

**The Council of State Governments**

# **STAY-AT-WORK/ RETURN-TO-WORK**

## **TOOLKIT**



**The Council  
of State  
Governments**

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# Thank You

Thank you for accessing The Council of State Governments' Stay-at-Work/Return-to-Work (SAW/RTW) Toolkit—a resource designed to help state officials increase the employment retention and labor force participation of individuals who acquire and/or are at risk of developing work disabilities, whether on-the-job or off-the-job. *This Toolkit was funded by the U.S. Department of Labor, Office of Disability Employment Policy's State Exchange on Employment & Disability (SEED) in its efforts to foster a nationwide workforce more inclusive of people with disabilities.*

What are work disabilities? They are defined as illnesses, injuries or other medical conditions that have the potential to inhibit or prevent continued employment or labor force participation. Some work disabilities may have long-term effects on one's ability to work, while others may be ameliorated with timely intervention and support. Examples of work disabilities include musculoskeletal injuries to chronic health conditions such as cancer. These events can happen to any one of us at any time, and can significantly impact our ability to work.

SAW/RTW strategies and programs improve the ability of employees to resume working, with or without work restrictions, when medically appropriate. They help employers retain valued employees while minimizing long-term, health-related absences and optimizing productivity, and they positively benefit state economies and the workforce at large.

This Toolkit is a gateway to implementing these strategies. Designed for state policymakers, it identifies challenges, actionable policy options, best practices and implementation strategies to facilitate positive SAW/RTW outcomes.

The following guide is comprised of several sections:

- Stay-at-Work/Return-to-Work Strategies: The What and Why
- Stay-at-Work/Return-to-Work Policy Framework
- State Stay-at-Work/Return-to-Work Best Practices and Implementation Strategies
- Glossary of Commonly Used Disability and Stay-at-Work/Return-to-Work Terms
- Resources/References
- Appendices (Including Talking Points, Accessible Transportation and Technology and Graphic Depiction of Stay-at-Work/Return-to-Work Practices)
- Bibliography

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# **Stay-At-Work/Return- To-Work Strategies: The What And Why**





According to research compiled by the United States Department of Labor's (DOL) Office of Disability Employment Policy (ODEP), each year, millions of American workers leave the workforce after experiencing an injury or illness.<sup>1</sup> Many of the injuries and illnesses that cause people to leave the workforce temporarily, or permanently, are work-related – the National Safety Council (NSC) estimates that there were more than 4 million nonfatal work related injuries and illnesses in 2014 alone.<sup>2</sup> However, a much larger share of injuries and illnesses that may lead to work disabilities occur off-the-job. NSC estimates that 14 million nonfatal, off the job injuries and illnesses requiring medical attention occurred in 2014 – more than three times the number of work related injuries and illnesses.<sup>3</sup>

The adverse impacts of workers leaving the workforce because of illness or injury on state governments, as well as on the individuals and employers, can be significant and long-lasting.<sup>4</sup>

## Costs to State Government of Lower Workforce Participation

In addition to the toll that an injury or illness can take on an individual, their family and their employer, conditions severe enough to limit an individual from working negatively impact our state economies.<sup>5</sup> NSC estimates that injuries (both work-related and not) cost the United States economy \$479 billion in 2014.<sup>6</sup>

The reduction in the tax base and decreased individual spending resulting from these labor force departures leads to lower overall economic activity. In 2011, states lost an estimated \$6.5 billion in tax revenue due to unemployment or underemployment of people with disabilities.<sup>7</sup> Long-term work disability may also increase future reliance on disability programs, including state-level workers' compensation programs and the federal Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.<sup>8</sup> In 2016, workers' compensation benefits paid across the U.S. totaled \$61.9 billion<sup>9</sup> and SSDI paid \$142.8 billion in wage replacement benefits to people with disabilities and their dependents.<sup>10</sup> States are also responsible for substantial contributions to federal-state disability programs. In 2008, states spent \$71 billion in joint federal-state disability programs to support working-age people with disabilities, and more than 90 percent of those costs were for Medicaid.<sup>11</sup>

## Costs to Employee Leaving the Workforce

Regardless of whether work is the cause, the inability to obtain or maintain employment as the result of injury or illness

can have a life-changing impact on health, family finances and quality of life.<sup>12</sup>

Individuals unable to stay-at-work or return-to-work due to an injury may experience:

- More severe or new health conditions such as substance abuse;
- Poorer psychosocial adjustment (i.e., increased anxiety, depression, social isolation);
- Increased health service utilization;
- Increased poverty; and
- A reduced quality of life.<sup>13</sup>

## Cost to Employer of Losing Employees

According to OSHA, U.S. businesses spend \$170 billion a year on costs associated with occupational injuries and illnesses, and lost productivity related to these injuries and illnesses costs an estimated \$60 billion per year.<sup>14</sup> NSC estimates that in 2014, nonoccupational injuries resulted in about 270 million days of lost production time.<sup>15</sup> It is important to note that SAW/RTW costs include both direct and indirect costs related to extended disability time and early workforce exits; however, much of the existing research does not present a strong method for measuring both of these costs.

## The Potential Benefits of Stay-at-Work and Return-to-Work Programs

**Research** has shown that the likelihood of a person returning to full employment drops significantly after six months of absence, and the odds of a worker ever returning to work drop to 50 percent by the 12th week after injury or illness onset, and after 52 weeks the chance of ever returning to work decreases to almost zero.<sup>16</sup> Many injured or ill workers could remain in their jobs or the workforce if they received timely, coordinated, effective supports and services as part of SAW/RTW programs.<sup>17</sup>

The adoption of evidence-based SAW/RTW policies and practices by state officials can have positive benefits for the state, individual and employer.

## Benefits to States

Research supports that timely and appropriate state policies and programs that facilitate SAW/RTW strategies early in the process, with a focus on maintaining the employer-employee relationship, are some of the most effective ways to support positive employment outcomes for individuals with



## Benefits to Employers

Direct cost savings to the employer associated with returning injured or ill employees back to work include the following:

- Employees who *return-to-work* will collect fewer disability benefits payments than if they remain *off* work. One study found that formal SAW/RTW programs adopted among a sample of large self-insured firms in California led to a three to four-week reduction in time to return to work for injured employees with the biggest reductions in time out of work experienced by workers with permanent disabilities. The study demonstrated that these programs can lead to a direct net savings for employers by reducing workers' compensation benefits paid.<sup>23</sup>
- Employers that invest in SAW/RTW strategies and reduce the frequency and duration of workers' compensation claims often pay less for insurance premiums as a result of their improved "experience-rating."<sup>24</sup>
- A Job Accommodation Network (JAN) study reported that the benefits of providing accommodations include increased overall company productivity, increased worker safety, improved interactions with customers and increased profitability.<sup>25</sup>

One current issue of concern to state policymakers is the opioid epidemic and substance use disorders that continue to impact the current workforce. As such, proper pain management is an important consideration in supporting injured and ill workers in returning to and staying at work. Although medical guidelines generally recommend that opioids be used only for acute pain on a short-term basis, these drugs are frequently overprescribed for ill and injured workers.<sup>18</sup> Studies in workers' compensation settings indicate that chronic opioid use can have an adverse impact on activity levels and self-efficacy, may cause addiction, and can ultimately lead to prolonged disability status.<sup>19</sup>

In addition to the adverse effect this can have on the individual, studies also observed an association between chronic opioid use and increased costs and difficult claims handling for employers and insurers.<sup>20</sup> Accident Fund Insurance Company of America has found that the average total cost of workers' compensation claims involving just one opioid was more than three times higher than that of claims without opioids.<sup>21</sup>

disabilities, resulting in increased tax revenue and reduced dependence on benefit programs.

State officials are the primary influencers when it comes to adopting policies that promote and facilitate the transition back to work for individuals who have become disengaged from the workforce due to illness, injury or disability.

In addition, implementing effective SAW/RTW strategies that improve employee retention can be particularly helpful to employers in reducing the cost of training new employees, as replacing an employee can be a significant business investment. On average, it can cost up to one-third of a new hire's annual salary to replace an employee, and takes a new employee more than 13 months to become efficient at their job.<sup>26</sup>

## Benefits to Employees

Employees participating in SAW/RTW programs can:

- Retain their jobs and income;
- Avoid long-term unemployment;
- Speed medical recovery by encouraging injured workers to maintain normal or modified work schedules;
- Reduce risk of re-injury;
- Stay physically conditioned and mentally alert;
- Maintain daily structure and social connections provided by work;
- Maintain job skills;
- Reduce impact of injury on employee's family; and
- Reduce likelihood of secondary complications, such as depression, that may delay or complicate recovery.<sup>22</sup>







# **Stay-At-Work and Return-To-Work Policy Framework**



State policy frameworks aimed at assisting workers in transitioning back to work as soon as possible and maximizing their participation in the labor force often include:

- Return-To-Work Programs;
- Disability Benefits Programs; and
- Employer Subsidies, Incentives and Grants.<sup>27</sup>

## Return-to-Work Programs

Return-to-work programs provide individuals with supports and services designed to ease the transition back to work, within an individual's medical restrictions, and thus re-engage them in the workforce sooner than otherwise would be possible.<sup>28</sup> Typical return-to-work options include strategies that offer *partial* return-to-work options, such as modified work that might include light-duty work, part-time work, and transitional or alternative work. Return-to-Work allows employees to work while they are still recovering and, in some cases, may be different than their regular job duties.<sup>29</sup>

