

Transitional Work Programs (TWP) Action Kit!

Start streamlining your injury process – choose a better way to return employees to work and reduce workers' comp costs without taking more of your time.

PLUS ~ there is an Ohio BWC grant available to COVER the costs of development!

START your TWP grant:

1. Apply for Transitional Work Grant
 - Complete TWG-1 form at bwc.ohio.gov:
<https://www.bwc.ohio.gov/employer/forms/TransitionalWork/grant/Default.aspx>
 - Or use printable form on page 6 of this action kit
2. Contact Workplace Health Inc. to find a developer in your area – text or call: (216) 329-9920 OR email Shanna Dunbar at shanna@workplacehealthinc.com
3. Provide list of job titles to developer
4. Schedule start date to begin development

Ohio BWC grant for Transitional Work program development will cover:

- Policy and Procedure development
 - WRI and non-occupational
 - Keep workers productive – keeps costs down and production up!
- Functional job analyses
 - Evaluate the *essential* job functions
 - Document the actual *physical demands* of the job
 - Utilize functional job analysis with job description to find new hires to fit functional demands
 - Identify ergonomic issues and find the easy fixes
 - Return workers from FMLA or WC more easily
- Occupational Health Providers
 - Build a preferred provider list
 - Establish or reinforce existing provider relationships
 - Minimize OSHA recordables
 - Create relationship for swift return to work
- ALL customized so it is specific to your company

From Ohio BWC website: Transitional work grants are for companies ranging from 11 to 200+ employees. You may be reimbursed up to 100% of your maximum grant amounts. These grant amounts are:

- 11-49 employees up to \$2,900.
- 50-199 employees up to \$5,200.
- 200+ employees up to \$6,300.

SEE SAMPLES ATTACHED

- Sample policy and procedure table of contents
- Sample functional job analysis
- Sample community resource page
- Sample table of contents of extras

**Transitional Work Program
POLICY & PROCEDURES
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Transitional Work Grants (TWG)



Return on Investment (ROI)




TWG is a customized employer plan that helps your injured worker return to work with restrictions. Our combined goal is to assist the worker in returning to his/her original job.



GRANT AWARDS



are based on your number of employees.

	11-49 EMPLOYEES	\$2,900
	50-199 EMPLOYEES	\$5,200
	200+ EMPLOYEES	\$6,300

NOW Reimbursed 100% of development costs including FUNCTIONAL JOB ANALYSES!

100%

5 YEARS

After 5 years, your costly claims will roll off your claim history that means **REDUCED PREMIUMS** for employers! In addition, you will be able to better manage your claims.



During a 5-year period, **private employers** had a **86% reduction** in medical-only and lost-time claims.

For **private employers**, the average temporary total (TT) days paid per claim **declined 51%** during 5 years from 22.7 days per claim to 11.6 days per claim. TT is a primary claim-cost driver.

51%

50%

At the end of 5 years

50% of the employers that received a grant to create a TW program were in a group-rating plan.

5

For more information contact: Shanna Dunbar

PHONE: 216-329-9920

EMAIL: shanna@workplacehealthinc.com

WEBSITE: <http://workplacehealthinc.com>

WHI

Improving Employee Health

ABC COMPANY
FUNCTIONAL JOB ANALYSIS

JOB TITLE/CODE: MECHANIC – ROAD

BRIEF DESCRIPTION: On the road away from the shop the mechanic inspects, troubleshoots, maintains and repairs vehicle machinery for industrial lift trucks and Bobcats at the customer location. Will arrange for towing if repairs cannot be complete in the field. Must be able to work independently. During repairs, must often work on equipment in location of failure or non-shop areas, often remote from the repair van. Additional reaching and carrying of tools to the site from the repair van may be required.

GENERAL CONDITIONS:

SHIFT	<input type="checkbox"/> PART TIME	<input checked="" type="checkbox"/> 8 HR./SHIFT	<input type="checkbox"/> 40+ HR/WEEK
BREAKS	<input checked="" type="checkbox"/> 10-15 MIN	<input checked="" type="checkbox"/> 30 MIN	
FLOORING	<input checked="" type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> RUBBER MAT	<input type="checkbox"/> CARPET <input type="checkbox"/> GRATE
LIGHTING	<input checked="" type="checkbox"/> ADEQUATE	<input type="checkbox"/> INADEQUATE	
TEMPERATURE	<input type="checkbox"/> COLD (↓65°) SEASONAL	<input checked="" type="checkbox"/> MODERATE	<input type="checkbox"/> HOT (↑80°) SEASONAL
SAFETY EQUIPMENT	<input checked="" type="checkbox"/> SKID RESISTANT SHOES	<input checked="" type="checkbox"/> EAR PROTECTION	<input type="checkbox"/> HAT
	<input type="checkbox"/> GLOVES (PLASTIC & COTTON)	<input checked="" type="checkbox"/> GLASSES/GOGGLES	

