



Bob Taft
Governor

James Conrad
Administrator/CEO

www.ohiobwc.com

1-800-OHIOBWC

Transitional WorkGRANT\$ Reimbursement Request

Instructions:

- Work with your transitional work developer to complete Sections I to IV.
- Submit your reimbursement package to: **BWC Transitional WorkGRANT\$**
P.O. Box 15335
Columbus, OH 43215-0335

Check to make sure your completed reimbursement package contains the following:

- Transitional WorkGRANT\$ Reimbursement Request (TWG-100) and program narrative
- Transitional WorkGRANT\$ Program Agreement (TWG-110)
- Copy of developer's invoice
- One job analysis

Section I Employer information

Employer name (DBA)		Contact name		BWC policy number	
Employer address			Employer e-mail address		Telephone number ()
City			State	ZIP code	
Transitional work developer name		Developer e-mail address		Telephone number ()	BWC-accreditation number
Managed care organization (MCO) name		Type of <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Office work <input type="checkbox"/> Public employer <input type="checkbox"/> Other _____			Program <input type="checkbox"/> Partial <input type="checkbox"/> Full
Have you used these programs or services?					
<input type="checkbox"/> Premium Discount Program		<input type="checkbox"/> Safety Grants		<input type="checkbox"/> Other _____	
<input type="checkbox"/> 10-Step Business Plan		<input type="checkbox"/> Safety and Hygiene Services			
<input type="checkbox"/> Drug Free Workplace Programs		<input type="checkbox"/> Light-Moderate Duty / Transitional Work Program			

Section II Budget information

Using the grid below, locate your base rate and maximum number of job analyses allowed based on the number of employees. Enter the base rate in the Amount column. Next, list up to the maximum number of job analyses and reimbursement amount. BWC will pay 80 percent of the reimbursement amount up to a maximum of \$160 for each job analysis. That means for a job analysis conducted at \$200, BWC will reimburse 80 percent or \$160. Enter that amount and total the column.

- Please remember to include a copy of your transitional work developer's invoice with your request.

Category	Number	Reimbursement amount	80% limit	Amount
Base rate				
Job analyses	x	x	.80	=
				Total

Number of employees	Base rate	Maximum job analyses
1-49	\$1,000	10
50-74	\$1,200	10
75-99	\$1,400	10
100-124	\$1,600	15
125-149	\$1,800	15
150-174	\$2,000	15
175-199	\$2,200	15
200+	\$2,400	20

Indicate grant number for employers eligible for three grants

1st 2nd 3rd

• Public and private employers with approximately 500 employees are eligible for up to three grants for departments or divisions using the above grid.

To best of my knowledge, the information I completed on this form is correct.

Authorized employer signature and title	Date signed
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Section III Transitional WorkGRANT\$ program narrative

Attach a narrative describing how each of the five elements below will contribute to your organization's transitional work program. Listed below are standards that need to be included in a good transitional work program. Your transitional work developer should assist you in summarizing this information.

1. **Corporate analysis** – Describe your current organizational status, barriers and program objectives.
 - Demographic information – number of employees, job classifications, union and managed care organization (MCO) information
 - On-site interviews with employer, employees and/or their representatives
 - A review of accident reporting, current modified-duty programs, dispute procedures and return-to-work policies
 - Barriers to the implementation of a Transitional WorkGRANT\$ program
 - Recommendations for improvement to the current system
 - Transitional work goal

2. **Employee/employer relations** – Describe your approach to development of a joint management/employee team for program planning and implementation. Include evidence that both management and employees have contributed to the Transitional WorkGRANT\$ program development. Please include union participation in the grant process where applicable.

3. **Policy and procedure development** – Describe your policies and procedures to support program implementation. A policy and procedural manual is essential to the development of a sound Transitional WorkGRANT\$ program. The manual should demonstrate a program that is customized and progressive. The manual must include:
 - Employer's mission statement;
 - Outline of the dispute-resolution policy;
 - Program eligibility, entry and exit guidelines, Americans with Disabilities Act of 1990 compliance, etc.;
 - Roles and responsibilities and how those are communicated to all parties (MCOs, third party administrators, BWC, employer representatives, vocational rehabilitation professionals, hospital/clinic representatives, etc.);
 - Training plan for all employees, direct supervisors and top management;
 - Community resources including physicians, vocational rehabilitation professionals, physical therapy/occupational therapy clinics, etc.;
 - Evaluation process;
 - Development of additional policies and procedures based on employer's needs.

4. **Job analyses** – The job analyses will include and identify the following information:
 - Job title with a summary description;
 - Essential job functions in functional terminology;
 - Essential job functions divided into functional job task elements;
 - Physical demands for the job task elements which are analyzed at the job site with the worker's input using devices to measure forces;
 - The physical demands quantified using actual measurements. This will include forces, frequency and/or duration and postures;
 - Equipment or tools used by the worker to perform the job tasks;
 - Work environment;
 - Creation of job banks with physical demands as transitional job tasks may be developed;
 - Ergonomic concerns, safety considerations and recommendations for job modifications need not be a part of the job analyses. They should be addressed with the employer. Recommendations and referrals should be made to the appropriate community resources, such as BWC's Division of Safety & Hygiene.

5. **Program evaluation** – Describe your evaluation process for measuring the effectiveness of a Transitional WorkGRANT\$ program from employer and employee perspectives. Areas measured should include, but are not limited to, the following:
 - Workers' compensation cost-savings analysis;
 - Productivity measurement;
 - Worker/management satisfaction;
 - Process for follow up with your developer to discuss program improvement with time frame.

Section IV Statement of MCO involvement with employer

•Your answers in this section will not affect the determination of your grant.

The MCO named above actively and individually either encouraged our organization to apply for an Ohio BWC Transitional WorkGRANT or referred our organization to a transitional work developer. Yes No

This MCO participated with our organization and the transitional work developer, physically attended one or more meetings, in creating the transitional work program. Yes No

Authorized employer signature and title	Date signed
Transitional work developer signature	Date signed