

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

POLICY NUMBER: 4535-25

CATEGORY: Human Resources

CONTENT: Transitional Return to Work - ORM

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

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

EFFECTIVE DATE:

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INQUIRIES TO: Human Resources Administration
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Note: Approval signatures/titles are on the last page

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

I. STATEMENT OF POLICY

It is the policy of the Health Care Services Division (HCSD) to make reasonable efforts to assist a permanent employee who is injured on- the- job, return to work as soon as medically possible within the physical restrictions determined by their physician until they are capable of returning to regular duty. This may be achieved through temporary modification of the injured employee’s job tasks, equipment, or work schedule, as appropriate.

More expansively, the ADA requires employers, upon request, to provide workplace modifications, known as reasonable accommodations, to assist an employee with a disability in performing the essential functions of their job. The disability need not have occurred as a result of an on-the-job injury which may be compensable as a workers’ compensation claim.

Thus, HCSD has an obligation to all employees, regardless of the cause of their medical condition, to provide reasonable accommodations to facilitate their expedient return to work.

This policy is for the purpose of complying with the following regulations:

- Office of Risk Management (ORM) [La. R.S. 39:1547 and Insurance Information Notice 2025-3]
- R.S. 231020.1(B)(3); R.S. 23:1020.1(C)(2); R.S. 23:1226 of the Louisiana Workers’ Compensation Law
- Americans with Disabilities Act (ADA), as amended [29 CER 1630.1 – 1630.16]

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

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

II. GOALS

- A. Provide a safe return to work for occupationally related injuries and/or as an ADA accommodation.
- B. Give employees return to work options.
- C. Provide suitable accommodation for employees who have sustained an injury that impacts their ability to perform all aspects of their pre-injury job.
- D. Retain qualified employees.

- E. Facilitate a safer working environment.
- F. Reduce the duration of time needed for the employee to transition back to full duty.
- G. Reduce workers' compensation claim costs.
- E. A workers' compensation claims reporting process.
- F. A process for maintaining required documentation for all work-related injuries/illnesses.

III. IMPLEMENTATION

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

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

IV. POLICY PROVISIONS

- A. The transitional return to work (RTW) program is designed to reasonably assist employees with the opportunity to perform productive work on a temporary basis within the physical and environmental limitations posed by the injury and based on medical prognosis and recovery.
- B. Transitional duty is not intended to be permanent.
- C. HCSD will not be expected to create a position for Transitional Return to Work.
- D. HCSD reserves the right to obtain a second medical opinion on the employee's condition at the employers' expense.
- E. This policy is not intended to take the place of leave benefits under the Family and Medical Leave Act (FMLA).
- F. In the event an employee refuses an accommodation or reassignment of duties (outside the employee's FMLA benefit eligibility period) which are within the employee's restrictions and ability to perform, HCSD is not obligated to provide alternatives.
- G. Transitional Work Requirements
For work to be considered suitable modified employment, the following conditions must be met:
 1. The employee must meet the required minimum qualification requirements

for the modified job assignment which the employee will be required to perform, as well as any licensure/certification requirement.

2. The work must be a meaningful and productive part of the Agency's operations.
3. The work must conform to the medical restrictions set by the healthcare provider.
4. The modified job assignment and/or modified work schedule cannot violate Civil Service Rules nor any FMLA entitlement.

H. Transitional return to work shall not cause an undue hardship for the employer.

V. DEFINITIONS

A. Return to Work Coordinator – A licensed vocational rehabilitation specialist provided by ORM to serve as liaison between employees and employers. Duties include but are not limited to:

1. Facilitate the Employee's return to work
2. Communicates with medical providers
3. Provides progress reports to employer

B. Return to Work Offer – The offer of transitional return to work employment shall include the following:

1. Offer must be in writing;
2. Certified mail return receipt request or electronic mail;
3. A specific return to work date and time;
4. Duty assignment;
5. Reporting procedures, i.e. name of individual
6. The employing agency shall provide transitional employment for up to one year utilizing Civil Services Special Detail provisions as outlined in the HR Managers' Handbook maintained on the Civil Service website, or until the injured worker can medically return to full duty, whichever comes first.

C. Return to Work Plan – Employment which allows injured workers to return to work within the physical restrictions determined by their health care provider until they are capable of returning to full duty. Job tasks and other items are identified by supervisor of injured employee:

1. Specific job tasks identified,
2. Hours to be worked,
3. Duty assignment,
4. Physical restrictions

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

VI. PROCEDURES FOR REPORTING WORKPLACE INJURY/ILLNESS

A. Claims Reporting

- 1. Electronically report the workers’ compensation claim immediately, but not later than five (5) days after the injury or knowledge, via ORM’s Third Party Administrator’s (TPA) online claims management system.
- 2. Only electronic claims will be accepted.

B. Medical Limitations - If the workplace injury/illness results in “lost time,” meaning the employee is unable to work, HCSD/Lallie Kemp shall provide the following:

- 1. A Physicians’ Modified Work Information sheet, Refer to Attachment A, to give to the treating physician for completion.
- 2. Allow the injured employee to seek treatment with a healthcare provider of their choice for a work-related injury/illness.
- 3. Employees are required to return the Physician’s Modified Information form to Human Resources within 24 hours of receipt of the signed form from their treating physician.

