APPENDIX B-5

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

STATEMENT OF WORK

EXHIBITS

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EXHIBIT 1

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: **Prepared:** _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS:_____

_____

_____

_____ _____

Signature of County Representative Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY ACTIONS:_____

_____

_____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date _____

PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART
Title V- Senior Community Service Employment Program (SCSEP)

The Performance Requirements Summary (PRS) Chart is a listing of the minimum required services and performance that will be monitored during the Contract term. The PRS chart also lists examples of the types of documents that will be used during monitoring, as well as the standards of performance and the acceptable quality level of performance.

All listings of required services or standards used in this Performance Requirements Summary Chart are intended to be completely consistent with the terms and conditions of the Contract (Appendix A of the RFP) and the Statement of Work (Exhibit A to the Contract and Appendix B of the RFP) and are not meant in any case to create, extend, revise, or expand any obligation of the CONTRACTOR beyond that defined in the terms and conditions of this Contract and Statement of Work. In any case of apparent inconsistency between required services or Standards as stated in the terms and condition of the Contract, the Statement of Work, and this Performance Summary (PRS) Chart, the terms and conditions of the Contract and the Statement of Work (SOW) will prevail.

Performance Outcomes	Standards	Acceptable Quality Level	Data Source	Remedies For Non-Compliance
Eligibility Documentation	All eligibility documents must be gathered prior to enrollment and receipt of first staff-assisted program service; documentation must be in case files and verification of documentation in SPARQ.	100%	Case Files; SPARQ	If CONTRACTOR performance does not meet the Acceptable Quality Level on a quarterly basis, the COUNTY will have the option to apply the following remedies: 1) Corrective Action Plan; 2) Suspension of Payment; 3) Suspension of Contract; and 4)Termination of Contract
Right to Work Verification and Completion of the I-9 Form(s)	Right to Work Verification, including the completion of the I-9 form, must occur prior to enrollment into SCSEP. All Right to Work documentation is saved in the Case files and documented in SPARQ.	100%	Case Files; SPARQ.	
Priority Population Enrollment & Verification	All participants receiving priortiy enrollment due to the following: 65 years of age or older, a Veteran or Spouse of a Veteran, Disabled, Limited English Proficient, Low Literacy Skills, Rural Area Resident, Low Employment Prospects, Failed to Find Employment through the AJCC system and/or Homeless or Risk of Being Homeless must have proper doucmentation of that status in the case files and proper verification in SPARQ. **30% of all enrollments shall be from these Priority Populations.**	100%	Case Files; SPARQ	
Most In Need Population Enrollment & Verification	All participants that are Disabled/Severly Disabled; Frail; Aged 75 or Older; Meets age requirements for Social Security Benefits but is a non-recipient; lives in an area with persistent unemployment and has severly limited employment prospects; LEP; Low Literacy Skills; Rural Resident; Veteran; or Low Employment Prospects must have proper documentation of that status in the case files and proper verification in SPARQ. **20% of all enrollment shall be from these Most In Need Popluations** (*note that where overlap occurs with Priority Populations above, individual(s) will count towards both categories).*	100%	Case Files; SPARQ	
Application Review	All SCSEP Applications must be reviewed and approved by a second staff member/manager prior to commencement of services.	100%	Case Files; SPARQ	
Income Re-Certification	All SCSEP participants must have their income status re-certified at least once per 12 month period.	100%	Case Files; SPARQ	
Assessments	All participants shall have an Initial Assessment completed; Participants that move on to receive further services shall receive a secondary Assessment and if the service period is beyond 12 months, additional assessments are required, two per each 12 month period.	100%	Case Files; SPARQ	

Work Experience	All participants, that have been determined through Initial Assessment to be appropriate candidates, shall receive Work Experience.	100%	Case Files; SPARQ
Orientation	All participants shall be provided a paid orientation prior to commencment of Work Experience.	100%	Case Files; SPARQ
Individual Employment Plan (IEP)	All participants receiving SCSEP services shall have an IEP developed and maintained on file to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve their goals.	100%	Case Files; SPARQ
Participant Physical Exams	All Participants shall be offered no-cost physical exams.	100%	Case Files
Unsubsidized Employment Search	Contractor shall provide all participants receiving SCSEP services with assisted Unsubsidized Employment Search, paid to participant by the hour.	100%	Case Files; SPARQ
Career & Personal Counseling	All active participants shall receive on-going Career & Personal Counseling	100%	Case Files; SPARQ
Skill Enhancement Opportunities	All active participants identified as a having a need for skill enahacement shall receive opportunities including soft skills, personal enrichment, and financial literacy.	100%	Case Files; SPARQ
On-the-Job Training Requirements	Determination of the need for On-the-Job Training is completed and documented in the IEP and case notes.Time frame requirements and Employer requirements are met.	100%	Case Files; SPARQ
Supportive Services Need Determinations and Documentation	All participants receiving Supportive Services must have determination of need and proof of expenditure documented in Case Files and SPARQ.	100%	Case Files; SPARQ
Co-Enrollment	Contractor shall ensure all participants that are co-enrolled into the WIOA Adult Program meet WIOA eligibility and enrollment requirements and have documentation and verification of these requirements in the Case files and in the CalJOBS system.	100%	Case Files; SPARQ; CalJOBS
Post-Program Follow-Up	12 months of post-program follow-up must occur for all participants post exit (1 per quarter after exit, for a total of 4 per participant) and recorded in SPARQ and CalJOBS.	100%	Case Files; SPARQ; CalJOBS
Participant Community Service Hours (Work Experience Wages & Fringe Benefits) Expenditures	Allocation budgeted for Participant Community Service Hours (Work Experience Wages and Fringe Benefits) shall be fully expended.	100%	Invoices/DER
Cumulative Performance and Financial Goals	Contractor shall meet or exceed all planned performance measures goals as delineated in *Appendix B-5, SOW Exhibits, Exhibit 3, Cumulative Performance Goals.*	100%	CalJOBS; Cognos Reports
Meetings	Contractor shall attend all meetings, regardless of format (in-person, WebEx, etc.) as directed by County.	100%	Sign-In Sheets; Roll-Call
Work Experience Assignment List	An on-going list of Work Experience assignments shall be maintained that includes the number of assignments by Work Site, occupation, and industry.	100%	List Spreadsheet
Security Awareness Training	All Employees and Volunteers handling personal, sensitive or confidential information relating to the SCSEP must complete CDA's Security Awareness Training within 30 days of start date on this Contract.	100%	Security Awareness Training Certificates
Case File/SPARQ/CalJOBS Data Integrity	All Data Elements (e.g. - enrollment dates, employment dates, demographic elements, etc.) in the Paper Case Files must match Electronic Case Files in SPARQ and CalJOBS (when co-enrolled in WIOA).	100%	Case Files; SPARQ; CalJOBS

