

State of Connecticut Workers' Compensation



DAS Workers' Compensation Manual



Revised February 2022

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Part I:

Workers' Compensation Overview

What is Workers' Compensation?

Workers' Compensation (WC) is a statutory program designed to provide benefits to Connecticut workers in the event of occupational injury and/or illness. It is a legally imposed "agreement" between employers and their employees.

Employees are compensated for work-related injuries and illnesses without regard to fault (medical care, wage replacement, compensation for permanent disability, vocational training). In return, employers are generally immune from lawsuits by employees seeking damages beyond those provided by the statutory schedule.

Benefits are governed by laws found in Chapter 568 of the Connecticut General Statutes (C.G.S.), covering both state employees and public sector employees. Chapter 66 covers state employees only.

Unlike more recently enacted employee protection laws, such as the Americans with Disabilities Act (ADA) of 1990 or the Family and Medical Leave Act (FMLA) of 1993, WC laws arose in the early 1900's. Also, unlike the ADA and FMLA, which are federal laws, WC laws vary by state. Connecticut's law was originally enacted in 1913 and has been amended several times.

Who Is Eligible for Workers' Compensation Benefits?

All employees on state payrolls are eligible for WC benefits in the event of injury/illness in the performance of their on-the-job duties. This includes all full-time and part-time employees. In addition to state employees, C.G.S. require the State of Connecticut WC Program to cover certain non-employees that participate in homeland security functions.

Workers' Compensation Benefit Structure

When an employee is injured or becomes ill during the course and scope of their employment, he/she becomes eligible for several statutory benefits:

NECESSARY MEDICAL TREATMENT

The most immediate concern in cases of occupational injury or illness is the health and physical well-being of the employee. While the employer is responsible for designating a medical facility for initial treatment of an injury/illness, it is always the employee who chooses the "attending physician." The State has a Medical Care Plan, which has been approved by the Workers' Compensation Commission Chairman's Office. The employee's choice is limited to doctors in that plan.

MONETARY BENEFITS

In addition to necessary medical treatment, the employee may be incapacitated from work for a period of time, during which he/she is eligible for wage replacement benefits according to statute.

- Whenever an employee is unable to perform any job, he/she is eligible to receive **Temporary Total Disability (TTD)** benefits. The value of these benefits is calculated in different ways, depending upon the date of the work-related injury or illness
- When an employee suffers a **relapse or recurrence** of the original injury or illness, he/she may receive benefits for the period of the relapse or recurrence. The value of these benefits is calculated based upon the original date of the injury or illness and the wages earned at that time and at the time of the relapse or recurrence:
- When an employee is able to perform some type of work, but is unable to return to regular duty, he or she may receive **Temporary Partial Disability (TPD)** benefits. These are also valued at different amounts, depending upon the date of injury or illness. However, in many cases these benefits will be the same amount as those the claimant received while totally disabled
- When an employee suffers a permanent disability, he/she may receive **Permanent Partial Disability** benefits, which serve as compensation not for lost earnings, but for having suffered a permanent and partial disability to some part(s) of the body. These benefits, again, are valued differently according to the date of the injury or illness, which caused the disability
- In addition to the statutory benefits listed just above, a WC Commissioner may also grant benefits to an employee for any number of reasons, which the claimant may present (i.e., still unemployed but looking for a job, going through a job retraining program and needs living funds for a short period, etc.). A commissioner may or may not award these benefits, based on his/her review of a claimant's request for benefits and any evidence, which supports such a request

VOCATIONAL REHABILITATION

The Workers' Compensation Commission also provides for vocational rehabilitation for those employees who are injured at, or who become ill from their work, and who cannot return to the work which caused the injury or illness. Such employees may be eligible for vocational rehabilitation from the Workers' Compensation Commission's Rehabilitation Services Unit.

Part II: State of Connecticut

Workers' Compensation Program

Introduction

The Department of Administrative Services (DAS) is the central administrator for the State of Connecticut Workers' Compensation Program (WC), providing benefits to workers who get injured or develop illness and during the course of their employment with the State of Connecticut.

The program is self-insured and utilizes a Workers' Compensation Commission (WCC) approved managed care plan with benefits administered by a third party claims administration company. The managed care component of the program was established in accordance with State of Connecticut Workers' Compensation laws and regulations. Managed care became mandatory for state employees on September 1, 1993 for work-related injuries or illnesses occurring after this date.

The program is financed through appropriations. All appropriations and expenditures are processed through the DAS WC expenditure account.

DAS is responsible for the program design, establishing standard operating procedures for agency participation, fiscal operations, safety and loss control activities, and program reporting.

Purpose

DAS has produced this manual to serve as a guide for WC agency liaisons in the uniform administration of the components and procedures of the WC program. It also describes the roles and responsibilities for all entities in the program. Participants include DAS, employing state agencies, Third Party Administrator TPA, and the Office of Attorney General.

Roles and Responsibilities

DEPARTMENT OF ADMINISTRATIVE SERVICES

- Develops WC Program policies and procedures, processes Centralized inscope WC claims
- Procures and directs activities of the TPA and managed care vendors
- Provides assistance to state agencies in complying with all operational procedures within the WC Program manual
- Coordinates file strategy reviews with employing state agencies and TPA
- Distribute WCC generated hearing docket for major agencies
- Provides assistance to state agencies in the development and financing of safety programs
- Administers accounting functions of the WC Program
- Produces all fiscal and loss trending reports for the program

THIRD PARTY ADMINISTRATOR / MANAGED CARE ADMINISTRATOR

- Investigates claims of injury
- Evaluates eligibility of WC claims
- Issues payments to injured workers' and medical providers
- Contests questionable claims
- Represents State of Connecticut at informal hearings
- Maintains provider directory of participating physicians
- Directs all bill review and repricing according to provider directory fee schedule
- Managed care
- Nurse Case Management, Utilization Review and Managed Care

EMPLOYING STATE AGENCIES

- Facilitate employee report of Workers' Compensation (WC) claim to TPA consistent with established claim reporting procedures
- Complete all claim processing requirements in CORE-CT (out of scope Agencies)
- Reconcile the first WC check (out of scope Agencies)
- Maintain an employee file on each claim (out of scope Agencies)
- Administer return to work program, i.e. restricted duty
- Participate in Safety and Health Committees
- Develop loss control programs

OFFICE OF THE ATTORNEY GENERAL

- Represents all State of Connecticut WC claims at the pre-formal and formal hearing levels:
 - Authority to accept claims and order the issuance of voluntary agreements (VA)
 - Authority to compromise disputes through issuing stipulation to date
 - Authority to maintain contest and fully litigate
- Works with employing state agency and TPA to prepare for hearings as well as with possible outcomes and communicates potential fiscal exposure

Managed Care Program

In accordance with Public Act 93-228, effective September 1, 1993, all state employees injured on the job on or after this date are required to select a medical provider from the State of Connecticut's managed care network. Except in cases of emergency, if the injury occurred after September 1, 1993, all initial and ongoing medical treatment must be provided by a state managed care network provider. If any employee receives medical care from a provider outside the network, he/she risks being ineligible for any WC benefits, subject to the order of the WC Commissioner.

A directory of network providers is available to state employees through the DAS WC website. When an injury occurs, the employee will be directed to an initial treatment provider from the State's Managed Care Program. After the initial treatment visit, the

employee may continue treating with the initial treatment provider or they can elect to choose another treatment provider from the State's Managed Care Program. The employee may call the toll-free injury reporting number (1-800-828-2717) if he/she is uncertain about the selection process. The managed care coordinator is available to assist employees to locate a managed care provider if a directory is not readily available.

Part III:

Workers' Compensation Program Operations

Chapter 1. Claim Reporting

POLICY

The State of Connecticut WC Program requires that an employee report a work-related injury or illness to his/her employer immediately. For injuries prohibiting the employee from immediately notifying his/her supervisor, the supervisor, on behalf of the injured employee, can directly report the claim.

Employing state agencies must accept all reports of injury from an employee. The employing state agency cannot deny the employee from filing a claim. The TPA determines issues of compensability and causation, based in part on the information facilitated through the claim reporting process.

TYPES OF NEW WC CLAIMS

All reported claims fall into one of three categories:

Report Only: An incident that is reported by an employee to the supervisor, but no medical attention is being sought.

Medical Only: An incident that is reported by an employee to the supervisor with corresponding medical treatment, but the injured employee loses no time from work.

Lost Time: An incident that is reported by an employee to the supervisor with corresponding medical treatment, and the injured worker loses time from work.

It is important to note that all three categories of reported claims require the use of the DAS Workers' Compensation Claim Reporting Packet to document the facts of the reported claim.

DAS WC CLAIM REPORTING PACKET

The following is a general-purpose description of each form within the DAS Claim Packet:

DAS Form 207 - First Report of Injury: This form is used to record information when phoning in the claim to the TPA Injury Intake Center and reviewing the claim in CORE-CT by the human resources (HR) claim-processing unit. The supervisor must provide accurate information on the completed form and to the intake specialist, as it is the basis for the establishment of the claim in CORE-CT.

DAS Form 207-1 - Incident Review Report: This form is completed by the supervisor to record information used for loss control purposes. Form 207-1 identifies the root causes of injury to establish corrective action to reduce the potential for future injury. This supervisory investigative form may be available in multiple formats.

WCC Form 1A- Filing Status and Exemption: This WC Commission form is used to record the injured workers' federal income tax filing status and number of exemptions for use in establishing the base WC rate. The Employee completes the form.

DAS Form PER-WC 211 - Concurrent Employment and Third Party Liability: This form is completed to identify if the injured worker has any employment other than the State of Connecticut for potential concurrent employment benefits and to identify any third party negligence-giving rise to the injury.

DAS Form 715 Use of Accrued Leave: This form is used to designate the use of accrued leave to supplement lost wage WC benefits for the injured worker. NOTE: Refer to General Letter 78 on administration of this form.

DAS Form 208 – Worker Status Report: This form is completed by the initial care or attending physician to record the injured workers diagnosis, course of treatment and work disposition.

COMMUNICATING CLAIM REPORTING RESPONSIBILITIES

Communicating general information and specific claim reporting instruction to the workforce is essential if the claim is to be efficiently reported by the injured worker and facilitated by the supervisor.

Section 31-284(f) of the C.G.S. requires employers to post, in a conspicuous place, a notice of the availability of compensation, in type of not less than ten-point boldface. It is the requirement of each state agency to post the notice in their human resource "Right to Know" areas. To complete this statutory requirement click the Workers' Compensation Commission Notice to Employees in a writable PDF version.

The most fundamental piece of claim reporting is communicating the occurrence information to the agency WC office and the TPA. The injured worker and supervisor work together to complete the WC claim packet and reporting process.

Provided below are highlights from both the supervisor and employee communication brochures on WC claim reporting. Click on each underlined title to link to the actual brochure, suitable for use throughout state government. Additionally, DAS has worked with select state agencies to develop customized communication brochures. The Employee Guide to Workers' Compensation Claim Reporting should be incorporated into all new employee orientation sessions and made available to the balance of the workforce.

