

# STAY AT WORK Program



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

0

## L&I's mission is to keep Washington safe and working



Goal 1

Keep workers and the public safe.



Goal 2

Help injured workers heal  
and return to work.



Goal 3

Make it easy to do business  
and engage with L&I.



Goal 4

Help honest workers, businesses and providers,  
and crack down on the dishonest ones.



Goal 5

Ensure L&I is the employer of choice.

1

1

# TOPICS

1. Create a return-to-work policy for your company
2. The Stay at Work Program
3. The 5 steps to reimbursement
4. Return-to-work resources

## Adopt a return-to-work (RTW) culture

### Best practices

- ✓ Develop a written policy
- ✓ Communicate it to employees
- ✓ Get commitment from owners
- ✓ Designate a RTW coordinator
- ✓ Identify light-duty opportunities
- ✓ Create a packet for the Attending Provider

## Light Duty

- Helps your employee get back to work as soon as medically appropriate after a workplace injury
- The employee progressively returns to their original job duties
- Options may include
  - Working shorter hours
  - Modified job duties
  - Temporary reassignment to an alternate position



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4

4

## Return to Work Toolkit

- Templates to help make the return-to-work process successful for everyone involved
- How to qualify for L&I reimbursements and other return-to-work incentives
- Who to contact for help

### Return To Work Toolkit

*An Employer's Guide to Return to Work*



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5

5

# Forms and Publications

- Form F243-282-000
- View/print PDF in English or Spanish
- Order free copies by mail

Washington State Department of Labor & Industries

Home My L&I Sign In Search L&I

Safety & Health Claims Patient Care Insurance Workers' Rights Licensing & Permits

Home > Forms and Publications

F243-282-000 Search full site →

1 Order free copies by mail

1 - 1 of 1

Return To Work Toolkit

F243-282-000 - Publication (08/01/2021) English

2 Add to order (English)

Other languages ▲

Español (Spanish) F243-282-999

3 1

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## What happens when an employee doesn't return to work after a workplace injury?

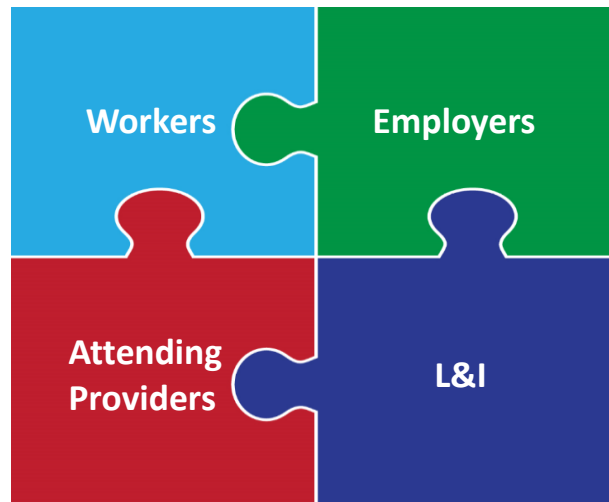
### The Employer

- You lose the skills and of an experienced employee
- You may need to recruit, onboard, and train a new employee
- Your company's future workers' comp insurance premium will increase

### The Employee

- The employee loses 30-40% of their income
- The employee may experience emotional isolation and depression
- The longer the employee is away from work, the harder it is to return

## Working together for RTW success



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8

8

## Identify light-duty jobs at your company



- Create a list of “back-burner projects”
- Brainstorm ideas with your employees
- Think about ways to modify an existing job
- Search [www.askJAN.org](http://www.askJAN.org) for accommodation ideas
- Request help from L&I’s Early Return to Work (ERTW) team

9

9

## What is your experience with the Stay at Work Program?



10

10

## The Stay at Work Program

- A financial incentive for State Fund employers to bring injured workers back to work quickly and safely
- Eligible employers can be reimbursed by L&I for light duty wages and/or expenses
- RCW 51.32.090 and WAC 296-16A



11

# How is the Stay at Work Program funded?

- All L&I employers contribute to the Stay at Work Fund
- Stay at Work reimbursements don't impact your experience factor
- Don't leave money on the table!

