

CITY OF SAN ANTONIO



Administrative Directive	AD 4.37 Modified Work Assignment Program for Work-related Illnesses or Injuries
Procedural Guidelines	Guidelines to ensure consistent processing and administration of the City’s Modified Work Assignment Program for Work-related Illnesses or Injuries
Department/Division	Office of Risk Management
Effective Date	June 9, 1980 (Light Duty Program)
Revisions Date(s)	March 15, 1990; January 8, 2016; December 1, 2016; October 1, 2019
Review Date(s)	N/A
Owner	Director, Office of Risk Management

Purpose

The purpose of this administrative directive (AD) is to provide guidelines by which the City of San Antonio (City) may place an employee who has experienced a work-related illness or injury into a temporary Modified Work Assignment, and provide guidance to the departments for administering the policy consistently. This AD also establishes criteria for eligibility for the Modified Work Assignment Program for Work-related illnesses or Injuries.

Policy

When workplace injuries or illnesses occur, the City is committed to providing Modified Work Assignments as a means of returning employees to meaningful, productive employment. The Modified Work Assignment Program for Work-related Illnesses or Injuries outlines the parameters under which the City will provide a temporary Modified Work Assignment for an employee who has a work-related injury or illness, and who is temporarily unable to perform all of the essential functions of his/her job title.

This administrative directive will apply to all full-time or part-time, non-uniformed employees who suffer temporary medical restrictions due to an on-the-job injury or work-related illness, and who have been released by their treating physician to restricted work activities. Modified Work Assignments include temporary work assignments whereby employees with work-related injuries or illnesses are encouraged to return to work as soon as possible, in accordance with the operational needs of the City and the medical restrictions established by the treating physician.

Modified Work Assignments are distinguished from “reasonable accommodation” requirements, which are classified under Administrative Directive 4.62 [Reasonable Accommodations for Disabled Applicants and Employees].

Policy Applies To

<input type="checkbox"/> External & Internal Applicants	<input type="checkbox"/> Temporary Employees
<input checked="" type="checkbox"/> Full-Time Employees	<input type="checkbox"/> Volunteers
<input checked="" type="checkbox"/> Part-Time Employees	<input type="checkbox"/> Grant-Funded Employees
<input type="checkbox"/> Paid and Unpaid Interns	<input checked="" type="checkbox"/> Police and Fire Academy Trainees
<input type="checkbox"/> Uniformed Employees Under Collective Bargaining Agreements	

Definitions	
Bona Fide Offer	A formal, written offer of a Modified Work Assignment made by an employer to an employee after a work-related injury or illness and that complies with the rules adopted by the Division of Workers' Compensation.
Business Days	Business days are defined as calendar days excluding Sundays and Council approved holidays.
Eligible Employee	For the purpose of the Modified Work Assignment Program for Work-related Illnesses or Injuries, a full-time, part-time civilian or non-uniformed employee, suffering from a medically certified illness or injury incurred while on duty, and who is temporarily unable to perform their regular essential job functions but is capable of performing duties of a Modified Work Assignment.
Health Care Provider	<p><u>For All Workers' Compensation Program Claims</u></p> <p>Any health care provider as defined by Title V, Subchapter B, Section 401.011(22) of the Labor Code (Texas Workers' Compensation Act), to include:</p> <ol style="list-style-type: none"> 1. A doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry or chiropractic who is licensed and authorized to practice in Texas. 2. A treating doctor who is primarily responsible for the employee's health care for a work related injury or illness. 3. A designated doctor appointed by the Texas Department of Insurance, Division of Workers' Compensation (TDI, DWC) to make a recommendation about the medical condition or to resolve a dispute about a work-related injury or occupational illness
Maximum Medical Improvement (MMI)	An injured employee reaches a state where his or her condition cannot be improved with any further medical care or when the injured employee has fully recovered from the injury, but the healing process has plateaued.
Medical Documentation	Medical documentation includes any written communication provided by the health care provider treating the employee for an on-the-job illness or injury. This includes all documentation required by the Workers' Compensation Act (i.e., Texas Work Status Report, DWC-73 form).
Modified Work Assignment	A temporary position to which an employee is assigned for a period not to exceed 180 calendar days when he/she is unable to perform all of the essential functions of his/her job duties following an on-the-job injury or illness. The Modified Work Assignment position temporarily addresses the restrictions placed on an individual by the employee's treating doctor.

