

Workers' Compensation for Federal Employees

AFGE – Field Services and Education Packet

BEST PRACTICES FOR INJURED FEDERAL EMPLOYEES:

- Fill out the CA-1 within the first 10 days if you are using continuation of pay (45 days). That includes COVID 19 exposure. If the employee is on a ventilator, ask the agency to fill the form for the employee.
- Notify your supervisor of the injury **in writing** via email to their government email.
- Seek assistance from your union if you have any questions.
- You must provide the agency with a doctor's note the first 10 days for your case to be approved for continuation of pay (45 days).
- The medical provider you elect to see must be a physician (MD).
- Review this packet for more helpful information.

THINGS TO AVOID WHEN FILLING OUT THE FORMS:

- Do not abbreviate on the CA-1 or CA-2 forms.
- Fill out the employee portion completely.
- Ensure that you keep a copy of all the forms. The burden of proof is on the employee.
- Ask for a copy of the forms CA-1 or CA-2 after your supervisor completes the agency portion if you are unable to see it on your ECOMP system.
- You are entitled to select your own physician; the agency cannot force you to see their physicians. Do not see a Physician Assistant or Nurse Practitioner. Best to avoid seeing agency doctors.
- Review this packet for more helpful information.

ELEMENTS YOU MUST MEET FOR YOUR CASE TO BE ACCEPTED:

- The claim must be filed within the time limits specified by the FECA (Federal Employees' Compensation Act).
- The injured person was, at the time of injury, an employee of the United States as defined in 5 U.S.C. 8101(1) and §10.5(h).
- The fact that an injury, disease, or death occurred.
- The injury, disease or death occurred while the employee was in the performance of duty.
- The medical condition for which compensation or medical benefits is claimed is causally related to the claimed injury.

HOW AND WHEN IS A NOTICE OF TRAUMATIC INJURY CA-1 FILED?

- To claim benefits under the FECA, an employee who sustains a work-related traumatic injury must give notice of the injury in writing on Form CA-1, which may be obtained from the employer or from the Internet at www.dol.gov under Forms. The employee must forward this notice to the employer. Another person, including the employer, may give notice of injury on the employee's behalf. The person submitting a notice shall include the Social Security Number (SSN) of the injured employee. All such notices should be submitted electronically whenever feasible to facilitate processing of such claims.
- For injuries sustained on or after September 7, 1974, a notice of injury must be filed within three years of the injury. The requirements for filing notice are further described in 5 U.S.C. 8119.
- If the claim is not filed within three years, compensation may still be allowed if notice of injury was given within 30 days or the employer had actual knowledge of the injury or death within 30 days after occurrence.

TYPE OF BENEFITS YOU ARE ENTITLED TO:

- Medical Treatment
- COP (Continuation of Pay), commonly called 45 Days.
- Vocational Counseling
- Physical Therapy
- Occupational Therapy
- Surgical Procedures
- The American Rescue Act for COVID 19

WHERE CAN YOU GET HELP WITH YOUR FEDERAL WORKERS COMPENSATION CASE?

- Your local representative
- Your Council
- AFGE District office
- AFGE Headquarters (OWCP Specialist)

Your Workers' Compensation Claim can be held up for months if your physician does not have experience working with federal workers comp claims. Research and be cautious in choosing your physician to ensure that he or she:

- Accepts federal worker's compensation claims.
- The physician you select is in a large medical group or clinic.
- Ensure that the physician is familiar with the ACS (Affiliated Computer Services Inc. Medical Bill Processing Web Portal) process and system.
<https://OWCPMED.dol.gov>
- Always obtain a physician's note that contains diagnoses, prognosis, and date of recovery, if this information is not included in the note, the agency will ask for another doctor note that is more specific.
- Remember that the burden of proof is on the injured employee.
- Dept. of Labor/OWCP rarely allows change of physician.
- Don't use any physician or clinic that the agency recommends.

