

CONTENTS

INTRODUCTION	Page 3
WHAT IS WORKERS' COMPENSATION?	Page 4
WHO IS COVERED?	Page 4
WHAT EMPLOYEE INJURIES ARE COVERED/NOT COVERED?	Page 5
WHAT DO I DO WHEN AN EMPLOYEE IS INJURED?	Page 6
REPORTING REQUIREMENTS	Page 6
WHAT ELSE CAN EMPLOYING AGENCIES DO?	Page 7
REPORTING CHANGES IN WORK STATUS	Page 7
HOW ARE DISABILITY BENEFITS DETERMINED?	Page 8
DEATH CLAIMS	Page 10
OFFSETS	Page 10
REPAYMENT	Page 11
DISCHARGE OF EMPLOYEES	Page 11
SPECIAL DISABILITY TRUST FUND	Page 11
DISPUTES/STATUTE OF LIMITATIONS	Page 11
RETURN-TO-WORK PROGRAM	Page 12
SAFETY IN THE WORKPLACE	Page 13
DRUG-FREE WORKPLACE PROGRAM	Page 13
FRAUD	Page 13
PENALTIES	Page 14

What to do When an Employee is Injured

Appendix A	DEFINITIONS	Page 16
Appendix B	THE DIVISION OF RISK MANAGEMENT ORGANIZATIONAL CHART	Page 18
Appendix C	MAP OF FLORIDA SHOWING WORKERS' COMPENSATION SPECIALISTS' UNIT ASSIGNMENTS BY COUNTY	Page 19
Appendix D	INTERNET E-MAIL ADDRESSES 21	Page
Appendix E	FREQUENTLY USED ADDRESSES & TELEPHONE NUMBERS	Page 23
Appendix F	MAXIMUM WEEKLY COMPENSATION ALLOWED FOR ACCIDENTS AFTER:	Page 24
Appendix G	SALARY INDEMNIFICATION COSTS OF STATE AGENCIES	Page 25

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

INTRODUCTION

This booklet is intended to give information to you as a supervisor of an injured State employee, and to outline your obligations, rights, and responsibilities as an employing agency under the Florida Workers' Compensation Law. The State of Florida as an employer is self-insured for workers' compensation insurance coverage. The Division of Risk Management (DRM), Department of Financial Services administers this self-insured program under the provisions of Chapter 284, Florida Statutes.

Medical treatment for a work related injury is provided on a "medically necessary basis" that is determined by the treating physician. Medical treatment for State employees with a work related injury occurring between January 1, 1997 and December 31, 2008 was administered under a managed care contract, as allowed by Section 440.13, Florida Statutes. The law requiring managed care was amended in 2001 making the use of managed care optional for workers' compensation medical services. Effective January 1, 2009 the DRM has opted out of managed care.

The current contract for medical case management is with OptaComp, the workers' compensation affiliate of Blue Cross Blue Shield of Florida. Protegrity (Humana) continues to be responsible for medical case management on accidents that occurred between January 1, 1997 and December 31, 2002. CorVel Corporation is responsible for medical case management on dates of accident that occurred between January 1, 2003 and December 31, 2008.

The Florida Workers' Compensation Law is administered by the Division of Workers' Compensation, Department of Financial Services. The Division of Workers' Compensation regulates all employers and employees subject to the workers' compensation law (not just State employees).

This booklet is designed to provide general information to help you understand the employer's responsibilities under the law. It is not intended to be used as a comprehensive guide on all workers' compensation issues you may encounter. The workers' compensation law is constantly changing and many issues are determined by the factual circumstances of a claim and any applicable case law. In most instances, you will need to rely on the expertise of DRM's Workers' Compensation Specialists (and defense counsel) handling your agency's claim(s). If you need more detailed information than what is provided in this booklet, please call DRM's Bureau of State Employees' Workers' Compensation Claims at (850) 413-3123.

Workers' compensation claims occurring prior to January 1, 2009 were assigned to DRM staff according to the northern, central, and southern portions of the State and then by alphabet according to the injured employees last name. The Florida map is on Page 18 indicates the counties included in the jurisdiction of DRM's three work units for your reference regarding claims that occurred prior to January 1, 2009. After January 1, 2009 all claims will be assigned to DRM staff by agency or university. Please see the spreadsheet on Page 19 to determine the DRM staff member assigned to a specific claim.

We, at DRM, believe that by working together we can effectively provide appropriate benefits to all injured State workers in a cost efficient manner.

WHAT IS WORKERS' COMPENSATION?

What to do When an Employee is Injured

The Division of Risk Management (DRM) provides workers' compensation coverage to all departments of the State of Florida, their employees and volunteers. Employees are provided workers' compensation coverage from the first day of employment. The DRM workers' compensation program pays all medically necessary care to treat State employees that suffer a work related injury or exposure. The program also pays State employees for part of their lost-wages due to a work related injury or exposure.

Medically necessary care includes physicians, pharmacy, surgical, hospital, and dental care resulting from a work-related illness or injury. Employees are reimbursed for reasonable travel costs associated with going to and from the doctor, hospital, or other places of authorized treatment. Reimbursement is paid at the rate of \$.29 per mile for travel necessary to and from medical treatment for trips that occurred prior to July 1, 2006 and \$.445 per mile for travel necessary to and from medical treatment that occurred after July 1, 2006.

Rehabilitation services for injured workers who need help to return to employment may be available if the employee was injured or became ill because of conditions on the job. The employer's obligation to provide these services varies depending on the date of injury. For dates of injury 10/1/89 and forward, the State may voluntarily offer rehabilitation services to an injured State worker, but is not required to do so. The State worker may accept or reject these services. The State worker may request a vocational evaluation from Reemployment Services at the Department of Education if the worker feels that additional training and education are necessary to return the worker to suitable, gainful employment. Reemployment Services at the Department of Education may be contacted by calling (850) 245-3470, or the request may be made to DRM.

Generally, the injured employee is entitled to receive 66 2/3% of his or her pre-injury average weekly wage up to a maximum set by the workers' compensation law for the year in which the injury occurred. The employee's average weekly wage is generally computed by determining the employee's gross (before taxes) earnings during the thirteen weeks before the date of accident excluding the week of injury, and dividing the total by 13 (see Appendix A for Definition of Wages and other general terms used in workers' compensation). If an injured State worker has a second job where he or she is also covered by workers' compensation insurance, then the employee's gross earnings from the second job will also be included in the average weekly wage. Gross wages also include the value of certain fringe benefits (such as employer contributions for health insurance) unless the State continues to provide these benefits during the employee's recovery period.