1. Change in L&I average 'base' rate: 0.8% average rate decrease for 2020; rates specific to your industry can be found on our website at [lni.wa.gov](http://lni.wa.gov)

2. Changes in industry costs: Changes in claim costs compared to premiums collected for your industry ('risk class') in which some or all of your employees worked.

3. Your Experience Factor: Based on the medical, wage replacement and disability benefit costs for worker claims on your account, during the experience period listed above.

4. A claim-free discount: You don't have a claim-free discount. Learn how to earn a discount at [www.Lni.wa.gov/ClaimFreeDiscount](http://www.Lni.wa.gov/ClaimFreeDiscount).

Pay your premiums online: [www.QuarterlyReports.Lni.wa.gov](http://www.QuarterlyReports.Lni.wa.gov)  
Need help understanding this notice? Call your account manager at the phone number shown above.

Have a payroll service? Send them a copy of this notice.

Class Code	Class Code Description	Accident Fund (AF)	Medical Aid Fund (MA)	Hourly Employer Contribution	Hourly Employee Withholding	Hourly Total Rate ((1+2)+3)+5
0504-21	Painting-Ext. Bldg/Struct NOC	2.4344	1.3041	\$5.09510	\$1.14870	\$6.2438
0521-00	Painting-Int Bldg Ind 'Walp	0.6497	0.4132	\$1.45740	\$0.40420	\$1.8616

**Stay at Work Program**  
0.0373  
0.0099

**Your Rate Information**

**Your experience factor history:**

What's an experience factor? See back for an explanation.

Base Factor: 1.0000  
2019 Factor: 1.2969  
2020 Factor: 1.6211

This is the employer's contribution to workers' comp coverage.

Withhold this amount from employee pay for each hour they work. It is their contribution to workers' comp coverage.

On the Quarterly Report, the employer will multiply this number by the hours worked to calculate premiums.

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12

12

## Stay at Work Program

Reimbursement – per claim

- Wages
- Training
- Tools/Equipment
- Clothing



13

13



## Wage Reimbursement

- 50% of the base wages for up to 66 days (max \$10,000)
- Base wages
  - May include overtime or shift differential
  - Do not include tips, commissions, bonuses, or room and board
- Reimbursement only for actual days worked
  - Not for holiday pay, vacation pay, sick leave, Kept on Salary (KOS), etc.
  - The 66 days do not have to be consecutive



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14

14

## Expense reimbursement – equipment

### Tools and equipment – up to \$2,500 per claim

- Must be necessary for the worker to perform the light duty work
- Not for items you normally provide to your employees



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15

15



## Expense reimbursement - training

### **Training – up to \$1,000 per claim**

- Must be necessary for the worker to perform the light-duty job
- Includes tuition, books, supplies
- For example, online training or community college courses

#### Examples:

- Safety certifications (blood borne pathogen, HAZWOPER/HazMat, Flagger)
- Language courses
- Technical training
- Computer skills training

## Expense reimbursement - clothing

### **Clothing – up to \$400 per claim**

- Clothing that is needed for the worker to perform the light duty
- Not for clothing you normally provide to your employees



Examples: Steel-toe boots, office clothing, or outdoor clothing

## Required documentation

- Activity Prescription Form
- A light-duty job description approved by the Attending Provider
- Stay at Work **wage** reimbursement
  - ✓ Payroll records and time cards
- Stay at Work **expense** reimbursement
  - ✓ Dated, itemized receipts



18

## 5 Steps to Stay at Work reimbursement

- Comply with restrictions from the Activity Prescription Form (APF)
- Complete a written job description
- Get the Attending Provider's approval
- Offer the light-duty job to the worker
- Apply for wage and expense reimbursements