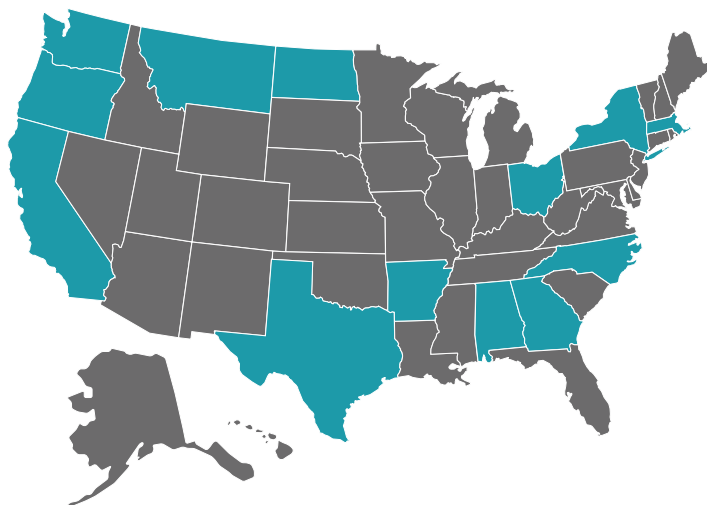
## Disability Benefits Programs That Support Return-to-Work

Disability benefits are often associated with disincentivizing work opportunities out of fear for losing financial compen-

sation or other support provided through disability benefits. To improve incentives to work, many states have laws that provide *partial* disability benefits that are paid to employees who transition back to work on a part-time basis or who are earning less than they did prior to their injury or illness. Partial disability benefits are available through state workers' compensation and Temporary Disability Insurance (TDI) programs, and through private Short-term Disability Insurance (STD) plans.

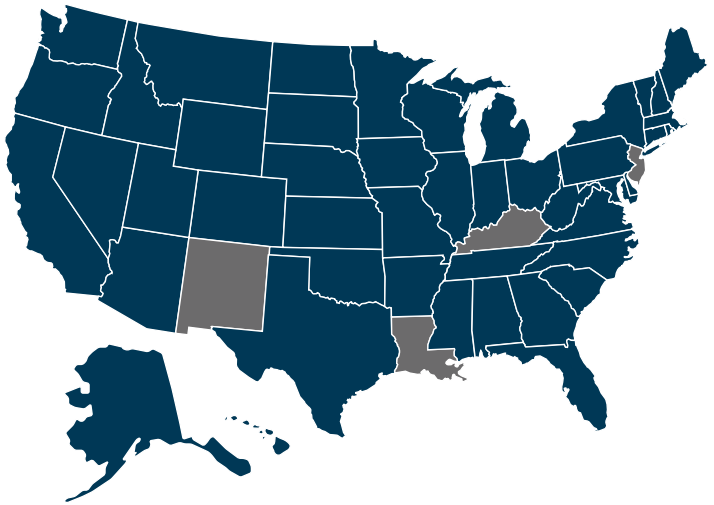
- Workers' compensation programs provide medical care, rehabilitation, and cash benefits for working individuals who are injured on-the-job or who contract work-related illnesses. Workers' compensation programs are regulated by states and, while there are similar central features, the characteristics of these programs vary. Each state has developed its own policies and procedures which lead to complexity and varying benefits and quality of services. Virtually all states provide partial disability benefits under workers' compensation temporary disability provisions. However, as noted earlier, nonoccupational injuries and illnesses are much more common than occupational injuries and illnesses.
- TDI programs have been established in five states (California, Hawaii, New Jersey, New York and Rhode Island). These programs cover most of the residents working in these states and provide partial wage replacement for employees who are unable to work because of a non-occupational illness or injury, as well as in

### STATES WITH PARTIAL RETURN -TO-WORK OPTIONS



Transition Back to Work: Policies to Support Return to Work after Illness or Injury (Ashley, J, Cashdollar, W, Etcheverry, R, and Magill, K, 2017)

### STATES WITH TEMPORARY/ PARTIAL DISABILITY BENEFITS



Transition Back to Work: Policies to Support Return to Work after Illness or Injury (Ashley, J, Cashdollar, W, Etcheverry, R, and Magill, K, 2017)

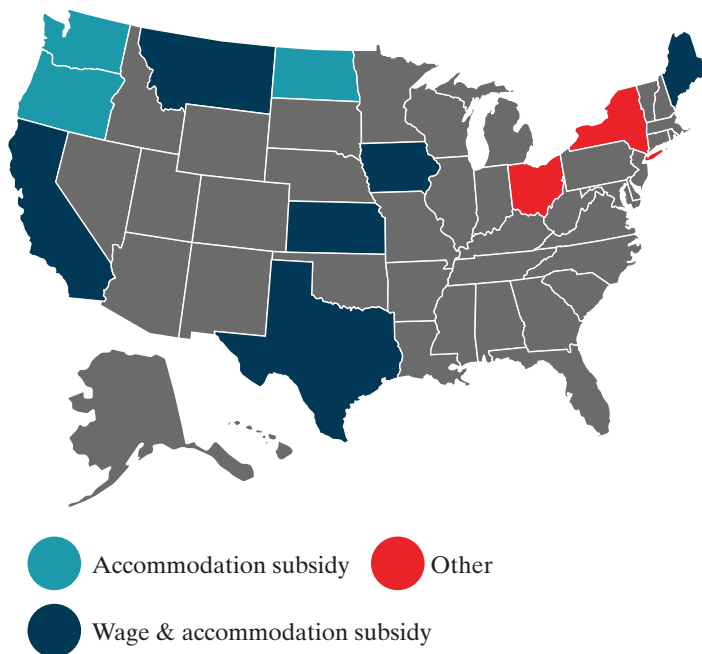
connection with pregnancy. The California, New Jersey and Rhode Island programs allow employees recovering from an illness or injury to receive a reduced TDI benefit if they are transitioning back to work and earning less than their full predisability income.<sup>30</sup>

- STDI may be offered to employees within an employer's benefit package. Partial disability benefits are also available through some of these private insurance plans.<sup>31</sup>

## Employer Subsidies, Incentives and Grants

States are taking various approaches to financially incentivizing employers who make investments in safely transitioning employees back to work following injury, illness or

### STATES WITH EMPLOYER SUBSIDIES AND OTHER INCENTIVES



*Transition Back to Work: Policies to Support Return to Work after Illness or Injury* (Ashley, J, Cashdollar, W, Etcheverry, R, and Magill, K, 2017)

disability. Commonly used approaches include wage subsidies, reimbursement, tax credits or loans for expenses related to job accommodations and workplace modifications; grants to develop transitional work plans; and insurance premium discounts for designing and implementing an approved return-to-work program.<sup>32</sup>

## Policy Context

In considering the types of SAW/RTW policies and programs a state may want to adopt, this Toolkit was drafted with a keen recognition of the complexity and variation among states' policy and programmatic approaches — "one size does not fit all." This is especially true with respect to SAW/RTW initiatives. As such, it is important to keep the following in mind:

- There is significant variability among state laws governing short- and long-term disability insurance and state workers' compensation policies.
- The population of people with disabilities who become ill or injured on and off the job is heterogeneous.
- Disability is not static; it changes over time. Sometimes disability is episodic.
- The population of employers varies by size, geographic location, type of business and industry, and many employers are multi-state.

## Alignment of Principles That Strengthen Workforce Outcomes

When an employee experiences a work disability that causes him or her to exit the workforce, the employee will likely interact with medical practitioners, workplace managers and benefits claim administrators. These professionals have their own particular responsibilities and goals, which aren't necessarily aligned with the SAW/RTW interest of either the employee or employer.<sup>33</sup>

- Health care practitioners tend to focus on diagnosis and treatment, and not on SAW/RTW outcomes.<sup>34</sup> They are typically not trained in the benefits of SAW/RTW and may not consider the options that accommodations could provide a worker or have a full understanding of tasks specific to a given job.<sup>35</sup> Additionally, the associated paperwork may be viewed as an unnecessary burden.<sup>36</sup>
- The workplace manager may be more concerned about how best to get the work done in the employee's absence than with the worker returning to work.<sup>37</sup>
- The claims administrator may be more concerned with minimizing claim duration, regardless of the individual's medical limitations, claims processing, and paperwork, rather than on workforce attachment and developing strategies that will help the employee successfully returning to sustained work.<sup>38</sup>

Typically, there is little communication among these professionals.



In order to increase the likelihood that state officials and key stakeholders (including employers, employees, union representatives, health care providers and insurers) are on the same page, it is important to consider articulating a set of accepted principles that might include the following:

1. Disability is a natural and normal part of the human experience that in no way diminishes a person's right to fully participate in all aspects of community life, including employment.
2. SAW/RTW policy should support the following four goals of disability policy:
  - Equal opportunity (individualization, effective and meaningful opportunity, most integrated setting appropriate, rated setting appropriate)
  - Full participation (self-determination, informed choice)
  - Economic self-sufficiency
  - Independent living
3. SAW/RTW programs should be viewed as a continuum of initiatives—prevention, early intervention, stay-at-work and return-to-work.
4. SAW/RTW services and supports should focus on:
  - Preventing illness and injury (wellness and employee safety) and
  - When illness or injury occurs, restoring, improving, maintaining, and/or preventing deterioration of functioning in all life activities, including employment at the earliest appropriate time (e.g., transitional work), consistent with an individual's strengths, abilities, and capabilities as well as limitations.
5. SAW/RTW initiatives should focus on early intervention (right time, right place and right treatment) and coordinated care and coordinated delivery system. In many instances, early intervention (ideally within the first few weeks as appropriate) is the difference between success and failure to keep individuals connected to the workforce.
6. Employment should be viewed as the primary goal and preferred outcome for employees injured or ill on and off the job.
7. SAW/RTW policies and interests of various stakeholders should be aligned.
8. SAW/RTW policies should include a common set of definitions.
9. State SAW/RTW policies should reward “good behavior” (i.e., incentivize best practices).
10. State policymakers should recognize the unique needs of individuals with mental health conditions and substance use disorders, including the need to review current policies (particularly current workers' compensation policies) to address any unmet and unique needs of business.





