

Reclamation Manual

Directives and Standards

Subject:	Workers' Compensation (WC) Program
Purpose:	This Directive and Standard (D&S) provides implementing instructions for the WC Program for the Bureau of Reclamation. The benefits of this D&S are to reduce costs and ensure benefits are provided to injured workers entitled to WC.
Authority:	The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101), the Department of the Interior policies "WC Cost Allocation Policy" (http://elips.doi.gov/elips/0/doc/3736/Page1.aspx); "Departmental Periodic Roll Case Management" (http://elips.doi.gov/elips/0/doc/3333/Page1.aspx) ; "Department of Interior's Quarterly OWCP Chargeback Reporting" (http://elips.doi.gov/elips/0/doc/3343/Page1.aspx); and "Departmental Policy on WC Return to Work Program" (http://elips.doi.gov/elips/0/doc/4111/Page1.aspx).
Approving Official:	Director, Policy and Administration (Director, POLICY)
Contact:	Human Resources (HR) Policy and Programs Division (HRPPD), 84-58000

1. **Introduction.** The WC Program is intended to provide benefits to Federal civilian injured workers who sustain a work-related injury or occupational disease while in the performance of duty. Proactively managing the WC Program is crucial in order to ensure injured workers receive all benefits to which they are entitled and concurrently protect the interests of Reclamation by reducing the number of lost work days and costs associated with WC by returning injured workers to work as soon as they are medically able.
2. **Applicability.** This D&S applies to all Reclamation permanent and temporary employees, and volunteers.
3. **Definitions.**
 - A. **Agency Query System (AQS).** A secure Internet site that provides access to information on Federal Employee Compensation injury claims. The information available includes current claims status, compensation payment history, and medical bill payment history.
 - B. **Challenge.** Formal administrative procedure through which Reclamation's management presents evidence to the Office of WC Programs (OWCP) where there is serious doubt as to the validity of an injured worker's on-the-job injury claim.
 - C. **Chargeback (CB).** System used by OWCP to bill the Department for payments related to the OWCP-approved claims which the Department then charges to Reclamation.

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- D. **Compensation.** Benefits paid or payable under FECA, including money paid because of loss of wages, medical expenses, rehabilitation expenses, loss of use of major body functions, as well as death benefits to survivor(s).
- E. **Continuation of Pay (COP).** 45 calendar days of wage loss paid to the injured worker due to disability and/or medical treatment after a traumatic injury, intended to avoid interruption of the employee's income while the case is being adjudicated.
- F. **Controversy.** Objection by the employer to paying COP for one of the nine statutory reasons provided by regulation.
- G. **Disability.** Limitations on work status due to work-related injury.
- H. **Employees Compensation Operations and Management Portal (ECOMP).** Web-based application accessible via the OWCP's public Internet site for injured workers to electronically file wage loss claims, track the status of any form or document submitted via ECOMP, and electronically upload and submit documents to existing OWCP case files.
- I. **FECA.** FECA provides compensation benefits to Federal civilian injured workers for disability due to injury or disease sustained while in the performance of duty.
- J. **Injured Worker.** Employee who sustains an injury or illness while in the performance of duty.
- K. **Leave Buy-Back.** Process when an injured worker using sick or annual leave for a job-related injury has the leave restored after paying the difference between the value of the leave received and FECA compensation.
- L. **Light Duty.** Temporary or permanent alterations to an injured worker's regular duties when they are unable to perform regular duties. Also called "modified assignment" or "limited duty."
- M. **Long-Term Care Cases.** Periodic roll cases on Temporary Total Disability (TTD) status, in which disability has exceeded, or is expected to exceed, 1 year on a continuous basis.
- N. **Loss of Wage Earning Capacity (LWEC).** Compensation based on the difference between the pre-injury and post-injury wages.
- O. **Medical Documentation.** Information or documentation signed by a medical doctor (MD) that describes the nature of the condition, expected duration of disability, and limitations on work status.

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- P. **Occupational Disease or Illness.** An illness or disease produced by systemic infections, conditions, or repeated stress or strain; exposure to toxins, poisons, or fumes; or other continued and repeated exposure to the work environment over a period greater than a single day or work shift. Also known as a “non-traumatic injury.”
- Q. **OWCP.** The office within U.S. Department of Labor (DOL) with overall responsibility for administration of FECA.
- R. **Partial Disability.** An injured employee who cannot return to the position held at the time of injury (or earn equivalent wages) due to the work-related injury, but who is not totally disabled from all work.
- S. **Periodic Roll.** Claims in which OWCP pays compensation every 28 days because the medical evidence indicates that disability is expected to continue for more than 60-90 days.
- T. **Reclamation WC Program Manager.** Employee assigned to oversee the WC Program at the Reclamation level, assigned to HRPPD, POLICY.
- U. **Regional WC Coordinator (WCC).** Individual in each servicing HR office who oversees and is responsible for the administration of the WC Program for that region/office.
- V. **Regular Duty.** Performance of all physical requirements of the job without modification.
- W. **Safety Management Information System (SMIS).** Secure software program that allows the Department’s injured workers to complete CA-1 and CA-2 forms online and submit them via the Internet to the regional WCC, who will forward to OWCP.
- X. **Serious Injury.** A catastrophic injury with potential to cause loss of life or limb, involves multiple broken bones, serious burns, or involves multiple victims and injuries that have enormous impact on the lives of the injured worker, including brain injury, spinal cord injury, amputation, neurological disorders, and injuries with effects on other systems of the body.
- Y. **Services for OWCP Accountability and Retirement Team (SOAR).** A team of HR personnel located within the Office of the Secretary of the Interior dedicated to managing long-term WC cases.
- Z. **Suitable Employment.** Work within medical restrictions and the injured worker is qualified to perform.
- AA. **Third Party Claim.** A claim in which the responsibility for injury to a Federal employee is a person or entity other than the Federal government.