HELPFUL WEB SITES FOR WORKERS COMP:

- Federal Employee Compensation ACT:
<https://www.dol.gov/owcp/dfec/regs/compliance/feca550g.htm>
- Department of Labor:
<https://www.dol.gov/>
- The ECOMP System (*Employees' Compensation Operations & Management Portal*):
<https://www.ecomp.dol.gov/#>
- Publication CA-810:
<https://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf>
- AFGE Health and Safety site:
<https://www.afge.org/member-benefits/health-and-safety/>

Filing Forms as an Injured Worker on ECOMP:

https://www.ecomp.dol.gov/content/help/IW/chapter_4_page_1.html

DOL Forms:

<https://www.dol.gov/general/forms>

YOU HAVE A RIGHT TO WORKERS' COMP

for job-related injuries and illnesses

All Federal Employees are Entitled to Workers' Compensation

The Federal Employees Compensation Act (FECA) sets forth the right of federal employees to workers' compensation. FECA provides workers' compensation benefits for federal employees who suffer disabling injuries and illnesses in the course of performing employment-related duties. It is administered by the Office of Workers' Comp of the Department of Labor.

Benefits include:

- Medical care for injured or ill workers
- Loss of wages for an employee who cannot work because of a work-related disability or occupational disease
- Schedule awards for loss of, or loss of use of, a body part or function
- Vocational rehabilitation
- Death benefits for survivors • Burial allowances.

The amount of a federal employee's workers' compensation benefits is based on his/her monthly pay at the time of his/her injury or the onset of his/her illness. The basic disability formula provides 66.7% of monthly pay for claimants without dependents and 75.0% of monthly pay for claimants with dependents.

If an employee's injury or illness results in partial rather than total disability, benefits are paid based on the employee's loss of wage-earning capacity. FECA also pays for all necessary medical care resulting from the work-related injury or illness. Workers' comp benefits are payable under FECA as long as medical evidence shows that disability is work related.

Your claim must show that (1) you filed for benefits in a timely manner; (2) you are a civil employee; (3) the injury occurred as reported and in the performance of duty; and (4) your condition or disability is related to the injury.

PROTECT YOUR RIGHTS!

**MAKE SURE YOU KNOW IF YOU SUFFER
A WORK-RELATED INJURY OR ILLNESS.**

WHAT TO DO

WHAT TO DO

TRAUMATIC INJURY

DAY 1

- Tell your supervisor immediately in writing.
- If you need medical treatment, ask your supervisor to authorize medical treatment on Form CA-16. Your supervisor should complete the front of Form CA-16 within 4 hours of the request. In an emergency, where there is no time to complete a Form CA-16, the agency may authorize medical treatment by telephone and then forward the completed form to the medical facility within 48 hours.
- Go to the doctor and take Form CA-16 and OWCP-1500 (the health insurance claim form) with you. Submit medical bills promptly to OWCP.

DAY 2

- Fill out and submit Form CA-1 to your supervisor. You have 30 days from date of injury to submit the CA-1. However, every day you wait may be one day of lost pay. If you cannot fill out the form yourself, have someone else fill it out and submit it to the supervisor.
- Continuation of Pay (COP) should be authorized and lasts for up to 45 calendar days from the date of your injury after filing a CA-1.

DAY 12

- Furnish the supervisor with medical evidence of a disabling traumatic injury within 10 workdays of submitting the CA-1. No particular form is required. However, you may want to use CA-20. If you have a claim number, then include it on the medical evidence. A doctor must sign the medical report.
- Check to make sure that your employer completed the agency portion of Form CA-1 and transmitted the form to OWCP. Your employer has no more than 10 working days after receiving CA-1 to fill out the agency portion, complete the Receipt of Notice, and give you a copy of (1) the Receipt of Notice, and (2) both sides of Form CA-1.

DAY 30

- On the 30th calendar day of your COP, your employer is supposed to give you Form CA-7 (claim for compensation). You must attach CA-20 (attending physicians report), completed fully and accurately by you physician. These are due to OWCP by the 40th day.

DAY 45

- If it is believed that you will be unable to work for more than 3 days beyond the 45 calendar days of COP due to the injury, complete Form CA-7 and submit it to the appropriate OWCP district office at least ten days before your COP ends.
- If you turn in CA-7 to your employer and not OWCP directly, the employer has no more than five working days after receipt to submit it to OWCP.

