




## **JEIS PROCEDURAL MANUAL**


## ABOUT THIS MANUAL


These guidelines have been documented to enhance all JEIS stakeholders' understanding of the procedures and joint expectations of how we can best work together to achieve the common objective


of recovery support and return to work of members. Inside, you'll find general guidelines for all parties that have a role in the PEBS JEIS process to ensure proactive and supportive early intervention in the initial disability phase.

Detailed role descriptions are available for:

 The Health Care Management Specialist (HCMS);

 The District Joint JEIS Committees (the Committee);

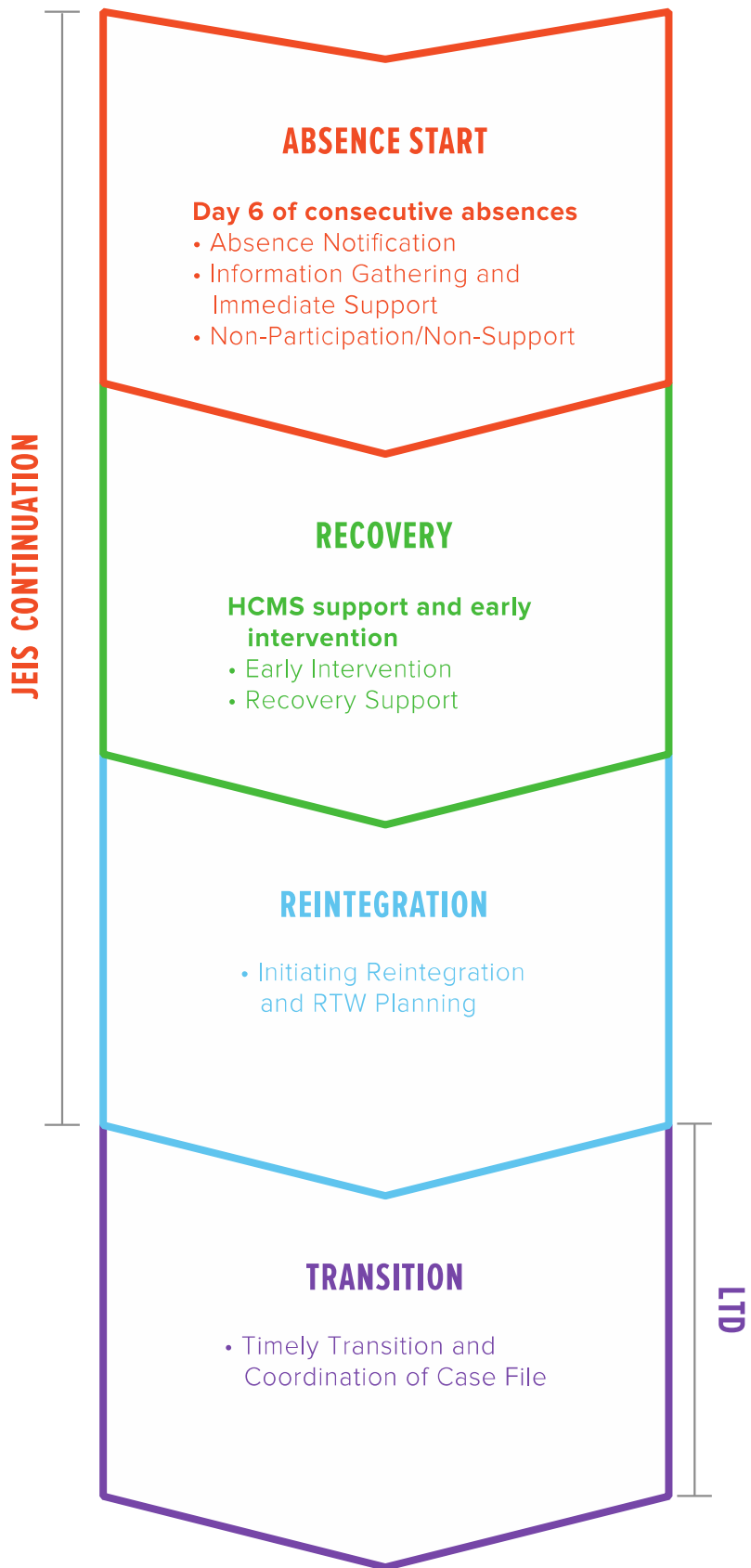
 The governing PEBS JEIS/LTD Committee; and

 The member.

