School Safety Task Force

Workers' Compensation

BCPS Workers' Compensation Unit

December 16, 2021

Established 1915
BROWARD
County Public Schools

Overview

1. What is WC?
2. District's WC Program
3. Injury Reporting
4. Stay-at-Work / Return-to-Work Program

What is Workers' Compensation?

Handshake between employer and employee. "No fault" Provide medical care and lost wages. In return, employee will not sue the employer.

Provide care that is "medically necessary" due to the industrial accident.

History of BCPS -- Workers' Compensation Unit

- Pre- 2006 - Traditional/Financial Model
- 2006 -- District implements Criteria Based Model for Workers' Compensation management of claims. It is an Evidence Based, Sports Medicine approach to treatment.
- 2006 -- Created Stay-at-Work/Return-to-Work Program.
  - Initially yielded outstanding results, then plateaued
- 2013 -- BCPS created the "in-house" Self-Administered District Workers' Compensation Unit comprised of 28 District Staff.
- 2013-Present -- We continue to provide high quality medical care and service to our valued employees leading to optimal outcomes in human and financial terms.

Investment In Our Employees

Introduction to Workers' Compensation

Workers' Compensation (WC) is a statutorily mandated (Chapter 440, Florida Statutes) entitlement program for covered employees, who become injured/ill from a work-related accident or exposure. When appropriate, WC provides specific guaranteed benefits such as relevant medical care and partial wage replacement. The goal of the District's WC program is to provide access to timely, high quality medical care and claims management services to our valued injured employees in order to obtain optimal outcomes, in both human and financial terms.

VISION

To have the Broward County Public School's Workers Compensation (WC) program's culture of trust, collaboration, and clarity through criteria-based decision-making serve as a model for our organization, our industry, and the community we so proudly serve.

MISSION

Broward County Public Schools Workers' Compensation Unit is committed to effectively, efficiently, & ethically managing the workers' compensation program, thereby producing consistently superior outcomes, both in human and financial terms.

Getting It Right The First Time.

1. **Timely Initial Appointments**
   (usually same day / next day)
2. **Seen by MD**
   (only extenuating circumstances for Physician's Assistant or Nurse Practitioner)
3. **Initial Care directly to specialist over 50%**

3 Major Components / Asks

1. Real time notification of injuries
2. Stay-at-Work/Return-to-Work Program
3. Communication / Collaboration between locations and WC Unit

Injury Reporting - Emergency

- Accident or injury requiring urgent medical attention, immediately dial 911

- After dialing 911, the Principal/Supervisor, or designee should contact the Broward Schools Work Comp. 24/7 at 1-800-374-4810 to inform them of the injury.

You may be asked: What hospital did they get transported to? What happened? What body parts are injured? (Not Investigation)

Injury Reporting – Urgent

- Employee immediately reports the injury/illness to their supervisor. The employee should report EVERY injury, despite how minor it may be.
- The supervisor should notify administration and contact Broward School Comp Unit at 1-800-374-4810.
- If a supervisor is not available, a designee, or the employee themselves may call. No paperwork is required.

The Triage Nurse will provide further instruction, including directing the employee to an appropriate physician, if medical treatment is necessary.

Workers' Compensation –Treatment by the Doctor

After the doctor visit, you will have a completed DWC-25 form-- Medical Treatment Status Reporting Form

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name:	2. Visit/Review Date:	FOR INSURER USE ONLY
3. Injured Employee (Patient) Name:	4. Date of Birth:	5. Social Security #:
6. Date of Accident:	7. Employer Name	8. Initial visit with this physician? ☐ a) NO ☐ b) YES

SECTION I CLINICAL ASSESSMENT / DETERMINATIONS

9. ☐ No change in Items 9 - 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/ Illness for which treatment is sought is:
☐ a) NOT WORK RELATED ☐ b) WORK RELATED ☐ c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.
☐ a) NO ☐ b) YES ☐ c) UNDETERMINED as of this date
If YES or UNDETERMINED, explain: _____

12. Diagnosis(es): _____

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.
a) Is there a pre-existing condition contributing to the current medical disorder?
☐ a_1) NO ☐ a_2) YES ☐ a_3) UNDETERMINED as of this date
b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?
☐ b_1) NO ☐ b_2) exacerbation ☐ b_3) aggravation ☐ b_4) UNDETERMINED as of this date
c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?
☐ c_1) NO ☐ c_2) YES
d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:
☐ d_1) NO ☐ d_2) YES the reported medical condition?
☐ d_3) NO ☐ d_4) YES the treatment recommended (management/treatment plan)?
☐ d_5) NO ☐ d_6) YES the functional limitations and restrictions determined?

SECTION II PATIENT CLASSIFICATION LEVEL

☐ 14. LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.
☐ 15. LEVEL II - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and motor control. Treatment: physical reconditioning and functional restoration.
☐ 16. LEVEL III -Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.
☐ 17. LEVEL UNDETERMINED AS OF THIS DATE.

