

# CALIPATRIA UNIFIED SCHOOL DISTRICT

501 West Main Street \* Calipatria, California 92233  
 Telephone (760) 348-2892 Fax (760) 344-8926  
 Email: braceles@calipat.com



## Application for Substitute Teaching

Last Name	First Name	Middle Name	Other Name Used
Address (Mailing and Physical, if different)			Telephone
City, State, Zip Code			Telephone
Email address		Preferred Grade level(s)	
Has your credential ever been suspended or revoked?			(Yes or No)
Have you ever been dismissed, or asked to resign, from any teaching position? (Yes or No)			
For each question answered yes above, explain in writing the circumstances and attach to this form.			
<p>Please provide a copy of the following documents with this application:</p> <ul style="list-style-type: none"> <li>• Teaching Credential (Regular or 30-Day Sub)</li> <li>• Proof of Tuberculosis Risk Assessment or proof normal TB results. If you do not have Proof of Tuberculosis Risk Assessment, an authorization form for Imperial County Health Department is included in this packet.</li> <li>• Acknowledge receipt of SISC Workers Compensation Handbook and Child Abuse Mandated Reporter Handbook. Acknowledgment and Handbooks are attached.</li> </ul> <p>District schools include: <i>Grace Smith Elementary in Niland (Grades K-4), Fremont Primary in Calipatria (Grades K-4), Bill E. Young, Jr. Middle School (Grades 5-8), and Calipatria High School (Grades 9-12)</i></p> <p>Upon employment, you will be required to submit the following documents:</p> <ul style="list-style-type: none"> <li>• W-4 Form</li> <li>• I-9 Form</li> <li>• A copy of your Social Security Card</li> <li>• A copy of your California Drivers License or California Identification Card</li> <li>• Proof of completion of Child Abuse Mandated Reporter Training.</li> </ul> <p style="text-align: center;"><b>Calipatria Unified School District is an Equal Opportunity Employer</b></p>			
I HEREBY CERTIFY that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.			
Signature of Applicant			Date

Calipatria Unified School District  
TB Risk Assessment Testing

Pursuant to Education Code 49406, every person employed by this district is required, upon hire and every four years thereafter, to undergo a tuberculosis risk assessment, and if tuberculosis risk factors are identified, submit to an approved tuberculosis examination to determine that he/she is free of infectious tuberculosis.

Location: Imperial County Public Health Department  
935 Broadway, El Centro, California  
Telephone:(442) 265-1415

Hours: Monday - Friday; 8:00-11:00 am and 1:00-4:00 pm

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Title/Position \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

**The Imperial County Public Health Department has discontinued TB Skin Tests for school employees.**

**If you prefer the TB Skin Test over the testing provided below, you will be referred to your personal physician or other health care provider and will need to seek reimbursement from the District.**

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Have you ever had a skin test/x-ray at the Health Department? Yes \_\_\_\_\_ No \_\_\_\_\_

To: Imperial County Health Department

This is to certify that \_\_\_\_\_ is a prospective employee of the Calipatria Unified School District and is required and authorized to receive a tuberculosis risk assessment and, if tuberculosis risk factors are identified, receive an approved tuberculosis examination. The Calipatria Unified School District authorizes the following services:

- TB Risk Assessment - \$16
- Quantiferon - \$69 (if determined necessary by the ICPHD qualified health care professional qualified to administer to assessment)
- X-Ray - \$112 (if determined necessary by the ICPHD qualified health care professional qualified to administer the assessment)

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**Payment will be made by the employee or volunteer**

**CALIPATRIA UNIFIED SCHOOL DISTRICT  
CHILD ABUSE PREVENTION**

I have received the following:

1. CUSD Child Abuse Prevention and Reporting Handbook
2. California Educator: Mandated Reporter Training
  - All school employees are required to receive Mandated Reporter Training and must provide proof of completing the training within the first six weeks of each school year or within the first six weeks of that person's employment.
  - This training shall include information that failure to report an incident of known or reasonably suspected child abuse or neglect, as required by Section 11166 of the Penal Code, is a misdemeanor punishable by up to six months confinement in a county jail, or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.
  - Online training is available at <http://educators.mandatedreporterca.com>  
Upon scoring an 80% or higher, an email is provided as proof of completion.

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**SISC I WORKERS' COMPENSATION  
MEDICAL PROVIDER NETWORK  
EMPLOYEE HANDBOOK**

I have received the following:

1. Medical Provider Network (MPN) Employee Handbook  
Unless you predesignate a physician or medical group, your work injuries will be treated by providers in the SISC Medical Provider Network.
2. Predesignation of Personal Physician (DWC Form 9783)

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Signature

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES, RETAIN THE DOCUMENTS LISTED  
ABOVE FOR YOUR RECORDS.**



# Calipatria Unified School District

## Child Abuse Prevention and Reporting Handbook

### **The Mandated Reporter and Child Protection**

Child abuse and neglect is a violation of children's human rights and an obstacle to their education and development. This handbook is designed to inform you of the mandated reporter process and the resulting intervention by the Child Protective Services (CPS).

