COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	1479
Issued:	**10/14/22**
Post Until:	**11/14/22**

SUBJECT: Disability Management & Compliance Desk Reference Manual

This Directive replaces Directive 1279

The following sections of the Disability Management & Compliance Desk Reference Manual have been approved for distribution. Staff assigned to perform functions related to return-to-work are instructed to review the attached policy:

1. Overview of Duties – *updated*
2. Introduction – *updated*
3. Stages of a Workers' Compensation Claim – *updated*
4. Phase I – Pre-permanent and Stationary – Temporary – *updated*
5. Phase II – Maximum Medical Improvement – Seeking Closure – *updated*
6. Phase III - Maximum Medical Improvement – Unable to Perform Usual and Customary (U&C) - *updated*
7. Phase IV – Appeal Processes/Writ of Mandate – Final Decision – *updated*
8. Summary – *updated*
9. Attachments - *updated*

The policies will be located on Prob-Net (Probation Manuals - POLICIES, PROCEDURES AND MANUALS (sharepoint.com) – Disability Management & Compliance Desk Reference Manual). Questions or concerns regarding this Directive shall be directed to the Disability Management & Compliance Manager at (562) 940-3764.

Adam Bettino, Chief Deputy
Administrative Services and Operational Support

9/28/2022
Date

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS DIRECTIVE WHERE APPROPRIATE

LOS ANGELES COUNTY PROBATION DEPARTMENT

DISABILITY MANAGEMENT & COMPLIANCE DESK REFERENCE MANUAL

The following Desk Reference Manual is an adaptation of internal practices of the Los Angeles County Sheriff's Department's (LASD) Disability Management & Compliance Unit (DMC) as outlined in their DMC Guidebook and LASD policy. These policies and practices have been implemented at the direction of the Los Angeles County Board of Supervisors and are considered best practices by the County's Department of Human Resources.

This manual serves as a reference for Supervisors, Directors, and DMC Coordinators by providing foundational information and guidance as it relates to work-related injuries. Department members are reminded that all employees are required to be treated equally regardless of the injury/illness being work or non-work related. The equality of such treatment applies to service delivery as well as the provision of service that demonstrates respect, dignity, and a sincere concern for the wellbeing of our employee clients.

Readers are reminded that all circumstances cannot be addressed within a written document. This Directive is a framework but not a substitute for proactive communication with the DMC Unit when/if further clarifications are needed.

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Overview of Duties

Localized Disability Management & Compliance (DMC) Coordinators have been designated at each hall, camp, and regional field office in order to establish an on-site contact for all employees assigned. DMC Coordinator duties include, but are not limited to:

- Reviewing and processing Employee Injury/Illness Packets
- Completing the Absence Follow-up Report on a weekly basis and submitting it to the DMC Unit
- Making regular contact with employees on home assignments
- Holding Interactive Process Meetings, which include:
  - Completing the necessary documentation
  - Interactive Process Meeting Worksheet
  - Work Hardening Agreement
- Acting as the on-site first contact for all issues related to workers' compensation practices as well as those issues related to specialized leave requests.

Introduction

The following reflects information, practices, and guidelines specifically addressed to an on-site DMC Coordinator. Each DMC Coordinator works directly with the DMC Unit's Case Manager and the DMC Unit Support staff to ensure compliance with relevant laws, policies, and best practices.

The DMC Unit has oversight responsibility and acts as subject matter experts for each facility or office within the Department. This decentralized approach allows the Department the ability to address the specific needs of each employee while taking into consideration the needs of their respective Unit/Bureau and, in turn, the Department. Management of your employee, the employee's needs, and any requests for accommodation lie with the employee's management at the location of assignment.

The following reflects an overview of the Disability Management & Compliance process as it relates specifically to workers' compensation. As an employee moves through the workers' compensation process, they will go through a series of phases that reflect specific needs and actions. However, management must always be mindful of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA), which both require engagement in an interactive process in order to seek accommodation, both in and out of the workers' compensation system.

Stages of a Workers' Compensation Claim

Phase I - Pre-Permanent and Stationary/Temporary

Phase I begins upon submission of the Employee Injury/Illness Packet and ends when the affected employee becomes Permanent and Stationary (P & S). During this phase, the on-site DMC Coordinator has primary responsibility with oversight by the DMC Unit.

Once the Employee Injury/Illness Packet has been submitted to the DMC Coordinator, the packet shall be reviewed for accuracy, risk management trends, and thoroughness.

- The DMC Coordinator shall submit the packet to the DMC Unit within three (3) days **(72 hours)** of the injury or illness. In the case of a Thursday night injury, the injury report shall be faxed/scanned to the DMC Unit, and the originals delivered as soon as possible. **Distribution is as follows:**
    - **Original and one (1) copy** of the Injury Packet to the DMC Unit.

"8 to 5 Schedule"

When an employee is absent from work for five (5) days or more (excluding pre-scheduled absences such as a vacation), the Director shall cause their employee to be notified telephonically and **confirmed by letter** (Attachment A) that they have been placed on an "8 to 5 schedule" (Monday through Friday) from 8:00 AM to 5:00 PM each day. (Refer to Directive 1102 issued July 3, 2006.)

- Your employee shall be required to remain at the location which Department records indicate to be that employee's residence at the time of illness/injury during these hours.

- Your employee shall also be directed to be personally available to respond to any official telephonic and/or direct contacts by the Department. Permission to be excused from the requirement to remain at the official place of residence for any period longer than twenty-four (24) hours must be given by the Director or designee.

