

COMMUNITY LIVING disABILITY SERVICES

Subject: **Day Services: Workers Compensation Policy and Procedures**

ADULT DISABILITY SERVICES

PURPOSE

To provide guidelines in accordance with The Workers Compensation Act for reporting Day Services participant claims.

POLICY

Regulation 545/88 R subsection 10(1) of The Workers Compensation Act provides that participants of Day Services described in the Regulation shall be declared to be employees of the government for the purposes of compensation. This means that Community Living disABILITY Services Program participants attending a day program are covered by Workers Compensation when injured while attending the day program.

The cost of any benefits payable to a person under Regulation 545/88 R shall be reimbursed to The Workers Compensation Board by Families through the Manitoba Civil Service Commission.

PROCESS

A Workers Compensation Claim occurs when:

- a Community Living disABILITY Services Program participant, who is declared an employee of the government under Regulation 545/88 R and incurs personal injury or death while participating in a government funded program described in Regulation 545/88 R, is entitled to make a claim, or have a claim made on his or her behalf, for compensation payable under The Workers Compensation Act.

ACTION REQUIRED BY:

PROCEDURES

Participant/

Substitute Decision Maker

Day Program Staff

- notifies workplace supervisor of the accident/incident.
- seek medical (physician or chiropractor) attention if required.
- completes and forwards a Notice of Injury form (available on site) to the workplace/program supervisor.
- if time is missed due to the accident and/or medical treatment is required, completes Worker Incident Report Form and forwards to The Workers Compensation Board.

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- requests physician/chiropractor to complete Doctor's or Chiropractor's First Report and to forward same to The Workers Compensation Board.

Day Program/Workplace Supervisor

- acknowledges notification of the accident/incident and ensures that any emergency medical aid is made available. Note: The Workers Compensation Board is responsible for the payment of emergency ambulance services on behalf of a government employee or a person declared to be a government employee for the purposes of compensation under The Workers Compensation Act.
- calls the participant's Community Service Worker and notifies him/her that an accident has occurred involving the participant and ensures that an incident report is completed.

Community Service Worker (CSW)

- receives notification that an accident involving his or her participant has occurred.
- determines whether the participant has a substitute decision maker appointed by the Vulnerable Persons Commissioner's Office.
- appropriately notifies the participant's family, support network or substitute decision maker if applicable and establishes a plan with them to assist the participant in making a claim under The Workers Compensation Act.
- if required, assists the participant, inclusive of completing the Worker Incident Report Form where time has been missed due to the accident and/or medical treatment is required.
- if the accident has resulted in the death of the participant, the Community Living disABILITY Services Program Death & Serious Injury Protocol is to be followed (SLP Circular # 2010-07).

Day Program/Workplace Supervisor

- reviews the incident/situation and, if no time is missed by the participant due to the accident or no medical treatment is required, no further action is required.

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- in cases where time has been missed by the participant, or where off-site medical treatment is required, completes Employers Report of Injury or Occupational Disease form (EMPLOYER'S INCIDENT REPORT) and forwards to the Community Service Worker at the appropriate regional office.

Community Service Worker

- receives the Employer's Incident Report form.
- ensures that the Claim No., if available and Firm No. 50153 RG are entered in the appropriate field on the form.
- records on the Employer's Report form the participant's personal health I.D. number (PHIN - 9 digits).
- checks records to ensure that the claimant is a participant in an eligible program described in Regulation 545/88 R.
- enters the words "Reg.545/88 R" in the field entitled OCCUPATION.
- ensures the form has been fully completed.
- forwards the original copy of the Employer's Incident Report to the Finance Department, 400-326 Broadway Ave., Winnipeg, MB with the Regional Responsibility Centre Code entered therein.

Finance Department
400-326 Broadway

- receives the original copy of Employer's Incident Report form from the regional office and enters into log book.
- ensures all necessary information is included on the form.
- verifies the applicant as a person who qualifies for coverage as employee of government (form must show "Reg.545/88 R" under field entitled OCCUPATION).
- enters "RG" code after the Firm No.
- photocopies the Employer's Report and stamps both copies with a counter-signed stamp.
- signs original and forwards to the Claims Department, The Workers Compensation Board.
- enters date sent on copy of Employer's Incident Report and files.

Claims Department,
The Workers Compensation Board

- adjudicates the claim and authorizes payments.
- where claim is rejected, advises the Benefit Clerk and sends copy of notification to the claimant.

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Finance Department

400-326 Broadway

- receives letter from The Workers Compensation Board advising of the rejection of the claim.
- photocopies letter from The Workers Compensation Board and attaches to the Employer's Incident Report form.
- forwards the claim rejection letter to the Community Service Worker at the appropriate regional office.

Community Service Worker

- receives The Workers Compensation Board letter advising of the rejection of the claim.
- attaches rejection letter to the Employer's Incident Report Form and file.
- contacts the claimant/substitute decision maker or committee and ensures that the claimant/substitute decision maker or committee understands the appeal process which is outlined in the letter from The Workers Compensation Board.
- assists claimant/substitute decision maker or committee to appeal the rejection of the claim, where appropriate.

Benefit Clerk, Civil

- receives monthly Firm Experience Statement which Service Commission itemizes all approved claims and amount of payment.
- invoices all "Reg.545/88 R" claims separately and forwards to Finance Department 400-326 Broadway Ave., Winnipeg, MB.

Finance Department

400-326 Broadway

- receives invoice coded as "Reg 545/88 R" and "RG" immediately after the Firm No.
- cross-references to copy of Employer's Incident Report submitted earlier by the Region to verify that claimant is a participant under Reg.545/88 R.
- requisitions payment and charges to appropriate Responsibility Centre (noted by Community Service Worker on the copy of the Employer's Report) under Appropriation 09-3C-1C.
- sends copy of Civil Service Commission invoice and voucher to Department of Finance - Voucher Accounting.

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RECURRING DISABILITY

1. Where a disability recurs, the initial claim filing process shall be repeated.
2. The Doctor's or Chiropractor's First Report should indicate that the disability is related to the original injury or condition and should bear the same Claim No.
3. The Workers Claim for Injury or Occupational Disease form should clearly state that the claim is in relation to a recurring illness which is related to the original injury or condition and should bear the original Claim No.

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