Managing Workers’ Compensation Cases: Finding Your Way Through the Maze – Part 1

Participant Guide
Revised April 18, 2007
Managing Workers’ Compensation Cases: Finding Your Way Through the Maze – Part 1

Course Map

Welcome and Review of Objectives

Types of Injuries and Appropriate Forms

Filing Forms Electronically

Reviewing Forms

Payroll Coding

Medical Documentation

Importance of Returning Employees to Work

Compensation After COP Runs Out

Workers’ Compensation Resources

Summary
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

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

1. List the five basic requirements for entitlement to WC benefits.
2. Identify the forms required for claims and the appropriate use for each form.
3. Explain the responsibilities of the employee, supervisor, and WCC when electronically filing CA-1 and CA-2.
4. Demonstrate how to correctly file a CA-1 and CA-2 electronically using the SMIS.
5. Demonstrate how to properly review claims forms for accuracy and completeness.
6. Explain the difference between controversion and challenging a claim.
7. Identify payroll coding associated with claims.
8. Demonstrate how to determine eligibility and calculate continuation of pay (COP)
9. State medical documentation needed for a claim.
10. Explain how to appropriately obtain medical documentation for a claim.
11. Explain the importance of returning an employee to work as soon as possible.
12. List the resources available to assist the WCC and human resource specialists when managing workers’ compensation cases.

The TELNPS Top 10 List

What are the top 10 questions that NPS employees ask the Workers’ Compensation Coordinators at their park?
Case Study – Grinding to a Halt

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

Harry Poitier is Richard’s supervisor. He’s been with NPS for 24 years.

You are the WCC for your park.

Dual grinding wheel, Craftsman, 48 lbs, pyramidal metal base with wheels.

Case Study – May 24th, 10 am

It’s 10:00 am on May 24. You are working at your desk when your phone rings. It’s Harry, one of the maintenance supervisors, calling you on the shop phone. He tells you Richard just came to see him. Says his back hurts something fierce. He was lifting a grinder to move it and wrenched his back. He wants to see the doctor.

He has Richard in the truck and is going to drive him over to the Clinic. Richard says he doesn’t think he’d be safe to drive. Harry would like to stop by your office and pick up, in his words, “whatever those forms are you said we should fill out when there is an accident.” Harry says that he should be there in about 5 minutes.

5 Basic Requirements for Entitlement to WC

1. Time Limits: Traumatic Injury – 3 years to file from date of injury, 30 days to file to receive continuation of pay (COP); Occupational Disease – 3 years to file from date you first became aware that the condition was work related.

2. Covered Personnel: Federal civil employees (permanent/terms/temporary); Volunteers; Student Conservation Assoc.; Youth Conservation Corps; AD hires; Others as defined by law (See CA-810 and 20 CFR).

3. Fact of injury: Occurred at the time and place and in the manner claimed; documented medical condition that may be related to the incident.

4. Performance of Duty: On employer’s premise; during work hours; performing assigned duties.

5. Causal Relationship: Medical connection between the injury and the condition. Must be based on medical evidence provided by physician and sound medical reasoning.
# Types of Injuries and Appropriate Forms

<table>
<thead>
<tr>
<th>TRAUMATIC</th>
<th>OCCUPATIONAL</th>
<th>RECURRENCE</th>
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<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
<td>Must be identifiable as to time and place of occurrence and member or function of the body affected, and must be caused by a specific event or incident or series of events or incidents within a single day or work shift</td>
<td>Produced in the work environment by such factors as infections, continued or repeated stress or strain, or exposure to hazardous elements. Their period of development must be longer than a single workday or shift</td>
</tr>
<tr>
<td><strong>FORM</strong></td>
<td>CA-1, Notice of Traumatic Injury</td>
<td>CA-2, Notice of Occupational Disease Checklists CA-35A-H (as appropriate)</td>
</tr>
<tr>
<td><strong>MEDICAL COSTS</strong></td>
<td>Medical costs can be authorized by Workers’ Comp Coordinator if CA-1 was filed within 7 days of date of injury</td>
<td>Medical costs are the responsibility of employee until case is accepted by DOL</td>
</tr>
<tr>
<td><strong>WAGE LOSS</strong></td>
<td>Eligible for COP if CA-1 filed within 30 days from date of injury (expires 45 days after date of injury). If Dependent receives 75%; if no dependents receive 66 2/3%</td>
<td>May use sick/annual leave and apply for Leave Buy Back later</td>
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<tr>
<td></td>
<td>May use sick/annual leave and apply for Leave-buy-back</td>
<td>May use LWOP (code 162) and apply for Compensation Payments from DOL</td>
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</tbody>
</table>
Types of Injuries and Appropriate Forms (cont.)

CA-1 Notice of Traumatic Injury
- Employee initiates claim through SMIS
- Supervisor retrieves claim from SMIS and completes the supervisor section
- Witness statements are completed as applicable
- WCC reviews
- If medical treatment is needed, WCC provides CA-16

CA-16 Authorization for Medical Treatment
- Obligates government to payment, like issuing a blank check
- Item 6.B(2) is more restrictive
- Usually issued the day of or within 1-2 days of the injury
- May be faxed if emergency prevents issuing to employee ahead of time
- Generally provides medical care for up to 60 days after injury unless revoked
- Employee has choice of provider within commuting area (usually within 25 miles, may be more in rural areas)
- If issued for emergency care, employee may choose other provider for follow-up care
- Authorizes primary care provider to refer employee to specialists
- May change IF OWCP approves
- RARELY issued more than 7 days after injury
- RARELY issued if employee has already sought medical treatment
- NOT issued for an occupational disease

CA-2 Notice of Occupational Disease
- Employee notifies supervisor
- Supervisor refers to WCC
- Employee completes CA-2 in SMIS with assistance of WCC
- Accompanied by CA-35a-h (appropriate for the specific condition)
- Employee provides medical documentation
- No CA-16 issued, employee must pay medical expenses until adjudicated and accepted
- No entitlement to COP
Types of Injuries and Appropriate Forms (cont.)