Supervisors' Guide to Workers' Compensation Claim Reporting

This communication piece is for supervisors, outlining their responsibilities for recording and facilitating an employee's claim for WC benefits.

- Obtain emergency medical care if needed
- Complete claim packet

- Phone claim into TPA injury intake center / 1-800-828-2717
- Forward completed claim packet to agency WC office
- Take corrective action to remove exposure(s) that caused the injury

Prompt and accurate completion of the WC Claim Packet enables (a) the injured employee to pursue his/her claim and (b) the agency and TPA to obtain critical information associated with the reported claim.

Employee Guide to Workers' Compensation Claim Reporting

This communication piece for the workforce is designed to outline general information regarding WC, managed care and employee responsibilities associated with their claim. Sections include:

- Injury Notification
- Medical Treatment
- Return to Work Programs
- Health & Safety
- Workers' Compensation Contact Information

Distributing this communication to the workforce is fundamental for the effective and consistent administration of any WC program.

SUMMARY CLAIM REPORTING PROCEDURE

- Employee immediately reports injury/illness to supervisor
- Supervisor must see that the employee receives necessary medical attention
 - Emergency medical care if necessary
 - Direct employee to medical provider directory if emergency medical care is not needed
- Supervisor must complete DAS WC Claim Packet
- Supervisor reports claim to TPA injury reporting hotline 1-800-828-2717
- Supervisor forwards completed claim packet to agency WC office for CORE- CT processing and review

RECURRENCE CLAIM REPORTING PROCEDURE

An injured employee must immediately report a recurrence to their supervisor and human resources department, providing as much of the following information as possible:

- Original date of injury
- Original claim number
- Details of the recurrence
- Medical facility you are treated at for the recurrence
- Medical disposition supporting your recurrence

The supervisor or human resources department, depending on the agency reporting structure, will phone the recurrence information to the TPA by dialing 1-866-220-6534.

FEDERAL INJURY REPORTING: OSHA 300 LOG

OSHA requires all covered employers with more than ten employees to keep a log of work-related injuries and illnesses and to post a summary of that information each year from February 1 through April 30. OSHA has revised the OSHA 300 Log and OSHA 300A Summary for 2004. Employers must use the revised forms for recordable injuries and illnesses occurring on or after January 1, 2004. An injury or illness meets the general recording criteria, and is recordable if it results in any of the following: death, days away from work; restricted work or transfer to another job; medical treatment beyond first aid; or loss of consciousness. You must record a case if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. An injury or illness may be "compensable" under WC and not "recordable" under OSHA. *OSHA logs can be produced either manually or through CORE CT. For details on producing OSHA logs through CORE CT refer to the Core CT section of the website. *For the OSHA 300 log the link is:

www.osha.gov/recordkeeping/new-osha300form1-1-04.xls

*For complete details on OSHA recordkeeping use this link:

www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf

Part III:

Workers' Compensation Program Operations

Chapter 2. Claim Administration

Claim administration takes place once a claim is properly reported by the injured worker to the supervisor then facilitated to the agency and TPA. The WC TPA company and employing state agency have responsibilities for the proper administration of a reported or processed WC claim.

THIRD PARTY ADMINISTRATOR (TPA)

The State of Connecticut self-insured WC program utilizes the services of an industry vendor for all claim determination and administration of benefits. Procurement and management of the TPA is administered through DAS.

Role of the TPA: The TPA receives all WC claims made by state employees to pay indemnity and medical benefits associated with accepted claims. The TPA works with state agencies to effectively discharge benefit administration on reported claims.

Role of the TPA Resolution Manager (RM): The TPA RM is responsible for reviewing reported claims and determining acceptance or contest. Additionally, the RM is responsible for day-to-day administration of the claim from both a medical and disability perspective.

TPA Three-Point Contact to Determine Compensability

The licensed TPA RM utilizes a three-point contact process upon receipt of a claim for assistance in determining if a claim is compensable.

Upon receipt of a new WC claim, the RM attempts to make telephone contact with the injured employee, the employing state agency, and the medical provider. This is known as "three-point contact". The goal is to make contact with all three within the shortest time span from the date of receipt of the claim and to determine, as quickly as possible, whether the injury arose out of, and in the course of, employment. Such claims are deemed to be compensable.

- **Agency's Role** – The agency should make available to the TPA, the injured worker's supervisor, as well as any witnesses or other persons with knowledge of the circumstances surrounding the claim. The supervisor or agency liaison should be prepared to address questions regarding the accident, and other pertinent employment and wage questions.

- **Employee's Role** – The injured employee must cooperate with the TPA in order to receive WC benefits. This includes answering questions regarding the accident and any prior accidents.

- **Physician's Role** – After providing initial medical treatment, the attending physician is required to provide the TPA and injured employee with an injury report and regular subsequent progress reports as may be reasonably required. The physician is also required to keep the employer and the TPA apprised of any significant developments in the course of treatment.

EMPLOYING STATE AGENCY CLAIM ADMINISTRATION

In addition to processing the reported claim within CORE-CT, there are other administrative functions the employing state agency must discharge for proper administration of a claim.

Use of Accrued Leave (Form DAS-715)

Accrued leave may be used to maintain salary during the interim period when the employee is waiting for a determination from the TPA or to supplement WC benefits.

Employees may elect to use:

- accrued sick leave
- vacation credits
- personal leave
- earned compensatory time

NOTE: Some collective bargaining agreements provide language mandating salary continuation for a period up to six weeks without the use of a DAS-715.

Employees who wish to use accrued time and/or compensatory time for WC lost time, must complete **Form DAS-715**.

Accrued Leave Used for Salary Maintenance—If an employee elects to receive up to 100% of his/her base salary during the interim period when he/she has not yet been approved for benefits from the TPA, once the TPA begins paying the WC award, the employee must reimburse the employing state agency an amount equal to the net pay he/she would have received during the interim period. The employee retains the amount equal to taxes owed. Fiscal adjustments are made from the first check received by the employing state agency from the TPA. The employee is then restored his/her accrued time on payroll records.

Accrued Leave Used for Supplemental Purposes—Whether or not an employee who receives a 66 2/3%, 75% or 80% WC benefit may elect to use accrued leave and/or compensatory time to receive an amount that will result in receipt of the equivalent of his/her full salary when combined with the employee's workers' compensatory payment depends upon the date of injury and the individual bargaining contract. See C.G.S. §5-143. Please note that bargaining unit contracts specify if the employee can elect to use vacation and sick credits in this manner. Always refer to the applicable bargaining unit contract.

Accrued Leave Time Procedures for Instructors at the Department of Education

Because employment for instructors at the State Department of Education (SDE) is based on an academic calendar, there are specific procedures for recording supplemental WC benefits with accrued leave for these employees. These procedures are outlined below:

1.If an instructor is out on WC status on an unscheduled workday, the SDE pays the difference between the full salary and the benefit payment, at no charge against the employee's accrued leave balance. Unscheduled workdays are:

- holidays
- school closing due to inclement weather
- school vacation (including summer)

Note: *Instructors are paid over a twelve-month period, based upon working 186 days.*

2.If an instructor is injured during the course of the school year, he/she is entitled to WC benefits at a 75% rate of the average weekly earnings during such time. If the instructor is still disabled during the summer months and has elected to supplement the WC benefit with accrued leave, the employee will receive WC benefits at a 75% rate, and 25% supplementary payment from the department. Thus, the employee receives his/her full salary in accordance with the collective bargaining agreement. The employee is not entitled to WC benefits in addition to his/her full salary.

3.On designated state holidays, SDE employees who are eligible to receive holiday pay, shall be paid the difference between their full salary and their WC benefit payment, at no charge against their leave balance.

4.If a full-time instructor is employed in a part-time summer school program at the SDE and is hurt in this position, a wage verification schedule is prepared based upon wages earned in the summer school position only. This is treated as consecutive employment.

If the employee is still disabled at the beginning of the school year and is unable to resume employment as a full-time instructor, he/she will continue to receive WC benefits based upon the part-time position.

In accordance with the contract, he/she may elect to use accrued sick time or be "without pay" for this period of absence. The instructor may not supplement his/her WC benefit with accrued leave time.

Procedure for Processing Form DAS-715

Employee:

When lost time is incurred from a workplace injury, the employee completes the **Form DAS-715** and returns the form to the agency's WC liaison.

Note: *A DAS-715 must be completed for each period of absence that is reported as WC, whether it is an initial absence or subsequent absence from a previous injury. Also, once an employee elects to use accrued leave time for WC purposes and signs a Form DAS-715, the employee cannot cancel the election for that particular lost time absence.*

Workers' Compensation Liaison:

Retains the original signed **Form DAS-715**.

REMINDER!— *Some bargaining unit contracts do not require an employee to complete a Form DAS-715. Check bargaining unit contracts for election provisions before an employee completes this form.*

For detailed information on The Use of Accrued Leave and WC refer to DAS General Letter 78.

Accrual of Sick Leave, Vacation Credit and Personal Leave While on WC Leave

An employee is able to accrue sick and vacation credits for up to twelve months when he/she is out due to a work-related injury. Personal leave days are **not** included in the accrual. The twelve-month accrual period is applied on a per claim basis, not per period of absence. Accrual is based on an aggregate of twelve months for each injury, not for twelve consecutive months. See C.G.S. §5-251.

As of January 1 of each year, employees receive a maximum of three days per calendar year for personal leave time. Employees may use these three personal leave days per calendar year in lieu of WC lost time, if the time is available to them. Election should be requested on the **Form DAS-715**.

For further information: Refer to General Letter Number 78, Appendix 1.

Accrued Leave Time Procedures For Instructors At The Department of Education

Because instructors at the Department of Education are employed based on an academic calendar, specific procedures for recording supplemental workers' compensation benefits with accrued leave for this group of employees are outlined below:

1. If an instructor is out on workers' compensation status on an unscheduled workday, the Department of Education pays the difference between the full salary and the benefit payment, at no charge against the employee's accrued leave balance. Unscheduled workdays are: holidays, school closing due to inclement weather and school vacation (including summer).

Note: Instructors are paid over a twelve month period, based upon working 186 days.

2. If an instructor is injured during the course of the school year, he/she is entitled to workers' compensation benefits at a 75% rate of the average weekly earnings during such time.

If the instructor is still disabled during the summer months and has elected to supplement the workers' compensation benefit with accrued leave, the employee will receive workers' compensation benefits at a 75% rate, and 25% supplementary payment from the department, thus, the employee receives hi/her full salary in accordance with the collective bargaining agreement. The employee is not entitled to workers' compensation benefits in addition to his/her full salary.

3. On designated State holidays, Department of Education employees who are eligible to receive holiday pay, shall be paid the difference between their full salary and their workers' compensation benefit payment, at no charge against their leave balance.

