work since his surgery on August 26, 2005. Since it has been 3 months since his surgery, we would like to start accommodating him more within the duties of his normal occupation as a Maintenance Worker. Therefore, with consideration of the restrictions outlined in his work release dated October 6, 2005 his supervisor has developed the attached Alternative Work Assignment (AWA).

Please note on the AWA sheet any restrictions or other information, which you deem necessary for the employee to follow during the recovery process. As part of this program, both the employee and the supervisor are obligated to follow your directions and adhere to medical restrictions during this temporary work. We will also need to know when the period of modified work restrictions is expected to end.

If you have any questions, please feel free to call me at (209) 379-1878. Please fax your response to (209) 379-1934.

Sincerely,

Cindy Whitten  
Compensation Specialist

Cc: Larry Dardel  
USDOL/OWCP

**Appendix C (Page 2)**

<b>Yosemite National Park</b>			
<b>Alternative Work Assignment</b>			
<b>This is a description of a Alternative Work Assignment (AWA) available to our employee during their medical recovery process</b>			
<b>Employee Name:</b>			
<b>DOB:</b>			
<b>Job Title: Maintenance Worker</b>		<b>Division: Maintenance</b>	
<b>Hours Available: up to 9 hours per day</b>		<b>Supervisor: Ron Bagatol (928)638-5678</b>	
<b>Job Summary</b>			
Cleaning and Sanitizing Restrooms	Litter Removal	Condition Assessment of Campgrounds	Office Custodial Duties
<ul style="list-style-type: none"> <li>• <i>Cleaning fixtures</i></li> <li>• <i>Wiping down walls and partitions</i></li> <li>• <i>Emptying waste receptacles (less than 20 pounds)</i></li> <li>• <i>Dusting</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Picking up litter</i></li> <li>• <i>Emptying litter bags (less than 10 pounds)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Visual inspection of site</i></li> <li>• <i>Entering data on forms</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Vacuuming Floors</i></li> <li>• <i>Cleaning Windows</i></li> <li>• <i>Emptying waste baskets</i></li> <li>• <i>Dusting</i></li> </ul>
<b>Physical Demands</b>			
Standing: Sitting: Walking: Lift/Carry: Push/pull:		Bending: Twisting: Climbing: Arm/Hand:	
<b>Physician Comments:</b> <b>I have reviewed the physical demands and release the worker to perform these temporary work assignments: <input type="checkbox"/>Yes <input type="checkbox"/>No</b>  <input type="checkbox"/> <b>Yes, with the following adjustments:</b>  			
<b>Physician's Name</b>			
<b>Physician's Signature:</b>			
<b>Date Signed:</b>			

**Appendix D – Sample Checklist To Include in Case Files**

Claim No.: \_\_\_\_\_

Claimant's Name: SMITH, Leroy L.

SSN: 000-00-0000

DOB: 04/25/1964

Date of Injury: 05/27/2003

ACTIVITY	Date	Initials	Remarks
Submitted CA-1 w/med documents	05/27/2003	KSP	Recd. claim from emp. on 5/23/2003; emp rendered T/D thru 6/20/2003
Recd. claim number	06/16/2003	LM	Advised emp. of claim number
Recd. request for MRI	06/17/2003	KSP	Forwarded to OWCP
Emp. RTW	06/23/2003	KSP	On limited duty; AWA in place; see notes
Recd. acceptance ltr.	07/30/2003	KSP	

**Blank form on next page.**



## **Appendix E – FECA Nurse Intervention Program**

Case Management is a comprehensive approach to minimize the length and sometimes the extent of a disability. Case Management also reduces the dollars spent in Workers' Compensation, disability, and productivity costs.

### **Purpose**

- RTW
- Ensure recovery is proceeding as it should.
- Getting proper treatment for injury.
- Works with agency in getting claimant back to work.
- Reduces disability and wage loss.
- Prevents "Disability Syndrome"
- Longer claimant is off, worse symptoms get and less likely to RTW.