WHO IS COVERED?

All employees of the State of Florida are covered under the DRM workers' compensation program from their first day on the job. That includes full-time, part-time, and temporary employees whether they are career service employees, select exempt employees, or senior management system employees. Volunteer workers to State agencies are covered for medical benefits. DRM does not provide workers' compensation coverage for contracted employees, independent contractors, or vendors who provide services to State agencies. DRM will determine whether or not an individual is covered under its workers' compensation program.

WHAT EMPLOYEE INJURIES ARE COVERED/NOT COVERED?

The law requires that the employer be responsible for all accidental injuries and occupational diseases arising out of and in the course of employment and diseases and infections resulting from such injuries. It also covers death resulting from such injuries within specified time periods. Generally, no compensation is payable if the injury was caused primarily by the employee's intoxication, by the influence of non-

What to do When an Employee is Injured

prescribed drugs, or willful intention to injure or kill himself or another person. Compensation is not payable if an employee suffers from a disease that reveals itself as a fear of or dislike for a person because of his or her race, color, religion, sex, national origin, age, or handicap. An accident or injury which is demonstrated as a disability caused by the accidental aggravation of a venereal disease is not compensable nor is disability due to the habitual use of alcohol or drugs. An injury resulting from stress, fright, or excitement causing a mental or nervous condition is not considered to be an injury arising out of and in the course of employment.

State employees are not eligible for workers' compensation benefits from DRM if injured while performing mentor/volunteer services or while traveling to and from such activities. Mentoring employees are considered to be volunteers for the school districts, etc., for whom they are providing services. Employees should be cautioned regarding volunteer work for those organizations that are not a county, municipality, or other governmental entity.

The law provides that if the injury is caused by the knowing refusal of the employee to use a safety appliance or observe a safety rule, compensation may be reduced by 25%.

There are also certain legal rules governing when an employee will be covered when engaging in social or recreational events. Generally, injuries incurred by an employee during such events will not be covered unless the employee was expressly required by the employer to attend these events and the employer receives a substantial benefit because the employee participated in the social or recreational activity. The benefit must be in addition to an increase in employee health or morale.

An employee who is coming to work or going home from work is not eligible for workers' compensation benefits unless the employee was at the time performing a special errand or duties required by the employer. Law enforcement employees traveling to and from work may be covered when they are discharging a primary responsibility within the State in a place and under circumstances reasonably consistent with that primary responsibility.

If an employee leaves the employer's premises or performs other activities unrelated to his or her employment and is injured, the employee would not be eligible for benefits unless the activities were specifically authorized by the employer or designed to save property or life in an emergency.

Injuries which occur as a result of a new accident (not arising out of the employee's employment) while the employee is recovering from a previous accident would only be compensable if the second accident occurred while the employee was traveling to or from a health care provider for the purpose of receiving remedial medical treatment for the compensable injury.

Potential legal problems could arise if supervisors or other agency staff who are unfamiliar with the more technical legal issues of workers' compensation advise an employee that an accident or injury is or is not covered. It is a better practice to advise the employee that the First Report of Injury information will be phoned in to OptaComp, and allow DRM to determine what benefits are due.

DRM routinely investigates each claim where it is not obvious that the injury is job-related or arose out of and in the course of employment. You should contact DRM at the time you phone in the First Report of Injury information to advise the Workers' Compensation Specialist of any concern you may have about your employee's injury being job-related or connected to his or her employment.

WHAT DO I DO WHEN AN EMPLOYEE IS INJURED?

What to do When an Employee is Injured

In a medical emergency, transport the injured employee to the nearest medical facility or call 911 for emergency assistance. Following the arrangement of emergency medical treatment for the injured employee, call 1-877-518-2583 to report the injury to the OptaComp Intake Unit.

If injury requires non-emergency treatment, call 1-877-518-2583 immediately and prior to obtaining medical treatment. OptaComp will assist you and the injured employee in seeking an appropriate medical provider from within the OptaComp Clinician Panel. OptaComp provides this service 24 hours a day, seven days a week, 365 days a year.

REPORTING REQUIREMENTS

Along with making sure your employee gets medical treatment, the law requires that a First Report of Injury form be submitted to the DRM, Bureau of State Employees' Workers' Compensation Claims. Section 284.385, Florida Statute, requires all agencies covered by the DRM program to immediately report all workers' compensation claims for handling.

Effective January 1, 2009, agencies and universities covered by the DRM program are required to phone in First Report of Injury information to OptaComp at 1-877-518-2583. OptaComp will arrange initial medical treatment for the injured employee as determined through the triage process. OptaComp produces the First Report of Injury (Form DWC-1) and a copy is provided to the reporting agency, the injured employee and to DRM.

The reporting agency should be prepared to provide the following information when contacting OptaComp to report an injury:

- The 4-digit location code.
- The employee's class title.
- The employee's class code.
- The injured employee's full name.
- The injured employee's Social Security number.
- The injured employee's home address, telephone number and birth date.
- The injured employee's rate of pay.
- The injured employee's employer, address, phone number and contact person.
- The date the employer had knowledge of the accident or injury.
- The location of the accident (i.e. premises, job-site, on route, in field, etc.), including the address and county in which the accident or injury occurred.
- The date and time of the accident or injury.
- The description of the accident. (How it occurred? What was the cause?)
- The description of injury. (Describe the injury and part of body, which is affected.)

Another important form is the **Thirteen Week Wage Statement/Form DWC-1A**. This form must be completed and e-mailed, faxed or mailed to the Bureau of State Employees' Workers' Compensation Claims, P. O. Box 8020, Tallahassee, FL 32314-8020, so as to arrive no later than 9 calendar days following the date of accident. If you are able to fax the Wage Statement, please do so and then follow up by sending the original copy by mail. Please note that there could be penalties enforced against your agency as the employer for failure to timely file the **First Report of Injury** and **Wage Statement** forms. (Wage Statement forms only need to be completed on cases where employee loses in excess of 7 days).

What to do When an Employee is Injured

If there is any change in an employee's average weekly wage due to termination of fringe benefits by the employing agency or you discover that an error was made in the original wage statement submitted, you must submit a revised/corrected Wage Statement to DRM within 7 days of the change. The revised/corrected Wage Statement must contain the wages paid and the value of fringe benefits that had been provided to the employee.

WHAT ELSE CAN EMPLOYING AGENCIES DO?

