# Community of Practice (CoP)—Handouts

**Topic:** Case Management TIPS
for Return-to-Work (RTW) Coordinators

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# Handout 1

## Additional Questions to Ask Employee

1. With whom are you in contact to help resolve your medical concerns? Someone in the company? A health care provider? A case manager? Someone else?
2. If you are not currently at work, has your doctor given you a date to return to work? Has your employer given you a date to return to your job?
3. Describe your job duties.
4. What job duties are affected by your medical/health issue?
5. How long have your job duties been affected?
6. What has your doctor(s) told you about possible work restrictions, if any?
7. How much does your employer know about your condition(s)?
8. Have you, or are you, currently on light duty?
9. Have you requested, or are you receiving, any work-site accommodations from your employer?
10. If not, do you know what your company’s procedures are for requesting accommodations?
11. Are you eligible for or receiving short- or long-term disability from the company or another entity?
12. Do you know what your official employment status is with your company?
13. Do you want to remain with your current employer? If not, are you planning to look for work somewhere else? If applicable, are you planning to retire?
14. With whom have you shared any information regarding your condition or work situation?
15. What is your “chain of command”? At what level are decisions regarding staying at work, returning to work, and accommodations made?
16. What were the results of your last performance appraisal?
17. What attitude do you feel your employer/supervisor/manager has toward you? (Remember, this is only one side of the story.)
18. What are your feelings toward your employer?
19. Is there any specific medical or personal information you do not want shared with your employer?
20. Are there specific individuals on the work-site or off the work-site that you would prefer we not contact?
21. Ask employee what his/her doctor has shared about work restrictions and probe further to gauge his/her understanding of restrictions, such as providing concrete examples—i.e., 5 lb. lift restrictions as compared to an 8 lb. gallon of milk.
22. Ask questions about mental health, especially related to current COVID issues. It is important that return-to-work (RTW) coordinators ascertain how the employee views her or his injury or illness.

## Additional Questions to Ask Employer

1. What is your role in this particular situation?
2. What is the current work status of the employee?
3. Is there a current employer-employee relationship? Is the employee still on your payroll?
4. What do you consider the employee’s work-related medical, emotional, or physical impairments?
5. What job tasks or performance standards do these impairments affect?
6. Who in the company is aware of the employee’s problem?
7. What service providers or internal company staff are working with your employee (e.g., insurance agent, employee relations staff, personnel, supervisor, ADA coordinator, EEO coordinator)?
8. Is this a work-related or nonwork-related condition?
9. Do you have a written job description for the employee’s position?
10. How was the employee rated on her/his most recent performance appraisal, and what is your opinion of his/her performance?
	1. Is this employee under a corrective action plan? If so, can you give us details?
11. Are there any medical/personal/employment-related issues related to this situation that you do not want to share with your employee?
12. When was the company’s last date of contact with the employee?
13. Has the employee requested accommodations, or have you provided any?
14. What is your accommodation process?
15. Does your company offer insurance programs? If so, what are they? May I see a copy of your insurance policy? Are you self-insured?
16. Is there a third-party administrator involved with this situation?
17. Is the employee aware of the challenges you have described?

# Handout 2

## Indicators of Problems on the Job

### Employee work-related disability indicators

* Poor relationships on job
* Reduced job efficiency
* Impaired concentration
* Accidents
* Absenteeism problems
* “On-the-job” absence

### Other indicators of problems

* Tension between supervisor and employee
* Attorney is retained
* No transitional work options
* Supervisor ignores work limitations
* Job performance affected
* Difficulty getting along with coworkers
* Feeling of entitlement
* Promotion withheld
* Increased anxiety or depression
* Dependence on drugs
* Feeling that nothing will help
* Others speak for worker
* Suspicion, anger, or threats of violence
* Failure to take responsibility for self
* “Fix-me” attitude
* History of claims for worker compensation
* Dependent personality
* Missing from work or always late
* Repeated cancellation or rescheduling of appointments
* Refusing treatment
* Refusing light duty
* Failure to complete assignments
* Injuries to body
* Many service providers

