

# INJURY COMPENSATION

Rosie Cardenas Miller  
Injury Compensation Program Administrator  
Civilian Personnel Advisory Center  
Fort Sam Houston  
[rosanne.cardenas.miller@conus.army.mil](mailto:rosanne.cardenas.miller@conus.army.mil)

# Purpose

- Provide benefits to Federal civilian employees for disability due to personal injury, disease, or death arising from or within the scope of their employment.

# Policy

- Ensure that DoD employees are entitled to a safe & healthful work environment.
- Provide prompt medical attention and full assistance in claiming just compensation for injuries or occupational illness incurred in the performance of their duties.

# Authority & Responsibility

- Federal Employees' Compensation ACT (FECA), as amended
  - Provides monetary compensation; medical care and assistance; vocational rehab; and reemployment rights
    - In 1974 the law was amended to include COP
    - Claimant's choice of physician

# Authority & Responsibility

- In 1950, U.S. Department of Labor assumed administrative responsibility for FECA
- FECA is now administered by the Office of Workers' Compensation Programs (OWCP), Employment Standards Administration, U.S. Department of Labor

# Authority & Responsibility

- FECA is financed by the Employee's Compensation Fund
  - Appropriated by Congress directly, or indirectly, through a chargeback to various agencies
  - Secretary of Labor furnishes a statement to each DoD Component of payments made from the Fund
  - Costs are charged back to each DoD Component
  - The DoD Component includes FECA costs in their budget requests & use resulting sums to reimburse the Fund for these charges

# Authority & Responsibility

- DoD Involvement

- Costs of workers compensation continue to grow, the need for a consolidated approach by all DoD Agencies to reduce costs to improve program management has become necessary.
- Each Civilian Personnel Advisory Center has a designated staff member as Injury Compensation Program Administrator (ICPA)
  - Oversee the program
  - Coordinate efforts of all involved
  - Ensure optimum effectiveness of program administration

# Policy

- Ensure that DoD employees are entitled to a safe and healthful work environment
- Provide prompt medical attention and full assistance in claiming just compensation
- Create a culture of safety consciousness
- Make every effort through light duty programs & re-employment
- Investigate & take appropriate action on fraud & abuse

# FECA Benefits

- Medical benefits (including transportation)
- Continuation of Pay
- Disability Compensation
- Schedule Awards
- Vocational Rehabilitation
- Death Benefits

# Basic FECA Requirements

- Time
  - Requires that a claim for compensation be filed within 3 years of the injury or death
- Civilian Employee
  - An employee within the meaning of the law
    - All civilian Federal employees (permanent/temp)
    - Not Non-Appropriated Fund (NAF)
    - All others must be made on case-by-case basis

# Basic FECA Requirements

- Fact of Injury
  - Did the employee sustain an injury/disease?
  - Did the employee actually experience the accident, event, or employment factor alleged to have occurred?
  - Did the accident or employment factor result in an injury or disease?

# Basic FECA Requirements

- Performance of Duty
  - If the first 3 criteria have been met, it is then determined whether the employee was engaged in the performance of duty when the injury occurred
- Causal Relationship
  - This factor is based entirely on medical evidence provided by physicians who have examined/treated the employee

# Traumatic Injury & Benefits

- ◆ Occurs at one point in time or < one work shift
- ◆ Eligible for 45 days Continuation of Pay (COP)
- ◆ Compensation for lost wages (if totally disabled beyond 45 days)
  - 75% tax free with dependents
  - 66 2/3% tax free without dependents
  - For life, if medically supported

# Traumatic Injury Benefits

- ◆ Medical care - No dollar limits except for fee schedule
- ◆ Nurse Intervention Program (Nurse Case Managers)
- ◆ Vocational Rehabilitation
  - Counselors
  - Testing
  - Retraining

# Traumatic Injury Benefits

- ◆ Schedule Awards
  - Loss of use of specific body part
    - Arm 312 weeks
    - Leg 288 weeks
    - Hearing
      - Monaural 52 weeks
      - Binaural 200 weeks
  - Excludes back, heart, or brain
- Death Benefits
  - Burial expenses up to \$800
  - Survivor benefits

# Occupational Disease & Benefits

- Occurs > one work shift or over time
- CA-2
- Same benefits of traumatic injury EXCEPT:
  - No COP or CA-16
  - Employee uses own insurance for care until case is accepted by OWCP
  - Employee uses sick or annual leave until case accepted by OWCP-then can “Buy Back” leave

# Performance of Duty

- ◆ Employee injured on premises performing duties is covered
  - Eating meals/snacks on premises
  - Coffee breaks
  - On premises a reasonable time before or after the work shift
- ◆ Parking facilities
  - Includes facilities owned/controlled by employer

# Performance of duty

- ◆ Proximity Rule
  - Generally not covered if off premises
- ◆ Visits to Premises
  - Not covered, employee must be in work status
- ◆ Off-Premise Injuries
  - Covers messengers, auditors/ inspectors, employees who work at home
  - Involves shortest, most direct route

# Performance of duty

- ◆ To and from work
  - Generally not covered
  - Exceptions
    - Where required to travel
    - Employer furnishes transportation
    - TDY
  
- ◆ Diversions from Duty
  - Employee helps injured person/put out fire
  - Personal Act
    - Engaged in personal act for health or comfort

# Performance of duty

- ◆ Recreation
  - Covered when in formal program
  - Covered if participation is required/prescribed
    - Other employees required/persuaded
    - On premises during duty hours
    - Employer benefit derived
    - Equipment/facilities provided by employer
  
- ◆ Horseplay
  - Normally covered

# Performance of duty

- ◆ Idiopathic Falls
  - Unexplained falls are covered
  - If medical evidence shows fall caused by non-occupational pre-existing condition, not covered
- ◆ Assault Cases
  - Covered if arises from reasons related to employment
  - Not covered if arises from personal matters

# Performance of duty

- ◆ Co-Worker Harassment or Teasing
  - Key element is whether it arose out of friction of employment or private life
- ◆ Representational functions
  - Representational functions on official time are covered
- ◆ TDY
  - 24 hours a day if related to employment

# Performance of duty

- ◆ Statutory exclusions
  - Willful Misconduct
    - Violating a safety rule, disobeying an order
      - Simple disregard is not enough
  - Intoxication
    - Must show extent and how it caused injury
  - Suicide
    - If injury caused mental/physical condition that led to suicide, then compensable

# What can a supervisor do ?

- Supervisors have several important roles
  1. Prevent injuries
    - Keep your work area as safe as possible. Most workplace injuries are completely avoidable
    - Enforce all safety rules
      - Document even verbal warnings about safety violations
    - Remember people pay attention to the example you set
    - Be prepared with hard copy injury forms (CA-1/CA-2/CA-16/CA-17 and learn to input claims into the Electronic Data Interchange (EDI)

# What to do when injury occurs

- Give immediate, sympathetic caring
- Ensure employee seeks medical treatment, such as local clinic, emergency room or private doctor; however you cannot insist that the injured worker use the military clinic.
- Never prevent an employee from getting medical attention or filing a claim if they so choose, even if you don't agree that it is serious or you disagree that anything actually occurred.
- Furnish hard copy CA-16 (Authorization for Examination or Treatment) if employee elects private MD care. The CA-16 guarantees Army will pay. **By law**, you must furnish these forms. Input CA-1/CA-2 into EDI.