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- BB. Traumatic Injury.** A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected, and caused by a specific event or series of events within a single day or work shift.
- CC. Vocational Rehabilitation.** Services and/or training provided to an injured worker who suffers from a vocational disability due to a work-related injury or illness and who cannot resume usual duties.
- DD. Wage Earning Capacity (WEC).** The actual or constructed rate of pay for work the injured worker is capable and qualified to perform.

4. Responsibilities.

- A. Regional Directors, Directors, and Deputy Commissioners.** Regional directors, directors, and deputy commissioners are responsible for ensuring effective administration of the WC Program through their servicing HR offices to ensure injured workers receive all benefits to which they are entitled and concurrently protect the interests of Reclamation by:
- (1) ensuring staffing for regional WCC through their servicing HR offices is adequate to meet the WC Program requirements and ensure goals related to WC are met;
 - (2) supporting efforts to return injured workers to suitable employment,
 - (3) ensuring managers and supervisors identify and offer suitable work for recovered and partially recovered injured workers; and
 - (4) ensuring compliance with this D&S.
- B. Director, POLICY.** Director, POLICY is responsible for:
- (1) providing program leadership, administration and Reclamation-wide requirements for the WC Program; and
 - (2) ensuring Reclamation-wide compliance with the Department's WC Program requirements.
- C. Manager, HRPPD.** The Manager, HRPPD is responsible for:
- (1) designating a Reclamation WC Program Manager; and
 - (2) certifying the quarterly CB report.

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D. Reclamation WC Program Manager. The Reclamation WC Program Manager is responsible for:

- (1) serving as Reclamation's representative on the Department's WC Council and representing Reclamation at WC meetings and conferences;
- (2) developing, updating, and communicating WC policy and guidance;
- (3) providing guidance and assistance to servicing HR officers and regional WCCs;
- (4) providing information and training to regional WCCs;
- (5) supporting the regional WCCs' return-to-work efforts;
- (6) tracking progress regarding metrics-goals, progress, costs, and CB reports and sharing data with servicing HR officers; Director, POLICY; and regional WCCs annually;
- (7) managing accounts for regional WCCs for systems including ECOMP, SMIS, AQS, etc.; and
- (8) serving as the subject matter expert on complex WC questions.

E. Servicing HR Officers. Servicing HR officers are responsible for:

- (1) finalizing CB reports for their area of responsibility;
- (2) overseeing the regional WC Program; and
- (3) designating a regional WCC and ensuring staff support for the regional WC Program.

F. Regional WCC. The regional WCCs are responsible for:

- (1) providing supervisors with information regarding the WC Program entitlements, COP, and compensation, etc.;
- (2) advising injured workers on their WC entitlements (COP, sick leave, annual leave, leave without pay (LWOP), Leave Buy Back, medical bills, etc.);
- (3) facilitating claims for injury and compensation;
- (4) providing the Form CA-16, *Authorization for Examination and/or Treatment* to supervisors or to the injured worker or treating physician when the supervisor is unable;

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- (5) utilizing the Department's automated system (SMIS) for new/injury illness claims;
- (6) investigating claims when possible and controverting COP and challenging WC claims when necessary;
- (7) reviewing claims for completeness;
- (8) ensuring timely filing of claims for new injury/illness and wage loss;
- (9) utilizing OWCP's automated system (i.e., ECOMP) to electronically file wage loss claims;
- (10) tracking COP to ensure it is used accurately and ensuring COP is reclaimed when claims are denied;
- (11) auditing COP usage reports as requested and reporting changes and corrections to the Reclamation WC Program Manager;
- (12) establishing OWCP case files, tracking files, and ensuring records are kept in accordance with OWCP's requirements;
- (13) verifying accuracy of wages and benefits information in AQS for all new claims on periodic or daily rolls;
- (14) conducting quarterly CB audits to ensure all injured workers on the CB report are appropriately charged to the accurate organizational code;
- (15) conducting yearly CB audit to ensure OWCP charges are accurate for the region/office;
- (16) responding timely to inquiries by injured workers, supervisors, OWCP, and long-term case managers (i.e., SOAR);
- (17) completing training as required in Paragraph 13.A. *Regional WCC Training Requirements*;
- (18) training supervisors on WC Program responsibilities and requirements;
- (19) acting as Reclamation's representative to the injured worker, treating physician, and OWCP Claims Examiner, vocational rehabilitation counselors, etc.;
- (20) proactively returning injured workers to work by coordinating with supervisors to make job offers and light duty job offers/alternative work assignments as soon as possible;
- (21) ensuring WEC is established for injured workers who partially recover;