Timely Data Input in SPARQ/ CalJOBS	Data must be inputted into SPARQ and CalJOBS (when co-enrolled in WIOA) on an on-going, daily basis. Contractor is to refrain from back-dating data.	100%	SPARQ; CalJOBS; Cognos Reports	
Data Input Error Correction	All data input errors in SPARQ and CalJOBS are to be addressed and fixed within five business days of identification.	100%	SPARQ; CalJOBS; Cognos Reports	
Payroll Processing	All Payroll (Participant wages and fringe benefits) are processed and completed in a timely manner.	100%	Payroll and Accounting Records	
Single Audit	Submit the single audit engagement letter by the deadline directed by CSS.	100%	Contractor	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Cost Allocation Plans	Submit a Cost Allocation Plan within the prescribed timeline.	100%	Contractor	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Indirect Cost Rate	*Applies to WIOA contractors only: Submit the Indirect Cost Rate request withing the prescribed timeline.	100%	Contractor	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Automatic assignment of de minimus rate (still subject to documentation of actual costs)
Submission of Monthly Invoice	Invoices are submitted by the designated due date with little or no errors; or minor revisions needed	100%	Monthly Invoice	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Submission of Monthly Detailed Expenditure Report (DER)	Monthly DERs are submitted by the designated due date with little or no errors; or minor revisions needed	100%	Monthly Detailed Expenditure Report	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Submission of Monthly Accruals	Accruals are reported monthly and submitted by designated due date	100%	Monthly Invoice	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD

Submission of Yearly Closeout Invoice	Yearly Close-out invoice is submitted by the disgnated due date with little or no errors; or minor revisions needed	100%	Year-End Close-out Package	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Submission of Contract Forms	Yearly Contract Budget is submitted by designated due date with little or no errors; or minor revisions needed	100%	Contract Budget Form	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD
Submission of Signed Contract Documents	Submission of signed contract and/or amendments in a timely manner	100%	Contract Forms	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Suspension of Payment; 2) Suspension of Contract; 3) Reduce and reallocate funds; and 4) Termination of Contract 5)Placement in CARD

EXHIBIT 3

LOS ANGELES COUNTY AMERICA'S JOB CENTER OF CALIFORNIA
COMPREHENSIVE AMERICA'S JOB CENTER OF CALIFORNIA
TITLE V - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

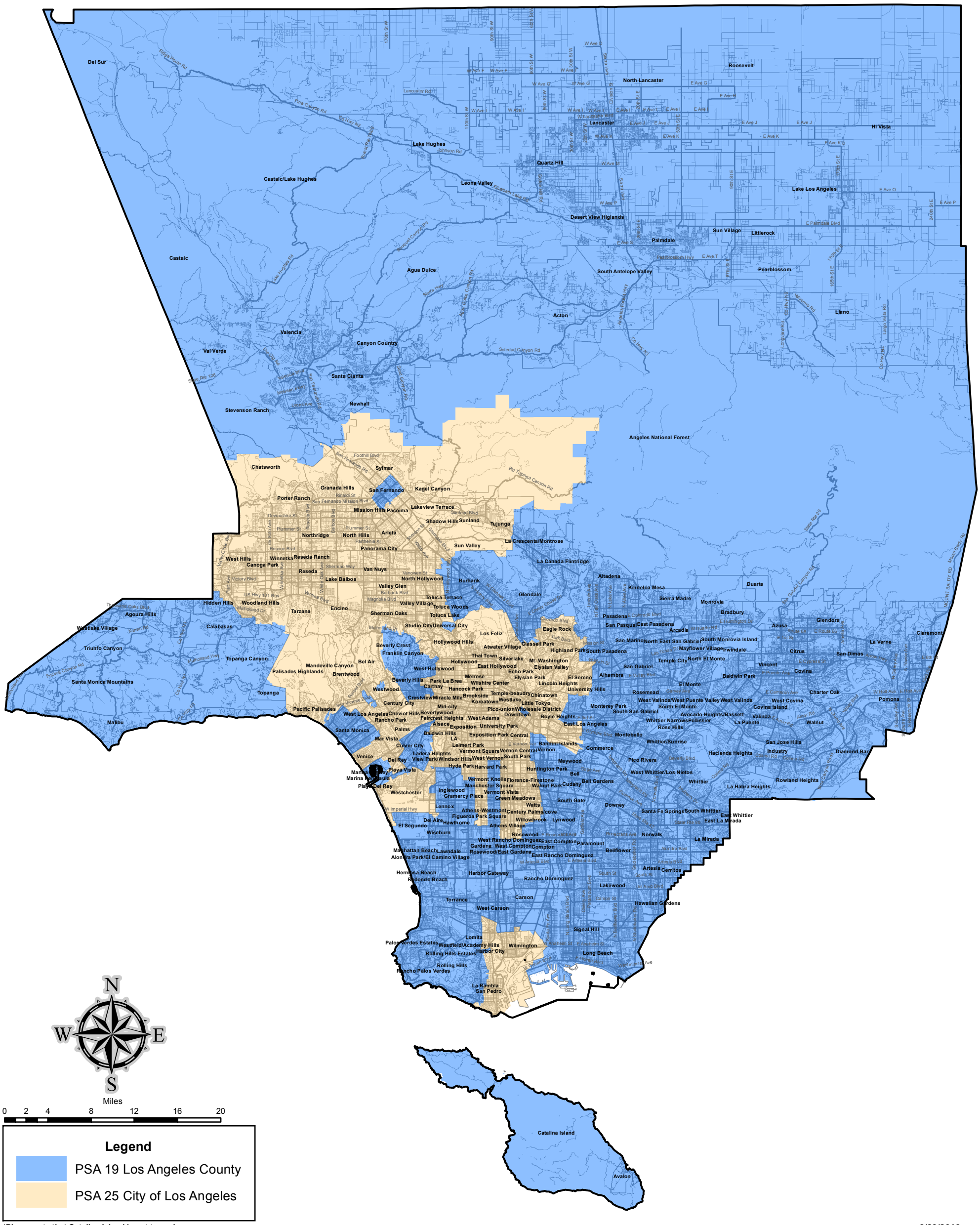
CUMULATIVE PERFORMANCE GOALS

SCSEP CORE PERFORMANCE		% or TOTAL
1	Hours of Community Service*	44,381
2	Number of Eligible Individuals Enrolled	70
3	Number of Priority Population Enrolled	21
3	Number of Most-in-Need Individuals Served (*Disabled/Severly Disabled; Frail; Aged 75 or Older; Meets age requirements for Social Security Benefits but is a non-recipient; lives in an area with persistent unemployment and has severly limited employment prospects; LEP; Low Literacy Skills; Rural Resident; Veteran; or Low Employment Prospects*)	14
4	Entry into Unsubsidized Employment	TBD
5	Retention in Unsubsidized Employment (6 months)	TBD
6	Average Earnings	TBD
SCSEP ADDITIONAL PERFORMANCE		**% or TOTAL**
1	Retention in Unsubsidized Employment (12 months)	TBD
2	Customer Satisfaction (Participant, Employer, and Work Site)	100
3	Entry into Volunteer Work	TBD

*calcuated using $10.50/hr minimum wage (subject to change).

