



## **Claim Management Review Date:**

Client: County of Alameda

Claimant:

Claim Number:

Date of Injury:

Examiner:

Defense Counsel:

Applicant Counsel:

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**Description of Loss:**

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**Compensability Analysis:**

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**Work Status/SJDV**

**Estimated RTW and/or MMI Status:**

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**Permanent/Temporary Work Restrictions:**

**EF5 Completed:**

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**Settlement Posture:**

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**Action Plan:**



**COUNTY OF ALAMEDA**

**DATE:** \_\_\_\_\_  
**TO:** <Department Representative> \_\_\_\_\_  
**FROM:** \_\_\_\_\_  
**SUBJECT:** SETTLEMENT OF WORKERS' COMPENSATION CLAIM(S)  
**RE:** \_\_\_\_\_

On <insert date here>, the WCAB approved the <insert settlement type> settlement of the above employee's claim(s) for injury to 39 sustained on 1/13/2016.

The final dispensation of the claim(s) state that the employee:

1. <Is or Is not> able to return to his/her usual and customary job.
2. Has the following permanent restrictions: <enter restrictions here>.
3. <Has or Has not> resigned from County service.
4. <Will or Will not> continue ongoing medical treatment. If yes, specify: <specify here, if no treatment delete this>.

cc: COA – RMU, Attn: Workers' Compensation Administrator



C O U N T Y   A D M I N I S T R A T O R

SUSAN S. MURANISHI  
COUNTY ADMINISTRATOR

Dear Medical Provider:

The County of Alameda, Risk Management, has included the Alameda County Description of Employee's Essential Functions Job Analysis (EFJA-EF5) form in your material for the evaluation of our injured employee.

Our goal in sending this letter with our form is to assist you in understanding the significance of completing the EFJA-EF5 in a timely manner. The EFJA-EF5 outlines the environmental, social/psychological and physical demands necessary to perform the essential functions of the position. Your response tells us if the employee is temporarily or is restricted on a long term basis from performing any of the job demands.

If the employee is restricted on a long term basis, the County must undergo the reasonable accommodation interactive process with the employee to try to accommodate him/her in the usual and customary position or place him/her elsewhere within the department or County so as to comply with the requirements of the Americans with Disabilities Act and the Fair Employment and Housing Act.

Although you are not required to complete our EFJA-EF5 form as part of your worker's compensation reporting role, it is critical to our return to work effort that you check the boxes on this form and return it with your report.

The EFJA-EF5 form is easy to complete and only requires checking the Yes and No columns next to the physical and mental demands on 1- 3 pages, plus your signature and date on the last page. We only expect you to answer those portions that are related to the injuries you are evaluating. You can mark the non-applicable portions with N/A, and add any explanations or comments, as needed.

Should you require additional time to complete the EFJA-EF5 in an accurate and timely manner, please include the extra time in your invoice.

Thank you in advance for your cooperation in promptly completing this County form and returning it with your report so we can begin the accommodation and job search process immediately.

If you have any questions about our EFJA-EF5 form or requirements, please contact the York Claims Examiner or me directly at (510) 272-3646.

Very truly yours,

A handwritten signature in black ink, appearing to read "Maria Songco-Daluz".

Maria Songco-Daluz  
Workers' Compensation Administrator

Attachment: EFJA-EF5



Vendor:

Email Address:

**REQUEST FOR ERGONOMIC WORKSTATION EVALUATION**  
(To be completed by the Claims Examiner)

Date Form is completed:

Name of Employee:

DOI:

Claim #:

Work Phone: <Employee Work Phone #>

Body Part:

Dept.: <Employee Dept>

Occupation: <WCJOBTITLE>

Work Status: <Work Status>

Workstation Info:

Address: <Work Address>

Supervisor: <Supervisor>

Phone number: <Supervisor Phone #>

Treating Physician:

Name:

Address:

Telephone #:

This Request is made by:

Adjustor / Company:

E-Mail:

Telephone #:

Date:

Copy to be E-Mailed to [ergolab@acgov.org](mailto:ergolab@acgov.org), Workers' Compensation Administrator, and Agency/Department Workers' Compensation Liasion.