# Handout 3

## The RTW Case Management Process*(Sample Return-to-Work/Stay-at-Work [RTW/SAW]* *Plan Components)*

1. General Information
	1. Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Expected End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Plan Type: \_\_\_\_\_RTW \_\_\_\_\_SAW
	4. Job Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Plan Services
	1. Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	End Date or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	End Date or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	End Date or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Participant Responsibilities:
	* I understand…..
	* I will….
	* I will not….
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Criteria for evaluating progress toward goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Terms and conditions:
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURES

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# Handout 4

## RTW/SAW Services for Employee

* Assessment
* Counseling and guidance
* Assistive technology/accommodation evaluation
* Accommodations
* Personal use items
* Employer coordination
* Medical or psychological intervention
* Retraining
* Job coaching
* Resource linkages
* Assistance with reassignment
* Outplacement assistance

## RTW/SAW Services for Employer

* Employer intervention and education
* Task analysis
* Technical assistance
* Resource linkages
* Accommodation identification
* Financial incentives
* Ongoing follow-up
* Employee outplacement

# Handout 5

## Responsibilities of RTW Coordinator

* Secure referrals/referral sources.
* Assess participants’ eligibility for RETAIN.
* Evaluate participants’ likelihood of successfully completing an RTW/SAW program.
* Determine participants’ service needs.
* Determine needs of employer.
* Determine roles of other RETAIN partners.
* Provide ongoing communication with employee, employer, and other RETAIN partners.
* Provide timely services to participants and employers.
* Determine when sufficient services have been provided to the extent that job is retained or employee is returned to work.

## Responsibilities of Injured Employee

* Obtain ongoing medical/psychological treatment for condition.
* Follow prescribed treatment.
* Provide relevant documentation.
* Actively participate in problem/solution identification.
* Participate in development of RTW plan.
* Work toward returning to productive employment if on leave.
* Become familiar with and utilize accommodations offered.
* Maintain regular contact with RTW coordinator, employer, health care professional, insurance provider, and others involved in the RTW process.

## Responsibilities of the Employer

* Clearly identify known problems.
* Provide concise/accurate job task analysis or job description.
* Advise all parties regarding relevant policies and RTW opportunities when applicable.
* Maintain communication with worker:
	+ Directly and as soon as possible after onset of illness/injury.
	+ Ongoing dialogue with ill/injured employee.
* Monitor progress.
* Resolve RTW issues as soon as possible.
* Conduct routine follow-up after RTW or problem resolution.

## Responsibilities of Health Care Professional

* Identify nature of illness/injury, diagnosis, and prognosis for recovery and RTW.
* Provide ongoing treatment and consultation.
* Participate in RTW planning by providing information on the capabilities of worker.
* Identify related medical/psychological issues affecting work performance.
* Advise when RTW is appropriate.

## If Outplacement Is Needed, Who Does the Following?

* Ensure a realistic, goal-directed job search through analysis of the job seeker’s transferable skills.
* Motivate, support, and guide job seeker’s return to gainful employment and autonomy.
* Identify reasonable opportunities within the job seeker’s local labor market.
* Initiate suitable job placement activities that accommodate individual work skills and defined physical capabilities.
* Support successful job retention with counseling during the RTW adjustment.

# Handout 6

## When Employee Self-Refers…

* Remember, you are getting only one side of the story:
	+ Medical information may be conflicting.
	+ Job situation may be reported inaccurately.
* May need to convince employee to allow you to engage with his/her employer.
* Need active discussion regarding permission for disclosure.
* Employer barriers may or may not be known.
* Accommodations may be needed, but solutions may be unknown by the employee.
* May not be a valued employee.

## When Employee Is Referred by the Employer…Bottom Line: Earn the Employee’s Trust

* Take off your “grantee” hat and put on your counselor hat.
* Remember, the ill/injured employee may not know why he/she was sent to you. Be ready to explain the reason.
* Help the ill/injured employee discover her/his needs.
* Talk in-depth to the ill/injured employee about her/his disability and listen carefully to what she/he says about it.
* Tell him/her what you can do, but know your boundaries.
* If the ill/injured employee’s attitude is “weird,” call his/her hand on it.