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- (22) coordinating with safety office and briefing the servicing HR officers as needed about the status of WC Program, trends, costs, and return to work efforts in the regional WCC's region/office;
- (23) notifying the Reclamation WC Program Manager of cases of serious injury or death;
- (24) coordinating status updates on long-term cases with SOAR; and
- (25) representing region/office at Reclamation meetings and conferences.

G. Safety and Health Program Managers. Safety and health program managers are responsible for providing the Reclamation WC Program Manager with data regarding the types and location of injuries sustained in the performance of duty.

H. Finance and Accounting Department (FAD). FAD is responsible for

- (1) Leave Buy Back billing and payments processing. FAD will send a copy of payment to Interior Business Center (IBC); and
- (2) allocation of WC charges to regional finance offices for payment.

I. Supervisors. Supervisors are responsible for:

- (1) ensuring a safe work environment;
- (2) completing the training as outlined below in Paragraph 13.B. Supervisory Training Requirement;
- (3) immediately notifying the regional WCC of new injury/illness claims;
- (4) ensuring injured workers receive proper medical care;
- (5) investigating claims, including third-party aspects of any claim;
- (6) challenging WC claims and controverting COP when it is supported by evidence;
- (7) timely completing supervisor portion of OWCP forms by reviewing and signing claims for work related injuries/illness within the time frames established;
- (8) ensuring time and attendance is properly completed;
- (9) maintaining personal contact with injured workers during time away from work;
- (10) coordinating with the regional WCC to inform injured workers of WC entitlements (COP, wage loss compensation, medical, etc.);

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- (11) assisting injured workers in returning to work as soon as possible by developing and offering limited duty when work capacity exists, and having injured worker sign the Alternative Work Assignment (provide a copy to the regional WCC and the injured worker); and
 - (12) keeping the regional WCC informed of status of WC claims, concerns, and potential problems.
- J. **Employees.** Employees are responsible for reporting any workplace safety hazard to their supervisor immediately.
- K. **Injured Workers.** Injured workers are responsible for:
- (1) reporting a work-related injury or illness to their supervisor and, if desired, to file a claim in SMIS as soon as practical;
 - (2) seeking medical treatment from appropriate medical provider;
 - (3) informing physician of the availability of light duty;
 - (4) providing medical evidence to regional WCC for all periods of disability and leave for medical appointments;
 - (5) informing supervisor of any medical limitation or restrictions, in writing, from treating physician;
 - (6) accepting light duty if medically able;
 - (7) working within medical restrictions, and avoiding activities that aggravate the injury or illness;
 - (8) taking an active role in managing claim;
 - (9) seeking damages from a third party (individual, a company or a product manufacturer) if requested by OWCP;
 - (10) coding timesheet correctly (administrative leave, COP, LWOP);
 - (11) completing appropriate leave requests; and
 - (12) returning to regular duty as soon as medically able.
5. **Sole Remedy for Work-Related Injury/Illness.** FECA is the exclusive remedy for Federal workers suffering a work-related injury/illness. All related medical care including first aid, physician services, surgery, hospitalization, drugs and medicines, orthopedic, prosthetic, and other appliances and supplies are covered under FECA. OWCP administers FECA (20 CFR Part 10).

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6. Short-Term Case Management.

A. **New Injury/Illness Claims.** Injured workers will use SMIS to electronically file forms CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, and CA-2, *Notice of Occupational Disease and Claim for Compensation*. Once a claim is submitted by an employee in SMIS, it must be submitted to OWCP within 14 calendar days. Medical evidence for injury must be signed by an MD, OWCP will not accept medical documentation signed by a physician's assistant, nurse, nurse practitioner, etc., unless countersigned by a MD. Chiropractors are not considered valid except for treatment of subluxation of the spine.

(1) **Traumatic Injury.** Injuries that occur in one workshift are considered "traumatic injuries" and claims are filed using the form CA-1. If the employee does not seek treatment and there is no lost time from work, the employee can elect to have the form filed in their medical folder and not sent to OWCP by specifying to their supervisor and regional WCC.

(a) **Injuries Requiring Immediate Medical Treatment.** Supervisors should send forms CA-16, *Authorization for Examination and/or Treatment* and CA-17, *Duty Status Report* with injured workers seeking immediate medical treatment. In an emergency, those forms can be faxed to the provider within 48 hours. The supervisor must complete their portion of forms CA-16 and CA-17 before giving to the injured worker and must never give injured workers a blank form.