# Follow-up on an injury

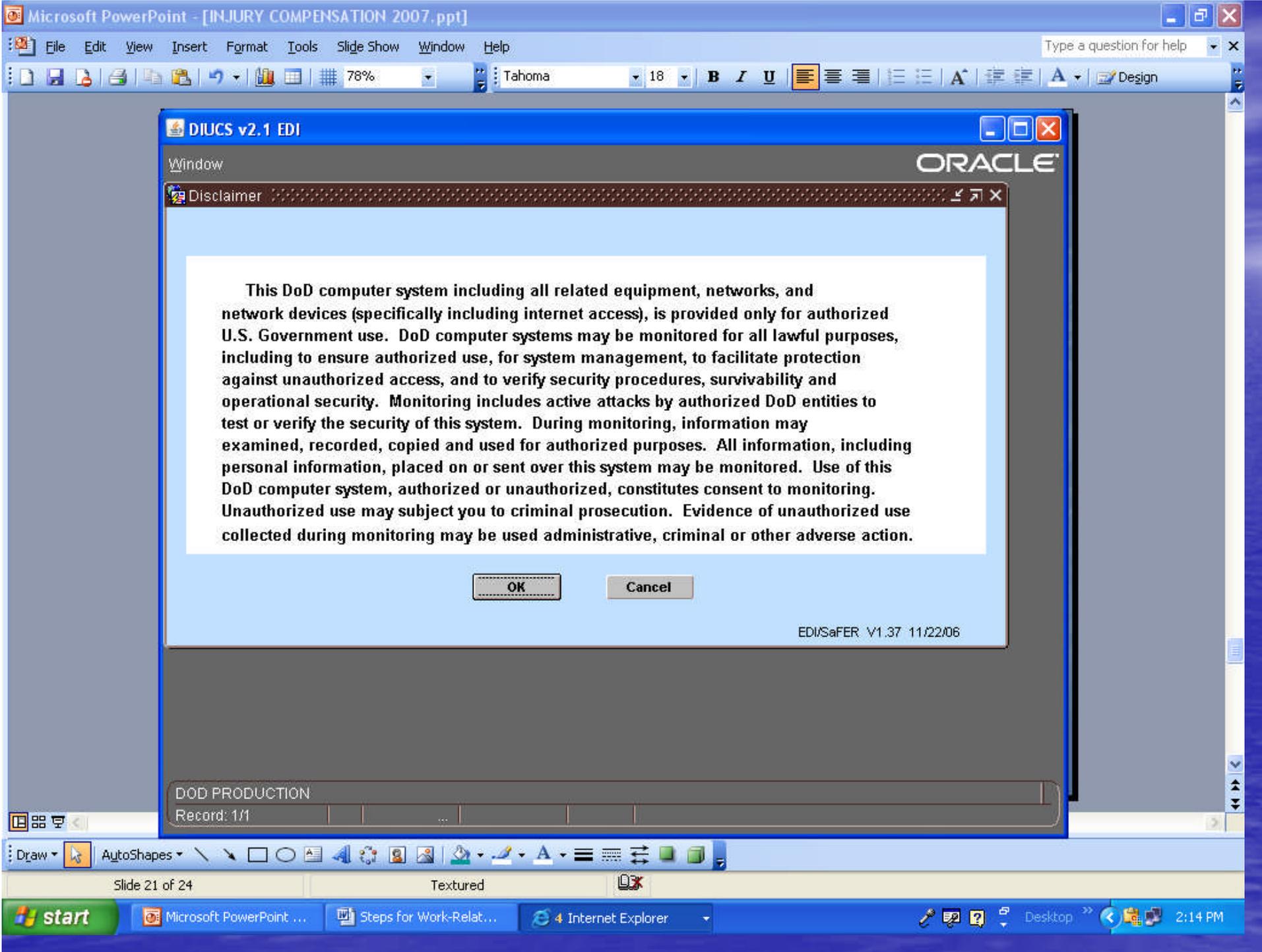
- Visit place where injury occurred. Make notes of what happened.
- Speak with witnesses, what they saw & heard. Write down what they say.
- Speak with Safety Officer about what can be done to ensure this injury never happens again (example, pull up ragged carpet if carpet caused employee to trip).

# Input claim into Electronic Data Interchange (EDI)

- If you need help on EDI input, consult your ICPA (Injury Compensation Program Administrator) in the CPAC office.
- Claim should be loaded within 48 hours.
- We are tracked on how quickly claims get entered into EDI.
- Don't hold claim waiting for documentation.
- If you suspect fraud, indicate in EDI that claim will be challenged.

# Electronic Data Interchange (EDI)

- [https://lear.cpms.osd.mil/static\\_java\\_edi\\_sup.html](https://lear.cpms.osd.mil/static_java_edi_sup.html)
- <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>