SECTION III MANAGEMENT / TREATMENT PLAN

☐ 18. No clinical services indicated at this time. If checked, GO TO SECTION IV
☐ 19. No change in Items 20a - 20g since last report submitted. If checked, GO TO SECTION IV
20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.
*** THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. ***
☐ a) Consultation with or referral to a specialist. Identify principal physician: _____
Identify specialty & provide rationale:
☐ a_1) CONSULT ONLY ☐ a_2) REFERRAL & CO-MANAGE ☐ a_3) TRANSFER CARE
☐ b) Diagnostic Testing: (Specify) _____
☐ c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:
☐ c_1) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.
☐ c_2) Physical Reconditioning (Level II Patient Classification)
☐ c_3) Interdisciplinary Rehabilitation Program (Level III Patient Classification)
Specific instruction(s): _____
☐ d) Pharmaceutical(s) (specify): _____
☐ e) DME or Medical Supplies: _____
☐ f) Surgical Intervention - specify procedure(s): _____
☐ f_1) In-Office: _____
☐ f_2) Surgical Facility: _____
☐ f_3) Injectable(s) (e.g. pain management): _____
☐ g) Attendant Care: _____

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Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 2

Patient Name: Soc.Sec.#: D/A: Visit/Review Date:

SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

☐ 21 No functional limitations identified or restrictions prescribed as of the following date: _____.

☐ 22. The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she cannot perform activities, even at a sedentary level (e.g. hospitalization, cognitive impairment, infection, contagion), as of the following date: _____. *Use additional sheet if needed.*

☐ 23. The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part _____. Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/ Position & Other Parameters
☐ Bend			
☐ Carry			
☐ Climb			
☐ Grasp			
☐ Kneel			
☐ Lift-floor > waist			
☐ Lift-waist>overhead			
☐ Pull			
☐ Push			
☐ Reach-overhead			
☐ Sit			
☐ Squat			
☐ Stand			
☐ Twist			
☐ Walk			
☐ _			
☐ Other			

COMMENTS:

Other choices; Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration; Auditory; Specific Job Task(s); etc.

NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date. Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING

24. Patient has achieved maximum medical improvement?
☐ a) YES, Date: _____ ☐ b) NO ☐ c) Anticipated MMI date: _____
☐ d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated: e) ☐ Yes f) ☐ No
Comments: _____

25. _____ % Permanent Impairment Rating (body as a whole) Body part/system: _____

26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions):
☐ a) 1996 FL Uniform PIR Schedule ☐ b) Other, specify _____

27. Is a residual clinical dysfunction or residual functional loss anticipated for the work-related injury?
☐ a) YES ☐ b) NO ☐ c) Undetermined at this time.

SECTION VI FOLLOW-UP

28. Next Scheduled Appointment Date & Time: _____

SECTION VII ATTESTATION STATEMENT

"As the Physician, I hereby attest that all responses herein have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient." "I certify to any MMI / PIR information provided in this form."

Physician Group: _____ Date: _____
Physician Signature: _____ Physician DOH License #: _____
Physician Name: _____ Physician Specialty: _____
(print name)

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:

"I hereby attest that all responses herein relating to services I rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

Provider Signature: _____ Provider DOH License #: _____
Provider Name: _____ Date: _____
(print name)

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Understanding Functional Limitations and Restrictions on the DWC-25 form.

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 2

Patient Name: Soc.Sec.#: D/A: Visit/Review Date:

SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

☐ **21** No functional limitations identified or restrictions prescribed as of the following date: _____.

☐ **22.** The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she cannot perform activities, even at a sedentary level (e.g. hospitalization, cognitive impairment, infection, contagion), as of the following date: _____. *Use additional sheet if needed.*

☐ **23.** The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part _____. Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/ Position & Other Parameters
☐ Bend			
☐ Carry			
☐ Climb			
☐ Grasp			
☐ Kneel			
☐ Lift-floor > waist			
☐ Lift-waist>overhead			
☐ Pull			
☐ Push			
☐ Reach-overhead			
☐ Sit			
☐ Squat			
☐ Stand			
☐ Twist			
☐ Walk			
☐ _			
☐ Other			
COMMENTS:			

Other choices; Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration; Auditory; Specific Job Task(s); etc.

NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date.

Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

Future Appointments / MMI

SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING

24. Patient has achieved maximum medical improvement?
☐ a) YES, Date: _____ ☐ b) NO ☐ c) Anticipated MMI date: _____
☐ d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated: e) ☐ Yes f) ☐ No
Comments: _____

25. _____ % Permanent Impairment Rating (body as a whole) Body part/system: _____

26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions):
☐ a) 1996 FL Uniform PIR Schedule ☐ b) Other, specify _____

27. Is a residual clinical dysfunction or residual functional loss anticipated for the work-related injury?
☐ a) YES ☐ b) NO ☐ c) Undetermined at this time.

