

**COMMUNITY SOCIAL SERVICES EARLY  
INTERVENTION PROGRAM  
(CSSEIP)**

**POLICIES & PROCEDURES**

**Community Social Services Employers' Association  
(CSSEA)**

**and**

**Community Social Services Bargaining Association  
(CSSBA)**

## **INTRODUCTION**

The Community Social Services Employers' Association (CSSEA) and the Community Social Services Bargaining Association (CSSBA) have negotiated provincial Long Term Disability (LTD) plan that became effective April 1, 2004. The LTD plan was edited in the 2014-2019 Collective Agreement as described in Memorandum of Agreement #5 (see Appendix A) which refers to a mandatory Early Intervention Program.

The purpose of the Community Social Services Early Intervention Program (CSSEIP) is to facilitate proactive, appropriate and customized return-to-work (RTW) programs for employees with occupational and non-occupational disabilities. This joint program is supported by the CSSBA and CSSEA. Some providers of CSSEIP are: Acclaim Ability Management Inc. (Acclaim), Disability Management Institute Inc. (DMI), The Healthcare Benefit Trust (HBT), which also provides the LTD coverage.

The success of the CSSEIP will ultimately depend on the participation of the employers and ill/injured employees, and their support of the program. For ill/injured employees, seeking timely medical treatment, following medical recommendations of the treating physician or healthcare professional and, if appropriate, participating in an early return-to-work (ERTW) plan are vital in improving his/her quality of life and successful return to pre-disability health. The National Association of Disability Evaluating Professionals (NADEP) has indicated that the likelihood of an unassisted individual ever returning from an absence due to illness or injury is substantially reduced if the absence is over 6 months.

Therefore, the CSSEIP plays a critical role in reducing the costs of sick leave and disability claims within the Community Social Services sector.

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## 1.0 GOALS AND OBJECTIVES

The goal of the CSSEIP is to complement the LTD plan by facilitating a pro-active, appropriate, and customized service for ill/injured employees that assists them to effectively RTW in a caring, safe, and timely manner.

The objectives are:

- to initiate early contact with the ill/injured;
- to identify and provide appropriate, caring case management of the ill/injured employee's health issues;
- to convey the message that employees are valued;
- to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely RTW through an ERTW plan;
- to encourage health promotion and employee wellness;
- to be compliant with legislation and regulations (e.g. *Workers' Compensation Act*, Human Rights legislation, including duty to accommodate, provincial and/or federal privacy laws, collective agreements);
- to promote open discussion and support for the CSSEIP by the CSSBA and CSSEA; and
- to manage the ongoing costs of benefit plans, in particular sick leave, work safe and LTD.

## 2.0 ROLES AND RESPONSIBILITIES

### 2.1 CSSEIP Steering Committee Terms of Reference (Steering Committee)

1. The Steering Committee reports to the Community Social Services Employers' Association (CSSEA) and the Community Social Services Bargaining Association of Unions (CSSBA).
2. The Steering Committee is made up of 4 or 5 representatives of CSSEA and its member-agencies, and 4 or 5 representatives of the CSSBA.
3. The Steering Committee meets as required.
4. The Steering Committee is responsible for:
  - a. Implementing the CSSEIP that is referenced in Memorandum of Agreement #5 - Long Term Disability Plan in the community social services collective agreements.
  - b. Liaising with the CSSEIP Service Provider and giving ongoing direction to the provider.
  - c. Developing a communication plan and participating in the communication of the CSSEIP to CSSEA member-agencies, unions and employees.
  - d. Promoting the CSSEIP to CSSEA member-agencies, unions and employees.
  - e. Designing and receiving and analyzing quarterly data reports to evaluate the impact and effectiveness of the CSSEIP. This includes but is not limited to: the impact on the sick leave, LTD and WorkSafeBC plans; identifying trends and issues; plus conducting and analyzing employee and employer satisfaction surveys on the effectiveness of the CSSEIP service provider.
  - f. Implementing changes to the CSSEIP based on feedback or as a result of collective bargaining.
  - g. Making improvements to the CSSEIP and establishing, amending, and approving related policies and procedures.
  - h. Resolving industry-wide issues and concerns, and providing guidance on labour relations principles, as they arise.