**REFERRAL FOR INVESTIGATION SERVICES**

☐ Initial Request    ☐ Supplemental Request

**Refer To:**  
Investigator:

Firm:

Street Address

City

State

Zip

Claim Number

Social Security Number

Employee's Name

City

State

Zip

Telephone Number

Date of Birth

Occupation

Date of Injury

Date Last Worked

The following services are authorized:

☐ Sub Rosa of                      for    days

Physical description:

☐ Full AOE/COE Investigation, including interviews and reports of interview of:

☐ Interview and report of interview of:

☐ Photographs of:

☐ Video of:

☐ Obtain signed releases of:

Type of signed releases:

Comments: **FOR AOE/COE - PLEASE CONTACT AGENCY/DEPARTMENT LIAISON TO ARRANGE INVESTIGATION**

Signature

Date

CC: COA RMU-WCA

Inv Referral



Dear Alameda County Employee:

We are sorry to hear of your on-the-job injury/illness. The California workers' compensation law is a no-fault insurance system that includes medical care and treatment, temporary disability benefits and other benefits for which you may be entitled.

The County of Alameda is self-insured and utilizes a Third Party Administrator (TPA) to administer workers' compensation claims and benefits. The TPA acts as the County's representative in matters relating to the County's obligations under the workers' compensation laws of the State of California and other regulations. The County's TPA is responsible for accepting, delaying and denying workers' compensation claims, timely authorizing of payments and benefits, close monitoring of claims, and securing medical documentation to support temporary total disability leaves of absence and temporary modified work assignments.

Your claim for workers' compensation benefits can take up to 90 days to approve or deny. If your claim is placed on delayed status, the TPA will notify you within 14 days of the date you reported your injury/illness. During this period of delay, the County's TPA may be investigating your claim and gathering medical and other sufficient information to support your on-the-job injury/illness. While your claim is in delay status, your department will be utilizing your sick leave accruals for absences related to your claim. Other paid leave accruals (i.e., vacation, floating holidays, etc.) can be utilized with your approval. You may also want to consider applying for State Disability Insurance (SDI) benefits provided by California's Employment Development Department (EDD). Please note that if you receive SDI benefits, an overpayment may occur when/if your workers' compensation claim is later approved.

Alameda County will provide all of the workers' compensation benefits that you are legally entitled to and wants the best possible outcome for your recovery and return to work. Your complete cooperation during the recovery and claim process, and in the return to work process as soon as medically possible, is critical and necessary in order for the County to provide these benefits to you.

Enclosed is important information about our workers' compensation reporting guidelines and claim process, including your role and responsibilities. We recommend that you refer to this information as often as necessary or contact your Workers' Compensation Liaison located in your department/agency's Human Resources (HR) Office.

It is important to note that if you cancel or delay medical appointments or misrepresent your condition in order to receive workers' compensation benefits, prolong your absence, or for any other improper purpose, you may be committing workers' compensation fraud in addition to hampering the recovery process.<sup>1</sup>

We appreciate your cooperation with these requirements and expectations as it makes the workers' compensation system more viable and sustainable for all employees. If you have any questions, please contact me at York Risk Services Group, the County's Third Party Administrator, at (916) 783-0100.

Sincerely,  
Lisa Harbinson  
Claims Examiner  
cc: Agency/Department WCL

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<sup>1</sup> According to California Penal Code §550 et seq., any person convicted of workers' compensation fraud could be sentenced for up to five years in state prison, fines of up to \$150,000, and loss of disability benefits. In addition, according to Insurance Code §1871.5, any person convicted of workers' compensation fraud shall be ineligible to receive or retain any compensation owed or received as a result of violating Insurance Code §1871.4, Labor Code §3207 or Penal Code §550.

## **Workers' Compensation Reporting Guidelines and Claim Process**

Workers' compensation is a time sensitive process and requires timely communication on the part of the County's Third Party Administrator (TPA) and the injured worker. To ensure appropriate benefits and services are provided timely to injured workers', we are providing you with important information and guidelines to assist you and your claims examiner during this process.

### **PERSONAL CONTACT INFORMATION:**

- It is critical that you be accessible by telephone during normal working hours (Monday – Friday, 8:00am to 5:00pm) as your supervisor, Human Resources Office (HR Office), and/or the TPA may need to reach you regarding your claim. If you are unavailable when contacted, you are expected to return the telephone call and respond to any inquiries by the following business day.
- Your HR Office maintains your current contact information (e.g. address, telephone number). If the current information on file is incorrect or if there has been a change in your contact information, you must promptly notify your supervisor, your HR Office, and the TPA immediately.