In addition to meeting the requirements required by law, we recommend the employing agency also take an active role in the recovery of its employees. It is very important that injured employees know their employer is concerned about their well-being and recovery. Does your agency send get-well cards to injured employees periodically? Do the supervisors call intermittently to voice their concern? It is **critical** that any contact be perceived by the injured employee as the employer showing concern about the progress of the employee's recuperation.

REPORTING CHANGES IN WORK STATUS

The Employer must notify DRM any time the employee's "work status" changes. This occurs most commonly when:

1. Employee starts to lose time from work after it was originally reported on the First Report of Injury that the employee had returned to work.
2. Employee returns to work after it was originally reported that the employee was not working. (This form, of course, is also used to report the employee's return to work date.)
3. Termination of employee along with supporting documentation.

It is very important that you report any work status changes as soon as possible after they occur. This allows DRM, for example, to stop paying benefits as soon as possible after an employee has gone back to work. This reduces the chance that the employee will be receiving both salary and workers' compensation benefits, causing the need to request reimbursement from the employee.

HOW ARE DISABILITY BENEFITS DETERMINED?

Under the workers' compensation law, the first seven calendar days of an employee's disability is a waiting period. The employee is eligible for disability payments beginning with the eighth day of disability, which may be a total or partial disability. The employee is paid for the first seven days only if he/she is medically disabled for more than 21 days. However, under the State employment system, an injured State worker's first seven days of disability are considered to be Disability Leave. This is a benefit that is provided to all State employees (except OPS). Therefore, a State employee is paid for up to the first seven days of disability by being placed on Disability Leave. (OPS employees receive disability payments for the first 7 days, only after 21 days of disability). The employee is entitled to 40 hours of disability leave and may use this time intermittently (see 60L-34.0061, FAC).

The law requires that the first payment of compensation is due to be paid by the fourteenth day after the employer has knowledge of the injury. Thereafter, the injured employee receives bi-weekly payments until

What to do When an Employee is Injured

he or she returns to work. As stated earlier, for this reason, it is important that the **First Report of Injury** and **Wage Statement** forms be completed and sent to our office as soon as possible after the accident or injury has occurred.

Under the current law, there are several types of disability benefits. The following is a very general explanation of these benefits so that you will be familiar with the terminology. Please keep in mind that the workers' compensation law pertaining to disability benefits is complicated and has changed frequently during the past several years. Additional information can be obtained by calling DRM in regard to the following types of disability benefits:

Temporary total benefits – are paid for a disability that totally prevents an employee from working during a limited or temporary period of time before the employee has reached maximum medical improvement. An employee will be paid compensation at 66 2/3% of pre-injury average weekly wage, up to the State maximum (see Appendix F) for the year the injury occurred. For certain serious injuries, such as total blindness, the compensation rate increases to 80% of average weekly wage for six months from date of accident, subject to a maximum weekly compensation rate of \$700. The compensation then reverts back to 66 2/3% at the end of the six-month period.

State agencies are billed for the first 10 weeks (see Appendix G) of temporary total disability benefits paid by DRM. The agency is required to reimburse the State Risk Management Trust Fund so it is very important that the information regarding the employers' location code, the employee's class title, and the employee's four-digit class code are accurately provided.

Temporary partial benefits – are paid for a disability that allows an employee to work in a limited capacity during recovery, either working fewer hours or performing a light or modified duty job. This normally occurs when an employee is no longer temporarily totally disabled, but has not yet reached maximum medical improvement. Temporary partial benefits are equal to 80 percent of the difference between 80 percent of the employee's average weekly wage and the salary, wages, and other remuneration the employee is able to earn, as compared weekly (for dates of accident prior to 7/1/90, the formula percentages were 95% and 85%). These benefits may or may not be paid automatically, depending on the date of accident.

Wage loss benefits – are available on claims with a date of accident prior to 1/1/94, in which an employee suffers a permanent impairment resulting in one or more work-related physical restrictions which directly results from the injury. The permanent impairment has to result in a work-related physical restriction which will affect the employee's ability to perform the activities of his or her usual or other appropriate employment. Wage loss benefits can be paid for any two-week period after an employee reaches maximum medical improvement should the employee be unable to return to former employment, or return to work with a reduction in the pre-injury wage. The employee must show that the wage loss is due to the injury, and not just economic reasons alone or the unavailability of employment.

A permanent impairment rating determined by a doctor, according to a disability rating guide established by the Division of Workers' Compensation, will be needed before any wage loss benefits are paid. This type of disability also requires that the employee request payment on certain forms provided by DRM. A new form must be provided to DRM every two weeks, and we then have 14 days from the date received in which to process the forms. If the employee is not employed, he or she must show on the form that he or she has made a valid job search which should consist of looking for at least five jobs a week, or show that he or she is employed but suffering a reduction in the pre-injury average weekly wage. As with temporary partial benefits, the eligibility to receive wage loss benefits varies according to the date of accident and formulas

What to do When an Employee is Injured

prescribed by the workers' compensation law. Eligibility for wage loss benefits terminates at the end of any two-year period after the date of maximum medical improvement, unless wage loss benefits have been paid for at least three consecutive months.

Permanent impairment benefits - are payable for disabilities that result in amputation, serious vision loss, or serious facial or head disfigurement. Compensation is based on the extent of the permanent impairment assigned by the physician after the employee has reached maximum medical improvement, and is payable in addition to other compensation benefits, except permanent total benefits.

Once the employee has reached maximum medical improvement, a one-time lump sum payment is due to the employee. The amount of payment varies according to the permanent impairment rating attributed to the employee, which is necessary before this type of benefit can be awarded.

Employees are not eligible to receive permanent impairment benefits if their date of accident is on or after January 1, 1994.

Impairment income benefits - are payable only for injuries that result in a permanent impairment rating based on objective findings. For dates of accident between 1/1/1994 and 9/30/2003, once the employee has reached maximum medical improvement, impairment income benefits are paid at a rate equal to 50% of the average weekly temporary total disability rate. Benefits are paid weekly for a period equal to 3 weeks for every percentage point of permanent disability. (Example: Employee is placed at maximum medical improvement on July 1 with a 5% permanent impairment rating. Benefits begin on July 2 and are paid for 15 weeks.) For dates of accident on or after 10/1/2003, the impairment income benefits are paid bi-weekly and the weekly rate and number of eligible weeks are determined by the percentage of impairment and the work status of the employee.

Supplemental benefits - are payable only for disabilities that result in an impairment rating of 20 percent or more if the injured employee either has not returned to work and has performed a good faith job search or has returned to work and is earning less than his or her pre-injury wage, according to formulas prescribed by the workers' compensation law. This type of disability also requires that the employee request payment on certain forms provided by DRM. Eligibility for supplemental benefits shall terminate if 12 months go by and the employee has not qualified to receive supplemental benefits.