### 2.2 CSSEIP Provider

The service provider for early intervention services is responsible for:

- implementing the program under the direction of the Steering Committee;
- approving individual ERTW plans where there will be a direct cost to the CSSEIP, and approving costs (e.g. medical interventions) up to spending limits as defined by the CSSEIP Service Provider management;
- reviewing ongoing effectiveness of the CSSEIP Service Provider services to the CSSEIP;
- attending meetings of the Steering Committee as requested, and providing input for enhancements or changes to the CSSEIP;
- providing periodic statistical reports as requested and designed by CSSEA/CSSBA;
- receiving referral notification from the Agency Representative or by employee in cases of self-referral;
- explaining the CSSEIP to the employee, including the roles and responsibilities of both the ill/injured employee and CSSEIP Service Provider in the program;
- explaining that participation in the CSSEIP is mandatory and that medical documentation must be provided in a timely manner;

- ensuring medical documentation substantiates absence from work;
- advising the Employer and CSSEA/CSSBA representatives if the employee fails to participate/provide sufficient medical documentation in a timely manner;
- referring the employee to the Employer or the appropriate Union EIP representative if they have concerns about the program;
- sending out the Early Notification Package if the CSSEIP process is required;
- notifying the Employer when the Early Notification Package documentation is sent to the employee;
- Notifying the employer if the employee fails to return the completed package or fails to provide sufficient medical documentation;
- following up with the employee to ensure the RTW was successful, regardless of whether the CSSEIP process was initiated – i.e. because the employee will soon be returning to work;
- collecting and referring CSSEIP information to the CSSEIP Service Provider;
- monitoring an employee’s RTW plan status;
- gathering and reviewing all medical information about the employee’s illness/injury;
- developing a medical case management plan/ERTW/accommodation plan, in consultation with the employer, employee and the union, when appropriate;
- ensuring provision of or access to effective care and services for the injured/ill employee;
- ensuring that cases are managed using accepted best practices and evidence-based practice guidelines and are delivered in a proactive, conscientious, cost effective, timely and consistent manner;
- managing cases in a collaborative manner with all involved parties and respecting the terms of the collective agreements;
- contributing to the overall cost effectiveness and efficient administration of CSSEIP;
- contacting the CSSEIP Service Provider’s Rehabilitation Consultant and/or the CSSEIP Service Provider’s Health Promotion Consultant, when necessary, and obtaining approval for payment of any related costs;
- referring the employee for independent medical examinations, treatment programs (e.g. physiotherapy, counselling) and paying for these programs with the awareness of the CSSEA/CSSBA representatives;
- referring the case to the CSSEA/CSSBA representatives if there are complicating factors such as labour relations issues;
- communicating with the employee, Agency Representative, attending physician throughout the employee’s absence to monitor his/her progress and to ensure that the RTW plan is followed;
- providing regular status reports to the designated Bargaining Association and CSSEA representatives; and
- contacting the Employer Representative and directing the early submission of an LTD claim (ideally after 4 months of absence), if the employee is not expected to RTW within the LTD qualification period (currently 6 months).

### **2.3 Employer Representative**

This is a designated Employer Representative(s) at the CSSEA agency that employs the ill/injured employee. The Employer Representative will:

- initiate immediate early contact with all employees who are absent due to illness or injury based on the mandatory referral threshold;
- making the initial contact by telephone (within one working day) with the ill/injured employee to determine if the CSSEIP process should be initiated, and referring complex issues to the CSSEIP Service Provider to discuss directly with employee, if required;

- contact the CSSEIP Service Provider when an employee has been absent for 5 consecutive scheduled working days/shifts (maximum 8 calendar days for part-time employees); and referring WSBC, ICBC absences immediately and not wait 5 days;
- provide the CSSEIP Service Provider with basic information on the employee (name, phone number, address, last date worked, etc.) as required;
- be responsible for accommodating the employee's ERTW, transitional accommodations, and the costs associated with that;
- be responsible for following up if the employee has failed to participate, stay in touch or failed to provide the required/sufficient medical documentation. This includes contact with the local union representative to seek their assistance in getting the employee to participate; sending letters warning of consequences for failing to provide medical or participate and/or CSSEA to determine next steps if the employee refuses to participate; and
- Follow up with abandonment letters if the employee fails to remain in touch with the CSSEIP Service Provider or Employer during their illness.

