

STATE OF COLORADO

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway
Centennial, Colorado 80112
Phone (720) 250-1500
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June 1, 2015

Bill Ritter, Jr.
Governor

Policy Title: Workman's Compensation/Injuries on the Job

H. Michael Edwards
Major General
The Adjutant General

Effective Date: 01 June 2015

Summary: Provides Policy on Reporting On-the-Job Injuries

Applicability: All State Employees of DMVA

Staff Proponent: Human Resources

Supersedes: 01 December 2011

A. Purpose: To address who, when, and how injuries incurred on the job are to be handled for all State DMVA employees and State Active Duty.

B. Background: The state's workers' compensation program is self-insured. Broadspire Services, Inc. is the state's third-party administrator and in coordination with State Risk Management, handle claims and provide loss control services. Risk Management and Broadspire work closely with state agencies to provide claim management, a Return-To-Work Program, and injury prevention assistance.

C. Definitions:

Workers' compensation insurance covers work-related injuries and diseases. Benefits include:

1. Medical - all bills paid, no deductible or co-pay;
2. Wage Loss - replacement wages for time lost from injury, specifically, 66% of employee's average weekly wage not to exceed a maximum amount annually set by the Division of Workers' Compensation;
3. Death benefits to dependent family.

D. Policy:

1. All state employees are automatically covered under the Workers' Compensation Insurance. This includes temporaries, State Active Duty, non-classified, and Civil Air Patrol volunteers.

2. Upon being notified of a work related injury or occupational disease, the human resource staff, supervisor, or designee will provide the injured worker with a list of at least 4 physicians/providers, from which the injured worker may select a treating physician. The list of designated providers must be provided to the injured party within seven (7) business days of notification.

Treatment by any other health-care provider, except in the case of a life or limb-threatening emergency, may not be covered by the insurance carrier. If the injury occurs outside the Denver Metro area, consult the Broadspire's PPO network which is on the DMVA web site under Human Resources, Benefits, or call the Human Resource office at 720-250-1520 for the name/address of an acceptable health care provider.

3. Injuries should be reported immediately (and in no case later than four days after the incident) to the supervisor or other designated person.
 - a. At the time the report is made, a brief written statement should be obtained from the injured party as to how the accident occurred and what injury was sustained. If the nature of the injury is such that a statement cannot be made immediately, it should be obtained as soon as possible and attached to the First Report of Injury form.
 - b. The supervisor or the Human Resource Director will call the nearest designated provider chosen by the injured party to advise of the injury and that the party is coming in to ascertain the nature and extent of the injury and for any necessary treatment.
 - c. The supervisor or designee will report the accident to the personnel office (720-250-1520) within 48 hours.
 - d. It is the employee and/or supervisor's responsibility to timely complete and sign the First Report of Injury form, based on the statements made by the injured party (and any witness(es)). The First Report of Injury form should be forwarded to the DMVA state human resource office to arrive no later than five (5) calendar days of the occurrence. It may be FAXed to 720-250-1529.
 - e. The First Report of Injury will then be filed with Broadspire by the personnel office no later than ten (10) calendar days of the occurrence of the accident. We may be liable for substantial fines for untimely reporting of work-related accidents. The accident must be reported immediately if the injury was fatal or involve injury to three or more people.
 - f. The employee should obtain a work status form from the designated provider chosen by the injured worker and advise the supervisor, or designee, as to the date of return to work or duty. The form will also indicate status (full duty, light duty, etc.) Paid leave, if applicable, will not be granted an employee without this form. This form must be forwarded to the HR office for filing. State Active Duty personnel are not eligible for paid leave time.
 - g. Subsequent treatment must be provided at by the designated provider chosen by the Claimant or the provider/facility to which the injured party was referred (P.T., surgery, etc.).