DAY 46

- Change your duty status to leave without pay (LWOP).

IMPORTANT TERMS

Traumatic Injury: Bodily harm caused by external force, identifiable in time and place and that is the result of an incident, that occur during a single work day.

Occupational Disease or Illness: A medical condition produced by continued and repeated exposure to conditions at work, including stress or strain, that occurs over a longer period of time than a single work-shift.

Recurrence: A work stoppage or a need for further medical treatment, after you have returned to work following an absence due to a compensable traumatic injury or occupational disease or illness.

WHAT TO DO

OCCUPATIONAL DISEASE

- As soon as you realize you have an occupational disease, notify your supervisor in writing.
- Fill out and submit Form CA-2 to your supervisor. If you cannot fill out the form yourself, have someone else fill it out and submit it to the supervisor.
- Check to make sure that your employer completed the agency portion of Form CA-2 and transmitted the form to OWCP. Your employer has no more than 10 working days after receiving CA-2 to fill out the agency portion, complete the Receipt of Notice, and give you a copy of (1) the Receipt of Notice, and (2) both sides of Form CA-2.
- Your employer is supposed to give you copies of the checklist for the disease claimed (Form CA-35a-h).
- No CA-16 is issued in occupational disease claims. If you get medical treatment before the claim is adjudicated, your doctor will have to submit medical bills to OWCP. If you have your provider yourself, then OWCP will reimburse you. Once your claim is accepted, medical bills can go directly to OWCP.
- Continuation of Pay (COP) is not authorized for occupational illness.
- File a CA-7 within 10 days after your pay stops.
- Change your duty status to leave without pay (LWOP).
- If you used sick leave or annual leave while the claim was being adjudicated, you can buy back your leave.

WORKERS' COMP FORMS

CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

CA-2 Notice of Occupational Disease and Claim for Compensation

CA-2a Notice of Recurrence

CA-7 Claim for Compensation

CA-7a Time Analysis Form, used for claiming compensation, including repurchase for paid leave

CA-7b Leave Buy Back (LBB) Worksheet/Certification and Election

CA-16 Authorization for Examination and/or Treatment

CA-20 Attending Physician's Report

CA-35 a-h Evidence Required in Support of a Claim for Occupational Disease

OWCP-1500 Health Insurance Claim Form (also called HCFA-1500)

WHAT HAPPENS AFTER SUBMISSION OF THE CA-7

FOR BOTH TRAUMATIC INJURY
AND OCCUPATIONAL DISEASE

CLAIM IS ACCEPTED:

You will be notified if your claim is accepted by OWCP. If you continue to need workers' compensation after the period of compensation claimed on your first Form CA-7, submit a new CA-7 and accompanying CA-20. Compensation lasts as long as the medical evidence shows there is disability or illness as a result of a work-related incident.

CLAIM IS DENIED:

If your claim is denied, you can request an oral hearing or a review of the written record.

RETURN TO WORK:

You may return to work as soon as your doctor allows. If your agency is willing to provide light duty, you must ask your doctor to specify your work restrictions. OWCP may provide assistance in arranging for reassignment to lighter duties in cooperation

RECURRENCE:

A recurrence should be reported on Form CA-2a if it causes you to lose time from work and incur a wage loss, or if you experience a renewed need for treatment after previously being released from care. You have the burden of establishing that the recurrence of disability is causally related to the original injury.

DEATH:

If you die due to a work-related traumatic injury or occupational disease, (1) your employer is obligated to notify OWCP and submit Form CA-6 within 10 days to OWCP, (2) your employer shall furnish Form CA-5 or CA-5b to your family/dependents who may be entitled to compensation, and (3) your family/dependents should follow up to learn about compensation to which they may be entitled.

WHAT TO DO IF YOUR SUPERVISOR IS UNCOOPERATIVE

KNOW that your supervisor and agency do not have the authority to approve or disallow a claim!

