

# Michigan Civil Service Commission

## Regulation 5.13

Subject: <b>Disability Payment <del>f</del>for Duty-Incurred Injuries</b>		
SPDOC No.: <u>22-14</u> <del>16-06</del>	Effective Date: January 1, 20 <u>23</u> <del>17</del>	Replaces: Reg. 5.13 (SPDOC <del>156-056</del> , <del>May 24</del> <u>January 1</u> , 201 <u>75</u> )

### 1. Purpose

This regulation establishes standards ~~and procedures for~~to ~~payment of the~~ disability benefits s for duty-incurred injuries.

### 2. CSC Rule References

#### **5-9 Supplement to Workers' Disability Compensation**

##### **5-9.1 Duty-incurred Disability Payment**

*Eligibility for workers' disability compensation is established under the Michigan Workers' Disability Compensation Act. In addition, an appointing authority shall pay a supplemental payment authorized in this rule to an eligible injured employee.*

##### **5-9.2 General Supplement up to Two-thirds**

**(a) Eligibility.** *A classified employee who is disabled by injury or illness for which the employee is eligible for state workers' disability compensation payments is eligible for this supplement.*

**(b) Rate.** *The appointing authority may allow a supplemental wage payment that, together with the workers' disability compensation payment, equals two-thirds of the regular salary or wage, subject to the limitations authorized in the regulations.*

##### **5-9.3 Special Supplement up to Full Weekly Net Wage**

###### **(a) Eligibility.**

**(1) Employees.** *The following employees are eligible:*

**(A)** *An employee of the department of corrections in a correctional facility who is injured during a riot or as a result of an assault by a prisoner housed in the correctional facility.*

**(B)** *An employee of the department of state who is injured as a result of an assault while performing employment duties, rendering direct services to the public.*

**(C)** *An employee of the department of health and human services who is injured as a result of an assault by a recipient of mental health services.*

(D) *An employee of the department of health and human services who is injured during the course of employment as a result of an assault by a recipient of social services at the W. J. Maxey Training School campus in Whitmore Lake or any of its affiliated facilities, Camp Shawono in Grayling, or a similar facility under the jurisdiction of the department of health and human services established or funded by the state.*

(E) *A person employed by the department of military and veterans affairs who is injured during the course of employment as a result of an assault by a recipient of social services at a veterans facility operated by the department of military and veterans affairs.*

**(2) Limitations.**

(A) *The supplement is payable to an employee who is injured as the result of (1) a direct assault, (2) aiding another employee who is assaulted, or (3) responding, when officially obligated, to an alarm signaling an assault.*

(B) *The supplement cannot exceed 100-weeks.*

(C) *The supplement cannot be paid if the employee receives any similar workers' disability compensation supplement authorized by statute, including supplements authorized in Michigan Compiled Laws (MCL) §791.263a, MCL §38.1181, MCL §330.1113, MCL §400.1c, and MCL §333.2229.*

(b) **Rate.** *An eligible employee receives full wages from the employing department until workers' compensation benefits begin. After benefits begin, the employee receives a supplement that, when added to the workers' compensation benefits, equals the weekly net wage of the employee at the time of the injury. This supplement is paid only while the person is on the department's payroll and receiving workers' compensation benefits. Fringe benefits normally received by an employee remain in effect while the employee receives this supplement.*

### 3. Standards

**A. Workers' Disability Compensation Act.**

1. An employee is eligible for workers' disability compensation as provided by law.

2. An employee receiving compensation under the Michigan Workers' Disability Compensation Act (WDCA) may use paid leave credits to make up the difference between WDCA compensation and the employee's regular pay.

~~In case of work-incapacitating injury or illness for which an employee is, or may be eligible for work disability benefit under the Michigan Workers' Compensation Act, an employee may be allowed salary payment which, with the workers' disability benefit, equals two-thirds of the regular salary or wage.~~

**B. General Supplement to 2/3 of Regular Pay.**

1. An employee receiving compensation under the WDCA may be granted a general supplement payment that, together with the WDCA compensation, equals two-thirds of the employee's regular pay.

~~Leave credits may be utilized to the extent of the difference between the two-thirds payment and the employee's regular salary or wage.~~

2. Subject to limits in this regulation, the first 50 weeks of the general supplement are approved upon the appointing authority's receipt of a copy of the Notice of Compensation Payments form from the workers' compensation administrator. Extensions beyond 50 weeks are available under § 3.D.2.