4. Prescriptions, if any, will be paid by Broadspire directly. If the pharmacy requires immediate payment, any receipts should be kept and then forwarded to Broadspire for reimbursement after the Claim No. is received.
5. If an employee seeks treatment as prescribed above on the day of the work-related injury, the employee will be considered as having worked that full day. If the employee does not seek treatment on the day of the work-related injury, the employee will be charged sick leave for the initial doctor's appointment. Subsequently, the employee will be placed on Sick Leave status at the time he/she goes for additionally-prescribed treatment, including physical therapy. State Active Duty personnel on orders for 30 days or less will be paid for the full day, however any additional time off required will not be treated as sick leave. The following rules apply to State employees and SAD on orders more than 30 days:
 - a. S/he will also be charged Sick Leave for any time off as prescribed by the health care provider, until further determination is made, up to a maximum of **three** days, based on the physician's recommendation. Any non-permanent party who does not accrue sick or annual leave will be placed in a LWOP status.
 - b. If the physician recommends modified duty, the supervisor will evaluate whether this is feasible and safe. If it is determined that modified duty is absolutely not an option, then the employee will be placed on leave. Supervisors will keep employees working in some capacity if at all possible when this has been the recommendation of the physician. Modified duty (or light duty) is **NOT** guaranteed. Employees will not be allowed to return to regular, pre-injury duty prior to the physician's return to work release.
 - c. On the **fourth** day (not necessarily consecutive), the employee will be placed on Injury Leave. Broadspire will reimburse the Department 2/3 of the employee's pre-injury wage, and the Department will pay the employee his/her regular wage, up to a maximum of **90** days. To be granted Injury Leave, the employee must assign the worker's compensation payment to the Department. This will be automatic unless the employee indicates otherwise.
 - d. Only permanent employees are eligible for Injury Leave. Eligible employees receive up to 90 working days injury leave, counted in whole days regardless of the number of hours absent on a given day. Example: an employee who is absent from work for a two-hour medical appointment is charged a full day of Injury Leave. The employee is expected to work the remaining six (or eight) hours in the workday.
 - e. If the injury extends beyond 14 days, as defined in the preceding paragraphs, the sick (or annual) leave taken for the first three days can be restored to the employee.
 - f. If after the 90 days of injury leave the employee is still required to take leave due to the work-related injury, then the "make whole" policy will commence. That is, Broadspire will pay the employee 2/3rds of their pre-disability wage and the employee will be able to use sick and annual leave for the 1/3 balance.
 - g. If while on Injury Leave the employee chooses to go/stay home even though the health-care provider has directed that they are able to return to regular duty work, they will be charged with sick or annual leave and no payment will be forthcoming from Broadspire.

- h. In all cases, a leave slip should be completed, signed by the supervisor, and forwarded to the state timekeeper as soon as possible. **WHEN AN EMPLOYEE IS OFF ON LEAVE, INCLUDING INJURY LEAVE, DUE TO A WORK-RELATED INJURY, PLEASE BE SURE TO SO INDICATE ON THE LEAVE SLIP/TIME SHEET.**
 - i. Employees on Injury Leave will continue to accrue sick and annual leave as normal.
6. Depending on the severity of the injury and the anticipated time off, the employee may also be placed in an FMLA (Family Medical Leave Act) status. This determination is made by the personnel director, and will be based upon information provided.
 7. An employee may be able to file a claim for short-term disability (STD) while they are off work due to a work-related injury, if certain criteria are met. STD will be offset by any payments from the Department or Broadspire. This option should be explored for long-term (more than 30 days) treatment or time off work.
 8. State Personnel Policies and Procedures will be followed in all cases. More information can be obtained by contacting the Department's state personnel office (720-250-1520).

REVISED 6/01/2015 – All other editions of this policy are obsolete and should be destroyed.

Official:

//signed//

H. Michael Edwards
The Adjutant General

Distribution: DMVA Staff Proponents
DMVA Website

Colorado Locations



1 Concentra Boulder
3300 28th St.
Boulder, CO 80301
Mon - Fri: 8 am - 6 pm
303.541.9090
Fax: 303.541.9393

2 Concentra Thornton
500 E. 84th Ave., Ste. B-14
Thornton, CO 80229
Mon - Fri: 8 am - 5 pm
303.287.7070
Fax: 303.287.7373

3 Concentra North Denver
420 E. 58th Ave., Ste. 111
Denver, CO 80216
Mon - Fri: 7 am - 5 pm
303.292.2273
Fax: 303.296.4138

