



DINUBA UNIFIED SCHOOL DISTRICT

TO: INTERNS & STUDENT CLASSROOM
OBSERVERS

FROM: HUMAN RESOURCES DEPT.

SUBJECT: APPLICATION FOR APPROVAL

Dear Interns & Student Classroom Observers

Please complete the packet and take it to the school site where you wish to intern or observe. Please complete pages 1-4; page 5 is not mandatory. Once all documents have been completed; including signature.

- Valid driver's license/ID
- TB test or a TB Risk Assessment Questionnaire signed by your physician.
- Master of Social Work Interns; including a COC (Certificate of Clearance)
Starting Monday, September 19, 2022, the district will no longer require proof of vaccination or test weekly for those who are unvaccinated.

Note: "Student Teacher" who need a master teacher must contact Sandra Gomez at 595-7206.

Date: _____

Name of Intern/Student Observer: _____

Address: _____

Phone: _____

School Site: _____

Name of Employee you will be interning or observing with: _____

Director or Principal approval: ☐ Yes ☐ No (Approval subject to applicant passing the district clearance)

Date: _____

Principal Signature: _____

Completed by Human Resources Only

DISTRICT OFFICE USE:

APPLICANT PASSED LEGAL CLEARANCE (MEGAN'S LAW): YES ☐ NO ☐

DATE: _____ **BY:** _____



**DINUBA UNIFIED SCHOOL DISTRICT
STUDENT TEACHER/STUDENT INTERN APPLICATION**

POSITION DESIRED _____

APPLICATION REQUIREMENTS

STUDENT TEACHER/INTERN TO PROVIDE:

- TB Skin Test Clearance
- CTC Certificate of Clearance
- CA Driver's License

DISTRICT OFFICE TO PROVIDE:

- Volunteer Approval Form/Authorization to Release Information Form & Megan's Law Clearance
- Workman's Comp Designation Form

PERSONAL INFORMATION

Name _____ Social Security #xxx-xx _____

Address _____

City _____ State _____ Zip _____

Home Phone # () _____ Work Phone # () _____

Fax # () _____ E-mail _____ Cell # () _____

CREDENTIAL INFORMATION

Do you hold a valid California Teaching Credential? ☐ Yes ☐ No List all types of valid K-12 credentials you currently hold.

1. Type/Authorization _____ Expiration Date _____ State _____

2. Type/Authorization _____ Expiration Date _____ State _____

3. Type/Authorization _____ Expiration Date _____ State _____

Additional Certificates Held: ☐ BBC ☐ BCLAD ☐ CLAD ☐ LDS Other _____

List languages, other than English, that you are familiar with.

1. _____ 2. _____

☐ Read ☐ Speak ☐ Write ☐ Fluent ☐ Some ☐ Read ☐ Speak ☐ Write ☐ Fluent ☐ Some

If you do not currently hold a valid teaching credential, through which college or university have you applied? _____
Date applied _____

Date CBEST passed _____ Anticipated test date _____

Have you passed the CSET? ☐ Yes ☐ No Have you taken and passed the PRAXIS / SSAT ? ☐ Yes ☐ No

Have you ever had a credential suspended, revoked, or received any other type of disciplinary action from any teaching or licensing agency from any state or country? ☐ Yes ☐ No

If YES, Please indicate action ☐ Revocation ☐ Suspension ☐ Other _____

Explain when, where, why action was taken and current status (**Explanation Required** – attach additional sheets as necessary)

APPLICATION GUIDELINES

Thank you for your interest in employment with the Dinuba Unified School District. Please keep in mind the following important suggestions as you prepare your applications:

1. The employment application represents you; it is to your advantage to fill out the application form carefully, neatly, and completely. Do not leave blank spaces with "SEE RESUME" written across them. Write on the application form the information requested and then attach a resume or other supplemental material.
2. In order to avoid misfiling or loss, make sure that letters of recommendation, resumes, and other supplemental material sent under separate cover include your name, position for which you are applying and the school site indicated on the position announcement.
3. It is your responsibility to submit a complete application. Human Resources CANNOT DUPLICATE materials in order to complete your application.
4. Application materials submitted cannot be returned and become the property of Dinuba Unified School District. Copies are accepted unless noted otherwise.
5. A selection committee will review and evaluate applications to select a limited number of candidates to interview. Meeting the minimum qualifications for a position does not assure the candidate an interview. Consideration will be given to factors other than education and experience, including, but not limited to, personal development, ability to work with others, and initiative.
6. Applicants selected for an interview will be contacted by telephone.
7. Faxed applications will be accepted if received before the deadline however; the original must follow by mail.
8. A complete application packet must be submitted for any and each position sought.