### **Why Must You Report?**

The primary intent of the reporting law is to protect the child. Protecting the identified child may also provide the opportunity to protect other children in the home. It is equally important to provide help for the parents. The report of abuse may be a catalyst for bringing about change in the home environment, which in turn, may help lower the risk of abuse in the home.

### **Who Must Report?**

**Mandated reporters** include, but are not limited to, teachers; instructional aides, teacher's aides or assistants; classified employees; certificated pupil personnel employees; athletic coaches, administrators, and directors; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program. (Penal Code 11165.7)

A mandated reporter shall make a report whenever, in his/her professional capacity or within the scope of his/her employment, he/she has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. (Penal code 11166)

Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency. Penal Code 11166.05)

### **Mandated Reporter Training**

**All school employees are required to receive Mandated Reporter Training and must provide proof of completing the training within the first six weeks of each school year or within the first six weeks of that person's employment.**

This training includes information that failure to report an incident of known or reasonably suspected child abuse or neglect, as required by Section 11166 of the Penal Code, is a misdemeanor punishable by up to six months confinement in a county jail, or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

Online training is available at <http://educators.mandatedreporterca.com>  
Upon scoring an 80% or higher, an email is provided as proof of completion.

## What is Child Abuse?

The law defines child abuse as:

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Child abuse can occur in any family or setting, regardless of socio-economic status, religion, education, ethnic background, or other factors. Children react differently to being abused. There is no one single reaction that can be clearly associated with child abuse; however, there are a number of possible behaviors that have been found to be consistently correlated with abuse. The presence of any of the following indicators does not prove the child is being abused, but should serve as a warning signal to look further.

## Physical Abuse

*Definition:* A physical injury that is inflicted by other than accidental means on a child by another person.

*Physical indicators:*

- Bruises
- Burns
- Bite marks
- Abrasions (scrapes)
- Cuts
- Head injuries
- Internal injuries
- Bone fractures or full breaks

*Behavioral indicators of physical abuse: The child*

- Is frightened of parent/caretaker or, at the other extreme, is overprotective of parent/caretaker
- Is excessively passive, overly compliant, apathetic, withdrawn or fearful or, at the other extreme is, excessively aggressive, destructive or physically violent
- Attempts to hide injuries; wears excessive layers of clothing, especially in hot weather; often absent; will not change for swimming
- Has difficulty sitting or walking
- Is frightened of going home
- Is clingy and forms indiscriminate attachments
- Is apprehensive when other children cry
- Is wry of physical contact with adults
- Exhibits drastic behavioral changes in and out of parental/caregiver presence
- Is watchful and alert to danger
- Suffers from seizures or vomiting
- Exhibits depression, self-mutilation, substance abuse, suicide attempts, or sleeping and eating disorders

*Additional indicators of physical abuse:*

- A statement by the child that the injury was caused by abuse (Caution: chronically abused children may deny abuse)
- Unexplained injuries (parent/caregiver is unable to explain injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with common sense, etc.)
- A caretaker who does not take the child to the doctor

## Physical Neglect

- The child is lacking adequate medical or dental care
- The child is often sleepy or hungry

- The child is often dirty, demonstrates poor personal hygiene or is inadequately dressed for the activity of weather conditions
- There is evidence of poor or inadequate supervision for the child's age (parent/caregiver is very late in picking child up or tells you to have the child walk home, etc.)
- The child appears to be malnourished
- The child is depressed, withdrawn or apathetic; exhibits antisocial or destructive behavior, shows fearfulness; suffers from speech, eating or habit disorders (biting, rocking, whining, etc.)

## **Sexual Abuse**

*Two types:* (1) Sexual assault includes rape, incest, sodomy, lewd or lascivious acts, oral copulation, and penetration of genital or anal opening by a foreign object and child molestation. (2) Sexual exploitation includes child pornography and promoting prostitution by minors.

Sexual abusers are hard to identify. What is observable is a change in the child. For example, the child may withdraw, appear to startle frequently, to daydream, to isolate themselves from peers and adults, and there is a regression in school work, etc. Infantile behavior may develop. There may be behavioral opposites: girls may run from all men, or they may snuggle up to them.

### *Physical indicators of sexual abuse*

- Bruising around genital area
- Swelling or discharge from vagina or penis
- Tearing around genital area, including rectum
- Visible lesions around mouth or genitals
- Complaint of lower abdominal pain
- Painful urination, defecation

### *Behavioral indicators of sexual abuse*

- Sexualized behavior (has precocious knowledge of explicit sexual behavior and engages self or others in overt or repetitive sexual behavior)
- Hostile or aggressive
- Fearful or withdrawn
- Self-destructive (self-mutilates)
- Pseudo-maturity (seems mature beyond chronological age)
- Eating disorders
- Substance abuse
- Running away
- Promiscuous behavior

## **Parental/Caregiver Indicators**

### *Abusive parents/caregivers are:*

- often social isolates, having few ties or contact with friends or social organizations.
- often immature, dependent, impulsively acting out, and may also have very low self-esteem and poor marital relationships.
- may often be physically isolated, having no phone, no car, drapes are always drawn, and they may be highly mobile.
- may be under financial stress and may be unemployed.
- may have an alcohol or drug problem.
- may be overly involved with their child, seeing the child as an extension of themselves who must be perfect.
- often expect their children to satisfy many of their emotional needs.
- may assume that their children have much greater maturity than they actually do have and that children are capable of meeting the parent's needs.