### **Pilot Programs**

- FECA did pilot programs using nurses for Quality Case Management in 1989-90.
- It was found that proper intervention with nurses could shorten the length of disability and reduce medical treatment costs.
- The program was initiated nationwide in 1993.
- It became mandatory in January 1999

### **OWCP Field Nurses (FN)**

- Only Registered Nurses are accepted into the program.
- The nurses are contracted employees not Government employees.
- We do not train----nurses are already Case Managers
- Most are doing Case Management in private sector.
- The nurses must meet OWCP criteria.
- The nurses in the field are the eyes, ears and feet for the Claims Examiner (CE).
- Nurses are referred by geographic location on a rotational bases.
- Nurse intervention is limited to 120 days - an additional 30-60 days may be added by
- CE approval.

### **Case Management Team**

- Claims Examiner (CE) - adjudicates/identifies cases
- Nurse Consultant assigns cases and monitors
- Case Manager (FN) - implements/evaluates treatment plan
- Employer - Assists with RTW

## **Appendix E – FECA Nurse Intervention Program (cont)**

### **Case Selection for Nurse Intervention**

- CEs determine based on criteria and system flags.
- CA-7 - No RTW
- Catastrophic conditions
- Total or partially disabled.
- Long term care issues (PRM cases)

### **Program Results**

- Statistics exceeded for successful RTW closures.
- Timelier interventions from CA-7 referrals
- Information exchange between parties expedited
- Closer working relationships with employing agencies, medical community

## **Appendix F – FECA Circular on Temporary Positions**

**FECA CIRCULAR NO. 99 – 14 August 30, 1999**

**SUBJECT: Loss of Wage Earning Capacity--Actual Earnings from Temporary Positions**

Recently, some confusion has arisen about the proper method of determining the wage-earning capacity of temporary employees who are injured and return to work in new temporary positions prior to the expiration of their original appointments.

Specifically, the issue is: must a temporary position last at least as long as the time remaining on the original appointment before OWCP can determine that the actual earnings of that position fairly and reasonably represent the wage-earning capacity of a worker who was a temporary employee when injured?

The length of any temporary position to which the employee returns must be at least 90 days before the actual earnings from such a temporary position can be used to calculate an employee's loss of wage-earning capacity. However, the work need not continue for the length of the original appointment.

For example, an employee who is injured two months into a six month appointment need not return to work in a job lasting six months. Rather, an appointment lasting three months will be sufficient to determine that the job fairly and reasonably represents his or her wage-earning capacity. The rating for loss of wage-earning capacity may be done after 60 days of employment, as with any other employee.

This issue should not be confused with the suitability of a job offer made by an agency to a temporary employee. The employee is obligated under 5 U.S.C. 8106(c) to accept suitable employment, or lose entitlement to compensation. In making a finding of suitability of a job offer to a temporary employee, a position that will continue for a minimum of 90 days will be considered suitable, provided that all other required criteria are met.

The Federal (FECA) Procedure Manual in Chapter 2-814.4b(3), which pertains to offers of employment, states that:

A temporary job will be considered unsuitable unless the claimant was a temporary employee when injured and the temporary job reasonably represents the claimant's WEC. Even if these conditions are met, a job which will terminate in less than 90 days will be considered unsuitable.

Therefore, temporary employment offered to a temporary employee who has not returned to work must not be less than 90 days in duration. Otherwise, the job cannot be considered suitable.

These are two separate issues and different criteria apply.

SHEILA M. WILLIAMS  
Acting Director for  
Federal Employees Compensation

## **Appendix G – OWCP Claim Status Codes**

### **WORKERS' COMPENSATION PROGRAM GUIDE & INFORMATION**

National Capital Region/Northeast Region

**Announcement Number: 2003-006**

TOPIC: ***OWCP Claim Status Codes***

In our efforts to review workers' compensation records through the chargeback reports and the Agency Query System (AQS), we have to decipher codes that are used by the Office of Workers' Compensation Programs (OWCP) which indicate the status of our injured worker claims. The codes can be found on any chargeback report in the column marked "Case Status", and the codes can also be found in AQS in the section marked "Case Status". The purpose of this bulletin is to transmit a list of the codes with their corresponding definitions. While reviewing the reports, the attached list will allow you to determine the status of a case by because you are now in receipt of the code definitions.. For example, if the case status code on a chargeback report for an injured worker is "AM", this would tell you that the claimed injury/condition has been accepted, may be compensable, and the claimant is entitled to medical benefits only.