DIUCS v2.1 EDI

ORACLE

Window

Disclaimer

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OK

Cancel

EDI/SaFER V1.37 11/22/06

DOD PRODUCTION

Record: 1/1

Slide 21 of 24

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start

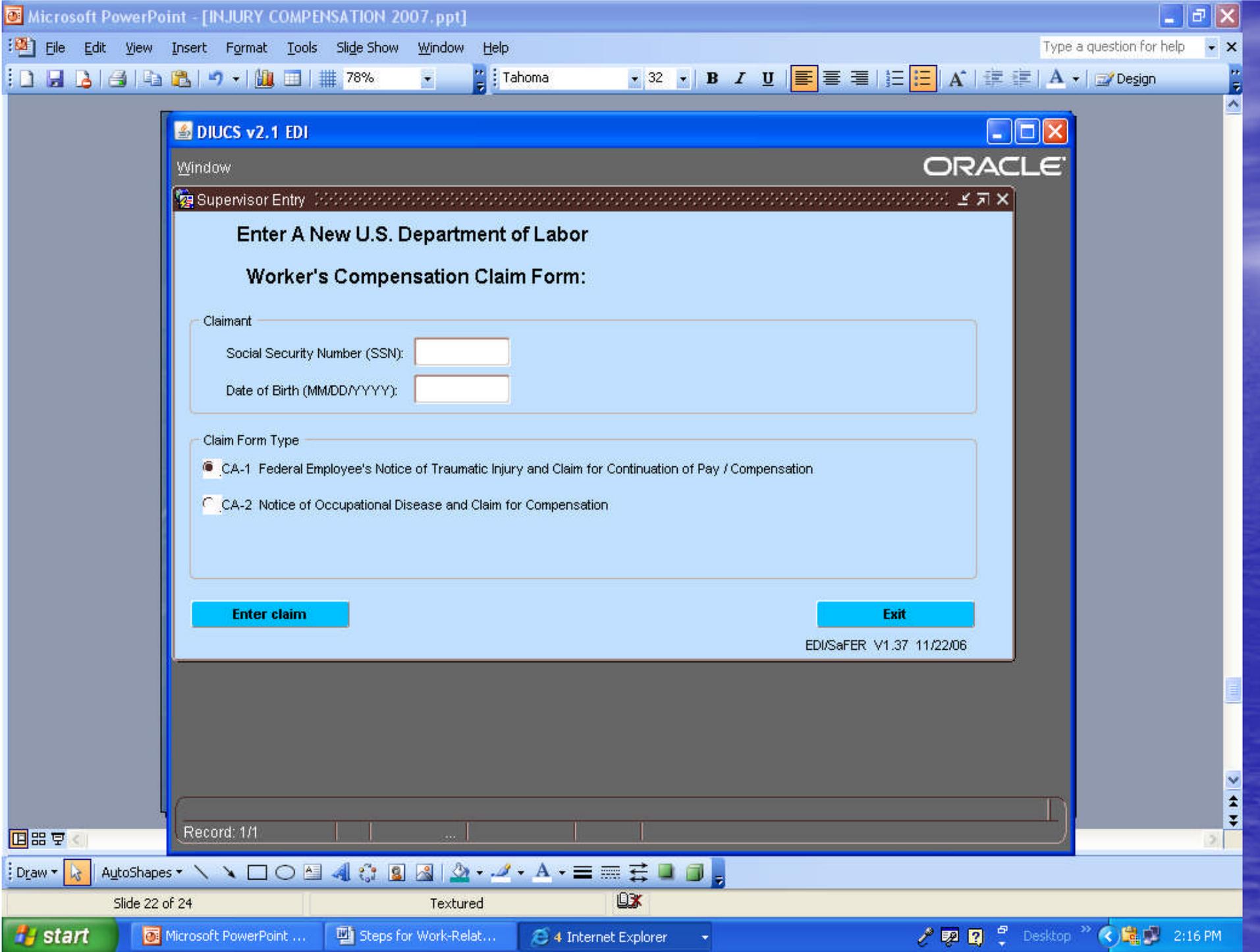
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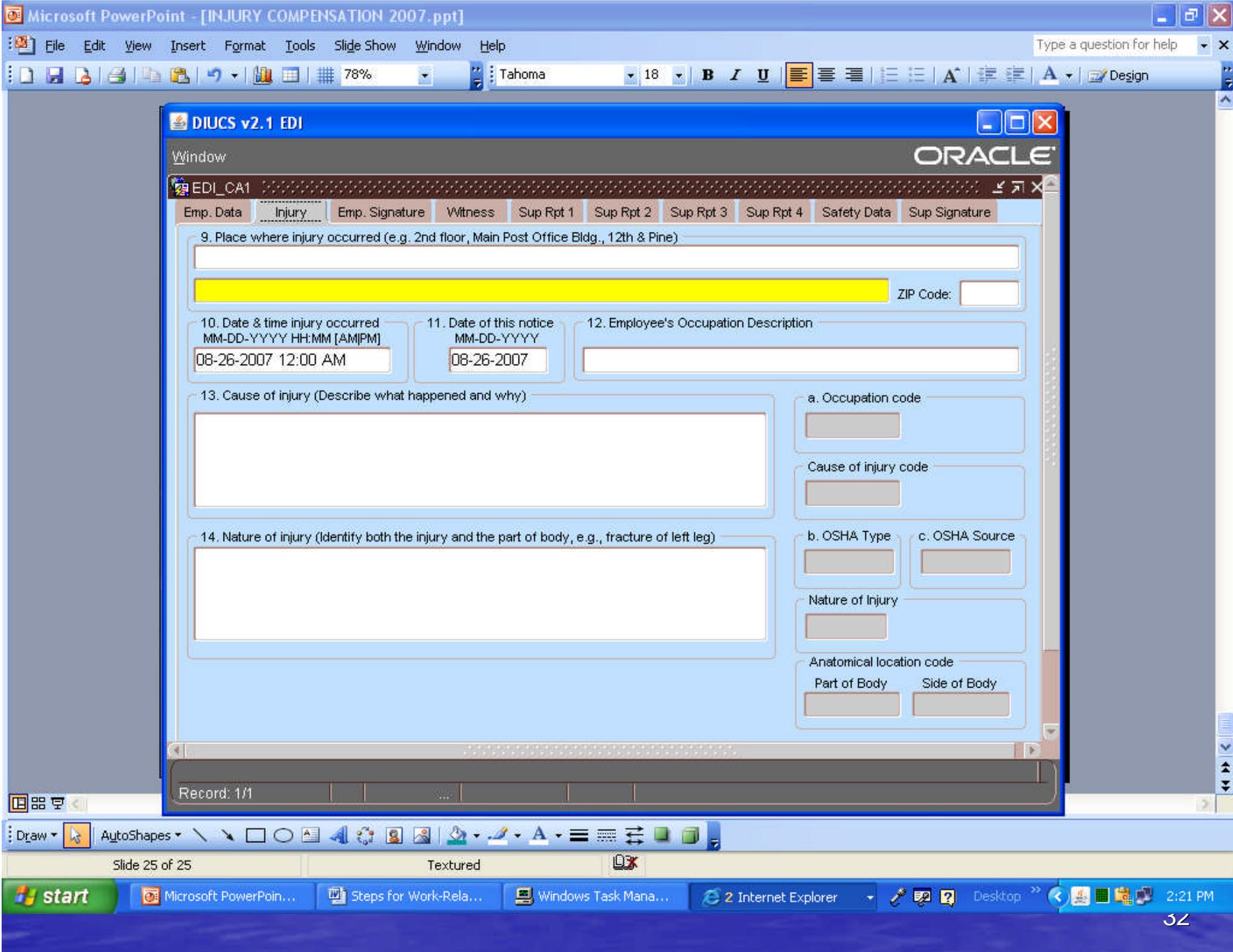
Internet Explorer