### **RELATED MEDICAL APPOINTMENTS/VISITS**

- You are expected to attend all medical, therapy and other related appointments as scheduled. Any surgeries authorized by the TPA should be scheduled promptly. If you need to cancel or reschedule an appointment or surgery, it is your responsibility to immediately contact the medical provider and your claims examiner at York RSG at (800) 922-5020.
- You may be eligible to receive paid leave to attend medical appointments/treatments, therapy, or diagnostic tests (including reasonable travel time) related to your approved workers' compensation claim following your return to work. Please check your Memorandum of Understanding/Administrative Code for eligibility and conditions to receive this County benefit. If eligible, submit a completed County of Alameda Work Status Report (Auditor's Office copy) form or acceptable medical documentation from your treatment provider with your timesheet following each medical/treatment visit.

#### **Acceptable Medical Documentation must include:**

1. Employee's name, job title, department
2. Workers' compensation claim number and date of injury
3. Date seen by your physician/clinician
4. Clear and specific (not vague) work restrictions/limitations
5. If work restrictions/limitations are permanent
6. Dates/Duration of restrictions or disability/inability to work
7. Appointment time in, time out and next appointment date (if any)
8. Physician/Clinician's name, address, telephone number
9. Physician/Clinician's medicine specialty
10. Date and signature of Physician/Clinician

### **FEDERAL & STATE FAMILY AND MEDICAL LEAVE**

- You may be eligible for family and medical leave (FML) as a result of your on-the-job injury/illness. Please contact your HR Office for information regarding FML eligibility and qualifying leaves of absence or refer to the County's Family and Medical Leave Procedure and Handbook located at <http://www.acgov.org/hrs/divisions/dp>.

### **RELEASE TO RETURN TO WORK - FULL DUTY**

- A release to full duty work means you are released **without** work restrictions, limitations and/or modifications of any kind. You must notify your supervisor or your HR Office (if supervisor is unavailable) immediately upon being released to full duty work and provide a completed County of Alameda Work Status Report (Auditor's Office copy) form or acceptable medical documentation from your treatment provider to your supervisor/HR Office for review and approval to return to work. Your HR Office will forward a copy of your physician/clinician's medical release to full duty status to your claims examiner.

After you are released to full duty, you may be eligible to receive paid leave to attend medical appointments/treatments, therapy, or diagnostic tests (including reasonable travel time) related to your approved workers' compensation claim following your return to work. Please check your Memorandum of Understanding/Administrative Code for eligibility and conditions to receive this County benefit.

*Note: If your usual job is scheduled on an evening/night shift, your return to work instructions will be provided to you by your supervisor or HR Office following approval of acceptable medical documentation.*

### **RELEASE TO RETURN TO WORK WITH TEMPORARY MODIFIED WORK RESTRICTIONS**

- Your physician/clinician may release you to return to work with temporary work restrictions/ limitations or on a reduced work schedule. When this occurs, you must immediately notify your supervisor and provide him/her with your completed County of Alameda Work Status Report (Auditor's Office copy) form or acceptable medical documentation from your WC medical treatment provider releasing you to temporary modified work. The County's Temporary Modified Work Procedures provides a step by step process to facilitate the return of injured/ill employees to temporary modified work assignments. You can easily obtain a copy of the County's Temporary Modified Work Procedures from <http://www.acgov.org/hrs/divisions/dp>.
- Upon receipt, your HR Office will discuss your work restrictions/limitations with your supervisor and determine if a temporary modified work assignment is available. In some cases, you may be able to return to your usual job with/without some minor modifications. If not, additional time (e.g. 1-2 days) may be necessary to determine if there are various job tasks available given your temporary work restrictions/limitations. Your supervisor/HR Office will notify you as soon as a temporary modified work assignment is located for you. Failure to return to work in a temporary modified work assignment within your work restrictions/limitations can affect your workers' compensation benefits.

*Note: You are responsible for complying with your work restrictions and/or limitations imposed by your physician/clinician at all times. It is detrimental to your overall recovery process to engage in any activities beyond your medical restrictions and/or limitations. While assigned to temporary modified work, you may have a different work schedule including work hours and days off (in compliance with your applicable MOU/Admin Code).*

- You may be eligible to receive paid leave to attend medical appointments/treatments, therapy, or diagnostic tests (including reasonable travel time) related to your approved workers' compensation claim following your return to temporary modified work. Please check your Memorandum of Understanding/Administrative Code for eligibility and conditions to receive this County benefit. If eligible, submit a County of Alameda Work Status Report (Auditor's Office copy) form or acceptable medical documentation from your treatment provider with your timesheet following each medical/treatment visit.