Note that this guide is not meant to be a prescriptive manual, as each case and situation must be handled according to the specifics of the case.

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# START OF ABSENCE

## Absence Notification

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### District Role

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It is the School District's responsibility to:

1. Advise the Health Care Management Specialist (HCMS) and the Union JEIS Coordinator when Members have been, or are expected to be, absent for six consecutive scheduled working days/shifts.
2. Provide basic information to Desjardins and the Union JEIS Coordinator (name, phone number, address, last date worked, etc.) as required.



### District Joint JEIS Committee (The Committee) Role

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The Union JEIS Coordinator will make initial contact with the Member as soon as possible, ideally before the HCMS calls the Member, to communicate the purpose of the program.



### HCMS Role

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HCMS receives referral via email from his/her assigned school district on or before the Member's sixth day of absence.

## Information Gathering And Immediate Support



### HCMS Role

- 1. The HCMS makes their initial telephone call to the Member within 24 hours of receipt of the referral (unless the Committee has requested otherwise).**

During the initial call, the HCMS determines if more information can be gathered immediately or makes an appointment for a more convenient time to contact the Member for an interview. The HCMS also provides information and tips relating to the Member's issues and ensures the Member is aware of relevant community-based resources.

Points often covered in the interview include:

- HCMS introduces herself/himself, provides information as to the goals and mandate of the JEIS program and also explains the HCMS role
  - Confidentiality and privacy expectations
  - Reason for absence (medical, work related, other)
  - Diagnosis, current treatment, symptoms, and functional abilities
  - Any possible gaps in healthcare services that may be negatively affecting the Member
  - Other resources or programs available, including their Employee Assistance Program, and how these resources can help in their recovery
  - What the Member has access to within their Extended Health Benefits that may be beneficial to the Member's situation
  - The discussion may also explore the impact of the individual's health condition on the Member's daily living and on their ability to perform their job duties.
- 2. After the initial call and interview with the Member, the HCMS will send an email to the Committee confirming contact and, if applicable, advising of next steps, as well as an estimated prognosis for return to work.**
  - 3. HCMS will then determine whether the Member requires assistance beyond the offer of support and initial information provided.**

Status	Actions
<b>No further assistance needed</b>	If it appears the Member's medical situation is unlikely to go beyond the expected normal recovery period and there are no complicating factors, it is not likely the HCMS would suggest any further assistance, beyond the general offer of support.
<b>Further assistance needed</b>	If it appears that further assistance can be provided or more information is required to make an assessment, a JEIS package is sent by the HCMS within 24 hours of the initial discussion and will include: <ul style="list-style-type: none"> <li>• The HCMS's business card</li> <li>• A letter explaining the JEIS program</li> <li>• Medical forms for completion</li> <li>• Authorization forms (Medical, ICBC, WorksafeBC).</li> </ul>

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The HCMS will follow up with the Member usually within two weeks or may classify the case as inactive if the HCMS does not have a role (i.e., the Member is expected back to work in the near future as absence is due to a minor medical issue, and therefore likely does not require any assistance from the HCMS). The HCMS will flag the Committee if a care call is recommended.

4. The letter within the JEIS package will indicate a date by which the forms must be returned to the HCMS. The initial deadline allows approximately two weeks for the information to be returned.

- If the information is not received by this initial deadline, the HCMS will contact the Member again to determine the cause of the delay and to assist if there are barriers preventing the Member from providing the information.
- The HCMS will send the member a second letter showing a final deadline to submit the requested information. The final deadline is two weeks from the date of this letter. This letter is copied to the Committee.