- The Director shall ensure their employee is contacted **telephonically or in person at least once a week** (unless special circumstances exist due to the type of injury/illness).

Regardless of whether the injury/illness is work-related or non-work-related, this contact is to determine if there are any changes in the status of your employee's medical condition, financial outlook, morale, delays in getting medical attention/treatment, ensuring current medical certification is on file and ensuring your employee is meeting their responsibilities. Any issues or problems shall be reported to the Director, and a remedy for the problem will be sought. If available benefits or

work-related medical progress is in question, this issue shall be coordinated with the DMC Unit.

In some instances, it is not prudent to maintain weekly contact with the employee due to specific circumstances related to a stress claim or claims that overlap with a potential civil litigation issue. If a DMC Coordinator receives resistance to the weekly contact requirement, they are encouraged to contact their respective DMC Unit Case Manager for direction.

Absence Follow-up Report (AFR)

When an employee becomes ill or injured, either work-related or non-work-related, and is unable to work or is working a temporary modified duty assignment for a period of five (5) days or more, their name shall appear on an AFR (Attachment B). Each AFR shall begin on Sunday and cover a seven-day time span to the following Saturday. Any employee name appearing on the AFR shall be carried forward each week until they can be shown as having returned to work full duty, retired, resigned, or transferred.

Transferred employee names shall include the new unit of assignment. Relieved of duty personnel shall not be shown on this report. Additionally, employees on maternity or baby bonding leave do not need to be included in the AFR.

Each DMC Coordinator shall submit the report to their bureau management on Monday of each week for a preliminary review with an additional copy to the DMC Unit by the Tuesday of each week.

Note: Due to privacy concerns, the employee's diagnosis must not be included on the AFR.

Restriction Letters from Third Party Administrator

During Phase I, there are two (2) types of letters being sent to our Department from our Third-Party Administrator, Sedgwick. These letters are in response to updated medical certification received from a medical authority regarding an employee's work-related injury/illness. The letters reflect "Work Restrictions" or "No Work Restrictions." In this phase, the DMC Coordinator is to orchestrate the return to full or modified duty of the employee, Interactive Process Discussions (Discussions), offer of work, appropriate documentation, and updates to the DMC Unit.

During this phase, the DMC Unit will receive the above-referenced letters necessitating various actions by the DMC Coordinator. **The DMC Unit will forward specific instructions and necessary actions to be taken, depending upon the work status of the employee** (e.g., working full duty, working modified duty, or Temporarily Totally Disabled).

If your employee is temporarily totally disabled, there are numerous priorities that must be monitored while the employee is on leave:

- Maintain regular contact with an employee to reassure them they are a valued member of the Department.
- Ensure medical certifications are current.
- Monitor and track your employee's medical appointment dates to try to ensure the employee attends scheduled appointments and is receiving timely medical care.
- Ensure through regular phone calls and or personal visits that your employee complies with Directive 1102.

Interactive Process Discussions

Once your employee receives work restrictions and/or they are released to return to work with no work restrictions, the employee may then return to work in a modified or full duty capacity. This requires a Discussion to determine if a reasonable accommodation is needed. The primary objective, once there are work restrictions, is to explore temporary assignments that can accommodate an employee's temporary work restrictions if, in fact, the temporary restrictions are in conflict with the essential job duties of their item classification. If a temporary modified assignment is not available, the employee will be instructed to remain home on a home accommodation utilizing their own benefit time or receiving workers' compensation benefits if the claim is accepted. If no work restrictions or temporary work restrictions do not preclude an employee from performing their usual and customary duties/essential job functions, have a Discussion with your employee to determine whether reasonable accommodations are needed to perform their usual and customary duties/essential job functions and have your employee return to work full duty.

Unable to Contact Your Employee at Home

During most situations, the DMC Coordinator will be able to contact their employee at home to engage the employee in a Discussion and make a formal offer of work, either full or modified duty. However, there are occasions when an employee is off at home, and the unit is unable to contact the employee in order to hold the Discussion and make the offer of work to stop workers' compensation benefits.

If the DMC Coordinator or the Supervisor has been unable to make contact with an employee, coordinate with local law enforcement and/or the Risk Mitigation Team to make a wellness check at the employee's residence.

Return to Work on Temporary Modified Assignment

If an employee has temporary work restrictions that preclude them from performing their essential job functions, the employee may be accommodated with a temporary modified assignment if one is available. The DMC Coordinator shall ensure that the

restrictions and duties of the assignment are compatible. The temporary assignment shall begin the first day your employee reports. The assignment can be extended should your employee continue to furnish medical documentation extending temporary work restrictions. The end date will be based on the expiration date of the medical note; however, the assignment shall not exceed ninety (90) calendar days. If your employee continues to have work restrictions that go beyond the ninety (90) calendar days of the temporary assignment, the employee will be placed on a home accommodation at the expiration of the assignment.

If a temporary assignment is not available, your employee shall be placed on home accommodation for the duration of the medical note or until a light-duty assignment is available. The employee's information shall be provided to the Special Assistant so they can be placed on the "Home Accommodation" log. Once a light-duty assignment is available, the employee will be contacted, and an offer will be made to the employee.

Note: The employee's time may or may not be reimbursed due to the fact that the Department is acting upon the work restrictions put forth by their Agreed Medical Examiner or Qualified Medical Examiner (see Glossary for definitions), which supersede their primary physician's opinion for the purposes of ceasing Labor Code 4850/231 expenditures.

