



STAY AT WORK Program

Light-duty reimbursements for employers

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MAY 9 HCM Users Group Spring Quarter Meeting 2024
May 9–10, 2024
Big Bend Community College

Lni.wa.gov/StayAtWork

Injured employee with restrictions?

Washington employers have 3 options



Light duty

Kept on Salary (KOS)

Time loss

Learn more at www.Lni.wa.gov/ManageClaims

Lni.wa.gov/StayAtWork

The Stay at Work Program

Wage reimbursement

- 50% of the worker's wages
- Up to 66 light-duty working days (max \$10,000)

Expense reimbursement

- Tools & equipment (up to \$2,500)
- Training (up to \$1,000)
- Clothing (up to \$400)

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Top 4 myths about the Stay at Work Program

1. There must be a catch.
2. It will increase my premiums.
3. It's hard and nobody will help me.
4. It's probably not worth the effort.

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Estimate the Stay at Work reimbursement

	David	Lori	Kyle
Daily wages	\$250/day	\$150/day	\$125/day
Number of days worked in light-duty job	21 days	44 days	66 days
Estimated Stay at Work wage reimbursement			

Checklist for Stay at Work reimbursement

- ✓ **APF or medical notes** indicate modified duty or limited hours.
- ✓ A **light-duty job description** approved by the attending provider.
- ✓ The worker **returned to work** within their medical restrictions.
- ✓ **Stay at Work reimbursement application** submitted within 1 year.



Activity Prescription Form (APF)

State Fund Claim: Department of Labor and Industries, PO Box 44251 Olympia WA 98544-0251, Fax to claim file: 360-302-4587

Self-Insured Claims: Contact the Self Insured Employer (SIE) Third Party Administrator (TPA). For a list of SIE/TPAs go to www.lni.wa.gov/SelfInsured

Activity Prescription Form (APF) Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

Worker's Name: Patient ID: Visit Date: Claim Number:

Healthcare Provider's Name (as on file): Date of Injury: Diagnosis:

Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date):

Worker may perform modified duty, if available, from (date) to* (estimated date)

If released to modified duty, may work more than normal schedule

Worker may work limited hours: hours/day from (date) to* (estimated date)

Worker is working modified duty or limited hours

Worker not released to any work from (date): to* (estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)? 1-16 days 17-20 days 21-26 days 26+ days permanent

Required: Measurable Objective Findings(s) (also referred to as Objective Medical Findings) (e.g., positive X-ray, swelling, muscle atrophy, decreased range of motion)

Capacities? Yes No

Current rehab: PT OT Home exercise

Surgery: Not indicated Possible

Planned Date: Completed Date:

Any permanent partial impairment? Yes No

If you are qualified, please rate impairment for your patient: Will rate Will refer Request MIE

Care transferred to: Consultation needed with: Study pending:

Copy of APF given to worker Discussed these key messages on back of form with patient

Signature: Doctor ARNP P.A.C. Date: Phone:

Required: Work status

Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): (If selected, skip to "Plans" section below)

Worker may perform modified duty, if available, from (date) to* (estimated date)

If released to modified duty, may work more than normal schedule

Worker may work limited hours: hours/day from (date) to* (estimated date)

Worker is working modified duty or limited hours

Worker not released to any work from (date): to* (estimated date)

Poor prognosis for return to work at the job of injury at any date

Required: Measurable Objective Findings(s) (also referred to as Objective Medical Findings) (e.g., positive X-ray, swelling, muscle atrophy, decreased range of motion)

Create a light-duty job description

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description: 1038M - Limit one per day, 1028M - Each additional review, up to 5 per worker per day.

Employer's Job Description Form

Job of Injury Permanent Modified Light Duty/Transitional

Worker Name: Company Name: Phone Number: Hours per day: Claim Number: Job Title: Fax Number: Days per Week:

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Approved: Yes No Approved with Modifications

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

Department of Labor and Industries

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Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Approved: Yes No Approved with Modifications

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

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Employer's Job Description Form

Job of Injury
 Permanent Modified
 Light Duty/Transitional

Worker Name: _____ Claim Number: _____
Company Name: _____ Job Title: _____
Phone Number: _____ Fax Number: _____
Hours per day: _____ Days per Week: _____

Frequency Guidelines:
N: Never (not at all) S: Seldom (1 – 10% of the time) O: Occasional (11 – 33% of the time)
F: Frequent (34 – 66% of the time) C: Constant (67 – 100% of the time)