CA-2a Notice of Recurrence
- Employee completes employee section Part A
- Supervisor completes Part B
- Supervisor gives to WCC
- WCC or HR specialist completes information on pay rate
- WCC forwards to local OWCP district office
- Is NOT submitted electronically through SMIS

Additional Forms
- CA-17 Duty Status Report
- CA-20 Attending Physician’s Report
- CA-915 Medical Reimbursement
- OPM-71 Leave slip
- OWCP-957 Medical and Travel Refund
- SMIS Quick Reference Guides
- Employee Checklist (Appendix E)
- Supervisor Checklist (Appendix F)
- Provider Information Sheet on Billing Instructions (Appendix H)

Case Study – May 24th  10:00 AM
What forms would you give Richard and Harry?
Electronic Filing Responsibilities

Employee
- Initiates the claim using SMIS
- Completes the CA-1 or CA-2
- Notify supervisor (email or printed)
- Have witnesses complete statements
- MUST confirm that electrons went through (email back, view status, etc.)
- If no e-mail back in 48 hours, or no claim status, check with WCC

Supervisor
- Review the employee’s claim in SMIS
- Completes supervisor portion of claim using SMIS
- Notify WCC of any discrepancies
- Enter any supplemental information required by SMIS
  — Safety Incident Report

WCC
- Review employee’s claim
- Complete WCC portion
- Transmit, print, get signatures
- Review pending claims – look for red flags!
- Create employee profiles (AD, VIPs, etc.)
- Generate and lookup claim ID if necessary
- Update claim as necessary
- Grant proxy access if necessary – this simply means “…on their behalf…”
Reviewing Forms for Accuracy and Completeness

CA-1 Employee’s Notice of Traumatic Injury and Claim

Block # 5  Ensure it is not left blank.
Block # 8  Even if the employee’s spouse has a full-time job, they are considered a dependent.
Block # 9  Be very specific, remember it may help to identify risk areas and prevent future injuries. This may also have third party liability implications.
Block # 10 Date of injury, not necessarily when it was reported.
Block # 13  Cause of injury (limited to 264 characters)
Block # 14  BE VERY SPECIFIC. What body parts were involved? What happened? (limited to 264 characters)
Block # 15 Either “Continuation of regular pay (COP)...” or “Sick and/or Annual Leave” should be selected.
Block # 24  Ensure it is not left blank. Key date for determining COP eligibility.
Block #26  Ensure it is not left blank.
Block #27  If it is blank, ensure that the employee has not returned to work.
Blocks #35-36 If checked, or there are comments, requires further investigation.
Block #39  Ensure proper block is checked.

Case Study – May 25th  11:00 AM

Harry tells you that Richard has electronically filed his CA-1. Harry says that he used SMIS and filled out the supervisor’s part. He wants to know if the CA-1 is filled out correctly. Look over the printout of Richard’s online form in the back of your participant guide. What questions do you have or need for further information?
Reviewing Forms for Accuracy and Completeness (continued)

Controversion

- Procedure for contesting questionable claims
- “Controversion,” specifically, only applies to COP
- Actions are taken to dispute or oppose an employee’s claim
- Guards compensation system against abuse
- Agency may controvert payment of COP or contest the entire claim
- If OWCP agrees with agency COP is converted to Sick Leave, Annual Leave or Leave Without Pay

Agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

1. The disability was not caused by a traumatic injury.

2. The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;

3. The employee is not a citizen of the United States or Canada;

4. The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;

5. The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;

6. The injury was not reported on Form CA-1 within 30 days following the injury;

7. Work stoppage first occurred 45 days or more following the injury;

8. The employee initially reported the injury after his or her employment was terminated; or

9. The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.
Initial Payroll Coding Issues

See Appendix B for payroll codes associated with compensation claims.

All time away from the job due to the injury must be properly documented and reported for __________ and __________ purposes. This includes ALL doctors’ appointments, physical therapy and disability due to the injury.

- Payroll coding is critical to proper case management
- Payroll coding is used to generate SMIS reports.
- Proper coding of COP, SL, AL and LWOP is critical to certifying documents.
- Basis for measuring SHARE goal achievement

Traumatic Injury

In the case of a traumatic injury, time loss on the day of the injury is charged to ________________ (HC 060).

“COP is the most restrictive form of leave.”

Continuation of Pay - COP (HC 160 series)

- Applies to a traumatic injury
- May continue for up to _____ calendar days
- Applies to time loss caused by injury and/or medical treatment for injury
- Intended to avoid interruption of the employee’s income while case is adjudicated
- Is NOT considered compensation
- IS subject to usual deductions of pay
- Must be supported by adequate medical documentation by the 10th working day from the date IW claims COP

Coding COP (HC 160 series)

- Weekends
  - If medical evidence shows employee is disabled for weekend, COP is charged. If it does NOT show disabled, no COP charged.
- Holidays – holidays are coded as COP days if incapacitated on that day
- 1st, 2nd, 3rd occurrence etc., (“injury”) - See Appendix B
Initial Payroll Coding Issues (cont.)

Determining COP Eligibility (See COP Worksheet on Page 13)

Case Study – June 4th 8:00 AM

You get a call from the payroll clerk. She heard that Richard got injured on May 24th, was out for a while, and came back to work on Friday (June 1). She asks for help in knowing how to code his time during this period. Complete the COP worksheet.

After completing the COP worksheet, use the May and June calendars in Appendix A and the Time and Attendance Codes in Appendix B, to determine what you should tell the clerk. If Richard is entitled to COP, when is the last day that he could use COP?

Occupational Disease

COP is NOT paid in the case of occupational disease

An employee may apply directly to OWCP for compensation for an occupational disease by applying for FECA Workers Compensation (HC 162) on an OPM-71 Application for Leave AND submitting a Form CA-7 Claim for Compensation Payments through the WCC.

An employee may use Annual Leave (HC 024) or ________ Leave (HC 034) in lieu of FECA for time loss caused by an occupational disease and/or medical treatment for an occupational disease. An employee may apply for Leave-Buy-Back later.

Recurrence

Time loss due to recurrence may be charged to ______ IF the original injury was a traumatic injury, IF the employee has a balance of _____ days left, and IF it is still within the COP timeframe (45 days of first return to work),

An employee may apply directly to OWCP for compensation for a recurrence by applying for FECA Workers Compensation (HC 162) on an OPM-71 Application for Leave AND submitting a Form CA-7 Claim for Compensation Payments through the WCC.

