

**RESOLUTION #17-1204-06**

**Approving and Adopting Transitional Work Program**

**Whereas**, Transitional Work Programs are designed to encourage and assist injured/ill workers to return to work in a light duty capacity until they are able to return to full duty, and

**Whereas**, a Transitional Work Program is in the best interest of the Township and of the employees with work related injuries and/or illnesses, and

**Whereas**, The Township received a grant from the Ohio Bureau of Workers' Compensation to pay for 75% of the cost of developing a Transitional Work Program with a certified program developer, and

**Whereas**, the Township may be eligible to receive rebates for those employees with an approved Workers' Compensation claim and who are placed in the Transitional Work Program, and

**Whereas**, the attached Transitional Work Program was developed by VeeWorks with assistance and input from Department Heads and Human Resources.

**NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO, to approve and adopt the attached Transitional Work Program.**

Motion made by Melanie Leneghan and seconded by Shyra Eichhorn.

Vote: Yes Mrs. Eichhorn Yes Mrs. Leneghan N/P Dr. Mitchell

This Resolution shall be in force and become effective immediately upon its execution.

Dec 4, 2017

Date

Melanie Leneghan  
Melanie Leneghan, Trustee

-- not present --

Dr. Thomas Mitchell, Trustee

CERTIFIED BY:

Nancy Denutte  
Nancy Denutte, Fiscal Officer

Shyra Eichhorn  
Shyra Eichhorn, Trustee

# TRANSITIONAL WORK POLICY



## VocWorks

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## **A. PURPOSE**

This policy defines Liberty Township's Transitional Work Program (TWP) for employees who are injured on the job.

## **B. POLICY/MISSION STATEMENT**

It is the policy of Liberty Township to effectively manage workers' compensation losses and invoke cost containment measures for workers' compensation claims while maintaining the working status of our employees.

The aim of this program is to provide employment after the onset of a work related injury, accident, or illness; allowing for reasonable accommodations and/or alternative positions within Liberty Township based upon any restrictions established by the treating physician. Non-work related accidents, injuries, or illnesses would be handled on a case-by-case basis. Transitional work is a temporary accommodation.

Our goal is to return all employees if possible to their original employment positions within the timeframe of the program. If the injured employee is not able to return to his/her original position, an alternative assignment may be pursued.

## **C. ELIGIBILITY AND ENTRY GUIDELINES**

The TWP is available to any employee who sustains a work-related injury, occupational disease or illness that is likely to result in lost time from the job. Non-work related injured employees would be considered on a case-by-case basis. Each transitional work assignment will be treated independently of others. ~~The injured employee must return to his/her regular full duty assignment, his/her original job with permanent modifications or another targeted job by the end of the transitional work assignment.~~ Employees who are expected to have a temporary period of job performance limitations (defined as a limitation that is anticipated to last no more than 90 days) will be considered for participation in the program.

**Employees must also meet all of the following criteria:**

1. The employee must have had an injury, accident, illness or a reoccurrence/ exacerbation of a pre-existing condition;
2. Has been released by the physician of record to participate in a TWP; and,
3. Has the potential of returning to his/her original job, original job with permanent modifications, or another targeted job that may be identified and performing the essential job functions after recovery.

If the injured employee does not meet the above criteria but has been released to return-to-work by the POR, the employee may be able to return-to-work in a modified light duty capacity. Once the injured employee has had significant restrictions lifted or is expected to progress to a full duty capacity within the timeframe of the TWP, the injured employee will begin participating in the Transitional Work Program.

## **D. DEFINITIONS**

1. **Transitional Work Program (TWP):** Temporary work assignment within the injured employee's current restrictions per the treating physician's instructions with the goal of returning the employee to full time employment.
2. **Temporary Period of Work Restriction:** A work restriction that is anticipated to last no longer than 90 calendar days.

3. **Physician of Record (POR):** The physician who is treating the injured employee.
4. **Managed Care Organization (MCO):** CareWorks is Liberty Township MCO that is responsible for the medical management of a workers' compensation claim. As part of this medical management process, CareWorks is responsible for securing return-to-work restrictions, full duty release to return-to-work, and ensuring that the injured employee is not having trouble with his/her return-to-work. Additionally, CareWorks is responsible for the authorization of any medical treatment and payment of the subsequent bills, in workers' compensation claims.
5. **Initial Treating Provider (ITP):** Liberty Township designated medical provider who initially treats the injured employee.
6. **Transitional Work Committee (TWC):** Monitors the transitional work participants to identify modified duty work tasks, to ensure that the policy is adjusted, as Liberty Township needs change, to assist with program evaluation, and to educate Liberty Township about the program. The TWC will meet annually to review the TWP. The members of the Committee are identified in Attachment A.
7. **Transitional Work Team (TWT):** Monitors the progress of the injured employee who participates in the program with the goal of decreasing the restrictions and increasing work tasks to full duty. The TWT may be made up of the following individuals:
  - Injured employee
  - Human Resources Specialist
  - Immediate Supervisor
  - Physician of Record (POR)
  - Managed Care Organization (MCO) or Insurance Company
  - Field Case Manager
  - On-Site Therapist
  - Third Party Administrator (TPA)
  - Bureau of Workers' Compensation (BWC)
8. **Third Party Administrator (TPA):** (CareWorks Comp Inc.) Employer representative that ensures the best interests of the employer are met. This may include representation at workers' compensation hearings, advice on cost savings, and rate verification.
9. **Bureau of Worker's Compensation (BWC):** Administers Ohio's insurance system for employees who are injured on the job or who contract a disease through their occupation.

