

**Texas Department of Criminal Justice
Employee's Report Packet for Workers' Compensation**

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Texas Department of Criminal Justice Employee's Guidelines for Workers' Compensation

COMPLETION OF THE EMPLOYEE'S PACKET

- ◆ Complete the forms located in the PERS 298, Employee's Report Packet for Workers' Compensation any time you sustain a work-related injury or illness (whether or not you plan on filing a workers' compensation claim) or when you believe you may have been exposed to a communicable disease as a result of your work-related duties. If you believe you may have been exposed to a communicable disease, you are also required to complete a PERS 305, Possible Work-Related Exposure to a Communicable Disease (Attachment A) and contact the unit coordinator of infectious disease (CID) nurse at the nearest unit for baseline testing.

It is your responsibility to review the PERS 298 packet and understand the impact that the elections on the PERS 298-3, Employee's Election Regarding Use of Sick and Vacation Leave C-80 (Part A), and Employee's Other Time Election C-80 (Part B) may have on your state benefits. You should contact your supervisor or human resources representative for additional information to ensure that you understand the impact of the C-80 elections.

- ◆ Submit the completed PERS 298 packet to your supervisor by the end of the same shift the injury or illness occurs.
- ◆ Designate a person to act on your behalf if you are unable to complete the PERS 298 packet, or your supervisor shall complete the PERS 298-2 for you.
- ◆ General guidance for each form in the PERS 298 packet:

PERS 298-2, Employee's Report of Injury or Illness: Complete each blank in Part A (1-12) and sign and date the form before you submit it to your supervisor, who shall complete Part B.

PERS 298-3, Employee's Election Regarding Use of Sick and Vacation Leave C-80 and Employee's Other Time Election C-80 (Parts A and B): You may change your elections to Part A until you have reached your eighth day of workers' compensation disability. The eight days do not have to be consecutive. A change to Part B may only be made when you return to work. Changes shall only affect subsequent periods of absence resulting from the work-related injury or illness that occur after you sign the revised form. The changes shall not be retroactive. **As previously stated, it is your responsibility to understand how the elections you choose may impact your pay and other benefits as described under the heading "Effect of C-80 Elections on Benefits."** A description of these elections follows:

C-80 Part A: Addresses the use of accrued sick and vacation leave and establishes the initial compensation payment start date. You may not receive workers' compensation income benefits while using accrued sick leave, including sick leave pool, donated sick leave, or extended sick leave, or accrued vacation leave. There shall be a waiting period of seven calendar days before workers' compensation benefits begin. To the extent these benefits are available, Part A allows you to:

Election 1: Exhaust all accrued sick leave and then all or part of accrued vacation leave before receiving any workers' compensation payments.

Election 2: Not use any accrued sick leave or vacation leave, thereby freezing your sick and vacation leave balances.

Accrued compensatory, holiday, and overtime may be used during the waiting period of seven calendar days as indicated in Part B. If you do not elect to use sick leave during the seven-day waiting period and you are on leave for your work-related injury or illness for 28 days or more, you shall receive an additional payment to reimburse you for the waiting period.

C-80 Part B: After Part A sick and vacation leave elections are made, Part B elections shall determine how accrued compensatory, holiday, and overtime are to be used during your absence due to the work-related injury or illness. To the extent you are eligible for these benefits, Part B allows you to:

Election 1: Exhaust all eligible accrued time in the following order: compensatory, holiday, and overtime.

Election 2: Not use any accrued compensatory, holiday, or overtime, thereby freezing all balances until after returning to work.

Election 3: Use a portion of accrued time, thereby freezing remaining balances until returning to work.

If you elect to freeze your accrued compensatory and holiday time and as a result of your injury are unable to use the time before it expires, the time shall not be restored.

If you elect to freeze your accrued time and upon exhaustion of the 180 days leave without pay-medical (LWOP-Medical) period you have not physically returned to work, you shall be placed on the active payroll until all accrued compensatory and holiday time is exhausted. After all accrued compensatory and holiday time is exhausted, you shall then be separated from employment and your accruals of overtime and vacation leave shall be handled in accordance with PD-49, "Leaves Other than Medical or Parental."

- PERS 298-4, Authorization for Release of Information (SORM-16): Complete, sign, and date.
- DWC FORM-48, Request for Travel Reimbursement: Please read the information provided to determine if you have travel expenses that are eligible for reimbursement.
- DWC FORM-73, Texas Workers' Compensation Work Status Report instructions.

EFFECT OF C-80 ELECTIONS ON BENEFITS

While unable to work due to the work-related injury or illness, your benefits are affected. Refer to the following information and to the table entitled C-80 Election Combinations of this attachment for assistance in choosing the elections that you consider best for you.