# State Profile: Washington

SAW/RTW programs succeed by returning injured and ill workers to productive work as soon as medically possible during their recovery process and often provide interim transition work and accommodations, as necessary. A model SAW/RTW program that recognizes the roles of different stakeholders in a workers' compensation system currently operates in the state of Washington through the Department of Labor and Industries (the agency responsible for the State Fund). The SAW/RTW approach includes:

- Centers of Occupational Health and Education (COHE);
- Vocational Recovery and Return-to-Work Services
- Stay at Work Program (incentives for the employer of injury); and
- Preferred Worker Program (incentives for any hiring employer).

While these programs operate within the state's workers' compensation system and are available only to individuals experiencing work-related injuries or illnesses, they offer models for how to improve SAW/RTW outcomes for individuals with both occupational and non-occupational injuries and illnesses. Core intervention strategies reflected in these programs include a number of benefits to various stakeholders:

COHE organizations provide the participating medical providers:

- Health services coordinators who assist in managing health service delivery and may work with employers and workers to support the employee in returning to or staying at work;
- Training participating health care providers in occupational health best practices, including alternatives to opioids for pain management;
- Incentivizing participating health care providers to utilize the best practices; and
- Tracking and monitoring the medical and employment progress of participating workers.

For all State Fund Claims:

- Early communication to all stakeholders to return the worker to the workplace as soon as possible;
- Engaging and activating injured workers to achieve return-to-work outcomes;
- Developing and testing best practices for vocational professionals to reduce work disability;
- Workplace-based interventions (including accommodations such as lighter and/or modified duties, and adjustments to work schedules, tasks and the physical worksite, if necessary, including transitional work);
- Providing risk management consultation for employers to understand the financial benefits of return-to-work;
- Incentivizing SAW/RTW by providing certain financial reimbursements to reduce the initial cost of hiring or retaining an injured worker as part of the employer's workforce; and
- Retraining/rehabilitation for workers who can no longer perform their prior job or other available suitable alternate work.

## *Centers of Occupational Health and Education*

The Washington State Department of Labor and Industries (L&I), which is funded through employer and worker paid insurance premiums, funds the **Centers of Occupational Health and Education (COHE)**. COHE provides guidance to assist medical providers in applying occupational health best practices to individuals with work-related health conditions. There are six COHEs across the state of Washington, most of them housed in large medical systems. Each of these centers recruits and trains health care providers in their area, including some who treat large numbers of workers' compensation patients. COHE started as a small pilot in two regions and has grown to currently include about 3,500 health care providers who initiate more than half of all workers' compensation claims for Washington's State Fund. Injured workers effectively choose whether to use COHE services by receiving their care from a COHE-affiliated provider.

Health care providers affiliated with COHE receive training in four specific occupational health best practices to use with workers' compensation patients who are at risk of labor force separation due to their illness or injury:

- Submitting timely and complete forms for initiation of a claim, a complete Report of Accident (ROA) in two business days or less;
- Developing an activity plan, which communicates the worker's ability to participate in work activities, activity restrictions and the provider's treatment plans;
- Communicating directly with COHE health services coordinators staff and employers when injured workers are off or expected to be off work or have restrictions; and
- Assessing the injured worker's barriers to return-to-work and partnering with L&I's claim managers and others on a plan to overcome them.

Health service coordinators (HSCs) are integral to the success of the COHE model. HSCs work directly with injured workers, employers, health care providers and other program participants to coordinate care for the injured workers. They monitor real-time data on all COHE cases and perform triage to identify cases that are at risk of long-term disability. For cases needing assistance, they frequently contact injured workers, employers, providers, and L&I staff to facilitate additional resources needed to support the return-to-work process.

### ***Early Return to Work (ERTW) Program***

**The Early Return to Work (ERTW) Program**, which is also provided by L&I, helps interested State Fund employers develop opportunities to bring their injured and ill workers back to work as soon as medically possible.

### ***Stay at Work (SAW) Program***

The **Stay at Work Program** is a financial incentive program modeled after Oregon's programs encouraging employers to bring their injured workers quickly and safely back to light-duty or transitional work by reimbursing a portion of the employer's expenses. Eligible employers whose workers' compensation insurance is through the State Fund may be reimbursed for 50 percent of the base wages paid to the injured worker and for some of the cost of training, tools or clothing the worker needs to do the light-duty or transitional work.

The Stay at Work Program covers:

- 50 percent of the injured worker's base wages for the light-duty or transitional work:
  - For up to \$10,000 and 66 days in which work was actually performed—per claim (fewer than eight hours still counts as one day).
  - Within a consecutive 24-month period.
- Some expenses: If, because of the injured worker's unique needs, the employer must make a purchase so the worker can perform the light-duty or transitional work, the Stay at Work Program may pay for the following:
  - Training fees or materials (e.g., tuition, books, or supplies) up to \$1,000 per claim.
  - Tools (e.g., wrench or keyboard tray) up to \$2,500 per claim.
  - Clothing (e.g., steel-toed boots) up to \$400 per claim.

### ***Preferred Worker Program***

The **Preferred Worker Program** is another return-to-work incentive program administered by L&I. L&I staff may certify an injured worker who is covered by the State Fund with permanent medical restrictions that are barriers to employment as a "preferred worker." This certification enables any employer to receive financial incentives when they hire the worker for a medically-approved, long-term job. The employer may receive:

- Financial protection against subsequent claims for the preferred worker for up to three years





- Premium relief for hours worked by the preferred worker for up to three years
- A one-time incentive payment of up to \$10,000 for continuous employment that lasts at least one year, and reimbursements similar to the Stay at Work Program for:
  - 50 percent of the base wages paid to the preferred worker
  - Some of the cost of tools, clothing and equipment the worker needs to do the job

### ***Job Modifications***

In addition to reimbursements for tools/equipment under the Stay at Work and Preferred Worker Programs, employers can be reimbursed for the cost of modifying a job to address an injured worker's restrictions.

### ***Return on Investment***

Washington's State Fund data shows significant decreases in the incidence of long-term disability, defined as a lost-time payment one year post-injury. L&I recognizes that several factors contribute to this decline including effective guidelines that have reduced the use of opioids for chronic pain in the workers' compensation system, an improved economy, COHEs and improved timing of vocational referrals.

Formal evaluation of COHE's short-term effects found decreased medical costs and a 21 percent reduction in the likelihood of being out of work and on disability one year after injury. COHE has also had significant long-term effects: Over an eight-year follow-up period, the population of injured workers treated through COHE experienced 231,500 fewer disability days per 10,000 workers compared with injured workers treated by non-COHE providers.

In addition to the COHE effects, Washington has significantly reduced long-term disability through speeding referrals to private vocational professionals who explore and resolve return-to-work barriers by engaging injured workers, employers, medical providers and other stakeholders in a worker-centric model to prevent or reduce work disability. Using the 2012 median time to first vocational referral as a baseline, these are occurring about 150 days sooner. Return-to-Work outcomes for these referrals have increased 125 percent. Overall, long-term disability for the State Fund is down by more than 20 percent (800+ fewer workers per year becoming long-term disabled).

Early vocational referrals have become part of the State Fund's culture. This significant process change serves as the foundation for the system's vocational recovery initiative under which evidence-informed best practices for vocational

professionals are being identified, tested and analyzed in order to achieve greater return-to-work outcomes.

## **Additional State Policy Options**

In addition to the Washington state SAW/RTW approach, other states have adopted SAW/RTW initiatives. The following policy options can be grouped into four categories:

- Public Sector: Programs for State Employees and Programs Operated by State Vocational Rehabilitation (VR) Agencies;
- Private Sector Employer Subsidy, Incentive and Grant Programs;
- Employee Incentive Programs; and
- Wellness And Injury Prevention Programs.

## **Public Sector: Programs for State Employees and Programs Operated by State Vocational Rehabilitation (VR) Agencies**

As a model employer, states recognize that work disabilities may develop and intervene early through SAW/RTW programs for their own employees.





## EXAMPLES IN ACTION

**Delaware** has enacted legislation establishing a return-to-work program for its state employees and appointed a return-to-work coordinator tasked with helping state workers stay at work or return to work after illness or injury.

**Maryland** has adopted the “Managed Return to Work Program.” Under the program, state agencies attempt to provide suitable, short-term transitional duty assignments as a bridge back to full regular work when an employee sustains a disabling personal injury that is compensable under the Workers’ Compensation Act and results in temporary inability to perform the regular work, as certified by a physician. Transitional duty assignments may not exceed a maximum of 75 calendar days per injury and may be either part time or full time.

**West Virginia** provides state agency employees with an opportunity to continue as valued members of their respective teams while recovering from an injury or illness. The opportunity may include gradually returning

employees to their pre-injury job utilizing transitional duty work during the recovery period, when medically approved.