## **E. RESPONSIBILITIES**

**The Transitional Work Team is key to ensuring the injured employee returns to full duty by monitoring and helping each employee that participates to progress. Communication will be done on an as needed basis.**

1. **Injured Employee:** Responsible for maintaining regular, consistent attendance during the program. The employee must perform only those work tasks identified by the supervisor, therapist or the POR as part of the TWP, while observing safe work practices. The employee must provide the immediate supervisor and/or Human Resource Specialist with the First Report of Injury (FROI), MEDCO-14 form (Attachment B), *and if applicable any restrictions no later than twenty-four (24) hours after seeing an Initial Treating Provider (ITP)* to participate in the TWP. The employee will complete all TWP agreement forms that will be provided by the Human Resource Specialist. The forms include the following:

- Transitional Work Program (TWP) Participation Agreement (Attachment C)
- TWP Employee's Rights and Responsibilities (Attachment D)

2. **Human Resource Specialist (Return-to-work Coordinator- Cathy Buehrer):** Facilitates all case management activity. The HR Specialist is responsible for reviewing all forms to ensure that they are fully and accurately completed by the appropriate individual(s). The HR Specialist will ensure the managed care organization (MCO) has received the First Report of Injury (FROI) within seventy-two (72) hours of the injury. The HR Specialist will follow up with the ITP three days after injury if the necessary paperwork has not been returned. The HR Specialist will inform the MCO of lost time injuries to facilitate a speedy return-to-work. The HR Specialist will inform the MCO and on-site therapist (if applicable) when a physician is not complying with the request for return-to-work and will be responsible for sending the Letter to Physician Regarding TWP (Attachment H) to the POR and sending a copy to CareWorks and the TPA prior to the injured employee returning to work. The HR Specialist will issue the Offer of Transitional Work Letter (Attachment G) to the injured employee (by regular and certified mail when necessary) and contact the Third Party Administrator (TPA) to initiate filing the appropriate form when non-compliance is an issue. The HR Specialist will orient all new hires to the program. The HR Specialist will make the necessary referral to the MCO for on-site therapist when an injured employee has returned to work with restrictions or orders for therapy and will also inform the employee involved of the benefit options and procedure. The HR Specialist will initiate and maintain contact with the injured employee, third party administrator, BWC, MCO and any medical personnel involved. The HR Specialist will be the main employer contact for the rehabilitation professional and is responsible for maintaining a thorough knowledge of workers' compensation reporting procedures.

3. **Immediate supervisor:** Facilitates immediate medical treatment when necessary. The Supervisor will be responsible for providing the injured employee with an injury packet and Job Analysis/Description (if applicable) to be taken to the physician and returned. The supervisor will report the incident immediately and will complete the Liberty Township Work Related Accident/Illness Report (Attachment I) which includes identifying and implementing corrective workplace measures if possible within seven (7) days of the date of the incident. The Supervisor will validate the job analysis and assist the HR Specialist with placement of the injured employee and establish Modified Work Tasks with the HR Specialist and on-site therapist (if applicable). The Supervisor will be responsible for reinforcing that the employee is utilizing safe work practices and is performing only those tasks allowed in the TWP. If the employee is off of work for a period of time, the immediate supervisor will provide the employee support and encouragement. The Supervisor will monitor the employee's progress and coordinate the return-to-work date with the HR Specialist.

4. **Physician of Record (POR) & Initial Treating Provider (ITP) (Mt. Carmel or Ohio Health):** Responsible for providing restrictions for work and indicating whether the employee will be able to return to full duty within the policy's limit. If the medical provider provides work restrictions these need presented to the employer no later than 24 hours after the visit.

5. **Managed Care Organization (MCO) (CareWorks):** Responsible for the medical management of workers' compensation claims. Will assist in obtaining the restrictions and prescriptions as needed. CareWorks will monitor the claims to ensure that the injured employee is receiving appropriate medical care. CareWorks may provide assistance and strategies for handling difficult claims. They will assist in providing history of past claims and accidents to spot trends. The CareWorks representative may recommend physicians, rehabilitation consultants, and other outside support.

6. **Field Case Management Services (VocWorks):** Assist with case management services for Remain at Work ("medical only" claims who are having difficulties remaining at work) or employees in need of a Transitional Work Plan. The case manager may, if requested by the employer, receive approval and restrictions from the POR and write a return-to-work program, which incorporates all of the elements necessary to implement and insure success of the TWP. If a field case manager is requested, he/she will

also coordinate the communication between parties involved in the TWP.