Keep in mind when a claim is received by OWCP, the initial status code will always be "UN", which means that the case has not been adjudicated. However, once the claim is assigned to a claims examiner and/or when a bill is received related to the claim, the status code should change to "UD", which means that the case is under development. In those instances where you check on a claim and the status is coded as "UN", you may elect to contact a claims examiner or advise the injured worker to contact a claims examiner to begin the adjudication process. Until the adjudication process begins, the claim has not been accepted and this could interrupt the timely payment of medical bills and medical treatment authorizations.

The attached list is an essential tool for workers' compensation report reviews. Please refer any questions or comments regarding this information to the Regional Workers' Compensation Program Manager.

Attachment 1

Source/Authority: Department of Labor, OWCP

Effective Date: Immediately (September 17, 2003)

**Appendix G – OWCP Claim Status Codes (cont)****DEFINITIONS OF ADJUDICATION STATUS CODES****(NPS 09/03)****ACCEPTANCES:**

- AC - Condition accepted as compensable; some period of entitlement to continue pay accepted.**
- AD - Condition accepted as compensable; some period of entitlement to compensation is/was accepted; not being placed on periodic roll.**
- AF - Death accepted as work-related; some beneficiary is or was entitled to benefits. (See code DE)**
- AL - Condition accepted and some period of disability supported by medical evidence. Leave elected or used awaiting decision.**
- AM - Condition accepted as compensable. If open, entitlement to medical benefits only.**
- AP - Condition accepted as compensable; is or was entitled to compensation on the periodic roll.**
- AT - Condition accepted as work-related but claimant entitled only to medical benefits.**
- DE - Monthly payments are being made to at least one beneficiary of a deceased Federal employee. Used with "AF". Also required to pay burial, transportation and administrative costs through ACPS.**
- DR - Entitled to payment on daily roll; permits payment through the computer. Used for finite period of wage loss or repurchase of leave.**
- MC - Entitled for the time being to medical treatment only. (May be used temporarily to ensure payment of an authorized procedure on a denied or unadjudicated case.)**
- PI - Entitled to payment on short-term roll; used for cases requiring active medical management and frequent intervention.**
- PN - Entitled to payment on periodic roll; formally determined to have no wage-earning capacity or re-employment potential for indefinite future.**

**Appendix G – OWCP Claim Status Codes (cont)****ACCEPTANCES:** (continued)

**PR - Entitled to payment on periodic roll; re-employment or earning capacity not yet determined.**

**PS - Entitled to payment for schedule award, whether periodic or lump sum.**

**PV - Entitled to payment on periodic roll at temporary rate while in an authorized program of training or placement supervised by the Vocational Rehabilitation Specialist.**

**PW - Entitled to reduced compensation reflecting a partial wage-earning capacity or actual earning.**

**DENIALS:**

**AO - Case previously approved; no benefits payable. May be used to identify a case with a third party credit being absorbed in conjunction with MC case status.**

**D1 - Denied as not timely filed, without entitlement to medical benefits.**

**D2 - Denied, claimant not a civil employee.**

**D3 - Denied; fact of injury not established.**

**D4 - Denied; not in performance of duty.**

**D5 - Denied; casual relationship not established or disability due to injury has ceased.**

**DO - Disallowed pending**

**ON - Overpayment exists; final decision made on issues of fault and waiver. Claimant not on periodic roll.**

**OP - Overpayment exists; final decision made on issues of fault and waiver; Claimant on periodic roll.**

**Appendix G – OWCP Claim Status Codes (cont)****OTHER CODES:**

- C1 - Closed, accepted, no further payment anticipated; no time lost from work.**
- C2 - Closed, accepted, no further payments anticipated, time lost covered by leave, leave not repurchased.**
- C3 - Closed, benefits denied.**
- C4 - Closed, entitlement to continued pay accepted, pay was continued for time lost from work; no further payments anticipated.**
- C5 - Closed, previously accepted for benefits, all benefits paid.**
- CL - Administrative closure**
- D7 - Remanded by Employees' Compensation Appeals Board.**
- D8 - Remanded by the Branch of Hearings and Review.**
- D9 - Request for reconsideration pending**
- RH - Should no longer be used.**
- RT - Retired or awaiting retirement.**
- UD - Case is under development.**
- UN - Case is unadjudicated.**
- XX - Awaits destruction.**