◆ LEAVE

For continued employment with TDCJ, you are required to comply with PD-46, "Medical and Parental Leave," or PD-49, "Leaves Other than Medical or Parental." You are required to provide a DWC FORM-73 or health care provider's statement (HCPS) before you return to work if, as a result of the work-related injury or illness you: (a) were absent for more than three days or your HCPS or DWC FORM-73 indicates restrictions; or (b) were placed in LWOP status.

When submitting a PERS 24, Leave Request, attach an HCPS for the requested leave period. The requested leave period shall not exceed six months, or the date the health care provider has indicated you may return to work.

Leave with Pay: While using accrued sick, vacation, compensatory, holiday, or overtime, you are on leave with pay. You may also be eligible to receive additional benefits, to include:

Extended Sick Leave: You are required to have at least five years of TDCJ service accrued since your most recent hire date, 56 hours of sick leave balance accrued since your most recent hire date at the onset or initial diagnosis of the current injury or illness sick leave pool request, and not have used 12 workweeks of extended sick leave in the past five years. All accrued time balances shall be exhausted.

Sick Leave Pool: You are required to meet the eligibility criteria in PD-50, "Sick Leave Pool," including the requirement to have at least 12 months of TDCJ service accrued since your most recent hire date, 56 hours of sick leave balance accrued since your most recent hire date at the time of the current injury or illness sick leave pool request, and you shall not have withdrawn from the sick leave pool during the current fiscal year. All of your accrued time balances shall first be exhausted.

Donated Sick Leave: You are required to have exhausted all accrued sick leave, including any time you may be eligible to withdraw from the sick leave pool.

If you choose to freeze any portion of your accrued time balances, you shall not be eligible to apply for extended sick leave or sick leave pool.

If you choose to freeze any portion of your accrued sick leave, you shall not be eligible to receive any donated sick leave.

Leave without Pay-Medical (LWOP-Medical): Before your leave with pay is exhausted, you shall request LWOP-Medical in accordance with PD-46, “Medical and Parental Leave.”

Family and Medical Leave (FML): The human resources representative shall determine whether or not your absence due to a work-related injury or illness should be designated as FML, either with pay or without pay. You may qualify for FML if you:

- Have at least 12 months of state service;
- Suffer from a serious health condition;
- Have worked at least 1,250 hours during the previous year; and
- Have not used more than 12 workweeks of FML in the previous 12 months.

◆ **INITIAL VISIT TO A HEALTH CARE PROVIDER/RETURN TO WORK**

Regardless of when the injury or illness occurred, you are required to notify your supervisor as soon as you incur medical expenses resulting from the work-related injury or illness or you are off work a full shift due to the work-related injury or illness, so that your supervisor can notify the human resources representative of your change in status.

You are responsible for ensuring that the health care provider who provides medical services has been approved by the Texas Department of Insurance, Division of Workers’ Compensation (TDI-DWC) to treat CareWorks Network workers’ compensation injured employees. You may call your adjuster at the State Office of Risk Management (SORM) or TDI-DWC, or access the TDI-DWC website at www.tdi.texas.gov to ensure that your health care provider treats workers’ compensation injured employees.

Upon your initial visit to a CareWorks Network health care provider, you shall provide the CareWorks Network health care provider with a copy of the job description that was provided to you by your supervisor. The health care provider should provide you with a completed DWC FORM-73. (The health care provider will have a DWC FORM-73 on hand, because the TDI-DWC requires health care providers to use this form.)

You are required to provide the DWC FORM-73 or an HCPS from your initial visit to your human resources representative in accordance with PD-46, “Medical and Parental Leave,” via hand carry or fax. The DWC FORM-73 or HCPS shall indicate one of the following:

- 1) You qualify to participate in a temporary alternate or modified duty assignment position.

If you qualify for a temporary alternate or modified duty assignment, a verbal or written offer shall be made by the human resources representative. A rejection shall be reported to SORM and any applicable workers’ compensation benefits may be readjusted. You should continue to coordinate leave through your human resources representative in accordance with TDCJ policies.

- 2) Based on the restrictions indicated, you are not eligible to return to work at the present time.

If you are absent more than three consecutive days, you shall be required to also provide your supervisor with a PERS 24, Leave Request, and an HCPS that includes the medical facts in accordance with PD-46, “Medical and Parental Leave.”

◆ **SUBSEQUENT VISITS TO THE HEALTH CARE PROVIDER**

If a subsequent visit to the health care provider results in a change in treatment or work restrictions, you are required to provide, via hand carry or fax, a subsequent DWC FORM-73 or HCPS to your human resources representative within one workday of the subsequent visit.

◆ **RETURN TO WORK WITH ACCOMMODATIONS**

Employees with permanent restrictions may apply for accommodations in accordance with PD-14, “Americans with Disabilities Act and Employment of Persons with a Permanent or Long-Term Medical Condition.”

◆ **WORKERS' COMPENSATION**

Workers' compensation benefit payments replace only a percentage of your regular pay; however, the benefit payments are not subject to social security, withholding taxes, or the mandatory retirement contribution to the Employees Retirement System (ERS).