4. If a full-time instructor is employed in a part-time summer school program at the State Department of Education, and is hurt in this summer school position, a wage verification schedule is prepared based upon wages earned in the summer school position only. This is treated as consecutive employment.

If the employee is still disabled at the commencement of the school year, and is unable to resume employment as a full-time instructor, he/she will continue to receive workers' compensation benefits based upon the part-time position.

He/she may elect to use accrued sick time or be "without pay" for this period of absence, in accordance with the contract. The instructor may not supplement his/her workers' compensation benefit with the accrued leave time.

WORKERS' COMPENSATION FIRST CHECK REQUESTS AND RECONCILIATION

The TPA can only issue WC checks after all required forms and medical reports are reviewed. Therefore, this process can delay the issuing of checks according to the employee regular pay schedule. Through collective bargaining agreement salary continuation language or use of leave accrual via the CO-715, most state employees continue their salary until a determination of their WC claim has been made by the TPA.

This requires initial WC benefits to be paid on a reimbursement basis to the agency. Subsequent WC checks will be provided directly to the injured state worker.

This section will outline how to Request a First Check from the TPA, Reconcile Receipt of the First Check from the TPA, Disbursement of the First Check and address Underpayments and Overpayments of the First Check.

First Check Request Process

- Execute wage pre-audit to establish average weekly wage and base
- Establish compensation rate utilizing the correct status on WCC form 1A.
- Ensure that the correct number of days to be reimbursed by the agency First Check is reflected on the claim rate panel in CORE-CT

For complete detail about first check requests, please see Part III, Chapter 2, Section I.

First Check Reconciliation Process:

TPA: Receive from the employing state agency the CORE-CT First Check query detailing the request. For accepted claims, send the First Check to the employing state agency.

State Agency: • Receive requested First Check from the TPA.

- Obtain the bi-weekly pay rate for the injured worker in CORE-CT.
- Reconcile the WC First Check.

Sample Reconciliation: Below is an example of a reconciliation calculation based on the following sample WC claim facts:

SAMPLE CLAIM FACTS

EMPLOYING STATE AGENCY:

Type of Injury:.....	Lost
Time	
Date of Injury:.....	8/3/93
Start of Incapacity:.....	8/6/93
Period the First Check Covers:.....	8/6 –
8/19/93	
TPA Check Amount:.....	\$570.00
Employee Bi-Weekly Pay Rate:.....	\$950.00 (\$13.57
hourly)	
WCC 1A Filing Status:.....	Single, 1
Exemption	
DAS-715 Election to supplement.....	yes
Pre-Tax Deductions:.....	\$0.00
Employee’s Average Weekly Wage:.....	\$475.00
Employee’s WC Base Compensation Rate:.....	\$285.00 weekly or \$40.714
daily The TPA’s check covers 14 calendar days. Multiply the number of days that the TPA reimburses the state, times the daily benefit rate. This should equal the amount reimbursed by the TPA.	

EXAMPLE: $\$40.714 \times 14 \text{ days} = \570.00 . If overpaid, the difference is due to the State Treasurer. If underpaid, send whole amount back to TPA.

To begin determining the breakdown of the TPA reimbursement, subtract the reimbursement amount from the regular salary paid to the employee. In rare instances when an employee may earn more on WC than on the agency payroll, the difference is due to the employee and is non-taxable. This situation may occur when an employee has an excessive amount of “other earnings” noted on wage pre-audit and the employee’s tax filing status lends itself to this situation.

$\$950 - \$570 = \$380$ (supplemental amount paid to the employee through the agency payroll check over the WC benefit rate.) Since only WC payments are non-taxable, the supplemental amount remains taxable.

Since the employee elected to use accrued leave during the interim period by signing a form DAS-715, charge \$380 supplemental amount to the employee’s accrued leave. To calculate for

days, take \$380 and divide by \$95 (10% of the bi-weekly salary) = 4 days charged to leave accruals (round to the nearest quarter hour, if necessary).

Calculate the federal withholdings and retirement contributions on the gross amount of wages paid to the employee by the agency payroll. The difference is due to the employee (column C).

NOTE: The employee is paid through the agency petty cash account.

Calculate the total amount due back to the employee by subtracting the totals of B from A. They will equal the amount of column C. Use the amounts listed in column C to fill out form COP-9 (Payroll Check Cancellation) to correct the employee's W-2. The total of column C is also credited on form CO-678 (Detailed Analysis Expenditure). Post this amount as a negative figure in the Amount column, on form CO-19A (Payroll Certificate of Expenditure). These forms are forwarded to the Comptroller's Central Payroll Division.

Subtract the total due to the employee from the TPA's check to determine the amount due the agency.

\$570.00 (TPA's check amount)
 \$160.66 (Total withholdings and retirement due employee)
 \$409.34 Total due agency

To confirm the calculation, add the amount due the employee, the amount due to agency, and the supplemental amount. This should equal the amount paid to the employee from the agency payroll during the interim while the employee was out on his/her work-related injury.

A) Gross Amount Paid:..... \$950.00 Less Pre-tax deductions..... \$0.00 Deductions FICA\$72.68 2% Tier 1 Retirement.....\$19.00 Federal Withholding....\$114.39 State Withholding.....\$20.15 Total Reimbursement to Employee:\$226.22	B) Supplemental Amount:..... \$380.00 Deductions FICA \$29.07 2% Tier 1 Retirement.....\$7.60 Federal Withholding...\$28.89 State Withholding.....\$0.0 0 Total Reimbursement to Employee:\$65.56	C) Difference.....\$570 Reimbursement FICA\$43.61 2% Tier 1 Retirement.....\$11.40 Federal Withholding.....\$85.50 State Withholding.....\$20.15 Total Reimbursement to Employee:\$160.66
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\$160.66 Amount reimbursed to employee from petty cash
\$409.34 Amount due agency deposited as refund of expenditure
\$380.00 Supplemental Amount charged to employee' accrued leave
\$950.00 Total paid by the agency payroll during the interim period.

DISBURSEMENT OF FIRST CHECK

Once it has been determined that the amount of the First Check from the TPA is correct, the First Check is deposited into the agency petty cash fund within 24 hours of receipt in compliance with section §4-32. A determination must be made within five days as to the amount due the employee, if applicable, and/or the state. The funds deposited from the First Check are restricted funds and are not to be used for any other purpose.

- Two checks are issued if a check is to be split between the employee and the state

One check is made payable to the employee for the correct reimbursement of applicable withholdings and retirement contributions.

The second check is made payable to the State Treasurer for the amount due the agency and deposited on a CO-39, deposit slip as a Refund of Expenditures. The coding string should be the same coding on the original payment processed through the payroll system.

- If it is determined that the entire check amount is due the state, a check is to be issued, payable to the State Treasurer, and deposited on a CO-39, deposit slip as a Refund of Expenditures. The coding string should be the same coding on the original payment processed through the payroll system.

Payroll Recordkeeping Responsibilities

UNDERPAYMENTS OF FIRST CHECK

If it is determined that there has been an underpayment made by the TPA, the First Check should be returned to the TPA for correction.

OVERPAYMENT OF FIRST CHECK

If it is determined that an overpayment has been made by the TPA, checks should be issued as follows:

- The First Check is made payable to the employee for the correct WC benefit amount
- The second check is made payable to the State Treasurer for the amount due the agency and deposited on a CO-39, deposit slip as a Refund of Expenditures. The coding string should be the same coding on the original payment processed through the payroll system
- The third check is made payable to the State Treasurer in the amount of the overpayment. The following information must be printed on the check:

- Employee's name
- Claim number
- Agency and department of employee
- Date of injury
- TPA check number to which the check is being written against

Payroll Recordkeeping Responsibilities

HEALTH INSURANCE COVERAGE

Employing state agencies are required to continue health insurance benefits for an injured employee while the employee receives or is eligible to receive weekly WC benefits. (See C.G.S. §31-284b. Employer to continue insurance coverage or welfare plan payments for employees eligible to receive WC).

If the employee has elected to cover dependents under his/her health insurance plan, the employee must pay the amount that is deducted for dependents. The employing state agency's payroll department notifies the employee of his/her responsibility to pay for any dependent coverage premiums, which are usually deducted from the employee's paycheck. An invoice is then sent to the employee.

If the employee does not pay the dependent charges, the employing state agency removes the dependents from coverage and continues the employee benefit only. Employees are notified of the agency action.

LIFE INSURANCE

If the injured employee elected life insurance coverage during his/her state employment, he/she is responsible for payment. The employing state agency notifies the injured employee of his/her payment obligations to continue the life insurance coverage and sends an invoice to the employee.

As long as the employee provides payment, the life insurance coverage is continued. If the employee does not provide payment, the insurance policy is canceled for non-payment. The employee is informed by the employing state agency that cancellation may affect the employee's ability to be reinstated.

OTHER ELECTED DEDUCTIONS

All deductions similar to dependent health insurance and life insurance coverage as noted above that are elected by the injured employee are his/her responsibility to maintain. Injured employees make their own arrangements for payment with creditors, such as with the Connecticut State Employees Credit Union, if a loan has been obtained and owed by the employee.

UNION DUES

If the employee is a member of a union, union dues are suspended for the duration of his/her lost time from work.

FICA, WITHHOLDING FEDERAL TAX AND RETIREMENT DEDUCTIONS, IF APPLICABLE

According with C.G.S. §5-161(f), agencies do not make retirement contributions for an employee when he/she receives WC payments. The employee, however, receives retirement credit for the period of time during which he/she is receiving WC payments.

The employee is funded the amount of FICA Withholding, State and Federal Tax Withholding, as applicable for scheduled work days of lost time. Adjustments are made on the First WC check, which is sent to the employing state agency. The amount paid the employee for these deductions will be for the period of time the employee had been paid while on the payroll but

waiting to receive WC benefits. The above is applicable for employees who have elected to use leave time in lieu of WC payments.

MEDICAL APPOINTMENTS

An injured employee is entitled to his/her average hourly earnings when he/she is back at work and is absent from work for medical treatments, medical examinations, laboratory tests, x-rays or other diagnostic procedures related to the injury, C.G.S. §31-312. The amount payable in any one week cannot exceed the weekly benefit rate.

If the employee is out from work for medical purposes for one half of a day or less, the employing state agency absorbs the cost of lost time. If the employee is out from work longer than one half of a day, the TPA pays the employee for the lost time from work. These hours cannot be combined to convert "hours" into "days".

Example: Employee regular daily schedule is eight hours:

Employee works four hours then leaves for a scheduled WCOMP medical appointment. In addition to the medical examination, the employee has laboratory tests, x-rays and other diagnostic procedures related to the injury. These procedures combined lasted five and a half hours (one and a half hours over the employee's regular eight hour day). Therefore, the TPA pays the employee for a total of five and a half hours at the State rate. Agencies shall provide the TPA with the employee's State hourly rate.