EXHIBIT 4

Los Angeles County
Planning Service Area (PSA) Coverage Areas



*Please note that Catalina Island is not to scale
Community and Senior Services, Research & Statistics Division

3/29/2016

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Agoura Hills	City	91301
19	Agoura Hills	City	91361
19	Agoura Hills	City	91362
19	Alhambra	City	91030
19	Alhambra	City	91108
19	Alhambra	City	91754
19	Alhambra	City	91755
19	Alhambra	City	91775
19	Alhambra	City	91776
19	Alhambra	City	91801
19	Alhambra	City	91803
19	Arcadia	City	91006
19	Arcadia	City	91007
19	Arcadia	City	91016
19	Arcadia	City	91024
19	Arcadia	City	91107
19	Arcadia	City	91706
19	Arcadia	City	91731
19	Arcadia	City	91732
19	Arcadia	City	91775
19	Arcadia	City	91780
19	Artesia	City	90650
19	Artesia	City	90701
19	Artesia	City	90703
19	Avalon	City	90704
19	Azusa	City	91010
19	Azusa	City	91016
19	Azusa	City	91702
19	Azusa	City	91706
19	Azusa	City	91722
19	Azusa	City	91741
19	Baldwin Park	City	91706
19	Baldwin Park	City	91732
19	Baldwin Park	City	91746
19	Baldwin Park	City	91790
19	Bell	City	90040
19	Bell	City	90201
19	Bell	City	90255
19	Bell	City	90270
19	Bell Gardens	City	90040
19	Bell Gardens	City	90201
19	Bell Gardens	City	90240

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Bell Gardens	City	90241
19	Bellflower	City	90242
19	Bellflower	City	90650
19	Bellflower	City	90703
19	Bellflower	City	90706
19	Bellflower	City	90713
19	Bellflower	City	90723
19	Bellflower	City	90805
19	Beverly Hills	City	90069
19	Beverly Hills	City	90212
19	Bradbury	City	91008
19	Bradbury	City	91010
19	Bradbury	City	91016
19	Burbank	City	91201
19	Burbank	City	91208
19	Burbank	City	91501
19	Burbank	City	91502
19	Burbank	City	91504
19	Burbank	City	91505
19	Burbank	City	91506
19	Burbank	City	91521
19	Burbank	City	91522
19	Calabasas	City	90290
19	Calabasas	City	91301
19	Calabasas	City	91302
19	Carson	City	90220
19	Carson	City	90221
19	Carson	City	90248
19	Carson	City	90745
19	Carson	City	90746
19	Carson	City	90805
19	Carson	City	90810
19	Cerritos	City	90623
19	Cerritos	City	90630
19	Cerritos	City	90650
19	Cerritos	City	90670
19	Cerritos	City	90701
19	Cerritos	City	90703
19	Cerritos	City	90706
19	Cerritos	City	90713
19	Cerritos	City	90715
19	Claremont	City	91711

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Claremont	City	91750
19	Claremont	City	91767
19	Commerce	City	90022
19	Commerce	City	90040
19	Commerce	City	90201
19	Commerce	City	90240
19	Commerce	City	90640
19	Compton	City	90220
19	Compton	City	90221
19	Compton	City	90222
19	Compton	City	90262
19	Compton	City	90723
19	Compton	City	90746
19	Compton	City	90805
19	Covina	City	91722
19	Covina	City	91723
19	Covina	City	91724
19	Covina	City	91740
19	Covina	City	91773
19	Covina	City	91790
19	Covina	City	91791
19	Covina	City	91744
19	Cudahy	City	90201
19	Cudahy	City	90255
19	Cudahy	City	90280
19	Culver City	City	90094
19	Culver City	City	90230
19	Culver City	City	90232
19	Culver City	City	90292
19	Diamond Bar	City	91765
19	Diamond Bar	City	91766
19	Diamond Bar	City	91768
19	Diamond Bar	City	91789
19	Diamond Bar	City	92821
19	Downey	City	90040
19	Downey	City	90201
19	Downey	City	90240
19	Downey	City	90241
19	Downey	City	90242
19	Downey	City	90280
19	Downey	City	90650
19	Downey	City	90660

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Downey	City	90670
19	Downey	City	90706
19	Downey	City	90723
19	Duarte	City	91008
19	Duarte	City	91010
19	Duarte	City	91016
19	Duarte	City	91706
19	El Monte	City	91731
19	El Monte	City	91732
19	El Monte	City	91733
19	El Monte	City	91770
19	El Monte	City	91780
19	El Segundo	City	90245
19	El Segundo	City	90250
19	El Segundo	City	90266
19	El Segundo	City	90304
19	Gardena	City	90247
19	Gardena	City	90248
19	Gardena	City	90249
19	Gardena	City	90250
19	Gardena	City	90504
19	Gardena	City	90506
19	Glendale	City	91011
19	Glendale	City	91020
19	Glendale	City	91103
19	Glendale	City	91105
19	Glendale	City	91201
19	Glendale	City	91202
19	Glendale	City	91204
19	Glendale	City	91205
19	Glendale	City	91206
19	Glendale	City	91208
19	Glendale	City	91214
19	Glendale	City	91501
19	Glendale	City	91502
19	Glendale	City	91506
19	Glendora	City	91702
19	Glendora	City	91722
19	Glendora	City	91740
19	Glendora	City	91741
19	Glendora	City	91773
19	Hawaiian Gardens	City	90630

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Hawaiian Gardens	City	90715
19	Hawaiian Gardens	City	90716
19	Hawaiian Gardens	City	90808
19	Hawthorne	City	90245
19	Hawthorne	City	90249
19	Hawthorne	City	90250
19	Hawthorne	City	90260
19	Hawthorne	City	90261
19	Hawthorne	City	90266
19	Hawthorne	City	90278
19	Hawthorne	City	90303
19	Hawthorne	City	90304
19	Hermosa Beach	City	90254
19	Hermosa Beach	City	90266
19	Hermosa Beach	City	90278
19	Hidden Hills	City	91302
19	Huntington Park	City	90058
19	Huntington Park	City	90201
19	Huntington Park	City	90255
19	Huntington Park	City	90270
19	Huntington Park	City	90280
19	Industry	City	90601
19	Industry	City	90660
19	Industry	City	91706
19	Industry	City	91732
19	Industry	City	91733
19	Industry	City	91744
19	Industry	City	91745
19	Industry	City	91746
19	Industry	City	91748
19	Industry	City	91765
19	Industry	City	91789
19	Industry	City	91792
19	Inglewood	City	90250
19	Inglewood	City	90301
19	Inglewood	City	90302
19	Inglewood	City	90303
19	Inglewood	City	90304
19	Inglewood	City	90305
19	Irwindale	City	91006
19	Irwindale	City	91010
19	Irwindale	City	91016