## **2.4 Employee**

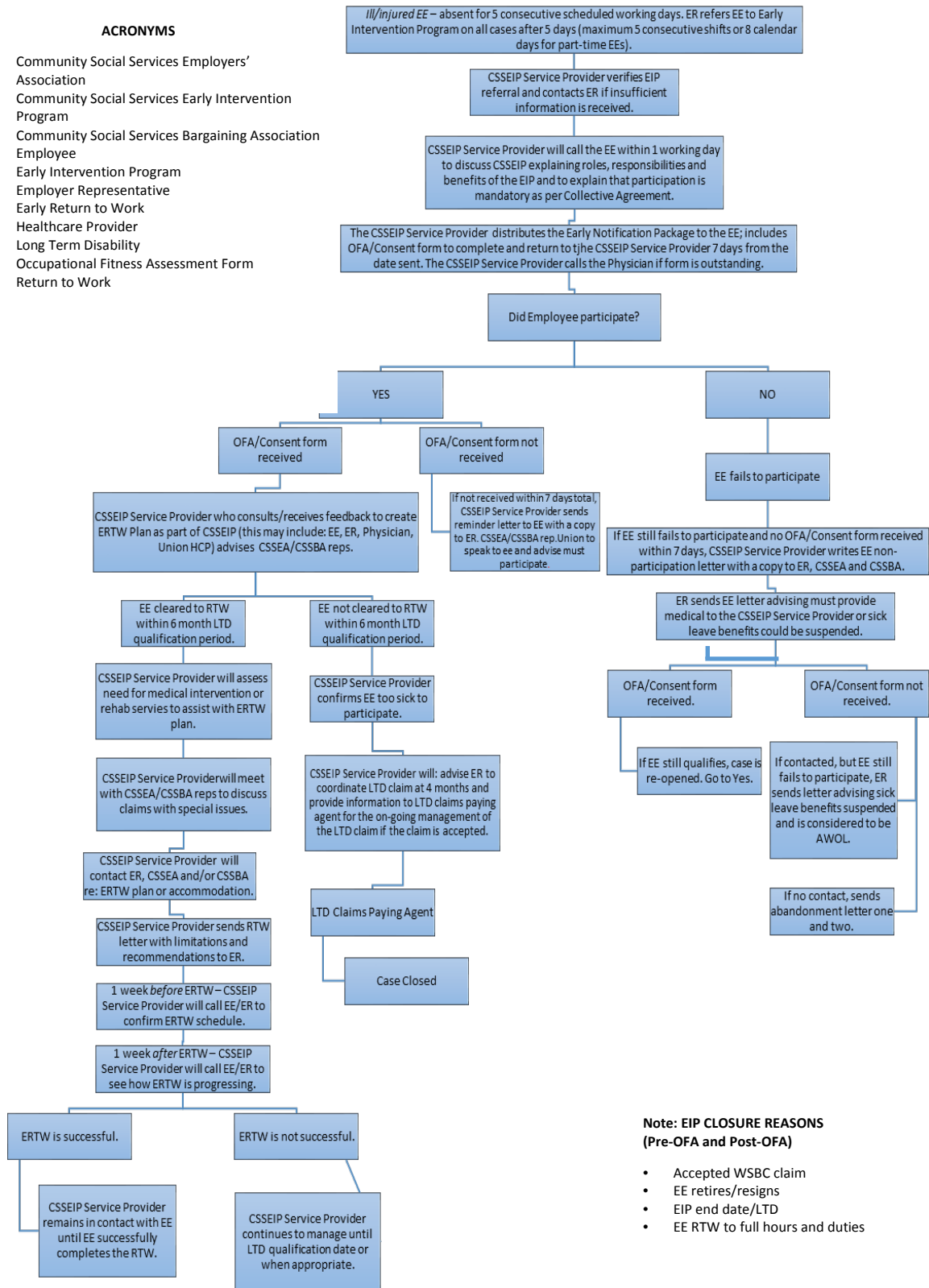
It is in the best interest for all ill/injured employees to participate in the CSSEIP program and cooperate with the parties by:

- participating in the mandatory CSSEIP program as required by the Collective Agreement;
- completing the forms in the Early Notification Package - consent and medical assessment forms - and returning them immediately to the CSSEIP Service Provider but no later than 7 days from the date the package was sent;
- speaking with the CSSEIP Service Provider, employer and/or union representative, to discuss the case management ERTW/accommodation plan as applicable;
- participating in an agreed upon case management/ERTW/accommodation plan, if approved by the ill/injured employee's physician;
- cooperating with any recommended medical interventions and treatment plans, if approved, by the attending physician;
- staying in touch with the CSSEIP Service Provider and the employer during their illness; and
- ensuring personal contact information is up-to-date.

### 3.0 CSSEIP PROCESS FLOW CHART

**ACRONYMS**

<b>CSSEA</b>	Community Social Services Employers' Association
<b>CSSEIP</b>	Community Social Services Early Intervention Program
<b>CSSBA</b>	Community Social Services Bargaining Association
<b>EE</b>	Employee
<b>EIP</b>	Early Intervention Program
<b>ER</b>	Employer Representative
<b>ERTW</b>	Early Return to Work
<b>HCP</b>	Healthcare Provider
<b>LTD</b>	Long Term Disability
<b>OFA</b>	Occupational Fitness Assessment Form
<b>RTW</b>	Return to Work



**Note: EIP CLOSURE REASONS (Pre-OFA and Post-OFA)**

- Accepted WSBC claim
- EE retires/resigns
- EIP end date/LTD
- EE RTW to full hours and duties



## **4.0 POLICIES**

### **4.1 Confidentiality**

The CSSEIP Service Provider is an independent service provider that is bound by the BC Personal Information Protection Act and has strict confidentiality policies and procedures. As such, information that the ill/injured employee provides to the CSSEIP SERVICE PROVIDER is confidential. However, the diagnosis and prognosis will be shared with the CSSEA and CSSBA representatives where required for ERTW planning, and labour relations matters and where authorized in writing by the employee.