## **Appendix H – Sample Letter Requesting Medical Update to Explore Return to Work**

Date

U. S. Department of Labor  
Office of Workers' Compensation Programs  
DFEC Central Mailroom – District # \_\_\_\_\_  
P. O. Box 8300  
London KY 40742-8300

Richard Sample  
DOI: 11/30/1999  
Claim #: ##-#####

Dear Claims Examiner:

Our Park would like to explore return to work options for Mr. Samples; however, during the review of his case, we discovered we do not have current medical to support either Mr. Sample's continued disability or his current work restrictions, if any.

Please provide the most current medical with Mr. Samples work restrictions and/or disability you have on file. If no current medical is on file, I would ask you to consider scheduling Mr. Samples for a second opinion examination to address any residuals and/or restrictions that Mr. Samples may have related to the accepted conditions for this injury.

Thank you in advance for your prompt attention to this matter. If you have any questions regarding this request, please call me at (222) 611-3333. My fax number is (222) 611-7240.

Sincerely,

Cindy Whitten  
Workers Compensation Coordinator

## **Appendix I – Common Acronyms**

ACS	Affiliated Computer Services
AOC	Accounting Operations Center
AWA	Alternative Work Assignments
COP	Continuation of Pay
CPT code	Physicians' Current Procedural Terminology
CSRS	Civil Service Retirement System
DO 50a	Directors Order 50a
FECA	Federal Employees' Compensation Act
FERS	Federal Employees Retirement System
ICD-9	International Classification of Diseases – 9 <sup>th</sup> Revision
IW	Injured Worker
LBB	Leave Buy Back
LWEC	Loss of wage earning capacity
MD	Medical Doctor
MMI	Maximum Medical Improvement
NBC	National Business Center
OWCP	Office of Workers' Compensation Programs
P&S	Permanent and Stationary
PT	Physical Therapy
RTP	Return to Provider
RTW	Return to Work
RWCPM	Regional Workers' Compensation Program Manager
SA	Schedule Award
SMIS	Safety Management Information System
TTD	Temporary Total Disability
VR	Vocational Rehabilitation
WCC	Workers Comp Coordinator

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**Appendix J – Job Offer Checklist**

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**AGENCY JOB OFFER**

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NAME \_\_\_\_\_

File Number \_\_\_\_\_

EMPLOYER \_\_\_\_\_

REHABILITATION COUNSELOR (IF ASSIGNED) \_\_\_\_\_

Information attached:

1. Description of specific job duties.
2. Physical requirements of each specific task. (Do not generalize by saying will not exceed limitations, will meet restrictions given by the physician, etc. - specific requirements of each task must be described separately.)
3. OWCP-5 or equivalent medical report from treating physician.
4. Organizational and geographical location of the job.
5. Type of appointment (temporary or permanent). If temporary, duration of appointment must be given.
6. Grade, step and salary of position offered.
7. Date written job offer was given to employee and how long the offer will remain open.
8. Date on which the job will be available or date of actual return to work, as applicable.
9. Grade, step, and salary on date of injury.
10. Current salary for same grade and step of position held on date of injury.

