

Date of Report: _____ 3/28/2009 _____

Any State Agency

Agency Name

Any State Number

Agency Number

Prepared by:

Michelle Allen, OWC Disability Manager

Name and Title

Executive Order 94(05) mandates the following activities:

1. Ensure that job expectations are clearly defined in the employee work profile to include physical requirements
2. Evaluate and modify the agency's Workers' Compensation return-to-work policy to include non-work related periods of disability
3. Cooperate with the Department of Human Resource Management and the Virginia Sickness and Disability Program of the Virginia Retirement System to establish return-to-work opportunities appropriate for the individual employee and agency
4. Include in managers' performance expectations goals to reduce employee work-related and non-work related time
5. Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees
6. Evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity
7. Report by April 1st of each year to the Virginia Retirement System and the Department of Human Resource Management agency goals and strategies to reduce lost time
8. Submit the First Report of Accident to the State Employee Workers' Compensation Program within 10 days of the injury

By signing this document, I certify that my agency is in compliance with or has developed a plan and timeline for full compliance with Executive Order 94(05).

Agency Head Signature

John Doe, Director, Any State Agency

Agency Head Name and Title (*please print*)

April 1 EO 94 Report Template

The following is a template and your report should include this information MINIMALLY. You may, however include additional information to support required documentation.

April 1 EO 94 Report

I. Review of last year's efforts (if space provided is not sufficient, use Attachment A)

Previous Year Goals: The future goals from the April 1, 2008 report should be utilized here. Please list **all** goals even if they were not met. **If any goals remain to be completed, please list them in Section XI as future goals and provide timelines.**

Goal 1: Reduce number of refusals for CY 2008 by working with maintenance department to explain importance of return-to-work

Goal met: Yes No

If yes, tell us how you met your goal:

We had ten refusals in CY 2006 and eight refusals for CY 2007 for both Workers' Compensation and the Virginia Sickness and Disability Program. We had no refusals in CY 08. We met with the Director of Maintenance and he now understands the benefits of return-to-work and he has aggressively pursued bringing his employees back to work. He also provided training to all of his employees on the return-to-work policy.

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 2: Form a transitional employment team by June 2008

Goal met: Yes No

If yes, tell us how you met your goal:

We met this goal in May 2008 and we meet monthly in order to creatively think about new ideas for return-to-work. The only obstacle we encountered was getting a standing meeting time so everyone could participate.

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 3: Refresher training on return-to-work for supervisors and employees

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

We did not meet this goal. Unfortunately, we had a meeting scheduled for all supervisors and employees on January 15, 2009 but we had inclement weather. This meeting has been rescheduled for May 15, 2009. We have listed this in our future goals also.

II. Physical Requirements/Employee Work Profiles

One of the agency mandates is to “ensure that job expectations are clearly defined in the employee work profile to include physical requirements.”

Please confirm that all of your agency’s employee work profiles include physical requirements. ___Yes x No

If no, you are out of compliance with EO 94(05)_We will be contacting you directly to discuss an action plan. Please include this in Section X. that you are out of compliance.

III. Review of last two calendar years’ return-to-work efforts

Attach Workers’ Compensation and UNUM return-to-work reports for the CY08.

	Total # of new claims	# Job Mods received	# Job Mods Accepted	# Job Mods Declined	Total # of employees to RTW
Non-occ STD	53	15	6	9	6
Non-occ LTD	10	8	7	1	7

B. VSDP Short-term Disability Claims

What obstacles are you encountering with your short-term disability return-to-work program?

We are unable to always have each employee return-to-work because we have so many people out on short-term disability that normally perform heavy physical demand level jobs. Also, many of the restrictions are as follows: no standing or sitting for more than 10 minutes, must change positions frequently, must take a break every 15 minutes, etc. We have trouble bringing these types of employees back because we cannot modify their position to include all of these.

Each agency is mandated to “evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity.” Please list claim numbers and provide your analysis on each case that occurred in CY08. Please delineate if they were unable to return to work in a transitional and/or permanent capacity. If permanent, indicate if your agency evaluated them under your agency’s ADA/EEO policy. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please attach additional pages as necessary.

VSDP Claim Number	Transitional	Permanent	If long term or permanent, did you evaluate under your ADA/EEO policy?	Analysis
12345678	X	X	Y	This particular employee was released to work with a restriction of only standing/walking up to two minutes. They were not allowed to lift above two pounds. Since he was in a heavy duty maintenance position that requires a heavy physical demand, we were unable to return him to transitional duty. We did not have any other meaningful work in another

				department but we attempted. These restrictions were then given as permanent and we evaluated him under the EEO/ADA policies and he did not qualify. He is currently under the LTD policy.

C. VSDP Long-term Disability Claims

What obstacles are you encountering with your long-term disability return-to-work program?

We are not able to hold positions longer than required and we have to fill the position once the STD period is complete.

Each agency is mandated to “evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity.” Please list claim numbers and provide your analysis on each case that occurred in CY08. Please delineate if they were unable to return to work in a transitional and/or permanent capacity. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please attach additional pages as necessary.

Claim Number	Transitional	LTD working status- currently or anytime during the year	Long Term Accommodation	If accommodated, did you evaluate under your ADA/EEO policy?	Analysis
12345678					See above

D. Workers' Compensation Claims

What obstacles are you encountering with your workers' compensation return-to-work policy and program?

Many of the co-workers are expressing low morale about their colleague not having to perform the same "amount" of work. Many of the doctors on our panel are not focusing on bringing employees back to work in a transitional duty capacity. We only have a few areas within our agency that allow for transitional duty. When there are a lot of people out with limited physical capabilities, we have difficulty placing everyone. Some supervisors are not consistently applying the return-to-work program to all employees. They are showing preferential treatment.