Once an employee returns to work in a full or temporary modified duty capacity, the employee's progress still requires the on-site DMC Coordinator's continuous tracking and monitoring until the employee reaches Permanent and Stationary (P&S) or Maximum Medical Improvement (MMI) status (see Phase II, below). The tracking and monitoring of appointments and current medical certifications are of the utmost importance to ensure your employee's recovery and overall wellbeing and for purposes of timekeeping and eligibility for applicable benefit entitlement.

Work Hardening Agreement

A Work Harding Agreement (Attachment D) is completed when the employee is provided a **temporary modified duty** assignment compatible with their work restrictions. A Work Harding Agreement allows your employee to continue to work (modified duty) while preventing further injury. Work Hardening Agreements are reviewed and resubmitted at the expiration of each medical note. Work Hardening Agreements shall not exceed ninety (90) calendar days.

Phase I ends when the Department receives notification that the employee is P&S or has reached MMI, with or without work restrictions.

<u>Phase II – Maximum Medical Improvement - Seeking Closure</u>

Phase II begins once your employee is deemed MMI (or P&S). At this juncture, it is determined if the employee is either able to return to full duty with or without a reasonable accommodation or is unable to universally fulfill their classification specification and/or essential job functions. It should be noted that the Department does not have permanent modified duty for safety-related positions (those covered under LC4850) when there is no reasonable accommodation for essential job functions.

If an employee can return to full duty with or without reasonable accommodation, then the employee exits the process. However, if the employee is unable to work full duty with or without reasonable accommodation, then the employee will continue through Phase II.

Interactive Process Meeting

The transition from Phase I to Phase II is a key juncture in the workers' compensation process. It is imperative that the DMC Coordinator engages the employee in an Interactive Process Meeting (IPM) to determine if your employee is able to return to full duty, with or without accommodation. If it is determined that the employee is unable to fulfill their essential job functions and/or classification specification, the employee's employment options are narrowed.

Note: Essential Job Functions are those tasks that are specifically essential to any item classification in this Department. These Essential Job Functions are the minimal tasks that the employee must be able to accomplish while taking into consideration all potential assignments Department-wide.

Restriction Letters from the Third-Party Administrator

Within Phase II, there are four (4) types of letters being sent to our Department from our Third-Party Administrator, Sedgwick. These letters include:

- Permanent and Stationary - No Restrictions Prior to Settlement
- Permanent and Stationary - With Restrictions Prior to Settlement
- Permanent and Stationary - No Restrictions at Settlement
- Permanent and Stationary - With Restrictions at Settlement.

The DMC Unit will forward specific instructions and advise of necessary actions to be taken depending upon the work status of the employee (e.g., Full Duty, Modified Duty, or Temporarily Totally Disabled) and the specifics of the Sedgwick letter.

When an employee is found to be P&S, completion of the Work Hardening Agreement form is no longer necessary. Instead, the DWC 10133.53 (for injuries occurring prior to 01/01/2013) or the DWC 10133.35 (for injuries occurring after 01/01/2013) are often used during this phase.

The DMC Coordinator shall have the IPM document, and relevant DWC form filled out prior to meeting with your employee, with the exception of the final resolution of accommodation and the issues discussed during the IPM. The overall objective at this phase is to determine if your employee will be returning to full duty with or without reasonable accommodation.

Unable to Fulfill Essential Job Functions

If the employee and/or their medical provider's note states that they are unable to return to full duty with or without reasonable accommodation, the DMC Coordinator is to have your employee sign the appropriate documentation based on the DMC Unit direction and determine the best temporary work status for the employee pending direct involvement with the employee by the DMC Unit.

The DMC Coordinator is to then email their respective DMC Unit Case Manager and the DMCcasemanagersDMCcasemanagers@probation.lacounty.gov with the details of the IPM and a request for the DMC Unit's intervention.

Note: Since our Department is not able to offer "permanent modified duty" for safety-related items, it is the DMC Coordinator's responsibility to determine if their employee can return to full duty with or without accommodation. An accommodation in this situation is allowing the employee to fulfill the essential job functions but do so using a different method and/or with an additional piece of equipment that would allow the employee an alternative method and/or mechanism to fulfill the universal application of their essential job functions.

Phase III - Permanent and Stationary – Employee Unable to Perform Usual and Customary (U&C)/Essential Job Functions (EJFs)

Once your employee is declared P&S or they have reached MMI, and those restrictions preclude them from performing their EJFs, the employee officially moves into Phase III.

There are various courses of action when an employee can no longer universally fulfill the essential job functions of their position. Some of the courses of action are contingent upon the employee's retirement plan and may include, but are not limited to:

- Regular Retirement
  - Service-Connected Disability Retirement (SCDR) after regular retirement
- SCDR Application
  - Temporary Modified Assignment
  - Accommodate employee off on own time, with sufficient medical documentation
- SCDR Salary Supplement
  - Administrative Reassignment
- ADA/FEHA Accommodation – Plan E

    - Permanent reassignment, which may be a demotion
- Medical Release – Plan E
- Resignation

Note: These options may be pursued while your employee is off work or working a temporary modified assignment.