REQUIRED APPLICANT STATEMENT

1. Have you ever been convicted of a felony or a misdemeanor? ☐ Yes ☐ No
List all convictions, even if such conviction was later expunged from your record pursuant to Penal Code sections 667.6(c) and 1192(c). A conviction includes a plea of guilty, nolo contendere (no contest) and/or guilty by a judge or jury. If YES, a letter of explanation must accompany your application.
2. Are any criminal charges or proceedings pending against you? ☐ Yes ☐ No
If yes, a letter of explanation must accompany your application.
3. Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No
4. May we contact your current employer? ☐ Yes ☐ No
5. I have read the job description and can perform the essential functions of the position with or without reasonable accommodation. ☐ Yes ☐ No

I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements made herein. I understand that applicants may be disqualified or dismissed for any false statements. I release from all liability persons and organizations providing information required by the process. I hereby authorize all previous employers, whether or not listed on this application form, to release information regarding all aspects of my employment with such representatives of the Dinuba Unified School District and to freely and openly discuss my employment with such representatives. It is understood that if offered employment, I will be required to submit fingerprints and a TB examination at my own expense, as well as a loyalty oath. I understand that a pre-employment physical examination may be required prior to being employed. The Dinuba Unified School District reserves the right to disregard any application which is not fully completed and signed by the applicant.

Signature of Applicant _____ Date _____

PLEASE MAIL OR DELIVER YOUR COMPLETED APPLICATION TO:

Dinuba Unified School District, Human Resources

1327 E El Monte Way

Dinuba CA 93618

(559)595-7200 Fax (559)591-3334

E-mail Address: rosa@dinuba.k12.ca.us

**SISC I WORKERS' COMPENSATION
MEDICAL PROVIDER NETWORK
EMPLOYEE HANDBOOK ACKNOWLEDGMENT**

I have received the following:

1. Medical Provider Network (MPN) Employee Handbook
2. Predesignation of Personal Physician (DWC Form 9783) (New Employees Only)

Employee Name (Please Print)

Employee Signature

School District

Date _____

If you have any questions regarding any of these documents or are in need of additional information, please call the Human Resources Department.

PLEASE RETURN THIS FORM TO HUMAN RESOURCES. RETAIN THE DOCUMENTS LISTED ABOVE FOR YOUR RECORDS.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group) _____ (street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

TO ALL EMPLOYEES:

If you are injured on the job and do not have a pre-designated physician on file, the following SISC I Medical Provider Network (MPN) medical facilities are authorized to provide treatment to you. You are required to use these providers for work-related injuries or illness.

You have the right to be treated by a MPN physician of your choice after the first visit. You can get a list of MPN providers by calling the MPN contact at (877) 222-4946 or by going to our website at www.cfmnet.org/sisc.

TULARE COUNTY

**SERIOUS/LIFE THREATENING MEDICAL
EMERGENCIES ONLY**

Sierra View District Hospital
465 West Putnam
Porterville, CA 93257
(559) 784-1110

Kaweah Delta Med Center
400 W. Mineral King Avenue
Visalia, CA 93291
(559) 624-2000

For an emergency or urgent care situation, call 911 or go directly to the nearest emergency room.

Effective: 07-01-2012

Foundation for Medical Care
SISC MPN - Adjustors Report
September, 2015

www.cfmnet.org/SISC

County	Specialty	Organization Name	Last Name	First Name	Office	Address	City	Zip	Phone Number	Effective Date
Tulare	Occupational Medicine		Tenn	David	Palm Occupational Medicine & Walk-In Clinic	235 East Noble Ave	Visalia	93277	5596251710	12/1/2014
Tulare	Orthopaedic Surgery		Feng	Frank	Orthopaedic Associates Medical Clinic Inc.	1337 South Lovers Ln	Visalia	93292	5597337888	5/1/2007
Tulare	Orthopaedic Surgery		Le	Bruce	Orthopaedic Associates Medical Clinic, Inc.	820 South Ackers Ste 220	Visalia	93277	5596250551	5/1/2007
Tulare	Orthopaedic Surgery		Redd	Burton	Orthopaedic Associates Medical Clinic Inc.	820 South Ackers Ste 220	Visalia	93277	5596250551	5/1/2007
Tulare	Orthopaedic Surgery		Schengel	Donald	Orthopaedic Associates Medical Clinic, Inc.	820 South Ackers Ste 220	Visalia	93277	5596250551	5/1/2007
Tulare	Orthopaedic Surgery	Orthopaedic Associates Medical Clinic			Orthopaedic Associates Medical Clinic	820 South Ackers Ste 220	Visalia	93277	5596250551	2/1/2007
Tulare	Physical Medicine and Rehabilitation		Deshmukh	Sanjay	Southern California Medical Specialists	225 South Chinowith	Visalia	93291	7145439555	12/1/2009
Ventura	Acupuncture	US Healthworks Medical Group Inc				1851 North Lombard Ste 100	Oxnard	93030	8059832234	10/24/2006
Ventura	Diagnostic Radiology		Berrett	Steven	Pueblo Radiology Medical Group	4517 Market St	Ventura	93003	8056548170	10/1/2006
Ventura	Diagnostic Radiology		Blum	Gary	Pueblo Radiology Medical Group Inc	4517 Market St	Ventura	93003	8056548170	10/1/2006
Ventura	Diagnostic Radiology		Bohannon	John	Pueblo Radiology Medical Group	4517 Market St	Ventura	93003	8056548170	10/1/2007