JOB TASKS	Maintenance (50% of Job Task)	Repair (10% job tasks)	Troubleshooting (15% of job tasks)	Driving (20% of job tasks)	Clean up (5% of Job Task)
LIFTING TASKS:					
Forces (lbs) Freq/Duration					
Floor-to-Waist (B)	O ≤ 50#	O ≤ 50#			
Waist to Shoulder (B)	F ≤ 25#	O ≤ 25#	O ≤ 10#		
Shoulder-to-Overhead (B)	I ≤ 15#				
Pushing (U) (B)	O ≤ 50#	O ≤ 50#			F ≤ 10#
Pulling (U) (B)	F ≤ 10-15#	O ≤ 15#			F ≤ 10#
2-Handed Carry	O ≤ 20#	O ≤ 45#			O ≤ 20#
One-Hand Carry	O ≤ 10#	O ≤ 15#			O ≤ 10#
POSITIONAL TASKS					
Neck Neutral	I	O	O		
Neck Non-Neutral	F	O	I		
Standing (<3 steps)	O	F	Can sit or stand		O
Sitting	I		Can sit or stand	C	I
Overhead Reaching	I	O			I
Horizontal Reaching	F	F		O	F
Bending (Sit) (Stand)	I (Standing)	O			I (Standing)
Squatting	R	O			R
Kneeling	R	I			R
BACK					
Standing & Twisting	O	O	I		
Sitting & Twisting					
UPPER EXTREMITY					
(R) (L) (B) Grasping	C (R), (L) or (B)	(R) (L) or (B)		F (B)	C (R), (L) or (B)
Forceful Gripping		(R) (L) or (B)			
Forceful Pinching					
Handling	C	O	C		
Fingering	O	O			
ENDURANCE					
Walking (>3 steps)	C	O			C
Stair climbing	R	O			R
Stepladder Ht. 3 ft	I	O			I
Balancing-Slippery, narrow,	I				I
Equipment/Tools	Pneumonic and hand tools	carts, hand/air tools	Visual inspection	Company van with needed supplies	Rags, cleaning solvent

Frequency Definitions

R: Rarely	I: Infrequently	O: Occasionally	F: Frequently	C: Constantly
1% or less of task	2-5 % of task	6-33% of task	34-66% of task	67-100% of task
1 or less reps/hour	1-2 reps/ hour	3-12 reps/hour	13-30 reps/hour	31-60 reps/hour
1 or less reps/day	2-20 reps/day	21-100 reps/day	101-245 reps/day	246-490 reps/day

U-Unilateral B-Bilateral L-Left R-Right

JOB TITLE/CODE: MECHANIC -ROAD

ESSENTIAL JOB FUNCTIONS AND ASSOCIATED TASK ELEMENTS:

JOB TASKS:	JOB TASK ELEMENTS:
<p>MAINTENANCE</p> <ul style="list-style-type: none"> • Works independently in the field at customer locations • Performs maintenance on lift trucks and bobcats • Checks fluid levels • Adds fluids as needed • Replaces tires and brake pads 	<ul style="list-style-type: none"> • Grasps and uses finger trigger on hand grease gun to lubricate • Climbs step ladder and reaches to access motor compartment • Lifts and carries tool box or can use roller cart • Lifts to place tires/brake pads with another forklift if accessible • Bends forward to add oil and other fluids • Grasp wrenches, pushes and pulls • Uses pneumatic tools • Grasp pins, cotter pins.
<p>REPAIR</p> <ul style="list-style-type: none"> • Repairs lift trucks and bobcats 	<ul style="list-style-type: none"> • Grasps and uses finger trigger on hand grease gun to lubricate • Reaches to access motor compartment • Bends forward to add oil and other fluids • Grasp wrenches, pushes and pulls • Uses pneumatic tools • Grasp pins, cotter pins. • Connects hoses using connect fittings. • Some lying on the floor, reaching under vehicles to access under carriage
<p>DRIVES COMPANY VEHICLE</p> <ul style="list-style-type: none"> • To and from customer locations 	<ul style="list-style-type: none"> • Sits to drive motor vehicle • Grasp steering wheel and controls
<p>TROUBLESHOOTING</p>	<ul style="list-style-type: none"> • Visual Inspection
<p>CLEAN-UP</p> <ul style="list-style-type: none"> • picks up debris • wipes vehicle surfaces • sweeps floors/work area 	<ul style="list-style-type: none"> • Stand, bend and stoop to pick up debris. • Wipes vehicle surfaces to clean using horizontal and vertical reaches • May sweep around work area

IF THE EMPLOYEE IS UNABLE TO PERFORM ANY ESSENTIAL FUNCTION OF THE JOB, THE EMPLOYER IS WILLING TO CONSIDER ANY RESTRICTIONS, AND WILL PLACE THE INJURED WORKER INTO A SEDENTARY OR LIGHT JOB ASSIGNMENT TO ACCOMMODATE RESTRICTIONS. THE COMPANY DOES HAVE A TRANSITIONAL WORK PROGRAM AVAILABLE THAT WILL HELP TRANSITION THE INJURED WORKER BACK TO FULL DUTY.