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19

19

# Comply with the Activity Prescription Form (APF)

State Fund Claim:  
Department of Labor and Industries  
P.O. Box 44291 Olympia WA 98544-4291  
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer  
(SIE/Third Party Administrator (TPA))  
For a list of SIE/TPAs, go to [www.Lni.wa.gov/SelfInsured](http://www.Lni.wa.gov/SelfInsured)

Activity Prescription Form (APF)  
Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info: Worker's Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Visit Date: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Healthcare Provider's Name (please print): \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Required: Work status  
Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): \_\_\_\_\_  
(If selected, skip to "Plans" section below)  
Worker may perform modified duty, if available, from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
If released to modified duty, may work more than normal schedule  
Worker may work limited hours: \_\_\_\_\_ hours/day from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
Worker is working modified duty or limited hours  
Worker not released to any work from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?  
1-10 days 11-30 days 31-90 days 91+ days permanent  
Capacities apply all day, every day of the week, all hours as well as at work

Worker can (classified to work injury)  
A blank space = Not restricted  
None Severe 1-10 days 11-30 days 31-90 days 91+ days Constant  
Stand / Walk  
Perform work from ladder  
Climb / Hoist  
Climb / Stairs  
Twist  
Bend / Kneel  
Lift / Carry  
Crawl  
Reach  
Lift / Push / Pull  
Work above shoulders  
Keyboard  
Work below shoulders  
Work (Repetitive)  
Grasp (Repetitive)  
Fine manipulation  
Operate foot controls  
Vibratory tasks, high impact  
Monitor tasks, low impact  
Lifting / Pushing  
Climbing  
Lift  
Carry  
Push / Pull  
None Severe 1-10 days 11-30 days 31-90 days 91+ days Constant

Required: Estimate what the worker can do at work and at home unless released to JOI

Worker progress: As expected / better than expected / slower than expected (addressed in chart notes)  
Current rehab: Pre ( ) / On ( ) / Home exercise ( )  
Other (e.g. Acute Care) ( )  
Surgery: Not indicated ( ) / Planned ( ) / Possible ( )  
Completed ( ) / Date: \_\_\_\_\_  
Copy of APF given to worker ( ) / Discussed three key messages on back of form with patient ( )

Required: Plans  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Restrictions / Instructions: \_\_\_\_\_  
Employer Notified of Capacities? Yes ( ) / No ( )  
Modified duty available? Yes ( ) / No ( )  
Date of contact: \_\_\_\_\_  
Name of contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Note to Claim Manager: \_\_\_\_\_  
May need assistance returning to work  
New diagnosis: \_\_\_\_\_  
Options prescribed for: Acute pain or Chronic pain

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20

20

# Comply with the Activity Prescription Form (APF)

## ■ Work status

State Fund Claim:  
Department of Labor and Industries  
P.O. Box 44291 Olympia WA 98544-4291  
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer  
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For a list of SIE/TPAs, go to [www.Lni.wa.gov/SelfInsured](http://www.Lni.wa.gov/SelfInsured)

Activity Prescription Form (APF)  
Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info: Worker's Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Visit Date: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Healthcare Provider's Name (please print): \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Required: Work status  
Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): \_\_\_\_\_  
(If selected, skip to "Plans" section below)  
Worker may perform modified duty, if available, from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
If released to modified duty, may work more than normal schedule  
Worker may work limited hours: \_\_\_\_\_ hours/day from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
Worker is working modified duty or limited hours  
Worker not released to any work from (date): \_\_\_\_\_ to \_\_\_\_\_ (\*estimated date)  
Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?  
1-10 days 11-30 days 31-90 days 91+ days permanent  
Capacities apply all day, every day of the week, all hours as well as at work

Worker can (classified to work injury)  
A blank space = Not restricted  
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Stand / Walk  
Perform work from ladder  
Climb / Hoist  
Climb / Stairs  
Twist  
Bend / Kneel  
Lift / Carry  
Crawl  
Reach  
Lift / Push / Pull  
Work above shoulders  
Keyboard  
Work below shoulders  
Work (Repetitive)  
Grasp (Repetitive)  
Fine manipulation  
Operate foot controls  
Vibratory tasks, high impact  
Monitor tasks, low impact  
Lifting / Pushing  
Climbing  
Lift  
Carry  
Push / Pull  
None Severe 1-10 days 11-30 days 31-90 days 91+ days Constant