TELL your supervisor about 20 CFR 10.23(c), which provides that "Any person charged with the responsibility of making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of not more than \$500 or imprisonment for not more than one year, or both."

TAKE ACTION! If the supervisor is uncooperative, you can submit the form directly to OWCP with an explanation. OWCP then starts the process and gets the employer to do its part.



www.afge.org

Local info:

TABLE OF CA FORMS

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FORM	FORM TITLE	PURPOSE	EMPLOYEE FILING TIME	AGENCY TIME REQUIREMENTS
CA-1	Personal/Physical Injury	Any physical injury to include, one time incident of injury, stress, strain or repetitive physical injury.	Within 72 hours of injury, no later than 30 days from date of injury for COP. Can be filed as late as three years from date of injury.	Agency has ten workdays from date of injury or from date of notification from employee to forward claim to DOL. Agency should forward to DOL immediately, they should <u>not</u> wait for medical documentation.
CA-2	Occupational Injury	Any occupational disease or injury of a repetitive nature.	Within 72 hours of injury. Can be filed as late as three years from date of injury or date of diagnosis. In addition, can be filed up to three years from the date employee reasonably should have known of injury.	Agency has ten workdays from date of injury or from date of notification from employee to forward claim to DOL. Agency should forward to DOL immediately, they should not wait for medical documentation.
CA-7	Compensation for Wage Loss	Compensation for wage loss in the event of time loss for an occupational injury or illness, or upon cessation of COP.	Employee should obtain form from their supervisor on the 30 th day of COP, or immediately in the event of an occupational injury wage loss. Employee should obtain information from their treating physician and to their supervisor as soon as possible. * Employee must disclose all family income within the household. ** If employee fails to file these timely, there will be a pay break.	Agency must file CA-7 within five working days of receipt. Supervisor is responsible for providing CA-7 to employee on 30 th day of COP. **Employee should not wait for supervisor to provide form.

FORM	FORM TITLE	PURPOSE	EMPLOYEE FILING TIME	AGENCY TIME REQUIREMENTS
CA-16	Medical Authorization	A guarantee that the agency will pay for a maximum of 60 days of medical care (diagnostic and treatment).	The employee should secure form within 4 days of injury. **The agency has no obligation to authorize the CA-16 after seven days have elapsed, the employee must then appeal to the DOL claims examiner.	The agency must provide form to employee within 4 hours of the injury, or from report of injury. An authorized official of the agency must sign form. ** If the employee fails to secure form within 4 days, the agency has no obligation to authorize the CA-16 and the employee must appeal to the DOL claims examiner.
CA-20 (attached to CA-16)	Medical Report	A form for use by treating physicians to outline temporary or permanent medical limitations.	The employee should obtain form at time of injury. Employee is responsible for completion by treating physician and submitting to the supervisor.	The agency must provide form to employee and to secure modified or limited duties as outlined by treating physician.
A-17	Return to Work Limitations	A form for treating physicians to outline limitations or modifications to job duties of the injured employee.	The employee should obtain form at time of injury. Employee is responsible for completion by treating physician and submitting to the supervisor.	The agency must provide form to employee and to secure modified or limited duties as outlined by treating physician.

OWCP's Division of Federal Employees' Compensation has made some forms available online. See the website: <https://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>

Subject: Processing Claims for COVID-19 Diagnosed After January 27, 2023

Background: The Federal Employees' Compensation Act (FECA) covers injury in the performance of duty; injury includes a disease proximately caused by federal employment. The U.S. Department of Labor's (DOL) Office of Workers' Compensation Programs (OWCP) Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC) administers the FECA. The FECA provides to an employee injured while in the performance of duty, the services, appliances, and supplies prescribed or recommended by a qualified physician that OWCP considers "likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation." See 5 U.S.C. 8103. The FECA also pays compensation for the disability or death of an employee resulting from injury in the performance of duty.

On March 11, 2021, the American Rescue Plan Act of 2021 (ARPA) was signed into law. This legislation streamlined the process for federal workers diagnosed with COVID-19 to establish coverage under the FECA. FECA Bulletin 21-09, issued on April 28, 2021, incorporated the ARPA's provisions for processing COVID-19 claims.