(i) **Form CA-16, Authorization for Examination and/or Treatment.** The CA-16 form is controlled access and guarantees payment. The supervisor may not issue a CA-16 form more than 1 week after the occurrence of claimed injury.

(ii) **Form CA-17, Duty Status Report.** Supervisors provide this form to the injured worker for the purpose of obtaining a medical duty status report from the treating physician. The supervisor completes, on the form, the usual physical work requirements of the injured worker's job. If the injured worker is temporarily disabled, the provider would notify supervisor of restrictions by completing side B of the CA-17.

(b) **Timecard Coding for Traumatic Injury (CA-1).**

(i) **Administrative Leave (Pay Code 060).** On the day of the injury, time away from work should be coded as administrative leave, unless the injury occurred before the shift began.

(ii) **COP (Pay Code 160).** An injured worker is entitled to receive up to 45 calendar days of COP when he or she is absent from work due to disability or medical treatment following a traumatic injury, based on

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the supporting medical documentation. The intent is to avoid interruption of pay while the claim is adjudicated. After entitlement to COP ends, the injured worker may apply for compensation or use leave. COP is subject to taxes and all other usual payroll deductions.

- (aa) **Entitlement.** To use COP, the traumatic injury must be reported within 30 days and the absence must begin within 45 days after the injury. Within 10 days of the time loss due to injury, the injured worker must provide medical evidence of disability to the regional WCC or COP will be terminated.
 - (bb) **COP from Subsequent Injuries.** COP may be used for each accepted claim. Subsequent injuries in the same leave calendar year must be coded appropriately as the second, third (up to 11th) COP occurrence. If COP entitlement occurs at the end of the leave calendar year and COP continues into the new leave calendar year, all COP associated with that injury should be coded the same (i.e., if it is the first occurrence, continue to use that code for all COP associated with that injury).
 - (cc) **Tracking.** The regional WCC will track COP to determine the number of days remaining. The regional WCC will advise supervisor and injured worker on eligibility and remaining COP days.
 - (dd) **COP and Claims Denied by OWCP.** COP must be reclaimed for claims that are denied. Regional WCCs must have the time card changed from COP to sick leave, annual leave, or LWOP (which creates a debt) at the choice of the employee.
- (iii) **When COP Expires.** When COP expires, if disability continues, the injured worker may elect sick leave, annual leave, or LWOP. If LWOP is elected, the injured worker may file a claim for wage loss in ECOMP filing a CA-7, *Claim for Compensation*. Pay code 162 should be used for LWOP to be paid by OWCP for WC claims. If the injured worker elects sick or annual leave, they may be entitled to “buy back” the leave used for work-related injuries (See 6C. *Leave Buy Back*, below). To facilitate this, utilize pay codes 024 (annual leave in lieu of FECA) and 034 (sick leave in lieu of FECA).

- (2) **Occupational Disease and Claim for Compensation (CA-2).** Injured workers filing claims for occupational disease or illness are not entitled to COP, nor payment for medical or compensation until the claim is accepted. Injured workers claiming an occupational disease or illness must use annual, sick, or

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LWOP until claim is accepted by OWCP. Once a claim is accepted, an injured worker may file claims for medical expenses, wage loss, travel reimbursement, and leave buy back.

B. Claims for Wage Loss.

- (1) **Electronic Filing of Wage Loss Claims.** Injured workers with approved claims and lost wages due to injury (evidenced from treating physician and LWOP on timecard) will use ECOMP (www.ecomp.dol.gov) to electronically file form CA-7, *Claim for Compensation*. Form CA-7a, *Time Analysis Form*, must also be completed when dates for leave are intermittent or when more than one period of leave is claimed. Injured workers with limited access to the internet or unfamiliarity with the process can set up time with the regional WCC, in person or by phone, to complete the forms electronically.
- (2) **Supervisory Review in ECOMP.** The injured worker is asked to provide an email address for his or her supervisor. A hyperlink will be sent to the provided email for the second stage of the approval process. Regional WCCs may elect to have all CA-7s routed to them to act as supervisor and must inform injured workers filing claims for wage loss to input the regional WCC's email address.
- (3) **Agency Reviewer.** After the supervisor or designee reviews and approves the claim, it is signed electronically and electronically transferred to the regional WCC (referred in ECOMP as the Agency Reviewer) for final approval and electronic submission to OWCP.
- (4) **Timely Filing of Claims for Wage Loss.** To avoid extended periods of pay loss, the injured worker should file claims for wage loss as soon as possible after time lost due to injury. The regional WCC must submit claim to OWCP within 7 calendar days (5 working days) of electronic submission by the injured worker.
- (5) **Claims for Anticipated Wage Loss.** Claims for wage loss must only be submitted in ECOMP for time already lost due to injury. For anticipated future wage loss, such as planned surgery, the injured worker may complete the paper forms (signed but not dated) and provide the forms to the regional WCC to complete as directed by the injured worker (bi-weekly, for example), to ensure compensation during periods of disability.

