

**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

**POLICY NUMBER:** 4535-24

**CATEGORY:** Human Resources

**CONTENT:** Transitional Return to Work - ORM

**APPLICABILITY:** This policy applies to full-time permanent classified employees or regular full-time monthly/bi-weekly unclassified employees at the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC) who are on leave as a result of work-related injuries or illnesses and who are receiving worker's compensation benefits.

For purpose of this policy, "regular" unclassified employees are defined as monthly unclassified employees and bi-weekly unclassified employees serving in a regular, leave earning, benefits eligible appointment.

**EFFECTIVE DATE:**

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**Note: Approval signatures/titles are on the last page**

**LSU HEALTH CARE SERVICES DIVISION  
TRANSITIONAL RETURN TO WORK POLICY**

**I. STATEMENT OF POLICY**

It is the policy of the Health Care Services Division (HCSD) to make reasonable efforts to return permanent employees, back to gainful employment as soon as medically possible after a job related injury or illness. This policy is for the purpose of complying with the Office of Risk Management (ORM) Transitional Return to Work Plan pursuant to R. S. 39:1547.

HCSD cannot guarantee transitional work placement and/or modified work placement within a medical facility due to clinical needs and requirements of patient care. Transitional return to work shall not cause a hardship on the employer.

Note: Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**II. GOALS**

- A. Provide a safe return to work for occupationally related injuries or illnesses.
- B. Give employees return to work options.
- C. Provide suitable accommodation for employees who have sustained an injury or illness that impacts their ability to perform all aspects of their pre-injury or pre-illness job.
- D. Retain qualified employees.
- E. Facilitate a safer working environment.
- F. Reduce the duration of time needed for the employee to transition back to full duty.
- G. Reduce workers' compensation claim costs.
- E. A workers' compensation claims reporting process.
- F. A process of semi-annual reports to the legislature and the governor.

**III. IMPLEMENTATION**

This policy and subsequent revisions to this policy shall become effective upon approval and signature of the HCSD Chief Executive Officer (CEO) or Designee.

This policy will be included as part of employee orientation and reviewed annually as part of the quarterly safety lessons.

**IV. POLICY PROVISIONS**

- A. The transitional return to work (RTW) program is designed to reasonably assist employees with the opportunity to perform productive work on a temporary basis within the physical and environmental limitations posed by the injury or illness and

based on medical prognosis and recovery, as well as the “Physician’s Modified Work Information Sheet”.

- B. Transitional duty is not intended to be permanent. A modified job assignment and/or modified work schedule must conform to any medical restrictions set by the health care provider. Transitional duty cannot exceed (6) six months. The (6) months includes any FMLA entitlement.
- C. HCSD reserves the right to obtain a second medical opinion on the employee’s condition at the employers’ expense.
- D. This policy is not intended to take the place of the procedures applicable to employees who are eligible for reasonable accommodation under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA).
- E. In the event an employee refuses an accommodation or reassignment of duties (outside the employee’s FMLA benefit eligibility period) which are within the employee’s restrictions and ability to perform, HCSD is not obligated to provide alternatives.
- F. Transitional Work Requirements  
For work to be considered a suitable modified employment the following conditions must be met:
  - 1. The employee must meet the required minimum qualification requirements for the modified job assignment which the employee will be required to perform, as well as, any licensure/certification requirement.
  - 2. The work must be a meaningful and productive part of the Agency’s operations.
  - 3. The work must conform to the medical restrictions set by the healthcare provider.
  - 4. The modified job assignment and/or modified work schedule cannot exceed a total of (6) six months unless approved by the Director of Civil Service. The six months includes any FMLA entitlement.
- G. Medical issues that can delay return to work shall be referred to the ORM’s third party administrator’s Return to Work Coordinator. Agencies that provide special services may add statements to clarify their mission.

## **V. DEFINITIONS**

- A. Accommodation Types
  - 1. Modified Work – Includes modification of job tasks, functions, hours of