7. **On-Site Therapist (Will assign as needed):** The on-site therapist will perform any therapeutic exercises and/or modalities, progress work tasks as appropriate, in addition to education in job modification, body mechanics, and pacing techniques. Functional capacity evaluation and job analyses will be performed as needed. The on-site therapist will provide written communication on a weekly basis with all parties involved in the TWP and verbally with the employer on each visit.
8. **Third Party Administrator (TPA) (CareWorks Comp Inc.):** Ensures that the employer is taking appropriate measures to protect themselves from future workers' compensation liability. The TPA will advise the employer of the financial risk should the injured employee not return-to-work. Recommendations may be made by the TPA to assist the employer in reducing the risk of workers' compensation reserves that can be set on lost time claims. The TPA will make sure that the employer has all necessary paperwork completed and available to the TPA in the event that a hearing is scheduled.
9. **Bureau of Workers' Compensation (BWC):** Responsible for making the initial determinations on the compensability of claims, to process claims, and to refer claims to the Industrial Commission for hearing. BWC recommends premium rates, collects and invests premiums, disperses money to pay compensation, medical and other benefits to the injured employees, maintains accounts, and conducts audits. BWC oversees the Division of Safety and Hygiene, whose primary duty is to educate employers in creating a safe work environment.

## F. PROCEDURES

1. The injured employee will be advised that Liberty Township has established a Transitional Work Program. The POR, if not aware, should be provided with the job analysis. The employee will be made aware that the work assignments are made with feedback from his/her physician (i.e. employee restrictions). The employee will complete the Participation Agreement (Attachment C) that identifies the restrictions and given the employee's Rights and Responsibilities form (Attachment D). The employee, supervisor and HR Specialist sign this agreement. The supervisor and HR Specialist will maintain contact with the injured employee, co-workers, and support services (if applicable) to ensure good communication and positive reinforcement. An emphasis should be made of the temporary aspect as well as the dynamic nature of the position and review the employee's progress at regular intervals.
2. The immediate supervisor, working with the employee, the Human Resource Specialist, and on-site therapist (if applicable) will identify assignments that may be accomplished while the injured employee has restrictions. In constructing a TW assignment, the following will be considered:
  - a. The focus is on the employee's current skills rather than the task he/she cannot perform.
  - b. The value of the alternative work to the total work unit and to other employees will be considered, providing transitional work will be a meaningful assignment.
  - c. Task selection should include tasks not being done by others at the present time, jobs that are only done occasionally, tasks not being performed that, if assigned to someone on transitional work duty, would allow co-workers time to accomplish additional work assignments.
  - d. Whenever possible, the injured employee should perform components of the original job or some other targeted job within his/her current physical abilities and restrictions as listed by the physician of record.

3. All injured employees in the TWP will comply with all personnel policies, procedures, and safe work practices. Employees are required to follow all injury reporting policies and procedures.
4. Procedures to follow when returning an injured employee back to work through the TWP.
  - a. If the injured employee, POR and/or ITP do not return the MEDCO-14 (Attachment B), or Prescription for TWP (Attachment H), the HR Specialist contacts the POR. If the POR does not respond, the HR Specialist contacts CareWorks for assistance.
  - b. If the injured employee has been given restrictions, the immediate supervisor and the HR Specialist identify work accommodations and initiate the TWP. The Modified Work Tasks form (Attachment E) may be utilized to identify accommodations.
  - c. If the POR and/or ITP have released the injured employee to return-to-work utilizing an onsite occupational/physical therapist, a C9 will be forwarded to CareWorks. The immediate supervisor, HR Specialist and the onsite therapist will identify work accommodations and initiate the TWP. The Modified Work Tasks (Attachment E) may be utilized to identify accommodations.
  - d. If the injured employee has been given a prescription for physical/occupational therapy, the HR Specialist contacts CareWorks for an on-site therapy referral.
  - e. If the POR has not released the injured employee to return-to-work, the HR Specialist and/or MCO will send a letter to the POR (Attachment G) identifying specific job tasks to be performed. A copy will be sent to the MCO and the TPA.
  - f. If the POR has not released the injured employee to return-to-work in the Transitional Work Program or the injured employee is not expected to return-to-work in a full duty capacity within the timeframe for the TWP, the HR Specialist and/or MCO will contact the POR to determine if the injured employee is able to return-to-work in a modified light duty capacity. Once the injured employee has had significant restrictions lifted or is expected to progress to a full duty capacity within the timeframe of the TWP, the injured employee will begin participating in the Transitional Work Program.
  - g. If the injured employee does not return to work despite being released by the POR, the HR Specialist will send the Offer of Transitional Work Letter to the injured employee (Attachment G) and the TWB-2 BWC TW Offer Letter (Attachment J) by regular and certified mail. A copy will be sent to the MCO and the TPA. If the injured employee does not return to work after receiving the Offer of Transitional Work Letter and the TWB-2 letter, the HR Specialist will follow up with the injured employee to determine his/her reasons.
  - h. If the employee loses more than 7 consecutive days, CareWorks will continue case management services to assist in the return to work. The HR Specialist will contact the medical provider again and request the appropriate return to work documents. Once the documents are received, the employer will send the employee a certified letter advising him/her of the return to work date with a copy of the restrictions enclosed and the TWP will begin. If the physician does not feel that the employee is able to return to full duty work within the time frame established (per CareWorks' DODM guidelines, if applicable) for the particular injury, CareWorks will refer the injured employee to vocational services, if the case qualifies according to BWC standards.
  - i. If the employee misses 7 or fewer days of work and the claim is considered medical only by the BWC, the claim can be considered for a Remain at Work (RAW) referral. A RAW referral

may be made by CareWorks or the POR and must meet the criteria established by the BWC. A VocWorks case manager will be assigned to the claim and they will assist the employee in maintaining a working status.