C. Leave Buy Back.

Injured workers who elect to use sick or annual leave during their period of disability to avoid interruption of income, may claim compensation for the period of disability and "buy back" the leave used within 1 year from return to work or 1 year from the claim acceptance, whichever is later. The maximum amount of time to be repurchased is 2 years. Injured workers may not repurchase leave used during the COP-eligible period. Because sick and annual leave is paid at 100 percent of an employee's regular pay, and OWCP compensation is paid at 2/3 or 3/4 of an

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employee's pay, the employee will be required to pay the difference to Reclamation before leave can be re-credited to the employee's account. Leave buy back is effected by the following:

- (1) **Injured Worker Initiates Request.** An injured worker initiating a request for leave buy back must complete form CA-7, *Leave Buy Back (LBB) Worksheet/Certification and Election*, in addition to the employee portion of the CA-7b, *Claim for Compensation*, and CA-7a, *Time Analysis Form* (if leave to be bought back was intermittent); and itemize the dates, hours, leave used and evidence of disability for the time periods claimed. Injured worker submits the unsigned forms in hard copy to the regional WCC. Forms are not signed until the injured worker receives the estimated cost of the leave repurchase.
- (2) **Regional WCC Prepares for Estimate of FECA Entitlement.** The regional WCC verifies absences with timecards, medical information, and completes sections A, B, C, and D of form CA-7b and submits the forms to IBC for an estimate of FECA entitlement.
- (3) **IBC Estimate for Leave Buy Back Offer.** IBC will calculate the estimate of FECA entitlement which consists of the base pay rate and any additional elements of pay multiplied by the compensation rate (2/3 or 3/4) multiplied by the number of hours claimed on the CA-7b; and the amount due to the agency to repurchase the leave (sections I and II). IBC will return the CA-7b to the regional WCC to share with the injured worker.
- (4) **Election of Leave Buy Back.** The injured worker will indicate their acceptance or rejection of the leave buy back offer by checking the box in K or L of the CA-7b and signing and dating the document. The injured worker must also date the CA-7 (and CA-7a, if applicable). If leave buy back is elected, the regional WCC must fax the signed forms to OWCP within 7 calendar days of employee's signature to avoid a late filing. If employee elects not to repurchase leave, the forms are filed in the compensation file (not submitted to OWCP).
- (5) **OWCP Decision.** Upon receipt of the Leave Buy Back Forms, OWCP will verify that medical evidence supports entitlement for all hours claimed and the OWCP Claims Examiner will calculate the compensation payable. If that amount is within 10 percent of the estimate provided by IBC in the buyback offer, payment is issued to Reclamation.
- (6) **Accounts Receivable Sends Bill.** Once OWCP payment is received by Reclamation's FAD, Fiscal Services and Accounts Receivable notifies IBC. IBC sends request for bill and Accounts Receivable issues a bill to the injured worker specifying the amount the injured worker owes Reclamation.

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- (7) **Leave Restoration.** The leave will be restored by IBC to the injured worker's leave and earnings statement after final payment by the injured worker is received by Reclamation's FAD.
 - (8) **Timeframe.** The leave buy back process is extensive and each step can take several weeks. It may take several months from the time the injured worker accepts the leave buy back offer until the leave is restored.
7. **Long-Term Case Management.** Reclamation's long-term roll cases are managed by the SOAR team. Long-term periodic roll cases are defined as being in TTD status, in which disability has exceeded, or is expected to exceed, 1 year on a continuous basis.
- A. **Case Transfer.** Regional WCCs shall transfer to SOAR all death and periodic roll cases (as defined per the AQS). Death cases must not be transferred to SOAR until initial death benefit payment has been received by the beneficiary. Death cases in which there is no beneficiary receiving compensation payments are not transferred to SOAR. Case transfer will occur as follows:
- (1) Based on a quarterly review of the report generated from the SMIS system, SOAR will send a request to Reclamation WC Program Manager requesting the cases in periodic roll status that need to be forwarded to SOAR for case management efforts.
 - (2) The Reclamation WC Program Manager will notify regional WCCs of any cases identified for transfer in their region/office and provide the template transfer log to be completed by the regional WCC when cases are transferred.
 - (3) The regional WCC will copy the case file and physically transfer to the SOAR Team the original case file and available accompanying documentation within 30 calendar days of the request by SOAR.
 - (4) Cases may be transferred to SOAR prior to request (such as instances of serious injury), at the discretion of the regional WCC and with the Reclamation WC Program Manager's approval, if the TTD in the case is expected to exceed 1 year.
 - (5) Original case files will be shipped to the SOAR Team via overnight carrier service. The SOAR Team will accept all shipments to their physical address.
 - (6) The regional WCC must log all cases transferred to the SOAR Team for future accountability and audit purposes. When any changes are made to the SOAR Transfer Log, the regional WCC will e-mail the Reclamation WC Program Manager a copy of the log in an editable format, i.e., Excel spreadsheet, rather than Portable Document Format (PDF).
- B. **Retaining Cases Requested for Transfer to SOAR.** With the Reclamation WC Program Manager's approval, eligible cases may be excluded from transfer and

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retained by the regional WCC if he or she is actively managing the case, or currently seeking return-to-work actions, or if transfer of the case would disrupt an ongoing investigation or litigation. The Reclamation WC Program Manager will monitor the status of retained cases and will require transfer of the case to SOAR if the reasons for granting the exclusion no longer apply.