4 Concentra Stapleton
5855 Stapleton Dr. North
Unit A-130
Denver, CO 80216
Mon - Fri: 7 am - 5 pm
303.371.7444
Fax: 303.371.7364

5 Concentra Aurora North
15235 E 38th Ave.
Aurora, CO 80011
Mon - Fri: 8 am - 8 pm
Sat: 8 am - 4 pm
303.340.3053
Fax: 303.340.3862

6 Concentra Downtown Denver
1730 Blake St.
Suite 100
Denver, CO 80202
Mon - Fri: 8 am - 6 pm
303.296.2273
Fax: 303.296.8330

7 Concentra Lakewood
11185 W 6th Ave.
Lakewood, CO 80215
Mon - Fri: 8 am - 6 pm
303.239.6060
Fax: 303.239.6046

8 Concentra South Broadway
1212 S. Broadway, Ste. 150
Denver, CO 80210
Mon - Fri: 7 am - 5 pm
303.777.2777
Fax: 303.871.0218

9 Concentra Cherry Creek
875 S. Colorado Blvd
Denver, CO 80246
Mon - Fri: 8 am - 8 pm
Sat: 8 am - 4 pm
Sun: 10 am - 4 pm
303.388.3627
Fax: 720.266.6935

10 Concentra Aurora Southeast
10355 E. Iliff Ave.
Aurora, CO 80247
Mon - Fri: 8 am - 5 pm
303.755.4955
Fax: 303.755.4956

11 Concentra Littleton
20 W. Dry Creek Cir.
Suite 100
Littleton, CO 80120
Mon - Fri: 8 am - 5 pm
303.798.1009
Fax: 303.798.1324

12 Concentra Highlands Ranch
9330 South University Blvd.
Suite 100
Highlands Ranch, CO 80126
Mon - Fri: 8 am - 8 pm
Sat: 8 am - 4 pm
Sun: 10 am - 4 pm
303.346.3627
Fax: 303.683.9392

13 Concentra Tech Center Clinic
11877 E. Arapahoe Rd., Ste 100
Centennial, CO 80112
Mon - Fri: 8 am - 6 pm
303.792.7368
Fax: 303.858.7076

14 Concentra Aurora Chambers
3449 Chambers Rd.
Suite B
Aurora, CO 80011
Mon - Fri: 8 am - 5 pm
720.859.6139
Fax: 720.859.3294

15 Concentra Thornton Parkway
550 East Thornton Pkwy.
Suite 110
Thornton, CO 80229
Mon - Fri: 8 am - 5 pm
720.872.0399
Fax: 720.872.0421

Concentra
Fort Collins Lemay
620 South Lemay Ave.
Fort Collins, CO 80524
Mon - Fri: 7 am - 7 pm
Sat: 9 am - 1 pm
970.221.5811
Fax: 970.221.5817

Concentra Rockrimmon
5320 Mark Dabling Blvd.
Bldg. 7, Suite 100
Colorado Springs, CO 80918
Mon - Fri: 8 am - 5 pm
719.592.1584
Fax: 719.592.0965

Concentra South Academy
2322 S. Academy Blvd.
Colorado Springs, CO 80916
Mon - Fri: 8 am - 5 pm
719.390.1727
Fax: 719.390.9690