### *Other indicators:*

- Tells you of homicidal thoughts/feelings toward child
- Tells you of use of objects (belts, whips, clothes hanger, etc) to discipline the child
- Is unable to describe positive characteristics of child

- Berates, humiliates or belittles child constantly
- Is indifferent to child

### **When Do You Report?**

Child abuse must be reported when one ... “has knowledge of or observes a child in his/her professional capacity, or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse...” (Pen. Code, 11166[a])

“Reasonable suspicion” occurs when “it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position drawing when appropriate on his/her training and experience, to suspect child abuse.” (Pen. Code, 11166[a])

### **Responding to Child’s Disclosure of Abuse or Neglect**

- Talk to the child in private. Stay next to the child, not across a table, etc.
- Ask the child about the cause of the suspicious marks, bruises, etc. Use language the child will understand.
- Does the explanation seem unreasonable? E.g., “I fell off a bicycle,” is not a valid explanation for narrow bruises on the back.
- Are there other factors, e.g., bruises of different colors which may indicate two or more injuries received at different times. Look for more than one wound, burns, lacerations, belt marks, etc.
- Ask the child to clarify words/terms you may not understand.
- Express your belief that the child is telling you the truth.
- Reassure the child that it is good to tell what happened.
- Reassure the child that it is not his/her fault.
- Tell the child that the information will be confidential unless someone has to take action because the child is scared or there is apt to be additional harm.
- Tell the child what to expect. If you don’t know, say so, but let the child know he/she can be supported by you.
- Report to the proper authorities.

#### **Be careful that you:**

- **Do not** express panic, shock or dismay at the disclosure
- **Do not** suggest answers/responses to the child.
- **Do not** force the child to remove clothing
- **Do not** talk to the child in front of others.

### **Safeguards for Mandated Reporters**

Reporting is an individual responsibility. No supervisor or administrator may interfere with the individual reporting responsibility; nor may a mandated reporter be excused from the responsibility by relying on a supervisor or administrator to meet his/her individual reporting responsibility.

The law protects an individual who reports known or suspected child abuse to a child protective agency so that he/she may do so without fear of any sanction for making the report. The supervisor or administrator can ask that the employee notify them of reports being made to a child protective agency; however, the employee cannot be prohibited or impeded from making a report directly to a child protective agency. Furthermore, an employee making a report cannot be required to disclose his/her identity to the employer. (Pen. Code, 11166[f])

Reports are confidential and may be disclosed only to specified persons and agencies. (Pen. Code, 11167.5)

### **Immunity**

Those persons legally required to report suspected child abuse have immunity from criminal or civil liability for reporting as required. (Pen Code, 11172[a])

Any person not mandated by law to report suspected child abuse has immunity unless the report is proven to be false and the person reporting knows it is false, or the report is made with reckless disregard of the truth or falsity of the incident. (Pen Code, 11172[a])

## Failure to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a \$1,000.00 fine. (Pen. Code, 11172[e]) He/she may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report.

## Feedback to Reporter

After the investigation is completed or the matter reaches a final disposition, the child protective agency must inform the mandated reporter of the results of the investigation and any action the agency is taking. (Pen. Code, 11170[b][2])

## Reporting Procedures

1. Telephone Report: Immediately or as soon as practicably possible after knowing or observing suspected child abuse or neglect, a mandated reporter shall make a report by telephone to any police department (excluding a school district police/security department), sheriff's department, county probation department if designated by the county to receive such reports, or county welfare department. (Penal Code 11166)
  - Imperial County Social Services, Children and Family Services, 2999 South 4th Street, El Centro, CA 92243, (760) 339-6126 **Toll Free Child Protective Services Hotline (866) 858-7750**
  - Calipatria Police Department, 140 West Main Street, Calipatria, CA 92233 (760) 348-2211
  - Imperial County Sheriff's Department, 328 Applestill Road, El Centro, CA 92243 (760) 339-6301

When the telephone report is made, the mandated reporter shall note the name of the official contacted, the date and time contacted, and any instructions or advice received.