## When YOU must involve the employer…

* Remember, the employer does not know about RETAIN.
* Employee may not be a valued employee.
* Employer may become defensive.
	+ Why did employee go to you first?
	+ What is the intent of RETAIN’s contact with the employer?
	+ Fear of litigation—Remember, you are a government entity.
* Employer does not trust you.
* Lines of communication may initially be impaired.
* Reluctance or inability to accommodate:
	+ May need to reassign or engage in outplacement.

# Handout 7

## Transitional Employment Versus Light Duty(Edited from articles on transitional employment found on the Internet)

### The Transitional Employment-Light Duty Connection

Is “transitional employment” simply a politically correct term for light duty? No, it is not. Think of transitional employment as an evolutionary product of light duty. The mission of transitional employment is to assist employees with disabilities in returning to *meaningful,* gainful employment on a limited basis until they can perform their normal jobs or return to full duty with or without reasonable accommodation. The focus is on achieving RTW as quickly as possible in some productive capacity. Light duty and transitional employment both provide modified duty for an ill or injured employee, but the similarity ends there. The programs have different goals, methods, administrative challenges, and problems.

#### Conventional Light Duty: What It Looks Like

A case manager believes the employee may be able to perform some kind of limited duty for his or her employer. The case manager sends a “medical restriction form” to the employee’s treating physician. The form is returned with a list of physical and environmental restrictions such as lifting, standing, sitting, bending, stooping, and temperature tolerances. The form is taken to the employer with a request for development of or assignment to a position consistent with the employee’s restrictions. The employer brings in the employee’s supervisor and asks if he or she has work compatible with the employee’s restrictions. The supervisor considers the issues and decides whether there is a position to which the employee can return. If the supervisor responds affirmatively, the employee is brought back and placed in the position. If not, the employee is sent home. Most employers offer light duty only to employees who have been injured on the job. This, however, can be discriminatory in terms of the Americans with Disabilities Act. Therefore, most employers choose not to offer light duty to anyone.

### The Comparison: Light Duty Versus Transitional Employment

1. **For how long is the light duty scheduled?**

**Light Duty**: One of the most frustrating things about light duty programs is that the goals are open-ended and sometimes not attainable (e.g., an “unrestricted duty release”). As a result, employees often remain on light duty long after the medical benefits of the assignment have ended. Some companies have kept individual workers on light duty for more than two years! As expected, indefinitely prolonged light duty can create anger and conflict for all involved.

**Transitional Employment:** In contrast to light duty, transitional employment programs have a sunset factor—a start date and an end date. The goal is to design a program that will transition workers back into a situation where they can perform their old jobs with or without reasonable accommodations. If, after maximizing the recuperative potential of the light duty experience, a return to the previously held position is not possible, then consideration of reassignment, retraining, or rehabilitation is accomplished in a more expeditious and informed circumstance than would be likely without the transitional employment component. Many models use 30 days as a start date period, not to exceed 90 days in duration.

1. **What is the therapeutic goal of the light duty?**

**Light Duty:** The fundamental problem with the light duty model of job assignment is that it is “restriction-driven”—work assignments are created in response to employees’ physical, emotional, and environmental restrictions. Naturally, job duties must be consistent with restrictions. It should be just as clear that if the sole goal of light duty is compatibility with restrictions, then opportunities to benefit both the employee and the employer may be minimized or overlooked.

This restriction-driven approach is not unlike going to the doctor when you are ill and having the doctor ask about your medicine allergies. The doctor would then list on a prescription pad the names of the medicines you should not have and would instruct the pharmacist to give you something other than the drugs on that list. While it is highly unlikely that you will be given a medication to which you are allergic, it is equally unlikely that you will be given a medication that will help you. If you were given an effective medicine, it would be sheer coincidence.

**Transitional Employment:** The situation is similar for job assignments. The duties considered for transitional employment assignments should:

* 1. Offer work-hardening or therapeutic benefits to the employee.
	2. Deliver tangible value to the employer.
	3. Be consistent with the workers’ limitations and restrictions.