Only employees with a date of accident from 1/1/1994 through 9/30/2003 may be eligible for supplemental benefits.

Permanent total benefits - are payable for disabilities that prevent an employee from ever returning to work or even doing light or modified duty work. Obviously, the degree of disability is determined by a doctor when determining any of these types of benefits. Compensation is paid at a rate of 66 2/3% of the employee's pre-injury average weekly wage for as long as the disability continues.

For dates of accident on or after 10/1/2003, permanent total benefits cease at age 75 unless the accident is after the employee's 70th birthday, then benefits shall be paid during the continuance of permanent total disability not to exceed 5 years of permanent total disability benefits.

In addition during the period of permanent total disability the employee may be eligible for permanent total disability supplements. The supplement rate and duration of benefits depend on several factors.

DEATH CLAIMS

What to do When an Employee is Injured

If an employee dies as a result of an injury suffered during the course of employment, you must give notice by telephone to the Department of Financial Services, Division of Workers' Compensation, within 24 hours. The phone number is 850-413-1601, Fax number 850-921-2572. Death claims should be reported to OptaComp just like any other claim by calling 1-866-786-3351. Please also notify DRM at the same time.

If a worker dies as a result of an accident within one year or within five years of the accident if there has been continuous disability, death benefits may be owed to the surviving dependents. The amount of benefits will vary according to the number of legal dependents, but will not exceed 66 2/3% of the worker's average weekly wage before injury. The total amount of compensation cannot exceed \$150,000 to be paid out in bi-weekly payments (not in a lump sum). In addition, up to \$7,500 in actual funeral expenses can be paid.

OFFSETS

Depending on the date of accident, an employee's workers' compensation benefits may be reduced if the employee is also receiving social security disability, in-line-of-duty disability, or other collateral sources of income. The amount of reduction is determined by a formula prescribed by the workers' compensation law.

REPAYMENT

If an employee has received a sum as an indemnity benefit under any classification or category of benefit under this chapter to which he is not entitled, the employee is liable to repay the sum to the employer or the carrier or to have that sum deducted from future benefits, regardless of the classification of benefits, payable to the employee under this chapter; however, a partial payment of the total repayment may not exceed 20 percent of the amount of the biweekly payment.

DISCHARGE OF EMPLOYEES

Under the workers' compensation law, an employer cannot discharge, threaten to discharge, intimidate, or coerce State employees because the employee files or attempts to file a claim for workers' compensation benefits.

Generally, an employing agency should not attempt to discharge an employee because the employee cannot perform the functions of the job until the employee has reached maximum medical improvement and an assessment of the employee's ability to perform in a job within the agency has been completed.

Any decision to discharge an employee receiving workers' compensation benefits should be coordinated with the agency personnel office and DRM. Immediately notify DRM when such a decision has been made by providing a copy of the termination notice.

Please note that termination does not result in a termination of workers' compensation benefits to that employee, and the employing agency will continue to be charged for benefits paid.

SPECIAL DISABILITY TRUST FUND

The Special Disability Trust Fund was established to encourage the hiring of persons with pre-existing disabilities. This fund reimburses the insurance carrier if a previously disabled employee sustains a subsequent injury and the prior condition causes the employee to have a greater disability or greater loss of wages than he or she would have had from the subsequent injury alone. In order to obtain reimbursement, the employer must have been aware of the pre-existing disability.

In the past all State personnel offices required employees to complete a form upon employment which provides information about the employee's pre-existing disabilities. The Florida Legislature in **HB 1933**, closed the fund to new claims as of January 1, 1998; therefore completing the form is no longer necessary after this date. If DRM determines that there is a possibility of a recovery from the Special Disability Trust Fund, the Workers' Compensation Specialist will contact the personnel office to obtain a copy of the form completed by the employee about his or her pre-existing disabilities and may also contact the employee's supervisor for information about the employee's pre-existing disabilities.

DISPUTES/STATUTE OF LIMITATIONS

If an injured worker has any disputes or disagreements about the workers' compensation benefits being provided, he or she may elect to file a Petition for Benefits. The Office of the Judge of Compensation Claims will then refer the matter to mediation. If the matter cannot be resolved through mediation, the employee may request a hearing before a judge of compensation claims. DRM hopes to be able to resolve disputes so there is no need for litigation. It is hoped that any injured State worker would bring problems to the attention of the DRM Workers' Compensation Specialist handling their claim to see if the issue may be resolved.

If an injured worker has a dispute about the benefits being provided and does not file a Petition for Benefits within two years of the date of accident (or date the employee knew that an injury or illness was work related), the employee loses any legal ability to claim those benefits. As of 1/1/94, however, the payment by the carrier of disability benefits or furnishing of medical treatment tolls the statute of limitations for only one year from the date the last payment was made. The one-year statute of limitations does not apply to issues regarding compensability, the date of maximum medical improvement, or permanent impairments.

RETURN-TO-WORK PROGRAM

All State agencies should have an established modified duty return-to-work program for injured State employees to include light or modified duty, part-time, or other modifications involving the work site or equipment. Each agency's personnel office and workers' compensation claims coordinator or safety coordinator should be able to provide information on whether or not the agency has established such a program. The purpose of this program is to enable the employee to return to work during the period of the employee's recovery from the injury. This not only allows the agency to retain experienced staff, but also reduces the amount of workers' compensation benefits the employing agency will be paying through the DRM program.

The authority for State agencies to return employees to a modified or alternate duty position is in Section 216.251(2)(b)2, Florida Statutes. This section states: "When the DRM of the Department of Financial Services has determined that an employee is entitled to receive a temporary partial disability benefit or a

What to do When an Employee is Injured

temporary total disability benefit pursuant to the provisions of s. [440.15](#) and there is medical certification that the employee cannot perform the duties of the employee's regular position, but the employee can perform some type of work beneficial to the agency, the agency may return the employee to the payroll, at his or her regular rate of pay, to perform such duties as the employee is capable of performing, even if there is not an established position in which the employee can be placed. Nothing in this subparagraph shall abrogate an employee's rights under chapter 440 or chapter 447, nor shall it adversely affect the retirement credit of a member of the Florida Retirement System in the membership class he or she was in at the time of, and during, the member's disability.