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Irwindale	City	91702
19	Irwindale	City	91706
19	Irwindale	City	91722
19	Irwindale	City	91732
19	Irwindale	City	91790
19	La Canada Flintridge	City	91011
19	La Canada Flintridge	City	91020
19	La Canada Flintridge	City	91103
19	La Canada Flintridge	City	91206
19	La Canada Flintridge	City	91208
19	La Canada Flintridge	City	91214
19	La Habra Heights	City	90603
19	La Habra Heights	City	90605
19	La Habra Heights	City	90631
19	La Habra Heights	City	91745
19	La Habra Heights	City	91748
19	La Mirada	City	90604
19	La Mirada	City	90638
19	La Mirada	City	90670
19	La Mirada	City	90703
19	La Puente	City	91744
19	La Puente	City	91746
19	La Puente	City	91748
19	La Puente	City	91790
19	La Verne	City	91711
19	La Verne	City	91750
19	La Verne	City	91767
19	La Verne	City	91768
19	La Verne	City	91773
19	Lakewood	City	90630
19	Lakewood	City	90630
19	Lakewood	City	90703
19	Lakewood	City	90706
19	Lakewood	City	90712
19	Lakewood	City	90713
19	Lakewood	City	90715
19	Lakewood	City	90715
19	Lakewood	City	90716
19	Lakewood	City	90805
19	Lakewood	City	90807
19	Lakewood	City	90808
19	Lakewood	City	90846

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Lancaster	City	93534
19	Lancaster	City	93535
19	Lancaster	City	93536
19	Lancaster	City	93550
19	Lancaster	City	93551
19	Lancaster	City	93552
19	Lawndale	City	90250
19	Lawndale	City	90260
19	Lawndale	City	90278
19	Lawndale	City	90504
19	Lomita	City	90274
19	Lomita	City	90275
19	Lomita	City	90501
19	Lomita	City	90505
19	Lomita	City	90717
19	Lomita	City	90732
19	Long Beach	City	90221
19	Long Beach	City	90630
19	Long Beach	City	90706
19	Long Beach	City	90712
19	Long Beach	City	90713
19	Long Beach	City	90716
19	Long Beach	City	90723
19	Long Beach	City	90755
19	Long Beach	City	90802
19	Long Beach	City	90803
19	Long Beach	City	90804
19	Long Beach	City	90805
19	Long Beach	City	90806
19	Long Beach	City	90807
19	Long Beach	City	90808
19	Long Beach	City	90810
19	Long Beach	City	90813
19	Long Beach	City	90815
19	Long Beach	City	90846
19	Los Angeles	City	90014
19	Los Angeles	City	90044
19	Los Angeles	City	90058
19	Los Angeles	City	90063
19	Los Angeles	City	90069
19	Los Angeles	City	90073
19	Los Angeles	City	90094

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Los Angeles	City	90095
19	Los Angeles	City	90210
19	Los Angeles	City	90211
19	Los Angeles	City	90212
19	Los Angeles	City	90230
19	Los Angeles	City	90232
19	Los Angeles	City	90245
19	Los Angeles	City	90247
19	Los Angeles	City	90248
19	Los Angeles	City	90262
19	Los Angeles	City	90265
19	Los Angeles	City	90275
19	Los Angeles	City	90290
19	Los Angeles	City	90292
19	Los Angeles	City	90301
19	Los Angeles	City	90302
19	Los Angeles	City	90303
19	Los Angeles	City	90304
19	Los Angeles	City	90305
19	Los Angeles	City	90402
19	Los Angeles	City	90403
19	Los Angeles	City	90404
19	Los Angeles	City	90405
19	Los Angeles	City	90501
19	Los Angeles	City	90502
19	Los Angeles	City	90504
19	Los Angeles	City	90717
19	Los Angeles	City	90732
19	Los Angeles	City	90745
19	Los Angeles	City	90802
19	Los Angeles	City	90810
19	Los Angeles	City	90813
19	Los Angeles	City	91030
19	Los Angeles	City	91105
19	Los Angeles	City	91201
19	Los Angeles	City	91202
19	Los Angeles	City	91204
19	Los Angeles	City	91205
19	Los Angeles	City	91206
19	Los Angeles	City	91208
19	Los Angeles	City	91214
19	Los Angeles	City	91302

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Los Angeles	City	91321
19	Los Angeles	City	91340
19	Los Angeles	City	91356
19	Los Angeles	City	91381
19	Los Angeles	City	91382
19	Los Angeles	City	91501
19	Los Angeles	City	91504
19	Los Angeles	City	91505
19	Los Angeles	City	91506
19	Los Angeles	City	91521
19	Los Angeles	City	91522
19	Los Angeles	City	91608
19	Los Angeles	City	91801
19	Los Angeles	City	91803
19	Lynwood	City	90221
19	Lynwood	City	90222
19	Lynwood	City	90262
19	Lynwood	City	90280
19	Malibu	City	90263
19	Malibu	City	90265
19	Malibu	City	90290
19	Manhattan Beach	City	90245
19	Manhattan Beach	City	90250
19	Manhattan Beach	City	90254
19	Manhattan Beach	City	90261
19	Manhattan Beach	City	90266
19	Manhattan Beach	City	90278
19	Maywood	City	90040
19	Maywood	City	90058
19	Maywood	City	90255
19	Maywood	City	90270
19	Monrovia	City	91006
19	Monrovia	City	91008
19	Monrovia	City	91010
19	Monrovia	City	91016
19	Monrovia	City	91024
19	Monrovia	City	91706
19	Montebello	City	90022
19	Montebello	City	90040
19	Montebello	City	90640
19	Montebello	City	90660
19	Montebello	City	91755

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Montebello	City	91770
19	Monterey Park	City	90022
19	Monterey Park	City	90063
19	Monterey Park	City	90640
19	Monterey Park	City	91754
19	Monterey Park	City	91755
19	Monterey Park	City	91770
19	Monterey Park	City	91776
19	Monterey Park	City	91801
19	Monterey Park	City	91803
19	Norwalk	City	90241
19	Norwalk	City	90242
19	Norwalk	City	90650
19	Norwalk	City	90670
19	Norwalk	City	90701
19	Norwalk	City	90703
19	Norwalk	City	90706
19	Palmdale	City	91390
19	Palmdale	City	93534
19	Palmdale	City	93534
19	Palmdale	City	93535
19	Palmdale	City	93536
19	Palmdale	City	93536
19	Palmdale	City	93543
19	Palmdale	City	93550
19	Palmdale	City	93551
19	Palmdale	City	93551
19	Palmdale	City	93552
19	Palmdale	City	93591
19	Palos Verdes Estates	City	90274
19	Palos Verdes Estates	City	90275
19	Palos Verdes Estates	City	90277
19	Palos Verdes Estates	City	90505
19	Paramount	City	90221
19	Paramount	City	90242
19	Paramount	City	90262
19	Paramount	City	90280
19	Paramount	City	90723
19	Paramount	City	90805
19	Pasadena	City	91007
19	Pasadena	City	91775
19	Pasadena	City	91001