- work, frequency of breaks, worksite, or any combination of these.
2. Alternate Work – Different from the employee’s pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
  3. Transitional Work – A group of tasks or specific jobs that can be performed until the worker is capable of returning to full pre-injury duties.
  4. HCSD will not be expected to create a position for Transitional Return to Work.
- B. Job Tasking – Detailing each specific job task performed in a position to ensure injured workers are returned to a safe work environment.
1. Job tasking should begin before the accident occurs or once an injury has occurred that leads to lost time.
  2. Compile master list of transitional tasks for each position.
  3. Complete job tasking for each position of injury that results in lost time.
  4. Consult with direct line supervisor to ensure employees will not be worked outside of restrictions placed by the health care provider.
  5. Maintain file of job tasks for each position for which a lost-time claim has occurred.
- C. Return to Work (RTW) Coordinator – Primary contact for employees and outside agencies related to disability management and return to work planning. Duties include but is not limited to:
1. Responsibility for overall coordination and day-to-day administration of the disability management plan.
  2. Develop, facilitate, and monitor return to work plan.
  3. Develop and facilitate accommodations.
  3. Work with employee and the employer to facilitate Return to Work (RTW) plans.
  5. Monitor RTW plan and provide progress reports to appropriate individuals.
- D. Return to Work (RTW) Offer – The offer of transitional return to work employment shall include the following:
1. Offer must be in writing;
  2. Certified mail return receipt request or electronic mail;
  3. A specific return to work date and time;
  4. Duty assignment;
  5. Reporting procedures, i.e. name of individual
  6. The employing agency shall provide transitional employment for up to one year utilizing Civil Services Special Detail provisions as outlined in the HR Managers’ Handbook maintained on the Civil Service website, or until the injured worker can medically return to full duty, whichever comes first.

- E. Return to Work (RTW) Plan – Employment which allows injured workers to return to work within the physical restrictions determined by their health care provider until they are capable of returning to full duty. Job tasks and other items are identified by supervisor of injured employee and a representative from the Return To Work (RTW) Team
1. Specific job tasks identified,
  2. Hours to be worked,
  3. Duty assignment,
  4. Physical restrictions
  5. The plan shall be reviewed and approval by each member of RTW team

- F. Return to Work (RTW) Team – Members to review all employees with lost-time workers' compensation.

RTW Scope:

1. Complete transitional return to work plans,
2. Review of job modifications,
3. Job tasking,
4. Task identification,
5. Comply with the State's requirement for a transitional return to work plan,
6. Oversight of plans,
7. Facilitate success of plan,
8. Report transitional return to work plan results.

Representation should include:

1. Human Resources representative,
2. Immediate Supervisor of injured employee
3. Safety Representative
4. Management/Administrative representative if applicable
5. RTW Coordinator
6. Claim Adjuster for the ORM TPA,
7. ORM TPA RTW coordinator,
8. ORM TPA Vocational Rehab Counselor as needed.

Frequency of Team Meetings:

1. The TRW team shall meet bi-weekly or monthly or when an employee is injured and/or there is a change in the injured employee's medical status based on the following:
  - a. Size of the agency
  - b. Number of lost time claims
2. Team meetings will not be necessary if there are no active lost time claims.

- G. Third Party Administrator (TPA) – Assists and coordinates transitional return to work plans with agencies on behalf of ORM.

## **VI. REPORTING WORK RELATED ACCIDENTS/ILLNESSES**

- A. Once an injury/illness is reported by an employee the agency will:
1. Report work related injuries or illnesses immediately or no later than 5 calendar days of the injury or knowledge as prescribed in the Louisiana Administrative code using the ORM Third Party Administrator's (TPA) online claims management system.
  2. Only electronic claims will be accepted.
  3. Provide the employee with a Physicians' Modified Work Information sheet to give to the treating physician.
  4. Allow the injured employee to seek treatment with a physician of choice chosen from Occupational Medical Clinics in your geographic area. Employees still retain the right to seek medical treatment from a physician of choice for the related accident.
- B. The ORM's Third Party Administrator (TPA) Return to work (RTW) Coordinator will be the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes but is not limited to:
1. Responsible for the overall coordination and day-to-day administration of the disability management plan.
  2. Develop, facilitate and monitor return to work plan.
  3. Develop and facilitate accommodations.
  4. Work with the employee and the employer to facilitate RTW plans.
  5. Monitor RTW plan and provide progress reports to appropriate individuals.
  6. Agency shall not have direct contact with the treating medical personnel without the approval of the ORM's Third Party Administrator.

## **VII. RETURN TO WORK PROCESS**

- A. Eligibility for Return to work – When reviewing an employee's eligibility for return-to-work options, the following criteria should be followed:
1. Assess the job task of the worker's preinjury position
  2. Identify transitional tasks that can be performed with the employee current physical restrictions.
  3. Review other services or tasks that can be performed which would improve overall function of the agency.
  4. Review tasks that can be performed that would return an employee to gainful employment
  5. The ORM's TPA will be available to identify transitional return to work tasks if needed.

B. Before the Return to Work:

1. The agency will hold a return-to-work meeting with the employee to review the plan before the employee returns to work
2. Once the meeting has taken place, an offer of transitional duty employment shall be made to the injured employee in writing.
3. If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

**VIII. POLICY GUIDELINES**

A. Employee Responsibility:

1. Return the Physicians Modified Information sheet to the immediate supervisor within 3 calendar days of receipt of the signed form from the treating physician.
2. Accept the transitional return to work offer.
3. Return to work as requested in the return to work offer letter.
4. Work within the restrictions provided by the physician.
5. Comply with medical treatment and keep all scheduled medical appointments.
6. Advise the immediate supervisor and ORM's TPA RTW Coordinator if the transitional work is physically too difficult.