Foundation for Medical Care
SISC MPN - Adjustors Report
September, 2015

www.cfmnet.org/SISC

County	Specialty	Organization Name	Last Name	First Name	Office	Address	City	Zip	Phone Number	Effective Date
Fresno	Chiropractic		Armas	Matthew	Matthew Armas, D.C.	6759 North First St	Fresno	93710	5594353331	3/1/2011
Fresno	Chiropractic		Bowen	Jason	Bowen Chiropractic	5777 North Fresno St Ste 101	Fresno	93710	5594384055	7/1/2011
Fresno	Chiropractic		Dawson	John	John Dawson, D.C.	6700 North First St Ste 134	Fresno	93710	5594325560	3/1/2011
Fresno	Chiropractic		Mamigonian	Steven	Steven Mamigonian, D.C.	488 West Shaw	Fresno	93704	5592270995	3/1/2011
Fresno	Chiropractic		Molthen	Mark	Functional Industrial Rehabilitation Medical Associates	6042 N Fresno St Ste 101	Fresno	93710	5592246754	5/1/2007
Fresno	Chiropractic		Pruett	Bradley	Pruett Chiropractic	4844 North First St Ste 102	Fresno	93726	5592251796	7/1/2011
Fresno	Chiropractic		Ryan	Patrick	Functional Industrial Rehabilitation Medical Associates Inc	6042 N Fresno St Ste 101	Fresno	93710	5592246754	5/1/2007
Fresno	Chiropractic		Sullivan	C	Sullivan Chiropractic Center	4678 North First St	Fresno	93726	5594388900	7/1/2011
Fresno	Hand Surgery		Avena	Ricardo	Regional Hand Center of Central Coast	2139 East Beachwood Ave	Fresno	93720	5593226600	9/1/2015
Fresno	Hand Surgery		Galli	Randi	Regional Hand Center of Central Coast	2139 East Beachwood Ave	Fresno	93720	5593226600	9/1/2015
Fresno	Industrial or Occupational Medicine Clinic	Concentra Medical Centers			Occupational Health Ctrs of California, A Medical Corp dba Concentra	2555 S East Ave	Fresno	93706	5594992400	8/1/2006
Fresno	Industrial or Occupational Medicine Clinic	Concentra Medical Centers			Occupational Health Ctrs of California, A Medical Corp dba Concentra	2555 S East Ave	Fresno	93706	5594992400	8/1/2006

Foundation for Medical Care
SISC MPN - Adjustors Report
September, 2015

www.cfmcnet.org/sisc

County	Specialty	Organization Name	Last Name	First Name	Office	Address	City	Zip	Phone Number	Effective Date
Fresno	Industrial or Occupational Medicine Clinic	Concentra Medical Centers			Occupational Health Ctrs of California, A Medical Corp dba Concentra	7265 N 1st St Ste 105	Fresno	93720	5594318181	8/1/2006
Fresno	Industrial or Occupational Medicine Clinic	Concentra Medical Centers			Occupational Health Ctrs of California, A Medical Corp dba Concentra	7265 N 1st St Ste 105	Fresno	93720	5594318181	8/1/2006
Fresno	Occupational Medicine		Tran	Tuan	Tuan Tran, MD	3042 Tulare St	Fresno	93721	5592338880	7/1/2010
Fresno	Orthopaedic Sports Medicine (Ortho Surgery)		Castonguay	Ronald	Ronald Castonguay, M.D. Inc.	7255 North Cedar Ste 103	Fresno	93720	5594315353	10/1/2007
Fresno	Orthopaedic Sports Medicine (Ortho Surgery)		Janda	John	John Janda, M.D.	6045 North First St Ste 103	Fresno	93710	5594498100	11/1/2007
Fresno	Orthopaedic Surgery		Goldstein	Ron	The Institute for Hand & Microsurgery	7108 N Fresno St Ste 440	Fresno	93720	5594510972	3/1/2007
Fresno	Orthopaedic Surgery		Oberto	Michael	Michael R. Oberto, M.D., Inc.	7235 N First St Ste 103	Fresno	93720	5594322600	4/1/2014
Fresno	Orthopaedic Surgery		Shantharam	Sanagaram	Center for Bone and Joint Surgery	7065 North Maple Ave Ste 102	Fresno	93720	5593220887	7/1/2011
Fresno	Physical Medicine and Rehabilitation	Function & Action Physical Therapy			Function & Action Physical Therapy	255 West Bullard Ave Ste 114	Clovis	93612	5592990344	9/1/2006
Fresno	Physical Medicine and Rehabilitation	Terrio Therapy and Fitness			Terrio Physical Therapy-Fitness, Inc.	2960 East Ess Ave Ste 108	Fresno	93720	5593224103	12/1/2013
Fresno	Physical Therapy		Bolich	James	Phys Med, Inc.	7339 N First St Ste 105	Fresno	93720	5594384300	2/1/2007
Fresno	Physical Therapy		Cherry	Lori	Function & Action Physical Therapy, Inc	255 W Bullard Ave Ste 114	Clovis	93612	5592990344	2/1/2007