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Pasadena	City	91006
19	Pasadena	City	91011
19	Pasadena	City	91024
19	Pasadena	City	91030
19	Pasadena	City	91103
19	Pasadena	City	91104
19	Pasadena	City	91105
19	Pasadena	City	91106
19	Pasadena	City	91107
19	Pasadena	City	91108
19	Pasadena	City	91206
19	Pico Rivera	City	90040
19	Pico Rivera	City	90240
19	Pico Rivera	City	90601
19	Pico Rivera	City	90606
19	Pico Rivera	City	90640
19	Pico Rivera	City	90660
19	Pico Rivera	City	90670
19	Pomona	City	91709
19	Pomona	City	91710
19	Pomona	City	91711
19	Pomona	City	91724
19	Pomona	City	91750
19	Pomona	City	91765
19	Pomona	City	91766
19	Pomona	City	91767
19	Pomona	City	91768
19	Pomona	City	91768
19	Pomona	City	91773
19	Pomona	City	91789
19	Pomona	City	91789
19	Rancho Palos Verdes	City	90717
19	Rancho Palos Verdes	City	90732
19	Redondo Beach	City	90254
19	Redondo Beach	City	90260
19	Redondo Beach	City	90266
19	Redondo Beach	City	90277
19	Redondo Beach	City	90278
19	Redondo Beach	City	90503
19	Redondo Beach	City	90504
19	Rolling Hills	City	90274
19	Rolling Hills	City	90275

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Rolling Hills Estates	City	90505
19	Rolling Hills Estates	City	90717
19	Rosemead	City	90640
19	Rosemead	City	91731
19	Rosemead	City	91733
19	Rosemead	City	91755
19	Rosemead	City	91770
19	Rosemead	City	91776
19	San Dimas	City	91724
19	San Dimas	City	91740
19	San Dimas	City	91741
19	San Dimas	City	91750
19	San Dimas	City	91768
19	San Dimas	City	91773
19	San Fernando	City	91340
19	San Gabriel	City	91108
19	San Gabriel	City	91755
19	San Gabriel	City	91770
19	San Gabriel	City	91775
19	San Gabriel	City	91776
19	San Gabriel	City	91801
19	San Marino	City	91030
19	San Marino	City	91106
19	San Marino	City	91107
19	San Marino	City	91108
19	San Marino	City	91775
19	San Marino	City	91801
19	Santa Clarita	City	91321
19	Santa Clarita	City	91350
19	Santa Clarita	City	91351
19	Santa Clarita	City	91354
19	Santa Clarita	City	91355
19	Santa Clarita	City	91381
19	Santa Clarita	City	91384
19	Santa Clarita	City	91387
19	Santa Clarita	City	91390
19	Santa Fe Springs	City	90240
19	Santa Fe Springs	City	90241
19	Santa Fe Springs	City	90605
19	Santa Fe Springs	City	90606
19	Santa Fe Springs	City	90638
19	Santa Fe Springs	City	90650

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Santa Fe Springs	City	90660
19	Santa Fe Springs	City	90670
19	Santa Fe Springs	City	90703
19	Santa Monica	City	90402
19	Santa Monica	City	90403
19	Santa Monica	City	90404
19	Santa Monica	City	90405
19	Sierra Madre	City	91001
19	Sierra Madre	City	91006
19	Sierra Madre	City	91024
19	Sierra Madre	City	91107
19	Signal Hill	City	90755
19	Signal Hill	City	90804
19	Signal Hill	City	90806
19	Signal Hill	City	90807
19	Signal Hill	City	90815
19	South El Monte	City	90660
19	South El Monte	City	91731
19	South El Monte	City	91732
19	South El Monte	City	91733
19	South El Monte	City	91770
19	South Gate	City	90201
19	South Gate	City	90241
19	South Gate	City	90242
19	South Gate	City	90255
19	South Gate	City	90262
19	South Gate	City	90280
19	South Gate	City	90723
19	South Pasadena	City	91030
19	South Pasadena	City	91105
19	South Pasadena	City	91106
19	South Pasadena	City	91108
19	South Pasadena	City	91801
19	Temple City	City	91007
19	Temple City	City	91731
19	Temple City	City	91770
19	Temple City	City	91775
19	Temple City	City	91776
19	Temple City	City	91780
19	Torrance	City	90247
19	Torrance	City	90248
19	Torrance	City	90274

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Torrance	City	90277
19	Torrance	City	90278
19	Torrance	City	90501
19	Torrance	City	90503
19	Torrance	City	90504
19	Torrance	City	90505
19	Torrance	City	90717
19	Vernon	City	90040
19	Vernon	City	90058
19	Vernon	City	90201
19	Vernon	City	90255
19	Vernon	City	90270
19	Walnut	City	91724
19	Walnut	City	91789
19	Walnut	City	91791
19	Walnut	City	91792
19	West Covina	City	91706
19	West Covina	City	91722
19	West Covina	City	91723
19	West Covina	City	91724
19	West Covina	City	91744
19	West Covina	City	91746
19	West Covina	City	91748
19	West Covina	City	91789
19	West Covina	City	91790
19	West Covina	City	91791
19	West Covina	City	91792
19	West Hollywood	City	90069
19	West Hollywood	City	90210
19	Westlake Village	City	91301
19	Westlake Village	City	91361
19	Westlake Village	City	91362
19	Whittier	City	90601
19	Whittier	City	90602
19	Whittier	City	90603
19	Whittier	City	90604
19	Whittier	City	90605
19	Whittier	City	90606
19	Whittier	City	90631
19	Whittier	City	90670
19	Whittier	City	91745
19	Acton	Unincorporated	91390