SECTION VI FOLLOW-UP

28. **Next Scheduled Appointment Date & Time:** _____

SECTION VII ATTESTATION STATEMENT

"As the Physician, I hereby attest that all responses herein have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

"I certify to any MMI / PIR information provided in this form."

Physician Group: _____ **Date:** _____
Physician Signature: _____ **Physician DOH License #:** _____
Physician Name: _____ **Physician Specialty:** _____
(print name)

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:

"I hereby attest that all responses herein relating to services I rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

Provider Signature: _____ **Provider DOH License #:** _____
Provider Name: _____ **Date:** _____
(print name)

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Stay-at-Work Program

Function Is Good!

- Research supports keeping employees working while accommodating specific medical restrictions is beneficial for them physically and emotionally
- Program has been successful at providing injured employees "Modified Duty" within restrictions
- SAW/RTW Specialist provides onsite assistance for developing appropriate job modifications
- Increased cooperation from Principals / Supervisors as positive results continue.

Medical Appointments and Physical Therapy

Nurse Case Manager tries to schedule appointments and Physical Therapy before or after work hours.

If an employee cannot go before or after work, they have the right to go during the workday.

However, the appointment should be made in effort to minimize lost work time and not at busiest times of the day.

Workers' Compensation— Fraud / Misrepresentation

Please report red flags and concerns to:

BCPS Special Investigative Unit 754-321-0911.

3 Major Components to Succes

1. Real Time Notification of Injuries
2. Stay at Work / Return to Work Program
3. Communication / Collaboration between location and WC Unit

Workers' Compensation

Who Needs to Know What I Know?

Communication Circle

- Injured Employee
- School/Location Administration (Principal/Director/WC Contact)
- WC Payroll (Adrian Baxter / Wcpayroll@browardschools.com)
- WC Claims Adjuster
- WC Medical Case Manager

Changes / Events

- Employee should be at work and is not
- Employee should not be at work, and shows up
- Work status/restrictions after each appointment (regardless if change)
- Date of MMI (Maximum Medical Improvement) Permanent Restrictions?
- Employee working with accommodations, complaining of pain
- Etc.

Workers' Compensation Contacts

Management & Operations Team

Name	Position	Telephone
Joe Zeppetella	Program Administrator	754-321-1906
Sylvia Scremin-Pace	Manager, Claims	754-321-2670
Jane Allen	Manager, Medical Consumerism	754-321-2671
Chena Perkins	Manager, Information & Analytics	754-321-1913
Chris Franzino	Supervisor, Claims	754-321-2682
Vacant	Supervisor, Medical Case Management	754-321-2669
James Camden	Stay-at-Work/Return-to-Work Specialist	754-321-2672
Lissette Vidal	Compliance Information Specialist (payroll)	754-321-1911
Sabrina Gray	Medical Records Researcher (Teams 2 & 6)	754-321-2662
Regina Boze	Medical Support Assistant (Teams 4, 5, & 7)	754-321-2661
Silvia Johns	Medical Support Assistant (Teams 1 & 3)	754-321-2660
Vacant	Medical Support Assistant	754-321-2663

24/7 WC TRIAGE LINE: 800-374-4810

Incoming Medical Fax Line: 754-321-1929

Workers' Compensation Contacts

Adjuster & Nurse Teams

Team #	Area Assignments	Position	Name	Telephone
1	Transportation Elem. Schools (B) Location #s 1191-1631 High Schools (A) #171-371	Adjuster	Crystal Conner	754-321-2677
		Medical Case Manager	Stafano Duncan	754-321-2676
2	PPO/Maintenance, Vehicle Maintenance. Admin, Subs, Facilities, Logistics Elem. Schools (C) Location #s 1641-2071 High Schools (E) Location # s 2751 – 3011	Adjuster	Ivette Milici	754-321-2674
		Medical Case Manager	Renee McDonald	754-321-2675
3	Middle Schools & Centers (A) Location #s 0301-0653, 4702 High Schools (F) Location #s 3391 – 4772	Adjuster	John Ballinger	754-321-2684
		Medical Case Manager	Candace Glaser	754-321-2686
4	Elementary Schools (A) Location #s 0011-1171 (E) Location #s 3761-3962 High Schools (C) Location #s 1681 – 1901	Adjuster	Donette Powers	754-321-2668
		Medical Case Manager	Bonnie Zebrick	754-321-2683
5	Elementary Schools (D) Location #s 2511-3751 High Schools (D) Location #s 1931 – 2531	Adjuster	Karen Kosta	754-321-2666
		Medical Case Manager	Karen Adler	754-321-2667
6	Food & Nutrition Services High Schools (B) Location #s 403 – 1661 Centers (B) Location #s 0654 - 4701	Adjuster	Michelle Hyatt	754-321-2680
		Medical Case Manager	Connie Rodriguez	754-321-2679
7	Legacy Claims Team Date of Accidents Prior to 1/1/16	Adjuster	Vacant	754-321-2673
		Medical Case Manager	Teresa Shepherd	754-321-2665


Questions?


THANK YOU!
SCHOOL