The Steering Committee will only receive aggregate data in order to measure the effectiveness of the CSSEIP.

All documents for active and closed cases are kept in locked security at the CSSEIP Service Provider.

Confidential material will be shared with the LTD Claims Paying Agent as per authorization form, during the CSSEIP process, and also as part of an LTD claim submission to ensure continuity of case management.

### **4.2 Participation**

In accordance with Memorandum of Agreement #5, participation in CSSEIP is mandatory for all eligible ill/injured employees. All parties to this agreement recognize that CSSEIP is the best choice for their members and that they must participate in CSSEIP.

Participation includes (for more detail see employee's role):

- referral of all ill/injured regular employees after 5 consecutive scheduled working days for full-time employees and 5 consecutive shifts or 8 calendar days for part-time employees; Employees absent due to WorkSafeBC are referred to EIP after 1 day;
- completing and returning all medical assessment and consent forms provided in the Early Notification Package;
- providing the requested medical documentation within seven (7) days from when the package was sent to the employee;
- speaking with the CSSEIP Service Provider to discuss the potential for an ERTW/accommodation plan; and
- participating in an agreed upon ERTW/accommodation plan, if approved by the ill/injured employee's physician.

If an employee has failed to participate, the CSSEIP Service Provider will advise the Employer, the union and CSSEA accordingly. The CSSEIP Service Provider will not be involved in labour relations issues and the Employer may follow up, as necessary, to address Labour Relations issues. If the employee fails to participate, the CSSEIP Service Provider will send a letter or email notifying the employee that failure to participate may jeopardize any LTD claim and may result in sick leave benefits being suspended or other applicable action. The letter will be copied to the Agency Representative, CSSEA and the CSSBA.

## **5.0 MEDICAL FORMS**

Participation in CSSEIP is mandatory, therefore, an ill/injured employee will be asked to have his/her attending physician complete the CSSEIP Service Provider's Occupational Fitness Assessment (OFA) Form that provides sufficient information necessary to support an effective case management plan regarding his/her injury/illness.

The individual CSSEIP Service Providers will ensure that current and edited copies of their Medical Authorization and Consent Form(s) will be provided to CSSBA/CSSEA. The CSSEIP Service Providers will also ensure that these form(s) meet the requirements of the Collective Agreement and provide sufficient medical information to substantiate the absence from work due to illness and to develop a pro-active and appropriate case management plan/customized return to work program.

The OFA is part of the Early Notification Package, and will include the employee authorization section containing the following statement:

In order to work collaboratively with other agencies (ICBC, WSBC) to manage the claim, I authorize that the Trustee has the authority to release and receive information to and from other agencies, where applicable. I authorize the Trustees to use the SIN as identification for this claim. I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original. This authorization shall remain in effect for 6 months from the date of signature.

## **6.0 EARLY RETURN TO WORK**

Once the CSSEIP Service Provider has gathered all necessary claims information they will consult with the employee, supervisor, attending physician and/or any other relevant parties (e.g. rehabilitation consultant) to develop and implement the optimal ERTW plan. For more complex situations (i.e. cases that require ongoing, intensive intervention), the CSSEIP Service Provider may consult with the CSSEA/CSSBA representatives.

## **7.0 OTHER SERVICE PROVIDERS**

The CSSEIP Service Provider may obtain the assistance of Rehabilitation Consultants to facilitate an ERTW, and/or obtain the assistance of Health Promotion Consultants to facilitate changes in the workplace (e.g. work health issues, ergonomic assessments).

In addition, the CSSEIP Service Provider may access the service of external professionals with varied specialties for early intervention services, including services for remote areas. The CSSEIP Service Providers may work with, and provide ancillary services to the ill/injured employee while he/she is on an ERTW plan. Ancillary services include, but are not limited to:

- ergonomic assessments;
- work conditioning - preparing physically;
- working closely with the ill/injured employee to increase his/her activities of daily living;
- functional capacity evaluations;
- transferable skills analysis;
- job demands analysis;
- graduated RTW planning; and
- retraining for transitional work.

The healthcare professionals contracted by the CSSEIP Service Provider will be bound by the same confidentiality requirement of provincial and/or federal laws.

The CSSEIP Service Provider will work collaboratively with other agencies (ICBC, WorkSafeBC) where applicable to manage the claim. The Employer will refer an employee absent on WCB or ICBC claims immediately to the CSSEIP Service Provider and not wait five working days to do so.

The CSSEIP Service provider will work to determine if a return to work plan is possible before the WCB or ICBC adjudication process is completed.

In cases where WCB has cleared the employee to return to work, and the employee provides medical documentation that is in conflict with WCB; the CSSEIP Service provider and WCB will be actively involved in investigating that alternative medical documentation in order to resolve the conflicting information.