Required: Estimate what the worker can do at work and at home unless released to JOI

Worker progress: As expected / better than expected / slower than expected (addressed in chart notes)  
Current rehab: Pre ( ) / On ( ) / Home exercise ( )  
Other (e.g. Acute Care) ( )  
Surgery: Not indicated ( ) / Planned ( ) / Possible ( )  
Completed ( ) / Date: \_\_\_\_\_  
Copy of APF given to worker ( ) / Discussed three key messages on back of form with patient ( )

Required: Plans  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Restrictions / Instructions: \_\_\_\_\_  
Employer Notified of Capacities? Yes ( ) / No ( )  
Modified duty available? Yes ( ) / No ( )  
Date of contact: \_\_\_\_\_  
Name of contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Note to Claim Manager: \_\_\_\_\_  
May need assistance returning to work  
New diagnosis: \_\_\_\_\_  
Options prescribed for: Acute pain or Chronic pain

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21

21

# Comply with the Activity Prescription Form (APF)

## Work Restrictions

**How long do the worker's current capacities apply (estimate)?**  
 1-10 days 11-20 days 21-30 days 30+ days permanent  
 Capacities apply all day, every day of the week, at home as well as at work

**Worker can:** (related to work injury)  
 A blank space = not restricted

	Never	Seldom 1-10% 0-1 hour	Occasional 11-30% 1-3 hours	Frequent 31-60% 3-6 hours	Constant 61-100% (not restricted)
Sit					
Stand / Walk					
Perform work from ladder					
Climb ladder					
Climb stairs					
Twist					
Bend / Sloop					
Squat / Kneel					
Carry					
Reach					
Work above shoulders					
Keyboard					
Wrist (flexion/extension)					
Grip (forceful)					
Fine manipulation					
Operate foot controls					
Vibratory tasks, high impact					

**Other Restrictions / Instructions:**

**Employer Notified of Capacities?** Yes No  
 Modified duty available? Yes No  
 Date of contact: \_\_\_\_\_  
 Name of contact: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Note to Claim Manager:**

May need assistance returning to work  
 New diagnosis: \_\_\_\_\_

**Opioids prescribed for:** Acute pain or Chronic pain

**State Fund Claim:**  
 Department of Labor and Industries  
 P.O. Box 44291 Olympia WA 98504-4291  
 Fax to claim file: 360-902-4567

**Self-Insured Claims:** Contact the Self-Insured Employer  
 (SIE) Third Party Administrator (TPA)  
 For a list of SIE/TPAs, go to [www.Lni.wa.gov/SelfInsured](http://www.Lni.wa.gov/SelfInsured)

**Activity Prescription Form (APF)**  
 Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

**General Info:**  
 Worker's Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Visit Date: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
 Healthcare Provider's Name (please print): \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Required: Work status**  
 Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): \_\_\_\_\_  
 (If selected, skip to "Plans" section below)  
 Worker may perform modified duty, if available, from (date): \_\_\_\_\_ to (date): \_\_\_\_\_  
 If released to modified duty, may work more than normal schedule  
 Worker may work limited hours: \_\_\_\_\_ hours/day from (date): \_\_\_\_\_ to (date): \_\_\_\_\_  
 Worker is working modified duty or limited hours  
 Worker not released to any work from (date): \_\_\_\_\_ to (date): \_\_\_\_\_  
 Poor prognosis for return to work at the job of injury at any date

**Required: Estimate what the worker can do at work and at home unless released to JOI**  
 How long do the worker's current capacities apply (estimate)?  
 1-10 days 11-20 days 21-30 days 30+ days permanent  
 Capacities apply all day, every day of the week, at home as well as at work