If the employee's medical appointment is scheduled after normal work hours, the TPA compensates him/her for the time lost at his/her regular hourly rate. As stated above, verifications are required. Maintain a copy of verification documents in the employee's file and send the originals to the TPA.

MILEAGE REIMBURSEMENT

Injured employees are entitled by law to mileage reimbursement due to a work-related injury for medical treatment CGS 31-312. It is the employee's responsibility to submit a record of dates and mileage involved to the Third Party Administrator directly to the injured employee. The amount of reimbursement is dictated by CGS 31-312.

HEARING DATES

An injured employee is entitled to his/her hourly earnings from the employing state agency when he/she attends WC hearings regarding the claim during work time. The employee must provide documentation to verify hearing date and time. Maintain verification in the employee's file.

Recoveries

There are primarily four types of recoveries in a WC Program:

- Overpayment recoveries
- Wage match program recoveries
- Other fraud recoveries
- Subrogation recoveries

OVERPAYMENT RECOVERIES

If an overpayment is made to a claimant, a medical provider or state agency through the First Check process, that overpayment is expected to be recovered and credited back to the WC account maintained by the DAS. The following procedures apply to the recovery of overpayments:

Any overpayments identified by a state agency on a First Check will be identified immediately and the excess amount sent via a state agency check to the following address:

Gallagher Bassett Services Inc
ATTN: Operations Supervisor
111 Founders Plaza, Suite 801
East Hartford, CT 06108

Procedures for Recovering Overpayments

Third Party Administrator (TPA)

- Responsible for pursuing recoveries of any and all overpayments, regardless of how and by whom they are caused
- Will identify overpayments, calculate overpayment amounts and notify DAS within three business days of identification of overpayment
- Will determine the accuracy of the overpayment within five business days
- Will complete, for indemnity overpayments, via a copy of the Overpayment Tracking form. The form is completed for both TPA and non-TPA overpayments.
- Instructs the claimant or other payees to make the recovery payments payable to Treasurer, State of Connecticut
- Forwards the incoming recoveries to the following address:

Gallagher Bassett Services Inc ATTN:
Operations Supervisor
111 Founders Plaza 8th Floor
East Hartford, CT 06108

State agency (or any other source)

Brings any overpayments discovered to the attention of the TPA within five business days. The notice should contain the following information:

- Claim number
- TPA claim number
- Claimant name
- Date of service
- Date of (over) payment(s)
- Amount(s) of overpayment(s)
- Check number
- Benefit type(s), and
- Cause of overpayment(s), if known

- If a State Agency has a workers' compensation check that needs to be returned to the TPA, the Agency should contact DAS for the proper procedure

Third Party Administrator

If it is the employing state agency or another source that discovers the overpayment.

TPA Recovery Specialist

- TPA representative will initiate WC Hearing to address overpayment and payment schedule.
- Contacts the payee to recover the overpayment in its entirety.
- Attempts to work out a tentative payment plan with the claimant if full recovery of the overpayment cannot be made within ten days.
- Forward a follow-up letter to the claimant outlining the payment plan once the payment plan is finalized.
- If the claimant disputes the overpayment or if the claimant is not willing to reimburse the state for the overpayment, TPA will send the claimant, by certified mail, an overpayment letter notifying the claimant (and his/her attorney if represented) of the overpayment within five business days of identifying the overpayment. Will use the Overpayment Form Letter.
- TPA will determine the type of overpayment within five business days.

Medical/Expense Only

- Contacts the payee to recover the overpayment in its entirety
- If no response to the initial contact will follow up with payee via phone/fax/email or certified mail.

Indemnity

- Contacts the payee to recover the overpayment in its entirety
- Sends the claimant (or rep) by certified mail, an overpayment letter notifying the claimant (or rep) of the overpayment within five business days of identifying the overpayment.
- Attempts to work out a tentative payment plan with the claimant (or rep) if full recovery of the overpayment cannot be made in ten days.
- If a payment plan agreement is reached, a follow up letter is sent to the claimant (or rep) outlining the agreed upon payment plan and a method of reimbursement. A copy of this letter must be signed by the claimant or their representative and returned to the TPA.
- If no agreement can be reached, an Informal Hearing will be requested before the CT WCC to address the overpayment and the repayment schedule/plan
- Once a formal payment plan has been reached, per the Workers' Compensation Commission, which requires withholding of future benefits, the payee check will contain a check stub message detailing the amount deducted and the remaining balance of the overpayment.
- Requests a pre-formal hearing on the overpayment issue if the overpayment is not recovered in its entirety, or if a payment plan is not in place within 10 days of the date the overpayment form letter was sent to the claimant
- Sends a copy of the pre-formal hearing request to the Attorney General's Office

- Forward to the Attorney General’s Office a memo and/or copy of the TPA system note indicating the amount of the overpayment, how the overpayment occurred, and any other supporting documentation required, such as a payment summary, copy of the cancelled check, etc.

Wage Match

DAS WC Unit instituted the Wage Match program in 1989 in an effort to enforce proper payment of WC benefits. WC payment information is “matched” to Department of Labor (DOL) wage information. A match occurs when both a wage payment and WC payment are made to the same individual during the Temporary Total Disability (TTD) period or the Temporary Partial Disability (TPD) period. Since employees who receive TTD WC benefits are unable to work in any capacity for a temporary period of time, working in any job, either inside or outside of state service is prohibited during this disability period. Receiving WC TTD benefits and receiving wages at the same time constitutes a potentially fraudulent receipt of WC benefits. The DAS/WC Unit recovers the full amount of WC payment through formal procedures.

TPD claims are also reviewed under this program. The employee in this situation may be alleging that he/she cannot find less arduous work but is actually working. If fraud is proven, WC TPD benefits are discontinued, benefits paid during the period are recovered and the employee is subject to criminal prosecution.

The DAS/WC Unit investigates possible wage match cases and if necessary oversees these cases through civil court proceedings. The DAS/WC Unit refers all cases to the Office of the Chief State’s Attorney for review for possible criminal prosecution and restitution.

Reporting Workers’ Compensation Fraud

Any information received or developed that leads an agency to suspect that WC fraud is being committed is to be immediately reported to the TPA. At no time are any allegations to be made to the employee in question. The following are the procedures in filing a complaint of fraud:

- Employing State Agency

Contacts the TPA to report suspected fraud. Provides relevant factual information including name of claimant, date of offense, nature of the offense and supporting documentation.

- Third Party Administrator

Reports suspected fraud to the Office of the Chief State’s Attorney by completing the Claim Referral Information Form.

REMINDER! Employing state agencies may call any of the following offices to obtain more information about WC fraud:

- DAS/WC Unit (860) 713-5002
- WC Fraud Hotline (800) 927-0456

Workers’ Compensation Hearings

Most WC cases involve undisputed issues and never require a hearing. Even in accepted cases, however, issues may arise in which there is a difference of opinion which cannot be resolved without the input of the WCC. There are several different levels of hearings in which disputes may be resolved.

Types of Hearings

Informal Hearings

The first level is the informal hearing. Over 95 percent of all disputed cases and issues are resolved at informal hearings, which are held in a WCC district office. The informal hearing is also very useful as a fact-finding session, where the parameters of disputes are outlined, evidence may be informally presented and the commissioner may make recommendations to resolve the dispute. Only 15 minutes are allotted for the hearing. As this is an informal session, the commissioner cannot order any benefits, etc., unless both parties are in agreement. If both parties agree, the commissioner shall record the agreement in writing and it shall be binding on both parties as an award. A WC case may include one or more informal hearing(s). Cases in which no resolution of disputed issues occurs are recommended for formal hearings.

Pre-Formal Hearings

In the event that a dispute cannot be resolved at the informal hearing level, a pre-formal hearing will be scheduled by the WCC. At the pre-formal level, the interests of the State of Connecticut are represented by the Office of the Attorney General. The same commissioner does not conduct the pre-formal hearing. The goal of a pre-formal hearing is to compromise and/or resolve disputed issues prior to the formal hearing.

Formal Hearings

If it is clear that the disputed issue cannot be resolved through the informal or pre-formal hearing levels, the matter will proceed to a formal hearing. This is similar to a trial, in that a court reporter records the entire proceeding and the hearing complies with the rules of court procedure. There may be witnesses whose testimony is provided under oath, deposition testimony, and evidence (written or printed records) submitted as exhibits. It is the WCC duty to determine each of the parties' substantial rights and carry out the provisions of the Worker's Compensation Act. Following the actual hearing, all parties usually submit proposed findings of fact. The commissioner will then issue a Finding and Award, or Finding and Dismissal, which outlines the positions of all parties, his findings of fact and legal basis for it. There may be one or, more infrequently, two formal hearings in a WC case. Written decisions from formal hearings may be appealed to the Compensation Review Board (CRB).

Appeals

Either party to a formal hearing decision may appeal to the CRB to overturn an earlier decision made at the WCC district level. The CRB is composed of two sitting commissioners as well as the chairman of the WCC. The appeal must be filed within ten days of the formal opinion. Usually findings of fact are not disturbed, unless the CRB allows additional evidence which it considers to be material and which was not introduced at the formal hearing for good reason. The CRB may affirm, modify, or reverse the trial commissioner's ruling. In some instances, the case may be remanded to the original trial commissioner for further hearings to clarify vagaries the CRB may have found.

Emergency Hearings

The WCC has defined certain situations requiring especially quick action, which warrant a special form of informal hearing called an emergency hearing. An emergency hearing is scheduled as soon as possible after a request. Both parties receive 10 days notice of the hearing date. The following situations have been designated as emergency hearings:

- All Form 36 contests
- All new cases where a Form 43 has been filed and the claimant is not receiving compensation benefits
- Where there is a need for emergency surgery

Participant Roles within the Hearing Process

The role of the Third Party Administrator

In any contested case, the Workers' Compensation Commission District Office issues a hearing notice to all parties. At the informal hearings, a hearing representative presents the state's position. When the TPA receives the hearing notice, a hearing coordinator enters it into both an electronic hearing log and a hearing notebook. A copy is dispersed to the appropriate claim representative. The claim representative first attempts to resolve the issue with the claimant or other appropriate party. If this cannot be accomplished, a hearing instruction worksheet is completed for the hearing representative. This worksheet addresses not only the issues indicated on the hearing notice, but also any other issues that in all likelihood will arise at the hearing. Files are delivered to the appropriate hearing representative for the scheduled hearing date by Thursday noon of the preceding week. This is done to allow for discussion time between the hearing and claim representatives if needed.

A copy of the hearing log is faxed to each agency the week prior to the scheduled hearing, and hearing reports are faxed to the agency the week following the hearing.

The hearing report provides a synopsis of the discussion at the hearing, including all parties' positions. It will inform the claim representative of any actions needed, including payments to be made, examinations to be scheduled, etc. If it was not possible to resolve the issue at the informal level, the claim representative will copy the file and forward to the Attorney General's Office to prepare the claim for the formal hearing.