Foundation for Medical Care
SISC MPN - Adjustors Report
September, 2015

www.cfmnet.org/SISC

County	Specialty	Organization Name	Last Name	First Name	Office	Address	City	Zip	Phone Number	Effective Date
Fresno	Physical Therapy		Cherry	William	Function & Action Physical Therapy, Inc	255 W Bullard Ave Ste 114	Clovis	93612	5592990344	2/1/2007
Fresno	Physical Therapy		Hoshiko	Eric	Function & Action Physical Therapy Inc	255 W Bullard Ave Ste 114	Clovis	93612	5592990344	9/1/2006
Fresno	Physical Therapy		Suglian	Dawnlynn	Function and Action Physical Therapy	255 W Bullard Ave Ste 114	Clovis	93612	5592990344	2/1/2007
Fresno	Physical Therapy	Functional Intergraded Therapy			Functional Intergraded Therapy	6042 N Fresno St Ste 203	Fresno	93710	5594351897	5/1/2007
Fresno	Plastic Surgery		Han	Hongshik	Hongshik Han, M.D.	7005 North Maple Ave Ste 108	Fresno	93720	5593253832	12/1/2006
Fresno	Podiatry		Schutz	Claude	Family Foot Care Center	1332 W Herndon Ave Ste 100	Fresno	93711	5592273338	2/1/2007
Fresno	Psychology		Hirokawa	Greg		2377 W Shaw Ave Ste 112	Fresno	93711	8886154321	6/1/2013
Fresno	Surgery		Avena	Ricardo	Regional Hand Center of Central Coast	2139 East Beachwood Ave	Fresno	93720	5593226600	9/1/2015
Fresno	Surgery		Galli	Randi	Regional Hand Center of Central Coast	2139 East Beachwood Ave	Fresno	93720	5593226600	9/1/2015
Fresno	Surgery		Juarez	Carlos	Surgical Associates of Fresno Medical Clinic, Inc.	1381 E Herndon Ave Ste 104	Fresno	93720	5594323434	12/1/2006
Fresno	Surgery	Surgical Associates of Fresno			Surgical Associates of Fresno	1381 E Herndon Ave Ste 104	Fresno	93720	5594323434	9/1/2007
Glenn	Podiatry		Hawkley	Redge		1133 W Sycamore St	Willows	95988	5308723038	8/25/2006
Imperial	Cardiovascular Disease		Rocamora	Jose		1415 Ross Ave	El Centro	92243	7603397100	9/18/2011
Imperial	Cardiovascular Disease		Rocamora	Jose		1503 N Imperial Ave Ste 201	El Centro	92243	7603535933	9/18/2011
Imperial	Cardiovascular Disease		Rocamora	Jose		529 Pine Ave	Holtville	92250	7603565568	9/18/2011

Foundation for Medical Care
SISC MPN - Adjustors Report
September, 2015

www.cfmnet.org/sisc

County	Specialty	Organization Name	Last Name	First Name	Office	Address	City	Zip	Phone Number	Effective Date
Stanislaus	Acupuncture	US Healthworks Medical Group Inc				1340 Mitchell Rd	Modesto	95351	2095819711	10/24/2006
Stanislaus	Acupuncture	US Healthworks Medical Group Inc				1524 Mchenry Ave Ste 135	Modesto	95350	2095755801	10/24/2006
Stanislaus	Medical Group	US Healthworks Medical Group Inc				1340 Mitchell Rd	Modesto	95351	2095819711	10/24/2006
Stanislaus	Medical Group	US Healthworks Medical Group Inc				1524 Mchenry Ave Ste 135	Modesto	95350	2095755801	10/24/2006
Stanislaus	Occupational Medicine	US Healthworks Medical Group Inc				1340 Mitchell Rd	Modesto	95351	2095819711	10/24/2006
Stanislaus	Occupational Medicine	US Healthworks Medical Group Inc				1524 Mchenry Ave Ste 135	Modesto	95350	2095755801	10/24/2006
Stanislaus	Urgent Care Center	US Healthworks Medical Group Inc				1340 Mitchell Rd	Modesto	95351	2095819711	10/24/2006
Stanislaus	Urgent Care Center	US Healthworks Medical Group Inc				1524 Mchenry Ave Ste 135	Modesto	95350	2095755801	10/24/2006
Tulare	Anesthesiology		Liu	Shuguang	Valley Anesthesia Associates	465 W Putnam Ave	Porterville	93257	6616331500	1/1/2009
Tulare	Anesthesiology		Tuesta	Enrique	Valley Anesthesia Associates	465 W Putnam Ave	Porterville	93257	6616331500	11/1/2008
Tulare	Anesthesiology		Wu	David	Valley Anesthesia Associates	465 W Putnam Ave	Porterville	93257	6616331500	11/1/2008
Tulare	Occupational Medicine		Durazo	Antonio	Morinda Medical Group	841 W Morton Ave	Porterville	93257	5597818080	10/1/2013
Tulare	Occupational Medicine		Tenn	David	Palm Occupational Medicine & Walk-In Clinic	1068 North Cherry St	Tulare	93274	5596847256	12/1/2014



SELF-INSURED SCHOOLS OF CALIFORNIA MEDICAL PROVIDER NETWORK

EMPLOYEE HANDBOOK

Effective: October 1, 2007

To All Employees:

Your employer is committed to your well-being and safety at the workplace. Keeping injuries from happening is our first concern. However, if you do have a work injury, it is our goal to help you recover and return to useful employment as soon as it is medically possible.