An employee may use Annual Leave (HC 024) or ________ Leave (HC 034) in lieu of FECA for time loss caused by a recurrence and/or medical treatment for a recurrence. An employee may apply for Leave-Buy-Back later.
Continuation of Pay (COP) Worksheet

Assumptions:

1. Traumatic injury with DOI of 1/4/99 or later.
2. Notice of Injury was filed within 30 days of injury.
3. Maximum COP payable in any case is 45 days total.

Dates

A. Date of Traumatic Injury (DoI) = ______________________
B. 45 calendar days from DoI = ______________________
C. 1st day of time loss. **If administrative leave was used on DoI, use DoI as 1st day of time loss.** Time loss may be the result of medical treatment or disability. = ______________________
D. 1st Return to work after initial period of time loss. If Admin. Leave was used on DoI, this date = DoI date. = ______________________
E. 45 calendar days from Date D. = ______________________

To establish entitlement to COP

1. Is Date C before Date B?
   - **YES:** COP payable
   - **NO:** No COP payable.

To determine if time lost should be charged to COP

1st disability period:
2. Did period of time loss occur before point B?
   - **YES:** COP payable for up to 45 days of initial period of disability.
   - **NO:** COP not payable for any period.

Period of time loss after 1st Return to work.
3. Is date of time loss between Points D and E?
   - **YES:** COP payable.
   - **NO:** Go to next question.

4. Has disability been continuous since Date E?
   - **YES:** COP payable if total COP days do not exceed 45.
   - **NO:** NO COP entitlement for that date(s).

References: FEC Bulletin 99-06
20 CFR 10.205-10.224
Medical Documentation

- Employee is responsible for providing medical documentation (CA-20, CA-17, Narrative physician report on letterhead, etc.)

- If medical documentation is not provided within 10 days, the agency may stop COP.

- Medical documentation should state the employee’s work capacity and work restrictions.

- Medical documentation should state timeframe for return to work or follow-up.

- **ALL** time off work must be covered by medical documentation

Case Study – June 4th 2:00 PM

Harry brings to you a prescription form from Richard’s doctor, dated May 24, that has written on it, “Richard’s back is strained; he needs a week or two off. Will be seen next, 5/30.” Is this acceptable medical documentation? If it is not, what would you require and how would you obtain it?
Returning the Employee To Work

Case Study – June 6th  8:00 AM

Harry calls you. Richard went to the doctor on June 5. The doctor put him on modified light duty for the next week, working half days.

Harry says that he would like to have Richard back for half days, but isn’t sure what he can do since he isn’t 100% better. 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)
- Temporary job assignment
- Accommodates employee’s injury or medical limitations
- Aids healing process of recuperating employee
- Reduces amount of loss time
- Requires good communication with medical provider (CA-17 cover letter)
- Supervisor and WCC work together to submit AWA to the physician

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

AWA Considerations
- Must be in writing
- Physician must approve (See Appendix D)
- Normally within employee’s division
- May be in another division if no AWA in employee’s division
Compensation After COP Runs Out

Case Study – July 16th  8:00 AM

Richard was back at work for half days until July 10, at which point the physician took him off work again and indicated that he’s going to have to have an MRI and may need a referral to an orthopedist or neurosurgeon. He has ordered an MRI for July 19th.

Richard is concerned about the financial impact this may have on his family. Harry wants to know when the COP will run out and what needs to be done to ensure that Richard gets the proper compensation due to him for this work related injury.

It is now 15 days before COP runs out. You are at a decision point. Ask the question:

Are they continuing to lose time as a result of the injury?

If the answer is yes, the employee should prepare to submit a CA-7.

Case Study – July 16th  8:00 AM

Using the COP worksheet and the calendars in Appendix A determine when Richard will have a zero balance of COP days remaining.
Resources

Regional Workers’ Compensation Manager (RWCM)

Carol Moore
National Capital Region/Northeast Region
(202)619-7247 carol_d_moore@nps.gov

Northeast Region Chesapeake Cluster
Judith Knight (215)597-9263

Northeast Region New England Cluster
David Day (617)223-5105

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

Midwest Region
Carol Solnosky (402)221-3386 Fax (402)221-3430

Southeast Region
Tina Richardson (404)562-3157 X516

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

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

Alaska Region
Naomi Mitchell (907)644-3343

NPS Workers’ Compensation Program Manager
Steve Rosen
(303)987-6778 steve_rosen@nps.gov

OWCP Claims Examiners
Assigned by case. See online reference below to OWCP District Offices.
FWS Employee Injury OWCP Contacts and Agency Codes

FWS Division of Safety and Health
Mary Parkinson
(703) 358-2255 Mary_Parkinson@fws.gov

REGION 1 and California/Nevada Operations
(AS, CM, HI, ID, OR, WA, GU/CA, NV)
Bob VanBuskirk
Regional Safety Office
911 NE 11th Avenue
Portland, Oregon 97232-4181
Phone - (503) 231-2347
Fax - (503) 231-2147
Email – robert_vanbuskirk@fws.gov

REGION 2
(AZ, NM, OK, TX)
Anna Vargas
Regional Safety Office
500 Gold Ave, SW, Rm 9000
Albuquerque, New Mexico 87103
Phone - (505) 248-6936
Fax - (505) 248-6924
Email – anna_vargas@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 - (617) 713-5232
Fax - (617) 713-5282
Email – kathleen_schleener@fws.gov

REGION 4
(AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, PR, VI)
Linda Harbert
Regional Safety Office
1875 Century Blvd, Suite 270
Atlanta, Georgia 30345
Phone - (404) 679-4188
Fax - (404) 679-4183
Email – linda_harbert@fws.gov

REGION 5
(CO, DE, DC, 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
Email – emery_gallant@fws.gov

REGION 6
(CO, KS, MT, NE, ND, SD, UT, WY)
Bev Teeters
Regional Human Resources Office
134 Union Blvd
Lakewood, Colorado 80228
Phone - (303) 236-4498
Fax – (303) 236-5775
Email – bev_teeters@fws.gov