### Retention Programs Administered by State VR Agencies.

Title I of the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA), allows state Vocational Rehabilitation (VR) agencies to provide job retention services to individuals with disabilities as documented in the state VR plan, even if they are not among the priority groups eligible for services (i.e., individuals with the most significant disabilities). Services include vocational counseling, specialized assessments, on-site job assessment, identification of accommodations, modifications to work environment, job analysis to identify specific functions of a job (essential vs. marginal), individual employee training regarding use of technology, communication with employees and employer about modified work schedules, and transitional work options.

## EXAMPLES IN ACTION

**Alabama, Arkansas, Georgia and South Carolina** expanded the provision of retention services for workers with medical conditions by state VR agencies.

**Alabama’s** VR Services provides SAW/RTW services to individuals with disabilities and employers seeking to retain/return valued workers. Alabama’s Retaining a Valued Employee (RAVE) Program assists employers in retaining workers whose job duties, job performance, and/or promotional ability is affected by an occupational or non-occupational injury, illness or disability. A professional team, comprised of a VR counselor, a business relations consultant, and a rehabilitation engineer, work directly with the employer and employee to assess, identify, and provide needed consultation, case management, accommodations, modifications and other services to facilitate successful SAW/RTW outcomes.

**Arkansas** Rehabilitation Services (ARS) at the state Department of Career Education operates a **SAW/RTW program**, supporting employers who accommodate employees with health problems. Their support includes vocational counseling, job site assessments, help developing SAW/RTW plans and general ergonomics assessments.

### Private-Sector Employer Subsidy, Incentive and Grant Programs

A second SAW/RTW approach is the provision of private-sector employer incentive and grant programs that include wage subsidies for returning employees, subsidies and incentives for accommodations, insurance premium discounts, and grants for transitional work programs.

## EXAMPLES IN ACTION

Wage subsidies for returning injured or ill employees to transitional or partial return-to-work.

- **Oregon** pays wage subsidies to employers for 45 percent of the return-to-work gross wages for up to 66 work days.

Subsidies and incentives for accommodations

- **Oregon** includes provisions to reimburse employers for the costs of workplace modifications, accommodations and assistive technology.
- **Montana** provides up to \$2,000 to employers in support of workplace modifications for injured workers.
- **Texas** employers may be eligible for reimbursement or an advance under the **Return-to-Work Reimbursement Program** for the cost of providing workplace modifications to facilitate an injured employee's return to modified or alternative work following an injury. See **DWC Form-008, Return-to-Work Reimbursement Program for Employers**.

Insurance premium discounts based on successful return-to-work

- **Ohio** provides employers with a bonus for using an approved transitional work plan to return injured employees to work.
- **North Dakota** includes premium exemption for its Preferred Worker Program.

Grants for Transitional Work Programs (program development support).

- **Ohio** provides grants to help employers develop transitional work programs.

### Employee Incentives Programs

A third SAW/RTW approach is to encourage workers to take advantage of partial return-to-work opportunities by implementing trial periods to minimize employee risk of losing workers' compensation benefits.

- **North Dakota's** Preferred Worker Program provides injured workers with benefits such as a work-search

allowance and reimbursement for new tools and equipment.

- **Maine** enacted legislation that specifies that workers' compensation benefits cannot be reduced if the employee is actively participating in a prescribed rehabilitation plan.
- **Rhode Island's** Temporary Disability Insurance program includes partial return-to-work benefits to encourage workers to return to their jobs sooner than they might otherwise.

### Wellness and Injury Prevention Programs


Wellness and injury prevention programs are another policy option for states. Several state workers' compensation programs provide incentives to encourage employers to adopt workplace safety and illness and injury prevention programs. Incentives include allowing premium adjustments, prospective credits or premium discounts. Below are examples of state incentive policies.

- **Colorado** encourages the adoption and successful implementation of effective **workplace safety programs**, which primarily focus on risk management and medical cost containment procedures, by offering workers' compensation premium discounts.
- **Massachusetts** has an innovative **Qualified Loss Management Program** that is available to firms with high injury and illness rates that are in the state's "Assigned Risk" pool because they are not able to obtain workers' compensation insurance in the voluntary market. Eligible firms that apply for this program receive a workers' compensation premium credit, for a period of up to four years, if they subscribe to a qualified loss management firm and remain in such firm's Loss Management Program during that period.
- **North Dakota's** Workforce Safety & Insurance (WSI) offers the following Safety Incentive Programs (SIP): **Safety Management Program** (SMP) and **Safety Action Menu** (SAM).
  - The SMP assists employers in developing or improving current safety management systems. Employers who successfully participate in WSI's SMP can receive a workers' compensation premium discount of 10 percent.

- The SAM program provides employers with options that allow them to choose and implement safety improvement programs that meet their business needs. Employers can receive up to a 15 percent workers' compensation premium discount by successfully participating in the SAM programs. Each individual SAM program can provide a 5 percent discount up to a maximum of 15 percent.
- Employers are encouraged to enroll in both the SMP and SAM as the discounts of each program can be combined in the same premium period for a maximum discount of 25 percent.
- North Dakota also has a program in place for state agencies called the **Risk Management Workers Compensation Program** (RMWCP) Premium Reduction Program. The RMWCP provides state agencies with a workers' compensation premium rate reduction if they develop and improve current safety/loss control management systems that reduce the frequency and duration of workers' compensation claims. State agencies can receive up to a 15 percent workers' compensation premium discount by participating in the program.







# **State Stay-at-Work/ Return-to-Work Best Practices and Implementation Strategies**







State agencies around the country have developed policy guides that describe best practices for designing, implementing and evaluating SAW/RTW programs. These state agencies also provide outreach, education and technical assistance to employers and other stakeholders.

The section below references links to guides developed by a sampling of states:

- **California**, [https://www.dir.ca.gov/chswc/Reports/2010/HandbookRTW\\_2010.pdf](https://www.dir.ca.gov/chswc/Reports/2010/HandbookRTW_2010.pdf)
- **Georgia**, <https://sbwc.georgia.gov/publications>
- **Maryland**, <https://dbm.maryland.gov/employees/Documents/MedicalServices/MRTW.pdf>
- **Montana**, [https://www.worksafemt.com/media/WSMTSAW-RTW\\_Best\\_Practices.pdf](https://www.worksafemt.com/media/WSMTSAW-RTW_Best_Practices.pdf)
- **New York**, <http://www.wcb.ny.gov/content/main/Return-ToWork/ReturnToWork.jsp>
- **Texas**, <https://www.tdi.texas.gov/wc/rtw/documents/rtwguide.pdf>
- **Washington**, <https://lni.wa.gov/Main/StayAtWork/Default.asp>
- **West Virginia**, <http://www.wvinsurance.gov/Portals/0/pdf/SAWC%20RTW.pdf>



State policymakers can enhance their working knowledge of best practices by reviewing these guides. Below is a summary of some of the best practices identified in the guides.

1. Ensuring commitment from top management.
2. Developing written policies and procedures for returning injured workers to the workplace. This information should be part of the employer's new employee orientation, so all employees know what to do if an injury occurs.
3. Designating a return-to-work coordinator and implementation team to support the injured worker through the return-to-work process.
4. Establishing SAW/RTW committees responsible for developing individual SAW/RTW plans.
5. Training supervisors and managers about the SAW/RTW process.
6. Informing and providing training to employees of their rights and responsibilities in the process and making sure employees know how SAW/RTW benefits them.
7. Establishing a strong safety program (prevention).
8. Writing job descriptions for all positions, including specific delineation of essential and nonessential functions.
9. Researching and evaluating possible accommodations, i.e., selecting a reasonable accommodation that would allow an employee to stay at his or her original job or reassign the employee to a vacant position in a job the employee is qualified to perform, and provide reasonable accommodations, if needed.
10. Developing transitional return-to-work opportunities and routinely assessing SAW/RTW assignments and making adjustments to conform to the injured worker's abilities and medical limitations.
11. Being prepared to act quickly, if an injury occurs.
12. Timely reporting injuries to the return-to-work coordinator.
13. Providing union representatives with information about the purposes of the SAW/RTW program and, where appropriate, including the union in the development and implementation of the program.
14. Implementing and monitoring an accommodations.
15. Clearly defining the roles and responsibilities of all stakeholders.

The workers' compensation guide issued by the state of New York lists the roles and responsibilities of the various stakeholders in the SAW/RTW program:

- **Employer responsibilities** include developing written SAW/RTW policies and procedures, communicating commitment to return injured employees to their pre-injury employment whenever possible, designating a SAW/RTW program coordinator/contact to communicate with employees, regularly communicating with injured employee, communicating with treating doctor and insurance carrier to encourage recovery and return to work, develop functional job descriptions, develop meaningful return-to-work opportunities, and focus on capabilities, not just their disabilities.
- **Employee responsibilities** include reporting any injury immediately to supervisor; if medical attention is necessary, informing treating doctor that return to work opportunities are available to accommodate physical abilities; engaging in ongoing communication with supervisors as physical conditions change; following doctor's orders and restrictions at home and at work.
- **Insurance carrier responsibilities** include ensuring proper administration of workers' compensation claims; maintaining communication with injured employee, health care providers, the employer and injured worker's legal representative; encouraging and actively assisting injured workers with successfully returning to work; authorizing necessary medical treatment promptly; and working with employer on risk management and providing incentives for cooperation.