- j. Once the POR has released the employee to full duty or the TWP has been closed for another reason (lack of progress, medical instability, noncompliance, etc.), the HR Specialist completes the Transitional Work Completion/Closure form (Attachment F1).
- k. The employee will be paid at his/her normal rate of pay for the hours worked while participating in the TWP. The employee will be considered in an active pay status for the purpose of contractual pay increases. The employer may be eligible for an incentive program (compensating an employer for a loss in productivity and hours worked) through the BWC.
- l. The TWB-2, TW Offer letter (Attachment J) will also be given to the IW to document acceptance or refusal to participate in the TWP. If an employee refuses to participate in the TWP, the HR Specialist and/or TW Committee will follow up with the employee to determine his/her reasons for not participating. After determining the reasons, the employee is given the option of going through the dispute resolution process. Depending upon the outcome of the dispute resolution process, the BWC Claim Service Specialist and/or TPA may be notified of the employee's refusal to participate and a copy of the TWB-2 TW Offer letter will be forwarded to the MCO, BWC and TPA if appropriate. If an employee is eligible for the TWP but refuses to participate, the employee shall not be eligible for Injury Leave under the policies of Liberty Township.
- m. At the completion of the TWP, the employee will be given a copy of the TWP Completion/Closure (Attachment F1) and the Employee Interview Form (Attachment F2) to complete. The supervisor will be given a copy of the Management/Supervisor Interview Form (Attachment F3) to complete.

## **G. LIMITATIONS**

1. The duration of each TWP assignment is based on medical need. Continuation of individual programs will require ongoing documentation of medical necessity. All participants will have their case reviewed by the Transitional Work Team/Committee on an as needed basis. If an on-site physical/occupational therapist is involved, the case will be reviewed weekly.
2. All TWP assignments will have a maximum duration of 90 days. The program period will begin with the date of release to limited or restricted work established by the POR and will end upon the removal of the restrictions or at the end of the 90 day period, whichever occurs first.
3. Exit Closure Criteria: The TWP may be closed if the employee no longer meets the necessary requirements (medical instability, lack of progress, noncompliance, etc). The TWP may also be closed if employer is no longer able to meet accommodations.
4. Extensions beyond the 90 day timeframe will be handled on an individual basis. Timeframe is dependent upon medical necessity and progress. The TW Team with the HR Specialist has the final decision on determinations regarding extension timeframes.

## **H. CONFIDENTIALITY**

All information discussed by the TW Committee/Team regarding the specific injured employee will be held confidential and not disclosed to anyone other than those with a legitimate need to know.

## **I. ADMINISTRATION**

1. **Misuse:** An employee who misuses this benefit by not following specified procedures, falsifying records, or the like, is subject to discipline, up to and including discharge.
2. **Disagreements/Dispute Resolution:** Immediate disagreements/concerns arising out of this policy with regards to an injured worker's return to work program are to be discussed by the employee and the supervisor. If not resolved, the employee and the supervisor will discuss the matter with the HR Specialist. Dependent on the issue at hand, the HR Specialist may involve the TW Committee, BWC, MCO or another neutral party in order to come to an appropriate resolution.
3. **Program Evaluation:** Liberty Township will use a spreadsheet to track claim costs, cost savings, and the number of transitional workdays. Liberty Township will also have each TW participant and supervisor complete the Interview Form (Attachment F2 and F3 respectively) at the completion of his/her program. The Human Resource Specialist will be responsible for maintaining the spreadsheet and having each participant complete the form. The TW Committee will review the program annually with assistance from the TW Developer. Program improvement and modifications to the TWP, if applicable, will be made annually. This information will be shared with management, supervisors and employees annually. This information will be reviewed annually to determine TW Bonus eligibility.
4. **Education/Training:** The HR Specialist will be responsible for education to all new employees at orientation with regards to the TWP. Annual review will also be provided to all employees by the HR Specialist. The TW Developer will provide management, supervisors, and employees with the initial training. Liberty Township has been supplied with handout material to educate/train employees as well as supervisors, management and new hires.