Regardless of the course of action, a discussion must be held with the employee, the DMC Coordinator, and the DMC Unit to:

- Discuss the permanent work restrictions.
- Discuss the Administrative Reassignment (AR) process.
- Request a resume that will be forwarded to the Classification Unit for determination of which positions the employee meets the minimum requirements.
- If an employee is eligible for disability retirement, discuss the SCDR with or without a salary supplement offered through Los Angeles County Employees Retirement Association (LACERA).
    - Disability Management & Compliance (DMC) Case Manager will submit an SCDR application on employee's behalf as an accommodation.
- If employee is ineligible for disability retirement, inform them that their current classification will be changed, which will result in a loss of salary during the AR process.
- Place employee on a Conditional Assignment Agreement, pending permanent placement.
    - If an assignment is not available, the employee is on home accommodation utilizing their own time or workers' compensation benefits, if applicable, until a temporary assignment is available or the employee is reassigned to another position.

A Discussion Confirmation letter that memorializes the meeting is drafted and mailed to the employee.

Administrative Reassignment Process

After the initial Discussion, the following occurs:

- Employee's resume is submitted to the Classification Unit, and a vacancy list is requested from the Item Control desk.

Note: If the employee fails to submit a resume to assist the Department in adequately determining what positions they meet the minimum requirements for, the Department will select a position on their behalf that is compatible with their permanent work restrictions.

- Email notification is sent to the Special Assistants (SA) with vacant funded portions within their Bureau to inform them that there is a position that has been identified as vacant and suitable for the AR process.

- Upon receipt of the classification assessment and vacancy list, a discussion is had with the employee to:
    - Discuss the intent to finalize the AR process and permanently place the employee in an available budgeted position wherein they meet the minimum requirements and can perform all the EJFs with or without reasonable accommodation (Civil Service Rule 9, Medical Standards for Employment).
    - Discuss position(s) that they meet the minimum requirements and review the Department's vacancies.
    - Employee will select three (3) selected positions for reassignment and is informed that a duty statement for each position will be requested to assist them with making an informed decision about each position.

- Special Assistants (SAs) are notified that the vacant position within their Bureau has been selected as one of the employee's top three (3) possibilities, and the request for a duty statement that includes any unique or challenging details about the position, desirable skills, familiarity with specific programs and the working hours is made.
- Another Discussion is had with the employee to:
    - Review and discuss the duty statements.
    - Employee makes their selection for reassignment; an effective date is provided.
- Email notification is provided to the SAs of the employee's current and receiving Bureaus, the Operation and Classification Units, and to the appropriate DMC Case Managers for processing.
- A Discussion confirmation letter that memorializes everything is drafted and mailed to the employee.

Pending Decision Regarding Disability Retirement
During the pendency of LACERA's decision, there are numerous priorities that must be monitored:

- Absence follow-up report (AFR)
    - Track employees who are working a temporary modified assignment pending LACERA's decision
    - Track employees who are home pending temporary modified assignment or reassignment
- Ensure medical certifications are current if the employee continues to treat and the primary treating physician is providing different work restrictions than the QME/AME
- If employee is still receiving workers' compensation benefits, salary continuation benefits, or utilizing sick leave, ensure the employee complies with Directive 1102 through regular phone calls and/or personal home visits
    - Utilize surveillance options to address suspected inconsistent activity levels compared to the TTD status of the employee (contact your DMC Unit Case Manager for details)

If your employee rescinds or does not actively participate in the LACERA SCDR application process, please notify the DMC Unit so alternative employment options can be discussed.

Consideration for those covered under Labor Code 4850:

- If your employee is working a temporary modified duty assignment pending selection of a permanent assignment through the administrative reassignment process, to ensure the safety of the employee, the Director may consider the following:
    - Ensure the officer is not working a uniformed position or wearing a uniform to minimize the likelihood of an employee taking or being expected to take action.
    - Ensure the employee is wearing appropriate business attire to reinforce that the employee's professional appearance and demeanor are indicative of professional staff.
    - If carried, ensure the employee's weapon is concealed on their person to minimize public or other Department members' perception that the employee is a "full duty" officer and thereby minimize expectations for the employee to take action.

Note: Initial LACERA Decision - For a single affected body part, LACERA may take 9-12 months to make their initial SCDR decision. However, the likelihood that an employee only lists only one (1) body part on their application is uncommon. Additionally, during the application process, it is not uncommon for employees to amend their application, adding body parts as the years progress. Based on the above, it may take up to 3 to 5 years for an employee to receive their first LACERA decision.

Initial LACERA Decision

Whether an employee is working on an alternate assignment or is on leave, the initial LACERA decision begins the potential transition to Phase IV. Upon receipt of LACERA's determination of the employee's disability retirement, an IPM is conducted with them to advise the employee of the final step of the AR process.

- If granted an SDCR without the salary supplemental allowance:
    - Employee is informed that they cannot return to work.
    - Work location is informed that the employee was granted an SCDR, employee cannot return to work, and medical documentation is no longer required.
    - Employee will choose an effective date (discussed with LACERA)
- If granted an SCDR with the salary supplemental allowance:
    - During the IPM, the employee is informed that their current classification will change to the reassigned position, which will result in a loss in salary.

    - LACERA will begin the salary supplement allowance.
- If not granted an SCDR, the employee's options may include, but are not limited to:
    - Return to Full Duty
        - Director is to ensure their employee meets all State and County requirements
        - Ensure updated medical certification allowing the return to full duty
        - If it is questionable that an employee is capable of returning to full duty, a Fitness for Duty Evaluation may be requested.
    - The employee appeals LACERA's decision.
        - If reasonable and available, they may continue the assignment identified in the administrative reassignment process.
        - Ensure employee is listed and monitored on the AFR.
    - The employee does NOT appeal LACERA's decision.
        - ADA/FEHA Accommodation-Reassignment
        - Resignation

If, during the IPM, the employee decides to move forward in their LACERA Appeal option, then this marks the transition from Phase III to Phase IV.