- C. **Disposition of Documents Received After Case Transfer.** If the regional WCC receives any information, letters, documentation, regarding cases that were transferred to the SOAR Team, the regional WCC must send the documents to the SOAR Team and retain a copy with the duplicate file.
 - D. **Cost of Cases Transferred.** Reclamation remains responsible for the WC costs (medical and compensation) on all cases transferred to the SOAR Team. The SOAR Team is responsible only for managing the cases transferred, retaining the case files, and transferring closed cases to the National Archive and Records Administration per the retention schedule.
 - E. **SOAR as Agent.** Once transferred to SOAR, the responsible SOAR specialist is the only person authorized to communicate with OWCP. The responsible SOAR specialist will represent Reclamation in all matters pertaining to case management. The SOAR Team will serve as a liaison between all interested parties, including (but not limited to): the injured worker, medical professionals, the injured worker's representatives and attorneys, investigators, OWCP Claims Examiners, nurses, vocational rehabilitation counselors, the injured worker's supervisor(s), the Reclamation WC Program Manager, and HR personnel.
 - F. **Case Status Updates on Cases Transferred to SOAR.** The SOAR Team will review each case using the same guidelines as OWCP, reviewing each case at least once a year or more often as needed, and provide a quarterly report to the Reclamation WC Program Manager, who will share the information with the regional WCCs.
 - G. **Return of Cases From SOAR.** Case file(s) transferred to the SOAR Team will only be returned to the regional WCC upon reasonable justification (such as investigation or litigation, or recovery and return-to-work actions) by the Reclamation WC Program Manager.
 - H. **Return to Work of Injured Worker in Cases Transferred to SOAR.** When an injured worker is identified as having return-to-work potential, the SOAR Team and the Reclamation WC Program Manager will coordinate with the regional WCC to identify suitable work and make job offers. Job offers will be sent to the injured worker, in writing, by Reclamation (see Paragraph 8 *Return to Work*).
8. **Return to Work.** Reclamation has an active return-to-work program designed to return injured workers to full-time or part-time positions as soon as they are medically able to work. Reasonable accommodation, where necessary and required, will be used to help the injured worker return to work as soon as possible.

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- A. **Medical Ability to Work in Some Capacity.** When an injured worker is determined to have some capacity to work, it is the responsibility of the original organizational unit to return the injured worker to a position compatible with the injured worker's current medical restrictions, including those not related to the injury. A job offer should be made as soon as possible after medical evidence allows.
 - (1) **Full Recovery in Less Than a Year.** Injured workers who fully recover in less than 1 year are entitled to be restored to their date-of-injury position.
 - (2) **Full Recovery After 1 Year.** Injured workers who fully recover after 1 year are entitled to priority consideration, provided they apply for re-employment within 30 days after compensation ends.
 - (3) **Partial Recovery After 1 Year.** Injured workers who partially recover after 1 year remain entitled to wage loss compensation until they fully recover, or they are restored to earning capacity (capable of earning the same wages as their date-of-injury position).
- B. **Job Offer Proximity.** It is Reclamation's responsibility to place the injured worker as close as possible to their home address or permanent duty location. If the original organizational unit is unable to place the injured worker because they do not have a position that can reasonably accommodate the current medical restrictions, then the regional WCC should work with the Reclamation WC Program Manager to place the injured worker as close as possible to the injured worker's home address. In some cases, the closest location may be outside the injured worker's original region. If the job offered is in a location other than where the injured worker currently resides, the regional WCC must document that no positions are available at any other Reclamation office/organization that is a shorter distance from the injured worker's residence than the location of the job offer. Pursuant to the OWCP regulations, an injured worker who, after termination from the Reclamation's rolls, relocates to accept a suitable job offer is entitled to reimbursement of moving expenses. Federal travel regulations can be used as a guideline to determine reasonable and necessary expenses.
- C. **Responsibility of Charges.** When an injured worker is placed in a location outside of the organizational unit where the injury occurred, all costs associated with the injury will be paid by the organizational unit where the injury occurred. Expenses include relocation costs, salary at the new location, medical costs, lost time for medical appointments, etc. The originating office/organizational unit remains responsible for all costs until the injured worker is terminated from the OWCP rolls.
- D. **Job Offers.** All job offers must be in writing and signed by the servicing HR officer, although alternative work assignments and light duty assignments may be signed by the supervisor. All job offers must include the following: work schedule; salary; job description; specific physical requirements of the job, including any special demands of

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the workload or unusual working conditions; organizational and geographical location of the assignment; date on which the job will be first available; work schedule (including telework); and date by which a response is required.