REGION 7
(AK)
Charity Haring
Regional Safety Office
1011 East Tudor Road
Anchorage, Alaska 99503
Phone - (907) 786-3588
Fax - (907) 786-3370
Email – charity_haring@fws.gov

REGION 9
(Washington Office)
Kathy Cannavino
Division of Personnel Management
4501 N. Fairfax Drive
Arlington, Virginia 22203
Phone - (703) 358-2576
Fax - (703) 358-2203
Email – kathy_cannavino@fws.gov
## Resources

### Online Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Notes</th>
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<tbody>
<tr>
<td>NPS Risk Management</td>
<td><a href="http://inside.nps.gov">http://inside.nps.gov</a> then click on NPSafe logoDirector’s Order 50A – “Workers’ Compensation Case Management”</td>
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<td>SMIS</td>
<td><a href="http://www.smis.doi.gov">http://www.smis.doi.gov</a> (Login Required)</td>
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<td><a href="http://www.smis.doi.gov/SMISReference/homepage.HTM">http://www.smis.doi.gov/SMISReference/homepage.HTM</a></td>
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<td>Help Desk (303)236-7130 x228</td>
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<td>OWCP Handbook</td>
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<td>Publication CA-810, “Injury Compensation for Federal Employees”</td>
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<td>OWCP CA-550</td>
<td>Questions and Answers</td>
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<td>OWCP Forms</td>
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<tr>
<td>OWCP District Offices – technical assistance. If you need to speak to an operator, do not enter a case number. Press 0; an operator comes on the line. OWCP Online Training and Presentations</td>
<td><a href="http://www.dol-esa.gov/share/ppt/ppt.htm">http://www.dol-esa.gov/share/ppt/ppt.htm</a></td>
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<td>ACS</td>
<td><a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></td>
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<tr>
<td>Customer Care 850-558-1818 (Bills, provider enrollment, medical authorization inquiries)</td>
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<td>Fax Medical Authorization Requests to 800-215-4901</td>
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<td>Prescription Authorization Requests 866-664-5581</td>
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<td>Agency Query System</td>
<td><a href="https://aqsweb.dol-esa.gov/AQS/login.html">https://aqsweb.dol-esa.gov/AQS/login.html</a> (Login Required)</td>
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### 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

<table>
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<tr>
<th>Sun</th>
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**Richard picks up grinder; goes to MD @ 12:30 pm**

**June**

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<td>26</td>
<td>27</td>
<td>28</td>
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<td>30</td>
</tr>
</tbody>
</table>

**Richard back to work within MD’s restrictions**

**MD sees Richard @ 2 pm again; RTW F/T with Restrictions**

**Supv unable to accommodate; checking on MLD work**

**MD sees Richard @ 8 am; MLD work half days**

**MD sees Richard @ 1 pm released to F/D**

**MD sees Richard @ 2:30 pm MLD with P/T 3x week 2 weeks**

**P/T 4 hours**

**P/T 4 hours**

**P/T 6 hours**
## Appendix A – Case Study Calendars (cont.)

### July

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
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<tbody>
<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>P/T - 4 hours</td>
<td>Holiday</td>
<td>P/T - 4 hours</td>
<td>P/T - 6 hours</td>
<td>7</td>
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<td>8</td>
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<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
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<tr>
<td></td>
<td>P/T - 4 hours</td>
<td>MD sees Richard @ 1:30 pm; TTD pending MRI results</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
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<tr>
<td>15</td>
<td>COP entitlement ends – but 16 days COP left?</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
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<tr>
<td></td>
<td></td>
<td>17</td>
<td>18</td>
<td>Richard has MRI</td>
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<td>22</td>
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<td>27</td>
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<tr>
<td></td>
<td></td>
<td>24</td>
<td>25</td>
<td>MD sees Richard for MRI; Referral to Ortho; TTD pending Ortho</td>
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<td>29</td>
<td></td>
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### August

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<tr>
<td>1</td>
<td></td>
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<td>3 day wait?</td>
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<tr>
<td></td>
<td></td>
<td>4</td>
<td>5 day wait?</td>
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<td>6</td>
<td>7</td>
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<td></td>
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<td>8</td>
<td>9</td>
<td>10</td>
<td>Ortho sees Richard………</td>
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</table>
# Appendix B – Time and Attendance Codes
(See FPPS T&A Payroll Manual, Chapter 9 for complete listing.)