Name and Title of Agency Contact: \_\_\_\_\_

Telephone No: \_\_\_\_\_

For OWCP Assistance Contact the Claims Examiner Assigned to the Case

**Appendix K – Sample Chargeback Report**

DEPARTMENT OF THE INTERIOR  
 Workers Compensation Case Management Report  
 Organizations Included: Batch-EXMP  
 Charge Back Year: 2006 (Report Run: 03/20/07 11:53 AM)

Org	Agen	OWCP	Empl	Case	Case	RHB	RHB							
Code	Code	Case Nr	Name (Last, First)	Stat	Age	Date Inj	Created	Stat	Stat	Date	Cop Hours	Comp Paid	Med Paid	Total Paid
IN10OT5555	7107	X2123232		2	36	2/1/2005	2/9/2005	PR	P	10/16/06	0	\$34,334.18	\$160.30	\$34,494.48
IN10OT5555	7107	X2148493		2	39	3/17/2006	3/28/2006	MC			0	\$0.00	\$29.51	\$29.51
IN10OT5555	7107	X2129567		2	34	4/30/2005	5/18/2005	MC			0	\$0.00	\$793.14	\$793.14
IN10OT5555	7107	X2137176		2	26	8/1/2005	9/15/2005	C1			0	\$0.00	\$0.00	\$0.00
IN10OT5555	7107	X2132896		2	64	6/12/2005	7/13/2005	C4			0	\$0.00	\$0.00	\$0.00
IN10OT5555	7107	X2131788		2	31	6/10/2005	6/24/2005	C4			0	\$0.00	\$547.39	\$547.39
IN10OT5555	7107	X2130257		1	60	5/24/2005	5/27/2005	C1			0	\$0.00	\$318.26	\$318.26
IN10OT5555	7107	X2134784		2	34	7/18/2005	8/10/2005	DR			0	\$22,453.71	\$0.00	\$22,453.71
IN10OT5555	7107	X2124911		2	27	2/23/2005	3/14/2005	PR			2	\$38,456.21	\$0.00	\$38,456.21
IN10OT5555	7107	X2090310		1	46	9/25/2003	10/16/2003	PR			0	\$65,687.16	\$0.00	\$65,687.16
IN10OT5555	7107	X0882070		1	60	4/25/1980	3/17/1989	PW			0	\$9,243.07	\$15,299.18	\$24,542.25
IN10OT5555	7107	X0398203		2	72	3/2/1973	3/31/1973	PW			0	\$24,325.79	\$0.00	\$24,325.79
IN10OT5555	7107	X0713506		2	68	7/23/1983	8/10/1983	DE			0	\$21,835.81	\$0.00	\$21,835.81
IN10OT5555	7107	X2145292		1	47	6/1/2005	1/30/2006	MC			0	\$0.00	\$0.00	\$0.00
IN10OT5555	7107	X2136592		1	50	8/11/2005	9/7/2005	C4			40	\$0.00	\$0.00	\$0.00
IN10OT5555	7107	X2131212		2	21	5/10/2005	6/15/2005	C4			7	\$0.00	\$240.95	\$240.95
<b>Summary</b>											49	\$216,335.93	\$17,388.73	\$233,724.66

**Appendix L: Provider Information Sheet with Billing Instructions**

RE: Billing Instructions

Dear Medical Provider;

Please see the attached CA-16 form, which guarantees payment for treatment of work-related injuries and authorizes the doctor to examine and/or treat the employee. The front side of the form was completed by an authorized representative of the Employer, who authorized treatment. The back side of this form should be completed by the attending physician or his/her authorized representative. It *must* be signed by a physician.

By completing this CA-16 form, the US Department of Labor, Office of Workers' Compensation Programs (OWCP) can verify that the employee was treated by your facility. If this form is not returned, it may affect payment of charges submitted. Therefore, please complete and return the original form to the employee, upon treatment, so that s/he may take it back to the duty station for processing. If it is submitted directly to OWCP, without the appropriate OWCP case file number, it cannot be processed and billing problems **will** result.

OWCP has contracted Affiliated Computer Services (ACS) to provide medical bill processing services. To process your bills, each provider **MUST** be enrolled with ACS in order to be assigned a "Provider ID Number," without which bills cannot be processed. If you have not enrolled, you can download the enrollment form from their website at: <http://owcp.dol.acs-inc.com/portal/main.do>. The link for "Portal FAQ" gives more information and a link to the form, which is at: <https://owcp.dol.acs-inc.com/portal/formsAndLinks.do>. Send the completed packet to ACS in Tallahassee, FL. In a week or so, you should be able to check for your ID online at: <https://owcp.dol.acs-inc.com/portal/inquiry/provEnrollStatus.do>.