The role of the Attorney General

The Attorney General's Office has a dedicated division for WC and represents all state agencies at the pre-formal and formal hearing levels with the authority to:

- Accept claims and order the issuance of VA's
- Compromise disputes through issuing a Stipulation to Date
- Maintain the contest and fully litigate

Assistant Attorneys General are assigned to the WCC district offices and represent the state's interest on claims that have hearing activity within that particular district office. They work with employing agencies and the TPA to prepare for hearings, presenting possible outcomes and potential fiscal exposure.

Please refer to the DAS WC Directory for the listing and contact information of Assistant Attorneys General by WCC district offices.

Return to Work Programs

A Return to Work (RTW) program is an essential component of an effective WC program, as the goal is to return the injured worker to the work place.

Guide to Effective Return to Work Programs

Work related injury/illnesses that prevent an employee from working his/her regular duty are the costliest to both the injured worker and our organization. Administering a Disability Management/Return to Work program is an essential component for a successful WC program to meet the mutual objectives of:

- Assisting the injured worker in making a recovery to returning to his/her regular duty

- Efficiently managing the cost of the WC program

How does a Disability Management/Return to Work Program assist the injured worker in making a recovery to return to his/her regular duty?

Statistics indicate that the longer an employee is unable to work in any capacity, the more difficult it becomes for him/her to return to regular-duty employment. Generally, employers that administer disability management/return to work initiatives have injured workers that are more likely to return to regular duty quicker and less likely to become treatment dependent.

Disability Management/Return to Work Policy

The State of Connecticut WC Program requires that each state agency make every reasonable effort to provide suitable, modified or alternate employment to employees who are unable to perform their regular duties but are capable of modified or alternate employment as a consequence of a WC injury/illness.

Agency Guidelines for Administering the Disability Management/Return to Work Process

Designate a department/division within the agency to administer the disability management/return to work process.

Develop a plan outlining a standard process and the responsibilities of the various participants within the disability management/return to work process. The plan should include: [Click here for a plan template.](#)

- Goal

- Benefits

- Duration

- Definitions

- Administrative Responsibilities

Agencies that have high frequency injury rates for certain job classes are to develop a bank of alternate duty tasks/posts that recovering injured workers can be placed if they are unable to return to their normal assignment with restrictions.

Identify the physical demands of the alternate duty task/post so the third party claims administrator can provide to the attending physician.

Once an injured worker has been returned to a modified/restricted or alternate duty assignment, it is critical to always properly discharge all Core-CT Time and Labor functions to properly record the return to work within the system.

Refer to the Job Data and Time Sheet sections of the DAS Core-CT Processing Manual for specific coding and recording procedures.

Communicate to the workforce that the agency is committed to the process and will attempt to place all identified candidates in modified/alternative employment during the recovery of a WC injury.

How Can DAS Workers' Compensation Assist Agencies in Establishing or Supporting Existing Disability Management/Return to Work Initiatives?

- Work with your human resource staff to develop the plan
- Review and support any existing plan
- Identify restricted/modified or alternate duty candidates through file reviews with third party claims administrator.
- Analyze loss for high frequency job classifications and the development of alternate duty task assignments.
- Provide possible financial assistance to purchase ergonomic equipment to support modified or alternate duty task assignments.

DAS Selective Duty Program

The Department of Administrative Services established a WC Selective Duty Program in 1989 for state employees who are members of either the NP6 (para-professional) or the P1 (professional) health care bargaining units.

The program assists eligible employees in returning to full duty work as quickly as possible after they have been injured on the job. Employees who are temporarily unable to return to their regular duties due to physical limitations caused by an injury are given a less arduous duties assignment at the employing state agency or another agency for a limited period of time. The duties assigned are based on the physical restrictions prescribed by the treating physician. Once an employee participates in the program, the DAS reimburses certain earned wages of the employee during the selective duty work period.

The program has been an excellent means of controlling state WC costs and improving the morale of injured state employees. Lost time from work is minimized, thus reducing costs. Attitudes of many employees toward a more healthy and positive lifestyle will be restored.

SCOPE

The Department of Administrative Services Selective Duty Program is a provision of the labor contracts originally negotiated between the New England Health Care Employee's Union, District 1199 and the state during 1989. The program has been effective since.

The program is composed of 50 selective duty slots available to participating agencies for eligible employees on a first-come, first-serve basis. Employing state agencies secure a PER-WC 208 from the treating physician releasing the employee to selective duty, complete the required WC Selective Duty form and subsequently request approval from the DAS to place the eligible employee in a selective duty slot. If, at the time of the request, all slots are in full use, the DAS will maintain a waiting list and assign an employee to a slot when a slot becomes available.

PARTICIPATING AGENCIES

All agencies that employ members of either the NP6 or P1 Health Care bargaining units may participate in the program. Based on historical data, the following agencies employ the majority of members and therefore will likely utilize the program most frequently:

Department of Children & Families Services

Department of Correction

Department of Social Services

Department of Public Health

Department of Mental Health

Department of Developmental Services

UConn Health Center

Department of Veterans' Affairs

EMPLOYEE ELIGIBILITY REQUIREMENTS

All employees meeting the following criteria may participate in the program. An employee must be:

- A member of the NP6 (para-professional) or P1 (professional) Health Care bargaining unit
- Recovering from a WC compensable work related injury or illness
- Certified by his/her treating physician to be capable of returning to a full-time or part-time selective duty assignment

THE SELECTIVE DUTY ASSIGNMENT

The agencies will develop a selective duty assignment for an employee in accordance with work restrictions and considerations specified by the treating physician.

The selective duty assignment consists of productive work that the employee can perform without fear of further injury. Employees may be assigned to any work the employee is physically capable and qualified of performing as long as the work is within the bargaining unit.

Full-time or part-time selective duty assignments can be developed.

For full-time selective duty assignments, the employee will be compensated at a rate consistent with the employee's normal classification level had he/she returned to regular duty after a period of absence from work due to a work-related injury. For part-time selective duty assignments, the employee will be compensated at a rate consistent with the employee's normal classification level at the employee's normal hourly rate for actual hours worked.

WAITING LIST

If no selective duty slot is available under this program, the employee's name will be placed on a waiting list. Agencies are encouraged to develop traditional selective duty placements if a slot under this program is not available.

DURATION OF THE SELECTIVE DUTY ASSIGNMENT

Selective duty assignments shall be established for 90 calendar days, even though the assignment may terminate anytime during the 90-day period.

TERMINATION BY THE EMPLOYEE

Once an employee participates in the program, the employee is required to complete the term of the assignment. Cessation of the term is granted only if written documentation is received from the treating physician indicating that the employee cannot continue the assignment or that the employee can resume his/her regular duties. Employing state agencies must promptly notify the DAS by telephone if the employee terminates participation in the Selective Duty Program before the conclusion of the 90-day scheduled selective duty assignment. Written confirmation of the termination must follow the telephone notice. As long as eligibility requirements are met, there are no restrictions on the number of times an employee may participate in the program. Employees, however, may only participate once for each injury.

EMPLOYEE ASSIGNMENT

Authorization to place an employee in the Selective Duty Program is granted by the DAS/WC Unit. Authorization must be received for each employee regardless if a slot is vacated due to another employee's early termination of the selective duty assignment.

Selective duty slots are not permanently assigned to any agency.

PAYMENT OF WAGES

The 50 selective duty slots have no salary limitations. Therefore, all employees meeting the eligibility requirements, regardless of salary level, may participate. DAS will reimburse the employing state agency the employee's earned wages, which includes base pay, premium holiday wage and any regularly scheduled weekend and shift differential earned during the selective duty work period.

Any other compensation such as longevity, overtime earnings, bonuses/stipends and retroactive pay earned by the employee during the selective duty work period will be compensated by the employing state agency.

The employing state agency compensates the employee participating in the Selective Duty Program from the agency payroll. Upon completion of the employee's assignment, the employing state agency bills DAS via a service transfer invoice for reimbursement. The DAS/WC Unit verifies the amount before issuing the reimbursement to the agency.

USE OF ACCRUED LEAVE

Employees may use accrued leave during the selective duty work period. Use of accruals will be recorded on attendance records.

Payment of accrued leave will not be included in the wage payment reimbursed to the employing state agency by DAS. Therefore, any paid leave, i.e., sick, vacation and personal time, will be paid to the employee as normal earnings by the employing state agency.

DAS will reimburse paid holidays occurring during the selective duty assignment period.

PROCEDURES: PROCESSING A SELECTIVE DUTY ASSIGNMENT

Treating physician provides restricted/selected duty work disposition slip/report to injured worker and the TPA.

* Injured worker reports restricted/selective duty clearance to employing state agency (ESA).

- * ESA notifies TPA of restricted /selective duty work disposition. ESA then places the injured worker in a pre-established restricted/selective duty assignment or develops an appropriate restricted/selective duty job assignment for the injured worker.
- * ESA requests a slot number from the DAS.
- * DAS assigns a slot number. If all slots are filled, DAS will place the injured worker on a slot number waiting list.
- * ESA complies with Core-CT time processing requirements for all restricted/selective duty hours worked.
- * After completion of the restricted/selective duty assignment, ESA completes the following:
 - DAS Workers' Compensation Selective Duty Form
 - DAS Workers' Compensation Selective Duty Reconciliation Form
 - The Core-CT transfer invoice
 - Copies of the employee's time sheets must be included in the package
 - The completed packet is sent to:

Kelly Dillon
 DAS Workers' Compensation Unit
 450 Columbus Boulevard, Suite 1404
 Hartford, CT. 06103
 (860) 713-5002

Less Arduous Duty Process

C.G.S., chapter 67, section 5-244 states:

“When an employee has become physically or mentally incapable of, or unfit for, the efficient performance of the duties of his position, by reason of infirmities due to advanced age or other disability, the appointing authority shall recommend to the Commissioner of Administrative Services that the employee be transferred to less arduous duties or separated from state service in good standing.”

This statute applies to state employees with WC injuries/illnesses permanently prohibiting a return to regular duty within their state government job classification.

For employees with filed WC claims, for whom medical documentation permanently disables the employee from ever returning to their job classification in state government, the TPA will provide notice of such to the employing state agency.

If the agency has not already done so, receipt of the TPA notification should trigger the employing state agency to assess whether the employee qualifies as disabled under the Americans with Disabilities Act or the Connecticut Fair Employment Practices Act, and if so, whether the employee could perform his/her job classification with reasonable accommodations and without undue hardship on the agency. As part of this accommodation process, the employing state agency must also consider whether it would be a reasonable accommodation and would not cause undue hardship to transfer the employee to a vacant position for which he/she is qualified within the agency.

The employing state agency, upon receipt of the TPA notification, will submit a Less Arduous Duty (LAD) search request to the DAS.

DAS will execute a statewide LAD job search and communicate the results to the employing state agency.

The employing state agency, based on the LAD results, will coordinate a transfer to other state employment or a separation in good standing.