<table>
<thead>
<tr>
<th>FPPS CODE</th>
<th>DESCRIPTION</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td>010</td>
<td>Regular Hours</td>
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</tr>
<tr>
<td>024</td>
<td>Annual leave in lieu of FECA</td>
<td></td>
</tr>
<tr>
<td>034</td>
<td>Sick Leave in lieu of FECA</td>
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<tr>
<td>060</td>
<td>Admin Leave</td>
<td>Day of injury ONLY – Traumatic</td>
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<tr>
<td>16A – 16J</td>
<td>FECA/COP – Light Duty -- Paid – 1\textsuperscript{st} – 10\textsuperscript{th} Occurrence</td>
<td>DO NOT USE THESE CODES The use of these codes within the NPS is suspended.</td>
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<tr>
<td>160</td>
<td>FECA/COP – Paid – 1\textsuperscript{st} Occurrence</td>
<td>TRAUMATIC INJURY 45 days COP</td>
</tr>
<tr>
<td>161</td>
<td>FECA/COP – Unpaid – 1\textsuperscript{st} Occurrence</td>
<td></td>
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<tr>
<td>164</td>
<td>FECA/COP – Paid – 2\textsuperscript{nd} Occurrence</td>
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<tr>
<td>165</td>
<td>FECA/COP – Unpaid – 2\textsuperscript{nd} Occurrence</td>
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<tr>
<td>166</td>
<td>FECA/COP – Paid – 3\textsuperscript{rd} Occurrence</td>
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<td>167</td>
<td>FECA/COP – Unpaid – 3\textsuperscript{rd} Occurrence</td>
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<tr>
<td>168</td>
<td>FECA/COP – Paid – 4\textsuperscript{th} Occurrence</td>
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<tr>
<td>169</td>
<td>FECA/COP – Unpaid – 4\textsuperscript{th} Occurrence</td>
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<tr>
<td>16L</td>
<td>FECA/COP – Paid – 5\textsuperscript{th} Occurrence</td>
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<td>16M</td>
<td>FECA/COP – Unpaid – 5\textsuperscript{th} Occurrence</td>
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<td>16N</td>
<td>FECA/COP – Paid – 6\textsuperscript{th} Occurrence</td>
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<td>16P</td>
<td>FECA/COP – Unpaid – 6\textsuperscript{th} Occurrence</td>
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<td>16Q</td>
<td>FECA/COP – Paid – 7\textsuperscript{th} Occurrence</td>
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<td>16R</td>
<td>FECA/COP – Unpaid – 7\textsuperscript{th} Occurrence</td>
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<td>16S</td>
<td>FECA/COP – Paid – 8\textsuperscript{th} Occurrence</td>
<td></td>
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<tr>
<td>16T</td>
<td>FECA/COP – Unpaid – 8\textsuperscript{th} Occurrence</td>
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<tr>
<td>16U</td>
<td>FECA/COP – Paid – 9\textsuperscript{th} Occurrence</td>
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</tr>
<tr>
<td>16V</td>
<td>FECA/COP – Unpaid – 9\textsuperscript{th} Occurrence</td>
<td></td>
</tr>
<tr>
<td>16W</td>
<td>FECA/COP – Paid – 10\textsuperscript{th} Occurrence</td>
<td></td>
</tr>
<tr>
<td>16X</td>
<td>FECA/COP – Unpaid – 10\textsuperscript{th} Occurrence</td>
<td></td>
</tr>
<tr>
<td>162</td>
<td>FECA – OWCP ( 1\textsuperscript{st} Occurrence)</td>
<td>Receiving Compensation payments from DOL</td>
</tr>
<tr>
<td>DL2</td>
<td>FECA – OWCP ( 2\textsuperscript{nd} Occurrence)</td>
<td></td>
</tr>
<tr>
<td>DL3</td>
<td>FECA – OWCP ( 3\textsuperscript{rd} Occurrence)</td>
<td></td>
</tr>
<tr>
<td>DL4</td>
<td>FECA – OWCP ( 4\textsuperscript{th} Occurrence)</td>
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<tr>
<td>DL5</td>
<td>FECA – OWCP ( 5\textsuperscript{th} Occurrence)</td>
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<td>DL6</td>
<td>FECA – OWCP ( 6\textsuperscript{th} Occurrence)</td>
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<td>FECA – OWCP ( 7\textsuperscript{th} Occurrence)</td>
<td></td>
</tr>
<tr>
<td>DL8</td>
<td>FECA – OWCP ( 8\textsuperscript{th} Occurrence)</td>
<td></td>
</tr>
<tr>
<td>DL9</td>
<td>FECA – OWCP ( 9\textsuperscript{th} Occurrence)</td>
<td></td>
</tr>
<tr>
<td>DLA</td>
<td>FECA – OWCP ( 10\textsuperscript{th} Occurrence)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Sample Letter to Accompany CA-17

P3415 (HR-YOSE)

July 2, 2005

Dr. Steve Tocord
26 Medical Way
Merced, CA  95344

Ref: Richard Roe

Dear Dr. Tocord:

We received the attached note dated July 1, 2005 from you indicating that your patient Richard Roe 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. Roe’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: Richard Roe
U.S. Department of Labor
Appendix D – Sample Letter Request for Approval of AWA

P3415 (HR-YOSE)

(Date)

Dr. Steve Tocord
26 Medical Way
Merced, CA  98117

Reference: (Employee Name) – 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.

(Name’s) position of record is a (position title). In an effort to accommodate (Name’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 (position title). 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
Workers’ Compensation Coordinator

Cc:   (Employee)
      USDOL/OWCP
Appendix D, Sample AWA, Page 2

Yosemite National Park
Alternative Work Assignment

This is a description of an Alternative Work Assignment (AWA) available to our employee during their medical recovery process.

<table>
<thead>
<tr>
<th>Employee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Maintenance Worker</th>
<th>Division:</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Available:</td>
<td>up to 9 hours per day</td>
<td>Supervisor:</td>
<td>Ron Bagatol (928)638-5678</td>
</tr>
</tbody>
</table>

**Job Summary**

<table>
<thead>
<tr>
<th>Cleaning and Sanitizing Restrooms</th>
<th>Litter Removal</th>
<th>Condition Assessment of Campgrounds</th>
<th>Office Custodial Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cleaning fixtures</strong></td>
<td><strong>Picking up litter</strong></td>
<td><strong>Visual inspection of site furnishings</strong></td>
<td><strong>Vacuuming Floors</strong></td>
</tr>
<tr>
<td><strong>Wiping down walls and partitions</strong></td>
<td><strong>Emptying litter bags (less than 10 pounds)</strong></td>
<td><strong>Entering data on forms</strong></td>
<td><strong>Cleaning Windows</strong></td>
</tr>
<tr>
<td><strong>Emptying waste receptacles (less than 20 pounds)</strong></td>
<td></td>
<td></td>
<td><strong>Emptying waste baskets</strong></td>
</tr>
<tr>
<td><strong>Dusting</strong></td>
<td></td>
<td></td>
<td><strong>Dusting</strong></td>
</tr>
</tbody>
</table>

**Physical Demands**

|-----------|----------|----------|-------------|------------|---------|-----------|-----------|-----------|

**Physician Comments:**

I have reviewed the physical demands and release the worker to perform these temporary work assignments:  

- [ ] Yes  
- [ ] No

- [ ] Yes, with the following adjustments:

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Physician’s Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>

- [ ]
Appendix E – Employee Checklist

- Report work-related injury or illness to your supervisor immediately.

- Pick up the “Quick Reference for SMIS Accident Reporting - DOI Employees Module.” Follow the instructions to go online and complete employee portion of appropriate forms CA-1 “Notice of Traumatic Injury” OR CA-2 “Notice of Occupational Disease” AND appropriate, “CA-35A-H”, “Occupational Disease Checklist”, or CA-2a “Notice of Recurrence.” [CA-1 must be filed within 30 days of injury to be eligible for COP.]