- **Health care provider responsibilities** include providing appropriate medical treatment that facilitates recovery and expedites return to productive work; treating all the effects of the injury; recognizing the possible psychological impact of the injury; setting reasonable return to work and recovery goals from the beginning of treatment; completing and filing a transitional assignment forms for the employer, clearly indicating the employee's work status and physical abilities; working with the employer to encourage appropriate return to work opportunities.
- **Union representative responsibilities** include participating in Return-to-Work committee meetings, individual return-to-work plan development, and continuously monitoring participants' progress.

Below is a summary of some of the implementation strategies used by states that are identified in the guides:

1. Educating and training stakeholders (employers, employees, health care providers, insurance carriers, unions) on the costs and benefits/return on investment of SAW/RTW programs.
2. Educating insurers, health care providers and employers about the legal exchange of the injured worker's health information for SAW/RTW purposes.
3. Providing technical assistance to supervisors and managers regarding the relationship between SAW/RTW programs and the Americans with Disabilities Act (ADA), particularly Title I of the ADA (employment) and the Family and Medical Leave Act (FMLA).





# **Cost-Benefit Analysis**



The “Stay-at-Work/Return-to-Work Strategies: The What and Why” section of the Toolkit identified some of the costs and benefits associated with implementing a SAW/RTW program for employers, employees, and state governments. Below is a framework for assessing the costs and benefits of adopting SAW/RTW policies.

## EMPLOYER

### • COSTS

- Upfront and ongoing administrative costs of establishing and maintaining a SAW/RTW program
- Workplace accommodations for employee
- Potential for decreased productivity from newly disabled worker, which may be temporary or permanent

### • BENEFITS

- Employee will collect fewer workers' compensation/disability benefits
- Retain subject matter expertise of worker with disability
- Reduced risk of staff turnover
- Avoid recruiting and training costs for the replacement worker
- Positive impact on staff morale and productivity
- Reduced risk of legal liability
- Tax credits for accommodation costs

## EMPLOYEE

### • COSTS

- Labor compensation including both earnings and non-wage benefits
- Lost skill and subject matter expertise
- Out-of-pocket medical costs

### • BENEFITS

- Increased earnings primarily due to keeping job and the associated compensation including non-wage benefits
- Reduction of out-of-pocket medical costs
- Mathematica Policy Research cites under baseline assumptions the affected worker would gain about \$422,000 in net benefits over their lifetime, primarily due to keeping his or her job and the associated compensation

## STATE GOVERNMENT

### • COSTS

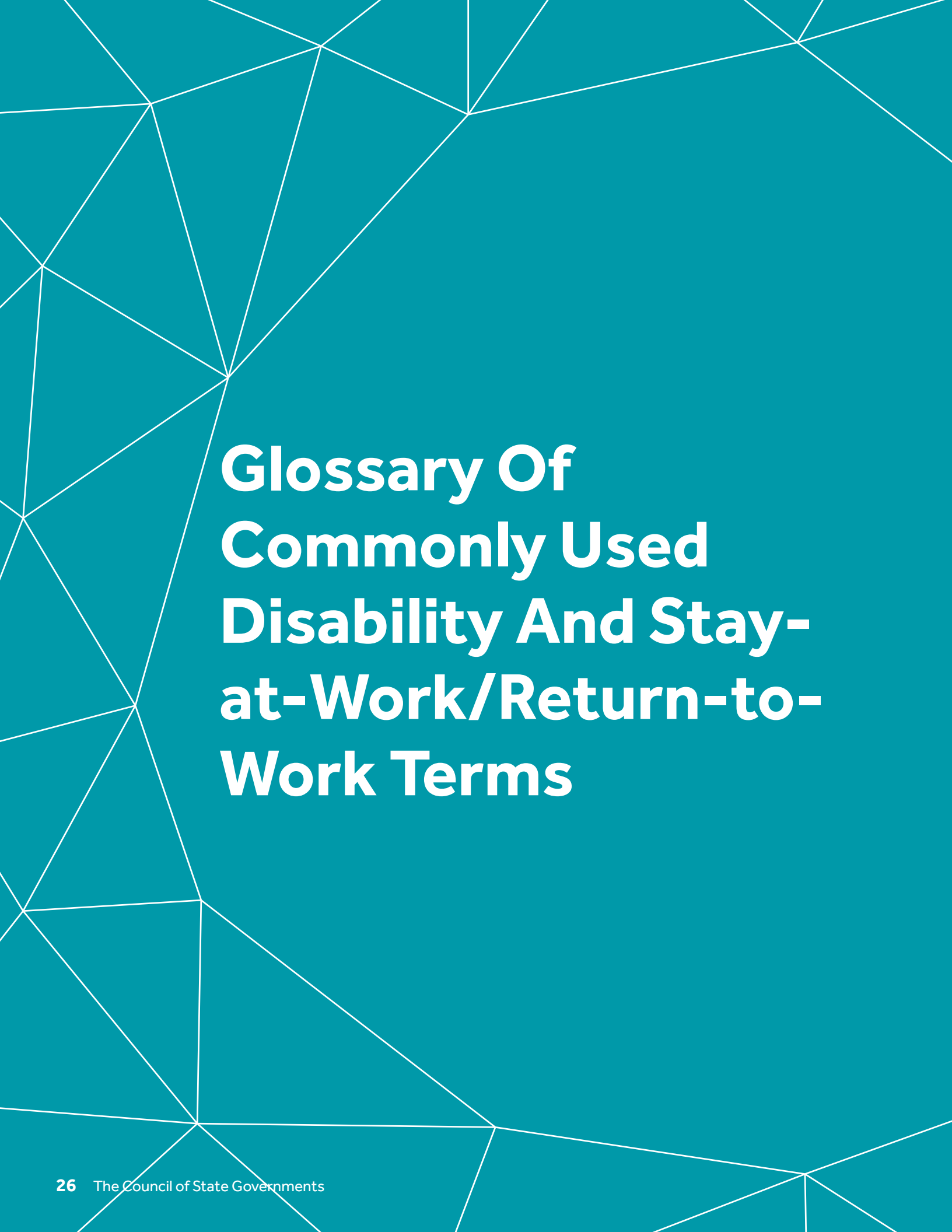
- Reduction in tax base
- Decreased individual spending resulting from loss of income
- Implementing the RTW/SAW program
- Financial incentives for employers
- Financial incentives for employees

### • BENEFITS

- Saving taxpayer dollars through decreased use of public assistance programs (SSI, Medicare, Medicaid, unemployment insurance)
- Avoid lost tax revenue from individual leaving job

### • MATHEMATICA POLICY

**RESEARCH** cites under baseline assumptions the state government would save about \$83,000 in net benefits for each worker who is retained, rather than replaced, following the onset of long-term disability. About \$71,000 (or 85 percent) of the net benefits to the state would come from higher tax revenues under the SAW/RTW scenario than under the no-SAW/RTW scenario.



# **Glossary Of Commonly Used Disability And Stay- at-Work/Return-to- Work Terms**

1. **Americans with Disabilities Act of 1990:** A wide-ranging civil rights law that prohibits discrimination on the basis of disability in employment, state and local governments (including public transportation), public accommodations (including private transportation), and telecommunications. The ADA affords protections against discrimination to individuals with disabilities that are similar to protections under the Civil Rights Act of 1964, which makes discrimination based on race, religion, sex, national origin and other characteristics illegal. You can read more about the statute and the agencies that enforce it at [www.ada.gov](http://www.ada.gov).
2. **ADA Title I:** Title I of the ADA pertains to employment. Under ADA Title I, covered entities shall not discriminate against a qualified individual with a disability. This applies to job application procedures, hiring, advancement and discharge of employees, fringe benefits, job training, and other terms, conditions and privileges of employment (ADA). Discrimination includes the failure to provide reasonable accommodations to applicants and employees unless to do so would result in an undue burden. The Equal Employment Opportunity Commission (EEOC) has issued regulations implementing Title I of the ADA ([https://www.eeoc.gov/laws/types/disability\\_regulations.cfm](https://www.eeoc.gov/laws/types/disability_regulations.cfm)) and sub-regulatory guidance, including guidance related to the ADA and workers compensation (<https://www.eeoc.gov/policy/docs/workcomp.html>).
3. **Disability:** The ADA defines the term “disability” with respect to an individual as a person (1) with a physical or mental impairment that substantially limits one or more major life activities, (2) with a record of such an impairment, or (3) regarded as having such an impairment. The term “disability” used in the ADA was amended in 2008 in the ADA Amendments Act of 2008. ([https://www.eeoc.gov/laws/regulations/adaaa\\_fact\\_sheet.cfm](https://www.eeoc.gov/laws/regulations/adaaa_fact_sheet.cfm))
4. **Disability etiquette:** A set of guidelines for social and professional interactions with individuals with disabilities. Generally, guidelines are in the spirit of individuality, independence and consideration of how others would like to be treated. Example guidelines can be found on the websites for the United Spinal Association ([www.unitedspinal.org/pdf/DisabilityEtiquette.pdf](http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf)) and the Tennessee Disability Coalition ([www.tndisability.org/our-publications](http://www.tndisability.org/our-publications)).
5. **Employer subsidies and incentives:** An RTW strategy that is made available in some states to support employers that develop programs that transition employees back to work or hire individuals who have a disability ([https://www.dol.gov/odep/topics/pdf/PAP\\_Transition%20Back%20to%20Work%20FINAL\\_2017-09-07.pdf](https://www.dol.gov/odep/topics/pdf/PAP_Transition%20Back%20to%20Work%20FINAL_2017-09-07.pdf)).
6. **Family and Medical Leave Act (FMLA):** The FMLA entitles eligible employees of covered employers to take up to 12 weeks in a 12-month period of unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. (<https://www.dol.gov/whd/fmla/?apartner=aarp>)
7. **Federal disability benefits:** For the purposes of this Toolkit, federal disability benefits refer to the Social Security Disability Insurance Program (SSDI) and the Supplemental Security Income Program (SSI). Disability benefits received from the Department of Veterans Affairs or other federal programs are not included.
8. **Impairments:** Examples of adult listings of impairments used for purposes of the SSI and SSDI programs can be found at <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>.
9. **Model employer:** In reference to the state, the adoption of best, promising and emerging policies, practices and procedures relating to the recruitment, hiring and advancement of qualified individuals with disabilities, such as hiring goals, strategic plans and progress reports, fast track hiring systems, trial work periods, and centralized accommodation funds. The government should lead by example. [https://www.csg.org/NTPWD/documents/SEED\\_Report\\_2006\\_000.pdf](https://www.csg.org/NTPWD/documents/SEED_Report_2006_000.pdf).
10. **Modifications (See also reasonable accommodation):** Often called “productivity enhancers,” these can include facility changes such as a ramps or chair lifts, wheelchair accessible restrooms and even ergonomic workstations that can benefit workers with disabilities.
11. **Nonoccupational illness or injuries:** Cases of illness, injury or medical conditions of both a physical and psychological nature not related to work.
12. **Occupational illness or injuries:** Injuries or illnesses that occur at or due to work.
13. **Occupational Health and Safety Act of 1970 (OSHA):** Under OSHA, employers are responsible for providing a safe and healthful workplace. OSHA’s mission is to assure safe and healthful workplaces by setting and enforcing standards, and by providing training, outreach, education and assistance. Employers must comply with all applicable OSHA standards. Employers must also comply with the General Duty Clause of OSHA, which requires employers to keep their workplace free of serious recognized hazards. (<https://www.osha.gov/law-regs.html>)

