

Guidelines: Gathering Information for FBA EDMP

Step 1

Upon enrolment to the EDMP the employee will be required to provide information about the illness/ injury that is causing his/her absence. This information should be provided to the Disability Management Professional (DMP). The information submitted should include the following:

Initial Information
<ul style="list-style-type: none">• Nature of Illness/Injury• Impact of illness/injury on ability to attend work regularly• Prognosis for recovery• Summary of restrictions (related to specific job demands/modified light duties)• Duration of restrictions (temporary or permanent)• Other non-medical barriers to RTW (if applicable)• Is the prescribed treatment or therapy likely to impair performance or safety (nature of treatment or therapy not required)

If the initial information presented is sufficient for the development of an appropriate Case Management Plan (CMP) and/ or Return-to-Work (RTW) planning then the request for additional medical information may not be required.

Step 2

In cases where additional medical information is required, this information will be requested through written correspondence (medical questionnaire) with the health care provider, and the following process will be used:

- All questions in the questionnaire must be reasonably necessary to assist in the development of an appropriate CMP and for the purposes of RTW planning.
- The DMP and EDMP Steward will discuss the questions and a copy of the questionnaire will be provided to the EDMP Steward before the correspondence is sent.
- The employee will be provided with a copy of the correspondence

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The questionnaire will include the following statement:

The purpose of this form is NOT to inquire into illnesses/injuries or restrictions/limitations that are unrelated to this patient's current absence from work.

The following authorization will be included in the medical questionnaire:

I, _____ have authorized my (treatment provider) to complete this medical questionnaire. In addition I authorize my (treatment provider) to submit this form to my Disability Management Professional (DMP).

I understand that my DMP will only use the information in this form for the purpose of delivering disability management services to me under the EDMP in relation to my current absence from work.

Information sought in the medical questionnaire may include, but is not limited to, the following:

Additional Medical Information Request

- Nature of Illness or Diagnosis (if reasonably necessary)
- Prognosis for recovery
- Specific Treatment Plan (or recommendations for treatment)
- Is the patient following a prescribed or recommended course of treatment for the injury/ illness? If no, why.
- Is recovery progressing as expected? If no, are additional assessments/treatments required? Explain.
- Has the patient been referred to a specialist in relation to the illness/ injury causing her/his current absence from work?
- Outline specific physical/ functional or psychosocial/ cognitive restrictions/ limitations to consider in the planning of a return to the workplace.
- Are limitations expected to be temporary or permanent?

Step 3:

Additional information including medical may be required to facilitate a Duty to Accommodate. The gathering of this information will be discussed with the employee and EDMP Union Representative. An additional consent may be required to facilitate the collection and release of this information.