The OptaComp nurse case manager is responsible for providing the completed DWC-25 form to the employing agency and DRM. The DWC-25 will list any functional restrictions that an employee has in regards to a work related injury. It is the responsibility of the employer to determine: 1) if the functional restrictions listed on the DWC-25 prevent the employee from performing his/her regular duties; 2) if not to return the employee to his/her regular duties; 3) if unable to perform regular duties for making a determination on alternate or modified duty; and 4) notify DRM if the employee is not working a full 40 hours per week at either the normal job or an alternate job.

SAFETY IN THE WORKPLACE

Each agency within State government has designated a safety coordinator whose responsibilities include establishment of a loss prevention program for that agency, investigation of work-related injuries by employees of that agency, and establishment of an agency safety program. All safety coordinators are members of The Interagency Council on Loss Prevention. That organization works to develop and maintain safety awareness and loss control programs. Their major goals are to improve safety in State agencies and reduce the number of injuries.

Your agency is required to have a safety plan in order to ensure that the work environment is safe and that the life, health; safety of all employees is protected. If you have any questions regarding whether certain equipment meets safety requirements, certain safeguards are adequate for your work unit's operations, or any other issue regarding safety, such as OSHA requirements, you should contact the safety coordinator with your agency. Your safety coordinator should be knowledgeable as to any policies and procedures pertaining to your agency in regard to safety matters and can coordinate any additional assistance you may require for your program. You may wish to contact your agency safety coordinator if you become aware of an unsafe area or condition or to discuss how to prevent future accidents if an injury occurs. Your safety coordinator may also be able to help you establish a return-to-work program in your area. If an injury is caused by the knowing refusal of an employee to use a safety appliance or observe a safety rule, compensation benefits may be reduced by 25%. If an employing agency wants to be able to hold its employees accountable for using safety appliances or failure to follow a safety rule, appropriate policies and procedures must be established within the agency. You should discuss all matters pertaining to the establishment of safety appliances and safety rules with your agency safety coordinator. Your safety coordinator will be able to assist you in setting appropriate safety standards and guidelines.

DRUG-FREE WORKPLACE PROGRAM

What to do When an Employee is Injured

Your agency may have implemented a drug-free workplace program according to rules adopted by the Division of Workers' Compensation (Sections 440.101 and 440.102, Florida Statutes). If such a program has been implemented you must be sure to follow all the rules that apply to such programs.

If your agency has adopted such a program and you have reason to suspect that an injury was caused primarily by the employee's intoxication or use of a non-prescription drug, you may require the injured employee to submit to a test to determine the presence of drugs or alcohol in the employee's system.

FRAUD

If you information that you feel indicates fraud may be involved in a workers' compensation claim, you should immediately report such information to the Bureau of Workers' Compensation Fraud, Department of Financial Services. If you are within the "850" area code they may be called at 850/413-3261, or toll free 800/378-0445, or you may reach them by writing to the Bureau at 200 East Gaines Street, Tallahassee, Florida 32399-0300. You may also report suspected fraud to DRM.

Any information you receive should be reported. As an example, a co-worker may tell you that the employee claiming benefits is working at a another job, or has been seen remodeling his house while he or she is supposedly disabled from working. While such information may not always lead to a termination of benefits or an action for fraud against the employee, your workplace is often the only source of this type of information, so it is vital that this information be provided to the Bureau of Fraud if your agency is to reduce workers' compensation losses because of fraud.

You should also contact the Workers' Compensation Specialist handling the claim at DRM when such a report is made to the Bureau of Workers' Compensation Fraud. The Bureau will then contact our Division to conduct an investigation into the claim, so as to determine if actionable fraud has been committed and the future course of action on the matter. You do not have to determine if fraud has been committed. All you need to do is report the information so that an investigation can be conducted by the appropriate authorities who have the expertise to determine if fraud has been committed and what course of action can be taken.

PENALTIES

As an employer and representative of the employing agency, you have certain obligations in order to ensure that your injured workers receive their benefits in a timely manner and that all appropriate paperwork is filed in a timely manner. Several provisions have been included in the workers' compensation law to assess penalties if proper procedures are not followed. **Please note that these penalties could be assessed against your agency if you do not comply with these procedures.** We must work together to ensure that your injured workers receive their benefits in a timely manner. The following are examples of areas examined by the Division of Workers' Compensation at the Department of Financial Services.

1. **DISCHARGE OR DISCIPLINE OF EMPLOYEES.** It is unlawful for any employer to discharge or refuse to hire any employee because the employee has filed a workers' compensation claim. It is also unlawful for an employer to discharge, discipline, or take adverse personnel action against an employee because they have reported to the Division or any law enforcement agency violations of any of the provisions of the workers' compensation law. (Second-degree misdemeanor)
2. **FRAUD.** It is unlawful for any person to make any false, fraudulent, or misleading oral or written statements for the purpose of obtaining or denying benefits. (Third degree felony)

What to do When an Employee is Injured

3. **CHANGE IN AVERAGE WEEKLY WAGE.** In the event an agency stops providing fringe benefits during the period the employee is eligible for disability benefits, a revised/corrected 13-week wage statement must be filed with the DRM within 7 days which contains the wages paid and the value of fringe benefits that had been provided to the employee. (Administrative fine, penalties and interest)
4. **FIRST REPORT OF INJURY.** The First Report of Injury information must be phoned in to OptaComp immediately after notice of injury is given to employer or injured employee's supervisor. In addition, if the injury results in the death of an employee, the agency must notify the DRM and the Division of Workers' Compensation within 24 hours of the injury. (Administrative fine up to \$1,000.00 per occurrence for non-compliance.)
5. **CHANGES IN WORK STATUS.** The agency must immediately notify the DRM of any change in an injured employee's work status. If the employee begins losing time from work, the DRM must issue disability checks in a timely fashion or the agency may be subject to pay penalties and interest. In the event an injured employee returns to work, the DRM must be notified so that unnecessary disability payments are not sent to the injured worker and then charged back to the employing agency. (Administrative fine and/or penalties and interest to injured employee)
6. **LATE PAYMENT OF DISABILITY BENEFITS.** The agency must report all claims to DRM as soon as possible by phoning in the claim information to OptaComp. Section 284.385, requires all agencies covered by DRM to immediately report all workers' compensation claims for handling. We request that you comply with this Statute by calling in the claim information to OptaComp immediately following supervisor's knowledge of the workers' compensation injury. (Administrative fine up to \$100 per instance of late payment of compensation.)

Appendix A

DEFINITIONS

The following terms are described in general terms to provide you with a basic understanding of some of the key concepts contained in this booklet. More specific information may be found for some of the terms in s. 440.02, Florida Statutes, as amended.