## **8.0 DATA COLLECTION AND REPORTING**

The CSSEIP Service Provider maintains detailed records of each case. It is maintained in a confidential and secure manner. The CSSEIP Service Provider, will provide reports as required by the Steering Committee and as captured in the Data Collection and Evaluation document. .

## **9.0 COMMUNICATION**

Effective communication is integral to the overall success of the CSSEIP. The Steering Committee will develop a communication strategy, both to explain the program and promote its ongoing use.

## **10.0 PROGRAM EVALUATION**

The Steering Committee will evaluate the effectiveness of the CSSEIP on an ongoing basis. This may be accomplished through:

- review of aggregate data that is provided by the CSSEIP Service Providers as set out in the Data Collection and Evaluation document;
- independent evaluation forms completed by employees and employers who have participated in the CSSEIP;
- feedback provided by the CSSBA, CSSEA and Agency representatives;
- reviews of reports, and feedback from CSSEIP Service Providers; and/or independent consultant(s); and
- other processes, as appropriate.

## APPENDIX A – EARLY NOTIFICATION PACKAGE

### A.1 INITIAL LETTER FROM CSSEIP SERVICE PROVIDER

We have been advised by your employer that you have been absent from work for more than 5 consecutive working days due to health reasons. We are sorry to hear that you are unable to work; however, we are pleased to advise that you are enrolled in the Community Social Services Early Intervention Program (CSSEIP). This program is being provided jointly by your union and your employer as part of your collective agreement. In order for us to appropriately assist you, the CSSEIP Service Provider is coordinating the program. If you have any questions for your union, please contact your CSSBA Union Bargaining Association CSSBA Representative.

The purpose of the CSSEIP is to provide proactive and timely services to employees who are ill or injured, and who need assistance in order to return-to-work. It is completely confidential, and your personal medical diagnosis is only provided to people who are part of your CSSEIP team, and with your permission.

Our role is to ensure that you are getting the best healthcare management possible and, if appropriate, work in conjunction with our CSSEIP Case Consultant to co-ordinate your rehabilitation plan. The other people who may assist with your rehabilitation plan are your doctor, and other medical professionals, your union, and a representative of the Community Social Services Employers' Association (CSSEA). We will assist you with your recovery and return-to-work. Your employer will also play an important role in any return-to-work plans.

In order that we may start working with you on a case management plan, and start gathering information for your rehabilitation plan (if appropriate), please do the following:

- Read and sign the authorization on the enclosed Occupational Fitness Assessment (OFA) form and take the OFA form to your doctor for his/her completion, as soon as possible.
- Return the authorization/OFA form to us immediately but no later than 7 days from the date of this letter. It can be faxed to us in confidence at CSSEIP Service Provider's fax # or e-mail, at \_\_\_\_\_ or mailed to the below address. Your physician may choose to send the OFA form directly to our office.
- Your doctor can invoice the CSSEIP Service Provider for the cost of completing the form, in accordance with the BCMA fee schedule.
- Please be aware it is your responsibility to ensure medical information is provided immediately but no later than 7 days from receipt of this letter so that we may support you as soon as possible in your return to work plan.
- In support of your absence from the workplace, and it is your responsibility to stay in touch with the CSSEIP Service Provider and your employer. Please also ensure that the contact information you have on file with your Employer is current and correct.
- Please note, your participation in the CSSEIP program is mandatory in accordance with the Collective Agreement.

By the time you receive this package, we may have spoken by telephone. If not, please contact us as soon as possible at CSSEIP Service Provider's phone # or e-mail, or mail at the below address (include address).

Yours truly,

CSSEIP Service Provider  
Community Social Services Early Intervention Program

## APPENDIX B – OTHER SAMPLE LETTERS FROM CSSEIP SERVICE PROVIDER

### B.1 NON- PARTICIPATION

Dear:

I am sorry to hear that you are still unable to return-to-work. As explained during our telephone conversation, your employer has referred your claim to the Community Social Services Early Intervention Program (CSSEIP). This is a confidential program that is provided by (CSSEIP Service Provider) and is fully supported by your union and your employer.

During our conversation you were advised that your participation in this program is mandatory, in accordance with the provisions of your Collective Agreement. To date, we have not yet received the requested medical information and request that you submit the completed form(s) by (DATE). You must supply the medical documentation in order to substantiate your absence from work and access any applicable sick leave benefits.

If you have any questions about your participation in the program, I recommend that you discuss your concerns with (name of union rep) at the CSSBA at (phone number). Please also ensure that the contact information you have on file with your Employer is current and correct.

If we do not receive the requested medical information by (DATE), we will close your CSSEIP file and report your failure to participate to your Employer. We wish to advise you that your entitlement to Long Term Disability (LTD) may be jeopardized if you do not provide medical evidence supporting your illness/injury. Please note that you are required to provide medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the six-month waiting period and beyond, in order to qualify for LTD.