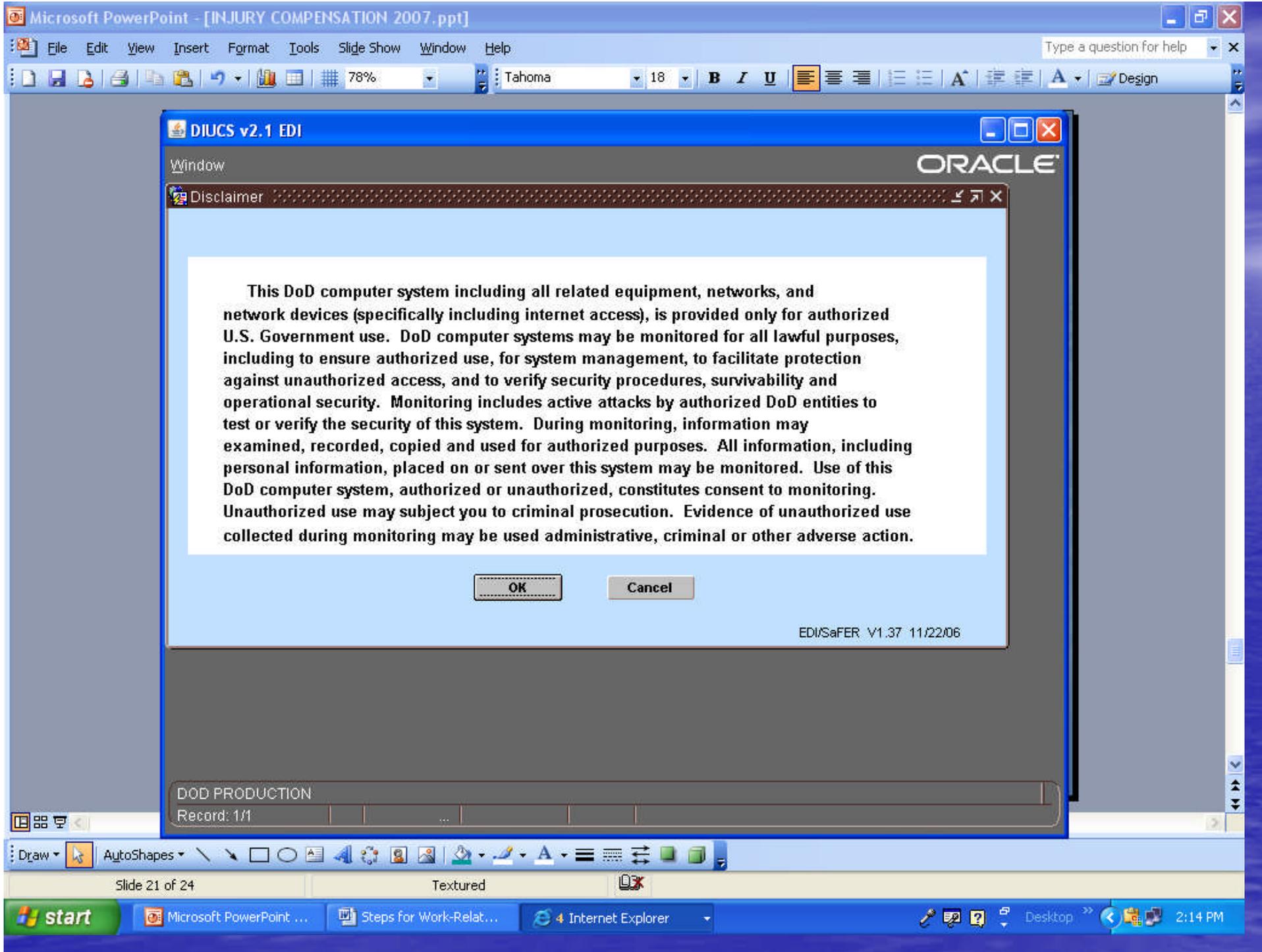
Desktop

2:14 PM









**DIUCS v2.1 EDI** ORACLE

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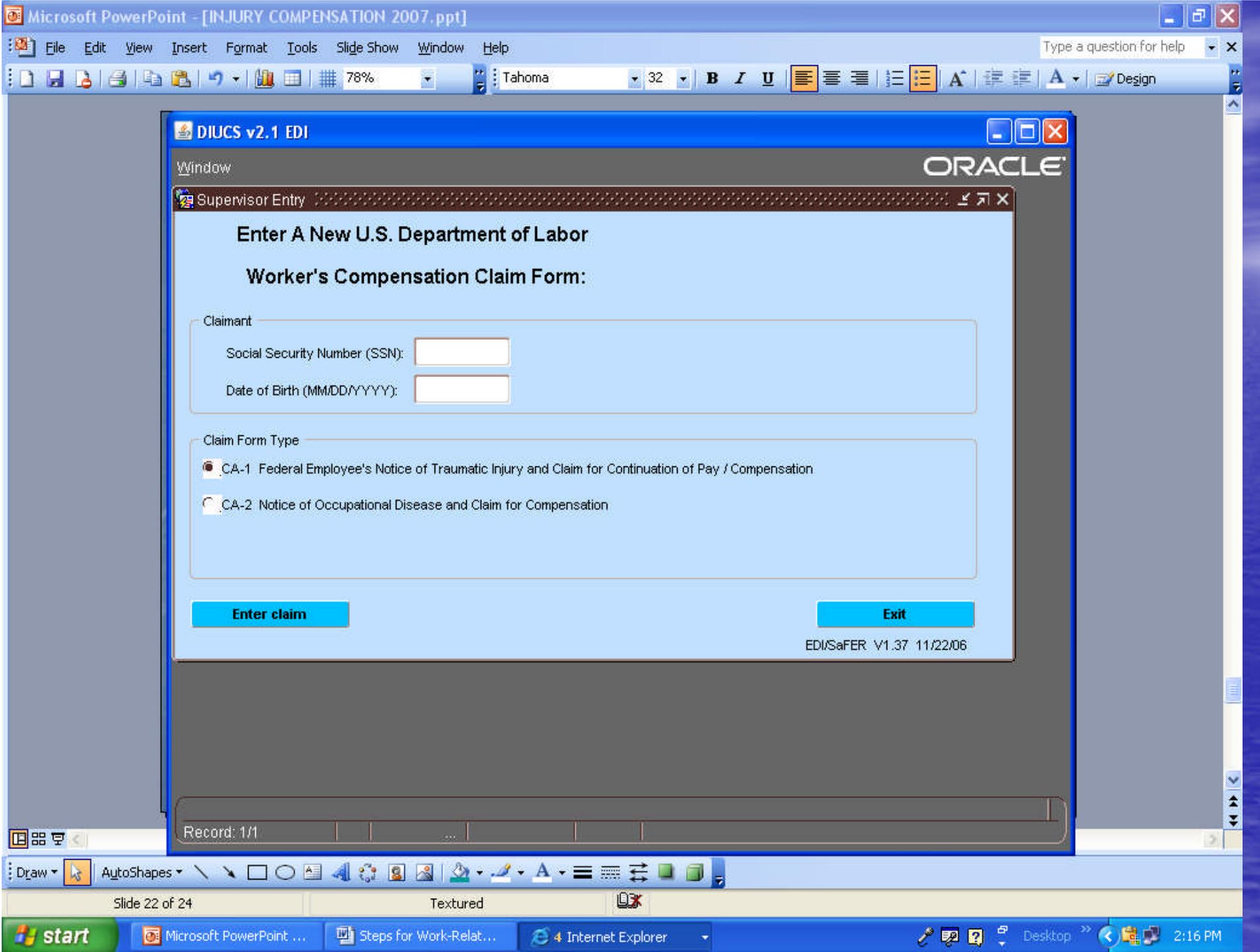
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OK Cancel