3. Regular pay for a permanent-intermittent employee is determined by applying the average-weekly-wage formula defined in § 371 of the WDCA.

4. An employee receiving the general supplement may use paid leave credits up to the difference between the employee's regular pay and the employee's WDCA compensation plus the general supplement.

5. An employee is no longer eligible for the general supplement from the earliest of the first day after 50 weeks of general supplement payment unless extended by the OSE's director; the date the employee is no longer on the agency's payroll; the date the employee ceases receiving WDCA compensation; the effective date of the OSE's director's denial of an extension request; or the date after 100 total combined weeks of supplemental pay under this regulation.

**C. Special Supplement to Full Pay.**

1. Under MCL 38.1181, MCL 330.1113, MCL 333.2229, MCL 400.1c, or MCL 791.263a, an employee may receive a special supplement in an amount that, when combined with WDCA compensation, equals the employee's regular pay.

2. Subject to limits in this regulation, the first 50 weeks of the special supplement are approved upon the appointing authority's receipt of (a) a copy of the Notice of Compensation Payments form from the workers' compensation administrator and (b) sufficient evidence that the employee is eligible for the special supplement.

3. An employee is no longer eligible for the special supplement from the earliest of the first day after 50 weeks of special supplement payment unless extended by the OSE's director; the date the employee is no longer on the agency's payroll; the date the employee ceases receiving WDCA compensation; the effective date of the OSE's director's denial of an extension request; or the date after 100 total combined weeks of supplemental pay under this regulation.

~~Approval of the first 50 weeks of two-thirds pay is based on receipt of a copy of the Notice of Commencement of Compensation Payments form (CS 701) received by the employee's appointing authority office from the workers' compensation~~

~~administrator. This approval is limited to the employee's normal working days that fall within an expected or specific compensable period under the Michigan Workers' Compensation Act. Salary for permanent intermittent employees is as defined under the Michigan Workers' Compensation Act.~~

**D. General Provisions.**

1. The OSE's director administers general and special supplements. Correspondence about supplements must be sent to the OSE at DTMB-OSE@mi.gov.
2. An appointing authority may request an extension of the general or special supplement beyond 50 weeks subject to limits in this regulation. The OSE's director may only grant extensions for employees able to return to work within 15 weeks or to allow permanently disabled employees to apply for disability retirement. The OSE's director cannot approve more than 100 total weeks of supplemental pay under this regulation for an eligible employee's period of disability.
3. The general or special supplement is payable only for the employee's normal workdays falling within a compensable period under the WDCA.
4. An employee on the state payroll receiving a supplement under this regulation is eligible for the state's contribution to group insurance premium costs, except LTD.
5. An employee not on the state payroll receiving WDCA compensation is eligible for the state's contribution to group insurance premium costs, except LTD, for up to 25 pay periods if the employee pays the employee's premium share, remains on an approved leave of absence, and continuously receives WDCA compensation benefits.

~~The approval of two-thirds pay is limited to employees who have not received long term disability (LTD) benefits for the same period of disability. If LTD benefits have been paid, and worker's compensation for the same disability is retroactively awarded or the claim is settled by a redemption agreement, consideration of supplemental pay occurs when proper repayment to the LTD Plan has been made, unless the total LTD benefit is used as an offset for workers' compensation. In the case of an LTD offset, some repayment may be necessary to avoid paying the employee more than two-thirds pay.~~

~~E. Employees receiving a retroactive workers' compensation payment must use these funds to repay the LTD Plan in accordance with any repayment agreement between the employee and the LTD plan administrator. In addition, the amount represented by a two-thirds supplement must be handled in one of the following ways:~~

- ~~1. The amount due is calculated, but not processed or paid directly to the employee. Instead, the information is sent to the director of the Office of the State Employer to be used as a credit against the amount owed to the LTD Plan.~~
- ~~2. If the supplement is paid, the employee endorses the check over to the state toward repayment to the LTD Plan.~~

~~F. In accordance with the following statutes, employees who are injured as a result of an assault by an inmate, resident or client will continue to receive, in addition to workers' compensation, a supplement from the agency which, together with the workers' compensation equals but does not exceed the weekly net wage of the employee at the time of injury:~~