Policy Guidelines

Procedures

1. In order to be considered for a Modified Work Assignment, the employee must provide the Work Status Report (DWC-73) that has been completed by the employee's healthcare provider, to their supervisor and HRS. The medical documentation must place the employee on modified work status and specify the work restrictions, limitations and the work activities permitted during the Modified Work Assignment period. It should also include the approximate date of recovery or the approximate date on which the employee will be able to perform all of the essential functions of their regular position, or a future reassessment date(s).
2. The City will make a good-faith effort to place an eligible employee in a Modified Work Assignment; however, it is not obligated to place an employee in a Modified Work Assignment or create a Modified Work Assignment.
3. If a temporary Modified Work Assignment is found, the Office of Risk Management will work with the department's Human Resources Representative to extend a written Bona Fide Offer to the employee. The employee will be allowed up to five (5) business days to accept or refuse the Bona Fide Offer. If no response is received within this timeframe, the employee will be considered to have declined the offer.
4. Modified Work Assignments may be limited in quantity. An eligible employee has no right to a specific Modified Work Assignment, and may be offered a Modified Work Assignment in another department.
5. An employee who does not accept a Bona Fide Offer of employment may have a reduction in workers' compensation income benefits as allowed by the Texas Workers' Compensation Act.
6. An employee's Modified Work Assignment will cease upon:
 - a) returning to full duty or;
 - b) exhausting 180 calendar days of Modified Work Assignment; or
 - c) being placed at Maximum Medical Improvement (MMI) by the physician, whichever occurs first.
7. An employee working in a temporary Modified Work Assignment is expected to exhibit appropriate conduct in accordance with City and departmental policies. An employee will be subject to discipline pursuant to City policies if he/she displays unacceptable levels of performance or conduct.
8. A Modified Work Assignment shall not affect an employee's pay classification, pay increases or cost of living increases, promotions, classification and compensation actions, retirement benefits, health benefits or other employee benefits. An employee in a Modified Work Assignment will not receive out-of-classification pay while performing temporary assignment work, regardless of the assignment.

Employee's Participation In Outside Employment, Travel And Educational Programs

1. An employee on a Modified Work Assignment must notify the Office of Risk Management of any outside employment that the employee may have or for which he/she has applied during the course of receiving benefits under the Workers' Compensation Act.
2. An employee who is in a Modified Work Assignment must provide their supervisor and HRS with medical documentation from the employee's healthcare provider before the employee will be allowed to participate in any City-related business travel or educational programs.

Termination Of Participation In Modified Work Assignment Program For Work-Related Illnesses Or Injuries

Employees must follow the guidelines of the Modified Work Assignment Program for Work-related Illnesses or Injuries as outlined in this administrative directive or risk losing eligibility to continue participating in the program and be subject to possible disciplinary action. The following will subject an employee to be removed from the Modified Work Assignment Program for Work-related Illnesses or Injuries:

1. Refusal to follow the guidelines outlined in this AD or other applicable ADs, laws or regulations;
2. Falsification or misrepresentation concerning the injury or illness;
3. Failure to report for regular job full duty or Modified Work Assignment when released by the health care provider;
4. Failure to notify the Human Resources Representative or department of any medical status changes or to provide them basic contact information;
5. Engaging in outside employment, travel or education program (either part-time or full-time, for self or another person, firm or company) while on Modified Work Assignment without prior authorization from the health care provider and/or the department Director;
6. Failure while on Modified Work Assignment, to follow health care provider restrictions placed on the employee, which may or may not include injurious, strenuous or other activities, which may impede the recovery process, recuperation or return to work. This does not prevent an employee from doing exercises or physical activities prescribed by his/her health care provider;
7. Exhaustion of 180 calendar days of the Modified Work Assignment, or reaches MMI, whichever occurs first;
8. Return to full duty with the ability to perform all essential functions of their job.

Roles and Responsibilities

Departments

Department Director

1. Ensure each employee reads this administrative directive and signs the attached Acknowledgement Form (Attachment A). Forms shall be included in the employee's personnel file.
2. Work with Office of Risk Management and Human Resources to identify Modified Work Assignments.
3. Identify existing, available Modified Work Assignments that conform to the employee's particular limitations as prescribed by their healthcare provider.

Managers and Supervisors

1. For any new claim of an on-the-job injury or illness, inform the Human Resources Representative when an employee experiences a work-related illness or injury, so that the appropriate paperwork may be completed.
2. Immediately provide the department's Human Resources Representative with any medical documentation regarding the employee, thereby ensuring that the employee is placed on full-duty, modified duty or off work, as necessary.
3. Ensure the employee reports to the Human Resources Representative upon returning to work or reporting for a Modified Work Assignment.