EDI/SaFER V1.37 11/22/06

DOD PRODUCTION  
Record: 1/1



**DIUCS v2.1 EDI** ORACLE

Window

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

1. Name of employee  
 Last Name:  First Name:   
 Middle Name:  Suffix: (not entered)  
 2. Social Security Number

3. Date of birth MM-DD-YYYY

4. Sex  
 Male  Female

5. Home Phone

6. Grade as of date of injury  
 Level:  Step:

7. Employee's home mailing address  
 Street Address:   
 City:   
 State:  ZIP Code:

8. Dependents  
 Wife, Husband  
 Children under 18 years  
 Other

Claim information  
 EDI claim number:  Status:   
 Trading partner ID: FECAEDI Status time:

Record: 1/1

**DIUCS v2.1 EDI** ORACLE

Window

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

ZIP Code:

10. Date & time injury occurred  
MM-DD-YYYY HH:MM [AM/PM]

11. Date of this notice  
MM-DD-YYYY

12. Employee's Occupation Description

13. Cause of injury (Describe what happened and why)

a. Occupation code

Cause of injury code

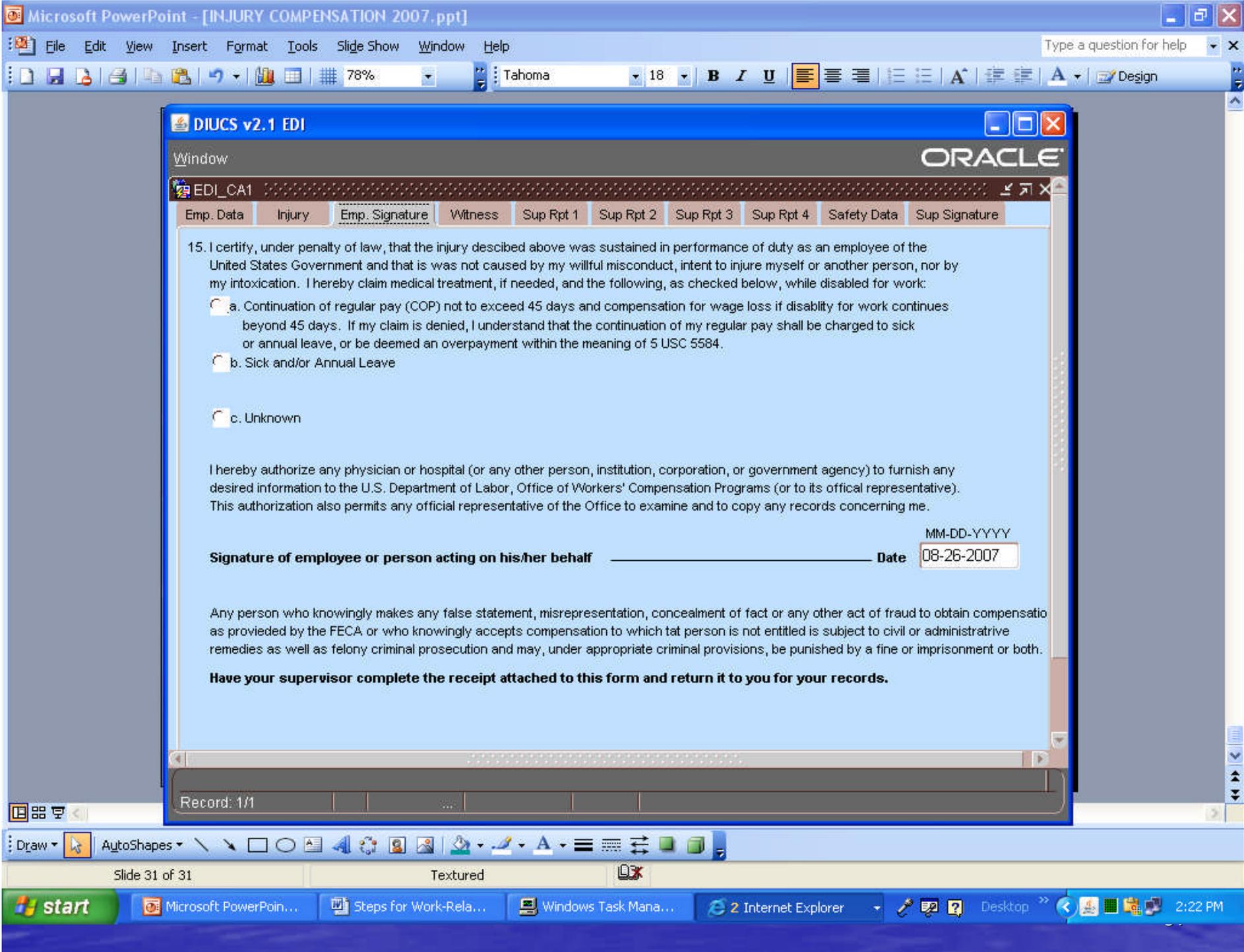
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

b. OSHA Type  c. OSHA Source

Nature of Injury

Anatomical location code  
Part of Body  Side of Body

Record: 1/1



DIUCS v2.1 EDI

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EDI\_CA1

Emp. Data Injury Emp. Signature **Witness** Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

16. Statement of witness (Describe what you saw, heard, or know about this injury)

[Redacted text area]

Last Name First Name Middle Name  
Name of Witness: [Redacted] [Redacted] [Redacted]