**14. Office of Disability Employment Policy (ODEP):**

Housed under the U.S. Department of Labor as a nonregulatory entity, provides national leadership by developing and influencing disability-related employment policies as well as practices that affect the employment of people with disabilities. (<https://www.dol.gov/odep/>)

**15. Partial disability benefits:** A return-to-work strategy that provides financial support to employees who transition back to work on a part-time basis or who are earning less than they did prior to their injury or illness. ([https://www.dol.gov/odep/topics/pdf/PAP\\_Transition%20Back%20to%20Work%20FINAL\\_2017-09-07.pdf](https://www.dol.gov/odep/topics/pdf/PAP_Transition%20Back%20to%20Work%20FINAL_2017-09-07.pdf))

**16. Reasonable accommodation (See also Modifications):** Under the ADA, a reasonable accommodation means modifications or adjustments to the work environment, or to the manner or circumstances under which the position is customarily performed that enable an individual with a disability who is qualified to perform the essential functions of that position. Examples include job restructuring, part-time or modified work schedules, reassignment to a vacant position, and acquisition or modifications of equipment or devices. (<https://www.eeoc.gov/policy/docs/accommodation.html>)

**17. Section 501 of Rehabilitation Act:** Prohibits employment discrimination against qualified individuals with disabilities in the federal sector. Explanation of the rule implementing Section 501 may be found at (<https://www.eeoc.gov/laws/regulations/qanda-ada-disabilities-final-rule.cfm>).

**18. Social Security Disability Insurance (SSDI):** The SSDI program provides cash benefits to disabled or blind persons with a work history who are “insured” by <https://www.ssa.gov/redbook/eng/overview-disability.htm>.

**19. State vocational rehabilitation agency:** Every state has a vocational rehabilitation (VR) agency that is designed to enable individuals with disabilities meet their employment goals. VR agencies assist individuals with disabilities to prepare for, obtain, maintain, or regain employment. (<http://www.askearn.org/state-vocational-rehabilitation-agencies/>)

**20. Stay-at-work, return-to-work (SAW/RTW) strategies and programs:** Strategies and programs that allow employees to resume working, with or without work restrictions, when medically appropriate and help employers retain valued employees while minimizing long-term health-related absences and optimizing productivity. You can read more about the DOL ODEP’s efforts in this policy area at [www.dol.gov/odep/topics/stay-at-work-return-to-work.htm](http://www.dol.gov/odep/topics/stay-at-work-return-to-work.htm).

**21. Supplemental Security Income:** The SSI program makes cash assistance payments to aged, blind, and disabled persons (including children) who have limited income and resources. The Federal Government funds SSI from general tax revenues. Many states pay a supplemental benefit to persons in addition to their Federal benefits. Some of these states have made arrangements with us to combine their supplemental payment with our Federal SSI payment into one monthly check to you. Other states manage their own programs and make their payments separately. Title XVI of the Social Security Act authorizes SSI benefits. (<https://www.ssa.gov/redbook/eng/overview-disability.htm>)

**22. Temporary Disability Insurance:** Temporary Disability Insurance (TDI) programs are designed to provide wage replacement for non-work-connected sickness or injury. The TDI program complements the Unemployment Insurance (UI) program by providing benefits to individuals who do not meet the UI program’s “able” to work requirement. Although federal law does not provide for a federal-state TDI system, the Social Security Act (SSA) and the Federal Unemployment Tax Act (FUTA) both authorize the withdrawal of employee contributions from a state’s unemployment fund for the payment of TDI.

**23. Transitional work:** Work focused on a time-limited period between when the worker has experienced injury or disability but is able to work, building up to full-time employment in their regular position. Transitional work is the process through which injured/ill employees are brought back to work as quickly as possible in temporary assignments. These temporary assignments are designed to help them remain productive and to actually spend their medical recovery. Transitional employment is a dynamic process involving input from the employee, his/her supervisor and other involved parties. It is designed to create the best possible RTW opportunity for the injured/ill employee and employer. Examples include:

**24. Modified work**—an adjustment or alteration to the way a job is normally performed to accommodate the employee’s physical restrictions.

**25. Part-time work** — refers to working less than 35 hours a week.

**26. Alternative work**—a different job within the company that meets the physical restrictions the employee’s health care provider specifies.

**27. Permanent jobs**—alternative work or a modification of the job an employee held when injured.

**28. U.S. Department of Labor:** The U.S. Department of



Labor (DOL) serves the United States through a variety of offices and bureaus, including the Office of Disability Employment Policy (ODEP). The department's mission is "to foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights." (<http://dol.gov/odep>)

- 29. Vocational rehabilitation program:** A partnership between the federal and state government, the program's goal is to support people with disabilities in finding and keeping employment. Funding is administered by the U.S. Department of Education to each state to provide services under Title I of the Rehabilitation Act. (<https://www2.ed.gov/programs/rsabvrs/index.html?exp=0>)
- 30. Workers' compensation:** State-based programs that provide medical care, rehabilitation, and cash benefits for workers who are injured on the job or who contract work-related illnesses. Workers' compensation is funded almost exclusively by employers who purchase workers' compensation insurance from a private insurer or a state insurance fund, and many large employers self-insure. ([https://www.nasi.org/sites/default/files/research/NASI Workers%20Comp%20Report%202017\\_web.pdf](https://www.nasi.org/sites/default/files/research/NASI%20Workers%20Comp%20Report%202017_web.pdf))
- 31. Work disability:** An illness, injury or medical condition that has the potential to inhibit or prevent continued employment or labor force participation.





# Resources/References



**WORK MATTERS: A Framework for States on Workforce Development for People with Disabilities** (The Council of State Governments, The National Conference of State Legislatures, 2016)

**Transition Back to Work: Policies to Support Return to Work after Illness or Injury**  
(Ashley, Cashdollar, Etcheverry, Magill, 2017)

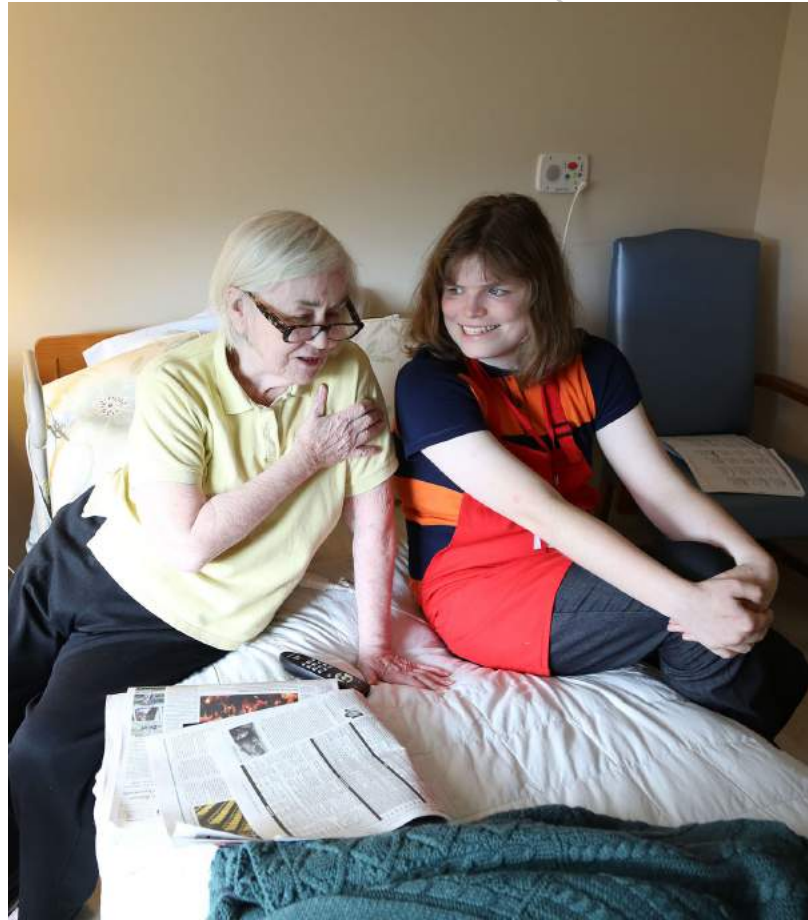
**Steps States Can Take to Help Workers Keep Their Jobs after Injury, Illness, or Disability** (Ben-Shalom, 2016)

