

# Stay at Work/Return to Work Assistance Program Follow-up Discussion

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# Areas for Improvement

## Effectiveness of Post Card

- Does the post card get the attention of the injured worker

## Program Participation

- No Plan 1 or 2 request to the insurer reported to the program SAW/RTW Outcome Reporting
- 80% of requests without a reported outcome are more than 90 days old

## Provider Release for Return to Work

- Injured workers not released to any type of work

## Evaluation/Survey

- Survey measures

# Post Card Effectiveness

## Switch from the Postcard to a Letter:

Letter to include:

Claim Specific Information

At Risk Insurer Name

Claim Number

Contact information for Insurer or TPA

Problem/Solution Statement

Financial effects of being away from work

Protect financial health by returning to work

# Post Card Effectiveness

Letter to include continued:

Action Steps for Return to Work

Medical Status Form

Work Status:

Full Duty

Modified Duty

Limited Duty

Part time

Not Released

Insurer Contact Information

Department of Labor and Industry Contact Information

# Insurer Program Participation

## Direct Mailing to Plan 2 Insurers

### Program Requirements

SAW/RTW Policy

Single Point of Contact

### Responsibilities

Elect to provide SAW/RTW assistance, or refer to the Department

Within 3 business days, notice the Department if declining to provide SAW/RTW assistance

Within 3 business days, notice the Department of acceptance or denial of claim

SAW/RTW assistance outcome reporting

# Provider Release for Return to Work

## Increase Provider Education

### Medical Status Form

#### Release:

Full Duty

Modified Duty

Limited Duty

Part time

Not Released

#### Workability

# Evaluation/Survey

## Program Evaluation

- Injured Workers that Respond top the Program
- Requests for SAW/RTW assistance
- RTW
- Employers determined they could not provide transitional employment
- Injured worker could not get released to RTW
- Injured workers quit their job
- Assistance ended for other reasons
- Requests with no reported outcome

# Evaluation/Survey

## Survey Measures:

Have you returned to work since your injury?

If no, why aren't you working?

Do you feel like the assistance you received helped you return to work?

Did the information we provided influence your return to work?

Do you recall receiving the SAW/RTW postcard?

Did you feel like there was a reason not to call?

How did you feel about your finances while on workers' compensation?

Have you used any other Return to Work services?

Has a workers' compensation insurer contacted you about returning to work?

Did your employer contact you about returning to work?



Other

Thank you!