



# Worker's Compensation

## Module 16



## *Agenda*

- Overview of FECA
- Types of Injuries
- Continuation of Pay
- Supervisor Responsibilities
- OWCP Forms / Medical Documentation
- Leave Codes
- Group Activity



## *Overview of FECA*

- Provides compensation benefits to civilian employees of the U.S. federal government for disability due to traumatic injury or disease or illness in performance of duties
- Provides payment of benefits to dependents for work-related death of an employee as a result of traumatic injury or occupational disease/illness



## *Overview of FECA*

- Persons must have been a Technician employee at time of injury
- Notice of injury/disease must be filed within statutory time (3 yrs from date of incident or exposure or date awareness of work relationship)
- Must be able to identify the factors which caused the injury/disability



## *Overview of FECA*

- Must have been in performance of official duties at time of incident
- Must prove federal employment cause – based on medical evidence from a physician who performed examination or provided treatment



## *FECA Does Not Cover.....*

- State employees
- Military Status personnel
- Injuries incurred during drill



## *Types of Injuries*

### ***A traumatic injury is...***

- a wound or other condition of the body caused by external force, including stress or strain

### **AND**

- the injury must be identifiable by time and place of occurrence, and the member or function of body affected; and be caused by a specific event or incident within a single day or work shift



## *Types of Injuries*

### ***An Occupational Disease / Illness is produced by...***

- systemic infections
- continued or repeated stress or strain
- Exposure to toxins, poisons, fumes, etc
- other exposure to conditions of the work environment for two or more work shifts



## *Continuation of Pay (COP)*

- COP is the continuation of an employee's regular pay for a period not to exceed 45 calendar days.
- The employee's regular pay includes any night or shift differential and various kinds of premium pay (but not Sunday or overtime pay).
- To be eligible for COP the employee must:
  - File a Traumatic Injury Claim. Occupational Illness claims are not entitled to COP.
  - File the claim within 30 days from the DOI.
  - Begin any lost time within 45 days from the DOI.



## *Continuation of Pay (COP)*

- COP is a calendar day entitlement. The employee is entitled to 45 calendar days of COP. This includes weekends, holidays and RDOs regardless of whether the employee would have been paid for those days.
- Time off covered under COP does not have to be continuous.
- Any portion of a day charged to COP will count as one day of the entitlement. Special timekeeping codes are used for COP.
- Normally 4 hours of COP is allowed for routine medical examinations.



## *Continuation of Pay (COP)*

- Time off covered by COP will be supported by medical documentation.
- The employee initially has **10 calendar days** to provide medical documentation supporting time off work. COP will be charged for this period of time.
- If the employee does not provide the medical documentation within this time period, then COP can be stopped.
- Once the employee provides the medical documentation, COP will be given retroactively to the date it was first stopped.



## *Supervisor's Responsibilities*

- Provide a safe work environment
- Enforce safety regulations
- Ensure employees are aware of health and safety requirements
- Encourage reporting of incidents
- Publicize the OWCP and employees' responsibilities
- Must know what the employee's responsibilities are so you can relay information



## *Supervisor's Responsibilities*

- File CA-1 online
- Ensure accurate, complete, prompt submission of claims (to OWCP within 14 days of incident)
- Investigate incidents; obtain statements; controvert questionable claims
- Coordinate return to work with doctor
- Coordinate personnel actions with HRO



## *OWCP Forms / Medical Documentation*

### ***For Traumatic Injury Cases:***

- CA 1----- Report of Injury (must be filed online)
- CA 16----- Authorization for Treatment
- CA 7----- Claim for Compensation
- CA 17 -----Duty Status Report
- CA 20----- Attending Physician's Report
- CA 2a----- Notice of Recurrence
- CA 3----- Termination of Disability
- HCFA 1500---- Claim for Reimbursement (If Applicable)
- **MEDICAL DOCUMENTATION**



## *OWCP Forms / Medical Documentation*

### ***For Occupational Disease/Illness...***

- CA 2 - Notice of Occupational Disease
- CA 2a – Notice of Recurrence
- CA 35 – Series Specialized Occupational Disease Checklists
- **MEDICAL DOCUMENTATION**



## *Leave Codes*

- **LU Type Hour Code** is used when the employee loses time on the date of injury
- **LT Type Hour Code** is used when the employee loses time after the date of injury
- **KA Type Hour Code** is used when the employee is in a Leave Without Pay (LWOP) status. The system will convert to this payroll code if employee is ineligible for COP and sick leave and annual leave balances have been exhausted.
- **KD Type Hour Code** is used when the employee is requesting compensation from OWCP and a CA-7 has been filed.



# Group Exercise



## *Worker's Compensation*

Where to find information:

[http://www.cpms.osd.mil/ICUC/ICUC\\_index.aspx](http://www.cpms.osd.mil/ICUC/ICUC_index.aspx)





## *Worker's Compensation*

**TSgt Chanika Hudson- Injury Compensation Program Administrator**

614-336-7440 [chanika.hudson@us.army.mil](mailto:chanika.hudson@us.army.mil)

**WO1 Amy Gibson – Injury Compensation Program Administrator**

614-336-7158 [amy.gibson@us.army.mil](mailto:amy.gibson@us.army.mil)

**Miss Kim Upchurch – OWCP Regional Liaison**

614-336-7257 [kimberly.upchurch@us.army.mil](mailto:kimberly.upchurch@us.army.mil)



## *Worker's Compensation*

# What can I clarify?