### **REMAINING OFF WORK DUE TO TEMPORARY DISABILITY**

- Should you remain disabled and unable to return to work, you must continue to provide your supervisor with a completed County of Alameda Work Status Report or other acceptable medical documentation after each medical visit to support your continued disability period/inability to return to work.
- If you have received/are receiving/or will receive income or disability benefits from other sources, such as from another employer, insurance policy or SDI during your claim or while your claim is in delay status, you must notify the TPA immediately.



**TIME REPORTING CODES**

- The County has developed specific workers' compensation time recording codes (TRC's) for employees to utilize while disabled and off work, working in a temporary modified work assignment and/or attending related medical/therapy appointments following your return to work. Please consult with your Payroll Clerk for the appropriate TRC's regarding your situation.

**PLEASE SIGN AND RETURN THIS PORTION TO YOUR CLAIMS EXAMINER**

THIS IS TO ACKNOWLEDGE MY RECEIPT AND UNDERSTANDING OF MY ROLE AND RESPONSIBILITIES IN THE WORKERS' COMPENSATION PROCESS. I UNDERSTAND THAT I CAN CONTACT MY CLAIMS EXAMINER OR MY WORKERS' COMPENSATION LIAISON IF I HAVE ANY QUESTIONS REGARDING MY WORKERS' COMPENSATION CLAIM OR PROCESS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
CTYA-102229  
TPA Claim #

\_\_\_\_\_  
Agency/Department and Work Site

Department Liaison

**POST 01/01/2004 INJURY**

Employee  
Employer  
Claim #  
Date of Injury

Dear \_\_\_\_\_ :

For injuries occurring on or after 1.1.04, employers are encouraged by the Legislature to provide modified or alternative work within 30 days of the termination of temporary total disability (TTD) benefits. Otherwise, employers have potential liability to provide Supplemental Job Displacement Benefits.

We received a report from Dr. \_\_\_\_\_ dated \_\_\_\_\_, that provides work restrictions for your employee,.

We have 30 days from the termination of temporary total disability to determine if County of Alameda can accommodate work restrictions for \_\_\_\_\_, as outlined by Dr. \_\_\_\_\_, on a permanent basis.

The doctor has imposed the following restrictions and/or limitations:

Please mark the appropriate box below, sign and date where indicated and return this letter to us in order to document the file.

1. ☐ Employee can continue working in his/her usual and customary job with the permanent work restrictions outlined by the physician, with no accommodation necessary.
2. ☐ The department can permanently accommodate this employee's usual and customary job consistent with the work restrictions outlined by the physician.
3. ☐ The department is unable to permanently accommodate this employee's usual and customary job and has begun searching for an appropriate alternate position within the department. (Within 30 days)
4. ☐ The department has identified an appropriate alternate position consistent with the work restrictions outlined by the physician:

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**Job Classification**

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**Effective/Start Date**

Notice Regarding Return to Work

Page 2

5. ☐ At this time, the department is unable to determine the availability of permanent modified or alternate work for this employee. Further clarification of the above permanent work restriction(s) is needed.
6. ☐ The department was unable to identify an appropriate alternate position consistent with the employee's permanent work restrictions and for which the employee is otherwise qualified. The department has referred the employee to the countywide job search to continue the reasonable accommodation process. (Within thirty days)
7. ☐ The County of Alameda (Countywide Job Search) has identified an appropriate alternate position consistent with the employee's permanent work restrictions outlined by the physician.

\_\_\_\_\_  
**County Department**

\_\_\_\_\_  
**Job Classification**

\_\_\_\_\_  
**Effective/Start Date**

8. ☐ The County of Alameda (Countywide Job Search) was unable to identify an appropriate alternate position for this employee. The employee has been referred back to his/her department to discuss the remaining options available.

I certify that all efforts to reasonably accommodate this employee is documented in the employee's medical/reasonable accommodation file.

\_\_\_\_\_  
Claims Examiner/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Department Disability Coordinator/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County of Alameda Disability Programs Manager/Signature

\_\_\_\_\_  
Date

cc: COA Risk Management