Once you have the ID number, call me for the OWCP case file number. Please remember to put this number on *every page* of each bill and attachment (e.g., reports) and submit to the following address:

US DOL/OWCP  
DFEC Central Mailroom  
PO Box 8300  
London KY 40742-8300

If you need further clarification or have questions, please don't hesitate to call me. Thank you for your assistance and cooperation.

## Appendix M: SMIS Comp Coordinators Reports

**HR CompSpec Reports Menu - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print

Address [https://www.smis.doi.gov/CompReports/CompSpec\\_Reports.cfm](https://www.smis.doi.gov/CompReports/CompSpec_Reports.cfm)

**SMIS Comp Coordinators Reports**

- [-] Report Batches (Org Codes)
  - Help: Glossary of Terms
  - Help: Detailed Info on Batches
  - Create or Edit Batches
- [-] OWCP Case Mgmt
  - By Chargeback Year
  - By Date of Injury
  - Chargeback Report
- [-] Filed Claim Status
  - Timeliness
  - Claim Log
  - Coordinator Performance
- [-] COP
  - Continuation of Pay
- [-] Search
  - By Name of Claimant
  - By OWCP Case Number
  - By Date
- EXIT to Comp Coordinator Menu
- EXIT to SMIS Homepage

**SMIS** Co

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Most reports  
1) Directly;  
2) Using "re

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**Appendix N: CA-17**

**See next 2 pages.**

Duty Status Report

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0103  
Expires: 10-31-08

OWCP File Number  
(if known)

**SIDE A - Supervisor:** Complete this side and refer to physician

**SIDE B - Physician:** Complete this side

1. Employee's Name (Last, first, middle)  
Roe Richard

2. Date of Injury (Month, day, yr.) 05/24/2007

3. Social Security No. 123-45-6780

4. Occupation  
Maintenance Mechanic

5. Describe How the Injury Occurred and State Parts of the Body Affected  
Lifting Grinder

6. The Employee Works  
Hours Per Day 8.00 Days Per Week 5.00

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)

9. Description of Clinical Findings  
back tenderness, ? L radiculopathy

10. Diagnosis Due to Injury  
back strain, ? disc derangement

11. Other Disabling Conditions

12. Employee Advised to Resume Work?  
 Yes, Date Advised 05/30/2007  No

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, If so  Full-Time or  Part-Time \_\_\_\_\_ Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Intermittent	Intermittent		Hrs Per Day
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.	35.00	70.00	2.00 Hrs Per Day	15.00	25.00	1.00 Hrs Per Day
b. Sitting			2.00 Hrs Per Day			4.00 Hrs Per Day
c. Standing			6.00 Hrs Per Day			2.00 Hrs Per Day
d. Walking			2.00 Hrs Per Day			2.00 Hrs Per Day
e. Climbing			0.50 Hrs Per Day			0.50 Hrs Per Day
f. Kneeling			2.00 Hrs Per Day			1.00 Hrs Per Day
g. Bending/Stooping			3.00 Hrs Per Day			0.00 Hrs Per Day
h. Twisting			1.00 Hrs Per Day			0.00 Hrs Per Day
i. Pulling/Pushing	25.00	50.00	2.00 Hrs Per Day	10.00	15.00	1.00 Hrs Per Day
j. Simple Grasping			5.00 Hrs Per Day			5.00 Hrs Per Day
k. Fine Manipulation (includes keyboarding)			1.00 Hrs Per Day			5.00 Hrs Per Day
l. Reaching above Shoulder		25.00	1.00 Hrs Per Day		5.00	1.00 Hrs Per Day
m. Driving a Vehicle (Specify)			0.50 Hrs Per Day			0.50 Hrs Per Day
n. Operating Machinery (Specify)			5.00 Hrs Per Day			3.00 Hrs Per Day
o. Temp. Extremes	0.00	80.00	80 range in degrees F			80.00 range in degrees F
p. High Humidity			Hrs Per Day			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			2.00 Hrs Per Day			2.00 Hrs Per Day
r. Fumes/Dust (Identify)			2.00 Hrs Per Day			2.00 Hrs Per Day
s. Noise (Give dBA)			1.00 dBA Hrs Per Day			1.00 dBA Hrs Per Day

t. Other (Describe)  
q: part cleaners, VOCs  
r: grinding, welding, sweeping

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  Yes  No (Describe)