No one contends that restrictions are not important factors in transitional employment assignments; they simply should not be the only consideration. If an assignment does not hurt the worker, but at the same time does not help him or her, then the only thing that has been accomplished is to get the worker out of his or her house. If the assignment helps the worker, but at the same time has no value for the employer, then the seeds of supervisor frustration and coworker resentment have been planted, and the company may harvest a bumper crop of disability- and litigation-related costs.

1. **What are the work-normalization goals of light duty?**

**Light Duty:** Traditionally, “restriction-based job assignments” are physically distant from the main body of work. The old light duty stereotypes—counting spoons in the cafeteria or taking inventory in the warehouse—are still typical of light duty as practiced in the United States.

**Transitional Employment:** One of the goals of transitional employment is to help workers regain the confidence needed to return to the job, reestablish the supervisor-employee relationship, and benefit from the coworker and peer support that will speed the healing process. Whenever possible, returning workers should be included in day-to-day worksite activities, perform their duties in proximity to coworkers, and even when unable to fully participate, be given opportunities to observe the operation.

Bringing workers back to the action and vitality of the worksite, coupled with restorative assignments and activities perceived as worthwhile by both employers and employees, represents a transitional employment model that will produce the greatest value for all parties involved.

1. **What are the supervisor’s responsibilities in the process?**

**Light Duty:** Many supervisors have only two responsibilities in the context of a light duty program:

* 1. Identify jobs compatible with employees’ restrictions.
	2. Monitor employees to ensure they are working within prescribed guidelines.

**Transitional Employment:** In the transitional employment process, the supervisor is aware of the primary and secondary goals of the assignment. The supervisor has been trained to work with injured and ill workers and is aware of the weekly goals established for each transitional employee.

To ensure a greater level of success in transitional employment, supervisors should have the skills and abilities needed to handle even the most volatile situations, such as harassment of the returning employee in the workplace. At least once a week, the supervisor should be consulted to determine each transitional worker’s progress. Finally, working with injured and ill workers should not be a responsibility that supervisors perform in addition to regular duties. Supervision of ill, injured, disabled, and returning workers should be included in their job descriptions. Supervisors should be accountable, evaluated, incentivized, and rewarded for performance in the context of transitional employment as they are in all other areas of responsibility.

1. **What are the employee’s responsibilities in the process?**

**Light Duty:** Too many employees come back to a light duty job and are told that their primary assignment is “Don’t do more than your doctor says you can do.” With an incomplete understanding of the long- and short-term goals and objectives of light duty, employees are unable to share responsibility for attaining these objectives.

**Transitional Employment:** When the ultimate goal of transitional employment is healing and restoration, then the employee should fully understand the role of transitional work in achieving that goal. In an effective transitional employment process, the employee is a member of a team that creates the plan and is given both formal, structured opportunities (i.e., forms and reports) and informal, unstructured opportunities (encouragement and license to speak freely to the supervisor to express his or her opinion about the program and his or her progress).

1. **What will occur when employees experience problems when performing their duties?**

**Light Duty:** In the traditional light duty context, if the employee has problems performing the functions of his or her job, the system is likely to stall or completely break down. Two equally unsatisfactory strategies may be instituted:

* 1. The worker returns home until medical clarification is obtained. This practice can result in a delay of weeks or even months before another light duty situation can be arranged.
	2. The supervisor simply says, “Do what you can,” prompting the worker to do less and less in an unstructured, unsupervised, and unevaluated environment. This is the equivalent of supervisors throwing their hands up in the air and saying, “I give up!” For the responsible worker, this confusing message can create a work situation that is frustrating and without merit. For the undependable worker, this supervisory surrender provides ample opportunity to take advantage of a dysfunctional system.

**Transitional Employment:** If a worker in transitional employment reports a problem, the entire plan is reviewed, and the worker’s participation is postponed or the plan is adjusted in response to the specific complaint. The treating physician is advised of any changes in the plan and, within one week, action is usually taken to correct the course of the problematic transitional employment plan.