We are not involved in labour relations issues although your Employer may follow up, as necessary, to address any labour relations issues.

Until you provide the requested medical documentation to support both participation in the CSSEIP and payment of sick leave, you may be deemed to be on an unpaid leave of absence and you may no longer be covered by the health and welfare benefits under the Collective Agreement.

Please do not hesitate to call me at \_\_\_\_\_ or toll free at \_\_\_\_\_.

Yours truly,

CSSEIP Service Provider  
Community Social Services Early Intervention Program

cc: Agency Representative  
Name of Union Representative in letter  
CSSBA Representative  
CSSEA Representative

**APPENDIX C – OTHER SAMPLE LETTERS FROM CSSEIP SERVICE PROVIDER**

**C.1 NON- PARTICIPATION – CONFIRMATION OF FILE CLOSURE**

Dear:

As explained during our telephone conversation, and in our letter of (DATE), the Community Social Services Early Intervention Program (CSSEIP) is a confidential program that is fully supported by your union and your employer.

You were advised that your participation in this program is mandatory, in accordance with the provisions of your Collective Agreement. To date, we have not yet received the requested medical information.

This is confirmation that your CSSEIP file has been closed and we will advise your employer accordingly. We wish to advise you that your non-participation in the CSSEIP or your failure to provide sufficient medical evidence supporting your illness/injury may jeopardize your entitlement to Long Term Disability (LTD). Please note that you are required to provide complete medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the six-month waiting period and beyond, in order to qualify for LTD.

We are not involved in labour relations issues although your Employer may follow up, as necessary, to address any labour relations issues.

Until you provide the requested medical documentation to substantiate both participation in the CSSEIP and payment of sick leave, you may be deemed to be on an unpaid leave of absence and you may no longer be covered by the health and welfare benefits under the Collective Agreement.

Please do not hesitate to call me at \_\_\_\_\_ or toll free at \_\_\_\_\_.

Yours truly,

CSSEIP Service Provider  
Community Social Services Early Intervention Program

cc: Employer Agency Representative  
Name of Union Representative in letter

**APPENDIX D - MEMORANDUM OF AGREEMENT #5**

**RE: LONG TERM DISABILITY PLAN**

*between*

*Community Social Services Employers' Association (CSSEA)*

*and*

*Community Social Services Bargaining Association of Unions (CSSBA)*

The coverage provided by the Long Term Disability Plan shall be in accordance with the recommendations pertaining to Long Term Disability issued by Donald R. Munroe, Q.C. dated May 28, 1999, and revised June 9, 1999, at page 15.

The plan shall include the following:

1. The plan shall cover eligible regular employees who have completed their probationary period and shall provide such employees with salary continuation until the age of sixty-five (65) in the event of a qualifying disability.
2. *Qualification Period* – LTD benefits are payable after the employee has been totally disabled and unable to perform the duties of her own occupation for a period greater than six (6) months.
3. *Definition of Disability:*
  - (a) To qualify for long-term disability benefits for the first twelve (12) months (excluding the qualification period), the employee must be unable, because of accident or sickness, to perform the duties of the employee's own occupation.
  - (b) To continue to qualify for long-term disability benefits beyond the twelve (12) months period referenced in (a) above, the employee must be unable to perform the duties of any gainful occupation.
4. *Coverage Amount* – seventy percent (70%) of the first twenty-eight hundred (\$2,800) of the pre-disability monthly earnings and fifty percent (50%) of the pre-disability monthly earnings above twenty-eight hundred (\$2,800) or sixty-six and two thirds percent (66-2/3%) of the pre-disability monthly earnings, whichever is more.
5. The plan shall include an "*early intervention*" program.
6. Enrolment in the early intervention program will be mandatory.
7. The Employer shall pay one hundred percent (100%) of the premium.

## Information Appendix A – LTD – EIP (page 106)

### Early Intervention Program (CSSEIP)

The Parties will follow policies and procedures set by the Community Social Services Early Intervention Program (CSSEIP)

- The Employer refers an employee who has been ill or injured to the EIP Service Provider.
- The EIP Service provider determines the eligibility of the employee to participate in the program.
- The EIP Service provider designs a return-to-work plan tailored to the employee's individual circumstances in consultation with the employee, Employer and Union i.e. integrating the employee back into the workplace with graduated or modified duties, job accommodation by the Employer within the provisions of the collective agreement.
- The EIP Service provider monitors the progress of the employee and makes adjustments to the plan as needed to ensure a successful return-to-work.
- Participation in the early intervention program is mandatory.