2. Written Report: Within 36 hours of receiving the information concerning the incident, the mandated reporter shall prepare and send to the appropriate agency a written report which includes a completed Department of Justice form. (Penal Code 11166, 11168) The form, Suspected Child Abuse Report, (Form SS-8572) is available online at [www.ag.ca.gov/childabuse/forms.php](http://www.ag.ca.gov/childabuse/forms.php)

Submit the completed report form to Child Protective Services, 2999 South 4th Street, El Centro, CA 92243 **Fax Number (760) 482-2038.**

Reports of suspected child abuse or neglect shall include, if known: (Penal Code 11167)

- a. The name, business address, and telephone number of the person making the report and the capacity that makes the person a mandated reporter
- b. The child's name and address, present location and, where applicable, school, grade, and class
- c. The names, addresses, and telephone numbers of the child's parents/guardians
- d. The information that gave rise to the reasonable suspicion of child abuse or neglect and the source(s) of that information
- e. The name, address, telephone number, and other relevant personal information about the person(s) who might have abused or neglected the child

The mandated reporter shall make a report even if some of this information is not known or is uncertain to him/her. (Penal Code 11167)

Information relevant to the incident of child abuse or neglect may also be given to an investigator from an agency that is investigating the case. (Penal Code 11167)

3. Internal Reporting: Employees reporting child abuse or neglect to the appropriate agency are encouraged, but not required, to notify the principal or designee as soon as possible after the initial telephone report to the appropriate agency. When so notified, the principal shall inform the Superintendent or designee.

The principal or designee so notified shall provide the mandated reporter with any assistance necessary to ensure that reporting procedures are carried out in accordance with law, Board policy and administrative regulation. At the mandated reporter's request, the principal may assist in completing and filing the necessary forms.

The mandated reporter shall not be required to disclose his/her identity to the principal. (Penal Code 11166)

He/she may provide or mail a copy of the written report to the principal, Superintendent or designee without his/her signature or name.

Reporting the information to an employer, supervisor, school principal, school counselor, co-worker, or other person shall not be a substitute for making a mandated report to the appropriate agency. (Penal Code 11166)

### **Victim Interviews**

Whenever a representative of an agency investigating suspected child abuse or neglect deems it necessary, a suspected victim may be interviewed during school hours, on school premises, concerning a report of suspected child abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be given the choice of being interviewed in private or in the presence of any adult school employee or volunteer aide selected by the child. (Penal Code 11174.3)

A staff member or volunteer aide selected by a child may decline to be present at the interview. If the selected person accepts, the principal or designee shall inform him/her of the following requirements: (Penal Code 11174.3)

1. The purpose of the selected person's presence at the interview is to lend support to the child and enable him/her to be as comfortable as possible.
2. The selected person shall not participate in the interview.
3. The selected person shall not discuss the facts or circumstances of the case with the child.
4. The selected person is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act, a violation of which is punishable as specified in Penal Code 11167.5.

If a staff member agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. (Penal Code 11174.3)

### **Release of Child to Peace Officer**

When a child is released to a peace officer and taken into custody as a victim of suspected child abuse or neglect, the Superintendent or designee and/or principal shall not notify the parent/guardian, but rather shall provide the peace officer with the address and telephone number of the child's parent/guardian. It is the responsibility of the peace officer or agent to notify the parent/guardian of the situation. (Education Code 48906).

Peace officers shall be asked to sign an appropriate release or acceptance of responsibility form.



# **SELF-INSURED SCHOOLS OF CALIFORNIA MEDICAL PROVIDER NETWORK**

# **EMPLOYEE HANDBOOK**

Effective: October 1, 2007

To All Employees:

Your employer is committed to your well-being and safety at the workplace. Keeping injuries from happening is our first concern. However, if you do have a work injury, it is our goal to help you recover and return to useful employment as soon as it is medically possible.

Your employer has chosen the Self-Insured Schools of California (SISC)/California Foundation for Medical Care, Medical Provider Network (MPN) as the network of medical providers in the case of a work injury. The MPN is a Workers' Compensation Provider Network built around Occupational Care Providers.

Unless you predesignate a physician or medical group, your new work injuries arising on or after October 1, 2007 will be treated by providers in our SISC Medical Provider Network. If you have an existing injury, you may be required to change to a provider in the new SISC MPN. Check with your claims adjuster. You may obtain more information about the MPN from the Workers' Compensation Poster or from your employer.

The MPN will be delivered through SISC's network of medical providers and facilities. Your employer is self-insured and SISC (a Joint Powers Authority) functions as its Third Party Administrator. The California Foundation for Medical Care provides a comprehensive medical network to serve the needs of SISC and their medical providers.

The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with your employer.

Existing work injuries may be transferred into the new MPN, employees should check with their claims adjuster for more information.

Under the MPN Program, you will be provided:

- A primary care physician
- Other occupational health services and specialists
- Emergency health care services and
- Medical care if you are working or traveling outside of the Geographic services area

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care and to assist you to return to health and a productive life.

Employees will be notified of the MPN Implementation by mail or included on or with an employee's pay stub, paycheck or distributed through electronic means, including e-mail, if the employee has regular electronic access to e-mail at work to receive this notice. If the employee cannot receive this notice electronically at work, then the employer shall ensure this information is provided to the employee in writing.

This MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness, additional information regarding the MPN may also be obtained from the Workers' Compensation poster, asking your employer, [www.cfmnet.org/SISC](http://www.cfmnet.org/SISC), or by calling the toll free number of 1-877-222-4946. Please refer to page 10 for MPN Contact Information.