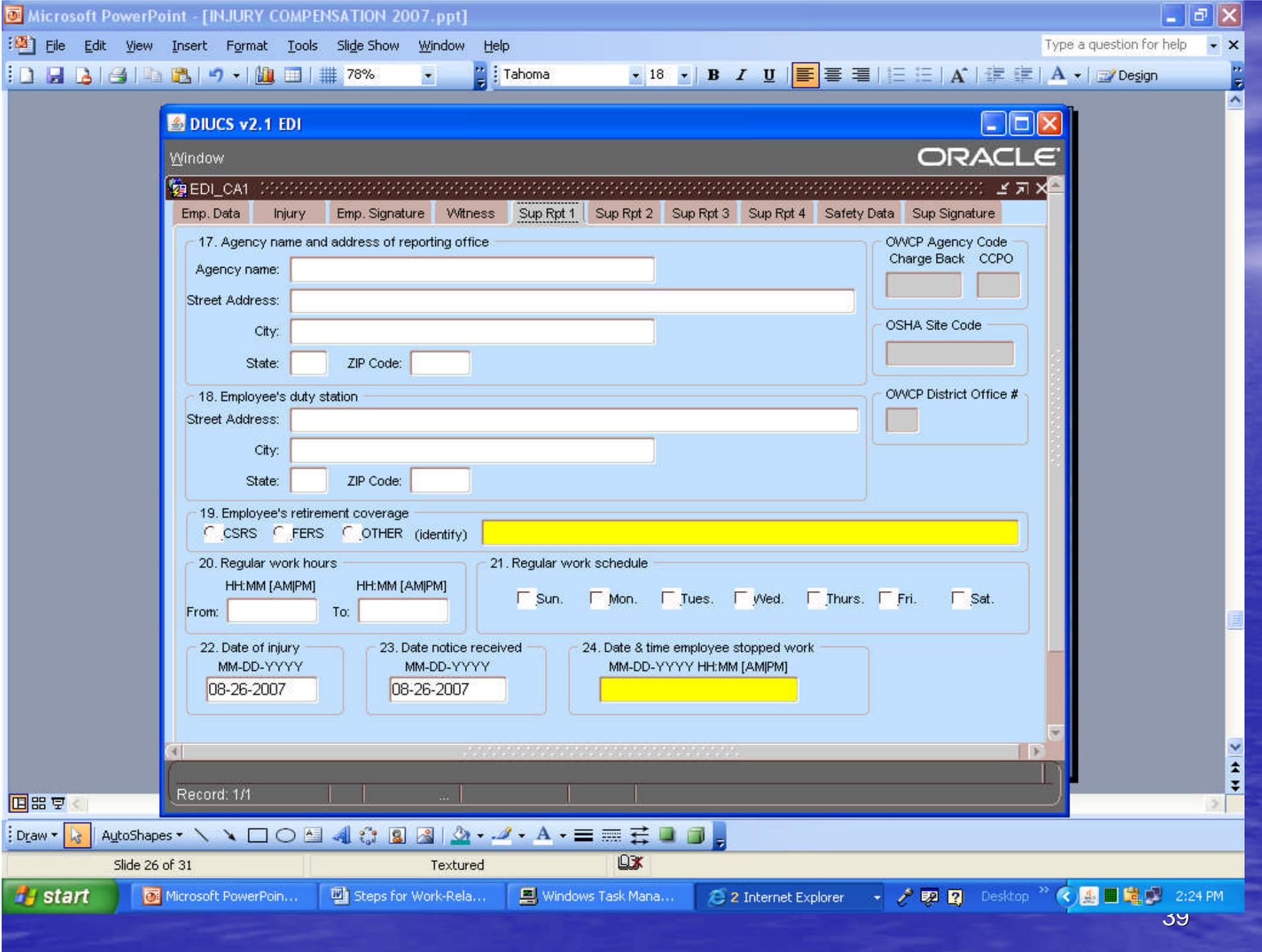
Signature of witness: \_\_\_\_\_ Date signed: [Redacted] MM-DD-YYYY

Street Address: [Redacted]

City: [Redacted]

State: [Redacted] ZIP Code: [Redacted]

Record: 1/1



**DIUCS v2.1 EDI** ORACLE

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EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 **Sup Rpt 2** Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

25. Date pay stopped  
MM-DD-YYYY  
[Yellow box]

26. Date 45 day period began  
MM-DD-YYYY  
[Yellow box]

27. Date & time employee returned to work  
MM-DD-YYYY HH:MM [AM|PM]  
[Yellow box]

28. Was employee injured in performance of duty?  
 Yes  No (If "No", explain)  
[Yellow box]

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?  
 Yes (If "Yes", explain)  No  
[Yellow box]

Record: 1/1

**DIUCS v2.1 EDI** ORACLE

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EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 **Sup Rpt 3** Sup Rpt 4 Safety Data Sup Signature

30. Was injury caused by third party?

Yes  
 No

31. Name and address of third party (include city, state, and ZIP code)

3rd party name: [Redacted]  
name continued: [Redacted]  
Street Address: [Redacted]  
City: [Redacted]  
State: [Redacted] ZIP Code: [Redacted]

32. Name and address of physician first providing medical care (Include city, state, and ZIP code)

Last Name	First Name	Middle Name	Title
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Street Address: [Redacted]  
City: [Redacted]  
State: [Redacted] ZIP Code: [Redacted]

33. First date medical care received  
MM-DD-YYYY  
[Redacted]

33a. Provided by Agency medical facility?  
 Yes  No

34. Do medical records show employee is disabled for work?  
 Yes  No  Unknown

Record: 1/1

**DIUCS v2.1 EDI** ORACLE

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EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?

Yes  No (If "No", explain)

[Yellow Redacted Area]

36. If the employing agency controverts continuation of pay, state the reason in detail.

Yes (If "Yes", explain)  No

[Yellow Redacted Area]

37. Pay rate when employee stopped work

Amount: [Yellow Redacted Area] Per: <not entered>

Record: 1/1

**DIUCS v2.1 EDI** ORACLE

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EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

**Work Environment Exceptions**

- Employee was member of general public rather than an employee at the time of injury.
- Injury resulted from non-work related event or exposure occurring outside of the work environment.
- Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.
- Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.
- Injury resulted from personal grooming, self medication, or was intentionally self-inflicted.
- Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.
- Injury is the common cold or flu.

**Privacy Case Status:** A Not A Privacy Case

**General Recording Criteria**

- Employee is deceased as a result of the incident.
- Employee suffered days away from work as a result of the incident.
- Employee's work activity was restricted as a result of the incident.
- Employee was treated in an emergency room as a result of the incident.
- Employee was hospitalized overnight as an in-patient.
- Employee lost consciousness as a result of the incident.
- Employee was transferred to another job as a result of the incident.