<del>Public Act Number</del>	<del>Department</del>
<del>293 of 1975 (amended 232, 1953)</del>	<del>Corrections</del>
<del>414 of 1976 (amended 258, 1974)</del>	<del>Health and Human Services (formerly Community Health)</del>
<del>131 of 1978 (amended 280, 1974)</del>	<del>Health and Human Services (formerly Human Services)</del>
<del>452 of 1978</del>	<del>State</del>
<del>285 of 1987</del>	<del>Military and Veterans Affairs</del>

~~G. The director of the Office of the State Employer shall consider, upon request, extending approval of the supplemental pay beyond 50 weeks only for those employees who will be able to return to work within 15 weeks, or allow the permanently disabled employee time to apply for duty-disability retirement benefits through the State Employees Retirement System and the Social Security System. The approval of any supplement is limited to a combined total of 100 weeks.~~

~~H. Employees who are receiving workers' compensation and are also on the state payroll receiving an approved supplement are entitled to the state's contribution for group insurances (except LTD) if they remain on the state payroll.~~

~~I. Employees not on the state payroll who receive a workers' compensation benefit are eligible for the state contribution to group insurance (except LTD) if the employees continue to pay their share directly to the respective appointing authority.~~

~~1. The state's contribution to the plans must be invoice vouchered and forwarded to the respective group insurance fund account or insurance carrier.~~

~~2. Continuance of the state contribution is limited to 25 pay periods (50 weeks) from onset of disability if the employee remains on an approved leave of absence and receives continual workers' compensation benefits.~~

~~J. Continuance of the state contribution for insurance in excess of 50 weeks must be approved by the director of the Office of the State Employer with the same limitations as in § 3.H.~~

~~K. Supplemental pay.~~

1. ~~The director of the Office of the State Employer administers the supplemental duty-disabled pay procedure. Documentation for the first 50 weeks of supplement are directed to the employee's appointing authority. All correspondence and requests for approvals and extension are sent to the director of the Employee Health Management Division.~~
2. ~~The appointing authority is responsible for processing the two-thirds supplement and the full net pay supplement on the payroll in accordance with HRMN procedures.~~
36. The following chart is provided to assist in ~~the administration of~~ this benefit and to ensure that ~~all agencies are computing~~ time and ~~granting~~ credits uniformly.

**EMPLOYEE BENEFIT PROVISIONS FOR EMPLOYEES RECEIVING WDCA  
COMPENSATIONBLE INJURIES**

Benefits	<del>Workers' Comp</del> <u>WDCA</u> Only <u>or</u> <u>WDCA with</u> <u>General Supplement</u>	<del>Workers' Comp</del> <u>Supplemented to 2/3 Pay</u>	<u>Full Pay: WDCA and leave; Workers' Comp</u> <u>WDCA, General Supplement, and leave; or WDCA and Special Supplemented to 2/3 Pay and 1/3 Leave* (full pay)</u>
<del>Regular</del> Accrual of Annual Leave	No	<del>No</del>	Yes
Regular Accrual of Sick Leave	No	<del>No</del>	Yes
Credit for Step Increases	No	<del>No</del>	Yes
Credit for <del>Employment Preference</del> <u>Bumping</u> Purposes	Full	<del>Full</del>	Full
Credit for Longevity	Full	<del>Full</del>	Full
Credit for Additional Leave	Full	<del>Full</del>	Full
Credit for Holiday Pay	No	<del>No</del>	1/3 credit
Credit for State Contribution for Insurances	Yes	<del>Yes</del>	Yes
Credit for State Contribution for Retirement	Yes	<del>Yes</del>	Yes
Credit Toward <u>Reclassification, Qualification, or</u> Gaining Status	No	<del>No</del>	No

~~\*Also applies to employees who are injured as a result of an assault.~~

January 1, 202317	Regulation 5.13: <b>Disability Payment Ffor Duty-Incurred Injuries</b>	Page 7 of 7
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## CONTACT

Questions on this regulation may be directed to Compensation, Civil Service Commission, P.O. Box 30002, 400 South Pine Street, Lansing, Michigan 48909; ~~by telephone at 517-241-0837 or 517-284-0102~~; or ~~to~~ [MCSC-Compensation@mi.gov](mailto:MCSC-Compensation@mi.gov).