Disability Management

OWCP Perspective

Protecting Our Workers and Ensuring Reemployment (POWER)

- On July 19, 2010, the Presidential POWER initiative was created to cover FY 2011 through FY 2014.

- This initiative extends prior workplace safety and health efforts in the Federal government by setting more aggressive performance targets, encouraging the collection and analysis of data on the causes and consequences of frequent or severe injury and illness, and prioritizing safety and health management programs that have proven effective in the past.

Goals of the POWER Initiative

- Two of the seven goals in the POWER initiative relate directly to Disability Management:
  - Reducing lost production days
  - Speeding the injured worker’s return to work in cases of serious injury or illness
To Succeed, We Must:
- Reduce the number of serious injuries
- Return injured workers to work as soon as medically appropriate. The sooner the employee returns to work, the greater the reduction in LPDs.
- THIS IS A JOINT EFFORT!

OWCP Strategy:

Disability Management (DM)

Core DM Philosophy

OWCP will –
- Make timely, accurate and objective adjudication decisions based upon the merits of the claim;
- Upon acceptance of a claim, manage the claim and pay benefits as allowed by law; and
- Assist the injured worker (IW) with return to work (RTW) as soon as medically appropriate.
Successful Disability Management is a Team Effort

- Although the OWCP Claims Examiner (CE) remains responsible for managing the claim and maintains all decision-making responsibility concerning entitlement to medical and compensation benefits, it is essential that all parties involved in the claims process effectively communicate with each other in order to keep the RTW effort moving forward.

Goals of Disability Management

- The IW obtains a complete recovery from the work injury/condition and returns to his/her regular duty job.
- The IW returns to modified work with the employing agency (EA) with or without wage loss.
- The IW returns to work with a new employer with or without wage loss.
- A loss of wage-earning capacity decision is issued without actual job placement.

Disability Management Intervention Types

- Nurse Intervention
- Vocational Rehabilitation
- Medical Management by the Claims Examiner
Nurse Intervention

Nurses Involved in DM Process

- District Office Staff Nurse (SN)
- Continuation of Pay (COP) Nurse
- Field Nurse (FN)
- Catastrophic Nurse Assignment
- Task Nurse Assignment

District Office Staff Nurse (SN)

- Oversees the contract nurses for OWCP.
- Monitors the contract nurse's performance in correlation to both the contract specifications and the quality of services provided.
- Reviews nurse reports for completeness and timeliness prior to authorizing payment of bills, and
- Communicates with the CEs regarding the cases assigned and relays important or time-sensitive information so that prompt case management actions can be taken, if necessary.
Continuation of Pay (COP) Nurse

- OWCP has placed emphasis on prompt adjudication and payment of benefits, early intervention and active disability management, and prompt, appropriate RTW.
- OWCP provides nurse intervention during the COP period that is solely telephonic in nature.
- This COP nurse intervention occurs prior to case adjudication.

COP Nurse Goals

- The information obtained by the COP Nurse (CN) is used to make decisions about the best path of disability management for the case.
- The medical knowledge and experience of the CN permits identification of cases that require more extensive intervention due to the severity of injury, contemplated surgical intervention and/or lost time from work.

COP Nurse Assignment

- The CN is assigned once 7 days have elapsed since the date the IW stopped work.
- This data used to make this determination is taken from the CA-1 form.
- However, any case with an initial work stoppage date more than 30 days prior to the date the case is received by OWCP will NOT be considered for CN intervention.
COP Nurse Assignment

If a RTW date has been reported prior to the 7th day, the case will not be eligible for CN intervention.

EA’s can report a RTW in 2 ways –

- Submission of an electronic CA-3
- Phone Call to OWCP

COP Nurse Actions

> CNs make 3 point contact with the IW, EA and the Attending Physician’s (AP) office.

(1) From the IW, obtains a brief history of the injury, history of medical treatment and current work status, as well as AP contact information;

(2) From the EA, confirms current work status and finds out whether light duty is available;

3 point contact continued…

(3) From the AP’s office -

- Obtains a verbal history of medical treatment provided and the expected treatment plan
- Provides OWCP’s address for submission of treatment records, and provides ACS contact information to be used should the claim subsequently be approved
- Advises the AP’s office regarding the availability of light duty accommodations based on the contact with the EA
COP Nurse Closure

✧ Based upon the information obtained during the 3 point contact, the CN may recommend assignment of a Field Nurse upon case acceptance.

✧ If, in the course of the CN intervention activities, the CN discovers that:
  ➢ The IW's AP is recommending imminent surgery,
  ➢ The IW's AP is recommending invasive diagnostic examination, or
  ➢ The IW's injuries are catastrophic in severity,

CN intervention will cease and the case will be triaged for expedited adjudication due to the potential disability status.