You **cannot** receive workers' compensation payments while using accrued sick leave, sick leave pool, extended sick leave, or vacation leave.

You **can** receive workers' compensation payments while using accrued overtime, holiday, or compensatory time if you elect to use this time on the C-80 elections.

◆ **GROUP INSURANCE**

Disability (if applicable):

Payments begin after a waiting period of 30 days (short-term disability) or 90 days (long-term disability) after the date lost time began or after accrued sick leave is exhausted, whichever is greater, or after extended sick leave or sick leave pool payments cease. Payments are reduced by the amount of your workers' compensation payments.

Long-term disability applies only if an approved attending physician certifies that you are totally disabled.

Health Coverage: You shall receive a detailed letter from the ERS, if you are required to make payments. Payments shall be made by cashier's check or money order.

While on leave with pay: The state contribution to your insurance continues, and your portion of the premium shall be deducted from your paycheck.

While on LWOP designated as FML: The state contribution continues, so you shall only be responsible for paying your portion of the premium.

While on LWOP not designated as FML: No state contribution shall be paid; therefore, you shall be responsible for the entire premium if you are in LWOP status that is not designated as FML for a complete month. However, your workers' compensation payment amount increases to compensate for the decrease in the state contribution for the employee's health insurance only.

If you do not pay your group insurance premium, your coverage shall be cancelled effective the last day of the month for which no payment has been made. To reinstate cancelled coverage, apply through your human resources representative as soon as you return to work.

◆ **OTHER BENEFITS**

If you are participating in voluntary benefit programs, such as 457 Deferred Compensation Plan, 401(k) Texa\$aver Plan, Texas Tuition Promise Fund, TexFlex, or Service Purchase Installment Program, payroll deductions shall continue in effect until your TDCJ paycheck is no longer sufficient to cover your deductions unless you request that the deductions be discontinued at an earlier date.

◆ **PAYMENT OF MEDICAL BILLS AND PRESCRIPTIONS**

Inform the attending physician, hospital, and pharmacist that medical claims and prescriptions are to be filed as workers' compensation. Except for emergency care, the attending physician should request pre-certification through SORM.

If the claim is approved, liability for payment of medical services, prescriptions, etc. shall be assumed by SORM. Your human resources representative or the Workers' Compensation Program Area, Human Resources Division, can verify that a work-related injury or illness has occurred, but neither can accept liability for payment. Claims for payment of medical bills or prescriptions shall be considered and paid by SORM only after an itemized bill is submitted to SORM which includes the employee's name, social security number, and date of injury. Employees are responsible for providing copies of physician's statements to adjusters as required.

The attending physician should direct any questions about workers' compensation and mail all bills and reports to:

State Office of Risk Management
P.O. Box 13777
Austin, Texas 78711-3777
Phone 512-475-1440

◆ **PROBLEMS WITH CLAIMS**

Any problems you may have with claims should be referred to your SORM claims adjuster at the address and telephone number indicated above.

◆ **DENIED CLAIMS**

If your claim is denied by SORM and you are unable to return to work, you shall contact your human resources representative to determine your leave options. Contact your local TDI-DWC office or write your claims adjuster at the address indicated for SORM regarding your right to appeal a denied claim.

◆ **FRAUD**

If you knowingly or intentionally perform any of the following acts in an attempt to obtain workers' compensation benefits, you may have committed a Class B administrative violation that is punishable by an administrative penalty not to exceed \$5,000:

- Make a false or misleading material statement.
- Misrepresent or conceal a material fact.
- Fabricate, alter, conceal, or destroy a document.
- Conspire to commit an act as listed above.

◆ **DENTAL**

Should you require dental services for your injury that is not due to an emergency, you shall obtain pre-authorization from SORM prior to services being provided.

◆ **MULTIPLE EMPLOYMENT**

If you have other employment in addition to TDCJ, you may be eligible to report those wages to increase your weekly benefit. Please contact SORM directly at 512-475-1440 for additional eligibility information.

