

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## **ADMINISTRATIVE POLICY**

**NUMBER: BA100**

**NAME: WORKERS' COMPENSATION BENEFITS**

INITIAL APPROVAL DATE:	07/26/1994	BY: SCCMHA Board
(LAST) REVISION DATE:	01/03/2023	BY: HR Manager
(LAST) REVIEW DATE:	01/16/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

### **I. PURPOSE**

### **II. APPLICATION**

Populations: **NA**  
Programs: **Direct - ALL**  
**Contracted - NA**

### **III. POLICY**

The following information will guide the Agency with regard to Worker's Compensation.

### **IV. DEFINITIONS**

### **V. STANDARDS**

#### **A. FORMS AND PROCESS**

When an employee becomes injured at work there are forms that need to be completed. Program supervisors are responsible for making sure these forms are available and that they are completed as required. The original forms are sent to Human Resources the day of the injury. The employee should retain a copy and is required to inform their supervisor of the accident. Accidents of a serious nature may have specific reporting protocol and timelines as required by MIOSHA (Michigan Occupational Safety and Health Administration).

For each accident, injury, or illness, one CompOne reporting form is required to be completed initially. These forms are located in the break room at each site.

If medical treatment is required as a result of the injury or illness, the Worker's Compensation carrier authorizes treatment. The provider bills the carrier for an initial one time treatment of a work related injury/illness. *Note: only the initial visit is paid.* All future treatments must be authorized through the Agency's Worker's Compensation carrier. Employees may go to their family doctor, or other physician as needed. In emergency situations, staff are encouraged to go to the emergency room. Any injured employee that requires medical attention must inform their supervisor and HR and bring the CompOne billing information form with them to present to the provider during treatment. After the first treatment, the provider must contact worker's comp for further authorizations and submit appointment notes to HR promptly. Medical providers send their bills directly to the workers' compensation insurance carrier.

Only if the employee's injury or illness extends beyond seven consecutive days, not counting the day of the injury or onset of illness, the Supervisor would complete the Department of

Labor form **Employer's Basic Report of Injury**. If the accident, injury, or illness may result in a claim by or against the Agency (usually for very serious situations), then Supervisors must complete the **Michigan Municipal Risk Management Authority Claim/Incident Report**.

## **B. WORKERS COMPENSATION PAYMENTS**

Employees are not eligible for workers' compensation benefits until the 8th consecutive day they are unable to work. If they are off 7 days or less, they do not receive any benefits from workers' comp. Worker's compensation begins on the 8th day off from work due to a work-related injury. PTO time will need to be used during this time. If PTO is exhausted, a leave of absence will need to be applied for. Employees, who are off, due to a work related injury, more than 14 consecutive days are eligible to receive workers' compensation benefits retroactive to the first day they were off. Workers' compensation is approximately 80% of their after-tax wages.

Employees who are eligible for and receive workers' compensation payments and who have also received their PTO payments from the Agency for the same period will be required to return 100% of their PTO (unless they request, they can keep up to 20%) *in order to supplement the workers' compensation wages they received*. This must be accomplished through payroll deduction for tax purposes.

Employees who are injured by an individual will receive 100% of their pay for the duration of their injury, for up to one year. The injured employee will need to submit a copy of their pay stubs received by Worker's Compensation to the Human Resources Department. Employees who receive Worker's Compensation and not working will not accrue PTO.

Employees must use the Worker's Compensation codes on their timesheets for any time paid by the Agency under worker's comp. This may include initial treatment time or supplemental wages, when appropriate. Employees will be paid for their normal work hours for the initial treatment time when treatment takes place during their workday. Any follow up treatment will require use of the appropriate paid time off accruals and may require a medical leave situation.

Employees injured due to a work related condition are subject to the one year leave of absence clause within the union contract. The one year medical leave starts as of the first day off of work. In situations where the employee may come back to work temporarily or with restrictions, accommodations may be granted as appropriate.

In situations where the employee was denied or had disputed workers compensation benefits by the workers compensation carrier, any payments made by CMH to the employee may be taken out of their time off balances. Repayments may be required in these situations.

Employees not injured by someone receiving services may subsidize their earning by opting to use PTO time to make up the difference from their normal paycheck verses the amount paid by Worker's Compensation.

Employees that have personal items broken or damaged as a result of a Worker's Compensation Claim will need to report the item to Human Resources or designee prior to leaving for the day when able in order to qualify for reimbursement; (circumstances may allow for up to 24 hours). Personal items such as glasses and clothing will be reimbursed at 100% with receipt and must be replaced with like item. Personal items such as jewelry/watches/etc. are not reimbursable.

Exceptions to this policy may be made at the CEO's discretion.

**VI. ATTACHMENTS**

**VII. REFERENCES**