**Worker can:** (related to work injury)  
 A blank space = not restricted

	Never	Seldom 1-10% 0-1 hour	Occasional 11-30% 1-3 hours	Frequent 31-60% 3-6 hours	Constant 61-100% (not restricted)
Stand / Walk					
Perform work from ladder					
Climb ladder					
Climb stairs					
Twist					
Bend / Sloop					
Squat / Kneel					
Carry					
Reach					
Work above shoulders					
Keyboard					
Wrist (flexion/extension)					
Grip (forceful)					
Fine manipulation					
Operate foot controls					
Vibratory tasks, high impact					

**Other Restrictions / Instructions:**

**Employer Notified of Capacities?** Yes No  
 Modified duty available? Yes No  
 Date of contact: \_\_\_\_\_  
 Name of contact: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Note to Claim Manager:**

May need assistance returning to work  
 New diagnosis: \_\_\_\_\_

**Opioids prescribed for:** Acute pain or Chronic pain

**Required: Plans**  
 Worker progress: As expected / better than expected  
 Slower than expected (address in chart notes)  
 Current rehab: PT OT Home exercise  
 Other (e.g., Activity Coaching) \_\_\_\_\_  
 Surgery: Not Indicated Possible  
 Planned Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Completed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Required: Sign**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor ANPP PAC

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22

# Comply with the Activity Prescription Form (APF)

## Treatment Plans

**Required: Plans**

**Worker progress:** As expected / better than expected  
 Slower than expected (address in chart notes)

**Current rehab:** PT OT Home exercise  
 Other (e.g., Activity Coaching) \_\_\_\_\_

**Surgery:** Not Indicated Possible  
 Planned Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Completed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Next scheduled visit in:** \_\_\_\_ days \_\_\_\_ weeks or Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Treatment concluded, Max. Medical Improvement (MMI)**

**Any permanent partial impairment?** Yes No Possibly  
 If you are qualified, please rate impairment for your patient  
 Will rate Will refer Request IME

**Care transferred to:** \_\_\_\_\_

**Consultation needed with:** \_\_\_\_\_

**Study pending:** \_\_\_\_\_

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23

Washington State Department of Labor & Industries

Mail Claim & Account Center Your Name Here Log out

Help

Claim & Account Center Home

Claim information

- Claim Search
- Claim overview
- Report of accident
- What is covered under this claim?
- Vocational information
- Claim imaged documents**

Send information to L&I

Claim payments

Electronic Payments

Employer accounts

Retro group administrator

Self-insured information

Vocational Profile

Back to previous page

Claim imaged documents: Search

Enter Claim #

Get Claim

Claim number

Worker name

Employer name

Attending doctor

Claim Manager

Claim Manager fax

Injury date

5/16/2019

PETTER LINDA M DO

MELISSA BANYAS 360-902-6061

360-902-4567

Payment Method Authorization forms are not viewable in the Claim & Account Center. Please contact the Electronic Benefit Payment Services Unit at 360-902-4675 or 1-844-728-5208 (toll-free).

To view all available document records for this claim, click on "Get Documents" or refine your selection criteria by using any of the options below.

Get documents received and processed within:

Last 30 days Last 60 days Last 90 days Last 180 Days All dates

Date range Start Date End Date

Select one or more of these document types to refine your selection:

All

Board Documents

Case Reserves

Collection

Employer / Employer Rep

History Documents

Injured Worker / Legal Rep

Internal Communication

Legislative Inquiry

Liens

Medical Provider Documents

Activity Prescription Form

Customer Requested IME

Foreign Medical

Health Services COHE

Other Documents

Pension

Re-Open Application

Report of Accident

Social Security Offset

Structured Settlement

Third Party Documents

Voc Rehab Provider

Vocational

Wage

24

## Complete the Job Description form

- Form available at [www.lni.wa.gov/StayAtWork](http://www.lni.wa.gov/StayAtWork)
- Include the tasks and physical requirements of the work

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review, up to 5 per worker per day.

