If the injury is life threatening, go to the nearest hospital emergency room.

If medical treatment is required, you or your employer should contact 1-800-624-2354 (or 1-800-735-2966 for the hearing impaired) 24-hours a day for the name of an authorized medical care provider in your area prior to seeking treatment.

**REFERENCES**

Central Accident Reporting Office (CARO) forms
https://oa.mo.gov/general-services/risk-management/workers-compensation-caro/injured-employees-resources

This page contains the Employee Injury Report, Mileage Reimbursement Request, Authorization to Release Medical Records, Witness Statement and Supervisor Statement forms, and others related to Workers' Compensation claims.

State Employees Workers' Compensation Reporting Packet
https://oa.mo.gov/sites/default/files/wcreporting05.pdf

Missouri Office of Administration
Central Accident Reporting Office
P.O. Box 809
Jefferson City, MO 65102
573-751-2837 or 888-622-7694 (toll free)
https://oa.mo.gov/general-services/risk-management/workers-compensation-caro

Missouri Department of Labor and Industrial Relations Division of Workers Compensation
Employee Hotline: 1-800-775-2667 Employer Hotline: 1-888-837-6069

U.S. Department of Labor, Division of Workers' Compensation's Employee Hotline
1-800-776-COMP

*Other DNR policies*

Alcohol, Drug and Smoke-free Work Environment 3.07
Temporary Modified Duty 5.10

## DEFINITIONS

*Treating physician:* The physician selected or approved by the Office of Administration's Central Accident Reporting Office under the provisions of the Workers' Compensation Act.

## GENERAL PROVISIONS

### The employee's steps

The steps and forms needed to report a workers' compensation injury is available in the Human Resources Program, from the Central Accident Reporting Office or on-line at https://oa.mo.gov/general-services/risk-management/workers-compensation-caro/injured-employees-resources

To ensure that an employee is considered for worker compensation benefits, the employee must provide their supervisor a written notice of the injury, no matter how minor. The following minimum steps should be used.

1. Report **all** injuries immediately to your employer. Document the time, place, names of witnesses, and nature of the injury in the Employee Injury Report (CARO form). The injury report form is turned into the department's Human Resources Program within seven (7) calendar days of the accident. Any witness(es) should complete the Witness Statement (CARO form).

2. If medical treatment is required, you or your employer should contact 1-800-624-2354 (or 1-800-735-2966 for the hearing impaired) 24-hours a day for the name of an authorized medical care provider in your area prior to seeking treatment. The State of Missouri may not pay for medical treatment if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice at your own expense.

3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers.

4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic. Then notify your employer as soon as possible.

5. Notify the hospital or clinic that your injury is a workers' compensation injury and give the name, address, and telephone number of your employer.

6. The Central Accident Reporting Office (CARO) should preapprove surgeries, medical referrals, testing and the purchase or rental of medical equipment.

7. If not done, ask any witness(es) to the accident to complete the Witness Statement (CARO form).

8. A request for mileage reimbursement may be submitted to CARO for treatment outside of the local or metropolitan area from the place of injury or the place of residence. The Mileage Reimbursement Request (CARO form) is turned into the Human Resources Program.

9. Complete the Authorization to Release Medical Records (CARO form) granting access to medical records. The authorization is turned into the department's Human Resources Program.

10. Continue to update the supervisor about his/her medical condition, and when he/she can return to work if the injury causes missed work days.

Workers' Compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be forfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Avoid unnecessary delays or denials by notifying your employer **immediately** of an injury.

**The supervisor's steps**

Within 24 hours of notice of an injury from an employee, the supervisor notifies the Human Resources Program, either by phone or email. The supervisor also completes the Supervisor Statement (CARO form). The supervisor is also responsible for completing the necessary forms if the injured employee is unable to do so.

The supervisor reports all time lost on the Time Lost Report for Workers' Compensation Injuries (CARO form) from the date of injury until the employee is able to return to full

duty to the Human Resources Program. This report must be completed for an employee to receive a check from CARO.