# LIST OF ATTACHMENTS

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**1. Attachment A**

Transitional Work Committee

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**2. Attachment B**

MEDCO-14 Form

**3. Attachment C TWP**

Transitional Work Program Participation Agreement

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**4. Attachment D**

Employee's Rights and Responsibilities

**5. Attachment E**

Modified Work Tasks

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**6. Attachment F1**

Transitional Work Program Completion/Closure

**7. Attachment F2**

Employee Interview Form

**8. Attachment F3**

Management/Supervisor Interview Form

**9. Attachment G**

Letter to Physician Regarding TWP

**10. Attachment H**

Prescription for TWP

**11. Attachment I**

Liberty Township Work Related Accident/Illness Report

**12. Attachment J**

TWB-2 BWC TW Offer Form

# **ATTACHMENT A**

## **TRANSITIONAL WORK COMMITTEE**

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- 1. Human Resource Specialist**
- 2. Supervisors**
- 3. Employee Representation**

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- 4. Transitional Work Developer (on an as needed basis)**
- 5. CareWorks representative (on an as needed basis)**
- 6. Initial Treating Provider (on an as needed basis)**

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- 7. Third Party Administrator (on an as needed basis)**

# ATTACHMENT B

## MEDCO-14 FORM

Print or Fax



Bureau of Workers'  
Compensation

Physician's Report of Work Ability

Injured worker name				Claim number																																																																																																																																																				
Date of injury	Date of last appointment/examination	Date of this appointment/examination	Date of next appointment/examination																																																																																																																																																					
MEDCO-14 submission (Select one of the options below.)																																																																																																																																																								
<p>1 <input type="checkbox"/> I have never completed a MEDCO-14. <i>Proceed to section 2.</i></p> <p>1 <input type="checkbox"/> I have previously completed a MEDCO-14, and all of the information remains the same. <i>Proceed to and complete section 8.</i></p> <p>1 <input type="checkbox"/> I have previously completed a MEDCO-14, and I am providing updates/appropriately checking Yes or No on each section.</p>																																																																																																																																																								
Employment/Occupation (Complete this section and proceed to section 3.) (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )																																																																																																																																																								
<p>2 Have you reviewed the description of the Injured worker's job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes - please indicate who (select all sources) provided the job description <input type="checkbox"/> Injured worker <input type="checkbox"/> Employer <input type="checkbox"/> MCO <input type="checkbox"/> BWC</p>																																																																																																																																																								
Work status/Injured worker's capabilities (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )																																																																																																																																																								
<p>3A Does the injured worker have any physical or health restrictions related to allowed conditions in the claim? Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <i>Proceed to section 3B.</i>          If no, please check the box to indicate the injured worker is released to work as of the date of this exam. <input type="checkbox"/> <i>Proceed to section 8.</i></p>																																																																																																																																																								
<p>3B If there are restrictions, can the injured worker return to the full duties of his/her job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, please check the box to indicate that the injured worker is released to work as of the date of this exam. <input type="checkbox"/> <i>Proceed to section 8.</i>          If no, please indicate when the injured worker could not do the job held on the date of injury for this period of restricted duty.          Date: _____.</p>																																																																																																																																																								
<p>Please estimate when the injured worker should be able to return to the job held on the date of injury for this period of restricted duty.          Date: _____. <i>Proceed to section 3C.</i></p>																																																																																																																																																								
<p><b>Please indicate which of the activities listed below the injured worker can perform (even if the response to 3B is No.)</b></p> <p>If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: _____.</p> <p>The injured worker can perform simple grasping with: <input type="checkbox"/> Left hand <input type="checkbox"/> Right hand <input type="checkbox"/> Both</p> <p>The injured worker can perform repetitive wrist motion with: <input type="checkbox"/> Left hand <input type="checkbox"/> Right hand <input type="checkbox"/> Both</p> <p>The injured worker's dominant hand is: <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>The injured worker can perform repetitive actions to operate foot controls or motor vehicles with: <input type="checkbox"/> Left foot <input type="checkbox"/> Right foot <input type="checkbox"/> Both</p> <p>If the injured worker is taking prescribed medications for the allowed conditions in this claim, can the injured worker safely:</p> <p>*Operate heavy machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No *Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No *Perform other critical job tasks as defined by any source listed above in section 2: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																																																								
<table border="1"> <thead> <tr> <th rowspan="2">Activity</th> <th rowspan="2">N</th> <th rowspan="2">O</th> <th rowspan="2">F</th> <th rowspan="2">C</th> <th colspan="4">Lifting/carrying</th> <th rowspan="2">N</th> <th rowspan="2">O</th> <th rowspan="2">F</th> <th rowspan="2">C</th> <th colspan="4">Pushing/pulling</th> <th rowspan="2">N</th> <th rowspan="2">O</th> <th rowspan="2">F</th> <th rowspan="2">C</th> </tr> <tr> <th colspan="4">0 - 10 lbs.</th> <th colspan="4">0 to 25 lbs.</th> </tr> </thead> <tbody> <tr> <td>Bend</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Reach above shoulder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">11 - 20 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">26 to 40 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Squat/Kneel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Type/keyboard</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">21 - 40 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">41 to 60 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Twist/Turn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Work with cold substances</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">41 - 60 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">61 to 100 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Climb</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Work with hot substances</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">61 - 100 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">100 + lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>								Activity	N	O	F	C	Lifting/carrying				N	O	F	C	Pushing/pulling				N	O	F	C	0 - 10 lbs.				0 to 25 lbs.				Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach above shoulder				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 - 20 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 to 40 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squat/Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type/keyboard				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 - 40 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 to 60 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twist/Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with cold substances				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 - 60 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61 to 100 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with hot substances				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61 - 100 lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 + lbs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>How many total hours can the injured worker work: _____ per week _____ per day?</p> <p>In an eight-hour workday, how many total hours can the injured worker: Sit: _____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break</p> <p>Walk: _____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break Stand: _____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break</p> <p>Does the injured worker have any functional restrictions based only on allowed psychological conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe in space provided below. Note: If Yes is indicated please reference the MEDCO-16 as needed.</p> <p>Additionally, in this space, please provide any additional information addressing the injured worker's capabilities and/or job accommodations which may not be addressed above.</p>																																																																																																																																																								