Job of Injury

Permanent Modified

Light Duty/Transitional

Worker Name

Company Name

Phone Number

Hours per day

Claim Number

Job Title

Fax Number

Days per Week

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Frequency Guidelines:

N: Never (not at all) S: Seldom (1 – 10% of the time) O: Occasional (11 – 33% of the time)

F: Frequent (34 – 66% of the time) C: Constant (67 – 100% of the time)

Physical Demands:

Frequency:

Description of Task:

Employer Name (Please Print)

Employer Signature

Date

For Healthcare Providers' Use Only

Approval Yes No Approved with Modifications

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

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25

25

# Complete the Job Description form

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

**1038M** – Limit one per day

**1028M** – Each additional review, up to 5 per worker per day.

## Employer's Job Description Form

☐ Job of Injury  
☐ Permanent Modified  
☒ Light Duty/Transitional

Worker Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours per day: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Days per Week: \_\_\_\_\_

**Essential Job Duties:**

\_\_\_\_\_

**Machinery, Tools, Equipment, and Personal Protective Equipment:**

\_\_\_\_\_

Approval: ☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding: \_\_\_\_\_

If approved with modifications, describe the modifications needed: \_\_\_\_\_

Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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26

26

# Complete the Job Description form

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

**1038M** – Limit one per day

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## Employer's Job Description Form

☐ Job of Injury  
☐ Permanent Modified  
☐ Light Duty/Transitional

Worker Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours per day: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Days per Week: \_\_\_\_\_

**Essential Job Duties:**

\_\_\_\_\_

**Machinery, Tools, Equipment, and Personal Protective Equipment:**

\_\_\_\_\_

Approval: ☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding: \_\_\_\_\_

If approved with modifications, describe the modifications needed: \_\_\_\_\_

Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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27

27



## Complete the Job Description form

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review, up to 5 per worker per day.

**Employer's Job Description Form**

☐ Job of Injury  
☐ Permanent Modified  
☐ Light Duty/Transitional

Worker Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Hours per day: \_\_\_\_\_ Days per Week: \_\_\_\_\_

**Essential Job Duties:**  
\_\_\_\_\_

**Machinery, Tools, Equipment, and Personal Protective Equipment:**  
\_\_\_\_\_

**Frequency Guidelines:**  
**N:** Never (not at all)      **S:** Seldom (1 – 10% of the time)      **O:** Occasional (11 – 33% of the time)  
**F:** Frequent (34 – 66% of the time)      **C:** Constant (67 – 100% of the time)

Physical Demands:	Frequency:	Description of Task:
Lifting		
Standing		
Walking		
Heights/Ladders/Stairs		

**For Healthcare Providers' Use Only**

Approval  
☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding:  
\_\_\_\_\_

If approved with modifications, describe the modifications needed:  
\_\_\_\_\_

Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**For Healthcare Providers' Use Only**

Approval  
☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding:  
\_\_\_\_\_

If approved with modifications, describe the modifications needed:  
\_\_\_\_\_

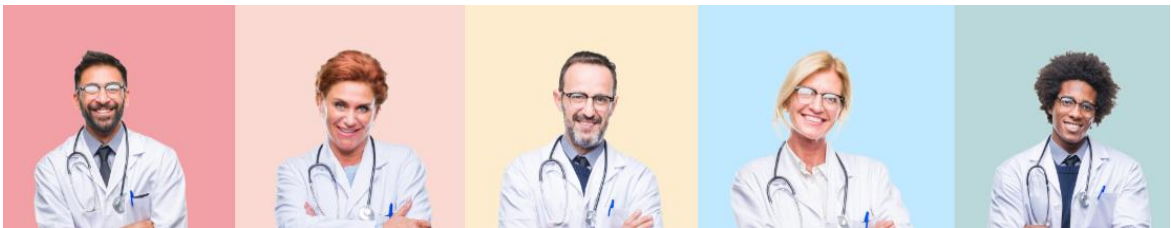
Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Effective Date: \_\_\_\_\_

StayAtWorkProgram.com

28

## Get the Attending Provider's approval

- Send the light-duty job description to the Attending Provider
- You must receive written approval to be eligible for Stay at Work reimbursement