# MPN EMPLOYEE HANDBOOK

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## **THE PURPOSE OF THE MEDICAL PROVIDER NETWORK**

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by the California Foundation for Medical Care. Your employer's workers' compensation administrator is Self-Insured Schools of California (SISC). This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

Injured workers deserve timely, quality medical care. The Medical Provider Network (MPN) is a network of doctors and hospitals who understand how to diagnose and treat work-related injuries. These providers are committed to improving your physical well-being and returning you to useful employment.

The MPN is not just for medical treatment. It will also help you to return to work after an injury or illness. The MPN's main purpose is to help employees who are injured or become ill on the job to return to work safely and as soon as possible. You may be assigned a telephonic nurse case manager to work with you, your employer, your insurance carrier and your doctor to help you recover from your injury or illness and help you return to work.

Your MPN should be used only for injuries and illnesses covered under your employer's workers' compensation plan. If you are injured at work, you must use the doctors, clinics, hospitals and other medical providers who are part of the MPN.

Please refer to the information below for specific instructions on how to access the MPN.

## **HOW TO ACCESS THE MPN**

Your employer has designated a Site Coordinator to help you use the MPN if you are injured or ill on the job. This person should be your first contact if you have questions about the MPN or your workers' compensation coverage. You may also refer to the MPN Poster and State posting notice for additional information.

### **Access Standards**

For answers to the below please see See Attachment C

How to access treatment if (a) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical area; (b) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (c) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery pursuant to 9767.12.a.5

How to obtain a referral to a specialist outside the MPN pursuant to 9767.12.a.9

## **Description of Services**

Your employer is responsible for providing medical care including:

- A Primary Care Physician within 30 minutes or 15 miles of your residence or work place
- Other occupational health services and specialists within 60 minutes or 30 miles of your residence or work place
- Access to medical care in rural areas
- Emergency health care services, and
- Medical care if you are working or traveling outside of the geographic services area

## **IMPORTANT: REPORT YOUR INJURY IMMEDIATELY**

In the event of an emergency (defined below on this page), or if urgent care is needed, please call 911 or seek medical attention from the nearest hospital or Urgent Care Center. ***Once you have received care, let your Site Coordinator know as soon as possible.***

If your job-related injury or illness is not an emergency, please let your immediate supervisor and/or the Site Coordinator know before seeing a doctor.

If you are treated away from your home or work place, upon your return to your geographic location, you must let your Site Coordinator know. Your Site Coordinator will provide you with a listing of the MPN doctors if you require additional medical care.

## **Definition of “Emergency Health Care Services”**

“Emergency Health Care Services” or “Urgent Care” is defined as health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

The MPN is **ONLY** for work-related injuries or illnesses. You should not seek medical treatment from the MPN without telling your Site Coordinator. Remember, if you need emergency treatment call 911 or go to the nearest hospital. Never delay seeking medical treatment if you are seriously injured or ill.

**VERY IMPORTANT:**

**IF YOU HAVE PRE-DESIGNATED YOUR PERSONAL PHYSICIAN PRIOR TO AN INJURY**

If you have pre-designated your personal physician prior to an injury, you may seek care from this physician. **IMPORTANT:** You may only pre-designate your personal physician prior to the injury if: 1) Your employer offers a non-occupational group health plan or insurance; 2) You have received care with the physician prior to the injury; 3) The physician retains your medical records; 4) the physician agrees to be your primary treating physician; and 5) The physician must be either a physician who has limited her or her practice of medicine to general practice, or who is a board-certified internist, pediatrician, obstetrician-gynecologist, or family practitioner. **If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider. This pre-designation must be in writing and on file with the employer.** You will be given an "Employee Physician Pre-Designation Form" at the time of the effective date of the MPN (or upon hire, if you are hired after the MPN effective date). Should you decide to pre-designate at a later time and require another form, request it from your employer.

**Selecting a Medical Provider**

**Your employer must arrange for an initial medical evaluation** and begin treatment, if appropriate. However, you have a right to be treated by a MPN physician of your choice after the

first visit. As a patient in the MPN, you have the right to see a doctor close to your home or work place. If you have to travel more than 15 miles or 30 minutes to see your treating doctor or 30 miles or 60 minutes to see a specialist, you should advise your SISC claims adjuster. If you live in a rural area, the travel distance and/or travel time may be greater than the timeframes listed previously. The instructions that follow will help you choose a doctor.

For an emergency, or urgent care situation, call 911 or go directly to the nearest emergency room.

For non-urgent care, do the following:

After reporting your injury to your Site Coordinator, your Site Coordinator will provide you with a DWC-1 Claim Form, a copy of the MPN handbook as required by law, and will give you the name of a doctor for an initial medical evaluation and you may begin treatment, if necessary. You may continue using this designated doctor after the initial evaluation or you may choose another MPN doctor. You can get the list of MPN providers by calling the MPN contact or by going to our website at [www.cfmnet.org/SISC](http://www.cfmnet.org/SISC).