1. "Accident" means an unexpected or unusual event or result that happens suddenly. It does **not** include a mental or nervous injury due to stress, fright, or excitement only. The term accident also does **not** include a disease, which results from fear or dislike of an individual because of the individual's race, color, religion, sex, national origin, age, or handicap.
2. "Catastrophic injury" means an injury that results in a permanent impairment that is caused by one of the following:
 - a. Spinal cord injury involving severe paralysis of an arm, leg, or the trunk of the body;
 - b. Amputation of an arm, hand, foot, or a leg involving the effect of loss of use of that limb;
 - c. Severe brain or closed-head injury;
 - d. Second-degree or third degree burns of 25 percent or more of the total body surface or third-degree burns of 5 percent or more to the face and hands;
 - e. Total or industrial blindness;
3. "Compensable" means that an accident or injury has been determined by the insurance carrier to have arisen out of the course and scope of employment and the individual who had the accident is eligible to receive workers' compensation benefits.
4. "Compensation" means the money paid to an injured worker for part of the wages he or she might lose if the injury or illness disables the employee for more than seven (7) calendar days and he or she is unable to earn the same wages in the same or any other job as he or she earned at the time of injury. (Compensation or compensation benefits means the same as indemnity benefits.)
5. "Disability" means inability (because of the work related injury) to earn the same wages in the same or any other job as the employee was earning at the time of injury. The different types of disability benefits are temporary total disability benefits, temporary partial disability benefits, permanent impairment benefits, wage loss benefits, impairment income benefits, permanent total disability benefits, and death benefits.

What to do When an Employee is Injured

6. "Indemnity benefits" means the money paid to an injured worker for part of the wages he or she might lose if the injury or illness disables the employee for more than seven (7) calendar days and he or she is unable to earn the same wages in the same or any other job as he or she earned at the time of injury. (Indemnity benefits means the same as compensation or compensation benefits.)
7. "Maximum medical improvement" means the date after which the injured worker is no longer in the process of recovery and will not medically improve any further. In other words, an injured worker is medically as well as they are going to be.
8. "Permanent impairment rating" means any abnormality (that is functional or anatomic) which results from the injury and exists after the date of maximum medical improvement. The permanent impairment is determined by the physician using a uniform permanent impairment rating schedule at the time the injured worker reaches maximum medical improvement or after 104 weeks of temporary total/temporary partial disability, whichever comes first.
9. "Wages" means the money earned by the State worker at the time of injury and includes only wages earned and reported for federal income tax purposes. Generally, the employee's average weekly wage is determined by computing the amount of the employee's gross earnings (before taxes) during the thirteen calendar weeks before date of accident and excluding the calendar week of the accident, and dividing the total by 13. Wages will also include the value of certain fringe benefits (such as employer contributions for health insurance) unless the employer continues to provide those benefits throughout the period the employee is entitled to disability benefits. If the injured worker was working a second job at the time of injury and the second employer also provided workers' compensation benefits, then the wages earned at the second job would also be included in the employee's average weekly wage. The employee is responsible for providing information concerning the loss of earnings from the concurrent employment.
10. "Weekly compensation rate" means and refers to the amount of compensation payable for a period of 7 consecutive days, including any Saturdays, Sundays, holidays, and other nonworking days which fall within such period of 7 consecutive days. When Saturdays, Sundays, holidays, or other nonworking days immediately follow the first 7 days of disability or occur at the end of a period of disability as the last day or days of such period, such nonworking days constitute a part of the period of disability with respect to which compensation is payable.

**Office of the Director
R.J. Castellanos, Director
Linda Keen, Assistant Director**

**Bureau of State
Liability Claims
Ray Williams, Chief**

**Bureau of State Employees'
Workers' Compensation
Claims
Denzil Weimorts, Chief**

**Bureau of Property,
Financial & Risk Services**

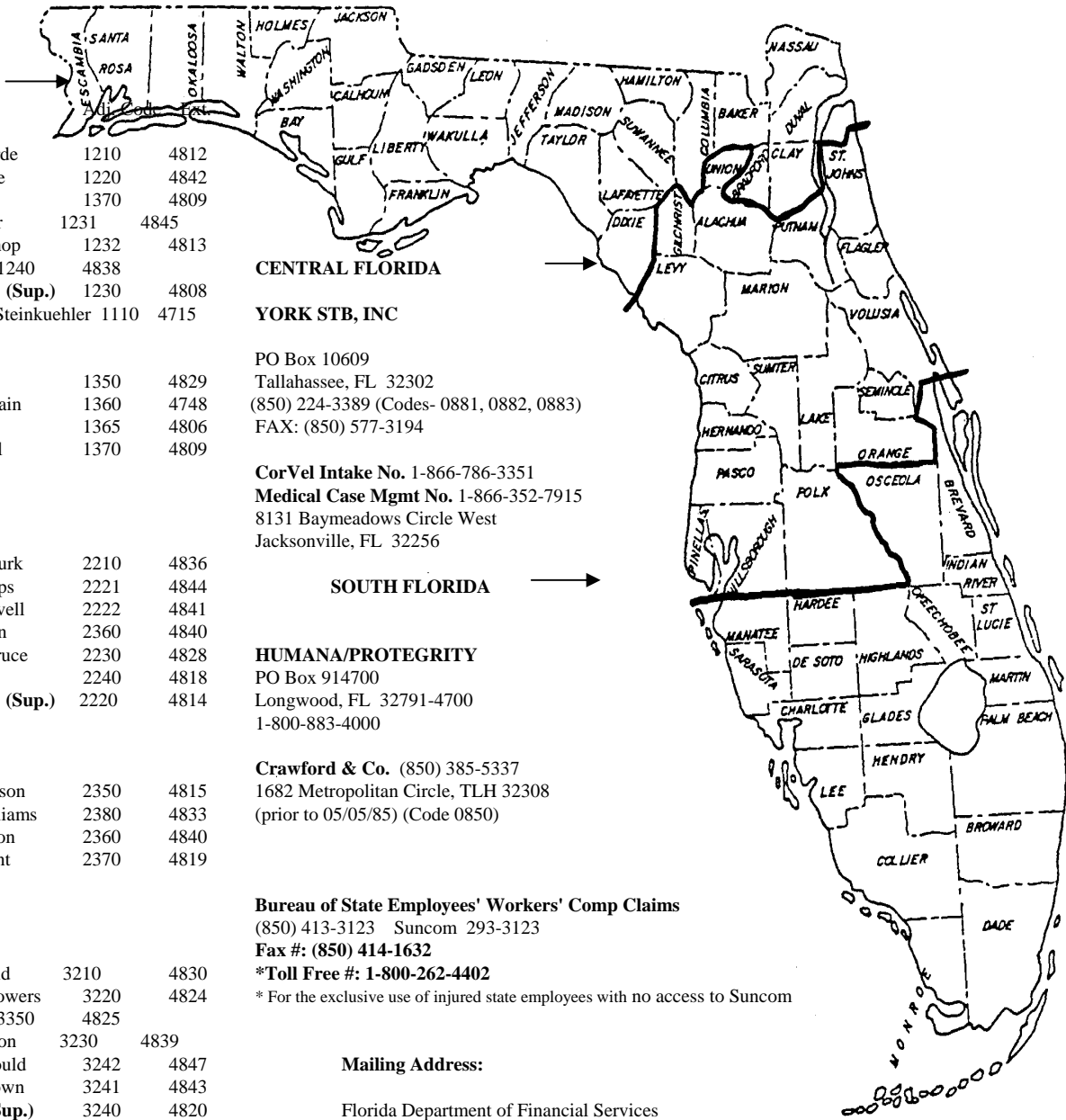
**North & Central Tort Claims
South Tort Claims
Federal Civil Rights and
Employment Claims**