15. Date of Examination  
05/30/2007

16. Date of Next Appointment  
06/05/2007

17. Specialty  
FP

18. Tax Identification Number  
65-1234567

19. Physician's Signature

20. Date

**INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT (CA-17)**

- SUPERVISOR:** Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and the appropriate OWCP District Office in the spaces below. Enter the OWCP file number in the top right corner.
- PHYSICIAN:** Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

<b>Medical Facility Name and Address</b>
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Send Original Report to:

<b>Employing Agency Address</b>
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Send a Copy of This Report to:

<b>OFFICE OF WORKERS' COMPENSATION PROGRAMS</b>
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**CERTIFICATION:** BY SIGNING BLOCK 19 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-17 ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

I FURTHER UNDERSTAND THAT THIS REQUEST DOES NOT CONSTITUTE AUTHORIZATION FOR PAYMENT OF MEDICAL EXPENSES BY THE DEPARTMENT OF LABOR, NOR DOES IT INVALIDATE ANY PREVIOUS AUTHORIZATION ISSUED IN THIS CASE.

**Public Burden Statement**

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the OWCP, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

**DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

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G. P. O. - 2000 - 188-099

## **Appendix O:**

### **Authorized Fitness Activities for Law Enforcement Officers**

The intent of the fitness program is to help commissioned employees to maintain a level of fitness to successfully complete basic training and perform the rigorous duties of law enforcement. The primary focus of fitness time is to provide for activities that promote physical fitness -- not necessarily to provide for recreation or skills training.

Fitness activities must be a bureau-approved activity, and should be appropriate to the individual. Different physical activities pose different risks for injury. To minimize the chance of injury while exercising, only approved activities are authorized:

- Running (road or treadmill)
- Walking
- Weight Training
- Road/stationary bicycling
- Use of gym equipment
- Aerobics/Calisthenics
- Stretching/Yoga
- Swimming (Pool)
- Cross-Country Skiing
- Snowshoeing
- Non-sparring, non-impact martial art training (cardio-kickboxing, etc.)

Competitive sports and other activities having a higher associated risk for injury are not authorized. Examples of activities that are not authorized include but are not limited to: basketball, baseball, softball, volleyball, wrestling/martial arts, off-road bike riding, rock climbing, power lifting, football, defensive tactics, scuba diving, surfing and downhill skiing/snowboarding. Additional activities identified by the Fitness Program Coordinator as presenting an increased risk may also be prohibited.

A current list of approved/prohibited activities is maintained on the NPS Fitness Program website. Fitness Coordinators wishing to request new fitness activities to be added to the approval list should contact the Fitness Program Manager by email. The Fitness Program Manager may authorize additional activities that meet similar risk profiles.

The Fitness Program is managed at the NPS Law Enforcement Training Center, and the Fitness Program web site can be found through the NPS-LETC web site at <http://inside.nps.gov/waso/waso.cfm?prg=802&lv=3>.

#### **Physical Fitness Agreement Required**

A Physical Fitness Agreement is required prior to participation in Physical Fitness time. The agreement requires input from the employee, supervisor, and Fitness Coordinator, and must be signed and dated by all three parties to be complete. The agreement will identify the approved physical activities and the schedule when the employee will participate in the approved activities. Only approved activities will be authorized on the Fitness Agreement. Any injuries incurred participating in a non-authorized/prohibited activity or not included in the Physical Readiness Agreement will not be covered under the Federal Employees Compensation Act.

### **To Get Credit for the Course...**

1. Print your name on the attendance roster.
2. Complete the course evaluation at [www.nps.gov/training/tel](http://www.nps.gov/training/tel)
  - a. Click on the DOI Learn tab, go to the link under Class Evaluation, find the evaluation for this course, please complete within two weeks