The Benefits of CN Intervention

✧ Provides an early indication of the severity of the injury.

✧ Discovers possible obstacles which may impact a successful RTW.

✧ Outlines valuable information the CE may use to take a pro-active, expedited approach during the adjudication process.

✧ Helps reduce the number of LPDs associated with a claim, which equates to dollar savings and decreasing charge back costs.

Field Nurse (FN)

✧ A contracted, registered nurse who assists in the management/coordination of disability claims.

✧ The FN’s contact is frequently in person with the IW, EA and medical providers. However, interactions may be telephonic depending on the IW’s locale or the severity of the injury/condition.

✧ FNs are instrumental in reducing LPDs associated with a claim by assisting in the medical recovery and RTW process.
Criteria for FN Assignment

- Upon case acceptance:
  - The IW has either not returned to work or has not returned to his/her regular duty position on a full-time basis.
  - Medical evidence does not indicate a RTW date.
  - The projected RTW date exceeds the usual disability period for the injury/condition.
  - The projected RTW date is extended without clear medical rationale.

FN Assignment Period

- FNs are usually assigned to provide nursing services for 120 calendar days.
- This period may be reduced or extended based on the needs of a specific case.

FN Services

- Establishing a supportive relationship with the IW either telephonically or through face-to-face contact.
- Securing sufficient information about the injury/condition and the medical treatment plan to coordinate appropriate medical services which will expedite recovery.
- Assisting the medical providers and the IW in securing medical services for the work-related injury/condition in a timely manner.
FN Services

- Monitoring the IW’s medical condition and the treatment being provided.
- Assisting the EA, IW and medical providers in facilitating an appropriate RTW.
- Encouraging the IW to cooperate with medical treatment and other efforts to facilitate a successful medical recovery and to prepare for a RTW.

FN Services

- Providing feedback and information regarding work restrictions to the EA.
- Monitoring the continued medical recovery and initial RTW status.

FN Initial Actions

- Within a week of case assignment, the FN contacts the EA, IW and the AP.
- Subsequently, the FN contacts the OWCP CE. The FN reports back to the CE all information obtained and recommends future case interventions based upon the information received during these contacts (IW personal information, possible RTW obstacles, job history, medical history, treatment plan, work status and availability of light duty).
FN Initial Actions (continued)

During the first 30 days, the FN –

1. Assesses whether the AP has formulated a treatment plan and whether the IW’s injury/condition is improving.
2. Advises the AP of the availability of light duty and assists in facilitating a RTW with temporary restrictions during the medical recovery process.

FN Interaction with the EA

- The FN may request to perform an onsite walk through of the IW’s work environment to determine if the job may be modified to accommodate work restrictions.
- The FN will work with the EA to ensure that the physical demands of the job are in keeping with any medical restrictions imposed by the AP.

FN Interaction with the EA

- To ensure that there are no significant barriers to the RTW and to verify that the RTW occurs on or near the expected date, the FN may request a RTW meeting with the IW and supervisor to review the work restrictions and the light duty accommodations.
FN Services beyond 120 days

Extensions of 30-60 additional days may be necessary in some cases with the approval of the CE:

- If the IW has encountered medical setbacks or the recovery has been unusually delayed.
- If a work-related surgery is necessary.
- To help the IW reach a higher level of physical capacity, resulting (if possible) in a RTW in his/her regular duty job.
- To monitor and ensure that the initial RTW is successful.

In catastrophic cases, or in cases where the time limits are exceeded by small amounts or it is clear that the IW will RTW within a short period of time, the FN intervention process may extend beyond the 180-day limit.

However, any extension beyond 180 days is done only with the concurrence of the OWCP SN and the Disability Management Supervisor.

Non-Cooperation with FNs

Sometimes a claimant may not wish to cooperate with the nurse intervention program.

- OWCP cannot issue any type of sanction specifically for non-cooperation with the FN.
- The CE must take other actions to address the situation if it is hindering recovery and return-to-work.
- Options include referral for vocational rehabilitation if work tolerance limitations are on file, a multi-party conference to be sure the claimant understands the process, or other medical management options.
Other Types of FN Assignments

- **Catastrophic**
  
  Assigned to complex injury cases often involving multiple, serious medical conditions.
  
  Assignment period may be lengthy.

Other Types of FN Assignments

- **Task Based Assignments**: A specific task is identified, usually later in the life of a case. Once the task has been completed, the nurse will then close, usually within 30-60 days.
  