See Part IV, Appendix for:

- LessArduousDuty FlowChart
- SampleTPA Notification toEmployingStateAgency
- Sample Employing State Agency Request to DAS for LAD

Part III:

Workers' Compensation Program Operations

Chapter 3.Claim Processing

Please refer to the CORE CT Section of the Workers' Compensation Website

Part IV: *Appendix*

Workers' Compensation Glossary

Accident Report/First Report of Injury

Workers' Compensation Commission Form PER WC-207 (for state employees) required to be filed by an agency in case of an employee's occupational injury or disease that results in incapacity from work of one day or more.

Administrative Regulations

Regulations adopted in accordance with statutory authority to prescribe procedures and requirements within the WC system.

Agreement

Written agreement between an employer's WC insurance carrier or a self-insured employer and an employee with a compensable work-related injury or occupational disease specifying the type and amount of WC benefit paid to the employee. An agreement must be made using the Workers' Compensation Commission Voluntary Agreement, Form WCC-1.

Appeal

Request by one of the parties in a WC case to have the Workers' Compensation Commission's Compensation Review Board (CRB) hear the case, which has already been heard in some lower level Informal or Formal Hearing(s). The appealing party requests an overturning of some earlier decision(s) by the Workers' Compensation Commissioner(s) who heard the case at the earlier hearing(s).

Approved List of Medical Practitioners

The WCC Chairman (in consultation with the Workers' Compensation Advisory Board) may establish a list of approved physicians and other practitioners who may render medical services to employees.

Arising Out Of and In The Course of Employment

An employee's accidental injury or occupational disease originating while he/she was engaged in the line of duty in the business or affairs of the employer, upon the employer's premises or elsewhere by the direction, express or implied, of the employer.

Attending Physician's First Report of Injury/Medical Status Report or Narrative Subjective Objective Assessment Prognosis prepared by Network Provider.

WCC Form 48 used by an attending physician to report initial medical findings related to an employee's compensable work-related injury or occupational disease or the State of Connecticut's Workers' Status Report Form used by an attending physician to report initial medical findings for state employees with compensable work-related injuries or occupational diseases.

Attending Physician

Medical practitioner who is the primary medical caregiver of an employee with a compensable work-related injury or occupational disease. An attending physician must be on the Workers' Compensation Commission Chairman's Approved List of Medical Practitioners to treat employees in WC cases.

Attorney Fee Schedule

The Workers' Compensation Act requires the Workers' Compensation Commission Chairman to annually publish the maximum fees claimants are required to pay attorneys for legal services rendered in WC cases.

Average Weekly Wage (AWW)

Average weekly earnings of an employee with a compensable work-related injury or occupational disease, used to determine the employee's weekly workers' compensation benefit rate.

Award

Grant of workers' compensation benefits or other fees in a workers' compensation case.

Basic Compensation Rate

Weekly WC benefit rate of an employee with a compensable work-related injury or occupational disease, without cost-of-living adjustments or dependency allowances. * For injuries/illnesses before October 1, 1991, the basic rate is two-thirds (2/3) of an employee's gross average weekly wage. * For injuries/illnesses from October 1, 1991 through June 30, 1993, the basic rate is 80% of an employee's average weekly wage, after federal income taxes and FICA deductions. * For injuries/illnesses on or after July 1, 1993, the basic rate is 75% of an employee's average weekly wage, after federal and state income taxes and FICA deductions.

Benefit Rate Table

The Workers' Compensation Commission Chairman (in consultation with the WC Advisory Board) is required to annually publish tables which specify weekly workers' compensation benefit rates, based upon the gross average weekly wage, the federal tax filing status, and the number of claimed exemptions of an employee with a compensable work-related injury or occupational disease. These tables must be consulted for the determination of weekly benefit rates only for compensable work-related injuries and occupational diseases on or after October 1, 1991.

Benefits

WC benefits or other payments mandated by the Workers' Compensation Act including, but not limited to, indemnity; medical and surgical aid or hospital and nursing service under Section 31-294d of the Act; and any type of payment for disability, whether for total or partial disability of a permanent or temporary nature, death benefit, funeral expense, payments made under Sections 31-284b, 31-293a, or 31-310 of the Act, or any adjustment in benefits or payments required by the Act.

Chairman

Workers' Compensation Commissioner appointed by the Governor to head the Workers' Compensation Commission (WCC) and administer the state WC system according to the provisions of the Workers' Compensation Act.

Chapter 568

The Workers' Compensation Act, comprised of Sections 31-275 through 31-355a of the C.G.S. This chapter establishes the Connecticut WC system of wage replacement benefits for and medical treatment of compensable work-related injuries and occupational diseases, as well as the state agency, the WCC, which administers the Connecticut WC system.

Claimant

Any person who makes a claim for WC benefits for an alleged work-related injury or occupational disease. Claimants are either employees claiming a compensable work-related injury or occupational disease or surviving dependents of an employee killed by a compensable work-related injury or occupational disease.

COST of Living (cola)

Annual cost-of-living adjustment in a claimant's basic compensation rate. This adjustment applies ONLY to Temporary Total Disability and Dependent Survivors' benefits, and is paid ONLY for injuries/illnesses on or before June 30, 1993. There are NO COLAs for other types of WC benefits or for injuries/illnesses on or after July 1, 1993.

Commission

Workers' Compensation Commission, the state agency established by the Workers' Compensation Act to administer the Connecticut WC system.

Commissioner

Workers' Compensation Commissioner, an administrative official authorized by the Workers' Compensation Act to have jurisdiction in whatever matter referred to in a given section of the Act.

Commutation

Payment of WC benefits in a monthly, quarterly, or single lump payment, rather than in weekly or biweekly payments.

Commutation and What It Means

Workers' Compensation Commission form signed by a claimant to signify understanding of and agreement to payment of WC benefits by commutation.

Compensation

WC benefits or other payments mandated by the Workers' Compensation Act including, but not limited to, indemnity; medical and surgical aid or hospital and nursing service under Section 31-294d of the Act; and any type of payment for disability, whether for total or partial disability of a permanent or temporary nature, death benefit, funeral expense, payments made under Sections 31-284b, 31-293a, or 31-310 of the Act, or any adjustment in benefits or payments required by the Act.

Compensation Rate

Weekly WC benefit rate of an employee with a compensable work-related injury or occupational disease.

Compensation Review Board (CRB)

WCC board comprised of two Workers' Compensation Commissioners and the Workers' Compensation Commission Chairman to hear appeals of decisions from lower level Informal and Formal Hearings.

Concurrent Employment

Simultaneous employment by more than one employer. When an employee with a compensable work-related injury or occupational disease is concurrently employed, the basic

compensation rate is based upon the average weekly wages from ALL jobs the employee is unable to work as a result of the injury or disease.

Continuance

Adjournment or postponement of a hearing or other proceeding to a subsequent day or time.

CRD The Workers' Compensation Commission's Compensation Review Division, now the Compensation Review Board (CRB).

Date of Injury (DOI)

Date a work-related injury occurs or, for occupational disease, the date of total or partial incapacity to work due to the disease. (The Compensation Review Board has held the date of injury for repetitive trauma to be the last day of exposure to the incidents of repetitive trauma, i.e. the last day worked).

Day of Injury

Day a work-related injury occurs. An employee with a compensable work-related injury or occupational disease is entitled to full wages for the entire day an injury occurs and, for purposes of determining WC benefits, that day is not counted as a day of incapacity from work.

Dependency Allowance

Extra payment (in addition to a claimant's basic compensation rate) for each of a claimant's dependents. This allowance is paid ONLY to claimants whose compensable work-related injuries or occupational diseases occurred PRIOR to October 1, 1991.

Dependent

Employee's family member (for employees with compensable work-related injuries or occupational diseases) or next of kin who was wholly or partly dependent upon the employee's earnings at the time of the employee's injury or disease, including any presumptive dependent or dependent in fact.

Dependent in Fact

Person determined to be an employee's dependent (for employees with compensable work-related injuries or occupational diseases) in a WC case in which there is no presumptive dependent, in accordance with the facts existing on the date of the injury or disease.

Dependent Survivor

Presumptive dependent or dependent in fact surviving an employee who dies from a compensable work-related injury or occupational disease.

Dependent Survivors' Benefits

Burial expenses for an employee who dies from a compensable work-related injury or occupational disease and wage replacement benefits to surviving dependents of such a deceased employee. Such benefits are also known as Death Benefits, Fatality Benefits or Survivors Benefits. C.G.S. §31-306

Disability Evaluation

Workers' Compensation Commission Form 42 used by an attending physician to report the existence and extent of a Permanent Partial Disability of an employee with a compensable work-related injury or occupational disease.

Disclaimer

Workers' Compensation Commission Form 43 used by an employer or its WC insurance carrier to deny or contest liability for a claim for WC benefits.

Discontinuation Notice

Workers' Compensation Commission Form 36 used by an employer or its WC insurance carrier to discontinue or reduce a claimant's WC benefit payments.

Disfigurement

Impairment of or injury to the beauty, symmetry, or appearance of a person that renders the person unsightly, misshapen, imperfect, or deforms in some manner or otherwise causes a detrimental change in the external form of the person.

Disfigurement and Scarring

Permanent, significant disfigurement of, or permanent, significant scarring on the face, head, neck, or any other part of the body which handicaps an employee with a compensable work-related injury or occupational disease in obtaining or continuing to work.

Disfigurement and Scarring Benefits

Benefits paid to an employee with a compensable work-related injury or occupational disease for a compensable disfigurement or scar.

District

Jurisdiction established by the Workers' Compensation Commission Chairman to administer matters of the WC system within a given geographical area.

District Office

Workers' Compensation Commission office which administers matters of the WC system within jurisdiction of the Workers' Compensation District in which it is located. Informal and Formal Hearings are held in District Offices, which also maintain records pertinent to their jurisdictions, such as workers' compensation case files.

DOI (See Date of Injury)

Date of Injury. The date a work-related injury occurs or, for occupational disease, the date of total or partial incapacity to work due to the disease. (The Compensation Review Board has held the date of injury for repetitive trauma to be the last day of exposure to the incidents of repetitive trauma, i.e. the last day worked).

Education Services

Workers' Compensation Commission unit that provides education and information regarding the Connecticut WC system.

Emergency Hearing

Special type of Informal Hearing to provide for the administration of emergency situations which require especially quick action to provide appropriate medical treatment and WC benefits to employees with compensable work-related injuries or occupational diseases.

Employee

Any person who: (1) has entered into or works under any contract of service or apprenticeship with an employer, whether the contract contemplated the performance of duties within or without Connecticut; (2) is a sole proprietor or business partner who accepts the provisions of the Workers' Compensation Act; (3) is elected to the Connecticut General Assembly; (4) is a salaried officer or paid member of any police or fire department; (5) is a volunteer police officer, whether designated as special or auxiliary; or (6) is an elected or appointed official or agent of any town, city, or borough in the state.