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29



## Offer the light-duty job to the worker

- If the worker accepts and returns to work, ensure the worker stays within medical restrictions
- If they decline, contact the Claim Manager



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

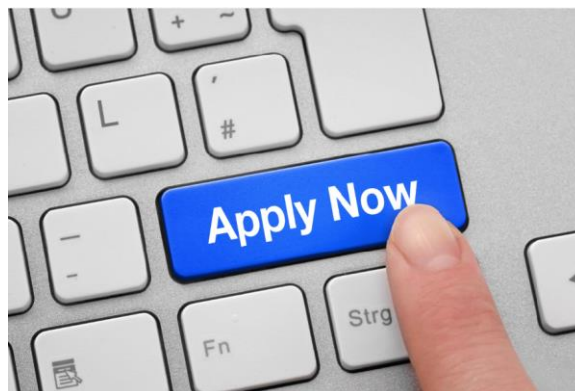
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30

## Apply for wage and expense reimbursements

- Apply online via My L&I or
- Find forms at  
[Lni.wa.gov/StayAtWork](http://Lni.wa.gov/StayAtWork)

We now have a “How to Apply” webinar.



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

31

31

## Total Stay at Work reimbursements

In the **13 years** since the Stay at Work Program was established, **9,100 Washington employers** have been reimbursed a total of over **\$151 million** for helping more than **54,000 employees** return to light-duty work after a workplace injury. Was your company one of them?



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

32

32

## Helpful links

[www.lni.wa.gov/StayAtWork](http://www.lni.wa.gov/StayAtWork)

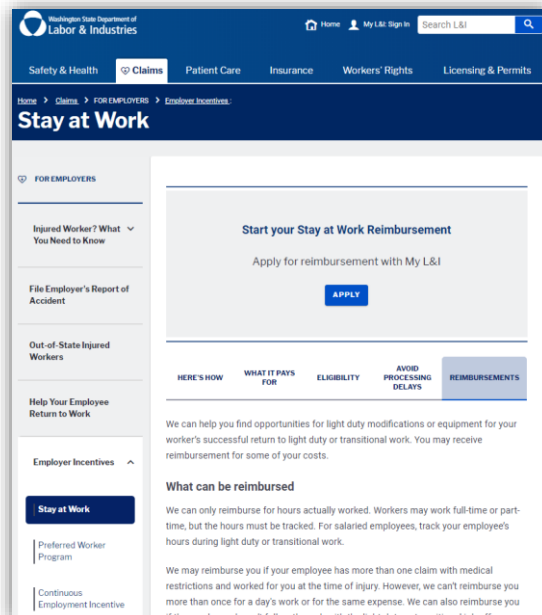
- Stay at Work reimbursement forms
- The Complete Stay at Work Guide
- Employers Return-to-Work Guide

[www.lni.wa.gov/ReturnToWork](http://www.lni.wa.gov/ReturnToWork)

- Employer's Job Description Form
- Sample light-duty job offer letter

[www.lni.wa.gov/CAC](http://www.lni.wa.gov/CAC)

- Sign up for a My L&I account



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

33

33

## Free L&I assistance for employers

### Risk Management Consultation

- Meet with a risk manager to discuss your claims and strategies to control costs
- Go to [lni.wa.gov/safety](http://lni.wa.gov/safety) and click on "Request a Consultation"

### Early Return to Work (ERTW) assistance

- Get help creating a light-duty job banks & Return to Work program
- Email ERTW:
- [ERTW@lni.wa.gov](mailto:ERTW@lni.wa.gov)

[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

34

34

## Employer Incentives Outreach

Email: [StayAtWork@lni.wa.gov](mailto:StayAtWork@lni.wa.gov)

Call: 866-406-2482

- Ask questions about L&I's incentive programs
- Get help filling out the reimbursement application
- Request customized webinar
- Sign up for a webinars: [www.lni.wa.gov/workshop](http://www.lni.wa.gov/workshop)



[StayAtWorkProgram.com](http://StayAtWorkProgram.com)

35

35