If the outstanding information is related to the Member's reluctance to provide sufficient information, or other barriers (such as financial challenges or difficulties completing forms, etc.) and the HCMS is unable to assess the Member's current situation, the HCMS may also reach out to the Committee for assistance with convincing the Member to participate fully in the JEIS program.

5. Additional medical information is often requested from the Member's treating physician or through an Independent Medical Examination (IME) in the following situations:

Situation	Actions
<b>Complexity</b>	When the initial Attending Physician's Statement (APS) is received but there is complexity to the medical condition, poor completion of the form, lack of clarity regarding the Member's treatment or symptoms, or inconsistencies with the Member's reported functionality.
<b>Inconsistencies</b>	The HCMS notes that there are inconsistencies between the Member's description of his or her functional abilities and symptoms compared to what the current medical information on file indicates.
<b>Request for additional medical information</b>	When additional medical information is requested, the HCMS will contact the treating physician directly and advise the Member that they asked for supplemental information.
<b>Request for IME</b>	In the case of an IME, the Member would be notified by the HCMS. The Committee would also be advised that a medical assessment is being arranged.

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6. The HCMS also ensures that copies of any assessment are always forwarded to the Member's treating physician.
7. Once all required information has been received and analyzed, the process moves to the Recovery and/or Reintegration and RTW phases as outlined in this Manual.
8. When an HCMS believes it is likely that the Member will not recover and return to work during the LTD elimination period, and therefore may progress to LTD, the HCMS may request clinical notes, specialist consultative reports, etc. Including this information at the time of LTD referral allows for a timely LTD claims decision.
9. The HCMS keeps the Committee informed at each step of the process through different methods:

Method	Actions
<b>Email and phone</b>	Normally a minimum of every two weeks although this is situation dependent. In cases where there are pending specialist's appointments, assessments, medical procedures or expected longer term absence, the contact may vary.
<b>Regular meetings with the Committee</b>	Generally monthly but timing varies from District to District. The meeting can be via telephone or in person.  The HCMS provides a written report for this meeting to the Committee which contains a brief status update on all active files and new referrals. The report also contains updates on all active and recently closed LTD files completed by the LTD claims adjudicators. The LTD claims adjudicator may attend the meeting via conference call. The HCMS typically sends the report 1 – 2 days prior to the meeting to allow the Committee members time to review and determine if there are any questions/concerns.
<b>Copy of all member correspondence to the Committee</b>	The exception would be the initial JEIS package or when correspondence contains confidential medical or personal information. This would include letters regarding non-contact, non-participation, suspension of JEIS files due to work related or other issues, etc.

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## District Joint JEIS Committee (The Committee) Role

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### 1. Make a care call.

- If the HCMS advises the Committee that a care call to the Member is recommended, the JEIS Union Coordinator of the Committee will follow up with the Member to ensure the Member understands the program, and encourage them to reach out to the HCMS if they require any support.
- The first preference is for the JEIS Union Coordinator to contact the Member but if not available, an alternative Committee representative may be asked to contact the Member.

### 2. Share the information.

- The Committee may share any factual information with the HCMS related to workplace, interpersonal or performance issues that existed before, at the point of and/or during the absence.



## Member Role

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### 1. The Member provides the HCMS with the initial information requested.

- This can include information about current condition and recovery progression to date.

### 2. If a JEIS package is sent, the Member is responsible for reviewing the information, completing forms and having their treating physician complete the medical form.

- The Member will send back all completed forms to Desjardins within the timeline specified.
- If there are any questions or concerns regarding the information and forms in the package, the Member should contact the HCMS.

### 3. If there are concerns about participating in the JEIS program, the Member should contact their Union to discuss.



## Non-Participation



### HCMS Role

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**1. Contact the Committee.**

- If a Member advises they do not wish to participate in the JEIS program, the HCMS will immediately contact the Committee by email and request assistance with encouraging the Member's involvement.