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Acton	Unincorporated	93510
19	Acton	Unincorporated	93550
19	Acton	Unincorporated	93551
19	Agoura	Unincorporated	91301
19	Agua Dulce	Unincorporated	91350
19	Agua Dulce	Unincorporated	91351
19	Agua Dulce	Unincorporated	91354
19	Agua Dulce	Unincorporated	91387
19	Agua Dulce	Unincorporated	91390
19	Agua Dulce	Unincorporated	93510
19	Agua Dulce	Unincorporated	93551
19	Alpine	Unincorporated	93550
19	Altadena	Unincorporated	91001
19	Altadena	Unincorporated	91011
19	Altadena	Unincorporated	91103
19	Altadena	Unincorporated	91104
19	Altadena	Unincorporated	91107
19	Angeles National Forest	Unincorporated	91001
19	Angeles National Forest	Unincorporated	91010
19	Angeles National Forest	Unincorporated	91011
19	Angeles National Forest	Unincorporated	91016
19	Angeles National Forest	Unincorporated	91024
19	Angeles National Forest	Unincorporated	91107
19	Angeles National Forest	Unincorporated	91214
19	Angeles National Forest	Unincorporated	91321
19	Angeles National Forest	Unincorporated	91387
19	Angeles National Forest	Unincorporated	91390
19	Angeles National Forest	Unincorporated	91702
19	Angeles National Forest	Unincorporated	91711
19	Angeles National Forest	Unincorporated	91741
19	Angeles National Forest	Unincorporated	91750
19	Angeles National Forest	Unincorporated	91759
19	Angeles National Forest	Unincorporated	91773
19	Angeles National Forest	Unincorporated	92397
19	Angeles National Forest	Unincorporated	93510
19	Angeles National Forest	Unincorporated	93543
19	Angeles National Forest	Unincorporated	93544
19	Angeles National Forest	Unincorporated	93550
19	Angeles National Forest	Unincorporated	93552
19	Angeles National Forest	Unincorporated	93553
19	Angeles National Forest	Unincorporated	93563
19	Antelope Acres	Unincorporated	93536

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Arcadia	Unincorporated	91007
19	Arcadia	Unincorporated	91775
19	Athens-Westmont	Unincorporated	90044
19	Athens-Westmont	Unincorporated	90247
19	Athens-Westmont	Unincorporated	90249
19	Athens-Westmont	Unincorporated	90250
19	Athens-Westmont	Unincorporated	90303
19	Avocado Heights/Bassett/North Whittier	Unincorporated	90601
19	Avocado Heights/Bassett/North Whittier	Unincorporated	91732
19	Avocado Heights/Bassett/North Whittier	Unincorporated	91745
19	Avocado Heights/Bassett/North Whittier	Unincorporated	91746
19	Azusa	Unincorporated	91702
19	Baldwin Hills	Unincorporated	90232
19	Bandini Islands	Unincorporated	90058
19	Big Pines	Unincorporated	92397
19	Bouquet Canyon	Unincorporated	91387
19	Bradbury	Unincorporated	91008
19	Bradbury	Unincorporated	91010
19	Calabasas	Unincorporated	91302
19	Canyon Country	Unincorporated	91350
19	Canyon Country	Unincorporated	91351
19	Canyon Country	Unincorporated	91387
19	Canyon Country	Unincorporated	91390
19	Castaic	Unincorporated	91354
19	Castaic	Unincorporated	91355
19	Castaic	Unincorporated	91384
19	Castaic	Unincorporated	93243
19	Castaic	Unincorporated	93532
19	Castaic Lake	Unincorporated	91384
19	Cerritos Islands	Unincorporated	90703
19	Charter Oak Islands	Unincorporated	91702
19	Charter Oak Islands	Unincorporated	91722
19	Charter Oak Islands	Unincorporated	91724
19	Charter Oak Islands	Unincorporated	91740
19	Charter Oak Islands	Unincorporated	91768
19	Charter Oak Islands	Unincorporated	91773
19	Charter Oak Islands	Unincorporated	91789
19	Charter Oak Islands	Unincorporated	91791
19	Chiquita Canyon	Unincorporated	91384
19	Citrus (Covina Islands)	Unincorporated	91702
19	Citrus (Covina Islands)	Unincorporated	91722
19	Citrus (Covina Islands)	Unincorporated	91740

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Claremont (Portion)	Unincorporated	91711
19	Claremont (Portion)	Unincorporated	91750
19	Claremont (Portion)	Unincorporated	91767
19	Cornell	Unincorporated	90265
19	Corral Canyon	Unincorporated	90265
19	Covina (Portion)	Unincorporated	91792
19	Crystalaire	Unincorporated	93544
19	Decker/Encinal	Unincorporated	90265
19	Del Aire	Unincorporated	90245
19	Del Aire	Unincorporated	90250
19	Del Aire	Unincorporated	90304
19	Del Rey	Unincorporated	90230
19	Del Sur	Unincorporated	91384
19	Del Sur	Unincorporated	93243
19	Del Sur	Unincorporated	93523
19	Del Sur	Unincorporated	93532
19	Del Sur	Unincorporated	93534
19	Del Sur	Unincorporated	93536
19	East La Mirada	Unincorporated	90604
19	East La Mirada	Unincorporated	90638
19	East Los Angeles	Unincorporated	90022
19	East Los Angeles	Unincorporated	90040
19	East Los Angeles	Unincorporated	90063
19	East Los Angeles	Unincorporated	90640
19	East Los Angeles	Unincorporated	91754
19	East Pasadena	Unincorporated	91107
19	East Rancho Dominguez	Unincorporated	90221
19	East San Gabriel	Unincorporated	91776
19	East Valinda/South San Jose Hills	Unincorporated	91744
19	East Valinda/South San Jose Hills	Unincorporated	91748
19	East Valinda/South San Jose Hills	Unincorporated	91792
19	East Whittier	Unincorporated	90604
19	East Whittier	Unincorporated	90638
19	El Camino Village	Unincorporated	90249
19	El Camino Village	Unincorporated	90250
19	El Camino Village	Unincorporated	90260
19	El Camino Village	Unincorporated	90504
19	El Camino Village	Unincorporated	90506
19	El Dorado	Unincorporated	93551
19	El Monte (Portion)	Unincorporated	91006
19	Elizabeth Lake	Unincorporated	93532
19	Fairmont	Unincorporated	93536