You also have the right to a complete listing of all of the MPN providers upon request.

## **What To Do If You Have Trouble Getting an Appointment**

If you have trouble getting an appointment for non-emergency services with a MPN doctor within 3 business days or an MPN specialist doctor within 20 business days of your employer's receipt of a request, you should seek assistance from your SISC claims adjuster at 800-972-1727, or contact your attorney if you are represented. Your SISC claims adjuster will work with the MPN to assist you in getting an appointment in a timely manner. If you require further assistance, you may contact the MPN call center at (877) 222-4946 for any network questions.

## **CHANGING PROVIDERS & SECOND /THIRD OPINIONS**

### **Changing Your Provider**

Your employer has selected an initial medical provider to treat you for your work injury. However, you have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness, but even so, **medical treatment must still be provided inside the MPN**. To get a listing of MPN doctors in your area, you may consult with your MPN Site Coordinator, consult the MPN website at [www.cfmcnnet.org/SISC](http://www.cfmcnnet.org/SISC), or contact the MPN call center at (877) 222-4946. If you decide to change doctors, it is your responsibility to advise the SISC claims adjuster immediately.

### **How To Obtain A Referral To A Specialist**

If your treating physician cannot provide you the care needed for recovery, he or she will refer you to an MPN specialist that is appropriate to address your particular injury or illness. If you need assistance locating an MPN specialist near your workplace or home, you may consult with your MPN Site Coordinator, consult the MPN website at [www.cfmcnnet.org/SISC](http://www.cfmcnnet.org/SISC), or contact the MPN call center at (877) 222-4946.

### **How To Use the Second and Third Opinion Process**

If you dispute either the diagnosis or the treatment that is recommended by the treating physician, you may obtain a second and third opinion from physicians within the MPN. During this process, you must continue your treatment with your treating physician or another physician of your choice within the MPN.

**For obtaining a second opinion, it is your responsibility to:**

1. Inform the SISC Claims Examiner either orally or in writing that you dispute the treating physician's opinion and you are requesting a second opinion.
2. Select a physician or specialist from a regional area listing of available MPN providers.
3. Make an appointment with the second physician within 60 days.
4. Inform the SISC Claims Examiner of the appointment date.

**For obtaining a second opinion, it is SISC's responsibility to:**

1. Provide a regional area listing of MPN providers and/or specialists for you to select a second opinion physician based on the specialty or recognized expertise in treating your injury or condition in question.
2. Contact your treating physician.
3. Provide a copy of the medical records or send the necessary medical records to the opinion physician prior to the appointment.
4. Provide a copy of the records to you upon request.
5. Notify the second opinion physician in writing that he or she has been selected to provide a second opinion and the nature of the dispute.

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, then you will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If, after your second opinion physician reviews your medical records, he or she determines that your injury is outside the scope of his or her practice, the second opinion physician will notify you and SISC so that SISC can provide a new list of MPN providers.

If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third physician within the MPN, **following the same procedure as above for requesting a second opinion physician.**

The second and third opinion physicians must provide his/her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to you and your employer within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

A copy of the second and/or third opinion report will be sent to the employee's treating physician pursuant to 9767.7f.

**HOW TO OBTAIN AN INDEPENDENT MEDICAL REVIEW**

You must obtain a second and third opinion before you can request an Independent Medical Review (IMR). If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

You may obtain an IMR by submitting an application to the Administrative Director. Upon notice of your selection of a third opinion physician, the SISC Claims Examiner will provide you with the IMR application and instructions form by which you would request an IMR in the event you dispute the findings of the third opinion physician. The

Administrative Director will assign the Independent Medical Reviewer, who may, at your request, conduct a medical examination during the review.

SISC will provide the Independent Medical Reviewer with a copy of all relevant medical records, and will send you a copy of the documents sent to the IMR. You may also furnish any relevant medical records or additional materials to the IMR, with a copy to SISC. The Independent Medical Reviewer must issue a report to the Administrative Director, in writing, that includes his/her analysis and determination whether the disputed health care service met the State's treatment guidelines. The report must be issued within 20 days of the examination, or within less time upon request of the Administrative Director. However, if the Reviewer certifies the disputed health care service is a serious threat to your health, the report must be provided within three days of the examination.

If the Independent Medical Reviewer does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you have the right to receive this treatment from any doctor you choose, inside or outside the MPN and SISC will pay for approved treatment. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment or the diagnostic service recommended by the IMR.

### **MEDICAL BILLS**

All medical bills resulting from your work-related injury or illness should be sent directly to SISC who will review the charges to make sure they are correct. SISC will pay the provider(s).

Your lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act will be paid by SISC. You can direct any questions regarding your benefits to your employer.

### **DISPUTES**

#### **What If My Employer Disputes My Injury**

You may be entitled to receive treatment even if your employer initially disputes your injury. The injury is presumed to be work-related if the claim is not denied within 90 days of the date the claim form is filed. Until the date that liability for the claim is accepted or rejected, the employer's liability for the claim is limited to \$10,000. Please note this does not guarantee that you will receive medical care up to this \$10,000 limit. Treatment can continue until the employer makes a decision to deny your claim. **This treatment must be provided from an MPN doctor unless it is an emergency situation, or if you pre-designated a treating physician.**

### **CONTINUITY OF CARE**

#### **What Happens If Your Provider Is Terminated From the MPN**

**Attachment A** is a copy of your employer's **Continuity of Care Policy**. This Policy provides for the completion of treatment by a doctor who has been terminated from the MPN for certain medical conditions.

## **TRANSFER OF ONGOING CARE**

### **What Happens if You Already Have a Workers' Compensation Claim Prior to the Effective Date of the MPN**

Until you are transferred into the MPN, your physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

If you are being treated for an injury or illness prior to the coverage of the MPN, your employer will provide for the completion of your treatment with your doctor under certain circumstances. **Attachment B** is your employer's **Transfer of Ongoing Care Policy**.

## **MPN CONTACT INFORMATION**

The following is the contact information for the SISC MPN:

MPN Call Center: 1-877-222-4946

The contact for your MPN is:

Name: Provider Relations Department/SISC MPN Representative

Address: 5701 Truxtun Avenue, Suite 100, Bakersfield, CA 93309

Telephone Number: 1-877-222-4946

Email: [FoundationMPN@kernfmc.com](mailto:FoundationMPN@kernfmc.com)

Website address: [www.cfmnet.org/SISC](http://www.cfmnet.org/SISC)

## Attachment A

### Continuity of Care Policy

#### **Completion of Treatment by a Terminated Provider**

SISC will comply with the provisions set forth in California Labor Code Sections 4616.2(d) and (e) when the covered employee requests completion of treatment by a terminated provider. SISC will provide to all employees entering the workers' compensation system notice of its written Continuity of Care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to the employee pursuant to 9767.12.a.12. SISC will comply with the requirements of LC §4616.2(d) and (e) as follows:

- SISC/CFMC will provide either verbal or written notice to the injured employee of the termination from the MPN of his or her treating provider.
- SISC will arrange for transfer of care to another MPN provider or will provide for the completion of treatment with the terminated provider according to LC §4616.2(d).
- If the injured employee requests completion of treatment with the terminated provider, the SISC claim adjuster will review the claim for compliance to LC §4616.2(d).
- If the injured employee meets the criteria as defined by LC §4616.2(d), SISC will provide:
  - Completion of care for up to 90 days of treatment for an “acute condition” as defined in LC §4616.2(d)(3)(A) as “a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a limited duration”. Completion of treatment shall be provided for the duration of the acute condition.
  - Completion of care for the period of time necessary to complete a course of treatment for a “serious chronic condition” up to one year from the date of determination that the injured employee has a “serious chronic condition” defined in LC 4616.2(d)(3)(B) as “a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration”. Completion of care shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined in consultation with the employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
  - Completion of care for the duration of a “terminal illness” as defined in LC §4616.2(d)(3)(C) as “an incurable or irreversible condition that has a high probability of causing death within one year or less.
  - Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in LC §4616.2(d)(3)(D).

- SISC/CFMC will notify terminated providers whose services are continued beyond the contract termination date pursuant to LC §4616.2(d)(4)(A) that they must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. The SISC claim adjuster may direct the injured employee to an MPN provider if the terminated provider does not agree to comply with the prior contractual terms and conditions.
- Unless otherwise agreed by the terminated provider and SISC/CFMC, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by SISC/CFMC for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The SISC claims adjuster may direct the injured employee to an MPN provider if the terminated provider does not accept the payment rates provided for in this paragraph.
- If the terminated provider was terminated for cause, fraud, or other criminal activity, the injured employee shall be transferred to an MPN provider.
- Nothing stated above prohibits SISC from agreeing to provide continuity of care with a terminated provider should SISC determine that it is in the best interest of the injured employee to continue treatment with the terminated provider.

A copy of SISC's determination of the employee's medical condition will be sent to the employee's primary treating physician pursuant to 9767.10.d.1.

- **Dispute Resolutions:**

- After SISC makes a determination of the employee's medical condition, SISC will notify the employee (with a letter written in English and in Spanish sent to the employee's residence, using layperson's terms to the maximum extent possible), advising whether or not he or she will be required to select a new provider from within the MPN.
- If the terminated provider wishes to continue to treat and if the injured employee disputes the medical determination, he or she will be required to request a report from the treating physician that addresses whether his or her medical determination falls into any of the four conditions referenced above (as set forth in Labor Code 4616.2(d)(3)). The treating physician will be required to provide this report within 20 calendar days from the request. If the treating physician fails to issue the report, then SISC's determination shall apply.
- If SISC disputes the medical determination by the treating physician, the dispute will be resolved using the QME process pursuant to Labor Code section 4062.
- If the treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee will be required to select a new provider from within the MPN during the dispute resolution process.