Physical Demands:	Frequency:			Description of Task:
Sitting				
Standing				
Walking				
Heights/Ladders/Stairs				
Twisting at the Waist				
Bending/Sloping				
Squatting/Kneeling				
Crawling				
Reaching Out				
Talking/Hearing/Seeing	L	R	B	
Working Above Shoulders				
Handling/Grasping				
Fine Finger Manipulation				
Foot Controls				
Driving				
Repetitive Motion				
Vibratory Tasks	H	L		
Lifting () lbs.				
Carrying () lbs.				
Pushing/Pulling () lbs.				
Comments/Other:				

Employer Name (Please Print) _____ Title _____
Employer Signature _____ Date _____

Task: _____

Effective Date: _____

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Talking/Hearing/Seeing	L	R	B	
Working Above Shoulders				
Handling/Grasping				

For Healthcare Providers' Use Only

Approval
 Yes No Approved with Modifications
If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

Hours per Day: _____ Days per Week: _____ Effective Date: _____

Date: _____

Get the Attending Provider's approval

- Send the light-duty job description to the Attending Provider.
- You must receive written approval to be eligible for Stay at Work reimbursement.
- As long as the claim is open, there is still time.



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Offer the light-duty job to the worker

- If the worker accepts and returns to work, ensure they stay within their medical restrictions.
- If they decline, contact the Claim Manager.



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Apply for reimbursement using My L&I

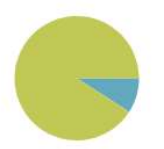
Business Name

Administrator [Back To Staff Dashboard](#)
WA UBI number 222 222 222

Active Users

Widget not available in LNI Access mode.

Workers Comp Claims




11 Claims over the last 5 years

10 open 1 closed

[View more](#)

Workers Comp Insurance



Q1 early filing now open

Quarter deadline is 4/30 11:59:59 PM

Current

[View more](#)

How do I?

[Access the Claim and Account Center](#)

Request Stay at Work reimbursement

[Request preferred worker reimbursement](#)

[Pay a balance due](#)

[Manage Electronic Permits and Inspections \(EPIS\)](#)

[File a Prevailing Wage Intent or](#)

Enter the dates, hours, and wages

All steps are required

- ▼ 1. Confirm your information
- ▶ 2. Enter the light-duty days worked
- ▶ 3. Submit documentation for wage reimbursement
- ▶ 4. Submit health care provider documents
- ▶ 5. Submit the light-duty job description

▼ 2. Enter the light-duty days worked

Did the employee work any graveyard or swing shifts?

Yes
 No

Were the employee's wages based on fixed salary?

Yes
 No

Enter the light-duty hours worked and wages paid

Don't want to fill out the table? Upload a comma separated value (.csv) file

Date (mm/dd/yyyy)	Light-duty hours worked	Wages paid	
1. 01/04	8 hours	\$100.00 per day	Delete
2. 01/05	8 hours	\$100.00 per day	Delete
3. 01/06	8 hours	\$100.00 per day	Delete
4. 01/07	8 hours	\$100.00 per day	Delete
5. 01/08	8 hours	\$100.00 per day	Delete

+ Add 15 more date(s) go

Upload required documents

3. Submit documentation for wage reimbursement

Submit documentation of light-duty days worked, number of light-duty hours worked and wages paid

What types of documents should I submit?

- Upload a file [Choose file](#)
- By mail, PO Box 44291, Olympia WA 98504-4291, Tel: 866-406-2482
- By fax [Print a fax cover sheet \(156 KB PDF\)](#)
- L&I already has the file

4. Submit health care provider documents

5. Submit the light-duty job description

Job description before injury:
Example: Warehouse worker – Produce packing
Characters left: 240

Light-duty or transitional job description:
Example: Inventory control clerk
Characters left: 240

Submit the provider approved Employer's Job Description
See an example: [Employer's job description form](#)

- Upload a file [Choose file](#)
- By mail, PO Box 44291, Olympia WA 98504-4291, Tel: 866-406-2482
- By fax [Print a fax cover sheet \(156 KB PDF\)](#)
- L&I already has the file

Finish & submit

4. Submit health care provider documents

5. Submit the light-duty job description

Comments

240 characters remaining

I certify that the information provided in this request is true and accurate. *

[Cancel](#) [Save and finish later](#) [Preview](#) [Submit Reimbursement](#)

You did it!

If the application is complete, your reimbursement check should arrive in 2 to 3 months.

Thank you for providing light duty for injured workers!



Next steps

- Share what you learned today.
- Review your open L&I claims.
- Contact us to schedule an incentives consultation.

Questions?

StayAtWork@Lni.wa.gov

(866)406-2482

www.Lni.wa.gov/RTWwebinars