Your employer has chosen the Self-Insured Schools of California (SISC)/California Foundation for Medical Care, Medical Provider Network (MPN) as the network of medical providers in the case of a work injury. The MPN is a Workers' Compensation Provider Network built around Occupational Care Providers.

Unless you predesignate a physician or medical group, your new work injuries arising on or after October 1, 2007 will be treated by providers in our SISC Medical Provider Network. If you have an existing injury, you may be required to change to a provider in the new SISC MPN. Check with your claims adjuster. You may obtain more information about the MPN from the Workers' Compensation Poster or from your employer.

The MPN will be delivered through SISC's network of medical providers and facilities. Your employer is self-insured and SISC (a Joint Powers Authority) functions as its Third Party Administrator. The California Foundation for Medical Care provides a comprehensive medical network to serve the needs of SISC and their medical providers.

The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with your employer.

Existing work injuries may be transferred into the new MPN, employees should check with their claims adjuster for more information.

Under the MPN Program, you will be provided:

- A primary care physician
- Other occupational health services and specialists
- Emergency health care services and
- Medical care if you are working or traveling outside of the Geographic services area

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care and to assist you to return to health and a productive life.

Employees will be notified of the MPN Implementation by mail or included on or with an employee's pay stub, paycheck or distributed through electronic means, including e-mail, if the employee has regular electronic access to e-mail at work to receive this notice. If the employee cannot receive this notice electronically at work, then the employer shall ensure this information is provided to the employee in writing.

This MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness, additional information regarding the MPN may also be obtained from the Workers' Compensation poster, asking your employer, www.cfmnet.org/SISC, or by calling the toll free number of 1-877-222-4946. Please refer to page 10 for MPN Contact Information.

MPN EMPLOYEE HANDBOOK

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by the California Foundation for Medical Care. Your employer's workers' compensation administrator is Self-Insured Schools of California (SISC). This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

Injured workers deserve timely, quality medical care. The Medical Provider Network (MPN) is a network of doctors and hospitals who understand how to diagnose and treat work-related injuries. These providers are committed to improving your physical well-being and returning you to useful employment.

The MPN is not just for medical treatment. It will also help you to return to work after an injury or illness. The MPN's main purpose is to help employees who are injured or become ill on the job to return to work safely and as soon as possible. You may be assigned a telephonic nurse case manager to work with you, your employer, your insurance carrier and your doctor to help you recover from your injury or illness and help you return to work.

Your MPN should be used only for injuries and illnesses covered under your employer's workers' compensation plan. If you are injured at work, you must use the doctors, clinics, hospitals and other medical providers who are part of the MPN.

Please refer to the information below for specific instructions on how to access the MPN.

HOW TO ACCESS THE MPN

Your employer has designated a Site Coordinator to help you use the MPN if you are injured or ill on the job. This person should be your first contact if you have questions about the MPN or your workers' compensation coverage. You may also refer to the MPN Poster and State posting notice for additional information.

Access Standards

For answers to the below please see See Attachment C

How to access treatment if (a) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical area; (b) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (c) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery pursuant to 9767.12.a.5

How to obtain a referral to a specialist outside the MPN pursuant to 9767.12.a.9

Description of Services

Your employer is responsible for providing medical care including:

- A Primary Care Physician within 30 minutes or 15 miles of your residence or work place
- Other occupational health services and specialists within 60 minutes or 30 miles of your residence or work place
- Access to medical care in rural areas
- Emergency health care services, and
- Medical care if you are working or traveling outside of the geographic services area

IMPORTANT: REPORT YOUR INJURY IMMEDIATELY

In the event of an emergency (defined below on this page), or if urgent care is needed, please call 911 or seek medical attention from the nearest hospital or Urgent Care Center. ***Once you have received care, let your Site Coordinator know as soon as possible.***

If your job-related injury or illness is not an emergency, please let your immediate supervisor and/or the Site Coordinator know before seeing a doctor.

If you are treated away from your home or work place, upon your return to your geographic location, you must let your Site Coordinator know. Your Site Coordinator will provide you with a listing of the MPN doctors if you require additional medical care.

Definition of "Emergency Health Care Services"

"Emergency Health Care Services" or "Urgent Care" is defined as health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy.

The MPN is **ONLY** for work-related injuries or illnesses. You should not seek medical treatment from the MPN without telling your Site Coordinator. Remember, if you need emergency treatment call 911 or go to the nearest hospital. Never delay seeking medical treatment if you are seriously injured or ill.

VERY IMPORTANT:

IF YOU HAVE PRE-DESIGNATED YOUR PERSONAL PHYSICIAN PRIOR TO AN INJURY

If you have pre-designated your personal physician prior to an injury, you may seek care from this physician. **IMPORTANT:** You may only pre-designate your personal physician prior to the injury if: 1) Your employer offers a non-occupational group health plan or insurance; 2) You have received care with the physician prior to the injury; 3) The physician retains your medical records; 4) the physician agrees to be your primary treating physician; and 5) The physician must be either a physician who has limited her or her practice of medicine to general practice, or who is a board-certified internist, pediatrician, obstetrician-gynecologist, or family practitioner. **If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider. This pre-designation must be in writing and on file with the employer.** You will be given an "Employee Physician Pre-Designation Form" at the time of the effective date of the MPN (or upon hire, if you are hired after the MPN effective date). Should you decide to pre-designate at a later time and require another form, request it from your employer.