# ATTACHMENT B

## MEDCO-14 FORM

Injured worker name		Claim number	Date of injury	
Disability information (If 3B above is "NO" or dates updated - all 4A fields, including site/location if applicable must be completed) (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )				
4A	Complete the chart below and furnish the narrative description of the diagnosis(es), site/location, if applicable, and International Classification of Diseases (ICD) code(s) for the condition(s) being treated due to the work-related injury/disease. Please indicate if the condition is preventing the injured worker from returning to job duties he/she held on the date of injury.			
	Narrative description of the work-related allowed condition	Site/location if applicable	ICD code	Is the condition preventing full duty release to the job injured worker held on the date of injury?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
4B	List all other relevant conditions that impact treatment of the conditions listed above (e.g., co-morbidities or not yet allowed conditions).			
Clinical findings: You can reference office notes in lieu of writing clinical findings below. (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )				
5	The injured worker is progressing: <input type="checkbox"/> As expected <input type="checkbox"/> Better than expected <input type="checkbox"/> Slower than expected Provide your clinical and objective findings supporting your medical opinion outlined on this form. List barriers to return to work and reason, for the injured worker's delay in recovery.			
Maximum medical improvement (MMI) (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )				
6	MMI is a treatment plateau (static or well-stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability, in spite of continuing medical or rehabilitative procedures. Has the work-related injury(s) or occupational disease reached MMI based on the definition above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give MMI date: _____ . If no, please provide the proposed treatment plan, including estimated duration of each treatment (attach additional sheet if necessary).			
	Note: An injured worker may need supportive treatment to maintain his or her level of function after reaching MMI. Thus, periodic medical treatment may still be requested and provided.			
Vocational rehabilitation (Updates Yes <input type="checkbox"/> No <input type="checkbox"/> )				
7	Vocational rehabilitation is an individualized and voluntary program for an eligible injured worker who needs assistance in safely returning to work or in retaining employment. This program can be tailored around an injured worker's restrictions and may provide job seeking skills or necessary retraining. Is the injured worker a candidate for vocational rehabilitation services focusing on return to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain why and provide your recommendations to help the injured worker return to employment.			
Treating physician signature - mandatory				
8	I certify the information on this form is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may be punished, under appropriate criminal provisions, by a fine or imprisonment or both.			
	Treating physician's name (please print legibly)	Address, city, state, nine-digit ZIP code		
	Treating physician's signature			
BWC provider (Peach) number	Date	Telephone number	Fax number	

# ATTACHMENT C

## TRANSITIONAL WORK PROGRAM PARTICIPATION AGREEMENT

### Transitional Work Program Participation Agreement – Liberty Township

The Transitional Work Program (TWP) at **Liberty Township** is designed to provide you with temporary work assignments within your current restrictions per your physician. All parties agree that during your participation in the TWP, you will not be required to perform any tasks or duties that are not compatible with the temporary restrictions your doctor has provided.

**Your physician provided the following restrictions:**

1. \_\_\_\_\_
2. \_\_\_\_\_

Date beginning \_\_\_\_\_ until \_\_\_\_\_.

This program will continue as long as there is a documented medical need up to a maximum of 90 days. ~~Your program may be closed earlier due to lack of medical necessity, lack of progress, non-compliance, or other changes in your medical condition.~~

You will be paid your regular rate of pay for the hours worked while participating in the program. You will be expected to follow all established personnel policies and procedures. Any physical therapy, doctors' appointments, etc. related to your injury or illness is to be scheduled during non-working hours. If you are unable to schedule an appointment during non-working hours they must be scheduled for the first two or last two hours of your assigned shift.

You may receive physical/occupational therapy services at the job site. Your signature on this form indicates that you understand the requirements for participation in the Transitional Work Program and that you will abide by the medical restrictions placed upon you by your doctor. Your signature on this form also indicates that you have received the Employee's Rights and Responsibilities information sheet.

\_\_\_\_\_ \_\_\_\_\_  
Employee Date

\_\_\_\_\_ \_\_\_\_\_  
Supervisor Date

\_\_\_\_\_ \_\_\_\_\_  
Human Resource Specialist Date

cc: Employee  
Supervisor  
Human Resource Specialist  
Workers' Compensation file  
CareWorks