**The HCMS may also call the JEIS Union Coordinator directly to inform them of the non-participation.**

**2. Mail the JEIS package.**

- If the HCMS is unable to make telephone contact with the Member after three attempts or they have not received any messages from the Member, the HCMS will mail the normal JEIS package requesting the Member to contact the HCMS and submit the JEIS Medical Certificate and Authorization forms with a deadline of two weeks from the date the package was sent.

**3. Explain value of participation to unwilling Members.**

- If a Member is not willing to participate fully in the JEIS program, the HCMS will make every effort to help the Member understand the value and importance of participation, as well as try to understand the Member's perspective and reasons for resistance.
- If the Member does not participate within the program or the Member has not contacted the HCMS, the HCMS will contact the Committee to inform them of the situation and:
  - Provide details of the specific dates when the HCMS made first contact, second contact, when they connected with the Member, etc.
  - Copy the Committee on the letter to the Member confirming file suspension due to non-participation.



### District Joint JEIS Committee (The Committee) Role

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- 1. The Committee will help the Member understand the purpose of the program and to also further understand any concerns the Member may have.**
- 2. The JEIS Union Coordinator will contact the Member to discuss the value of the JEIS program and the impact of non-participation.**
- 3. The Committee should advise the District and/or Union that the HCMS can be contacted if they require any assistance with encouraging the Member to fully participate in the JEIS program.**

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## Non-Candidate



### HCMS Role

1. If a Member advises they do not wish to participate in the JEIS program, the HCMS will immediately contact the Committee by email and request assistance with encouraging the Member's involvement.
  - The Member is unable to work as he/she is caring for a family member who is ill.
  - The Member is unable to work as he/she is involved in a work related issue that is interfering with their return to work and there is clearly no underlying medical condition contributing to the member's inability to return to work.

**Work related issues causing absences can be a challenge given that it is often difficult to determine if the work related issue was actually initially caused by or exacerbated by an underlying psychological issue not yet identified.**

**If it remains unclear if the absence is a work related or personal issue or if there are medical symptoms driving the absence, the HCMS will always err on the side of caution and continue to provide support where appropriate to the Member to assist with a safe and sustainable RTW.**

2. The HCMS conducts an in-depth interview with the Member and determines whether the Member is, or continues to be, a candidate for the JEIS program.

Status	Actions
<b>Non-candidate</b>	<ul style="list-style-type: none"><li>• The HCMS, if applicable, will direct the Member to any available support and/or resources that may assist them with their personal life issue(s).</li><li>• The HCMS will inform the Member that they will be suspending their file and will be notifying the Committee.</li><li>• The Member will be reminded to contact their JEIS Union Coordinator with any questions or concerns.</li></ul>
<b>May not be a candidate</b>	<ul style="list-style-type: none"><li>• The HCMS will discuss the case with another HCMS to confirm this position or determine whether the position needs to be reconsidered</li><li>• If there is any ambiguity or doubt, the HCMS will continue to work with the Member and keep their file open</li><li>• The HCMS may request an Attending Physician's Statement be completed and may opt to contact the Committee to request additional and collaborative information.</li><li>• The HCMS will ensure that all sources of information are reviewed before determining that the issue is work-related versus medical.</li></ul>

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## District Joint JEIS Committee (The Committee) Role

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1. The JEIS Union Coordinator will contact the Member to offer assistance and discuss alternative leave options when the absence is not related to their own disability (e.g., parent, spouse or child illness, or work related concerns).
2. The HR Representative will also initiate contact with the Member to understand the Member's perspective and discuss next steps.
3. The Committee may discuss options or ideas for resolution regarding the Member's case (e.g., arrange a meeting to resolve conflict).



## Member Role

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The Member will advise the HCMS if there is any update or change to their medical information.

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# RECOVERY SUPPORT

Early intervention services offered within the JEIS program are provided when these support resources are expected to result in a quicker and more sustainable return to work and/or a reduced duration in the LTD phase. Investment in early intervention support is also based on the expectation that savings from the reduced duration of the absence will be greater than the cost of the services. Treatments offered need to be evidence based, outcome focused and time limited in duration. Any interventions considered will be based on medical recommendations and be coordinated with the Member's treating physician.