C-80 ELECTION COMBINATIONS

Part A	Part B	Impact of Elections on Pay and Benefits
1	1	<p>Elects to use all accrued sick leave then all or part of vacation leave and other time.</p> <ul style="list-style-type: none"> - Pay and insurance coverage continues until accrued time is depleted. See Notes 1 and 2. - Workers' compensation pay begins after sick and vacation leave is depleted. See Notes 3 and 4. - May apply for extended sick leave and sick leave pool, if eligible, prior to all time being depleted. - May receive donated sick leave hours.
1	2	<p>Elects to use all accrued sick leave then all or part of vacation leave and freezes other time.</p> <ul style="list-style-type: none"> - Pay and insurance coverage continues until accrued sick and vacation leave is depleted. See Note 2. - Workers' compensation pay begins after sick and vacation leave is depleted. See Note 3. - Ineligible to apply for extended sick leave and sick leave pool since other accrued time is not depleted. - May receive donated sick leave hours.
1	3	<p>Elects to use all accrued sick leave then all or part of vacation leave and use a portion of other time.</p> <ul style="list-style-type: none"> - Pay and insurance coverage continues until sick and vacation leave is depleted and other time reaches specified levels. See Notes 1 and 2. - Workers' compensation pay begins after sick and vacation leave is depleted. See Notes 3 and 4. - Ineligible to apply for extended sick leave and sick leave pool since other accrued time is not depleted. - May receive donated sick leave hours.
2	1	<p>Elects not to use accrued sick or vacation leave. Use other time until balances are depleted.</p> <ul style="list-style-type: none"> - Pay and insurance coverage continues until accrued time is depleted. See Notes 1 and 2. - Workers' compensation pay begins after the waiting period of seven calendar days. See Notes 3 and 4. - Ineligible to apply for extended sick leave and sick leave pool since sick or vacation leave is not depleted. - Ineligible to receive donated sick leave since sick leave is not depleted.
2	2	<p>Elects not to use accrued sick or vacation leave and freezes other time.</p> <ul style="list-style-type: none"> - Pay and insurance coverage stops. See Note 2. - Workers' compensation pay begins after the waiting period of seven calendar days. See Note 3. - Ineligible to apply for extended sick leave and sick leave pool since accrued sick or vacation leave or other time is not depleted. - Ineligible to receive donated sick leave since sick leave is not depleted.
2	3	<p>Elects not to use accrued sick or vacation leave and use a portion of other time.</p> <ul style="list-style-type: none"> - Pay and insurance coverage continues until other time reaches specified levels. See Notes 1 and 2. - Workers' compensation pay begins after the waiting period of seven calendar days. See Notes 3 and 4. - Ineligible to apply for extended sick leave and sick leave pool since accrued sick or vacation leave or other time is not depleted. - Ineligible to receive donated sick leave since sick leave is not depleted.

Note 1: "Other time" includes compensatory, holiday, and overtime.

Note 2: You are required to apply for LWOP-Medical prior to the depletion of all accrued time. If in LWOP status, you shall be responsible for the payment of all insurance premiums. If on FML, the state paid portion of the insurance premium continues, but you shall continue to be responsible for payment for any coverage, such as family, beyond that.

Note 3: If eligible for short term disability insurance, payments do not begin until after 30 days or sick leave is depleted, whichever is greater. You cannot draw short term disability payments and use sick leave simultaneously.

Note 4: You cannot draw workers' compensation benefits while using accrued sick or vacation leave.

Texas Department of Criminal Justice
Employee's Report of Injury or Illness

HUMAN RESOURCES REPORTABLE () Y () N LOST TIME () Y () N
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PART A: EMPLOYEE OR DESIGNEE (CLEARLY PRINT THE FOLLOWING INFORMATION)

1. Employee's Payroll Name: (Last, First, MI) _____
Current Mailing Address: _____ Email: _____
City: _____ County: _____
State: _____ Zip Code: _____
Social Security Number: _____ Home Phone Number: _____
Date of Birth (mm/dd/yyyy): _____ Gender: _____
2. Marital Status (check one): Married Widowed Single Separated Divorced
3. Number of Dependent Children: _____ Name of Spouse: _____
4. Did you receive treatment from a physician for this injury or illness? (check one) Yes No
Did you incur medical expenses? Yes No
5. If medical expenses were incurred, provide the following information:
Attending Physician's Name: _____ Hospital: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
6. Date of injury or illness: _____ Time of injury or illness: _____ (check one) AM PM
Are you a third shift employee: Yes No If third shift, date shift actually began: _____
7. Unit or department where the injury or illness occurred: _____
8. Nature of injury (cut, bruise, etc.): _____
Part(s) of body affected: _____
9. Detailed description of how the injury or illness occurred: _____

10. Were you performing normal job duties? (check one) Yes No
Work site where injury or illness occurred (stairs, dock, etc.): _____
11. Cause of injury or illness (fall, tool, machine, offender, etc.): _____
12. Full name(s) of witness(es) (If offender, include TDCJ#): _____

I certify that the above injury or illness was not caused by my intent, willful misconduct, or neglect. I acknowledge receipt and understanding of the Workers' Compensation Employee's Guidelines.