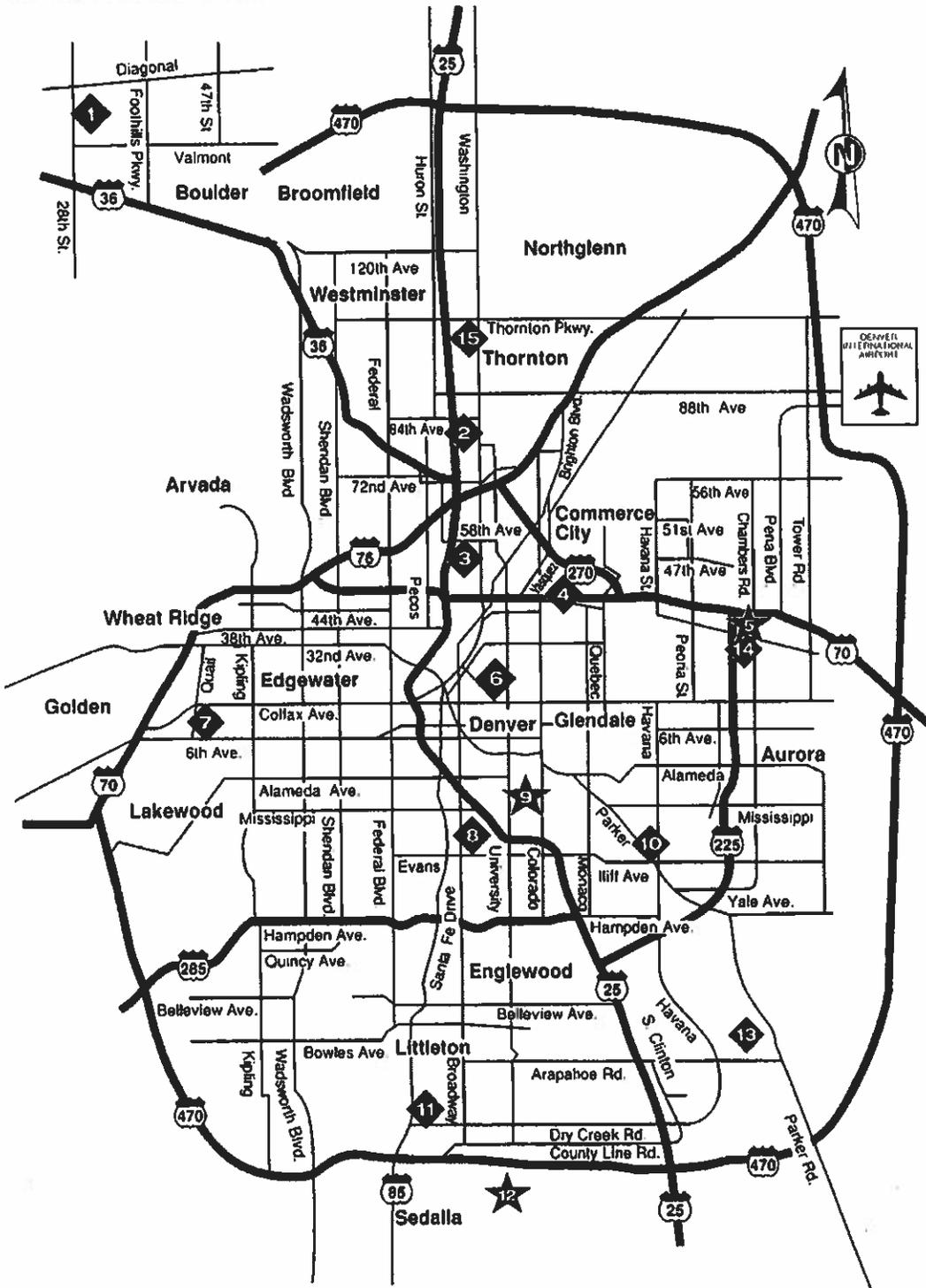
★ Indicates Weekend Hours

In order to satisfy Colorado House Bill 14-1383, our other designated provider is:

Any Healthone Occupational Medicine and Rehabilitation Facility

Concentra
www.concentra.com

Colorado Locations



Concentra

www.concentra.com

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EMPLOYEE VERIFICATION FORM

FOR

WORKERS' COMPENSATION

John W. Hickenlooper
Governor

Major General
H. Michael Edwards
The Adjutant General

I have been notified by my employer of the procedure to follow in the event I incur a work-related injury/illness. I understand that my employer has designated (a) primary provider(s) for all work related injuries/illnesses depending on the work-site location; and that I or my supervisor has been provided with a list of said providers and their locations. I understand that if I do not receive my medical care for work-related injuries/illnesses from said provider(s), I will be financially responsible for that care. I further understand that work-related injuries are to be reported to my supervisor within twenty-four hours of injury.

Signature of Employee

Date

Signature of Department Official

Date