Selecting a Medical Provider

Your employer must arrange for an initial medical evaluation and begin treatment, if appropriate. However, you have a right to be treated by a MPN physician of your choice after the

first visit. As a patient in the MPN, you have the right to see a doctor close to your home or work place. If you have to travel more than 15 miles or 30 minutes to see your treating doctor or 30 miles or 60 minutes to see a specialist, you should advise your SISC claims adjuster. If you live in a rural area, the travel distance and/or travel time may be greater than the timeframes listed previously. The instructions that follow will help you choose a doctor.

For an emergency, or urgent care situation, call 911 or go directly to the nearest emergency room.

For non-urgent care, do the following:

After reporting your injury to your Site Coordinator, your Site Coordinator will provide you with a DWC-1 Claim Form, a copy of the MPN handbook as required by law, and will give you the name of a doctor for an initial medical evaluation and you may begin treatment, if necessary. You may continue using this designated doctor after the initial evaluation or you may choose another MPN doctor. You can get the list of MPN providers by calling the MPN contact or by going to our website at www.cfmcnnet.org/SISC.

You also have the right to a complete listing of all of the MPN providers upon request.

What To Do If You Have Trouble Getting an Appointment

If you have trouble getting an appointment for non-emergency services with a MPN doctor within 3 business days or an MPN specialist doctor within 20 business days of your employer's receipt of a request, you should seek assistance from your SISC claims adjuster at 800-972-1727, or contact your attorney if you are represented. Your SISC claims adjuster will work with the MPN to assist you in getting an appointment in a timely manner. If you require further assistance, you may contact the MPN call center at (877) 222-4946 for any network questions.

CHANGING PROVIDERS & SECOND /THIRD OPINIONS

Changing Your Provider

Your employer has selected an initial medical provider to treat you for your work injury. However, you have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness, but even so, **medical treatment must still be provided inside the MPN**. To get a listing of MPN doctors in your area, you may consult with your MPN Site Coordinator, consult the MPN website at www.cfmcnnet.org/SISC, or contact the MPN call center at (877) 222-4946. If you decide to change doctors, it is your responsibility to advise the SISC claims adjuster immediately.

How To Obtain A Referral To A Specialist

If your treating physician cannot provide you the care needed for recovery, he or she will refer you to an MPN specialist that is appropriate to address your particular injury or illness. If you need assistance locating an MPN specialist near your workplace or home, you may consult with your MPN Site Coordinator, consult the MPN website at www.cfmcnnet.org/SISC, or contact the MPN call center at (877) 222-4946.

How To Use the Second and Third Opinion Process

If you dispute either the diagnosis or the treatment that is recommended by the treating physician, you may obtain a second and third opinion from physicians within the MPN. During this process, you must continue your treatment with your treating physician or another physician of your choice within the MPN.

For obtaining a second opinion, it is your responsibility to:

1. Inform the SISC Claims Examiner either orally or in writing that you dispute the treating physician's opinion and you are requesting a second opinion.
2. Select a physician or specialist from a regional area listing of available MPN providers.
3. Make an appointment with the second physician within 60 days.
4. Inform the SISC Claims Examiner of the appointment date.

For obtaining a second opinion, it is SISC's responsibility to:

1. Provide a regional area listing of MPN providers and/or specialists for you to select a second opinion physician based on the specialty or recognized expertise in treating your injury or condition in question.
2. Contact your treating physician.
3. Provide a copy of the medical records or send the necessary medical records to the opinion physician prior to the appointment.
4. Provide a copy of the records to you upon request.
5. Notify the second opinion physician in writing that he or she has been selected to provide a second opinion and the nature of the dispute.

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, then you will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If, after your second opinion physician reviews your medical records, he or she determines that your injury is outside the scope of his or her practice, the second opinion physician will notify you and SISC so that SISC can provide a new list of MPN providers.

If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third physician within the MPN, **following the same procedure as above for requesting a second opinion physician.**

The second and third opinion physicians must provide his/her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to you and your employer within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

A copy of the second and/or third opinion report will be sent to the employee's treating physician pursuant to 9767.7f.

HOW TO OBTAIN AN INDEPENDENT MEDICAL REVIEW

You must obtain a second and third opinion before you can request an Independent Medical Review (IMR). If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

You may obtain an IMR by submitting an application to the Administrative Director. Upon notice of your selection of a third opinion physician, the SISC Claims Examiner will provide you with the IMR application and instructions form by which you would request an IMR in the event you dispute the findings of the third opinion physician. The

Administrative Director will assign the Independent Medical Reviewer, who may, at your request, conduct a medical examination during the review.

SISC will provide the Independent Medical Reviewer with a copy of all relevant medical records, and will send you a copy of the documents sent to the IMR. You may also furnish any relevant medical records or additional materials to the IMR, with a copy to SISC. The Independent Medical Reviewer must issue a report to the Administrative Director, in writing, that includes his/her analysis and determination whether the disputed health care service met the State's treatment guidelines. The report must be issued within 20 days of the examination, or within less time upon request of the Administrative Director. However, if the Reviewer certifies the disputed health care service is a serious threat to your health, the report must be provided within three days of the examination.