- If the treating physician does not agree with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

## **Attachment B**

### **Transfer of Care Policy**

SISC will comply with the provisions set forth in California Code of Regulations, Title 8, §9767.9 regarding Transfer of Ongoing Care into the MPN.

Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9b.

If a provider delivering ongoing care for a covered injured employee is already participating in the newly implemented MPN, SISC will notify the injured employee if his or her treatment is being provided under the MPN provisions.

If a provider delivering ongoing care for a covered injured employee prior to the inception of the MPN is **not** a provider under the SISC/CFMC MPN, SISC as the claims administrator will provide:

- Completion of care for up to 90 days of treatment for an "acute condition" as defined in 8 CCR §9767.9(e)(1) as "a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a duration of less than 90 days". Completion of treatment shall be provided for the duration of the acute condition.
- Completion of care for the period of time necessary to complete a course of treatment for a "serious chronic condition" up to one year from the date of determination that the injured employee has a "serious chronic condition" as defined in 8 CCR §9767.9(e)(2) as "a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration". Completion of care shall be provided for a period of time necessary, up to one year: (A) to complete a course of treatment approved by SISC; and (B) to arrange for transfer to another provider within the MPN, as determined by SISC. The one year period of completion of treatment starts from the date of the injured employee's receipt of the notification of the determination that the employee has a serious chronic condition.
- Completion of care for the duration of a "terminal illness" as defined in 8 CCR 9767.9(e)(3) as "an incurable or irreversible condition that has a high probability of causing death within one year or less".
- Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in 8 CCR 9767.9(e)(4).
- Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

SISC will conduct an assessment of the injured employee's medical condition prior to any determination that the ongoing care does not meet any of the above criteria and therefore could be eligible for a transfer into the MPN. This assessment may involve the guidance of a TMC nurse case manager.

SISC will send notification of the determination of the transfer of care to the injured employee's residence and to the injured employee's primary treating physician. The notification will be provided in English and Spanish and will use layperson's terms to the maximum extent possible.

If the injured employee disputes the medical determination that transfer of care into the MPN is appropriate, he or she must request a report from the primary treating physician addressing whether the ongoing care falls within any of the conditions identified above. The treating physician must provide the report to the employee within 20 calendar days of the request. If the treating physician fails to issue the report, then SISC's determination regarding completion of treatment shall apply.

If the primary treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall proceed during the dispute resolution process.

If the primary treating physician disagrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall not proceed until the dispute is resolved.

Any dispute concerning the medical determination made by the primary treating physician concerning transfer of care will be resolved by the QME process pursuant to LC §4062.

Referrals made to providers subsequent to the implementation of the MPN are to be made to a provider within the MPN.

Nothing stated above prohibits SISC from agreeing to provide care outside the MPN should SISC determine that it is within the best interest of the injured employee to continue treatment with the non-MPN provider.

## **Attachment C** **Access Standards**

- (a) A MPN must have at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth in (b) and (c).
- (b) A MPN must have a primary treating physician and a hospital for emergency health care services, or if separate from such hospital a provider of all emergency health care services within 30 minutes or 15 miles of each covered employee's residence or workplace.
- (c) A MPN must have providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.
- (d) If a MPN applicant believes that, given the facts and circumstances with regard to a portion of its service area, specifically rural areas including those in which health facilities are located at least 30 miles apart, the accessibility standards set forth in subdivision (b) and/or (c) are unreasonably restrictive, the MPN applicant may propose alternative standards of accessibility for that portion of its service area. The MPN applicant shall do so by including the proposed alternative standards in writing in its plan approval or in a notice of MPN plan modification. The alternative standards shall provide that all services shall be available and accessible at reasonable times to all covered employees.
- (e) (1) The MPN applicant shall have a written policy for arranging or approving non-emergency medical care for: (A) a covered employee authorized by the employer to temporarily work or travel for work outside the MPN geographic area when the need for medical care arises; (B) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (C) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.  
(2) The written policy shall provide the employees described in subdivision (e)(1) above with the choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant. In addition to physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.  
(3) The referred physicians shall be located within the access standards described in paragraphs (c) and (d) of this section.  
(4) Nothing in this section precludes a MPN applicant from having a written policy that allows a covered employee outside the MPN geographic service area to choose his or her own provider for non-emergency medical care.
- (f) For non-emergency services, the MPN applicant shall ensure that an appointment for initial treatment is available within 3 business days of the MPN applicant's receipt of a request for treatment within the MPN

(g) For non-emergency specialist services to treat common injuries experienced by the covered employees based on the type of occupation or industry in which the employee is engaged, the MPN applicant shall ensure that an appointment is available within 20 business days of the MPN applicant's receipt of a referral to a specialist within the MPN.

(h) If the primary treating physician refers the covered employee to a type of specialist not included in the MPN, the covered employee may select a specialist from outside the MPN.

(i) The MPN applicant shall have a written policy to allow an injured worker to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.



## PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

### NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

\_\_\_\_\_

Employee's Address:

\_\_\_\_\_

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

\_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.