

ILLINOIS STATE POLICE DIRECTIVE PER-029, WORKERS' COMPENSATION

RESCINDS: PER-029, 2013-058, revised 08-30-2013.	REVISED: 10-26-2015 2015-079
RELATED DOCUMENTS: EQP-003	RELATED CALEA STANDARDS: 22.2.2, 22.2.4, 22.3.1, 46.1.7

I. POLICY

The Illinois State Police (ISP) will disseminate procedures for the filing of workers' compensation benefits.

II. AUTHORITY

820 ILCS 305/1, et seq., "Workers' Compensation Act"

III. DEFINITIONS

III.A. TriStar - a health care company employing a group of specialists in the field of workers' compensation managed care, contracted by the Illinois Department of Central Management Services (CMS) to administer a Workers' Compensation Early Intervention Program **that can be contacted 24 hours per day, seven days a week**. The program is designed to ensure that every state employee suffering a work related illness or injury receives quality medical care and his/her recovery is complete. The telephone number for TriStar is 855-495-1554.

III.B. Service-connected time - the time an employee receives full pay while off work due to a service-connected injury. Employees must have a Board Certified Physician complete form ISP 2-379 to support service-connected time. Employees must sign and complete the Extended Benefits Request, form IL 444-4211. This form can be found at <http://www2.illinois.gov/cms/Employees/benefits/rm/Documents/IL%20444-4211-Extended%20Benefits%20Request.pdf>.

III.B.1. Sworn employees (including code inspectors and code employees with police powers) may receive up to 365 service-connected days, beginning on the day of injury, with full pay per incident.

III.B.2. Code employees **may** receive five (5) service-connected days with full pay per incident.

NOTE: As used in this directive, a service-connected "illness" is treated the same as a service-connected "injury."

III.C. Workers' Compensation Coordinator (WCC) - an employee of the Public Safety Shared Services Center (PSSSC) who serves as the PSSSC liaison with CMS Risk Management Unit and TriStar.

III.D. Temporary Total Disability (TTD) benefits - a form of salary compensation whereby the injured employee unable to perform required duties may receive 66 2/3 percent of his/her average weekly wage (AWW) from CMS Risk Management Unit and TriStar.

III.D.1. The AWW is calculated based on the average salary earned in the 12-month period preceding the date of injury. The WCC will complete the AWW Wage Statement form and liaison with the CMS Risk Management Unit and TriStar.

III.D.2. The employee must request this benefit in writing, accompanied by Medical Evaluation, form CMS-95 and/or a Medical Evaluation, form ISP 2-379 (both forms available in the ISP Document Library at <http://maphome/documentlibrary.doclibrary.cfm>), and forward the request and paperwork to the WCC. TTD benefits are available after an employee uses the allotted 5 full days of Service Connected time off for non-sworn, or uses the allotted 365 full Code 512 days off for sworn. The written request for TTD benefits must list the service connected dates received by the employee.

- III.D.2.a. If an employee elects to utilize their own benefit time, such as 515 sick time, in lieu of receiving TTD benefits, the employee will state this waiver of benefits in writing and forward the signed waiver of benefits to the WCC.
- III.D.3. TTD benefits are paid under the provisions of the Illinois Workers' Compensation Act.
- III.D.4. An additional 8 1/3 percent may be available through the State Employees Retirement System (SERS). To apply for the 8 1/3 percent, the employee must contact SERS directly.
- III.D.5. A Physician's Statement, form CMS-95 and/or a Medical Evaluation, form ISP 2-379 (both forms available in the ISP Document Library at <http://maphome/documentlibrary.doclibrary.cfm>) must be submitted to the WCC every 30 days, whenever the duration of recovery exceeds 30 days.
 - III.D.5.a. This form is also to be submitted to the employee's supervisor. In the event an employee who is off work on TTD or service-connected leave (512 time), and a doctor's note indicates an employee may return to work in a medical duty capacity, the supervisor must inform the WCC if medical duty work is, or is not, available for the injured employee
 - III.D.5.b. In the event medical duty work is not available, the employee will remain on service-connected leave status.
 - III.D.5.c. In the event medical duty is available, the employee will return to work under the terms of a medical duty agreement (see ISP directive PER-038, "The Medical Review Board and Medical Duty").
 - III.D.5.d. All medical duty agreements must be approved by ISP Legal prior to implementation. An updated ISP 2-379 or CMS 95, and a word version of the medical duty agreement must be sent to ISP Legal for review.
- III.E. Workers' compensation benefits - benefits for accidental injury, illness, or death during the course of employment including, but not limited to:
 - III.E.1. The provisions of all necessary first aid, medical, and surgical services.
 - III.E.2. Instruction and/or training necessary for physical, mental, and vocational rehabilitation.
 - III.E.3. Provision of artificial limbs, eyes, and teeth.
 - III.E.4. Repair or replacement of damaged or broken glasses or contact lenses if damaged as a result of the injury.