Employer

Any person, corporation, firm partnership, voluntary association, joint stock association, the State of Connecticut, or any public corporation within the state using the services of one or more employees for pay, or such an employer's legal representative.

Filing Status and Exemption Form

Workers' Compensation Commission Form WCC-1A used by an employee with a compensable work-related injury or occupational disease on or after October 1, 1991, to report federal tax filing status and number of claimed exemptions for determining WC benefits.

Formal Hearing

Formal meeting between the parties in a WC case and presided over by a Workers' Compensation Commissioner for the purpose of resolving differences, disagreements, and the like to provide appropriate WC benefits to a claimant. Witnesses in formal hearings are sworn and testify and evidence is introduced, resulting in a binding written decision by the presiding Commissioner. Usually held in a Workers' Compensation Commission District Office, a formal hearing is the second level hearing available to adverse parties in a WC case and is scheduled when disputes cannot be resolved in any earlier Informal Hearing(s). There may be one or, more infrequently, two formal hearings in a WC case. Written decisions from Formal Hearings may be appealed to the Compensation Review Board.

Fraud Unit

The Workers' Compensation Fraud Unit within the Chief State's Attorney's Office, Division of Criminal Justice, which investigates complaints of WC fraud and takes appropriate action to enforce Connecticut law.

Hearing

Informal or formal meeting between the parties in a workers' compensation case presided over by one or more Workers' Compensation Commissioner(s) for the purpose of resolving differences, disagreements, and the like in order to provide appropriate WC benefits to a claimant

Independent Medical Examination, also known as Respondent Medical Exam (RME)

Medical examination of a claimant usually requested by another party (i.e., the respondent in the case or a Workers' Compensation Commissioner) and conducted by a physician other than the claimant's attending physician. C.G.S. §31-294f - May include a Functional Capacity Evaluation (FCE)

IME

Independent Medical Examiner, also known as Respondent Medical Exam (RME)

Informal Disfigurement Evaluation

Workers' Compensation Commission Form 47 used by a Workers' Compensation Commissioner to award disfigurement or scarring benefits to an employee with a compensable work-related injury or occupational disease.

Informal Hearing

Short informal meeting between the parties in a WC case and presided over by a Workers' Compensation Commissioner for the purpose of resolving differences, disagreements, and the like in order to provide appropriate WC benefits to a claimant. Held in a Workers' Compensation Commission District Office, an informal hearing is the first level of hearing available to adverse parties in a WC case and involves discussion of any disputed issue(s) and production of appropriate supporting documents and other evidence. A WC case may include one or more informal hearing(s); cases in which no resolution of disputed issues occurs are recommended for formal hearings. However, nearly all cases involving disputed issues are resolved in informal hearings.

Informal Hearing Request

Workers' Compensation Commission form used by any party requesting an Informal Hearing before a Workers' Compensation Commissioner.

Job Search

When an employee with a compensable work-related injury or occupational disease is not able to do regular work, but can perform light duty work (as defined by the attending physician) and no light duty work is available at the regular employer, that employee may still be eligible for Temporary Partial Disability benefits, subject to performing a job search. A job search is the process by which such an employee looks for ANY type of work which falls within the attending physician's physical restrictions and submits a weekly report of the results of the search to the employer's WC insurance carrier or self-insured employer, taking a suitable job if it is offered,

until healing from the injury or disease to the extent that the attending physician returns the employee to his/her regular job.

Light Duty

Work prescribed by an employee's attending physician to fall within certain physical restrictions while the employee continues to heal from a compensable work-related injury or occupational disease.

Lump Sum Payment

Payment of a WC award of benefits or other sum(s) as one or more partial or total payment(s), instead of the more common weekly or biweekly payments which equally distribute such sum(s). A lump sum payment may result from a Commutation or a Stipulation.

Maximum Compensation Rate

Highest weekly WC benefit rate provided for by the Workers' Compensation Act. The maximum rate may vary from employee to employee, depending on the date of an employee's injury (and in turn the law which applies to that injury) and the type of benefit for which an employee is eligible.

Maximum Medical Improvement

Time at which a claimant's attending physician determines that the claimant has healed from a compensable work-related injury or occupational disease to the fullest extent he/she is expected to heal. At this time the attending physician determines whether or not the claimant has sustained a Permanent Partial Disability to any body part(s) and the degree of such impairment(s).

Medical Care Plan

An employer's plan to provide its employees with medical care for their compensable work-related injuries and occupational diseases. Such a plan is also known as a Preferred Provider Organization, (PPO).

Medical Fee Schedule

The Workers' Compensation Commission Chairman (in consultation with employers, their insurance carriers, union representatives, physicians, and third party reimbursement organizations) is required to develop and annually publish maximum fees payable to medical practitioners for medical services rendered in WC cases (except for medical treatment of employees covered by approved WC medical care plans and those employed by the State of Connecticut, who are covered by a separate Medical Fee Schedule for state employees).

Medical Fee Schedule for State Employees

The State of Connecticut Commissioner of Administrative Services is required to set, by regulation, maximum fees payable to medical practitioners for medical services rendered in WC cases of employees of the State of Connecticut under its approved medical care plan.

Medical Practice Protocols

The Workers' Compensation Commission Chairman (in consultation with insurers and medical practitioners) is required to develop and annually publish medical practice protocols for the medical treatment rendered in WC cases. The protocols must be used by medical practitioners, employers, WC insurance carriers, and Workers' Compensation Commissioners in evaluating the necessity and appropriateness of medical care in WC cases.

Medical Practitioner Billing Guidelines

The Workers' Compensation Commission Chairman (in consultation with insurers and medical practitioners) is required to develop and annually publish billing guidelines for medical services rendered in WC cases. The guidelines must be used by employers, WC insurance carriers, and medical practitioners where there is no approved medical care plan.

Minimum Compensation Rate

Lowest weekly WC benefit rate provided for by the Workers' Compensation Act. The minimum rate may vary from employee to employee, depending on the date of an employee's injury (and, in turn, the law which applies to that injury) and the type of benefit for which an employee is eligible.

MMI

Maximum Medical Improvement

Motion To Preclude

Motion filed to stop from consideration (or preclude) any defense to a claim's compensability other than a jurisdictional defense (e.g., whether there was an employer/employee relationship) or a defense asserted by the respondent(s) in a proper and valid notice of contest.

Occupational Disease

Disease peculiar to an employee's occupation and due to causes in excess of the ordinary hazards of employment as such.

Occupational Health Clinics

Medical clinics specializing in the diagnosis and treatment of occupationally-related illnesses and diseases and the evaluation of workplaces for health-related hazards.

Occupational Injury

Accidental injury which may be definitely located as to the time when and the place where the accident occurred, and is causally connected with the injured person's employment, or is the direct result of repetitive trauma or repetitive acts incident to such employment, as well as occupational disease.

OSHA

Occupational Safety and Health Administration. In Connecticut, there are Federal OSHA and ConnOSHA: Federal OSHA inspects private sector workplaces for health and safety violations and provides information and ConnOSHA is a unit in the Connecticut Department of Labor that inspects public sector workplaces and performs consultations in the private and public sectors.

Payments “Without Prejudice”

Payment of WC benefits to a claimant while the compensability of an alleged work-related injury or occupational disease is in question.

Permanent Partial

Permanent Partial Disability or an award of Permanent Partial Disability benefits.
C.G.S. §31-308

Permanent Partial Award

Award of WC benefits paid to an employee with a compensable work-related injury or occupational disease for a Permanent Partial Disability of one or more part(s) of the employee’s body.

Permanent Partial Disability (PPD)

Permanent loss of, or loss of use of, one or more body part(s) of an employee with a compensable work-related injury or occupational disease. If it is determined by the attending physician at the time of the employee’s maximum medical improvement that a Permanent Partial Disability exists, that employee is eligible to receive Permanent Partial Disability benefits.2007 44

Permanent Partial Disability Benefits (See PPD)

WC benefits paid to an employee with a compensable work-related injury or occupational disease for a Permanent Partial Disability of one or more part(s) of the employees body.

PPD (See Permanent Partial Disability or Permanent Partial Disability Benefits)

Permanent Partial Disability or Permanent Partial Disability benefits.

Personal Injury

Accidental injury which may be definitely located as to the time when and the place where the accident occurred, and is causally connected with the injured person’s employment or the direct result of repetitive trauma or repetitive acts incident to such employment, as well as occupational disease.

PPO (See Preferred Provider Organization)

Preferred Provider Organization.

Preferred Provider Organization (See PPO)

An employer's medical care plan for the treatment of its employee's compensable work-related injuries and occupational diseases. (Approved Medical Provider Network Directory)

Presumptive Dependent

Any of the following persons, who are conclusively presumed to be wholly dependent for support upon a deceased employee: (1) a wife upon a husband with whom she lives at the time of his injury or from whom she receives support regularly; (2) a husband upon a wife with whom he lives at the time of her injury or from whom he receives support regularly; (3) any child under the age of eighteen or over the age of eighteen but who is physically or mentally incapacitated from earning, upon the parent with whom he/she is living or from whom he/she is receiving support regularly, at the time of the injury of the parent; or (4) any unmarried child who has attained the age of eighteen but has not attained the age of twenty-two and who is a full-time student, upon the parent with whom he/she is living or from whom he/she is receiving support regularly.

Previous Disability

An employee's preexisting condition due to the total or partial loss of, or loss of use of, one hand, arm, foot, or eye resulting from an accidental injury, a disease, or from congenital causes, or any other permanent physical impairment.

Product Liability Suit

Suit brought by an employee with a compensable work-related injury or occupational disease against a party other than the employee's employer who is alleged to be responsible in some way or to some degree for the injury or disease. Rehabilitation

Request Form

Workers' Compensation Commission Form WCR-1 used by an employee with a compensable work-related injury or occupational disease to request vocational rehabilitation services from the Commission's Division of Workers' Rehabilitation or by any other party referring such an employee to the Division for such services.

Rehabilitation Services (Division of Workers' Rehabilitation)

Workers' Compensation Commission Division that provides vocational rehabilitation services to eligible employees with compensable work-related injuries or occupational diseases who cannot return to the types of work which caused their injuries or diseases.

Respondent

Employer or its WC insurance carrier in a WC case.

Restricted / Alternate Duty

Work prescribed by an employee's attending physician to fall within certain physical restrictions while the employee continues to heal from a compensable work-related injury or occupational disease.

Scar

Mark left on the skin after the healing of a wound or sore, or any mark, damage, or lasting effect resulting from a past injury.

Schedule of Injuries

List in the Workers' Compensation Act providing the maximum number of weeks of Permanent Partial Disability benefits for each body part. Only injuries (body parts) in this statutory schedule are eligible for Permanent Partial Disability benefits, C.G.S. §31-308.

Self Insurance

Manner in which an employer provides WC insurance coverage for its employees by insuring itself rather than by purchasing WC insurance coverage from a private insurance carrier.