- In the case of a traumatic injury, if medical treatment is necessary, obtain CA-16 “Authorization for Medical Treatment” from Workers’ Compensation Coordinator prior to physician visit, unless Supervisor and/or Workers’ Compensation Coordinator have made other arrangements. [A CA-16 is usually issued only within 2 days from the date of injury. A CA-1 must be submitted within 7 days of injury for medical authorization to be given. Emergency medical care is the only exception to this procedure. Emergency care should be sought immediately and necessary paperwork will be completed later.]

- Seek medical treatment. [You have the initial choice of medical providers] (OWCP generally considers 25 miles from the agency or the employee’s home a reasonable distance to travel for medical). Should you need to change your treating physician, you must request it in writing to OWCP. Under FECA chiropractors may be reimbursed only for manipulation of the spine to correct a subluxation as demonstrated by an X-ray to exist.

- Return the medical evaluation to your workers’ compensation coordinator. [All claims for disability compensation or medical treatment due to work related injury or illness must be supported by medical evidence in writing from your doctor. If you fail to submit this required written medical evidence within 10 workdays, COP can be terminated.]

- If it appears that you will miss any regularly scheduled work due to the occupational injury or illness, (1) inform your supervisor immediately of any medical limitations or restrictions specified in writing by your doctor, and (2) discuss possible alternative work assignments (AWAs).

- If it appears that you will have any work restrictions because of your injury or illness, discuss with your doctor the fact that alternative work assignments are available at your park.

- If your doctor thinks you will be disabled longer than 45 calendar days, submit Form CA-7 during the last two weeks of the 45 day period, and notify your supervisor and compensation coordinator. [This will help to avoid an interruption in your pay]

- Complete appropriate leave requests for any period of time away from your job, this includes all medical appointments and any periods of disability [All periods disability must be supported by medical evidence from your physician]
Appendix E – Employee Checklist (cont.)

- Avoid activities while on injury compensation that might aggravate the injury or condition and extend time away from work.

- Accept suitable offers from your employer of temporary alternative work assignments that are not in conflict with medical limitations caused by the work-related injury or illness. [If you refuse suitable work, COP/compensation payments can be terminated.]

- Return to regular duty as soon as your physician clears you to do so.
Appendix F – Supervisor Checklist

- Seek emergency medical care for employee if necessary.
- If necessary, arrange for transportation to medical provider and provide for reasonable immediate needs of employee, i.e. family notification, etc.
- Immediately notify the Workers’ Compensation Coordinator of new injury/illness.
- Report cases of injury or illness to park safety officer (for follow up investigation, OSHA reporting, etc.).
- Go online to SMIS and complete supervisor portion of CA-1 “Notice of Traumatic Injury” OR CA-2 “Notice of Occupational Disease” Complete CA-2a “Notice of Recurrence” and forward to Workers’ Compensation Coordinator.
- Enter required information into the Safety Management Information System (SMIS) and complete any individual park accident reports and assist in the accident investigation.
- Follow-up with the Workers’ Compensation Coordinator to determine future work needs.
- If it appears that employee will have work restrictions or lose work time, identify Alternative Work Assignments (AWA) and submit to Workers’ Compensation Coordinator. Contact any other work group supervisor who will be affected by an AWA. [Base AWA assignments on any conditions or limitations placed on employee by medical provider and adhere to those limitations.]
- Have the employee review and sign the AWA, and provide a copy of the assignment to the employee. Provide necessary instructions regarding the assignment.
- Keep the Workers’ Compensation Coordinator informed of the status and any problems or potential problems regarding the case.
- Coordinate with timekeeper to ensure that proper codes are entered on time sheets to correctly track any COP and/or leave hours.
- In the event the employee should apply for compensation payment from OWCP, ensure SF-52, Notice of Personnel Action is initiated for leave-without-pay. When employee returns to work, initiate return to duty SF-52.
- Maintain personal contact with your injured employee during time away from work.
- Return the employee to work as soon as possible.
Appendix G – WCC Checklist

- Upon notification from supervisor or injured employee, initiate claim reporting procedures by providing appropriate information and forms to supervisor or employee.

- Review and process required OWCP forms (electronic or paper) within time guidelines established.

- Establish OWCP case file and maintain tracking and record system.

- Advise and counsel employee and supervisor on rights, benefits, and responsibilities under FECA.

- Assist employee in applying for compensation benefits from OWCP

- Coordinate with supervisor the selection of Alternative Work Assignments (AWA’s), and submit assignments to employee’s physician for approval.

- Contact supervisor weekly for status check of AWA’s or absence from work.

- Contact medical providers for current documentation to justify injured worker’s time off work and work status.

- Contact OWCP Claims Examiner on a regular basis for open claims.

- Work with the supervisor and injured employee to facilitate a return work as soon as possible.

- Bring closure to the case.
Appendix H: 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 I: Death Case Checklist

Notifications:

1) Notify Park Management

A. Senior Management Requirements: The senior manager of the unit, or their acting or delegate(s), are required to follow the notification procedures below:
   a. The unit must:
      1. Immediately notify their Associate Regional Director for Operations (or equivalent). Units must also follow any region-specific notification procedures.
      2. Notify the Shenandoah ICC (540) 999-3422. SHEN ICC will make notification to the DOI Emergency Reporting System (877-246-1373) and the NPS DASHO (202) 513-7218.
      3. Notify the nearest OSHA Area Office (800-321-6742) within 8 hours. Do not contact OSHA concerning property damage only incidents.
   b. For all employee on-duty heart attacks, work related or not, the unit must:
      1. Immediately notify their Associate Regional Director for Operations (or equivalent).
      2. Notify the nearest OSHA Area Office (800-321-6742) within 8 hours.
   c. Units must also provide notification according to any region or unit-specific policies currently in effect.

2) Notify the Regional Workers’ Compensation Program Manager or regional Point of Contact

Claims Actions:

1) Complete a CA-6 (Official Superior’s Report of Employee’s Death) immediately.