**Preliminary OSHA Recordability**

29 CFR 1960: RECORDABLE

OSHA 200 Log Coding: 6

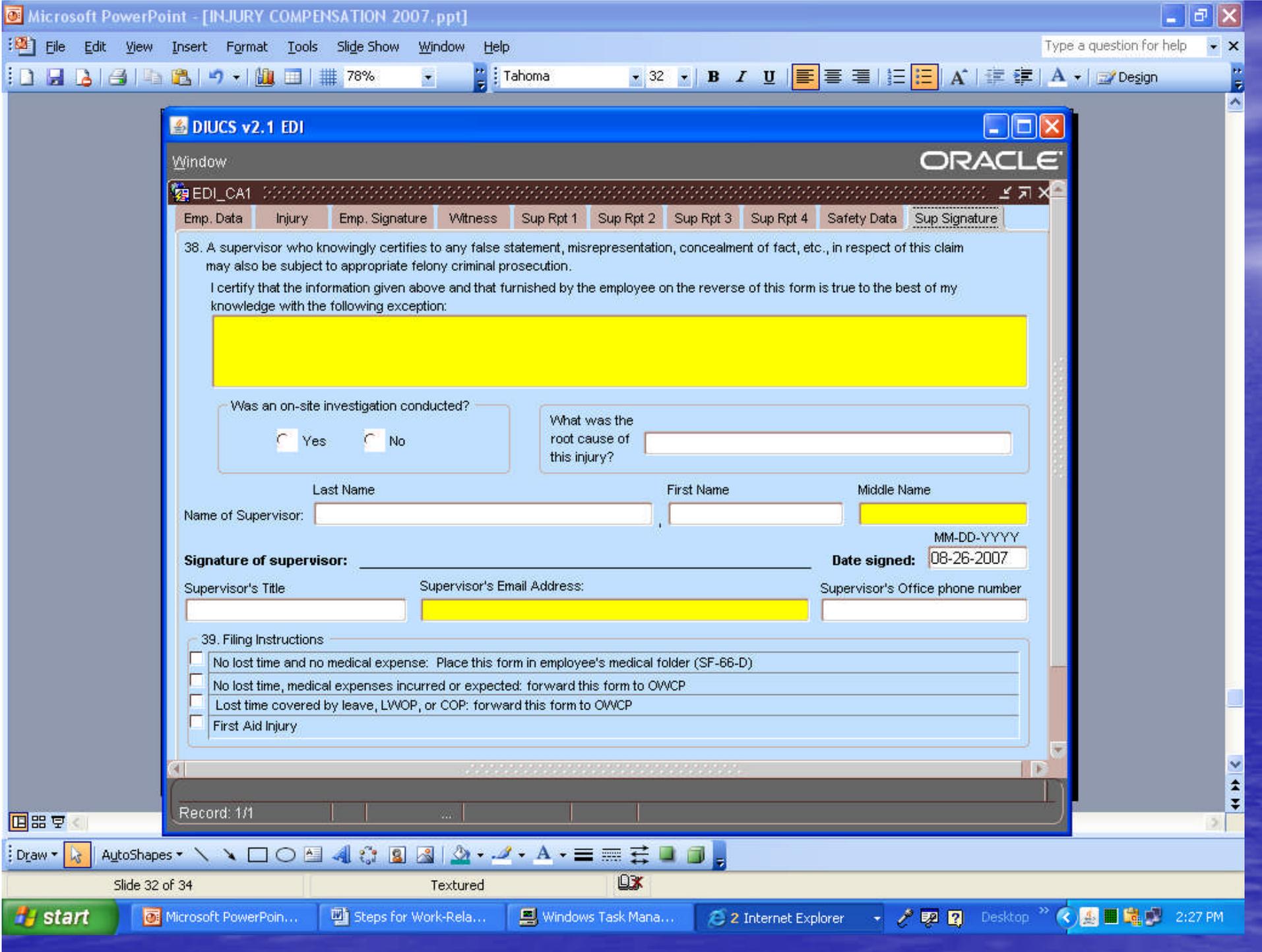
29 CFR 1904: NON-RECORDABLE

OSHA 300 Log Coding: N/A

**Injury Classification:** A Injury

**As Of:** 08-26-2007 03:19:49 PM

Record: 1/1



**DIUCS v2.1 EDI**

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EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data **Sup Signature**

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?

Yes  No

What was the root cause of this injury?

Name of Supervisor: Last Name First Name Middle Name

Signature of supervisor: Date signed: 08-26-2007

Supervisor's Title Supervisor's Email Address Supervisor's Office phone number

39. Filing Instructions

- No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
- No lost time, medical expenses incurred or expected: forward this form to OWCP
- Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- First Aid Injury

Record: 1/1

**DIUCS v2.1 EDI** ORACLE

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**FORT SAM HOUSTON** ZIP Code: 78234

10. Date & time injury occurred  
MM-DD-YYYY HH:MM [AM/PM]  
08-26-2007 12:00 AM

11. Date of this notice  
MM-DD-YYYY  
08-26-2007

12. Employee's Occupation Description

13. Cause of injury (Describe what happened and why)  
TRIPPED OVER MY FEET FOR NO APPARENT REASON AND FELL DOWN ON THE FLOOR ON MY HANDS AND KNEES.

a. Occupation code

Cause of injury code

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)  
I HAD BRUISES ON BOTH KNEES AND PAIN IN MY WRISTS.

b. OSHA Type c. OSHA Source

Nature of Injury

Anatomical location code  
Part of Body Side of Body

**Required Submission**

**What would you like to do?**

**View Claim for Printing and Submit to ICPA**

**View Draft Copy of Claim to Verify Data**

Cancel Exit

Record: 1/1

**Federal Employee's Notice of Traumatic Injury and Claim for Continuation Pay/Compensation**

**U.S. Department of Labor**

Employment Standards Administration  
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

EDI Tracking Number

Witness: Complete bottom section 16.

100104834

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

**Employee Data**

1. Name of Employee (Last, First Middle Suffix)		2. Social Security Number	
FALLING ALWAYS		222352623	
3. Date of Birth	4. Sex	5. Home Telephone	6. Grade as of date of injury
12/01/1955	FEMALE	2102221224	Level GS10 Step 05
7. Employee's home mailing address (include city, state, and ZIP code)			8. Dependents
1125 BUMPY ROAD			<input checked="" type="checkbox"/> Wife, Husband
SAN ANTONIO TX 78234			<input type="checkbox"/> Children under 18 year
			<input type="checkbox"/> Other

**Description of Injury**

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)  
BLDG 626  
FORT SAM HOUSTON

10. Date injury occurred	11. Date of this notice	12. Employee's job title
08/28/2007 12:00 AM	08/28/2007	NURSE

13. Cause of injury (Describe what happened and why)  
TRIPPED OVER MY FEET FOR NO APPARENT REASON AND FELL DOWN ON THE FLOOR ON MY HANDS AND KNEES.