**Office of Disability Employment Policy (ODEP) Website**

**ODEP RETAIN Demonstration Project Solicitation**

**Return to Work: A Foundational Approach to Return to Function** (IAIABC Disability Management, Return to Work Committee, 2016)

**The Case for Public Investment in Stay-At-Work/Return-To-Work Programs** (Ben-Shalom, Burak, 2016)





# **State Stay-at-Work/ Return-to-Work Guides**



**California: Helping Injured Employees Return to Work: Practical Guidance Under Workers' Compensation and Disability Rights Laws** (February 2010)  
([https://www.dir.ca.gov/chswc/Reports/2010/HandbookRTW\\_2010.pdf](https://www.dir.ca.gov/chswc/Reports/2010/HandbookRTW_2010.pdf))

**Georgia: Model Return to Work Program** (State Board of Workers' Compensation, 2013)  
([https://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/related\\_files/site\\_page/ModelReturnToWorkProgram.pdf](https://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/related_files/site_page/ModelReturnToWorkProgram.pdf))

**Maryland: Managed Return to Work Program Policy Requirements and Procedures** Maryland Department of Budget and Management, 2015)  
(<https://dbm.maryland.gov/employees/Documents/MedicalServices/MRTW.pdf>)

**Montana: Stay at Work/Return to Work Best Practices** (WorkSafe Montana, 2014)  
([https://www.worksafemt.com/media/WSMT\\_SAW-RTW\\_Best\\_Practices.pdf](https://www.worksafemt.com/media/WSMT_SAW-RTW_Best_Practices.pdf))

**New York: Return to Work Program** (New York State Workers' Compensation Board)  
(<http://www.wcb.ny.gov/content/main/ReturnToWork/ReturnToWork.jsp>)

**Texas: Return to Work WORKS FOR YOU& YOUR EMPLOYEES** (Division of Workers' Compensation)  
(<https://www.tdi.texas.gov/wc/rtw/documents/rtwguide.pdf>)

**Washington: The Complete Stay at Work Guide for Employers** (Washington State Department of Labor and Industries, 2015)  
(<https://www.lni.wa.gov/IPUB/243-005-000.pdf>)

**Washington: Employer's Return to Work Guide** (Financial Incentives available from Washington State Department of Labor and Industries)  
(<https://www.lni.wa.gov/IPUB/200-003-000.pdf>)

**West Virginia: West Virginia State Agencies Return-to-Work Guidelines**  
(<http://www.wvinsurance.gov/Portals/0/pdf/SAWC%20RTW.pdf>)



# Appendices

# APPENDIX 1

## TALKING POINTS

*What should you say to someone who doesn't know anything about SAW/RTW policy and program initiatives?*

1. People with disabilities are a key factor in our state's ability to build a strong, inclusive workforce that translates into economic success.
2. While state policy efforts to support increased employment of people with disabilities have made an impact, many individuals with disabilities remain unemployed or underemployed.
3. Each year, millions of U.S. workers, many with considerable job tenures, experience the onset of or a change in a medical condition that challenges their ability to work (on-the-job and off-the-job). Many of these workers are at risk of leaving the labor force.
4. SAW/RTW initiatives are strategies and programs that allow employees who have acquired a disability to resume working, with or without work restrictions, when medically appropriate and help employers maintain valued employees while minimizing long-term health-related absences and optimizing productivity. In some instances, employees are able to return-to-work by carrying out transitional work.
5. The high cost to businesses of workers leaving the job due to injury, illness or disability is well documented. Research shows that improving the worker's ability to stay at work or transition back to work as soon as possible helps lower the cost to business for expenses such as absenteeism, lost productivity, and, in some cases, the need to replace employees.
6. State officials can play an important role in supporting SAW/RTW programs by providing incentives to employers and employees, developing an infrastructure communicating the benefits of such programs to the state's business community, health care providers and insurers and providing critical technical assistance, education and training.
7. One of the most effective ways to support positive employment outcomes for the worker is to implement SAW/RTW strategies early in the recovery process, before or soon after the employee takes leave from the job, with a focus on maintaining the employer-employee relationship.
8. A model SAW/RTW program has been implemented in the state of Washington. The Washington programs coordinate health and employment service delivery, train health care providers in occupational health best practices, stress early communication among all stakeholders, and incentivize individualized workplace interventions, including transitional work.
9. Other states have adopted SAW/RTW policies and programs that provide employers with incentives in the form of wage subsidies, subsidies for the costs of accommodations, insurance premium discounts and grants.
10. State SAW/RTW programs also include infrastructure and mechanisms designed to educate and provide technical assistance and training to employers and other stakeholders regarding best SAW/RTW practices and implementation strategies.
11. The adoption of timely and appropriate state SAW/RTW policies and programs is one of the most cost-effective ways to support positive employment outcomes for individuals with disabilities, resulting in increased tax revenues and reduced dependence on benefit programs.

# APPENDIX 2

## ACCESSIBLE TRANSPORTATION & TECHNOLOGY

Accessibility, whether it be transportation arrangements to get to work, access to technology that would help perform job duties, or even access to the job through accessible building design, is a significant aspect in the success of stay-at-work/return-to-work policies. Because of their physical condition, many workers with disabilities rely on the public provision of services like buses or subway systems. Making sure that these pieces of infrastructure are not only accessible but reliable and affordable will go a long way to help the employee to maintain their current level of employment.

### *State Spotlight: How Florida is Ensuring Statewide Access to Transportation*

**Florida** is demonstrating its commitment to transportation access through disability representation on the seven-member Commission for the Transportation Disadvantaged (CTD), and dedicated transportation funding through the CTD-administered Transportation Disadvantaged Trust Fund. Through this unique approach, Florida leverages federal, state and local resources to provide coordinated statewide transportation access to populations that rely on these services for employment, medical, education and community living needs.

As an independent state agency within the Department of Transportation, the CTD is responsible for administering the Florida Coordinated Transportation System and overseeing the coordination efforts of metropolitan planning organizations and local coordination boards. Each of the 67 counties in Florida has a community transportation coordinator, who is recommended by the local coordination board and then contracted by the CTD to manage state and federal funds and arrange trips for consumers. Through the Coordinated Transportation System, Florida provided 17.7 million trips to nearly 500,000 individuals in FY 14–15, at an average cost of \$14.08 per trip.

CTD's efforts ensure individuals with disabilities and other transportation disadvantaged populations have access to statewide transportation that ensures critical inclusion in employment, education and community life. Florida's coordinated transportation policies and programs have been recognized by the U.S. departments of Transportation and Health and Human Services as a best practice model, and a 2008 Florida State University study found the state received an 835 percent average return on investment for funds invested

into transportation programs for disadvantaged populations; Florida invested \$372 million in transportation disadvantaged programs in 2007. These funds generated benefits of \$310 billion.

### *Other Examples in Action*

**Idaho** uses two statewide coordinating council groups to advise the state's public transportation efforts. The Idaho Interagency Working Group comprises the state Transportation Department and other executive branch agency representatives, with the responsibility to "advise and assist the department in analyzing public transportation needs, identifying areas for coordination, and developing strategies for eliminating procedural and regulatory barriers to coordination at the state level." The Idaho Public Transportation Advisory Council accessible representatives from wide ranging stakeholder groups.

**Wyoming** addresses statewide and rural transportation access needs for workers with disabilities through regional transportation voucher programs. These regional voucher programs are operated by Wyoming independent living centers, Wyoming Independent Living Rehabilitation, and Wyoming Services for Independent Living, with funding support by the state.


**Nebraska** (Neb. Rev. Stat. §77-27,188) and Virginia (Va. Code § 58.1-439.12:07) offer tax credits to employers for telework programs. Georgia, Maryland (Md. State Personnel and Pensions Code §2-308) and Oklahoma (Okla. Stat. tit. 62, § 34.11.7) have implemented telework programs or pilot studies for state agency employees.

**Georgia** implemented the Work Away telework program for state agencies. The Work Away telework program manual provides guidance and screening criteria to managers on the kinds of work and qualifications of workers best suited to benefit from and be productive in telework situations. The program also includes telework work-space safety and ergonomic requirements for the employee.

**Maryland** state agencies, under state law established in House Bill 136 (2013), have a goal of 15 percent employee telework program participation.