Section 4016(b)(1) of the ARPA requires an injured Federal worker to be diagnosed with COVID-19 on or prior to January 27, 2023, for these statutory provisions to apply. Therefore, any claim for which COVID-19 is diagnosed between January 27, 2020, and January 27, 2023, will continue to be processed in accordance with the guidelines established under the ARPA.

In accordance with the clear Congressional intent to end the specialized treatment of COVID-19 claims for Federal workers' compensation on January 27, 2023, OWCP is updating its procedures to provide that claims for COVID-19 diagnosed after that date must establish the five basic elements for adjudication set forth in the FECA regulations. See 20 C.F.R. §10.115.

Purpose: To provide guidance regarding the processing of claims involving COVID-19 diagnosed after January 27, 2023.

Actions:

I. Filing of Cases Involving COVID-19 Diagnosed After January 27, 2023

1. **Policy Applicability.** A determination as to whether a claim based on a COVID-19 diagnosis is treated under the ARPA COVID-19 provisions will be based exclusively on the date of the positive COVID-19 test result¹. See section IV below. Claims with test results dated on or before January 27, 2023 will be handled under the ARPA provisions. Claims with test results dated after January 27, 2023 will be handled in accordance with the policies in this Bulletin.

2. **Form.** Claims for COVID-19 diagnosed after January 27, 2023 should generally be filed on [Form CA-2](#). This is because in most cases there is no clear, identifiable incident or incidents over a single day or work shift to which the injured worker can specifically attribute the event alleged to have caused the diagnosed COVID-19. While OWCP had previously required these claims to be filed on Form CA-1, that was due to the exigent circumstances and uncertainty regarding COVID-19. Those circumstances have now passed, so this change

is being made so that COVID-19 is treated similarly to other airborne infectious disease where the specific etiology is unclear.

Exception: Form CA-1 may be used only if the event alleged to have caused the diagnosed COVID-19 is identifiable as to time and place of occurrence. This must be a specific event or incident or series of events or incidents during a single day or work shift. See 20 CFR §10.5(ee).

If there is no clear, identifiable incident or incidents over a single day or work shift to which the injured worker is attributing the diagnosis of COVID-19, Form CA-2 should be used. If a claim is submitted on a CA-1 but there is no clear, identifiable incident or incidents over a single day or work shift, the claim type will be administratively updated and continuation of pay (COP) adjudicated.

3. Electronic Filing. The Employees' Compensation Operations and Management Portal (ECOMP) should be used to file new claims. To assist the claimant in filing the correct form, the FECA Program is updating the COVID-19 claims filing process in ECOMP to ask specific questions to direct the claimant to the CA-1 or CA-2 as appropriate.

4. Continuation of Pay (COP). Agencies are directed to process COP following the filing of Form CA-1 in accordance with established procedures. See 20 CFR §10.211; 20 CFR §10.220-§10.222.

II. Creation of Cases Involving COVID-19 Diagnosed After January 27, 2023

1. Case Indicator. Cases involving COVID-19 diagnosed after January 27, 2023, will have a case indicator of CVD.

COVID-19 claims filed or adjudicated after March 11, 2021, *and* where COVID-19 is diagnosed on or before January 27, 2023, will continue to have special tracking indicator C19 assigned.

2. Case Prefix. Cases involving COVID-19 diagnosed after January 27, 2023, will have a prefix "55" as is used in other new FECA claims.

COVID-19 claims filed or adjudicated after March 11, 2021, *and* where COVID-19 is diagnosed on or before January 27, 2023, will have a prefix "19".

3. Case Number Conversion Notification. In all instances where a case number is changed to a "55" or "19" prefix based on the date COVID-19 is diagnosed, a letter will be sent to the claimant and agency notifying them of the change.