<p>Departments (Cont)</p>	<ol style="list-style-type: none"> 4. Periodically, but no less than once per month, make inquiries to the Human Resources Representative or the Office of Risk Management as to the status of an injured or ill employee. 5. Ensure employees are assigned temporary duties that are within the medical restrictions written by the health care provider.
<p>Employee</p>	<ol style="list-style-type: none"> 1. Inform all health care providers about the City’s Modified Work Assignment Program for Work-related Illnesses or Injuries, as necessary. 2. Obtain completed medical documentation from a health care provider. 3. While participating in the modified duty program, you are required to adhere to the outlined restrictions listed on your Texas Workers’ Compensation Work Status Report or physician’s note 24 hours a day. You are also required to provide the DWC 73 or physician’s note to your supervisor after each physician’s appointment upon your return to work. You will ensure the date/time of visit and discharge time information is notated on your medical documentation. 4. Provide the manager or supervisor with documentation stating the date/time of the visit, discharge time and date/time of the next medical visit immediately upon returning to work after attending a medical visit with a health care provider. This information is displayed on the Texas Workers’ Compensation Status Report (DWC-73) obtained when visiting a health care provider. When employees are treated for physical therapy, they must request a health care provider’s note, which shall contain the same information. 5. If placed off work by their healthcare provider while on a Modified Work Assignment, call their manager or supervisor on the same day to inform the manager that they will not be returning to work. 6. Attend all scheduled medical appointments. Employees are required to advise their supervisor of any date/time changes to their scheduled medical appointments. Where possible, employees shall work with their health care provider to schedule medical appointments at the beginning or end of their scheduled shift to be the least disruptive to the business operations of the department. 7. Notify their manager or supervisor immediately after receiving a change in medical restrictions while off work for a work-related injury. 8. If a Modified Work Assignment is identified and an employee accepts the Bona Fide Offer, the employee must report to work at the date, time and location indicated in the offer, and perform the duties and tasks assigned in conformity with his/her health care provider’s medical restrictions and in compliance with the rules and guidelines of DWC and all safety guidelines and standards of the department in which placed. 9. Refrain from any injurious practice(s) or activity(ies) that may impede recovery or a return to full-duty; refrain from strenuous activity (other than prescribed exercise or therapy); and do all within his/her power to do as directed by their health care provider to recuperate from the injury or illness. Employees with work-related medical restrictions must follow their restrictions. 10. Obtain pre-authorization prior to any outside employment, travel or attending educational program through the proper procedures.

<p>Human Resources</p>	<ol style="list-style-type: none"> 1. Notify Risk Management any time an employee suffers a work-related illness or injury. Thereafter, the Human Resources Representative is responsible for forwarding any additional medical documentation to Risk Management. 2. Consult with the department Director, manager or supervisor to determine if a Modified Work Assignment exists within the employee’s assigned department, which is compatible with the employee’s medical restriction(s). Complete the Bona Fide Offer form as soon as possible if a Modified Work Assignment has been successfully identified within the assigned department. 3. Disseminate all the required information to the employee regarding the Modified Work Assignment Program. 4. Notify Risk Management if no Modified Work Assignment is available within the assigned department and facilitate communication between the employee and Risk Management regarding the Bona Fide Offer. 5. Forward all medical documentation regarding illness or injury to Risk Management Division. 6. Responsible for notifying the employee in writing when the Modified Work Assignment ends. If the health care provider determines an employee has permanent medical restrictions precluding the employee from returning to his/her regular job title, the Human Resources Representative will engage in the interactive process as identified under AD 4.62, Reasonable Accommodations for Disabled Applicants and Employees.
<p>Risk Management</p>	<ol style="list-style-type: none"> 1. Responsible for identifying a city-wide Modified Work Assignment when efforts to identify an assignment within the employee’s assigned department are unsuccessful. 2. Responsible for making Bona Fide Offers to eligible employees. 3. Responsible for communicating with the department, and the department’s Human Resources Representative all status changes, subsequent medical documentation or changes in assignment or condition of employees in a Modified Work Assignment. 4. Responsible for providing departments and Human Resources with a monthly status report detailing the employees on Modified Work Assignment, tracking the length of the assignment and indicating if any employee has met MMI. 5. Responsible for notifying the employee in writing 30 days prior to Modified Work Assignment ends.

This directive supersedes all previous correspondence on this subject and revises AD 4.37 – Modified Work Assignment Program for Work-related Illnesses or Injuries.

Information and/or clarification may be obtained by contacting the Office of Risk Management for workers’ compensation claims and/or the City’s Leave Administrator at for non-work-related injuries or illnesses.



**EMPLOYEE ACKNOWLEDGMENT FORM
FOR**

**ADMINISTRATIVE DIRECTIVE 4.37
Modified Work Assignment Program for Work-related Illnesses or Injuries**

Employee:

I acknowledge that on _____, 20____, I received a copy of Administrative Directive 4.37 Modified Work Assignment Program for Work-related Illnesses or Injuries. I understand if I should have any questions I should contact my Human Resources Representative.

Employee Name (Print)

Department

Employee Signature

Employee SAP ID Number