The **Oklahoma** telework pilot program requires state agencies requesting leasing or purchase of additional office space to obtain certification from the State Governmental Tech-





nology Applications Review Board that the physical office space is necessary and telework has been eliminated as a viable alternative. The Oklahoma Office of Management and Enterprise Services, responsible for overseeing the telework pilot program, has recently formalized a statewide agency telework policy.

**Washington** operates a number of strategies to support state transportation access policy. The state distributes millions of dollars on a biennial basis to nonprofit organizations through its State Paratransit/Special Needs Competitive Grant program. Through its vanpool grant program, Washington has built the largest community vanpool fleet in the country, providing all workers, including people with disabilities, an alternative employment-related transportation option.

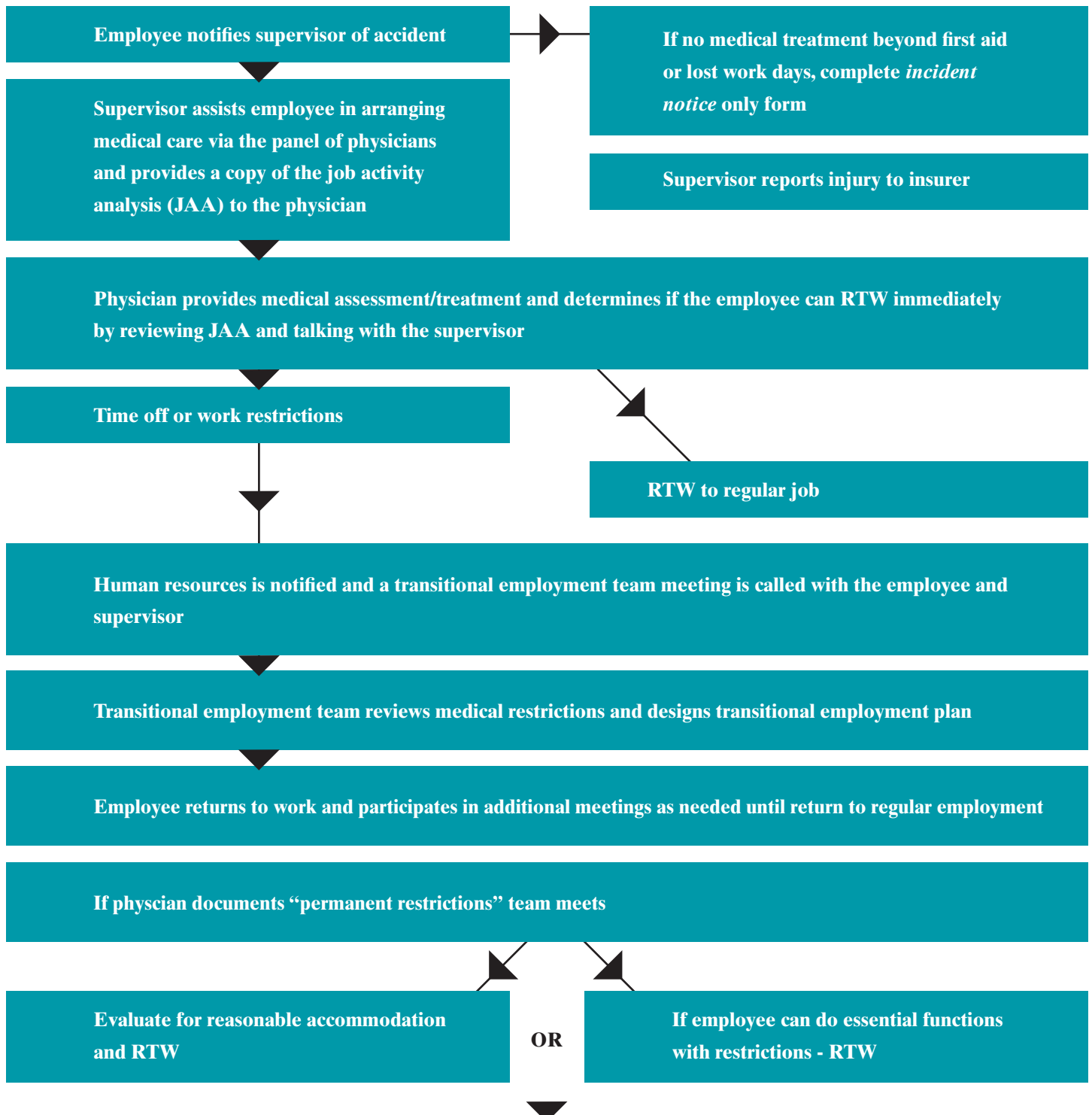
The **North Carolina** Assistive Technology Program (NCATP) provides services statewide to people of all ages and abilities as well as those who, possibly because of age, are having difficulties with activities of daily living. Services are provided in our assistive technology centers and satellite offices, as well as in workplaces, homes, schools and communities. NCATP assists employers and employees in the public and private sectors as well as professionals in health care, education, rehabilitation and social services. Both individuals and agencies may request assistance with identifying accessible technology resources and tools.

# APPENDIX 3

## GRAPHIC DEPICTION OF SAW/RTW OCCUPATIONAL RETURN-TO-WORK

### ADDENDUM B

**Georgia: Model Return to Work Program** (State Board of Workers' Compensation)



## APPENDIX 3 CONT.

**If can't identify a reasonable accommodation that will allow full productivity review vacant positions with the employer**

**Locate new job - RTW**

**If no jobs with company contact your insurer to request a referral for vocational rehabilitation services**

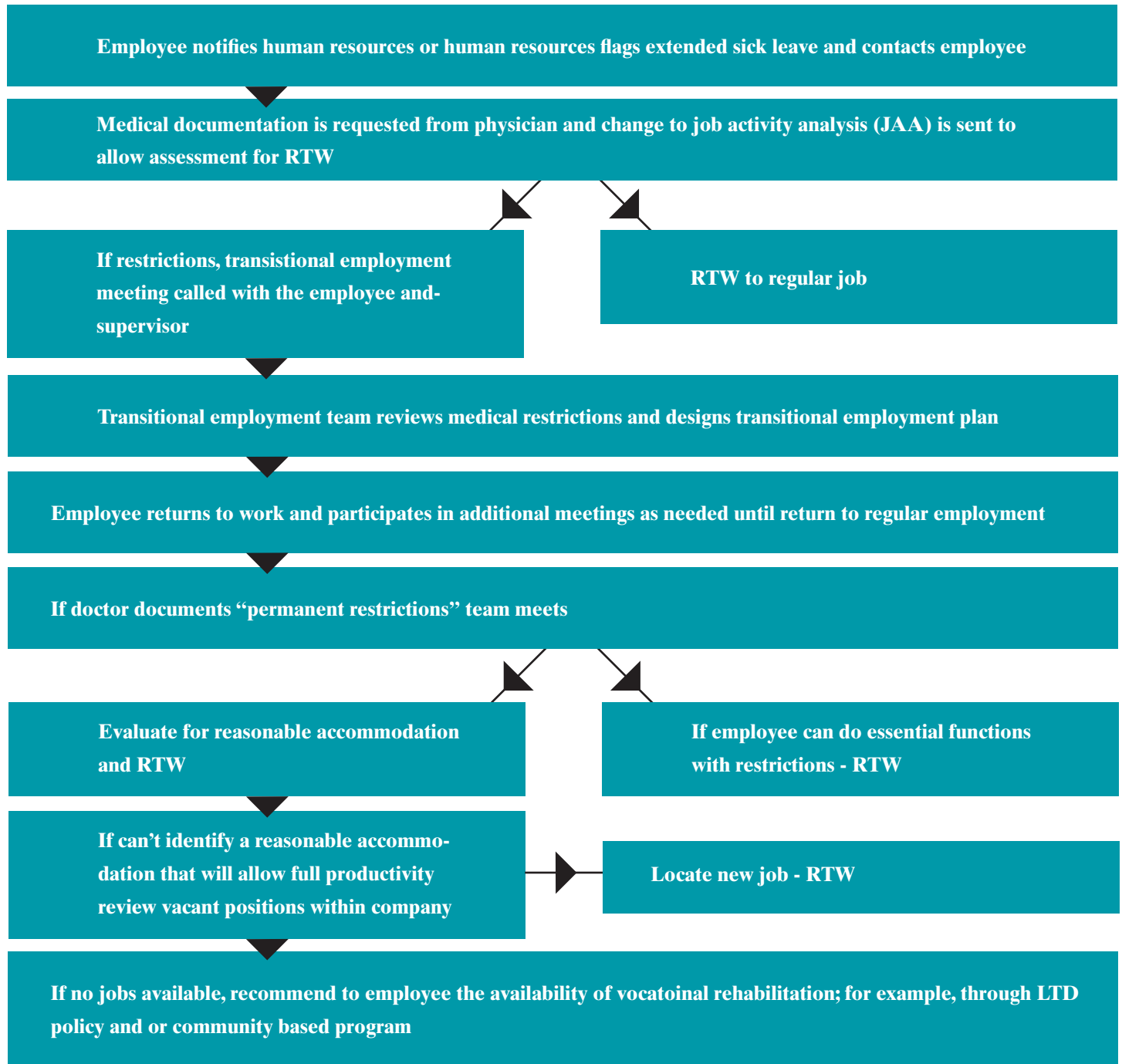


# APPENDIX 4

## GRAPHIC DEPICTION OF SAW/RTW NON-OCCUPATIONAL RETURN TO WORK

### ADDENDUM B

**Georgia: Model Return to Work Program** (State Board of Workers' Compensation)



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