Signature of Employee: _____ Date: _____

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

PART B: SUPERVISOR ACKNOWLEDGEMENT OF INJURY OR ILLNESS

13. Part A of this form was completed by: (check one) Employee Designee Phone No. () _____
If designee, full name of the designee: _____ SSN: _____
14. First full shift the employee was unable to work due to injury or illness (if no time lost, enter "NLT"): _____
15. Was the employee able to return to work since missing a full shift? Yes No Did not lose full shift
If yes, check one of the following: Full Duty Temporary Alternate/Modified Duty
16. Has the employee been placed in a leave status? (check one) Yes No
If yes, type of leave: _____ Effective date: _____
17. Did employee die? Yes No
18. Full Name of Supervisor: _____ Supervisor's SSN: _____
Date the employee reported the injury or illness to you: _____
19. Employee's choice of sick leave election (C-80, Part A) (check one) 1 2
Employee's choice of other time election (C-80, Part B) (check one) 1 2 3
Sick leave balance on date of injury: _____
Vacation balance on date of injury: _____ Amount of vacation time elected to be used: _____
20. If this report is not being submitted within one workday of the occurrence of the injury or illness, check the appropriate box and complete required information:
- Medical expenses incurred on: _____
 First full shift missed on: _____
 Other: _____

The above injury or illness was reported to me as indicated above. **I acknowledge receipt and understanding of the Supervisor's Guidelines.** I acknowledge the above information to be true and accurate to the best of my knowledge.

Signature of Supervisor: _____ Date: _____

Distribution:

ORIGINAL - State Office of Risk Management
COPY - Workers' Compensation Program Area, Human Resources Division
COPY - Unit or Department Medical File
COPY - Risk Management Coordinator
COPY - Employee

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Employee's Election Regarding Use of Sick and Vacation Leave
C-80 (Part A)
(Texas Labor Code § 501.044)

Employee's Name: _____ Date of Injury or Illness: _____
MM/DD/YYYY

Employee's SSN: _____

Hours of Sick Leave Available
as of Date of Injury or Illness: _____

Hours of Vacation Leave Available
as of Date of Injury or Illness: _____

Complete Election 1 or Election 2.

ELECTION 1 (Choose A, B, or C)

When I lose time from work due to this injury or illness I elect to use all of my accrued sick leave **AND**:

- A.** All of my accrued vacation leave.
- B.** A portion of my accrued vacation leave (enter number of hours: _____).
- C.** None of my accrued vacation leave.

Sick leave shall be exhausted before vacation leave can be used.

I understand I cannot receive workers' compensation payments while using sick leave, sick leave pool, extended sick leave, or vacation leave.

ELECTION 2

- When I lose time from work due to this injury or illness, I elect to **not** use any accrued sick leave and not use any accrued vacation leave. I understand I shall not receive workers' compensation payments until after the waiting period of seven calendar days.

MONTHLY TEMPORARY INCOME BENEFITS ELECTION

- I elect to change my Temporary Income Benefits frequency from weekly to monthly.

I have read the Employee's Guidelines and understand the effect this election may have on my paycheck and benefits and that it shall affect any and all future occurrences of lost time as a result of this work-related injury or illness. I further understand that **I MAY NOT** change this Part A election after my eighth day of workers' compensation disability and signing this form.

(Employee's Signature/Date)

(Supervisor's or Human Resources Representative's Signature/Date)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Distribution:

Reportable: ORIGINAL – State Office of Risk Management
COPY – Workers' Compensation Program Area, Human Resources Division
COPY – Unit or Department Medical File
COPY – Employee

Not Reportable: ORIGINAL – Unit or Department Medical File
COPY – Employee

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Employee's Other Time Election
C-80 (Part B)

Choose one of the following elections by initialing in the space beside it:

_____ **ELECTION 1**

When I lose time from work due to this injury or illness, I hereby elect to use all my accrued compensatory, holiday, and overtime UNTIL THE BALANCES ARE EXHAUSTED or I return to work, whichever occurs first.

_____ **ELECTION 2**

When I lose time from work due to this injury or illness, I hereby elect TO NOT USE ANY accrued compensatory, holiday, and overtime, thereby freezing all balances until I return to work. I understand I may not receive workers' compensation benefits until after the waiting period of seven calendar days.

_____ **ELECTION 3**

When I lose time from work due to this injury or illness, I hereby elect to USE THE PORTION INDICATED below of my accrued compensatory, holiday, and overtime, thereby freezing the remaining balance until I return to work. I have indicated the total amount of time in each category to use:

- | | | |
|----------------------|-------|---------------|
| A. COMPENSATORY TIME | _____ | HOURS/MINUTES |
| B. HOLIDAY TIME | _____ | HOURS/MINUTES |
| C. OVERTIME | _____ | HOURS/MINUTES |

EMPLOYEE'S NAME AS SHOWN ON PAYROLL (PRINT OR TYPE)

EMPLOYEE'S SSN

DATE OF INJURY (mm/dd/yyyy)

I understand:

I cannot receive workers' compensation payments while using accrued sick leave, sick leave pool, or while on extended sick leave and vacation leave.

I shall request LWOP - Medical before my accrued leave is exhausted.

That holiday time shall be used within one year from the end of the work cycle in which the time was accrued; and compensatory time shall be used within one year from the end of the work cycle in which the time was accrued (two years for correctional staff only). If I freeze this time and it expires before I return to work, it cannot be restored.