Each agency is mandated to "evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity." Please list claim numbers and provide your analysis on each case that occurred in CY08. Please delineate if they were unable to return to work in a transitional or permanent capacity. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please attach additional pages as necessary.

Claim Number	Transitional	Permanent	If permanent, did you evaluate under your ADA/EEO policy?	Analysis
2008090823598	X	X	Y	This employee was released to transitional duty on October 1, 2008 with the following restrictions: no pushing/pulling above three pounds, no lifting above three pounds, no driving. This employee was a warehouse worker with a third grade education and only heavy transferable skills. There were no administrative duties he could perform during transitional duty although we attempted to locate alternate options throughout the agency. On

If yes, please provide detail on each claim that was submitted over **ten** days. Please list the claim number and the total number of days it took your agency to submit the First Report of Accident from the date of injury to the Office of Workers' Compensation. Please analyze the reason this occurred and also provide information on how you have made process changes to ensure that this mandate is followed. (Attach additional pages as necessary.)

Claim Number	# of days	Analysis/Process Changes
200712309878798789	12	The employee did not report the injury to the supervisor until eleven days after the injury. The employee did not follow the internal workers' compensation policy for the agency. Performance standards were applied.
200723190813989890	18	The employee reported timely, however, the internal accident report was not received by Human Resources until day seventeen. We have reviewed the Workers' Compensation policy with the supervisor so that she understands the policy.

VII. Workers' Compensation Panel Physicians

If you have a panel of physician list, please attach this with your report.

VIII. Return-to-Work Training

What type of return-to-work training have you conducted in the past year if any?

The agency Return-to-Work Coordinator trained the Director of Maintenance on return-to-work and he also trained his staff on the return-to-work policy and program.

IX. New Employee Orientation

Have you incorporated VSDP, WC, and return-to-work into your new employee orientation? _____ Yes x No

If not, why? _____ This is something that we have listed as a goal for CY 2009

If yes, briefly discuss your program(s).

X. Agency Compliance

If your agency is not fully in compliance with EO 94(05), explain in detail what is being done or what will be done to comply with the mandate.

As stated in Section II, we have not completed all of the agency's employee work profiles with physical requirements. We are also tightening up the policy to ensure we are reporting all claims within ten days. Please see our goals.

XI. Future Goals

State next year's goals and implementation strategies to reduce lost time within your agency; please include both work and non-work related strategies. These goals should focus on return-to-work strategies. Please number your agency's goals and list as many as applicable. If Section I.B. lists any goals from CY08 that were incomplete, please add them in this section with associated timelines on how you will complete your CY08 goals. If Section II is incomplete, please add an additional goal with timelines on the inclusion of physical requirements within your employee work profiles. **(If space provided is not sufficient, use Attachment B)**

Goal 1: Train all supervisors on the workers' compensation policy so that they understand all aspects, especially reporting of claims by October 15, 2009.

List your strategies planned to meet this goal:

Strategies: Transitional employment team will review workers' compensation policy with DHRM staff and then will provide training to all supervisors by October 15, 2009.

Goal 2 Train all employees on return-to-work on May 15, 2009 and also reinforce the workers' compensation policy of reporting.

List your strategies planned to meet this goal:

Strategies: Transitional employment team will meet with OWC/VRS representatives to obtain assistance on training.

Goal 3: Ensure that Workers' Compensation, VSDP and return-to-work are incorporated into new employee orientation by February 15, 2010.

List your strategies planned to meet this goal:

Strategies: Meet with OWC/VRS by November 15, 2009 to develop a thirty minute presentation on VSDP. Utilize LMS program offered by DHRM for return-to-work Utilize Return-to-Work Brochure handed out at HR Conference for employees and supervisors.

Goal 4: Ensure all of the agency's current Employee Work Profiles include physical requirements

List your strategies planned to meet this goal:

Strategies: Discuss an action plan and timeline with DHRM's Office of Workers' Compensation by May 1, 2009 to ensure our agency completes this goal.

XII. Assistance/ General Comments

As part of Executive Order 94(05), the Virginia Retirement System and Department of Human Resource Management shall:

- Provide training, consultation, and support for agency initiatives

What assistance do you need, if any, from the Office Workers' Compensation?

- Mediating first few transitional employment team meetings
- Assistance with how to educate panel physicians
- Assistance with return-to-work training/new employee orientation

OWC should contact- Name: John Doe Phone: (123) 456-7891

What assistance do you need, if any, from the Virginia Retirement System?

- Mediating first few transitional employment team meetings
- Assistance with return-to-work training/new employee orientation

VRS should contact- Name: John Doe Phone: (123) 456-7891

General Comments:

For all workers' compensation claims, the injured employee's immediate supervisor accompanies the employee to communicate with the physician about the agency's return-to-work program. We developed a user friendly form in order to document all return-to-works within our agency.

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Review of Previous Year Goals, continued

Agency: _____

Goal 4: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 5: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 6: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 7: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 8: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 9: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

Goal 10: <Insert goal>

Goal met: Yes No

If yes, tell us how you met your goal:

If no, tell us what obstacle(s) prevented you from meeting your goal and how you plan to meet it now:

April 1 EO 94 (05) Report
Future Goals, continued

Agency: _____

Goal 6: <Insert goal>

List your strategies planned to meet this goal:

Goal 7: <Insert goal>

List your strategies planned to meet this goal:

Goal 8: <Insert goal>

List your strategies planned to meet this goal:

Goal 9: <Insert goal>

List your strategies planned to meet this goal:

Goal 10: <Insert goal>

List your strategies planned to meet this goal: