Filing for a Traumatic Injury



A traumatic injury (TI) is defined as:



• A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event, incident, or series of events or incidents during a <u>single day or work shift</u>.

• Form CA-1 Notice of Traumatic Injury should be completed by the injured employee and the employing agency (EA) supervisor or injury compensation specialist.

Form CA-1

- The front portion of the CA-1 should be completed by the injured employee unless incapacitated at which time the form may be completed by the supervisor or other authorized EA official.
- The injured employee must indicate a specific date of injury and date of notice on the CA-1.
- The CA-1 must be submitted to the EA within 30 days of the date of injury in order for the injured employee to be eligible for Continuation of Pay (COP). COP will be discussed in more detail further in the presentation.

Form CA-1

- Not all CA-1 forms are submitted from the EA to OWCP; follow the filing instructions on the back of the form (i.e., cases with no lost time and no medical expense).
- If the form should be filed, it must be transmitted to OWCP within 10 work days from the date the EA received notice (not necessarily 10 days from the date that the form was actually signed).
- Do not delay the submission of the completed form because it was not accompanied by additional factual or medical evidence or the EA's incident investigation has not been completed.

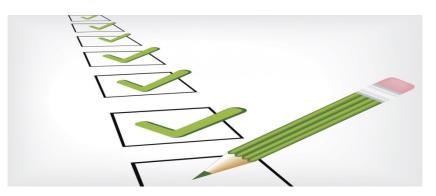


CA-1 - Agency Responsibilities

- Review the CA-1 for completeness ensuring that the form has been dated and signed by employee.
- Verify that employee's home address is correct as noted in Block 7.
- The agency should promptly authorize medical care on Form CA-16 (Authorization for Examination and/or Treatment) and give the form to the claimant (or to someone acting on his or her behalf) to present to initial medical providers.
- Advise injured employee of his/her right to elect COP or to use annual or sick leave or LWOP if the injury is disabling.

CA-1 - Agency Responsibilities

- The agency will notify the employee of the need to submit medical evidence of a disabling traumatic injury within 10 calendar days of the date disability begins, or pay may be terminated.
- Ensure that the OWCP Agency Code has been entered correctly in Block 17.
- Submit evidence refuting claim if the EA does not agree with the statements of the injured worker or witness (Block 35).
- The agency will inform the employee whether COP will be controverted and, if so, whether pay will be terminated, and the basis for such action.
- Ensure form has been dated and signed by EA representative.



CA-1 Form Review

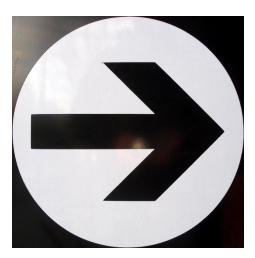
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Claim for Continua								
Employee: Please complet Witness: Complete bottom Employing Agency (Super	te all boxes 1 - 15 b section 16.	elow. Do not	complete s		b. and c.			
Employee Data								
1. Name of employee (Last,	2. Social Security Number							
3. Date of birth Mo. Day	Yr. 4. Sex	Female	5. Home	telephone	Level Step			
7. Employee's home mailing	address (include st	reet address, c	ity, state, ar	nd ZIP code)		8. Dependents		
City	Children under 18 years							
Description of hjury						Des		
9. Place where injury occum	ed (e.g. 2nd floor, M	ain Post Office	Bidg., 12th	& Pine)				
10. Date injury occurred	Time	11. Date of th	is notice	12. Employee's o	coupation			
Mo. Day Yr.	a.m.	Mo. Day	Yr.	E. Employee a occupation				
13. Cause of injury (Describ		nd why)						
14. Nature of injury (identify								
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CA-1 Form Review

7. Agency name and address of repo		OWCP Agency Code				
				OSHA Site Code		
Sity	ZIP Co	P Code				
8. Employee's duty station (include s	treet address, city, state and ZIP code) City		ZIP Code		
19 Employee's retirement coverage	CSRS FERS Othe	er, (identify)				
20. Regular a.m. work From: p.m.	To: a.m. 21. Regular work p.m. schedule	Sun. 🗌 Mon. 🗌 Tu	es. 🗌 Wed. 🛛	Thurs. 🗌 Fri. 🗌 Sa		
22. Date of Injury	23. Date notice received	24. Date stopped work		a.m.		
Mo. Day Yr.	Mo. Day Yr. Time:p.m.					
25. Date pay stopped	26. Date 45 day period began	27. Date returned to work		a.m.		
Mo. Day Yr.	Mo. Day Yr.	Mo. Day Yr. Time:				
28. Was employee injured in performa	ance of duty? Yes 1	in (If this ! auchie)		p.m.		
www.employee.injured in pendima	involution 🗋 Tes 📋 1	No (If "No," explain)				
Was injury caused by employee's	willful misconduct, intexication, or inter	t to injure self or enother?	Vec /H	Yes," explain) No		
a. was injury caused by employee a	wind miconduct, modeauon, or man	it to injure set or another?		res, explain) 🗌 No		
0. Was injury caused by third party?	31. Name and address of third party	(include street address, city	state, and ZIP o	ode)		
		-		-		
Yes No (If "No," go to item 32.)	City			ZIP Code		
32. Name and address of physician first	providing medical care (include street ad	dress, city, state, ZIP code)	33. First date me care received			
City		ZIP Code	34.Do medical re show employe disabled for w	e is Yes No		
35. Does your knowledge of the facts	about this injury agree with statements	of the employee and/or with				
36. If the amelouing seasory continue	ts continuation of pay, state the reason	in dataž	37. Pay rate w	hen employee stopped work		
or in the employing agency comover	or r uj rato n	Per				
Signature of Supervisor and Filing	Instructions					
	ies to any faise statement, misrepresen	tation concealment of fact, o	tto. in respect of t	his claim may also be		
I certify that the information given with the following exception:	above and that furnished by the employ	yee on the reverse of this for	m is true to the b	est of my knowledge		
Name of supervisor (Type or print)						
Signature of supervisor			Date			
Supervisor's Title			Office	e phone		
39. Filing instructions	No lost time and no medical expense: P	tace this form in employee's	medical folder (S	sF-66-D)		
	No lost time, medical expense incurred	or expected: forward this for	m to OWCP			
	ost time covered by leave, LWOP, or 0	COP: forward this form to OV	VCP			

Short Form Closures

- Some traumatic injury claims are administratively handled to allow payment of up to \$1500 in medical expenses and payment of COP by the EA.
- Short Form Closure (SFC) cases are not reviewed or adjudicated by a claims examiner.



Short Form Closures

- Main Criteria:
 - Not controverted/challenged by the EA
 - Claim created within 6 months of injury
 - No claim for wage loss (beyond COP period)
 - Claim does not involve excluded source/nature of injury code (e.g. MVA, stress, third party, communicable disease)
 - No third party liability

Short Form Closures

- If later developments trigger reopening of the case, a claims examiner will need to review and adjudicate the claim .
- Triggers include:
 - Receipt of claim for wage loss (CA-7)
 - Receipt of surgery request
 - Receipt of medical bills over \$1500
- Reopened SFCs do not count against EA timeliness submission goals.



A traumatic injury is caused by a specific event, incident, or series of events or incidents during:

- a) A single day or work shift
- b) Multiple work shifts

When filing a Notice of Traumatic Injury, the injured employee and the employing agency should utilize Form CA-1.

- a) True
- b) False

A CA-1 should be submitted to OWCP within 10 work days from the date the employing agency receives notice. The employing agency should not delay the submission of the completed form because it was not accompanied by additional factual or medical evidence.

- a) True
- b) False

The agency plays an important role in helping injured employees file a Notice of Traumatic Injury claim. The agency responsibilities include:

- a) Verify that the employee's home address is correct as noted in Block 7.
- b) Review the CA-1 for completeness ensuring that the form is dated and signed.
- c) Advise injured employees of their right to elect COP, use annual or sick leave, or LWOP if the injury is disabling.
- d) Notify the employee of the need to submit medical evidence within 10 calendar days of the date disability began.
- e) Ensure the OWCP Agency Code has been entered correctly.
- f) All of the above

Short Form Closure cases are not reviewed or adjudicated by a claims examiner. These cases are administratively handled to allow payment of up to \$1500 in medical expenses and payment of COP by the employing agency. Certain triggers may cause further development of these types of cases. All of the triggers below will open the case for further development by OWCP <u>except</u>:

- a) Receipt of surgery request
- b) Receipt of claim for wage loss (CA-7)
- c) Receipt of a copy of an injured employee's birth certificate
- d) Receipt of medical bills over \$1500

Take Away Tips

- 1) A traumatic injury (TI) is defined as a wound or other condition of the body caused by external force, including stress or strain. It must be caused by a specific event, incident, or series of events or incidents during a <u>single day or work shift</u>.
- 2) Form CA-1 Notice of Traumatic Injury should be completed by the injured employee and the employing agency (EA) supervisor or injury compensation specialist.
- 3) The CA-1 must be submitted to the EA within 30 days of the date of injury in order for the injured employee to be eligible for Continuation of Pay (COP).

Take Away Tips

- 4) The CA-1 must be transmitted to OWCP within 10 work days from the date the EA received notice.
- 5) The EA should review the CA-1 for completeness ensuring that the form has been dated and signed by employee.
- 6) Some traumatic injury claims are administratively handled to allow payment of up to \$1500 in medical expenses and payment of COP by the EA. These are called Short Form Closure (SFC) cases and they are not reviewed or adjudicated by a claims examiner. These cases are typically not controverted and have no claim for wage loss.