Phase IV - Appeals Board / Writ of Mandate - Final Decision

Phase IV is when your employee is appealing the initial denial from LACERA. The employee has two phases of appeal. The first is seeking an appeal of the initial LACERA SCDR decision through the LACERA Retirement Board. If the employee's SCDR application is once again denied, the employee may file a Writ of Mandate through the State to have the LACERA Appeals Board's decision overturned. Regardless, the Departmental process remains the same for both appeal options.

During an IPM with the employee, the DMC Coordinator, and the DMC Unit Case Manager, the following may be considered while the LACERA Appeal or Writ of Mandate decision is pending:

- The employee may be allowed a leave of absence using their own time or without pay (with sufficient medical certification).
- The employee may apply for a regular service retirement if eligible.
- Continue working in permanent assignment; title and salary will not change.

Employee on a Leave of Absence

If your employee is allowed a leave of absence, there are numerous priorities that must be monitored, pending the decision of LACERA or the State:

- Include employee in the Absence Follow-up Report
- Ensure medical certifications are current
- If employee is utilizing sick leave, ensure your employee complies with Directive 1102 through regular phone calls and or personal home visits.

- Utilize surveillance options to address suspected inconsistent activity levels compared to the TTD status of the employee.

If your employee rescinds their appeal or is not actively participating in the process, please notify the DMC Unit, who will verify and, if necessary, facilitate a discussion with the employee to determine alternative employment options.

Consideration for those covered under LC4850:

- If the employee is working a temporary modified duty assignment pending the LACERA decision, to ensure the safety of the employee, the Director may consider the following:
  - Ensure the officer is not working a uniformed position or wearing a uniform to minimize the likelihood of your employee taking or being expected to take action.
  - Ensure the employee is wearing appropriate business attire to ensure the EE's professional appearance and demeanor is indicative of professional staff.
  - If carried, ensure your employee's weapon is concealed on their person to minimize public or other Department members' perception that the employee is a "full duty" officer and thereby minimize expectations for the employee to take action.

Note: Appeal Processes - The LACERA appeal process may take 2-3 years to get a decision and an additional two (2) years if a Writ of Mandate is filed.

Final Decision

Whether an employee is working modified duty or on leave, the LACERA final decision and/or the final opinion stemming from the Writ of Mandate mark the last opportunity to receive an SCDR.

If LACERA or the State grants the SCDR, the employee will then choose a retirement date which may be immediately or several months following the initial decision date.

If LACERA and/or the State denies the appeal, immediately notify and seek the direct involvement of the DMC Unit. The respective Case Manager will assist the DMC Coordinator during the required IPM to discuss employment options with the employee.

The employee's options may include, but are not limited to:

- Return to Full Duty
  - Director is to ensure the employee meets all POST requirements
  - Ensure updated medical certification allowing the return to full duty
    - If it is questionable that an employee is capable of returning to full duty, a Fitness for Duty Evaluation may be requested.

- If the employee refuses the Department's offer of regular work, the following are to be considered:
  - ADA/FEHA Accommodation-Reassignment
  - Resignation

Summary

The DMC Unit's involvement increases as your employee(s) progress through the phases and the employee's employment options narrow. However, it is imperative that periodic communication is made with the employee throughout all phases. Remember, our Department's largest risk of litigation lies in our failure to actively engage in ongoing communication. Therefore, it is necessary to engage the employee in the interactive process at any change of medical or employment status, including the outcomes of the SCDR Application and any subsequent appeal. All interactive process discussions should be documented timely for the file.

As a reminder, the employee information provided and discussed throughout the DMC process is highly confidential. Discussion of employees' information, including but not limited to restrictions, accommodations, PHI, etc., must be limited to only those with a business need to know. Sharing information about employees with unauthorized individuals is strictly prohibited. Additionally, all documentation related to the DMC process must be maintained as confidential medical information in a secure location.

If you have questions, please contact the Human Resources Division, DMC Section at: DMCcasemanagersDMCcasemanagers@probation.lacounty.gov

DR. ADOLFO GONZALES
Chief Probation Officer

DATE

First Name Last Name
Street Address
City, CA 90242

CERTIFIED MAIL/COPY US MAIL
RETURN RECEIPT REQUESTED
RECEIPT NO.:

Dear Mr./Ms. XXXXXXXXXXX,

This serves as effective notice of the Department's policy regarding Home Assignment while recovering from on or off-duty illness or injury. In accordance with the County of Los Angeles Probation Department per Directive 1102, while you are away from work on an industrial accident or long-term medical, you must remain at your home from Monday through Friday during the hours of 8:00 am and 5:00 pm. During these hours, you may leave your residence only for medical appointments or an emergency. You must report to your supervisor in advance when you will be at a medical appointment. During these hours, you may be contacted by a representative of the Probation Department. It is the Department's expectation that you will be home during these hours to receive and answer these calls.

For your convenience and to provide further clarification, a copy of Directive 1102 is attached to this letter. Please read the contents in its entirety.

Failure to adhere to the above policy may result in disciplinary action, wage or benefit interruption, and possible termination from County service.