## HCMS Role

- 1. Recovery plan:** Based on all the case file information gathered to date (i.e., Attending Physician's Statement or other medical information), the HCMS coordinates a recovery plan, which may include the facilitation of an appropriate treatment program in collaboration with the Member and the Member's health care providers.
- 2. Member discussion:** The HCMS discusses the proposed plan with the Member and based on this conversation will either move forward to the next step or may consider re-evaluation of the plan if the Member expresses concerns.
- 3. Support and assistance:** The HCMS works closely with the Member throughout their recovery process to provide support and assistance to ensure successful progression. The HCMS maintains a regular contact schedule and a positive relationship with the Member to:
  - Ensure they are receiving timely and appropriate care to support their recovery.
  - Understand their expectations and timing regarding returning to work.
  - Determine if there are other resources or specific support required to help the Member address any medical or non-medical challenges for recovery.
- 4. Intervention:** Types of intervention that may be considered based on medical recommendations (examples):
  - Cognitive Behavioural Therapy
  - Expedited appointments for diagnostics or possible treatments such as MRI, CT scans and specialist consults etc.
  - Active physiotherapy programs
  - Functional restoration or reactivation programs
  - Addictions/substance abuse treatment
  - Work conditioning programs

**A cost/benefit analysis is undertaken prior to an assessment or treatment program to ensure that it will result in an earlier and sustainable return to work or a reduced period of absence in the LTD period. The expected savings from a shorter absence should be greater than the cost of the intervention services.**

**In some unique circumstances, when a medically recommended treatment program is considered which exceeds \$5,000, the cost/benefit analysis is prepared by Desjardins and is provided to the PEBT for their approval before proceeding.**

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5. **Reporting:** The HCMS forwards copies of service provider reports to the Member's treating physician. The HCMS discusses with the Member the report recommendations and resulting recovery plan to ensure he or she feels well supported and confident in the plans.
6. **Monitoring:** The HCMS monitors the Member's progress throughout the process and continues to offer support and assistance.
7. **Adjustments:** As the Member progresses through the plan, if modifications are required, the HCMS will make the necessary alterations. All notes and call records are documented on the internal case management system.
8. **Additional information:** If the Member does not appear to be recovering as quickly or as expected. The additional information helps the HCMS better understand the situation and adjust the recovery plan accordingly.

**When additional medical information is needed, the HCMS will advise the Member that they will be requesting supplemental information from the treating physician.**

9. **Regular updates:** The HCMS regularly updates the Committee through emails, conference calls and/or regular meetings. The HCMS will notify the Committee when new information is submitted to a Member's file; or at a minimum every four weeks. Confidential information is not shared with the Committee. Examples of information typically communicated are:
  - The date of the next expected medical update from the Member.
  - Possible consideration for early intervention support.



### District Joint JEIS Committee (The Committee) Role

1. Regularly review the HCMS updates and identify any opportunities to engage return to work discussions or to raise any concerns on the progress of a particular case.
2. Participate in regular meetings and/or conference calls to review case status and expected next steps and return to work needs and timing.
3. District Representative to keep the Member's manager-up-to-date on the member's recovery status and return to work prognosis.
4. Advise the Local Union Executive, Manager, and HR on return to work recommendations:
  - If the Member's return to work arrangement has a conflicting impact on the collective agreement, the Committee Union Coordinator must notify and/or involve the Local Union Executive so that they are aware and can approve the arrangement prior to proceeding.



### Member Role

**Advise the HCMS of any medical or personal updates that may impact their recovery status.**

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# REINTEGRATION AND RETURN TO WORK (RTW)

## Reintegration Discussions and RTW Planning

The HCMS will initiate the RTW process when there are indications that the Member's capabilities will allow them to safely return to work.