If the Independent Medical Reviewer does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you have the right to receive this treatment from any doctor you choose, inside or outside the MPN and SISC will pay for approved treatment. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment or the diagnostic service recommended by the IMR.

MEDICAL BILLS

All medical bills resulting from your work-related injury or illness should be sent directly to SISC who will review the charges to make sure they are correct. SISC will pay the provider(s).

Your lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act will be paid by SISC. You can direct any questions regarding your benefits to your employer.

DISPUTES

What If My Employer Disputes My Injury

You may be entitled to receive treatment even if your employer initially disputes your injury. The injury is presumed to be work-related if the claim is not denied within 90 days of the date the claim form is filed. Until the date that liability for the claim is accepted or rejected, the employer's liability for the claim is limited to \$10,000. Please note this does not guarantee that you will receive medical care up to this \$10,000 limit. Treatment can continue until the employer makes a decision to deny your claim. **This treatment must be provided from an MPN doctor unless it is an emergency situation, or if you pre-designated a treating physician.**

CONTINUITY OF CARE

What Happens If Your Provider Is Terminated From the MPN

Attachment A is a copy of your employer's **Continuity of Care Policy**. This Policy provides for the completion of treatment by a doctor who has been terminated from the MPN for certain medical conditions.

TRANSFER OF ONGOING CARE

What Happens if You Already Have a Workers' Compensation Claim Prior to the Effective Date of the MPN

Until you are transferred into the MPN, your physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

If you are being treated for an injury or illness prior to the coverage of the MPN, your employer will provide for the completion of your treatment with your doctor under certain circumstances. **Attachment B** is your employer's **Transfer of Ongoing Care Policy**.

MPN CONTACT INFORMATION

The following is the contact information for the SISC MPN:

MPN Call Center: 1-877-222-4946

The contact for your MPN is:

Name: Provider Relations Department/SISC MPN Representative

Address: 5701 Truxtun Avenue, Suite 100, Bakersfield, CA 93309

Telephone Number: 1-877-222-4946

Email: FoundationMPN@kernfmc.com

Website address: www.cfmnet.org/SISC

Attachment A

Continuity of Care Policy

Completion of Treatment by a Terminated Provider

SISC will comply with the provisions set forth in California Labor Code Sections 4616.2(d) and (e) when the covered employee requests completion of treatment by a terminated provider. SISC will provide to all employees entering the workers' compensation system notice of its written Continuity of Care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to the employee pursuant to 9767.12.a.12. SISC will comply with the requirements of LC §4616.2(d) and (e) as follows:

- SISC/CFMC will provide either verbal or written notice to the injured employee of the termination from the MPN of his or her treating provider.
- SISC will arrange for transfer of care to another MPN provider or will provide for the completion of treatment with the terminated provider according to LC §4616.2(d).
- If the injured employee requests completion of treatment with the terminated provider, the SISC claim adjuster will review the claim for compliance to LC §4616.2(d).
- If the injured employee meets the criteria as defined by LC §4616.2(d), SISC will provide:
 - Completion of care for up to 90 days of treatment for an "acute condition" as defined in LC §4616.2(d)(3)(A) as "a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a limited duration". Completion of treatment shall be provided for the duration of the acute condition.
 - Completion of care for the period of time necessary to complete a course of treatment for a "serious chronic condition" up to one year from the date of determination that the injured employee has a "serious chronic condition" defined in LC 4616.2(d)(3)(B) as "a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration". Completion of care shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined in consultation with the employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
 - Completion of care for the duration of a "terminal illness" as defined in LC §4616.2(d)(3)(C) as "an incurable or irreversible condition that has a high probability of causing death within one year or less.
 - Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in LC §4616.2(d)(3)(D).

- SISC/CFMC will notify terminated providers whose services are continued beyond the contract termination date pursuant to LC §4616.2(d)(4)(A) that they must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. The SISC claim adjuster may direct the injured employee to an MPN provider if the terminated provider does not agree to comply with the prior contractual terms and conditions.
- Unless otherwise agreed by the terminated provider and SISC/CFMC, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by SISC/CFMC for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The SISC claims adjuster may direct the injured employee to an MPN provider if the terminated provider does not accept the payment rates provided for in this paragraph.
- If the terminated provider was terminated for cause, fraud, or other criminal activity, the injured employee shall be transferred to an MPN provider.
- Nothing stated above prohibits SISC from agreeing to provide continuity of care with a terminated provider should SISC determine that it is in the best interest of the injured employee to continue treatment with the terminated provider.

A copy of SISC's determination of the employee's medical condition will be sent to the employee's primary treating physician pursuant to 9767.10.d.1.

- **Dispute Resolutions:**

- After SISC makes a determination of the employee's medical condition, SISC will notify the employee (with a letter written in English and in Spanish sent to the employee's residence, using layperson's terms to the maximum extent possible), advising whether or not he or she will be required to select a new provider from within the MPN.
- If the terminated provider wishes to continue to treat and if the injured employee disputes the medical determination, he or she will be required to request a report from the treating physician that addresses whether his or her medical determination falls into any of the four conditions referenced above (as set forth in Labor Code 4616.2(d)(3)). The treating physician will be required to provide this report within 20 calendar days from the request. If the treating physician fails to issue the report, then SISC's determination shall apply.
- If SISC disputes the medical determination by the treating physician, the dispute will be resolved using the QME process pursuant to Labor Code section 4062.
- If the treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee will be required to select a new provider from within the MPN during the dispute resolution process.