Sincerely,

DR. ADOLFO GONZALES, CHIEF PROBATION OFFICER

First Name Last Name, On-Site DMC Coordinator
Human Resources Division

RL:

Cc: Performance Management
Disability Management & Compliance Unit File

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
LIGHT DUTY REPORT

DATE: _____

FROM: _____
DIRECTOR

TO: _____
BUREAU CHIEF

UNIT: _____

ATTN: _____
DISABILITY MANAGEMENT & COMPLIANCE UNIT

PREPARED BY: PHONE:

FOR WEEK ENDING:

EMPLOYEE'S NAME (L/F/MI)	EMP. NO.	CLASSIFICATION	MEGAFLEX ☐ YES ☐ NO	DATE OF INJURY /ILLNESS	TYPE OF CLAIM ☐ INDUSTRIAL ☐ NON-INDUSTRIAL	DATE LAST WORKED	EX. R23ET. DATE
TYPE OF INJURY/ILLNESS		WORKING LIGHT DUTY ☐ YES ☐NO	DATE RETURN OF LIGHT-DUTY	P&S ☐ YES ☐ NO	EMPLOYEE CONTACTED BY	Date Employee Contacted	DATE NEXT DR'S APPOINTMENT
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NO.	DATE PHYSICIAN CONTACTED	PHYSICIAN CONTACTED BY	NOTES/INFO			
EMPLOYEE'S NAME (L/F/MI)	EMP. NO.	CLASSIFICATION	MEGAFLEX ☐ YES ☐ NO	DATE OF INJURY /ILLNESS	TYPE OF CLAIM ☐ INDUSTRIAL ☐ NON-INDUSTRIAL	DATE LAST WORKED	EX. R23ET. DATE
TYPE OF INJURY/ILLNESS		WORKING LIGHT DUTY ☐ YES ☐NO	DATE RETURN OF LIGHT-DUTY	P&S ☐ YES ☐ NO	EMPLOYEE CONTACTED BY	Date Employee Contacted	DATE NEXT DR'S APPOINTMENT
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NO.	DATE PHYSICIAN CONTACTED	PHYSICIAN CONTACTED BY	NOTES/INFO			
EMPLOYEE'S NAME (L/F/MI)	EMP. NO.	CLASSIFICATION	MEGAFLEX ☐ YES ☐ NO	DATE OF INJURY /ILLNESS	TYPE OF CLAIM ☐ INDUSTRIAL ☐ NON-INDUSTRIAL	DATE LAST WORKED	EX. R23ET. DATE
TYPE OF INJURY/ILLNESS		WORKING LIGHT DUTY ☐ YES ☐NO	DATE RETURN OF LIGHT-DUTY	P&S ☐ YES ☐ NO	EMPLOYEE CONTACTED BY	DATE EMPLOYEE CONTACTED	DATE NEXT DR'S APPOINTMENT
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NO.	DATE PHYSICIAN CONTACTED	PHYSICIAN CONTACTED BY	NOTES/INFO			

ATTACHMENT B

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
ABSENCE FOLLOW-UP REPORT
DISABILITY MANAGEMENT & COMPLIANCE

DATE: ______________________

FROM: ______________________ DIRECTOR

TO: ______________________ Bureau Chief

UNIT: ______________________

ATTN: ______________________ DISABILITY MANAGEMENT & COMPLIANCE UNIT

PREPARED BY: ______________________ PHONE: ______________________ FOR WEEK ENDING:

EMPLOYEE'S NAME (L/F/MI)	EMP. NO.	CLASSIFICATION	MEGAFLEX ☐ YES ☐ NO	DATE OF INJURY /ILLNESS	TYPE OF CLAIM ☐ INDUSTRIAL ☐ NON-INDUSTRIAL	DATE LAST WORKED	EX. RET. DATE
TYPE OF INJURY/ILLNESS	WORKING LIGHT DUTY ☐ YES ☐ NO	DATE RETURN OF LIGHT-DUTY	P&S ☐ YES ☐ NO	EMPLOYEE CONTACTED BY	DATE EMPLOYEE CONTACTED	DATE NEXT DR'S APPOINTMENT	
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NO.	DATE PHYSICIAN CONTACTED	PHYSICIAN CONTACTED BY	NOTES/INFO:			
EMPLOYEE'S NAME (L/F/MI)	EMP. NO.	CLASSIFICATION	MEGAFLEX ☐ YES ☐ NO	DATE OF INJURY /ILLNESS	TYPE OF CLAIM ☐ INDUSTRIAL ☐ NON-INDUSTRIAL	DATE LAST WORKED	EX. RET. DATE
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AFR DISTRIBUTION: DEPUTY CHIEF & DISABILITY MANAGEMENT & COMPLIANCE UNIT (ORIGINAL - DEPUTY CHIEF, ONE COPY - DMC UNIT)

INTERACTIVE PROCESS DISCUSSION – PROBATION DEPARTMENT

Today's Date and time:

Name of Employee:	
Employee Number:	
Job Title:	
UOA:	

☐ **Temporary Work Restrictions** ☐ **(attached Medical Certification)**

List Restriction and duration:

A review of vacant positions within the facility was made. Based on the review, there are no assignments available that can reasonably accommodate your work restrictions at this time.
While the Department searches for an available position to accommodate your restrictions, you will be accommodated at home, and you can elect to use your own time for the time period. You will be contacted within (10) business days regarding the outcome of the bureau/department search.

☐ **Industrial Injury – Date of Injury: Non-Industrial** ☐

I. **Does the employee agree with Restrictions? Yes or No**
(If no, the employee must return to the physician for a change in restrictions)

II. **Can the employee perform the Essential Job functions/Usual & Customary Job Duties of the job and stay within the guidelines of their restrictions? Yes _____or No _____ (if yes, skip to number IV, but have employee initial and sign the acknowledgment on page two (2); provide a copy of this document to the employee and have the employee return to full duty).**

If no, continue to number III.