I may not change Part B once the DWC FORM-1S, Employer's First Report of Injury or Illness has been submitted to the State Office of Risk Management until after returning to work for one full shift. Subsequent changes to Part B shall not be retroactive.

I have read the Employee's Guidelines and understand the effect this election may have on my benefits and that it shall affect any and all future occurrences of lost time as a result of this work-related injury or illness.

EMPLOYEE'S SIGNATURE

DATE

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Employee's Acknowledgement of Responsibilities
Relating to Work-Related Injury or Illness

I hereby acknowledge that I have read, understood, and received the following advisement.

Assistance	The TDI-DWC provides an ombudsman to assist me at no cost. The ombudsman may be reached by calling 1-800-252-7031 or the local office of the TDI-DWC.
Length of Time Benefits are Available	I recognize that benefits continue only until I have reached maximum medical improvement or until 104 weeks have elapsed from the beginning date of workers' compensation disability, at which time other benefits may be available.
Offer of Outside Employment	I shall notify my TDCJ human resources representative and the State Office of Risk Management of any bona fide offer and acceptance of employment.
Employment Status	If I am receiving workers' compensation benefits, I shall notify my TDCJ human resources representative and the State Office of Risk Management within one workday of getting another job.
Receipt of Wages	I shall report any wages received after the date of injury or illness while benefits are continuing to my TDCJ human resources representative and the State Office of Risk Management.
Warning Against Misrepresentation	I understand that any misrepresentation or concealment of information concerning my claim may be a violation of federal or state law.

Employee:

Human Resources Representative:

(Print) Last Name First Name MI

(Print) Last Name First Name MI

Title

Title

(Area Code) (Telephone #)

(Area Code) (Telephone #)

Time of Advisement Date Place

Employee Signature Date

HR Representative Signature Date

If the claimant refuses to sign the form, the human resources representative shall: (1) note the time, date, and place of the advisement and refusal to sign; and (2) sign and date the form.

Distribution:
ORIGINAL - Unit or Department Medical File
COPY - Employee

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
DWC FORM-48, “Request for Travel Reimbursement”

The TDI-DWC Rule § 134.110 provides that an injured employee may request reimbursement from the insurance carrier if the injured employee has incurred travel expenses when: (1) medical treatment for the compensable injury is not reasonably available within 30 miles from where the injured employee lives; and (2) the distance traveled to secure medical treatment is greater than 30 miles, one-way.

Employees requesting reimbursement for travel expenses shall use the DWC FORM-48, “Request for Travel Reimbursement/Solicitud De Reembolso” form.

Employees may request their human resources representative provide them with a copy of the form or print the DWC FORM-48 from the following TDI-DWC website:

<http://tdi.texas.gov/forms/dwc/dwc048trvlreim.pdf>

**THE STATE OFFICE OF RISK MANAGEMENT
WORKERS' COMPENSATION PRESCRIPTION INFORMATION**

Employer:

Please complete the employee information below and provide the employee with this document to take with their prescriptions to any pharmacy.

Employee Name:	
Group#:	10602772
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	014211

**Day supply is limited to 30 days for a new injury
myMatrixx Help Desk: (877) 804-4900**

Employee:

The State Office of Risk Management has partnered with *myMatrixx* to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist:

Please obtain above information from the injured employee, if not already filled in by employer, to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900

Workers Compensation Network Acknowledgement

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network.
2. I may ask my HMO primary care physician to agree to serve as my treating doctor.
3. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
4. The insurance carrier will pay the treating doctor and other network providers.
5. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

_____ Signature	_____ Date		
_____ Printed name	_____ SSN	_____ Unit/Dept	
_____ Street Address			
_____ City	_____ State	_____ Zip code	_____ County
_____ Name of employer			
CAREWORKS HCN			
_____ Name of network			



Employee Notice of Network Requirements

Important Medical Care Information for Work-Related Injuries and Illnesses

An employer that subscribes to workers' compensation must pay for medical care if you are injured at work. Your employer provides this medical care by using a certified workers' compensation health care network called CareWorks CompKey Plus HCN. This notice explains what you need to know about the CareWorks CompKey Plus HCN including how to get care if you are injured on the job. If you are injured, you will receive this information again along with a current list of providers.

If you have questions, please contact CareWorks HCN by mail, phone, fax, or email. The toll free number is available 24 hours a day. You can call the Network during regular work hours. The Network Assistant will be your contact person for questions or assistance.

CareWorks CompKey Plus HCN

10535 Boyer Blvd., Ste 100 Austin, TX 78758

p: 800.580.1314

f: 800.580.3123

e: compkey@careworksmcs.com

The following questions and answers should help you understand the Network program.