- If the treating physician does not agree with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

Attachment B

Transfer of Care Policy

SISC will comply with the provisions set forth in California Code of Regulations, Title 8, §9767.9 regarding Transfer of Ongoing Care into the MPN.

Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9b.

If a provider delivering ongoing care for a covered injured employee is already participating in the newly implemented MPN, SISC will notify the injured employee if his or her treatment is being provided under the MPN provisions.

If a provider delivering ongoing care for a covered injured employee prior to the inception of the MPN is **not** a provider under the SISC/CFMC MPN, SISC as the claims administrator will provide:

- Completion of care for up to 90 days of treatment for an "acute condition" as defined in 8 CCR §9767.9(e)(1) as "a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a duration of less than 90 days". Completion of treatment shall be provided for the duration of the acute condition.
- Completion of care for the period of time necessary to complete a course of treatment for a "serious chronic condition" up to one year from the date of determination that the injured employee has a "serious chronic condition" as defined in 8 CCR §9767.9(e)(2) as "a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration". Completion of care shall be provided for a period of time necessary, up to one year: (A) to complete a course of treatment approved by SISC; and (B) to arrange for transfer to another provider within the MPN, as determined by SISC. The one year period of completion of treatment starts from the date of the injured employee's receipt of the notification of the determination that the employee has a serious chronic condition.
- Completion of care for the duration of a "terminal illness" as defined in 8 CCR 9767.9(e)(3) as "an incurable or irreversible condition that has a high probability of causing death within one year or less".
- Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in 8 CCR 9767.9(e)(4).
- Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9b.

SISC will conduct an assessment of the injured employee's medical condition prior to any determination that the ongoing care does not meet any of the above criteria and therefore could be eligible for a transfer into the MPN. This assessment may involve the guidance of a TMC nurse case manager.

SISC will send notification of the determination of the transfer of care to the injured employee's residence and to the injured employee's primary treating physician. The notification will be provided in English and Spanish and will use layperson's terms to the maximum extent possible.

If the injured employee disputes the medical determination that transfer of care into the MPN is appropriate, he or she must request a report from the primary treating physician addressing whether the ongoing care falls within any of the conditions identified above. The treating physician must provide the report to the employee within 20 calendar days of the request. If the treating physician fails to issue the report, then SISC's determination regarding completion of treatment shall apply.

If the primary treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall proceed during the dispute resolution process.

If the primary treating physician disagrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall not proceed until the dispute is resolved.

Any dispute concerning the medical determination made by the primary treating physician concerning transfer of care will be resolved by the QME process pursuant to LC §4062.

Referrals made to providers subsequent to the implementation of the MPN are to be made to a provider within the MPN.

Nothing stated above prohibits SISC from agreeing to provide care outside the MPN should SISC determine that it is within the best interest of the injured employee to continue treatment with the non-MPN provider.

Attachment C
Access Standards

- (a) A MPN must have at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth in (b) and (c).
- (b) A MPN must have a primary treating physician and a hospital for emergency health care services, or if separate from such hospital a provider of all emergency health care services within 30 minutes or 15 miles of each covered employee's residence or workplace.
- (c) A MPN must have providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.
- (d) If a MPN applicant believes that, given the facts and circumstances with regard to a portion of its service area, specifically rural areas including those in which health facilities are located at least 30 miles apart, the accessibility standards set forth in subdivision (b) and/or (c) are unreasonably restrictive, the MPN applicant may propose alternative standards of accessibility for that portion of its service area. The MPN applicant shall do so by including the proposed alternative standards in writing in its plan approval or in a notice of MPN plan modification. The alternative standards shall provide that all services shall be available and accessible at reasonable times to all covered employees.
- (e) (1) The MPN applicant shall have a written policy for arranging or approving non-emergency medical care for: (A) a covered employee authorized by the employer to temporarily work or travel for work outside the MPN geographic area when the need for medical care arises; (B) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (C) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.
(2) The written policy shall provide the employees described in subdivision (e)(1) above with the choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant. In addition to physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.
(3) The referred physicians shall be located within the access standards described in paragraphs (c) and (d) of this section.
(4) Nothing in this section precludes a MPN applicant from having a written policy that allows a covered employee outside the MPN geographic service area to choose his or her own provider for non-emergency medical care.
- (f) For non-emergency services, the MPN applicant shall ensure that an appointment for initial treatment is available within 3 business days of the MPN applicant's receipt of a request for treatment within the MPN

- (g) For non-emergency specialist services to treat common injuries experienced by the covered employees based on the type of occupation or industry in which the employee is engaged, the MPN applicant shall ensure that an appointment is available within 20 business days of the MPN applicant's receipt of a referral to a specialist within the MPN.
- (h) If the primary treating physician refers the covered employee to a type of specialist not included in the MPN, the covered employee may select a specialist from outside the MPN.
- (i) The MPN applicant shall have a written policy to allow an injured worker to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.