III. Case Adjudication Procedures for Claims Involving COVID-19 Diagnosed After January 27, 2023

Claims for COVID-19 diagnosed after January 27, 2023, will be fully developed to establish the five basic elements for claims adjudication under the FECA:

- a. The claim was filed within the time limits set by the FECA;
- b. The injured worker was an employee within the meaning of the FECA;
- c. The claimant provided evidence
 1. Of a diagnosis of COVID-19, and

2. That establishes they actually experienced the event(s) or employment factor(s) alleged to have occurred.

d. The alleged event(s) or employment factor(s) occurred while the employee was in the performance of duty; and

e. The COVID-19 is found by a physician to be causally related to the established event(s) or employment factor(s) within the employee's Federal employment. Neither the fact that the condition manifests itself during a period of Federal employment, nor the belief of the claimant that factors of employment caused or aggravated the condition, is sufficient in itself to establish causal relationship.

With respect to (c)(2) above, in accordance with established FECA procedure, the CE must make a factual determination by reviewing the evidence of file to decide whether the claimant actually experienced the specific event(s), or employment factor(s) claimed on Form CA-1 or CA-2. See FECA Procedure Manual 2-0803(2)(a). In doing so, the CE may credit statements made by the claimant regarding facts of which the claimant has direct knowledge. For example, if the claimant alleges that they were in close contact to 10 individuals at work, which the claimant believes resulted in the claimant getting COVID-19, OWCP may accept as fact that the claimant was in close contact to 10 individuals at work. To provide another example, if the claimant alleges their COVID-19 is the result of "sitting next to an individual that had tested positive for COVID-19," OWCP may accept as fact that the claimant sat next to the individual, but would require the claimant to provide evidence in support of the allegation that the individual sitting next to them was COVID-19 positive.

A rationalized medical report establishing a causal link between a diagnosis of COVID-19 and factors of Federal employment is required in all claims for COVID-19 diagnosed after January 27, 2023. See FECA Procedure Manual 2-0805.3(d)(2).

IV. Specialized Requirements to Establish a Diagnosis of COVID-19. There are no changes to the specialized requirements for medical evidence needed to establish a diagnosis of COVID-19 as noted in item III(c)(1) above. See *also*: FECA Bulletin 21-10 and FECA Bulletin 22-06.

Specifically, in order to establish a diagnosis of COVID-19, an employee (or survivor) should submit:

- a. A positive Polymerase Chain Reaction (PCR) or Antigen COVID-19 test result; or
- b. A positive Antibody COVID-19 test result, together with contemporaneous medical evidence that the claimant had documented symptoms of and/or was treated for COVID-19 by a physician (a notice to quarantine is not sufficient if there was no evidence of illness); or
- c. If a positive PCR, Antigen, or Antibody test is not available, a COVID-19 diagnosis from a physician together with rationalized medical opinion supporting the diagnosis and an explanation as to why a positive test result is not available.

In certain rare instances, a claimant may establish a diagnosis of COVID-19 if a physician provides a rationalized opinion with supporting factual and medical background as to why the employee has a diagnosis of COVID-19 notwithstanding a negative or series of negative COVID-19 test results.

Medical reports from nurses or physician assistants are acceptable if a licensed physician cosigns the report.

Self-administered COVID-19 tests, also called "home tests", "at-home tests", or "over-the-counter (OTC)" tests, are insufficient to establish a diagnosis of COVID-19 under the FECA. This is because there is no way for FECA claims staff to affirmatively establish (1) the date and time the sample was collected and (2) that the sample collected is that of the injured federal employee making the claim. The only exception to this policy is where the administration of the self-test is monitored by a medical professional and the results are verified through documentation submitted by such professional.

V. Chargeback

Claims accepted for COVID-19 diagnosed after January 27, 2023, will be included in the annual chargeback billing.

COVID-19 claims filed or adjudicated under the ARPA standards after March 11, 2021 *and* where COVID-19 is diagnosed on or before January 27, 2023 will be accepted under the ARPA. They will be flagged with the "19" prefix and non-chargeable in the FECA database, meaning it will not be included in annual chargeback billing.

Disposition: This Bulletin is to be retained until incorporated into the FECA Procedure Manual.

¹ In rare cases where a test was unavailable (see IV.c, below), treatment under ARPA will be dependent on the date of initial COVID-19 diagnosis made by a physician.

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