1. **What is a certified workers' compensation health care network?** It is a program certified by the state of Texas. Your employer uses the CareWorks HCN to provide medical care for work injuries. The medical providers in the Network have agreed to provide quality care according to network treatment and return-to-work guidelines. These providers have agreed to bill the insurance carrier or your employer. The provider should not ask you for payment.
2. **Do I have to receive all of my medical care for my work injury from the Network no matter where I live?** Yes, if you live within a "service area" of the Network. If a specialist is needed but not available in your area, your treating doctor will contact the Network for approval for treatment outside of the Network. Appointments with Network specialists must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.
3. **What is a service area?** A service area is a geographical area. Where you live depends on what service area applies. A service area must have enough different types of medical providers in that region. Enclosed with this notice is a map showing the service area(s) by county.
4. **How do I know if I live in a service area or not?** The Network can help you. You have to receive care from a network provider if you live within a service area. Treating doctors and hospitals should be available within 30 miles if you live in a non-rural area. If you live in a rural area, the treating doctor and hospital must be within 60 miles. A specialist or specialty hospital should be available within 75 miles.
5. **What if I do not live in a network service area?** Contact your insurance carrier and explain that you do not live in a service area. If the carrier disagrees, you can ask for a review. You can send any information to support your claim. The carrier must make a decision in 7 days and provide the decision in writing. The carrier must tell you the reasons for the decision. If you disagree, you may file a complaint with the Texas Department of Insurance. Instructions for filing a complaint are included in the decision. If you choose to use an out-of-network provider while waiting for the decision, you may have to pay for the medical services received. You might want to use a network provider while you are waiting for a decision. By using the network provider, you will not be responsible for payment if it is decided that you do live in a network service area.
6. **Do I have to pay for my medical care if I don't receive care from a network provider?** Possibly. If you live in a service area, your care should come from network providers unless it is an emergency. There may be times when a certain type of specialist is not available in your service area. Your treating doctor must get approval from the network before sending you to an out-of-network provider. So, if your care is provided by network doctors or you have approval for out-of-network care, you will not be

billed. If it is an emergency, you will not be billed. But, if you decide to get treatment from an out-of-network provider without getting approval from the CareWorks HCN, except in emergencies, you may have to pay for the services.

7. **Does the certified workers' compensation health care network cover the entire state?**

Although some networks may cover the entire state, many do not. Some of the rural areas don't have enough providers. For those areas that do not have enough providers, an out-of-network provider may be approved.

8. **How do I find medical care if I am hurt at work?** If you have a medical emergency or need care after normal work hours, please refer to questions 12 and 13. As soon as possible, tell your employer that you have had an injury at work. If you do not have an emergency, you need to pick a treating doctor in the network. The employer or insurance carrier will give you a list of all of the treating doctors in your service area. You must pick a doctor off of the list.

You can also obtain a listing of medical providers at www.careworks.com. Select "Managed Care for TPAs" Select "Find a Provider" Select "CompKey Plus TX HCN". Select to search by Specialty, Address, County, or State.

9. **How do I pick a treating doctor?** Except for emergency care, your treating doctor will provide all of your care. The treating doctor will make referrals to specialists as needed. You may pick a treating doctor from the list of network doctors where you live. This list will be given to you by your employer or insurance carrier at the time of injury. A current list of network providers in your service area is enclosed. This list is updated quarterly.

If you need help finding a treating doctor, you may contact the CareWorks HCN at 800.580.1314 and state that you are a member of the CareWorks HCN. The network will assist with helping you pick a treating doctor and/or providing you a list of providers within your service area.

You may also use your HMO primary care doctor for your work injury. Your HMO doctor must agree to follow the network guidelines. If you decide you want to change your treating doctor, you must pick a doctor that is in the network.

If you become dissatisfied with an alternate treating doctor you must obtain authorization from the network to select any subsequent treating doctor. You may contact the network to begin this process.

10. **What if I need to get other health care services or see a specialist?** Except for emergencies, your treating doctor will provide all of your care. If needed, the treating doctor will send you for other services. The treating doctor may also send you to a specialist. Specialist referrals must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.