  - The claimant’s work tolerance limitations are in question, and the CE determines that with the assistance of a FN, clarification of the claimant’s work capabilities can be obtained.
  - When questions arise regarding the claimant’s current medical status, the FN can meet with the attending physician to obtain a medical opinion on a pending medical issue, assist with obtaining medical records, etc.
  - A FN would be beneficial to assist the CE and/or claimant with the coordination of medical care due to the severity or complexity of the claimant’s medical condition.

FN Closure Goals

- Ideally, FN intervention will assist the IW in returning to his/her regular duty position on a full-time basis.
  
- However, some injuries/conditions are of a severity to cause permanent partial disability which renders an IW unable to perform the full duties of their regular duty position. In these cases, a return to permanent light duty job is the goal.
Transition from FN Intervention to Vocational Rehabilitation

If, however, FN intervention reaches a point where it has been determined that:

• the IW has sustained permanent partial disability, and
• the EA has been unable to provide work accommodations or a permanent light duty job,

then a referral for vocational rehabilitation services will be made in order to continue the RTW effort.

Dual Tracking Option

- Based on the circumstances in the case, OWCP may determine that the assignment of a Vocational Rehabilitation Counselor (RC) simultaneously with FN intervention could be useful.
- The CE has the option to take a dual track intervention approach on certain cases as long as there are specific and distinct goals for both.

Dual Tracking Example

If the EA needs vocational information and assistance with formulating a job offer, the RC and FN may work concurrently.

- The RC may be able to provide vocational testing, transferable skills analysis, ergonomic assessments, and even arrange for short-term training that would enable the EA to make a job offer.
- This can be done while the FN continues to work with the AP to obtain and clarify maximum work tolerances.

If you think this would be helpful in a case, ASK!
Vocational Rehabilitation Intervention

Referrals for Voc Rehab

If the current medical evidence indicates that the claimant has objective residuals of the work-related condition and has stable, well-defined work limitations which allow him or her to work 8 hours per day, the CE should refer the case for vocational rehabilitation services.

A limited referral may be made for placement services when the claimant can work at least 4 hours per day.

District Office Vocational Rehabilitation Specialist (RS)

- Screens referrals from CEs and assigns a contract Rehabilitation Counselor (RC) if appropriate,
- Monitors the RC’s performance in correlation to both the contract specifications and the quality of services provided,
- Reviews RC reports for completeness and timeliness prior to authorizing payment of bills, and
- Communicates with the CEs regarding the cases assigned and relays important or time-sensitive information so that prompt case management actions can be taken, if necessary.
Rehabilitation Counselors (RC)

- A contracted, certified rehabilitation counselor who works face-to-face with the IW to assist with the vocational rehabilitation/RTW effort.
- There are a variety of vocational rehabilitation services provided by the RC to assist in returning IWs to employment either with their original EA or with a new employer. These services include, but are not limited to:
  - Medical Rehabilitation
  - Plan Development
  - Placement Services
  - Assisted Reemployment

Voc Rehab EA Actions

EAs are copied on the letter OWCP sends to the claimant advising him/her that a RC has been assigned.

- If the EA wants to offer a job, NOW is the time to do it.
- DO NOT WAIT until the VR effort is already underway.
- Contact the RC and OWCP and advise that the EA will be formulating a job offer.

Benefits of Developing a Suitable Job Offer

- Benefits to continued employment with the EA:
  - The IW retains status as a Federal employee.
  - The EA does not expend the expense or time of separating a current employee and hiring/training a new employee, and
  - The EA does not have to bear the costs of additional vocational rehabilitation and/or possible loss of wage-earning capacity expenses.
Suitable Job Offer

Developing a Suitable Job Offer:

- The EA must consider the physical or psychological restrictions placed on an IW due to the work injury as well as any concurrent and/or pre-existing non-injury related ailments.
- All medical conditions must be considered.
- A permanent suitable job offer must be in writing.

Requirements of a Suitable Job Offer

- Job title (classification number recommended),
- A description of the SPECIFIC duties to be performed,
- The SPECIFIC physical requirements of the position and any special demands of the workload or unusual working conditions,
- The organizational and geographical location of the job,
Medical Rehabilitation

✧ Where a functional capacity evaluation or work hardening program is initiated with the expectation that it will lead to a work release that the RC can then use to begin identifying job goals and developing a RTW plan.

✧ Ideally, after completion of the Medical Rehabilitation plan, the EA would be able to provide a suitable job offer to the IW which would accommodate the identified work restrictions.

Plan Development

✧ If efforts to return the IW to work with the EA are not successful, then the RC will develop a plan for the IW's RTW with a new employer.