FOR WORK RELATED INJURY TREATMENT

THE COMPANY DOES HAVE AN ON-SITE PHYSICAL OR OCCUPATIONAL THERAPIST AVAILABLE THAT WILL HELP TRANSITION THE INJURED WORKER BACK TO FULL DUTY. PLEASE FILL OUT THE BWC FORM C-9 REQUESTING TRANSITIONAL WORK PROGRAM/ON-SITE THERAPY WITH THE FREQUENCY AND DURATION AND FORWARD TO THE APPROPRIATE MCO.

THANK YOU VERY MUCH.



Instructions

- Complete all fields in this application. BWC cannot process incomplete applications.
An officer, partner, or owner must sign this application.
You may submit the completed form by one of the methods listed below.
Online: https://www.bwc.ohio.gov/
Email: TWSupport@bwc.state.oh.us
Fax: 614-621-5758
Mail: Attention: Transitional Work Grant Program
Ohio Bureau of Workers' Compensation
30 W. Spring St., 20th Floor
Columbus, OH 43215-2256

Employer information table with fields: Name of employer and DBA, BWC policy number, Number of employees, Address, City, State, ZIP code, Transitional Work Grant Program employer contact name, Title, Email address, Phone number, Do you have an existing light duty/transitional work plan?, I request education on how to select a BWC-accredited transitional work developer., Other companies associated with this policy number? * List policy numbers.

Companies with associated policies: BWC will work with your transitional work developer on the development of a corporate plan.

Eligibility requirements

Employers applying for a grant must have:

- Active coverage and current with monies owed to BWC.
No accumulative lapses in coverage in excess of 40 days within the 12 months preceding the application date.
Reported payroll and paid premium for the proceeding policy year.

See BWC's website, www.bwc.ohio.gov, for complete program details.

Your grant reimbursement is determined by BWC based on your company size. An employer is eligible for no more than one transitional work grant per policy number.

Maximum allowed per employer size are as follows.

- 11 to 49 employees up to \$2,900.
50 to 199 employees up to \$5,200.
200 or more employees up to \$6,300.

BWC will assist those employers in development of a plan with fewer than 11 employees.

I hereby certify my company is applying for the Transitional Work Grant Program pursuant to Ohio Administrative Code 4123-17-55. I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Name of designated representative certifying intent to comply and willingness to pay back grant for non-compliance.

Signature table with fields: Owner/Partner; officer name, Title, Signature, Date signed

Transitional Work Program Forms

ORDER OF ATTACHMENTS

- 1. IF YOU ARE INJURED AT WORK**
- 2. SUPERVISOR CHECKLIST**
- 3. TWP PARTICIPATION AGREEMENT FORM**
- 4. LETTER TO INJURED WORKER NOTIFYING TWP**
- 5. LETTER TO HCP NOTIFYING TWP**
- 6. INVESTIGATION FORMS (4)**
- 7. TRANSITIONAL WORK DAILY RECORD**
- 8. TREATING PHYSICIAN RESPONSE FORM**
- 9. TWP EVALUATION FORM**

BWC FORMS

- 1. FROI FIRST REPORT OF INJURY**
- 2. MEDCO-14 PHYSICIAN REPORT OF WORK ABILITY**
- 3. C-9 PHYSICIAN REQUEST FOR MEDICAL SERVICES**
- 4. C-101 AUTHORIZATION TO RELEASE MEDICAL INFORMATION**
- 5. RAW SERVICES – REMAIN AT WORK**
- 6. SALARY CONTINUATION AGREEMENT**

Once your Transitional Work Program is Established --- You can then join the BONUS program to earn up to 10% premium discount – just for using your transitional work program!!

Link to TW Bonus Program:

<https://info.bwc.ohio.gov/wps/portal/gov/bwc/for-employers/workers-compensation-coverage/rates-and-bonuses/transitional-work-bonus-program>

Apply ONLINE by:

PUBLIC Dec 30

PRIVATE May 28

CALL OR TEXT: (216) 329-9920

Contact us today! We have the expertise to help your company!



Workplace Health Inc. (WHI) provides Occupational Health and Wellness programs that improve employee health & productivity. We value doing work that is significant and part of the solution in creating a company culture of total worker health and well-being. Contact us for a free assessment for your company.

WHI
Improving Employee Health

W: www.workplacehealthinc.com E: shanna@workplacehealthinc.com P: (866) 377-8144