11. **What if there are no doctors in my area?** Please see the answer to question 5. There may be times when you can get approval for care with an out-of-network doctor. The reasons out-of-network care may be approved include: an employee who needs a different medical service or specialist not currently available to the employee, or if the employee decides to temporarily live outside the network service area. If you have questions regarding provider availability in your area, contact your adjuster or contact the CareWorks HCN at 800.580.1314.
12. **How do I obtain emergency care?** If you have a medical emergency, you should call 911 or go to the closest emergency room or urgent care center, which may be a non-contracted provider/facility.
13. **How do I obtain after hours care?** If it is not an emergency, but you need after hours care, you can obtain a listing of hospitals and urgent care centers at www.careworks.com. If you do not have an emergency, but simply need care after normal work hours and you go to the nearest emergency room or urgent care center, which may be a non-contracted provider/facility, then you may be responsible for payment of services received.
14. **What medical treatment or services must be pre- approved?** The following treatment and services must be approved before the care is provided.
- All surgeries
 - All inpatient admissions to any facility
 - All psychological/psychiatric services after the initial evaluation
 - All physical and occupational therapy after the first six visits
 - All physical and occupational therapy after the first six visits of therapy following the evaluation when such treatment is rendered within the two weeks immediately following:
 - the date of injury, or
 - a surgical intervention previously pre-authorized by the carrier
 - All work hardening/conditioning regardless of CARF status
 - All chiropractic manipulations after two weeks of services
 - All chronic pain management programs
 - All services outside the ODG-TWC and/or ACOEM treatment guidelines unless a treatment plan was previously approved
 - All stimulators, including TENS, for rental or purchase
 - Any treatment for an injury or diagnosis that is not accepted by the carrier as a result of a treating doctor examination to define the compensable injury(ies)
 - Preauthorization for claims subject to the Division's closed formulary. Preauthorization is only required for:
 - drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates;

- any compound that contains a drug identified with a status of “N” in the current edition of ODG Treatment in Workers’ Comp (ODG) / Appendix A, ODG Workers’ Compensation Drug Formulary, and any updates; and
- any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet broadly accepted as the prevailing standard of care

15. **What happens if the services above are not pre- approved?** You and your doctor will receive a letter telling you why it was denied. The letter will give you specific instructions on how to file a reconsideration. You, a person acting on your behalf, or your doctor may file a request for reconsideration. A reconsideration request must be made within 30 days of the denial. To request a reconsideration, you, the person acting on your behalf, or your doctor can contact CareWorks HCN.

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attn: Reconsiderations

A different doctor will review the reconsideration than did the first review. The network will send the requestor a letter confirming the date the reconsideration request was received. The letter will be sent within 5 calendar days of receiving the request. It will include a list of the documents that must be submitted to complete the review.

The review will be completed within 30 days of the request. The network will send you or a person acting on your behalf, and your doctor a letter telling you the outcome of the review. It will list the specific medical reasons and basis for the decision. Any provider who was contacted during the review, their specialty and the state where they are licensed will be given.

You have the right to an expedited reconsideration of an adverse determination for post-stabilization, continued in- patient hospital stays, or a life-threatening condition. The expedited review shall be completed and the requestor notified within 1 calendar day of the decision. You are entitled to an immediate review of an adverse determination if you have a life-threatening condition. In this case, you are not required to comply with the procedures for a reconsideration. You may request an independent review organization review directly.

You have the right to request an independent review of a reconsideration determination by an independent review organization. A request for an independent review must be made within 45 days of the reconsideration being denied. You may get an independent review form from the Texas Department of Insurance website at www.tdi.state.tx.us. You may also mail a request to the Managed Care Quality Assurance Office, MC 111-1A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

16. **What happens if my doctor leaves the Network?** The Network has a “Continuity of Care” plan to make sure you receive the necessary care if your provider leaves the network. There are two main reasons for providers leaving.

- At the doctor’s request.
- At the network’s request because of quality concerns or criminal activity that could cause harm to you.

If your doctor is terminated, you will be contacted to discuss your options. If a condition exists in which changing doctors could harm you, the network will let you continue treatment with the terminated doctor for 90 days. The Network will assist you in this process.

17. **If I am not satisfied with the Network or a Network decision, how do I file a complaint?** If you have a complaint about any network services or providers, you can file a complaint by calling, writing, or emailing the CareWorks HCN. The network cannot retaliate against you, your employer, doctor, or any person filing for you regarding a complaint or appeal a decision of the network.

To file a complaint, you must contact the CareWorks HCN within 90 days after the event.

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When a complaint is received, you will be sent an acknowledgement letter within 7 days. The letter will describe the complaint procedures and deadlines. The CareWorks HCN will review and resolve the complaint within 30 days of receipt. You will receive a letter explaining the outcome.

If you disagree with the network’s resolution of your complaint, you may file a complaint with the Texas Department of Insurance (TDI). You can obtain a copy of the complaint form at www.tdi.state.tx.us. You

can also request the form from the TDI at Managed Care Quality Assurance Office, MC 111-1A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

The Texas legislature has made workers' compensation health care networks available to you and your employer. These networks should increase the quality of care provided to injured workers. This will help injured workers recover and return to work as soon as medically approved. If you have any questions, complaints' or suggestions about this program, please contact the CareWorks HCN at 800.580.1314.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
DWC FORM-73 Notification

Beginning May 1, 2006, health care providers must use the DWC FORM-73, "Texas Workers' Compensation Work Status Report," which replaced the TWCC FORM-73, "Texas Workers' Compensation Work Status Report."

The new form may be obtained from the following TDI-DWC Texas Department of Insurance, Division of Workers' Compensation forms webpage:

<http://www.tdi.texas.gov/forms/dwc/dwc073wkstat.pdf>