- E. **Suitability.** If a job offer is refused, OWCP will determine if the job was suitable and if the reasons for refusal are acceptable. If the job is found suitable and the refusal unacceptable, compensation benefits are terminated but medical benefits related to the work-related injury continue.

9. Cases of Serious Injury and Death.

- A. **Notification.** The regional WCC must immediately notify the Reclamation WC Program Manager and regional director (or equivalent) of all work- related deaths and serious injury. The Reclamation WC Program Manager must then notify the Manager, HRPPD and Director POLICY.
- B. **Death Cases.** The following steps must be completed in case of an employee's death due to work-related injury:
- (1) Regional WCC must complete and file form CA-6, *Official Superior's Report of Employee's Death*, immediately.
 - (2) Regional WCC must coordinate with HR benefits specialist to counsel survivors and provide beneficiaries with form CA-5, *Claim for Compensation by Widow, Widower, and/or Children*, or CA-5a, *Claim for Compensation by Parents, Brothers, Sisters, GrandParents, or GrandChildren*.
 - (3) Regional WCC must complete the first page of the CA-5 or CA-5a and survivors must have the second side completed by the physician associated with the case in order to file a claim for death benefits from OWCP.
 - (4) Regional WCC must fax the CA-6 and CA-5 or CA-5a to the OWCP's central case create facility in Jacksonville, FL. After a case number is assigned, regional WCC will need to request additional information from survivors (death certificate, marriage certificate, birth certificate for each child, divorce or death certificate for prior marriages, and itemized bills for reimbursement).
 - (5) Pursuant to Section 651 of Public Law 104-208, the personal representative of the decedent may be eligible for up to \$10,000 reimbursement for burial costs and related out-of-pocket expenses for an employee who dies from an injury sustained in the line of duty. Amount is reduced by burial and termination payments from OWCP (typically \$1,000). Requests for reimbursement should be sent to the Reclamation WC Program Manager.

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- C. **Serious Injury.** In cases of serious injury, the following steps must be followed:
- (1) **Notify OWCP.** Regional WCC must contact the appropriate OWCP district office to submit the claim and request OWCP assign a nurse case manager, if appropriate, to ensure case is adjudicated quickly and charges are approved.
 - (2) **LWOP After 1 Year.** Seriously injured employees may remain on LWOP for up to 1 year. The regional WCC has flexibility to maintain the injured worker in LWOP status beyond 1 year if the medical evidence indicates an imminent return to work, and considering other factors such as the best interests of the injured worker, the likelihood of full recovery or need for accommodation.
10. **Annual CB.** The FECA program is financed by the Employee's Compensation Fund. The CB system is the mechanism by which the cost of compensation for work-related injuries and deaths are assigned to the employing agencies. Each year DOL furnishes the Department with a statement of payments made from the fund on behalf of the Department's injured workers.
- A. **The CB Year.** The CB year runs July 1 to June 30 of each year. DOL bills the Department for all Department employees' WC costs. The Department's Office of the Secretary allocates the charges to the bureaus. WC charges are sent to FAD and the regions when the report is received from SMIS. This reflects the anticipated billing for the upcoming Intra-Government Payment and Collection (IPAC) whereby Reclamation reimburses the Department and allocates the charges to the organization unit where the employee incurred the injury/illness. The charges are billed 2 years in arrears (i.e., for fiscal year 2015, the bill received is for payments made by DOL in CB year 2013).
- B. **Allocating Charges.** A compensation claim is identified as belonging to a particular organizational unit where the injured worker was employed at the time of injury based on the organization code associated with the injured worker in FPPS, which is assigned when claims are filed in SMIS. All charges are reviewed quarterly so the charges on the annual CB, 2 years in arrears, have been verified as accurate or appropriately corrected during the Quarterly CB Audit.
- C. **Allocating CB Costs to the Lowest Possible Organizational Level.** Pursuant to Personnel Bulletin 12-06, *WC Cost Allocation Policy* (<http://elips.doi.gov/elips/0/doc/3736/Page1.aspx>), WC costs shall be allocated to the organizational unit where the injured worker incurred the injury/illness regardless of where the injured worker is currently working. Exceptions can be made if the WC costs exceed \$5,000 or 1 percent of the salaries and benefits (whichever is greater) of the organizational unit.
11. **Quarterly CB Audit.** Each regional WCC will use SMIS to generate a quarterly report that provides a breakdown of cases and costs for which charges appear. This report is used to identify errors before the charges are due to DOL (2 years later). The regional WCC verifies the accuracy of the cases and responsible organizational unit.