IV. PROCEDURES

IV.A. Initial reporting

- IV.A.1. An employee (either code or sworn) injured in the course of employment must:
 - IV.A.1.a. Call TriStar Early Intervention immediately. If the employee is not able to call because of injury, the supervisor must call TriStar at 855-495-1554 for the employee.
 - IV.A.1.b. Report the incident to his/her supervisor within 24 hours, unless prohibited by the severity of the injury. He/she must provide a full description of the circumstances leading to the injury. The description should include the following information:
 - IV.A.1.b.1) Personal information including name, date of birth, sex, Social Security number, marital status, number of dependents, home address, and home or cell phone number. TriStar Case Managers will call the injured employee on a regular periodic basis in order to update their claim files. It is important to provide a correct home address to ensure receipt of TriStar case managers' correspondence and notifications on claim status (examples include a written notice to provide missing forms, a written notice

- IV.A.1.b.1) that the claim is denied, and/or a written notice that a third party has been contacted regarding compensation to the state due to loss of an employee's ability to work (such as an arrest or traffic crash incident)
- IV.A.1.b.2) Date, time, and location or address (including county) where the injury took place
- IV.A.1.b.3) Nature of the injury, e.g., broken bone, bruise, laceration
- IV.A.1.b.4) Part of the body affected, e.g., right arm, left eye
- IV.A.1.b.5) Task being performed when the injury occurred, e.g., driving, lifting an injured person
- IV.A.1.b.6) Any person, object, or substance responsible for the injury, e.g., drunken driver, broken glass, ice
- IV.A.1.b.7) Circumstances of the accident, e.g., subject failed to yield at stop sign and struck squad car broadside
- IV.A.1.b.8) Any hazardous or unsafe conditions, e.g., drunken driver, ice
- IV.A.1.b.9) Treatment information, including the name and address of the treating physician and hospital or clinic
- IV.A.1.b.10) Date last worked

IV.A.2. For each case reported, a Claims Adjustor/Examiner, an authorized representative of CMS Risk Management Unit, will determine if the injury is service-connected and thus eligible for workers' compensation benefits and service-connected time off. The employee must demonstrate that the injury arose out of and in the course of employment.

IV.A.3. Service-connected time off is to be recorded eight hours per day, seven days per week, regardless of normal shift and days off, for any sworn employee missing more than five full days of work.

IV.B. Subsequent reporting

IV.B.1. The employee must file the following reports at the earliest possible date with the WCC, to substantiate any claim for workers' compensation benefits. All information should be printed or typed.

NOTE: All workers' compensation forms are available by contacting the WCC, or via the CMS Risk Management Unit's public website.

IV.B.1.a. Authorization to Use or Disclose Information/Medical Authorization Form, form IL 3-2013, and Employee's Notice of Injury, form IL 401-0012.

- IV.B.1.a.1) The injured employee should complete and sign both reports.
- IV.B.1.a.2) If the employee is incapacitated, the employee's supervisor may prepare the Employee's Notice of Injury.

IV.B.1.b. Medical Report, form IL 401-0994.

- IV.B.1.b.1) A report prepared on the treating physician's letterhead may be submitted in lieu of the medical report.

NOTE: Please note this is for the workers' compensation packet for TriStar's use. The ISP 2-379 or CMS 95 will need to be completed and returned to the employee's supervisor for any time off work or for return to work with restrictions.

- IV.B.1.b.2) If the employee consulted more than one doctor, a report from each must be provided as documentation of treatment.
- IV.B.1.b.3) When only emergency room treatment was required, the employee should obtain an emergency room record report from the hospital and have it forwarded to the WCC.

- IV.B.1.c. The Supervisor's Report of Accident or Illness, form IL 401-0368, and the Demands of the Job, form CMS-900-7 which will be provided upon request, and on an as needed case by case basis, will be completed and signed by the injured employee's immediate supervisor. The supervisor's reports are to be completed privately and independently.
- IV.B.1.d. If any witnesses to the injury are available, each should complete and sign a Witness Report, form IL 401-0370, and submit it to the WCC.
- IV.B.1.e. For use by CMS Risk Management and TriStar, a copy of the traffic crash report, and/or arrest report, is to be forwarded to the WCC, when applicable. These documents must include information sufficient to identify responsible third parties by name and home address.
- IV.B.2. Any bills arising from the injury should be immediately submitted to the WCC. Any bills for prescription medication must include the name of the drug. Upon each visit for medical treatment, or receipt of prescription medications or medical accessories (crutches, braces, etc.), the employee is to inform the medical care provider that the purpose of their visit is in relation to a worker compensation claim, and all invoices and associated medical records are to be forwarded to the employee's workers compensation representative (TriStar).
- IV.B.3. If the injury resulted from a crash involving a department vehicle, refer to ISP directive EQP-003, "Department Vehicle Crash and Incident Reporting," for additional reporting requirements.
- IV.C. Injury caused by another individual during the course of employment.
 - IV.C.1. If another individual caused an employee's injury, the employee has the right to bring civil action against that person.
 - IV.C.1.a. Regardless of whether the employee chooses to bring civil action, the state of Illinois may initiate civil action on behalf of the employee for recovery of benefits paid.
 - IV.C.1.b. The state of Illinois has a subrogation lien on any monies received as a result of civil action initiated by either the employee or the state. This subrogation right enables reimbursement to the state of benefits previously provided and will reduce the amount of money received by the employee through any civil action.
 - IV.C.1.c. The injured employee must notify the WCC, of any civil action filed, or any proposed settlement of such action.
 - IV.C.1.d. The employee must consult with CMS Risk Management Unit prior to final settlement or other resolution of any civil action relating to the employee's injury.
 - IV.C.2. If an employee wishes further compensation because of residual loss of body function, a scar, etc., the employee must file any such claim with the Illinois Workers' Compensation Commission (IWCC) within three years of the date of accident where no compensation has been paid, or within two years after the last compensation payment, whichever is later.
 - IV.C.2.a. The employee has the right to contact and retain a private attorney to file a claim for additional compensation with the IWCC.
 - IV.C.2.b. The injured employee may file a claim with the IWCC without legal representation.

IV.C.2.c. An employee may seek a "pro se" settlement through CMS Risk Management Unit. In such a case, no attorneys are involved and an agreement is reached between the injured employee and CMS. The employee should make his/her pro se settlement request in writing directly to CMS Risk Management Unit.

| Indicates new or revised items.

-End of Directive-