

## Developing a Case Management Plan

The Disability Management Professional (DMP) will develop a Case Management Plan (CMP) for all employees participating in the program. It is a holistic plan that provides a point-in-time summary of milestones and expected outcomes with the goal of facilitating a timely and safe return to work. The CMP will include claim status, limitations, barriers to RTW, services offered and next steps.

### *Hierarchy of Return to Work Options*

1. Return to own job
2. Return to own job with modifications
3. Return to alternate vacant job that is not posted, with or without modifications
4. Return to alternate job that is posted, with or without modifications
5. Return to alternate job with retraining, with or without modifications
6. Finding other alternate work that could accommodate employee
7. Exercising seniority

### *Straight Forward CMP*

In the case of a straight forward CMP, the union representative will be notified of the need for a GRTW and may waive participation in any meeting or discussion with the employee. The union representative will be copied on the final plan which will include the employee contact information.

#### **A Straight Forward CMP is one that:**

1. Anticipates a RTW to previously help position that may or may not include a GRTW
2. Has a GRTW duration of less than 6 weeks
3. Has clearance from the appropriate medical professional
4. Has not change in the employee's FTE
5. Has not identified any workplace or HR/LR issues that would impede a RTW
6. Has not had concerns raised by the employee requiring intervention by a union representative when the GRTW is determined, and
7. Has been signed off by the employee (informed consent, i.e. an expression of agreement by the employee is sufficient)

### *Complex CMP*

In the case of a complex CMP, the union representative, the employee and the DMP will meet to develop and/or revise the CMP. (Union representative does not provide medical case management.) In the event that more than one medical professional is


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involved in treatment, the CMP will document what is required for clearance prior to a return to work.

**A Complex CMP is one that does not meet the straight forward definition and may include one or more of the following elements:**

1. Has a GRTW duration of more than 6 weeks
2. Requires a temporary accommodation/transitional work for an illness/injury with a lengthy recovery time
3. Has identified the need for vocational training
4. Has a component of workplace and/or HR/LR issues
5. Has issues related to a claim for LTD, ICBC, WSBC benefits
6. Involves a report to a professional association
7. Requires permanent accommodation

## Example



### VIHA Case Management Plan

| <b>Employee Name:</b> _____ <b>Date of Plan:</b> December 11, 2012   |  |  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
|--|--|--|--------------------------------------|--------------------------------------|---|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|---|--|-------------------------------|----------|-------|--|----------|-------|-----|----------|-------|-----|
| <b>Case Management Plan:</b> Straightforward <b>Monitor and Review?</b> Yes <b>Referral Source:</b> Direct Referral  |  |  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <b>Medical Update:</b> Dec 10/12   |  |  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <b>Claim Status</b> (Check all that apply) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Paid sick</td> <td><input checked="" type="checkbox"/> WSBC Pending</td> <td><input type="checkbox"/> LTD Pending</td> </tr> <tr> <td><input type="checkbox"/> Unpaid Sick</td> <td><input type="checkbox"/> WSBC Accepted</td> <td><input type="checkbox"/> LTD Accepted</td> </tr> <tr> <td><input type="checkbox"/> Medical EI</td> <td><input type="checkbox"/> WSBC Denied</td> <td><input type="checkbox"/> LTD Denied</td> </tr> <tr> <td><input type="checkbox"/> At Work</td> <td><input type="checkbox"/> WSBC Suspended</td> <td><input type="checkbox"/> LTD Suspended</td> </tr> <tr> <td><input type="checkbox"/> ICBC</td> <td></td> <td></td> </tr> </table> <p>Appeal in Progress? No<br/>HR-LR Issues? No</p> | <input checked="" type="checkbox"/> Paid sick  | <input checked="" type="checkbox"/> WSBC Pending | <input type="checkbox"/> LTD Pending | <input type="checkbox"/> Unpaid Sick | <input type="checkbox"/> WSBC Accepted  | <input type="checkbox"/> LTD Accepted | <input type="checkbox"/> Medical EI | <input type="checkbox"/> WSBC Denied | <input type="checkbox"/> LTD Denied | <input type="checkbox"/> At Work | <input type="checkbox"/> WSBC Suspended | <input type="checkbox"/> LTD Suspended | <input type="checkbox"/> ICBC |          |       | <b>Plan:</b><br><b>Current Limitations/Restrictions:</b> L knee surgery Dec 10/12<br><b>Barriers to RTW</b><br>Medical: L knee surgery Dec 10/12<br>Vocational: n/a<br>Workplace: n/a<br>Personal: n/a |          |       |     |          |       |     |
| <input checked="" type="checkbox"/> Paid sick  | <input checked="" type="checkbox"/> WSBC Pending   | <input type="checkbox"/> LTD Pending             |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <input type="checkbox"/> Unpaid Sick   | <input type="checkbox"/> WSBC Accepted   | <input type="checkbox"/> LTD Accepted            |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
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| <input type="checkbox"/> At Work   | <input type="checkbox"/> WSBC Suspended  | <input type="checkbox"/> LTD Suspended           |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <input type="checkbox"/> ICBC  |  |  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <b>Job Demands Analysis on file?</b> Yes<br><b>Modified Duties Offered?</b> No   | <b>Actions to Address Barriers:</b> n/a<br><b>Services Offered</b> (check all that apply)<br><input type="checkbox"/> Assessment <input type="checkbox"/> Treatment <input type="checkbox"/> Diagnostic <input type="checkbox"/> Recovery at Work <input type="checkbox"/> Retraining  |  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| <b>Expected Outcome:</b> Own Job<br><b>Anticipated Date:</b> unknown<br><br><b>Actual Outcome:</b> Remains off Work<br><b>Outcome Date:</b> _____  | <b>Services Progressing as Expected?</b> Unknown<br><b>Services in Progress?</b> Unknown<br><b>Services Anticipated End Date:</b> _____<br><b>Next Steps:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Action</th> <th>Timeline</th> <th>Person Responsible</th> </tr> </thead> <tbody> <tr> <td>1. EE to begin physio tx 2 weeks post-op; she will phone me w/ update in early Jan 2013</td> <td>early Jan 2013</td> <td>DMA</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>DMC</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>DMC</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>DMC</td> </tr> <tr> <td>5. _____</td> <td>_____</td> <td>DMC</td> </tr> <tr> <td>6. _____</td> <td>_____</td> <td>DMC</td> </tr> </tbody> </table> | Action   | Timeline                             | Person Responsible                   | 1. EE to begin physio tx 2 weeks post-op; she will phone me w/ update in early Jan 2013 | early Jan 2013                        | DMA                                 | 2. _____                             | _____                               | DMC                              | 3. _____                                | _____                                  | DMC                           | 4. _____ | _____ | DMC  | 5. _____ | _____ | DMC | 6. _____ | _____ | DMC |
| Action   | Timeline   | Person Responsible                               |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
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| 3. _____   | _____  | DMC  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| 4. _____   | _____  | DMC  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
| 5. _____   | _____  | DMC  |                                      |                                      |   |                                       |                                     |                                      |                                     |                                  |   |  |                               |          |       |  |          |       |     |          |       |     |
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