# ATTACHMENT D

## EMPLOYEE'S RIGHTS AND RESPONSIBILITIES

### Employee's Rights and Responsibilities

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- You have the right to be treated fairly as the program is designed to provide you with work within your restrictions and return you safely to the work environment.
- You have the right to be a productive employee honoring your work restrictions and maintaining your employment and benefits while in the Transitional Work Program.
- Take an injury packet to the medical provider on the first visit following the injury.
- Communicate with your medical provider that your employer has a Transitional Work Program and can accommodate most restrictions.
- Obtain your medical work restrictions from the medical provider
- Upon returning to work, contact your immediate supervisor or Return-to-work (RTW) Coordinator and provide them with your restrictions.
- Working with your immediate supervisor and the Human Resource Specialist, establish work duties that are within your restrictions.
- Communicate with your immediate supervisor any problems that occur during your transitional work assignment.
- Meet with your immediate supervisor and the Human Resource Specialist at least monthly to review your progress and if possible, increase your work duties.
- Meet with your medical provider monthly to review your current restrictions and if possible increase what you are able to do.
- Attend all off-site therapy sessions or physician appointments on your off time (before or after your work shift).
- Provide your supervisor with documentation of attendance of all off-site therapy and physician visits that take place during your work hours.
- Fill out appropriate paperwork for time off work.
- Have your medical restrictions and information handled in the most confidential manner by all parties involved in your Transitional Work Program (TWP).
- You are responsible to work within your restrictions and communicate to the Human Resource Specialist when job duties fall outside of those restrictions or cause discomfort.
- You have the right to discuss your case with the Human Resource Specialist and provide your employer with any medical information, as it becomes available.
- You have the right to follow the dispute resolution procedure in the event you have any concerns with your Transitional Work Program.

# **ATTACHMENT E**

## **MODIFIED WORK TASKS**

### **Modified Work Tasks**

As a function of the Transitional Work Policy, Liberty Township may utilize the following duties to accommodate injuries during the transition of the injured employee. These duties may be expanded upon as new restricted duty tasks are identified; however, the on-site therapist should ensure that the new duties meet the injured employee's restrictions.

The on-site therapist (if applicable), Human Resource Specialist and/or immediate supervisor in collaboration with the physician of record will be responsible for progressing the injured employee toward higher functions as appropriate in each case.

All transitional work duties will consider the operational needs of the facility at the time of the program and prioritize accordingly. Staff will be utilized in their primary work area as necessary and available.

Crossover to other departments/areas is acceptable should there be a lack of restricted duty tasks available within the injured employee's department. In all assignments, the injured employee should remain in a function as close to their regular assignment as the restrictions permit.

This original list should be continually updated as new restricted duty tasks are identified.

Work tasks are classified according to the material handling required. Care must be taken to ensure that work tasks are assigned based upon each individual restriction, ability and diagnosis.

#### **Sedentary Duties (10 pounds and less)**

- Greeting
- Clerical Duties
- Light Cleaning
- Traffic Flagging
- Inventory
- Sign Removal

#### **Light Duties (20 pounds and less)**

- Food Prep
- Painting
- Stocking

# **ATTACHMENT F-1**

## **TRANSITIONAL WORK PROGRAM**

### **COMPLETION/CLOSURE**

## **Transitional Work Program Completion/Closure Liberty Township**

To: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date: \_\_\_\_\_

**Your participation in the Transitional Work Program has ended due to the following reason(s):**

You have been released to return to full duty on \_\_\_\_\_

You have not made a significant amount of progress.

You have not complied with the Physician's restrictions.

Your medical conditions have become unstable.

Your physician has found you to be temporarily disabled from work.

The **Liberty Township** is no longer able to accommodate your restrictions.

You have voluntarily resigned from the **Liberty Township**.

Your transitional work assignment closure is effective as of \_\_\_\_\_ . You may qualify for additional benefits related to your injury. Please contact the Return-to-work Coordinator for additional information.

---

**Human Resource Specialist** **Date**

---

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

cc: Employee  
Supervisor  
Human Resource Specialist  
Workers' Compensation file  
CareWorks

# **ATTACHMENT F-2**

## **EMPLOYEE INTERVIEW FORM**

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### **Employee Interview Form**

### **Liberty Township**

- 1. Do you feel that you benefited from the Transitional Work Program? Why or why not?**

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- 2. What things could be improved?**

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- 3. What aspect of the program was most beneficial?**

---

---

---

- 4. What aspect of the program was least beneficial?**

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---

---

- 5. Do you feel that having a therapist work with you at the job site was beneficial?**

---

---

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- 6. How would you improve the program?**

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# **ATTACHMENT F-3**

## **MANAGEMENT/SUPERVISOR INTERVIEW FORM**

### **Management/Supervisor Interview Form**

#### **Liberty Township**

1. Do you feel that the injured employee benefited from the Transitional Work Program? Why or why not?

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2. Do you feel that having a therapist work with the employee at the job site was beneficial? Why or why not?

---

---

3. Did the therapist effectively communicate and include you in the process of establishing work tasks?

---

---

4. What aspects of the program were most beneficial?

---

---

5. What aspects of the program were least beneficial?

---

---

6. How would you improve the process/program?

---

---

7. Are you favorable to working with another employee who may need to participate in the program? Why or why not?

---

---

# ATTACHMENT G

## LETTER TO PHYSICIAN REGARDING TWP

(Date)

(Physician of Record)

(Address)

**Regarding (injured employee's name)**

**Claim (number)**

Dear Dr. \_\_\_\_\_,

**Liberty Township** is offering a Transitional Work Program to its employees who have sustained a work-related injury or illness. The purpose of the program is to offer temporary work assignments at full pay until your patient is able to return to his/her regular job duties. It is being offered to protect the employability of your patient.