**North Claims Section
Central Claims Section
South Claims Section**

**Property Program Section
Financial Services Section
Risk Services Section**

MAP OF FLORIDA

SHOWING WORKERS' COMPENSATION SPECIALISTS' UNIT ASSIGNMENTS BY COUNTY



NORTH FLORIDA

North Florida

Lost-time claims

A-Cq Erika Starke-Carde	1210	4812
Cr-Haq Sylvia Dupree	1220	4842
Har-Hz Juana Powell	1370	4809
I-MC Dana Winkler	1231	4845
O-SO Rebecca Bishop	1232	4813
SP-Z Peter Imholz 1240	4838	
MD-N Sam Walker (Sup.)	1230	4808
State Adjuster Gail Steinkuehler	1110	4715

Medical-only claims

A-Fox Emily Reyes	1350	4829
Fr-Mcf Wendy McSwain	1360	4748
Mcg-Thi Ruthie Mike	1365	4806
Tho-Z Juana Powell	1370	4809

Fax: 850-414-1632

Central Florida

Central Florida

Lost-time claims

BF-DE Tawanna Burk	2210	4836
DF-He Jamal Billups	2221	4844
Hf-L Bonnie Revell	2222	4841
M-N Susan Harrison	2360	4840
O-SM Trameka Bruce	2230	4828
SN-Z Sheila Reid	2240	4818
A-BE Susan Grissom (Sup.)	2220	4814

Medical-only claims

A-Fou Crystal Gibson	2350	4815
Fou-Mcc Janice Williams	2380	4833
Mcd-Q Susan Harrison	2360	4840
R-Z Tiffany Hunt	2370	4819

Fax: 850-414-1632

South Florida

South Florida

Lost-time claims

A-COL Idriss Ould	3210	4830
COM-G Mickey Lowers	3220	4824
H-I Gale Gatlin 3350	4825	
J-MH Troy Nelson	3230	4839
MI-Q, SA-SIL Lori Gould	3242	4847
SIM-Z Jeumika Brown	3241	4843
R - David Williams (Sup.)	3240	4820

Medical-only claims

A-Ce Gale Gatlin 3350	4825	
Cf-I Doris Daniels 3380	4822	
J-P Pam Barr	3360	4837
Q-Z Linda Strickland	3370	4821

Fax: 850-414-1632

R.N. Consultants

Candice Janes, RN	4827	
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CENTRAL FLORIDA

YORK STB, INC

PO Box 10609
Tallahassee, FL 32302
(850) 224-3389 (Codes- 0881, 0882, 0883)
FAX: (850) 577-3194

CorVel Intake No. 1-866-786-3351
Medical Case Mgmt No. 1-866-352-7915
8131 Baymeadows Circle West
Jacksonville, FL 32256

SOUTH FLORIDA

HUMANA/PROTEGRITY

PO Box 914700
Longwood, FL 32791-4700
1-800-883-4000

Crawford & Co. (850) 385-5337
1682 Metropolitan Circle, TLH 32308
(prior to 05/05/85) (Code 0850)

Bureau of State Employees' Workers' Comp Claims

(850) 413-3123 Suncom 293-3123
Fax #: (850) 414-1632
*Toll Free #: 1-800-262-4402
* For the exclusive use of injured state employees with no access to Suncom

Mailing Address:

Florida Department of Financial Services
Division of Risk Management
Bureau of State Employees' WC Claims
PO Box 8020
Tallahassee, FL 32314-8020

To dial direct: (850) 413 + ext. no. Suncom 293 + ext. no.
Department of Financial Services Headquarters
200 East Gaines Street
Tallahassee, Florida 32399-0314

W.C. Administrator
Barbara Cutts 4804

Management Review Spec.
Lisel Laslie 4832

DRM Claim Assignments for Dates of Accident on or after January 1, 2009

From	To	Adjuster #	Adjuster Name	Agencies/Universities
	016			
0101	0	1370	Juana Powell	Florida A&M Univ, Florida State Univ, New College of Florida, Univ of West Florida
	018			
0171	1	1232	Rebecca Bishop	Univ of Florida
	024			Gulf Coast Univ, Florida Atlantic Univ, Univ of Central Florida, Florida International Univ
0195	5	3242	Lori Gould	Univ
	026			
0261	6	1370	Juana Powell	Unv of North Florida
	029			
0281	9	3242	Lori Gould	Univ of South Florida
	070			
0300	0	2240	Sheila Reid	Agriculture, Administrative Hearings, Business of Profession Reg, Citrus
	103			
0900	1	1230	Sam Walker	Community Affairs, Elder Affairs, Dept of Education
	111			
1100	2	3242	Lori Gould	WorkForce Innovation
	135			
1200	0	1110	Gail Steinkuehler	Dept of Management Services, Governors Office, Health Care Administration
	153			
1400	7	3220	Mickey Lowers	Highway Safety, Financial Services
	190			
1600	4	2220	Susan Grissom	State Board of Administ, Law Enforcement, Legal Affairs, Military Affairs
	220			
2000	0	1110	Gail Steinkuehler	Environmental Protection, Fish and Wildlife, Parole Commission
	243			
2400	1	2222	Bonnie Revell	Dept of Revenue
	299			Dept of State, Dept of Transportation, Public Service Comm, Adv Ctr Persons
2500	6	2221	Jamal Billups	Disability, Dept of Lottery
	599			Veterans Affairs, Legislature, State Court System, Justice, Public Defender, State
3000	9	2222	Bonnie Revell	Attorney, Gaurdian Ad Litem, Regional Counsel, Pride Enterprises
	714			
7000	4	3241	Jeumika Brown	Agency for Persons with Disabilities
	743			
7300	2	1210	Erika Carde	DCF: Headquarters and NW Region 31
	764			
7449	0	3350	Gale Gatlin	DCF: NE Region 32 and Suncoast Region 33
	840			
7649	1	3230	Troy Nelson	DCF Central Reg 34 and SE Reg 35, Portion of Dept of Health
	849			
8403	2	2230	Trameka Bruce	Dept of Health (portion)
	890			
8600	0	1240	Peter Imholz	Dept of Juvenile Justice
	921			
9000	3	1220	Sylvia Dupree	Corrections
	936			
9220	3	1231	Dana Winkler	Corrections
	951			
9370	3	2210	Tawanna Burk	Corrections
	967			
9520	3	3210	Idriss Oulds	Corrections
	970			
9680	3	3240	David William	Corrections
	999			
9710	9	2360	Susan Harrison	Corrections