**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - INITIAL REFERRAL TO CSSEIP –  
REGULAR FULL TIME EMPLOYEE**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**RE: Community Social Services Early Intervention Program**

I am sorry to learn that you are not well and that you have taken sick leave from your regular position as \_\_\_\_\_ with the \_\_\_\_\_ program at \_\_\_\_\_ effective **[DATE]**.

I am writing to advise you that I have forwarded information of your absence to the Community Social Services Early Intervention Program as you have been away from the worksite for five days. This joint program is supported by your employer and union. You will be receiving a package of information from CSSEIP in the very near future. Please note, there are certain timelines contained in the package regarding the return of assigned consent and medical forms for completion by your Doctor.

Participation in CSSEIP is mandatory in accordance with the collective agreement. Also, it is your responsibility to ensure you remain in contact with your employer and CSSEIP Service Provider during the course of your illness.

As per Article 20.7 of the Collective Agreement, the Employer will continue to pay its share of the applicable health and welfare benefits for you for a maximum of twenty (20) work shifts in any calendar year. I am writing to advise that as per your medical leave request the last day for the Employer to pay its share of the applicable health and welfare benefits will be **[DATE]**. From this date forward until your return to work you may continue benefit coverage, provided you pay in advance for such coverage.

Please advise by return letter by **[DATE]** whether you wish to elect to continue benefits beyond **[DATE]**. Upon receipt of your letter we will advise you of the required monthly amounts.

I wish you a speedy recovery.

Yours Sincerely,

Signatory

**[EMPLOYER NAME]**

cc: CSSEIP Service Provider Representative  
Employee personnel file

Attachment

**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - INITIAL REFERRAL TO CSSEIP – REGULAR PART-TIME EMPLOYEE**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**RE: Community Social Services Early Intervention Program**

I am sorry to learn that you are not well and that you have taken sick leave from your regular position as \_\_\_\_\_ with the \_\_\_\_\_ program at \_\_\_\_\_ effective **[DATE]**.

I am writing to advise you that I have forwarded information of your absence to the Community Social Services Early Intervention Program as you have been away from the worksite for five days. This joint program is supported by your Employer and Union. You will be receiving a package of information from CSSEIP Program Provider in the very near future. Please note: There are certain timelines contained in the package regarding the return of assigned consent and medical forms for completion by your Doctor.

Participation in CSSEIP is mandatory in accordance with the collective agreement. It is your responsibility to ensure you remain in contact with your employer and CSSEIP Service Provider during the course of your illness.

As per Article 20.7 of the Collective Agreement, the Employer will continue to pay its share of the applicable health and welfare benefits for you, as a regular part time employee, for a prorated maximum of \_\_\_\_ (#) work shifts in any calendar year. I am writing to advise that as per your medical leave request the last day for the Employer to pay its share of the applicable health and welfare benefits will be **[DATE]**. From this date forward until your return to work you may continue benefit coverage, provided you pay in advance for such coverage.

Please advise by return letter by **[DATE]** whether you wish to elect to continue benefits beyond **[DATE]**. Upon receipt of your letter we will advise you of the required monthly amounts.

I wish you a speedy recovery.

Yours Sincerely,

Signatory

**[EMPLOYER NAME]**

cc: CSSEIP Service Provider Representative  
Employee personnel file

Attachment

**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - EMPLOYEE FAILURE TO PARTICIPATE - LETTER ONE**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**RE: Non-participation letter from (CSSEIP Service Provider) to you dated [DATE].**

**[Employee name]**, I am writing to advise that (CSSEIP Service Provider) has informed me that you have not provided them with complete medical information in relation to your recent referral to the Community Social Services Early Intervention Program (CSSEIP).

The purpose of CSSEIP is to facilitate pro-active, appropriate and customized return to work program for employees with occupational and non-occupational disabilities. This joint program is supported by your Union, the Employer and CSSEA.

In the past you had the option to participate in CSSEIP or to decline participation and provide the medical documentation directly to your Employer. We wish to clarify that you no longer have the option to decline participation in CSSEIP as it is now mandatory to participate. Failure to participate is a violation of the Collective Agreement.

As you are aware, this is a confidential program fully supported by your union and your employer.

A medical certificate must be provided to substantiate your absence on medical leave.

If the completed medical form is not returned to **[CSSEIP Service Provider]**, Early Intervention Coordinator, (Address) by **[DATE]** your sick leave benefits under the Collective Agreement will be suspended effective **[DATE]** and you may be subject to discipline.

Please note that it is your responsibility to remain in contact with your employer during the course of your absence.

If you have any questions or concerns, please do not hesitate to see me.

Yours truly,

Signatory

**[EMPLOYER NAME]**

cc: CSSEIP Service Provider Representative  
Employee personnel file

Attachment

**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - EMPLOYEE FAILURE TO PARTICIPATE - LETTER TWO**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**RE: Non-participation letter from (CSSEIP Service Provider) to you dated [DATE]**

[Employee name], I am writing, further to my letter of (DATE), to advise that (CSSEIP Service Provider) has informed me of your continuing refusal to participate in the CSSEIP and to provide them with required medical information in relation to your recent referral to the Community Social Services Early Intervention Program (CSSEIP).