III. **Is there an accommodation which would allow the employee to perform the Essential Job Functions/ U & C Job Duties?**

_____

_____

_____

IV. **List Accommodation offered:**

_____

_____

_____

Accommodation – Accepted_____ Rejected_____ by the employee

***A Work Hardening Agreement shall be completed for alternate/modified duty assignments when temporary restrictions are imposed.**

ON-SITE DISABILITY MANAGEMENT & COMPLIANCE COORDINATORS ONLY:
If the employee is at the Permanent and Stationary or Maximum Medical Improvement stage, please contact the Case Manager of the DMC Unit for further handling.

Date:_____ **Employee Name:**_____

COMMENTS/NOTES:

My signature below acknowledges that I have full understanding of what was discussed during the Discussion. Further, I understand that a copy of this document will be given to me before leaving the Discussion.

Employee's Name (Print)	Signature	Date

Attendees	Name (print)	Signature	Date
Employee:			
On-Site DMC Coordinator			
DMC Unit Representative			
Asst. Director			
Special Assistant:			

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
WORK HARDENING TRANSITIONAL ASSIGNMENT AGREEMENT

Date: **Department: PB**

Name: **Employee No:**

Title: **Item:**

Mr. XXXXXXXXXXXXXX:

Your doctor, XXXXXXXX, M.D., has released you to return to work on July 24, 2019, with the recovery limitations/work restrictions:

- **List each restriction here directly from the medical slip**

To assist you with returning to full duty, we have identified a **temporary** work hardening transitional assignment that is compatible with your limitations (duties listed on page 2 of this form). Your placement on this temporary assignment is intended to prevent further injury or aggravation to your present condition. **You must agree that you will work within your treating physician's recovery limitations/work restrictions. Also, if given any duties outside these limitations, you will immediately notify your supervisor and your Disability Management & Compliance Coordinator in writing.**

You are being placed on the Work Hardening Transitional Assignment pending receipt of your Temporary Work Restrictions. Your Disability Management & ComplianceCoordinator will continue to monitor this process, and as such, you are to provide updated doctor's notes every 30 to 45 days. If, at the conclusion of your Work Hardening Transitional Assignment it has been medically determined that you are unable to return to your usual and customary job, your Disability Management & Compliance Coordinator will conduct an Interactive Process Meeting with you every quarter until receipt of the Temporary or Permanent Work Restrictions.

Start Date for Current Assignment:
Ending Date for Current Assignment:

NOTE TO SUPERVISOR: Please review with the injured worker their recovery limitations and Work Hardening Transitional Assignment before signing.

Employee's Initial	
Supervisor's Initial	

ATTACHMENT D

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
WORK HARDENING TRANSITIONAL ASSIGNMENT AGREEMENT

Employee Name:

Work Location:

Shift:

The duties for the temporary work hardening transitional assignment referenced on page 1 of this form are as follows:

- Please list all duties the employee will perform

Employee Signature	Print Name	Date
Supervisor Signature	Print Name	Date

C: Employee
DMC Coordinator
DMC File

Revised 10/09

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
CONDITIONAL JOB ASSIGNMENT AGREEMENT

Date: Department No. 640
Name:
Employee No:
Date of Injury:
Facility:
Item:

Dear Mr. XXXXXXXXXXXXXXXXX,

We have identified a Conditional Job Assignment that can accommodate your permanent work restrictions. Based on the medical report of Dr. XXXXXXXX, dated (insert date here), your permanent work restrictions are as follows:

- **List each restriction here directly from the medical slip**

In an effort to assist you in returning to work, we have identified a **CONDITIONAL JOB ASSIGNMENT.** Your placement on this conditional job assignment is intended to prevent further injury or aggravation to your present condition. You must agree that you will work within your treating physician's recovery limitations/work restrictions. Also, if given any duties outside your limitations, you will immediately notify your supervisor in writing.

Start Date for current assignment: First day of assignment
Ending Date for current assignment: Until reassigned

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
CONDITIONAL JOB ASSIGNMENT AGREEMENT

Date: Department No. 640
Name:
Employee No:
Date of Injury:
Facility:
Item:

SHIFT:

DUTIES

- Please list all duties the employee will perform

NOTE TO SUPERVISOR: Please discuss this conditional job assignment and the permanent work restrictions with your employee. If you have any questions, please contact XXXXXXXXX at (562) 940-2554.

Employee Signature	Print Name	Date
Supervisor Signature	Print Name	Date
Witness Signature	Print Name	Date

Disability Management & Compliance Coordinator
DMCC Initial: XX

State of California
Division of Workers' Compensation

NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK FOR INJURIES OCCURRING BETWEEN 1/1/04 - 12/31/12, INCLUSIVE DWC - AD 10133.53

THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type: (Please Choose One)

☐ Insurance Company ☐ Third Party Administrator ☐ Employer

_____
Employer Name

is offering you _____
(Employee Name)

the position of a _____.
Job Title

You may contact _____

concerning this offer. Phone No.:_____ Date of offer: _____ Date job starts: _____
MM/DD/YYYY MM/DD/YYYY

_____
Claims Administrator

_____
Claim Number :

NOTICE TO EMPLOYEE (All information in this section must be completed)

Name of employee:

_____ _____
First Name Last Name

(Choose only one)

☐ a specific injury on _____
MM/DD/YYYY

☐ a cumulative trauma injury which began on _____ and ended on _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Date offer received: _____ Date of Birth: _____
MM/DD/YYYY MM/DD/YYYY

You have 30 calendar days from receipt to accept or reject the attached offer of modified or alternative work. Regardless of whether you accept or reject this offer, the remainder of your permanent disability payments may be decreased by 15%. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:

Modified Work ☐ or Alternative Work ☐

A. You cannot perform the essential functions of the job; or
B. The job is not a regular position lasting at least 12 months; or
C. Wages and compensation offered are less than 85% paid at the time of injury; or
D. The job is beyond a reasonable commuting distance from residence at time of injury.