Please advise if your patient is able to return-to-work as a \_\_\_\_\_.

While participating in this program, your patient will be required to: (list job functions or attach the Job Analysis)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Additionally, we are able to accommodate on-site therapy. Enclosed for your completion is a standard prescription form for Transitional Work in order to allow the therapist to progress your patient as appropriate.

If you have any questions, please call me at 740.938.2000.

Sincerely,

*Cathy Buehrer*

Liberty Township  
HR Specialist  
10104 Brewster Lane, Suite 125  
Powell, OH 43065

cc: Workers' Compensation file  
CareWorks, Managed Care Organization  
TPA name, Third Party Administrator

# ATTACHMENT H

## PRESCRIPTION FOR TWP

(Date)

(Physician of Record)  
(Address)

Regarding (injured employee's name)

Claim (number)

Dear Dr. \_\_\_\_\_

**Liberty Township** has established a Transitional Work Program, which may include on-site physical/ occupational therapy. The following is a standard prescription for this program. This prescription authorizes the injured employee to return-to-work with a position, utilizing Job Analyses and Modified Work Tasks completed by a therapist, who fit the restrictions given by you, the physician.

The injured employee may receive therapy, at the work site, to re-mediate the injury and facilitate work task progressions. **Progressions refer to advancing the injured employee towards regular duty within the 90 days day time frame for this program.**

Please check the appropriate box, sign and return.

Return to **restricted** duty and begin progressions towards full duty only after consulting with the physician.

Return to **restricted** duty and begin progressions towards full duty per the therapist on-site.

Return to **restricted** duty, but do delay work progressions at this time and consult the physician. The injured employee should be able to return to full duty within 90 days, but must be closely monitored by the physician.

Injured employee may return to **restricted** duty, but will **definitely not be able to return to full duty within 90 days**. I estimate \_\_\_\_\_ days for full recovery.

No return to **restricted** duty work due to the following factors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Injured employee may be able to return to **restricted** duty on \_\_\_\_\_. Contact me just prior to this date.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# ATTACHMENT J

## TWB-2 BWC TW OFFER FORM



Bureau of Workers'  
Compensation

### Transitional Work Offer and Acceptance Form

#### Instructions

Complete this form or an equivalent form for every offer of transitional work made to an employee who returns to work with restrictions with a date of injury during the bonus period. Submit the completed form to your managed care organization (MCO), use the MCO fax number on page two.

#### Employer information

Name of company	Employer's phone number	Policy number
Name of employee		Claim number
Date of injury	Job title	

#### Transitional work offer

On \_\_\_\_\_ your physician of record/treating physician \_\_\_\_\_  
Date \_\_\_\_\_ Physician name \_\_\_\_\_

released you to return to work with restrictions. We offer you the opportunity to participate in our transitional work plan in accordance with the restrictions from your physician beginning \_\_\_\_\_

Program begin date \_\_\_\_\_

Employee acceptance  Employee refusal

#### Employer acknowledgement

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Printed name of employer \_\_\_\_\_ Title \_\_\_\_\_

Signature of employer \_\_\_\_\_ Date signed \_\_\_\_\_  
X

#### Employee agreement

I agree to participate in transitional work activities within the restrictions indicated by my treating physician. I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Printed name of employee \_\_\_\_\_

Signature of employee \_\_\_\_\_ Date signed \_\_\_\_\_  
X

#### Agreement verification

Complete this section only if you cannot obtain the employee signature after they successfully return to work for one of the reasons stated below:

Communication barrier  Refuse to sign  Terminated  Seasonal  Quit  Student/intern

Other \_\_\_\_\_

Attach employee timesheet/pay stub to verify actual return to work.

# ATTACHMENT J

## TWB-2 BWC TW OFFER FORM



Bureau of Workers'  
Compensation

### Transitional Work Offer and Acceptance Form

#### Instructions

Complete this form or an equivalent form for every offer of transitional work made to an employee who returns to work with restrictions with a date of injury during the bonus period. Submit the completed form to your managed care organization (MCO), use the MCO fax number below.

MCO fax numbers to submit medical information		
1-888-OHIOCOMP	216-426-0651	888-644-7339
3-HAB	513-221-2008	800-869-1872
AultComp MCO Inc.	330-830-4900	877-738-0058
CareWorks		888-711-9284
CompManagement Health Systems Inc.		800-334-4229
Comp One	330-259-0095	877-283-0921
CorVel OhioMCO, Inc.		877-677-6756
GENEX Care for Ohio		888-275-9719
Health Management Solutions	614-799-0869	888-303-6294
Occupational Health Link	614-825-1459	888-240-6381
Sheakley UniComp	513-326-8005	888-626-2667
Spooner Medical Administrators, Inc.	440-899-2411	800-542-9480
The Health Plan		877-847-6927
University Hospitals CompCare		800-654-3849
Workstar Health Services		877-474-1440

# VocWorks

**Linda Gillespie, RN, MSN, COHN-s/CM  
Transitional Work Developer  
(330) 702-8050 direct (855) 643-0572 fax  
[linda.gillespie@vocworks.com](mailto:linda.gillespie@vocworks.com)**