**Temporary Total Disability**

Temporary Total Disability (TTD) may be paid to an employee who is authorized off work by the treating physician for an extended period of time. TTD is figured on a 7-day workweek and paid at 2/3 your weekly wages up to a maximum set by law. The weekly wage is based on your salary at the time of the accident. The employee becomes eligible for TTD after missing more than three regularly scheduled work days. If the employee is approved for more than fourteen (14) calendar days off, the first three days, referred to as the waiting period, are paid to the employee. After the three-day waiting period TTD may be paid in addition to time used as annual leave, compensatory time, or leave without pay. Sick leave may be used only to supplement the TTD payments up to an employee's full salary.

The department may keep the employee on regular payroll during his/her time off with the employee's written concurrence.

Compensation from CARO is not considered taxable income. This may have an affect on automatic deductions such as social security. CARO payment may also affect your deferred compensation deduction. Consult with the Human Resources Program or CARO about the actual impacts.

**Temporary modified duty**

If the employee's treating physician releases the employee for temporary modified duty, the supervisor should follow the procedures in the Temporary Modified Duty policy and procedures. For any temporary modified duty, a work plan is developed with the guidance of the treating physician. An employee can only work the amount of time designated by the treating physician.

For temporary modified duty developed in response to a workers' compensation injury, the treating physician determines the duration. The treating physician determines when the temporary restrictions may be lifted.

If the employee is released part time for temporary modified duty, the employee receives workers' compensation benefits for the time they are not released to work. The department pays for the part time work.

If temporary modified duty is not possible in the department's viewpoint, the employee is paid, by the department, coded to appointing authority paid leave (LWPAA).

If the employee does not want to participate in temporary modified duty recommended by the treating physician, the employee may use their accrued leave balances.

**Mileage reimbursement**

Employees may be considered for mileage reimbursement when they are required to submit to medical treatment outside the local or metropolitan area where the injury occurred or their place of residence. Mileage requests must include place of departure, destination, date, number of miles traveled, and whether the travel was one way or round trip.

**Leave provisions and time accounting**

An employee may use accrued annual leave, federal compensatory time, state compensatory time, or holiday compensatory time instead of leave without pay – workers' compensation (LNPWC). Use of these leaves is coded: ALWC (annual leave workers' compensation), FCWC (federal compensatory – workers' compensation), SCWC (state compensatory – workers' compensation) or HCWC (holiday compensatory – workers' compensation). The employee may not use sick leave – workers' compensation (SLWC) for the time calculated and recorded to LNPWC.

If the employee chooses to use eight hours of accrued leave per day instead of LNPWC, he/she is paid 1 2/3 times their normal salary. In this circumstance an employee would receive 2/3 of his/her normal pay from Workers' Compensation and a full paycheck from the department. Caution should be used as accrued leave balances could be significantly depleted depending on the severity of the injury, limiting the amount of leave remaining when he/she returns to normal work.

The employee does not earn full leave accrual during any pay period LNPWC is used.

**<u>Assistance for filling out your timesheet when on Workers' Compensation</u>**

*Days 1-3*

Use code SLWC (Sick leave – Workers' Compensation) to record the use of sick leave due to a workers' compensation injury.

*Day 4 on*

1. Take the number of work hour for each day, multiply by 0.667 and round to the nearest quarter hour. This time is coded to LNPWC (Leave without pay – workers' compensation
2. Take the number of work hours for each day and subtract the number of hours coded to LNPWC. These hours are coded to SLWC (sick leave workers' compensation)

Example for a full time employee

*Day 1 – 3*

Record 8 hours SLWC

*Day 4 on*

1. 8 hours x .0.667 = 5 hours 30 minutes. 5 hours 30 minutes coded to LNPWC
2. 8 hours – 5 hours 30 minutes = 2 hours 30 minutes coded to SLWC

The employee is paid for the time coded to SLWC through their normal department paycheck. The Central Accident Reporting Office provides a separate check for the time coded to LNPWC.

For questions regarding these procedures, please contact the Human Resource Program.