C. ADA Interactive Process:

- 1. The completed Physician’s Modified Work Information sheet shall be considered to be an ADA accommodation request. Such form shall substitute for any department-specific Request for Accommodation and/or Medical Inquiry forms
- 2. Such documentation shall require HCSD/Lallie Kemp to initiate:
 - a. Interactive process with the employee to fully understand their functional limitations, and
 - b. To discuss possible accommodation(s), if available, that would facilitate the employee’s return to duty status.
 - c. The accommodation analysis and procedure shall be in accordance with the agency’s ADA Policy No. mandated by La.R.S. 46:2594.
 - d. The ADA does not require the removal of essential job functions, displacement of an existing employee, or the creation of a new position as a reasonable accommodation for an employee with a disability.

D. Accommodation Determination

- 1. The Appointing Authority shall make the final determination regarding employee’s return to duty status consistent with identified medical

restrictions.

2. The determination will be made in accordance with ADA requirements and considerations including:
 - a. The employee's ability to perform the essential functions of the job
 - b. The nature, extent, and duration of accommodations(s) needed
 - c. Whether such accommodation(s) are reasonable or would impose an undue hardship on HCSD/Lallie Kemp

VII. VOCATIONAL REHABILITATION

- A. The ORM's Third Party Administrator (TPA) provides a Return to Work Coordinator who is a licensed vocational rehabilitation specialist to service as a liaison between employees and agencies, if warranted, on matters related to disability management and return to work planning.
- B. The RTW coordinator works with the employee (or legal representative) and HCSD/Lallie Kemp representatives to facilitate the employee's return to work to include:
 1. Communicating with medical providers
 2. Providing progress reports to HCSD/Lallie Kemp
 3. Ensuring that vocational rehabilitation standards are adhered to as required by law.
- C. The Agency shall not have direct contact with the treating medical personnel without the approval of the ORM's Third Party Administrator.
- D. The ORM's Third Party Administrator (TPA) Return to work (RTW) Coordinator will be the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes but is not limited to:
 1. Responsible for the overall coordination and day-to-day administration of the disability management plan.
 2. Develop, facilitate and monitor return to work plan.
 3. Develop and facilitate accommodations.
 4. Work with the employee and the employer to facilitate RTW plans.
 5. Monitor RTW plan and provide progress reports to appropriate individuals.

VIII. RETURN TO WORK PROCESS

- A. Eligibility for Return to work – When reviewing an employee's eligibility for return-to-work options, the following criteria should be followed:
 1. Assess the job task of the worker's preinjury position

2. Identify transitional tasks that can be performed with the employee's current physical restrictions.
 3. Review other services or tasks that can be performed which would improve overall function of the agency.
 4. Review tasks that can be performed that would return an employee to gainful employment
 5. The ORM's TPA will be available to identify transitional return to work tasks if needed.
- B. Before the Return to Work:
1. The agency will hold a return-to-work meeting with the employee to review the plan before the employee returns to work
 2. Once the meeting has taken place, an offer of transitional duty employment shall be made to the injured employee in writing.
 3. If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

IX. POLICY GUIDELINES

- A. Employee Responsibility:
1. Return the Physicians Modified Information sheet to the immediate supervisor within 24 hours of receipt of the signed form from the treating physician.
 2. Accept the transitional return to work offer.
 3. Return to work as requested in the return to work offer letter.
 4. Work within the restrictions provided by the physician.
 5. Comply with medical treatment and keep all scheduled medical appointments.
 6. Advise the immediate supervisor and ORM's TPA RTW Coordinator if the transitional work is physically too difficult.
- B. After the Employee has Returned to work:
The agency shall not require the employee to perform tasks that have been prohibited by the treating physician when the employee returns to work on a transitional return to work plan.
- C. Termination of Employment
An agency should notify the ORM TPA:
1. If an employee is at risk of termination due to exhaustion of sick leave
 2. If the accommodation is no longer available

X. LOSS PREVENTION AUDITS/RECORD KEEPING

For purposes of the annual loss prevention audit, HCSD/Lallie Kemp must maintain the following documentation throughout the audit year for all work-related injuries:

- A. A completed Transitional Return to Work Audit Form, DA WC4000-See Attachment B, to record the status of the Return to Work program for each month
- B. All completed Physician’s Modified Work Information Sheets received for each employee.
- C. Maintain documentation of transitional return to work plans, physician certification, and other information on injured employees.
- D. Maintain documentation of failed transitional return to work employment.
- E. Maintain documentation of efforts made to identify transitional return to work tasks.
- F. Maintain documentation of barriers in identifying transitional return to work tasks.
- G. Documentation shall include evidence that transitional return to work tasks could not be identified, if applicable.

XI. QUESTIONS

Questions regarding this Transitional Return to Work Plan Policy should be addressed to the Human Resources Department or Risk Management Department, whichever is applicable.

XII. EXCEPTIONS

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

Physician's Modified Work information Sheet

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

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

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

Revised 5/2018

TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000

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

Month of Report _____ Location code _____

Agency _____ Contact Person _____

The agency has developed and implemented a Transitional Duty Employment plan: _____ Yes _____ No

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

REPORT THE FOLLOWING ACTIVITY:

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

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

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

THIS FORM IS FOR INTERNAL USE ONLY.

FORM DA WC4000
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