B. After the Employee has Returned to work:

The agency shall not require the employee to perform tasks that have been prohibited by the treating physician when the employee returns to work on a transitional return to work plan.

1. Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
2. The ORM TPA will be responsible for communications with medical personnel.

C. Termination of Employment

An agency should notify the ORM TPA if a person is at risk of termination due to Exhaustion of sick leave.

D. The RTW Coordinator for the ORM TPA will be notified when an injured worker is removed from work or the accommodations are no longer available.

## **IX. RECORD KEEPING**

- A. Maintain documentation of transitional return to work plans, physician certification, and other information on injured employees.
- B. Maintain documentation of failed transitional return to work employment.
- C. Maintain documentation of efforts made to identify transitional return to work tasks.
- D. Maintain documentation of barriers in identifying transitional return to work tasks.
- E. Documentation shall include evidence that transitional return to work tasks could not be identified, if applicable.
- E. Completion of Transitional Return to Work Audit Form – DA WC4000 (See Attachment B)

## **X. MEASURE OF EFFECTIVENESS**

- A. The Transitional Return to Work Audit Form (DA WC4000 ) shall be used to measure the effectiveness of the agency’s transitional duty employment program.
- B. This report will be reviewed by the Loss Prevention section of the Office of Risk Management’s TPA during the agency’s annual loss prevention audit.

## **XI. EXCEPTIONS**

The HCSD CEO or designee may waive, suspend, change, or otherwise deviate from any provision of this policy they deem necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and regulations; LSU Policies/Memoranda; or any other governing body regulations.



**Physician's Modified Work information Sheet**

To **All Employees:** Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

**Attending Physician:** The **State** of Louisiana pursuant to R.S.39:1547 Office of Risk Management Is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients' work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions. Please fax a copy of the completed form to (225)368-3490

<b>Employee Name:</b>		<b>Visit Date:</b>	<b>Next Visit:</b>	<b>Claim Number:</b>	
<b>Health Care Provider Name:</b>				<b>Injury Date:</b>	
Employee is released to the job of injury without restrictions as of (date): __ / __ /					
Employee may perform modified duty, if available, from (date): __ / __ / to __ / __ / If released to modified duty, may work limited hours: ___ hours/day Does employee require assistance returning to work? Yes No					
<b>Transitional Duty Available: Yea</b> Employer / Employee notified of Restrictions: Yes No					
<b>How long do the employee's current capacities apply (estimate)?</b> 1-10 days 11-20 days 21-30 days 30+ day1 <i>Capacities apply all day, every day of the week, at home as well as at work.</i>					
Employee abilities (related to work Injury) A blank space " " no restricted	<b>Never</b>	<b>Seldom</b> 1-10% 0-1 hour	<b>Occasional</b> 11-33% 1-3 hours	<b>Frequent</b> 34-66% 3-6 hours	<b>Constant</b> 67-100% (Not restricted)
Sit					
Stand /Walk					
Frequent Breaks					
Climb ladder, stairs, etc.					
Drive					
Twist					
Bend/ Stoop					
Squat/ Kneel					
Crawl					
Reach L R B					
Work above shoulders L R B					
Keyboard L R B					
Wrist (flexion/extension) L R B					
Grasp (forceful) L R B					
Fine manipulation L R B					
Operate foot controls L R B					
Vibratory tasks; high Impact L R B					
	Never # lbs	Seldom # lbs	Occasional # lbs	Frequent # lbs	Constant # lbs
Lifting / Pushing					
Lift L R B					
Carry L R B					
Push/ Pull L R B					
Other Restrictions:					
<b>Signature:</b>				Date:	

Revised 5/2018

**TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000**

The purpose of this form is to record an agency's Transitional Duty activity for the **current month** only. It is not cumulative.

Month of Report \_\_\_\_\_ Location code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

**The agency has developed and implemented a Transitional Duty Employment plan: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Transitional Duty Employment is monitored at the department level:  
\_\_\_\_\_ Yes \_\_\_\_\_ No**

**REPORT THE FOLLOWING ACTIVITY:**

1. Number of lost time workers' compensation claims during the month of reporting: \_\_\_\_\_.\*
2. Number of employees returned to work on transitional duty: \_\_\_\_\_.
3. Number of employees returned to work full duty: \_\_\_\_\_.
4. Number of employees on workers' compensation at month's end: \_\_\_\_\_.
5. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ n/a.

**\*NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.

**THIS FORM IS FOR INTERNAL USE ONLY.**

FORM DA WC4000  
REVISED 06.2020

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