### HCMS Role

- 1. If no support is required (i.e. absence is due to the flu and a full RTW is expected soon) the HCMS will call the Member on or soon after their expected return to work date.**
  - If the Member's status has changed and they have not returned to work the HCMS reassesses their situation. If the member has returned to work for at least 10 working days then no further follow up is required.
- 2. If assistance is required the HCMS initiates a discussion with the Member, based on the medical information received, regarding the possibility of modified, alternate, part time or gradual RTW and determines what may be required to allow for a successful and sustainable return to work.**
- 3. The HCMS advises the Committee by email of the Member's abilities and restrictions and initiates discussion regarding the draft RTW plan and any possible barriers or concerns from the Committee.**
- 4. The final RTW plan is provided to all parties, including to the treating physician. The recommended plan is based on specific information about the Member's abilities and limitations.**
- 5. During the RTW the HCMS will communicate with the Member as required; every two weeks at a minimum.**
- 6. HCMS obtains email confirmation from the Committee upon the member's full RTW.**

### JOB SITE VISITS

To assist in RTW planning, the following may be considered:

- 1. Job site visits are undertaken by the HCMS as required and in instances where there is concern or question as to the specific duties of the Member's position.**
- 2. Ergonomic assessments are sometimes undertaken at the job site to facilitate job modifications.**

When the HCMS wants to coordinate a site visit, they will contact the Committee to make arrangements.

## Initiating Reintegration Discussions and RTW Planning

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### District Joint JEIS Committee (The Committee) Role

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- 1. Support the work of the HCMS and resolve issues that may arise in the RTW process or identify any problems:**
  - If the Member's return to work arrangement has a conflicting impact on the collective agreement, the Committee Union Coordinator must notify and/or involve the Local Union Executive so that they are aware and can approve the arrangement prior to proceeding.
  - The Committee District representative will notify the Supervisor and/or HR regarding the proposed RTW and discuss any issues or concerns they may have before proceeding.
- 2. Facilitate workplace activities where there may be challenges in accommodation.**
- 3. Regularly review the HCMS updates and discuss any concerns on the progress of a particular case.**
- 4. The Committee will email the HCMS confirmation that the Member has returned to work in their regular duties and hours.**



### Member Role

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**Advise the HCMS of any medical or personal updates that may impact a sustainable return to work.**

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# LTD TRANSITION



## HCMS Role

- 1. After eight weeks from the date of disability, the HCMS will begin to evaluate when the Member's file should be forwarded to the LTD department at Desjardins.**
  - If the HCMS believes that it is very likely that the Member will safely return to work prior to the LTD effective date, he or she may defer sending the file but will monitor to ensure that the plan remains on track and expectations have not changed.
- 2. At least six weeks in advance of the LTD effective date, the HCMS will send a copy of the Member's file to the Desjardins claims adjudicator to allow the claims adjudicator enough time to review the file and request any further information required.**
  - Once all the required information is on file (e.g., Member Authorization, Attending Physician Statement, Initial Employer Report), and a telephone interview with the LTD claims adjudicator is completed, a LTD claim decision will be provided within 10 business days.
  - The HCMS and claims adjudicator will discuss the Member's file for ease of transition.

### REHAB

If the Member is currently involved in a rehab program developed by the HCMS which will continue for 2-4 weeks into the LTD period, the HCMS will remain involved in order to ensure the transition is smooth and the Member continues to feel supported.



## District Joint JEIS Committee (The Committee) Role

- 1. Advise:** The Committee will advise the HCMS if a Member returns to work prior to transitioning to LTD.
- 2. Notify:** The District member of the Committee needs to ensure that the HCMS is promptly notified when a Member is not able to sustain a return to work based on their regular duties and hours.
- 3. Meet with the Member:** When a Member is transitioning to LTD, it is recommended that a Committee Member meet or call the Member to discuss what type of contact they would feel comfortable with from the workplace and/or Union (e.g., newsletters, invites to events, etc.) on an ongoing basis.



## Member Role

Advise the HCMS or the LTD claims adjudicator of any medical or personal updates that will potentially impact their LTD claim.