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Florence-Firestone	Unincorporated	90058
19	Florence-Firestone	Unincorporated	90255
19	Florence-Firestone	Unincorporated	90262
19	Florence-Firestone	Unincorporated	90280
19	Forrest Park	Unincorporated	91351
19	Franklin Canyon	Unincorporated	90210
19	Glendora	Unincorporated	91702
19	Glendora	Unincorporated	91740
19	Glendora	Unincorporated	91741
19	Gorman	Unincorporated	93243
19	Green Valley	Unincorporated	91390
19	Hacienda Heights	Unincorporated	90601
19	Hacienda Heights	Unincorporated	90605
19	Hacienda Heights	Unincorporated	90631
19	Hacienda Heights	Unincorporated	91745
19	Hacienda Heights	Unincorporated	91746
19	Hacienda Heights	Unincorporated	91748
19	Hasley Canyon	Unincorporated	91384
19	Hawthorne	Unincorporated	90249
19	Hawthorne	Unincorporated	90250
19	Hi Vista	Unincorporated	93523
19	Hi Vista	Unincorporated	93535
19	Hi Vista	Unincorporated	93544
19	Hi Vista	Unincorporated	93591
19	Hungry Canyon	Unincorporated	93243
19	Industry Islands	Unincorporated	91789
19	Industry Islands	Unincorporated	91792
19	Juniper Hills	Unincorporated	93543
19	Kagel Canyon	Unincorporated	91387
19	Kinneloa Mesa	Unincorporated	91001
19	Kinneloa Mesa	Unincorporated	91024
19	Kinneloa Mesa	Unincorporated	91107
19	La Crescenta/Montrose	Unincorporated	91011
19	La Crescenta/Montrose	Unincorporated	91020
19	La Crescenta/Montrose	Unincorporated	91214
19	La Habra Heights	Unincorporated	90631
19	La Rambla	Unincorporated	90732
19	La Verne	Unincorporated	91711
19	La Verne	Unincorporated	91750
19	La Verne	Unincorporated	91773
19	Ladera Heights	Unincorporated	90230
19	Ladera Heights	Unincorporated	90232

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Ladera Heights	Unincorporated	90302
19	Lake Hughes	Unincorporated	93532
19	Lake Hughes	Unincorporated	93536
19	Lake Hughes	Unincorporated	93551
19	Lake Los Angeles	Unincorporated	93535
19	Lake Los Angeles	Unincorporated	93544
19	Lake Los Angeles	Unincorporated	93552
19	Lake Los Angeles	Unincorporated	93591
19	Las Flores	Unincorporated	90265
19	Latigo Canyon	Unincorporated	90265
19	Lennox	Unincorporated	90303
19	Lennox	Unincorporated	90304
19	Leona Valley	Unincorporated	91390
19	Leona Valley	Unincorporated	93532
19	Leona Valley	Unincorporated	93536
19	Leona Valley	Unincorporated	93551
19	Littlerock	Unincorporated	93543
19	Littlerock	Unincorporated	93552
19	Littlerock	Unincorporated	93591
19	Llano	Unincorporated	92397
19	Llano	Unincorporated	93543
19	Llano	Unincorporated	93544
19	Llano	Unincorporated	93552
19	Llano	Unincorporated	93553
19	Llano	Unincorporated	93563
19	Llano	Unincorporated	93591
19	Long Beach	Unincorporated	90808
19	Longview	Unincorporated	93543
19	Los Nietos	Unincorporated	90606
19	Los Nietos	Unincorporated	90660
19	Lynwood	Unincorporated	90262
19	Lynwood	Unincorporated	90280
19	Malibu	Unincorporated	90265
19	Malibu Lake	Unincorporated	91301
19	Marina del Rey	Unincorporated	90094
19	Marina del Rey	Unincorporated	90292
19	Mint Canyon	Unincorporated	91351
19	Monrovia/Arcadia/Duarte (Islands)	Unincorporated	91006
19	Monrovia/Arcadia/Duarte (Islands)	Unincorporated	91010
19	Monrovia/Arcadia/Duarte (Islands)	Unincorporated	91016
19	Monte Nido/Cold Creek	Unincorporated	91302
19	Mountain View Estates	Unincorporated	91301

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Mulholland Corridor	Unincorporated	90290
19	Neenach	Unincorporated	93536
19	Newhall (Portion)	Unincorporated	91321
19	North East San Gabriel	Unincorporated	91007
19	North East San Gabriel	Unincorporated	91107
19	North East San Gabriel	Unincorporated	91108
19	North East San Gabriel	Unincorporated	91770
19	North East San Gabriel	Unincorporated	91775
19	North East San Gabriel	Unincorporated	91776
19	North East San Gabriel	Unincorporated	91780
19	North Lancaster	Unincorporated	93523
19	North Lancaster	Unincorporated	93534
19	North Lancaster	Unincorporated	93535
19	Northwest Whittier	Unincorporated	90601
19	Pellissier	Unincorporated	90601
19	Pellissier	Unincorporated	91733
19	Placerita Canyon	Unincorporated	91321
19	Pyramid Lake	Unincorporated	93243
19	Rancho Dominguez	Unincorporated	90220
19	Rancho Dominguez	Unincorporated	90221
19	Rancho Dominguez	Unincorporated	90746
19	Rancho Dominguez	Unincorporated	90805
19	Rancho Dominguez	Unincorporated	90810
19	Redman	Unincorporated	93535
19	Romero Canyon	Unincorporated	91384
19	Roosevelt	Unincorporated	93523
19	Roosevelt	Unincorporated	93534
19	Roosevelt	Unincorporated	93535
19	Rosewood/West Rancho Dominguez	Unincorporated	90220
19	Rowland Heights	Unincorporated	90631
19	Rowland Heights	Unincorporated	91745
19	Rowland Heights	Unincorporated	91748
19	Rowland Heights	Unincorporated	91765
19	Rowland Heights	Unincorporated	91789
19	Rowland Heights	Unincorporated	92821
19	Rowland Heights	Unincorporated	92823
19	San Clemente Island	Unincorporated	90704
19	San Francisquito Canyon	Unincorporated	91355
19	Sand Canyon	Unincorporated	91387
19	Santa Catalina Island	Unincorporated	90704
19	Santa Monica Mountains	Unincorporated	90263
19	Santa Monica Mountains	Unincorporated	90265

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Santa Monica Mountains	Unincorporated	90290
19	Santa Monica Mountains	Unincorporated	91301
19	Santa Monica Mountains	Unincorporated	91302
19	Saugus (Portion)	Unincorporated	91350
19	Sawtelle VA Center	Unincorporated	90073
19	Seminole Hot Springs	Unincorporated	91301
19	Soledad Canyon	Unincorporated	93510
19	South El Monte	Unincorporated	91732
19	South El Monte	Unincorporated	91733
19	South San Gabriel	Unincorporated	90640
19	South San Gabriel	Unincorporated	91733
19	South San Gabriel	Unincorporated	91755
19	South San Gabriel	Unincorporated	91770
19	South Whittier	Unincorporated	90602
19	South Whittier	Unincorporated	90603
19	South Whittier	Unincorporated	90604
19	South Whittier	Unincorporated	90605
19	South Whittier	Unincorporated	90638
19	South Whittier	Unincorporated	90670
19	Southern Oaks	Unincorporated	91381
19	Stevenson Ranch	Unincorporated	91321
19	Stevenson Ranch	Unincorporated	91355
19	Stevenson Ranch	Unincorporated	91381
19	Stevenson Ranch	Unincorporated	91382
19	Stevenson Ranch	Unincorporated	91384
19	Stokes Canyon	Unincorporated	91302
19	Sulphur Springs	Unincorporated	91351
19	Sun Village	Unincorporated	93543
19	Sun Village	Unincorporated	93552
19	Sun Village	Unincorporated	93591
19	Sunset Mesa	Unincorporated	90265
19	Sycamore Canyon	Unincorporated	90265
19	Texas Canyon	Unincorporated	91390
19	Three Points	Unincorporated	93532
19	Tick Point	Unincorporated	90265
19	Topanga Canyon	Unincorporated	90265
19	Topanga Canyon	Unincorporated	90290
19	Topanga Canyon	Unincorporated	91302
19	Topanga Canyon	Unincorporated	91356
19	Triunfo Canyon	Unincorporated	90265
19	Triunfo Canyon	Unincorporated	91301
19	Triunfo Canyon	Unincorporated	91361