DWC-AD form 10133.53 (SJDB) Rev. 1/1/14 Page 1 of 4

POSITION REQUIREMENTS (All information in this section must be completed)

Actual job title: _____

Wages: $ _____ Per hour ☐ Week ☐ Month ☐ Year ☐

Is salary of modified/alternative work the same as pre-injury job?	Yes ☐	No ☐
Is salary of modified/alternative work at least 85% of pre-injury job?	Yes ☐	No ☐
Will job last at least 12 months?	Yes ☐	No ☐
Is the job a regular position required by the employer's business?	Yes ☐	No ☐

Work location: _____

Duties required of the position:

Description of activities to be performed (if not stated in job description):

Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional):

Date of report: _____
MM/DD/YYYY

Date of last payment of Temporary Total Disability: _____
MM/DD/YYYY

Preparer's Name: _____

Preparer's Signature: _____

Date: _____
MM/DD/YYYY

THIS SECTION TO BE COMPLETED BY EMPLOYEE (All information in this section must be completed)

☐ I accept this offer of Modified or Alternative work.

☐ I reject this offer of Modified or Alternative work and understand that I am not entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

Signature: _____ Date: _____
MM/DD/YYYY

I feel I cannot accept this offer because:

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of receipt of the offer, the offer is deemed to be rejected by the employee.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142-0603.

State of California
Division of Workers' Compensation

NOTICE OF OFFER OF REGULAR, MODIFIED, OR ALTERNATIVE WORK
FOR INJURIES OCCURRING ON OR AFTER 1/1/13
DWC - AD 10133.35

THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type: (Please Choose One)

☐ Insurance Company ☐ Third Party Administrator ☐ Employer

_____ is offering you _____
Employer Name (Employee Name)

the position of a _____
Name of Job

This offer is for: ☐ Regular Work ☐ Modified Work ☐ Alternative Work

You may contact _____ concerning this offer. Phone No.: _____

Date of offer: _____ Date job starts: _____
MM/DD/YYYY MM/DD/YYYY

_____
Claims Administrator

_____
Claims Representative Claim Phone Number

_____
Claims Address Claim Number:

(Choose only one)

a specific injury on _____
MM/DD/YYYY

a cumulative trauma injury which began on _____ and ended of _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Date of Birth: _____
MM/DD/YYYY

You have 30 calendar days from receipt to accept or reject the attached offer of work. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless the offer is for modified work or alternative work and:

A. You cannot perform the essential functions of the job; or
B. The job is not a regular position lasting at least 12 months; or
C. Wages and compensation offered are less than 85% paid at the time of injury; or
D. The job is beyond a reasonable commuting distance from residence at time of injury.

DWC-AD form 10133.35 (SJDB) Eff. 1/1/14 - Page 1 of 4

POSITION REQUIREMENTS

Actual job title: _____

Wages: $ _____ Per hour ☐ Week ☐ Month ☐ Year ☐

Is salary of regular/modified/alternative work the same as pre-injury job? Yes ☐ No ☐

Is salary of regular/modified/alternative work at least 85% of pre-injury job? Yes ☐ No ☐

Is job expected to last at least 12 months? Yes ☐ No ☐

Is the job a regular position required by the employer's business? Yes ☐ No ☐

Work location: _____ ☐ Same as Pre-Injury Position

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the time of your injury is not reasonable, you may object to the job offer as not being within a reasonable commuting distance.

You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice. The employee should keep a copy of this form for his or her records.

☐ I accept the offer and waive any right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

☐ Position is for a different shift. The shift time is _____ (Start Time) - _____ (End Time)

Duties required of the position:

Description of activities to be performed (if not stated in job description):

Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional): ☐ PTP ☐ QME ☐ AME

Date of report: _____
MM/DD/YYYY

Proof of Service by Mail
(To Be Completed By the Employer or Claims Administrator)

I declare that: On _____,

I served the attached on:

☐ by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail.

☐ by personal service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on: _____ at _____, CA.

Signature: _____

Print Name: _____

THIS SECTION TO BE COMPLETED BY EMPLOYEE (All information in this section must be completed)

☐ I accept this offer of Regular, Modified, or Alternative work.

☐ I reject this offer of Regular, Modified, or Alternative work and understand that I may not be entitled to the Supplemental Job Displacement Benefit.

☐ I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence.

I understand that this offer is expected to last at least 12 months. If seasonal work is being offered, I understand that the 12 months may be satisfied by cumulative periods of seasonal work. In the event this position ends or I am laid off prior to working 12 months, I understand that I may be entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

I feel I cannot accept this offer because:

Signature: _____ Date: _____
MM/DD/YYYY

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of receipt of the offer, the offer is deemed to be rejected by the employee.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142-0603.