14. Nature of injury (Identify both the injury and the part of the body e.g. fracture of left leg)

# Authorizing Medical Examination or Treatment

- If an employee requests medical care, supervisor should:
  - Advise the employee that he/she has the initial choice of physician
  - Prepare and issue Form CA17, "Duty Status Report"
  - Offer the activity medical services, if available
  - Issue Form CA-16 "Authorization for Examination and/or Treatment", within 4 hours of request
  - Instruct the employee to contact the supervisor immediately after examination and treatment
  - Inform the employee that it is their responsibility to provide medical evidence as to his/her duty status
  - Inform the employee that it is also their responsibility to advise their physician that light duty is available

# Continuation of Pay

- Continuation of Pay (COP) is the continuation of an injured employee's regular pay for up to 45 calendar days with no charge to sick or annual leave.
- Employee must provide written diagnosis of injury, signed by a physician which includes how the injury is related to employment and number of days needed off work.

# Continuation of Pay

- Accounting Procedures
  - Only for traumatic injuries
  - Forty-five calendar day period
- Computation
  - If the injury occurs before the start of the employee's scheduled tour of duty, the first day charged is the date of injury
  - If the injury occurs during the employee's scheduled tour of duty and immediate time loss results, the first day charged to COP is the first calendar day after the date of injury

# Continuation of Pay

- Computation, con't
  - When the time loss is not immediate, the first day charged to COP is the first day of lost time following the date of injury
- COP Limitation
  - COP is calculated for each injury
  - COP can be paid only if the disability begins within 45 calendar days of the injury

# Continuation of Pay

- Authorization and Supporting Evidence
  - Authorized pending receipt of the CA-1
  - Prima facie medical documentation within 10 calendar days
    - If not provided, COP discontinued and employee charged time to sick, annual, or LWOP
  - CA-1 must be submitted within 30 days from date of injury, or COP is not authorized
  - Time card entry is "LU" on date of injury
  - Time card entry is "LT" for time lost due to injury

# Follow up with employee

- Phone employee at home
  - Ask what limitations doctor placed and why.
  - When will employee be able to return.
  - Emphasize light duty, modification of duties.
  - Emphasize sympathetic caring.
  - If employee must be off more than a week, phone employee every week for status.
  - Remind employee he/she must furnish a medical statement ASAP supporting time off work.

# What if you think this injury is not “legit” ?

## Some Red Flags to be aware of:

- Unexplained time delay in reporting injury or getting medical care.
- There are no witnesses even though injury happened in area where it should have been observed.
- Witness frequently serves as witness for other injuries.
- Disciplinary action, downsizing, transfer facing employee.
- Injury reported immediately after weekend or holiday.
- Employee changes account of how injury happened.

# If you spot a “Red Flag”

- You must input CA-1/CA-2 & give copy of CA-16 to ICPA **but** communicate to ICPA questions you have about injury being Army’s fault.
- Write down all information you have and give to ICPA. A challenge must be mailed to OWCP immediately on all suspicious claims.
- Army has only ONE opportunity to challenge a suspicious claim, and that is when the claim is first made.

# Challenge a Suspicious Claim

- Challenge must be based on facts;  
being a poor performer is not adequate reason.
- Your investigation & notes are crucial.
- There is no format or form for a challenge,
  - It is simply a written synopsis of the facts, signed by you or by the ICPA
  - The suspicious claim you don't challenge may become Army's million-dollar claim in the future

# What if COP is used up ?

- Remember COP is capped at 45 calendar days, which includes weekends & holidays.
- If injury recovery lasts longer than 45 days, employee can use own leave and pay continues as usual. Employee can also use LWOP and apply for “compensation” on a CA-7 form. This means he gets 75% of pay with dependents or 66 2/3% if no dependents. “Compensation” is non-taxable. Be certain which choice employee wants to make. Confer with ICPA.

# What if employee returns part-time?

- Employee can either use own leave for hours not worked – or can chose LWOP for those hours and claim “compensation” on a CA-7 form. Work closely with ICPA to ensure all steps are followed correctly.

# What if employee can't do full duties ?

- Sometimes doctor places restrictions on what returning employee can do.
- We must abide by these restrictions !! Example, if doctor says cannot lift more than 10 pounds, do not assign any heavier work than that.
- If restrictions are permanent, job may need to be assigned to another employee and modified job created for returning employee.
- If restrictions appear unreasonable, work with ICPA to request OWCP get 2<sup>nd</sup> medical opinion.

# Supervisor's Final responsibility

- Get injured employee back to work.
- If an employee is "out on injury comp" Army pays him. If we don't get employee back, Army pays him for his entire life !!
- If employee returns to work, eventually he retires like the rest of us.
- If employee returns, he is subject to same personnel regulations as all other employees.

# What if injured employee can't return ?

- If employee is never able to meet physical requirements of old job, work with staffing & ICPA to create new job within employee's capabilities
- Remember Army is paying employee whether he works or stays home.

# Why is it so important to get injured employees back ?

- Remember 80% of DOD's workers comp \$ are spent on compensation for employees who are out for years.
- If Army doesn't get workers back, Army still pays them via workers compensation rolls.
- Most injured employees can do "something" so find out what employee can do & build a position around that.

# DOD's Pipeline Program

- "Pipeline" provides position & pays salary for first 365 days for returning employees who have been out for 90 days or more
- DOD transfers money to your activity on a MIPR
- Designed to assist installations in returning employees to work

# Recap of supervisor's role

- 1. Prevent injuries
- 2. Handle injuries correctly if they occur
- 3. Investigate all facts of injuries and challenge all suspect claims
- 4. Input claim into EDI or give CA-1/CA-2 to ICPA if you have no computer access
- 5. ICPA is your partner in all aspects of Workers Comp
- 6. Getting injured employees back to Army's workforce is a win-win for everyone

# Where to get more information:

Contact your ICPA (Injury Compensation Program Administrator, located in the CPAC office at Fort Sam Houston)

[rosanne.cardenas.miller@conus.army.mil](mailto:rosanne.cardenas.miller@conus.army.mil)

210-221-2420 or

Eva Dixon, (Injury Compensation Program Administrator, located in the CPAC office at Fort Huachuca, 520-533-1481

[eva.dixon@hua.army.mil](mailto:eva.dixon@hua.army.mil)

# QUESTIONS?