2) If there are survivors, you will need to counsel (and console) them. If the survivors are a widow(er) and/or children, you should give them a CA-5. You may complete most of the form for them, online, but their signature is required. Complete only the front. The back is for a medical report, which the survivors should have completed by a physician associated with the case. If such a report is readily available, have it completed before submission (or transmit with the claim form). If not, do not delay the claim to wait for it.

The forms are available at OWCP’s site:

   a) If there is no widow or children, but there are surviving Parents, Brothers, Sisters, Grandparents, or Grandchildren, they may still possibly be entitled. You should give them a CA-5a to claim compensation. Again, you may complete most of the
entries, but a signature is required. Complete only the front (the back, again, is for a medical report, which the survivors should have completed by a physician associated with the case).

3) Fax the CA-6 and the CA-5/5a to the OWCP Office with jurisdiction, based on the claimant’s residence. If you have any questions about the jurisdiction or fax numbers, see the jurisdiction map, with phone and fax numbers at: http://www.dol.gov/esa/contacts/owcp/fecacont.htm.

4) Once you’re sure the fax has gone through, call the jurisdictional Office and inform them of the death, and that you just faxed in the CA-6 and CA-5/5a (and to which fax number). Ask them to provide you with a case number (they will probably need to call you back).

5) Working with the survivors, if any, you will need to provide OWCP with the following information, in addition to any CA-5 or CA-5a. This need not be done immediately, as OWCP will ask for anything that’s missing, so you can send this to London, KY, after you have the case number:

   a) Death certificate.

   b) Name(s) and address(es) of next of kin.

   c) Marriage certificate (civil certificate).

   d) Birth certificate for each child (to show the legal relationship upon which the claim is based).

   e) Divorce, dissolution, or death certificate for prior marriages.

   f) Itemized burial bills, receipted if paid (see paragraph 14).

6) In addition to the OWCP benefits you are helping them file for, there may be two other benefits available:

   a) Department of Interior Death Gratuity (PL 104-208 §651): Up to $10,000 to the personal representative of an employee who dies from an injury sustained in the line of duty. Reduced by burial and termination payments from OWCP (typically totaling $1,000) or by payments under PL 103-332 §312 of up to $10,000 total in reimbursement for burial costs and related out-of-pocket expenses to the personal representative of a deceased employee. (So, the total can be no more than $10,000). Intermountain Region has developed a nice SOP for this (#98-02), available at: http://im.den.nps.gov/den_personne.cfm.

   In general, this gratuity, up to $10,000 (though it may be a lesser amount), is dependent on the entitlement decision of OWCP in the case.
b) PSOB (Public Safety Officers Benefit), administered through the Department of Justice for *peace officers* and *firefighters* who die in the line of duty. Complete information on that benefit, and a checklist of necessary information, is available on the DOJ website, at: http://www.ojp.usdoj.gov/BJA/grant/psob/PSOBChecklist.pdf. The required information essentially parallels the information OWCP needs, as noted above.
This page intentionally left blank.
Employee: ROE, RICHARD R

Date of birth: 08/26/61

Sex: Male

Home telephone: 209-555-1234

Date of injury: 03/30/07

Place where injury occurred: MAINTENANCE GARAGE

Date of this notice: 03/30/07

Employee's job title: MAINTENANCE WORKER

Description of Injury:
I WAS TRYING TO MOVE A GRINDER AND I TWISTED MY BACK. IT WAS VERY PAINFUL.

Nature of Injury: BACK SPRAIN/STRAIN

Employee Signature:

I certify under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

- Sick and /or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf

Date: 03/30/07

Witness Statement:

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records

Name of witness: W4749

Signature of witness:

Date signed: 03/30/07

Address: P.O. BOX 951

City: MARIPOSA

State: CA

ZIP Code: 95389
Official Supervisor's Report: Please complete information requested below

**Supervisor's Report**

17. Agency name and address of reporting office (include city, state, and ZIP code)  
OWCP Agency Code  
OSHA Site Code  
ZIP Code

18. Employee's duty station (street address and zip code)  
P.O. BOX 577 YOSEMITE NP CA  
ZIP Code  

19. Employee's retirement coverage  
☐ CSRS  ☐ FERS  ☐ Other, (Identify)

20. Regular work hours  
From: 7:00 a.m.  
To: 3:30 p.m.

21. Regular work schedule  
☐ Sun  ☑ Mon  ☑ Tue  ☑ Wed  ☑ Thurs  ☑ Fri  ☑ Sat

22. Date of injury  
05/24/06  

23. Date notice received  
03/30/07  

24. Date stopped work  
05/25/06  
Time: 7:00 a.m.

25. Date pay stopped  
05/25/06  

26. Date 45 day period began  
05/25/06  

27. Date returned to work  
10/31/06  
Time: 7:00 a.m.

28. Was employee injured in performance of duty?  
☑ Yes  ☐ No (If ‘No,’ explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?  
☐ Yes (If 'Yes,' explain)  
☐ No

30. Was injury caused by third party?  
☐ Yes  ☑ No (if 'No,’ go to item 32.)

31. Name and address of third party (Include city, state, and ZIP code)

32. Name and address of physician first providing medical care (include city, state, ZIP code)  
Yosemite Med Clinic  
900 Ahwahnee Dr  
Yosemite NP CA 95389

33. First date medical care received  
05/24/06

34. Do medical reports show employee is disabled for work?  
☐ Yes  ☑ No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness?  
☑ Yes  ☐ No (If 'No' explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.  

37. Pay rate when employee stopped work  
$ 38135.00  
Per Year

**Signature of Supervisor and Filing Instructions**

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)  
HARRY R POITIER

Signature of supervisor  
Date  
03/30/07

Supervisor's Title  
MAINT SUPERVISOR  
Office phone  
209-555-1212

39. Filing Instructions  
☐ No lost time and no medical expense; Place this form in employee's medical folder (SF-66-D)  
☐ No lost time, medical expense incurred or expected; forward this form to OWCP  
☐ Lost time covered by leave, LWOP, or COP; forward this form to OWCP  
☐ First Aid Injury

(DOE Electronic Facsimile - Jul 2004)  
Form CA-1  
Rev. Apr. 1999

(8823)
Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

**Employee (Or person acting on the employee's behalf)**

13) **Cause of Injury**
Describe in detail how and why the injury occurred. Give appropriate details (e.g., if you fell, how far did you fall and in what position did you land?)