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- A. **Quarterly CB Servicing HR Officer Certification.** The quarterly CB accuracy or needed corrections must be certified (signed and dated) by the servicing HR officer of each region attesting to the thoroughness, quality, and timeliness of the audit. Appendix A, "Certification of Accurate Chargeback Report SAMPLE" or "Certification of Discrepancy Resolution Report SAMPLE" are signed by each servicing HR officer to document the result of the audit. The regional WCC sends the signed audit to the Reclamation WC Program Manager. The Manager, HRPPD signs each certification.
 - B. **Resolving Discrepancies in the CB Report.** If an error is identified, the regional WCC must notify and provide documentation of the error to the Reclamation WC Program Manager. The Reclamation WC Program Manager requests corrections from OWCP or the Department and documents those requests.
 - C. **Quarterly CB Audit Records Retention.** The Reclamation WC Program Manager must retain all signed CB certifications and associated documents for a minimum of 5 years.
12. **COP Audit.** In order to lessen the instances of COP being used inappropriately or beyond its expiration, COP usage will be audited quarterly.
- A. **Regional WCC Coordination with Supervisor for COP.** The regional WCC must notify the supervisor identified in new injury/illness claims of COP requirements. The supervisor must coordinate with their regional WCC prior to approving COP usage and approving timecards. In instances where light duty is medically authorized but not available to the injured worker, the supervisor must coordinate with the regional WCC and consider alternative light duty in another work area. If light duty is not available, then the supervisor must provide justification to the regional WCC for the usage of COP.
 - B. **Regional WCCs Audit of COP Usage.** A report detailing COP usage will be provided by the Reclamation WC Program Manager quarterly. The regional WCC will verify the accuracy of the COP usage and credits ensuring COP is authorized by the medical evidence, not expired, and if injured worker is medically able to work in some capacity that light duty was not available. Regional WCC will coordinate with the injured worker and the timekeeper to change any uses of COP which are not accurate or appropriate.
13. **Training Requirements.**
- A. **Regional WCC Training Requirements.** Regional WCCs shall successfully complete the following training:
 - (1) Within 30 days of assignment of WC duties: *Managing WC Cases, Finding Your Way Through the Maze, Parts 1 and 2* by the National Park Service, presented in

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video segments and which will be assigned as mandatory in Reclamation's learning management system (i.e., DOI Learn) to all those with assignment of WC duties.

- (2) Within 6 months of assignment of WC duties, OWCP's *Injury Compensation Specialist Training* offered at the nearest OWCP district office.
 - (3) Every 3 years, *Advanced Injury Compensation Specialist Training* (information is available on OWCP's Web site); attend a Federal WC's conference (or comparable conference); or repeat the *OWCP's Injury Compensation Specialist Training*.
- B. **Supervisor Training Requirements.** Supervisors shall successfully complete the following training within 60-days of Appointment, "Supervisor's Guide to WC: Fact and Fiction." The course is presented online in video segments via the Bureau of Land Management's Knowledge Resource Center. This training is designed to provide supervisors with an understanding of WC and how to correctly handle WC issues of their employees. The training will be assigned as mandatory in Reclamation's learning management system (i.e., DOI Learn) to all those designated as a supervisor.
14. **Record Keeping.** WC case files are the property of DOL, are considered confidential, and may not be released, inspected, copied, or otherwise disclosed except as provided in the Freedom of Information Act and the Privacy Act of 1974 or under the routine uses provided by DOL/GOVT-1 (<http://www.dol.gov/sol/privacy/dol-govt-1.htm>), if such disclosure is consistent with the purpose for which the record was created.
- A. **Case File Storage.** Case files must be secured at all times and must be maintained separately from both the Employee Medical Folder (EMF) and Official Personnel Folder (see Office of Personnel Management (OPM) Guide to Personnel Recordkeeping, <https://www.opm.gov/policy-data-oversight/data-analysis-documentation/personnel-documentation/personnel-recordkeeping/recguide2011.pdf>). However, a form CA-1 for "no lost time/no medical expense" should be filed in the EMF and retained in accordance with OPM regulations governing disposal of the EMF.
 - B. **Limited Access.** Access to the WC case file is limited to Reclamation personnel with a specific and valid purpose for accessing the records, relating to the compensation claim. WC records may not be used for EEO complaints, disciplinary actions, or administrative actions without a signed Privacy Act waiver from the injured worker.
 - C. **Archive.** The OWCP Records Retirement Schedule requires that the case file material be maintained for 2 years after case closure. Two years after case closure, regional WCC should archive them in a file system separate from active files.
 - D. **Destroy.** DOL/GOVT-1 requires case files pertaining to a claim be destroyed 15 years after the case file has become inactive resulting in case closure. The files should be shredded. However, original CA-1, 2, and wage claims or other original forms faxed to

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OWCP are protected from destruction. The regional WCC must archive protected documents in a file system separate from active files or transfer them to OWCP.

RECLAMATION MANUAL TRANSMITTAL SHEET

Effective Date: _____

Release No. _____

Ensure all employees needing this information are provided a copy of this release.

Reclamation Manual Release Number and Subject

Summary of Changes

NOTE: This Reclamation Manual release applies to all Reclamation employees. When an exclusive bargaining unit exists, changes to this release may be subject to the provisions of collective bargaining agreements.

Filing instructions

Remove Sheets

Insert Sheets

All Reclamation Manual releases are available at <http://www.usbr.gov/recman/>

Filed by: _____

Date: _____