Settlement

Term used for Permanent Partial Disability benefits or to refer to a Stipulation, which is a final close-out of a WC case.

SIF

The State of Connecticut's Second Injury Fund.

Specific

Award of Permanent Partial Disability benefits for one or more of an employee's specific body part(s) due to that employee's compensable work-related injury or occupational disease.

State Average Production Wage

Average weekly earnings of production and related workers in manufacturing in Connecticut, determined annually by the Commissioner of the Department of Labor. This is lower than the State Average Weekly Wage of all Connecticut workers because it does not include salaries of supervisory personnel.

State Average Weekly Wage

Average weekly earnings of all workers in Connecticut, determined annually by the Commissioner of the Department of Labor. This is higher than the State Average Production Wage because it includes salaries of supervisory personnel.

Statistical Division

Workers' Compensation Commission division which compiles and maintains statistics on occupational injuries and diseases, voluntary agreements, claims status, and Workers' Compensation Commissioners' dockets, among others.

Stip

Stipulation or stipulated agreement.

Stipulated Agreement

Agreement to stipulate a WC case (close a case, finally, by stipulation).

Stipulation

Process whereby an employee with a compensable work-related injury or occupational disease and the employer (and/or its WC insurance carrier) close a WC case finally. This happens when an employee is paid a sum of money and/or provided certain medical treatment(s) and, in return, signs away any future right to benefits for the stipulated injury or disease. Some stipulations close out all aspects of a case (i.e., benefits and medical treatment) while other stipulations close out portions of available benefits (i.e., benefit payments or medical treatment), leaving the remaining benefits open.

Stipulation and What It Means

Workers' Compensation Commission form signed by a claimant signifying understanding of an agreement to a final settlement of a WC case by stipulation.

Survivors' Benefits

Burial expenses for an employee who dies as a result of a compensable work-related injury or occupational disease and wage replacement benefits to surviving dependents of such a deceased employee. Such benefits are also known as Death Benefits, Dependent Survivors' Benefits", or Fatality Benefits, C.G.S. §31-306

Temporary Partial Disability (STP)

Temporary Partial Disability or Temporary Partial Disability benefits. Temporary, but only partial, incapacity from work of an employee with a compensable work-related injury or occupational disease. During a period of partial incapacity, an employee can perform some types of work and may be eligible for Temporary Partial Disability benefits.

Temporary Partial Disability Benefits (TP)

Temporary Partial Disability or Temporary Partial Disability benefits. Wage replacement benefits paid to an employee with a compensable work-related injury or occupational disease during that employee's Temporary Partial Disability.

Temporary Total (See TT)

Temporary Total Disability or Temporary Total Disability benefits, C.G.S. §31-307 and C.G.S. §5-142, under certain circumstances involving hazardous conditions.

Temporary Total Disability (TT)

Temporary, but total, incapacity from work of an employee with a compensable work-related injury or occupational disease. During a period of total incapacity, an employee is unable to perform any type of work and is eligible for Temporary Total Disability benefits.

Temporary Total Disability Benefits

Wage replacement benefits paid to an employee with a compensable work-related injury or occupational disease during that employee's period of Temporary Total Disability.

Third Party

Party other than an employer or employee who is or may be responsible in some way or to some degree for an employee's compensable work-related injury or occupational disease.

Third Party Claim

Claim for WC and/or other benefits made by an employee with a compensable work-related injury or occupational disease against a third party (party other than employee or employer).

Utilization Review Procedures

The Workers' Compensation Commission Chairman (in consultation with insurers and medical practitioners) is required to develop and annually publish utilization review procedures for medical treatment in WC cases. The procedures must be used by medical practitioners, employers, WC insurance carriers, and Workers' Compensation Commissioners in evaluating the necessity and appropriateness of medical care in WC cases.

Vocational Rehabilitation

Services provided to an employee with a compensable work-related injury or occupational disease to return that employee to the workforce in a new occupation, the performance of which is within that employee's physical limitations resulting from the injury or disease. The Workers' Compensation Commission's Rehabilitation Services unit provides a full range of vocational rehabilitation services, without charge, to eligible employees who cannot return to their initial occupations. Employees may apply to Rehabilitation Services themselves or may be referred to Rehabilitation Services by an employer, an insurance representative, a medical practitioner, a Workers' Compensation Commissioner, or another party.

Voluntary Agreement (VA)

Workers' Compensation Commission Form WCC-1 serving as an agreement between an employer's WC insurance carrier or a self-insured employer and an employee with a compensable work-related injury or occupational disease specifying the type and amount of WC benefit to be paid to the employee.

Waiting Period

The first three calendar days of a work-related incapacity from work, during which an employee with a compensable work-related injury or occupational disease is ineligible to receive workers' compensation benefits, other than appropriate and necessary

medical care. For employees incapacitated from work for seven or more calendar days due to the injury or disease, the waiting period is waived and they are eligible to receive WC wage replacement benefits for the entire period of incapacity from work.

Weekly Wage Differential

Weekly difference between the earnings of an employee with a compensable work-related injury or occupational disease before the occurrence of the injury or disease and the earnings of that same employee after the occurrence of the injury or disease. If the employee is no longer able to work in the job, this is the weekly difference between the earnings of the employee before the occurrence of the injury or disease and the earnings presently being paid in the job in which the employee worked at the time of the occurrence of the injury or disease.

Workers' Compensation Act

Chapter 568 of the C.G.S, comprised of Section 31-275 through 31-355a, which establishes the Connecticut WC system of wage replacement benefits for and medical treatment of compensable work-related injuries and occupational diseases, as well as the State agency, the Workers' Compensation Commission, which administers the Connecticut WC system.

Workers' Compensation Administrative Regulations

Regulations adopted in accordance with statutory authority to prescribe procedures and requirements regarding activities within the WC system.

Workers' Compensation Advisory Board

Board provided for by the Workers' Compensation Act to assist the Workers' Compensation Commission Chairman in the performance of his duties. The board is comprised of four individuals representing employee organizations, four individuals representing employer organizations, and a ninth individual who is selected by the board to serve as an impartial chairman of the board.

Workers' Compensation Benefits

Compensation benefits or other payments mandated by the provisions of the Workers' Compensation Act including, but not limited to, indemnity; medical and surgical aid or hospital and nursing service under Section 31-294d of the Act; and any type of payment for disability, whether for total or partial disability of a permanent or temporary nature, death benefit, funeral expense, payments made under Sections 31-284b, 31-293a, or 31-310 of the Act, or any adjustment in benefits or payments required by the Act.

Workers' Compensation Commission

(Also listed as Commission) State agency established by the Workers' Compensation Act to administer the Connecticut WC system.

Workers' Compensation Commission Chairman

Workers' Compensation Commissioner appointed by the Governor to head the Workers' Compensation Commission and administer the state WC system according to the provisions of the Workers' Compensation Act.

Workers' Compensation Commissioner

(Also listed as Commissioner) Administrative official authorized by the Workers' Compensation Act to have jurisdiction in whatever matter referred to in a given section of the Act.

Workers' Compensation District

(Also listed as District) Jurisdiction established by the Workers' Compensation Commission Chairman to administer matters of the WC system within a given geographical area.

Workers' Compensation Fraud Unit

(Also listed as Fraud Unit) Unit within the Office of the Chief State's Attorney, Division of Criminal Justice, which investigates complaints of WC fraud and takes appropriate action to enforce Connecticut law.

Workers' Compensation Jurisdiction

WC system by which an employee with a work-related injury or occupational disease is provided medical treatment for the injury or disease and wage replacement benefits while incapacitated from regular work. The Connecticut WC system covers most private and public sector employees in the state. However, some employees may be eligible to receive WC benefits from the Connecticut system and another system simultaneously or, in some cases, eligible only to receive WC benefits from another system. Other systems include the Jones Act, the Longshore and Harbor Workers' Compensation Act, and the Federal Employees' Workers' Compensation System.

Workers' Compensation Legal Advisory Panel

Panel provided for by the Workers' Compensation Act to assist the Workers' Compensation Commission Chairman in the performance of his duties by providing him with guidance in legal matters pertaining to the WC system.

Workers' Compensation Medical Advisory Panel

Panel provided for by the Workers' Compensation Act to assist the Workers' Compensation Commission Chairman in the performance of his duties by providing him with guidance in medical matters pertaining to the WC system.

Part IV: *Appendix*

Workers' Compensation Forms

1. DAS PER WC Form 207: First Report of Injury Accident Report

Documents the injury or illness as reported by the employee to supervisor

2. DAS WC Form 207-1: Incident Review Report

Reviewing each reported claim assists the supervisor in providing the safest work environment for employees. The 207-1 can be tailored to specific agency needs to better assist in reducing future exposure to injury. It also is the best tool for Safety and Health Committees to learn what exposure factors are causing claims in the workplace.

3. WCC Form 1A: Filing Status & Exemption Form

Identifies the claimant's tax filing status last filed prior to the date of injury, and must be completed and submitted on all initial VA for injuries occurring on or after October 1, 1991.

4. DAS Form 715: Request for use of Accrued Leave

Records an employee's election to use accrued leave to supplement WC benefits if he/she is entitled to a 66 2/3%, 75% or 80% benefit rate.

5. DAS PER WC Form 211: Concurrent Employment/Third Party Liability

Records whether or not an employee reporting a claim has a second source of income not related to State of Connecticut employment and determines if third party negligence caused the injury.

6. The Form 30C "NOTICE OF CLAIM FOR COMPENSATION (EMPLOYEE TO COMMISSIONER AND TO EMPLOYER)"

is to be completed and filed by a claimant (employee) or claimant's attorney/representative for making a claim for workers' compensation benefits. The Form 30C includes a map of Connecticut's 169 cities and towns and their respective workers' compensation districts, as well as instructions for completing and filing this form and a listing of district office contact information.

7. DAS Form 208: Worker Status Report

Must be completed by the initial care or attending physician to record the injured worker's diagnosis, course of treatment and work disposition.

8. WCC Voluntary Agreement: VA

Contains important information (including benefit calculations) regarding an injured employee's claim, and should be completed and issued by the injured employee's employer or its WC insurance carrier in every case in which an injured or ill employee receives WC payments.

9. WCC Form 43: Notice to Compensation Commissioner & Employee Of Intention to Contest Employee's Right to Compensation. The Form 43 is to be completed by the respondent (employer/WC insurance carrier) to notify the WC commissioner, the claimant

(employee/decedent), and all parties to the claim of its intention to deny the compensability of all or part of the claimant's claim to WC benefits

9. WCC Form 36: Notice to Employee and Compensation Commissioner of Intention to Discontinue or Reduce Payments

Completed by the respondent (employer/WC insurance carrier) to notify the WC commissioner, the claimant (employee/decedent), and all parties to the claim of its intention to discontinue or reduce payment of the claimant's benefits.

10. Less Arduous Duty Flow Chart

11. Sample TPA Notification to Employing State Agency

12. Sample Employing State Agency Request to DAS for LAD