Appendix D

The following email addresses have been assigned within the Bureau of State Employees Workers' Compensation Claims:

Bureau Chief
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denzil.weimorts@myfloridacfo.com

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Juana Powell
Dana Winkler
Rebecca Bishop
Peter Imholz
Sam Walker - Sup.
Gail Steinkuehler

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Pam Barr

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Linda Strickland

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Management Review Specialist

Lisel Laslie

lisel.laslie@myfloridacfo.com

R.N. Consultants

Candice Janes, RN

candy.janes@myfloridacfo.com

APPENDIX E

FREQUENTLY USED ADDRESSES AND TELEPHONE NUMBERS

1. Department of Financial Services
Division of Risk Management
Bureau of State Employees' Workers' Compensation Claims
PO Box 8020
Tallahassee, FL 32314-8020
850-413-3123 or Suncom 293-3123
Fax # 850-414-1632
2. Department of Financial Services
Division of Fraud
Bureau of Workers' Compensation Fraud
200 E. Gaines Street
Tallahassee, FL 32399-0300
850-413-3261 or 1-800-378-0445 or Suncom 292-3116
3. Department of Financial Services
Division of Workers' Compensation
2728 Centerview Drive
Tallahassee, FL 32399-0684
850-413-1601 or Suncom 278-5201 or
800-342-1741
4. Humana/Protegrity Workers' Compensation
Humana Claims Center
P.O. Box 914700
Longwood, Florida 32791-4700
5. CorVel Corporation
8131 Baymeadows Circle West
Jacksonville, FL 32256
6. OptaComp
P.O. Box 44291
Jacksonville, FL 32231-4291

Appendix F

MAXIMUM WEEKLY COMPENSATION ALLOWED FOR ACCIDENTS AFTER:

June 30, 1959	\$42.00	(60% AWW)
December 21, 1967	49.00	"
June 30, 1970	56.00	"
June 30, 1972	66.00	"
July 1, 1973	80.00	"
January 1, 1975	105.00	"
January 1, 1976	112.00	"
January 1, 1977	119.00	"
January 1, 1978	126.00	"
January 1, 1979	130.00	"
July 1, 1979	130.00	(66 2/3% AWW)
August 1, 1979	195.00	"
January 1, 1980	211.00	"
January 1, 1981	228.00	"
January 1, 1982	253.00	"
January 1, 1983	271.00	"
January 1, 1984	288.00	"
January 1, 1985	307.00	"
January 1, 1986	315.00	"
January 1, 1987	330.00	"
January 1, 1988	344.00	"
January 1, 1989	362.00	"
January 1, 1990	382.00	"
January 1, 1991	392.00	"
January 1, 1992	409.00	"
January 1, 1993	425.00	"
January 1, 1994	444.00	"
January 1, 1995	453.00	"
January 1, 1996	465.00	"
January 1, 1997	479.00	"
January 1, 1998	494.00	"
January 1, 1999	522.00	"
January 1, 2000	541.00	"
January 1, 2001	571.00	"
January 1, 2002	594.00	"
January 1, 2003	608.00	"
January 1, 2004	626.00	"
January 1, 2005	651.00	"
January 1, 2006	683.00	"

January 1, 2007	724.00	“
January 1, 2008	746.00	“
January 1, 2009	765.00	“

APPENDIX G

284.44 Salary indemnification costs of state agencies. ---

(1) It is the intent of the Legislature, through the implementation of this section, to provide state agencies with an increased incentive to become actively involved in the prevention and management of workers' compensation claims involving state employees.

(2) State agencies covered by the State Risk Management Program established under this part shall be responsible for funding initial salary indemnification costs, for employees who are entitled to workers' compensation benefits pursuant to chapter 440, from funds appropriated to pay salaries and benefits.

(3) For the purposes of this section, "salary indemnification costs" means the payments made to employees for temporary total disability benefits. After an employee has been eligible for disability benefits for 10 weeks, salary indemnification costs shall be funded from the State Risk Management Trust Fund in accordance with the provisions of this part for those agencies insured by the fund.

(4) For the purpose of administering this section, the Division of Risk Management of the Department of Financial Services shall continue to pay all claims, but shall be periodically reimbursed from funds of state agencies for initial salary indemnification costs for which they are responsible.

(5) If a state agency demonstrates to the Executive Office of the Governor and the chairs of the legislative appropriations committees that no funds are available to pay initial salary indemnification costs for a specific claim pursuant to this section without adversely impacting its ability to perform statutory responsibilities, the Executive Office of the Governor may direct the Division of Risk Management to fund all salary indemnification costs for that specific claim from the State Risk Management Trust Fund and waive the state agency reimbursement requirement.

(6) The Division of Risk Management shall prepare quarterly reports to the Executive Office of the Governor and the chairs of the legislative appropriations committees indicating for each state agency the total amount of salary indemnification benefits paid to claimants and the total amount of reimbursements from state agencies to the State Risk Management Trust Fund for initial costs for the previous quarter. These reports shall also include information for each state agency indicating the number of cases and amounts of initial salary indemnification costs for which reimbursement requirements were waived by the Executive Office of the Governor pursuant to this section.

(7) If a state agency fails to pay casualty increase premiums or salary indemnification reimbursements within 30 days after being billed, the Division of Risk Management shall advise the Comptroller. After verifying the accuracy of the billing, the Comptroller shall transfer the appropriate amount from any available funds of the delinquent state agency to the State Risk Management Trust Fund.

History: s. 20, ch. 95-327.

Revised 04/07/2009