You have been absent since (DATE), and despite several requests, you have not supplied sufficient and appropriate medical documentation to substantiate your absence due to illness. We are concerned about your refusal to provide information relating to your current medical status and your ability to return to work in the future.

A complete medical certificate must be provided to substantiate your absence on medical leave.

This is to confirm that, as set out in our letter dated \_\_\_\_\_, your paid sick leave has been suspended. You are now on an unauthorized unpaid leave and subject to discipline for failing to attend work without an appropriate reason and without substantiating your absence, until (DATE).

If the requested medical documentation is not submitted by the above (DATE), we will assume that, absent information to the contrary, you are fit to and are scheduled to return to work on (DATE). We consider you to have abandoned your claim for short-term and long-term disability benefits.

If you fail to report to work for your regularly scheduled shift of (DATE), we will consider you to have abandoned your job under Article 11.7 of the Collective Agreement.

Please cooperate and ensure you fulfil your obligations under CSSEIP immediately.

We have an obligation under our contract with the Ministry to provide services to our clients. Your refusal to cooperate is causing much difficulty in planning for and providing these contracted services.

Please return the medical form directly to CSSEIP Service Provider, (contact information) by **(DATE)**

Please note that it is your responsibility to remain in contact with your employer during your absence from work.

If you have any questions or concerns, please do not hesitate to see me.

Yours truly,

Signatory

**[EMPLOYER NAME]**

cc: CSSEIP Service Provider Representative  
Employee personnel file

**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - ABANDONMENT - LETTER ONE**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**Re: CSSEIP – No Contact – possible abandonment**

I am writing further to the letter from (CSSEIP Service Provider) advising that they have been unable to contact you.

The purpose of the CSSEIP program is to facilitate pro-active, appropriate and customized return to work programs for employees with occupational and non occupational disabilities. This joint program is supported by your Employer and Union.

We have tried unsuccessfully to reach you on the following occasions: \_\_\_\_\_. We also phoned the emergency contact number you supplied and they do not know how to reach you (or alternatively we were unable to get a response at the emergency number you provided).

We are concerned for you and request that you immediately contact \_\_\_\_ at CSSEIP Service Provider Representative at (604) \_\_\_\_-\_\_\_\_\_.

In the event that you do not contact the CSSEIP Service Provider Representative or the Executive Director by the below-mentioned date, we will assume you are fit to return to work on [DATE]. Failure to report to work or contact CSSEIP Service Provider Representative could be considered as abandonment of your position as outlined in the Collective Agreement – Article 11.7 – Abandonment of Position.

Please understand that I expect to hear from you by no later than [DATE].

Yours truly,

Signatory

**[EMPLOYER NAME]**

cc: CSSEIP Service Provider Representative  
Employee personnel file

Attachment

**APPENDIX E – SAMPLE EMPLOYER TEMPLATE LETTERS - ABANDONMENT – CONFIRMATION**

(MAY BE EDITED FOR SPECIFIC CIRCUMSTANCES) (TO BE RETYPED ON AGENCY LETTERHEAD)

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[CITY, PROVINCE, POSTAL CODE]

Dear: [EMPLOYEE NAME]:

**Re: CSSEIP – No Contact – Abandonment**

I am writing further to my letter dated [DATE] in which we requested that you contact either the CSSEIP Service Provider or the Executive Director \_\_\_\_\_ by [DATE].

You were informed that it was imperative for you to contact the CSSEIP Service Provider or the Executive Director, and prior to the end of the work day [DATE]. Further, you were apprised that in the event you did not contact them, we would assume you would return to work as scheduled on [DATE].

To date, we have received no contact from you. As stated in Article 11.7 – Abandonment of Position, “an employee who fails to report for duty for three consecutive working days without informing the Employer of the reason for her absence will be presumed to have abandoned her position.”

We are, therefore, left with no alternative than to presume that you have abandoned your position as outlined in the above-captioned Collective Agreement Article.

Please be advised that in accordance with this Article, you shall be afforded the opportunity within ten (10) days to rebut such presumption and demonstrate that there were reasonable grounds for not reporting to work or contacting your Employer.

If we do not hear from you by [DATE], to rebut this presumption, your employment relationship with [Agency] is considered ended effective [DATE].

A Record of Employment form will be prepared to reflect this end date.

If we are incorrect in the assumption that you have abandoned your position, we urge you to contact us immediately.

Otherwise, we wish you all the best in your future endeavours.

Yours truly,

**[EMPLOYER NAME]**

cc: EIP Union Representative  
EIP Employer Representative  
CSSEIP Service Provider Representative

Employee personnel file