14) **Nature of Injury**
Give complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

**Supervisor**

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received. The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) **Agency name and address of reporting office**
The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) **Duty station street address and zip code**
The address and zip code of the establishment where the employee actually works.

19) **Employers Retirement Coverage.**
Indicate which retirement system the employee is covered under.

30) **Was injury caused by third party?**
A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

**Employing Agency - Required Codes**

Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

**OWCP Agency Code**

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

**15) Election of COP/Leave**
If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave, you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

33) **First date medical care received**
The date of the first visit to the physician listed in item 31.

36) **If the employing agency controverts continuation of pay, state the reason in detail.**
COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

a) The disability was not caused by a traumatic injury.

b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;

c) The employee is not a citizen or a resident of the United States or Canada;

d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;

e) The employee initially reported the injury after his or her employment was terminated; or

f) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;

g) Work stoppage first occurred 45 days or more following the injury;

h) The employee initially reported the injury after his or her employment was terminated; or

i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.
Benefits for Employees under the Federal Employee’ Compensation Act (FECA)

The FECA, which is administered by the Office of Workers’ Compensation Programs (OWCP), provides the following benefits for job-related, traumatic injuries:

1. Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee’s pay, the pay must not be interrupted unless one of the provision’s outlined in 20 CFR 10.222 apply.

2. Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filled with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.

3. Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.

4. Vocational rehabilitation and related services where directed by OWCP.

5. All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee’s home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-910.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees’ Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers’ Compensation Programs of the U.S. Department of Labor which receives and maintains personal information on claimants and their immediate families. (2) Information which this Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services.

(5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant’s social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

RICHARD R ROE

Which occurred on (Mo., Day, Yr.) 05/24/06

At (Location) MAINTENANCE GARAGE 95389

Signature of Official Superior Title Date (Mo., Day, Yr.)

MAINT SUPERVISOR 03/30/07

Quick Reference for SMIS Accident Reporting – Comp Coordinators Module

Accessing SMIS Accident Reporting
1. Open your browser and in the Address field, type http://www.smis.doi.gov.
2. Click Accident Reporting.
3. Click Comp Coordinators.

Logging into the Comp Coordinators Module
1. From the “Safety Management Information System” screen, click Comp Coordinators.
2. In the User ID field, type your user ID.
3. In the Password field, type your password and press Enter or click Login to SMIS as Compensation Coordinator.
4. If you are logging into Comp Coordinators for the first time, type your email address. Press Enter or click Submit/Verify your E-mail Address to confirm your email address.

Accessing Pending Claims
There are two ways to access pending claims.
1. Click the hyperlink of the claim you want to review. The claim form is displayed.
OR
1. If you know a user’s claim ID, enter it in the Enter the Claimant’s Claim ID here: field below the list of displayed claims.
2. Click View this Claim. The claim form is displayed.

Printing a Claim Form
1. Access the claim you want to print.
2. Click the Print Comp Form option at the top of the screen to view the CA-1 or CA-2 form.
3. From the File menu, select Print to print the form.
4. Have the claimant and the claimant’s supervisor sign and date the printed form and return it to you. A copy of the form should be retained on file by the claimant filing the claim, the claimant’s supervisor, and you, the compensation coordinator.

Viewing the Employee Section of Accident Reports
1. Access the claim for which you want to view the Employee section.
2. Click the Employee Section button at the top of the screen.
3. Click Exit Employee Section when you are done reviewing the claimant’s accident report.

Viewing and Modifying the Supervisor Section of Accident Reports
1. If you do not want to process a compensation claim, place a checkbox in the The Agency is challenging the claim, additional info will follow under separate cover box.
2. In the Local Case Notes: (Enter any information you would like to convey to the compensation coordinator*) box, review any notes about the accident that the supervisor entered for you to read.
3. Do one of the following:
   • Click Submit Supervisor Report Changes when you are done reviewing and/or making changes to the supervisor’s section.
   • Click Exit Supervisor Section if you did not make any changes.
Updating and Reviewing a Compensation Claim

1. Access the claim you want to update, review, and process.

2. From the Federal Employee’s Compensation District Office drop-down list, select the district in which the claimant’s office is assigned.

3. From the OWCP Chargeback Code drop-down list, select the code that represents the claimant’s agency site responsible for paying the worker’s compensation claim.

4. From the Two Alpha Character Locator drop-down list, select the locator code that represents the location in which the claimant works.

5. From the Severity of Injury drop-down list, select the option that best describes the type of medical treatment required because of the claimant’s injury.

6. From the Type Code drop-down list, select the option that best describes how the claimant was injured.

7. From the Body Part Code drop-down list, select the option that best describes the part of the body that the claimant injured.

8. From the Source Code drop-down list, select the option that best describes the item or environment that caused the claimant’s injury.

9. From the Cause Code drop-down list, select the option that best describes what instigated the claimant’s accident.

10. From the Nature Code drop-down list, select the option that best describes the nature or severity of the claimant’s injury.

11. Review comments from the claimant in the Relationship of Condition to Work (read only-as entered by employee) and Nature of Injury (read only-as entered by employee) boxes.

12. Review any comments from the supervisor in the Supervisor’s Notes (read only-as entered by supervisor; not forwarded to OWCP) box. Notes in this box are not forwarded to OWCP, but remain as part of the completed claim form.

13. In the Compensation Coordinator Notes (not forwarded to OWCP) box, type any comments you want to add regarding the claim. These notes are not forwarded on to OWCP, but remain as part of the completed claim form.

14. If you are processing a CA-1 claim, in box 39. Filing Instructions, select how you want to file the claim.

15. Place a check in the appropriate Completed review by Compensation Coordinator checkboxes to complete the review of and process the pending claim. You can select Hold Briefly Pending Data Clarification or Send this claim to OWCP.

16. Click Send this information to SMIS. Within 48 hours of processing a claim, OWCP will email you and the claimant an OWCP claim number.

17. Click Print the Claim for Compensation to print the claim form. Remember that you must have the claimant and claimant’s supervisor sign the compensation claim form.