✧ Services offered by the RC may include vocational evaluations, vocational testing, and/or transferrable skills analysis.

✧ During this phase, the RC will identify jobs for the IW that are considered medically suitable, vocationally suitable and reasonably available in the local labor market.

Plan Development

✧ The IW may also be provided with training if it's determined that the IW is unemployable in the local labor market without such training, or if training can be utilized to obtain employment at a higher wage.

✧ Short-term or pre-vocational training that would serve to upgrade basic skills are the preferred options. (Long-term training plans are pursued as a last resort, and only when absolutely necessary.)
Placement With a New Employer

- The IW will be provided with placement assistance (resume and interviewing skills, job leads, etc.).
- Placement assistance is usually provided for a period of 90 days.

Assisted Reemployment

- IWs with skills transferable to jobs within the general labor market may prove difficult to place.
- Assisted Reemployment is designed to increase the number of permanently partially disabled employees successfully returning to the labor force even though they could not find reemployment with their former Federal EA.

Assisted Reemployment

- If an IW is cooperative and motivated but still having difficulty securing employment, OWCP will offer salary reimbursement to potential employers as an incentive for them to hire the IW.
- Reimbursement to the employer is done as a percentage of salary as follows: up to 75% the first year, up to 50% the second year, and up to 25% the third and final year.
If Voc Rehab Efforts are Not Successful

- As previously explained, the goal of the vocational rehabilitation effort is to return all IWs to some form of gainful work, with the previous EA or an employer in the private sector.

- However, there are times when vocational rehabilitation efforts are not successful and do not result in a return to work.

- In most situations, the IWs compensation benefits are still reduced based on his/her wage earning capacity.

Constructed Loss of Wage Earning Capacity Decisions

- In some situations, the IW's wage earning capacity must be determined on the basis of a position deemed suitable but not actually held.

- This reduction of compensation benefits is called a Constructed Loss of Wage Earning Capacity (LWEC).

- The reduction of compensation benefits is based upon the claimant's ability to work in the jobs targeted in the approved Vocational Rehabilitation Plan.

- Compensation benefits are reduced based upon the earnings for the job for which placement was attempted (even though employment in that job was not obtained).
Non-Cooperation and Sanction Decisions

- If an IW refuses or impedes vocational rehabilitation efforts, compensation benefits can be reduced and/or suspended.

- If the non-cooperation occurs before a specific job can be identified for placement efforts, the compensation can be reduced/suspended to zero because in the absence of evidence to the contrary, OWCP will assume that the vocational rehabilitation effort would have resulted in a RTW with no LWEC.

- The reduction/suspension to zero will continue until such time that the claimant demonstrates cooperation with vocational rehabilitation efforts.

- If the IW fails to cooperate after a prospective wage can be established compensation benefits can be reduced based upon the earnings for the jobs otherwise identified as being both medically and vocationally suitable, and reasonably available in the local labor market.

Medical Intervention
Claims Examiner Intervention

✧ At all times, during both and nurse and vocational rehabilitation intervention, the CE may need to intervene to obtain or clarify the claimant’s medical condition or work tolerance limitations.

✧ Usually, this intervention first occurs with the Attending Physician.

✧ OWCP Directed Second Opinion or Referee Examinations may also be required.

What Can YOU do to Assist in the DM RTW Process?

✧ Ensure supervisors and employees are aware of basic FECA procedures.

✧ Assist IWs and supervisors with timely filing of claims.

✧ Carefully review all forms for completeness and consistency before submitting to OWCP, especially pay and RTW information.

✧ Stay in contact with the IW.
Employing Agency Expectations

- Frequently communicate with OWCP regarding changes in work status or medical conditions.
- Identify light duty work accommodations for IWs while they are in the recovery process and advise OWCP and the IW of its availability.
- Provide a permanent, suitable job offer if it is ultimately determined that the IW has sustained permanent partial disability as a result of the work injury.

Additional Resources

To learn more about DFEC’s DM Procedures…. Visit our website and navigate to our on-line Procedure Manual:

- PM Chapter 2-600, Disability Management, provides an overview of the entire process.
- PM Chapter 2-601, Disability Management Tracking, provides a description of DFEC’s various DM goals and the coding that is used to track our success.

- DM codes used in POWER reports are discussed in this chapter.
To learn more about DFEC’s DM Procedures:

- PM Chapter 2-811, Nurse Case Management, provides details pertaining to every aspect of the nurse intervention program.

- PM Chapter 2-813, Vocational Rehabilitation Services, provides details regarding all aspects of DFEC’s vocational rehabilitation program.