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Universal City	Unincorporated	91608
19	Val Verde	Unincorporated	91355
19	Val Verde	Unincorporated	91384
19	Valencia (Portion)	Unincorporated	91354
19	Valencia (Portion)	Unincorporated	91355
19	Valencia (Portion)	Unincorporated	91384
19	Valencia (Portion)	Unincorporated	91390
19	Valinda	Unincorporated	91744
19	Valinda	Unincorporated	91790
19	Valinda	Unincorporated	91792
19	Valyermo	Unincorporated	93544
19	Vasquez Rocks	Unincorporated	91350
19	Walnut Park	Unincorporated	90255
19	Walnut Park	Unincorporated	90280
19	West Arcadia (Islands)	Unincorporated	91006
19	West Carson (Portion)	Unincorporated	90248
19	West Carson (Portion)	Unincorporated	90501
19	West Carson (Portion)	Unincorporated	90502
19	West Carson (Portion)	Unincorporated	90745
19	West Pomona (Islands)	Unincorporated	91767
19	West Rancho Dominguez/Victoria	Unincorporated	90220
19	West Rancho Dominguez/Victoria	Unincorporated	90248
19	West Valinda/West Puente Valley	Unincorporated	91706
19	West Valinda/West Puente Valley	Unincorporated	91744
19	West Valinda/West Puente Valley	Unincorporated	91746
19	West Valinda/West Puente Valley	Unincorporated	91790
19	West Valinda/West Puente Valley	Unincorporated	91746
19	West Whittier	Unincorporated	90606
19	West Whittier	Unincorporated	90660
19	West Whittier	Unincorporated	90601
19	Westfield	Unincorporated	90274
19	Westfield	Unincorporated	90275
19	Westridge	Unincorporated	91350
19	White Fence Farms	Unincorporated	93551
19	Whitney Canyon	Unincorporated	91321
19	Whittier Narrows	Unincorporated	90640
19	Whittier Narrows	Unincorporated	90660
19	Whittier Narrows	Unincorporated	91733
19	Whittier Narrows	Unincorporated	91770
19	Whittier/Sunrise	Unincorporated	90601
19	Whittier/Sunrise	Unincorporated	90660
19	Willowbrook	Unincorporated	90222

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
19	Willowbrook	Unincorporated	90248
19	Willowbrook	Unincorporated	90262
19	Wilsona Gardens	Unincorporated	93535
19	Wiseburn	Unincorporated	90250
19	Woodlands State Park	Unincorporated	93536
19	Wrightwood	Unincorporated	92397
25	Alhambra	City	90032
25	Beverly Hills	City	90024
25	Beverly Hills	City	90046
25	Beverly Hills	City	90048
25	Beverly Hills	City	90067
25	Burbank	City	90068
25	Burbank	City	91352
25	Burbank	City	91601
25	Burbank	City	91602
25	Burbank	City	91605
25	Burbank	City	91606
25	Calabasas	City	91364
25	Carson	City	90744
25	Commerce	City	90023
25	Compton	City	90059
25	Culver City	City	90008
25	Culver City	City	90016
25	Culver City	City	90034
25	Culver City	City	90045
25	Culver City	City	90066
25	Culver City	City	90291
25	El Segundo	City	90045
25	El Segundo	City	90293
25	Glendale	City	90027
25	Glendale	City	90039
25	Glendale	City	90041
25	Glendale	City	90065
25	Glendale	City	91042
25	Glendale	City	91352
25	Hawthorne	City	90045
25	Hawthorne	City	90047
25	Hidden Hills	City	91367
25	Huntington Park	City	90001
25	Inglewood	City	90043
25	Inglewood	City	90045
25	Inglewood	City	90047

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
25	Inglewood	City	90056
25	Lomita	City	90710
25	Long Beach	City	90731
25	Long Beach	City	90744
25	Los Angeles	City	90001
25	Los Angeles	City	90002
25	Los Angeles	City	90003
25	Los Angeles	City	90004
25	Los Angeles	City	90005
25	Los Angeles	City	90006
25	Los Angeles	City	90007
25	Los Angeles	City	90008
25	Los Angeles	City	90010
25	Los Angeles	City	90011
25	Los Angeles	City	90012
25	Los Angeles	City	90013
25	Los Angeles	City	90015
25	Los Angeles	City	90016
25	Los Angeles	City	90017
25	Los Angeles	City	90018
25	Los Angeles	City	90019
25	Los Angeles	City	90020
25	Los Angeles	City	90023
25	Los Angeles	City	90024
25	Los Angeles	City	90025
25	Los Angeles	City	90026
25	Los Angeles	City	90027
25	Los Angeles	City	90028
25	Los Angeles	City	90029
25	Los Angeles	City	90031
25	Los Angeles	City	90032
25	Los Angeles	City	90033
25	Los Angeles	City	90034
25	Los Angeles	City	90035
25	Los Angeles	City	90036
25	Los Angeles	City	90037
25	Los Angeles	City	90038
25	Los Angeles	City	90039
25	Los Angeles	City	90041
25	Los Angeles	City	90042
25	Los Angeles	City	90043
25	Los Angeles	City	90045

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
25	Los Angeles	City	90046
25	Los Angeles	City	90047
25	Los Angeles	City	90048
25	Los Angeles	City	90049
25	Los Angeles	City	90056
25	Los Angeles	City	90057
25	Los Angeles	City	90059
25	Los Angeles	City	90061
25	Los Angeles	City	90062
25	Los Angeles	City	90064
25	Los Angeles	City	90065
25	Los Angeles	City	90066
25	Los Angeles	City	90067
25	Los Angeles	City	90068
25	Los Angeles	City	90071
25	Los Angeles	City	90077
25	Los Angeles	City	90089
25	Los Angeles	City	90272
25	Los Angeles	City	90291
25	Los Angeles	City	90293
25	Los Angeles	City	90710
25	Los Angeles	City	90731
25	Los Angeles	City	90744
25	Los Angeles	City	91040
25	Los Angeles	City	91042
25	Los Angeles	City	91303
25	Los Angeles	City	91304
25	Los Angeles	City	91306
25	Los Angeles	City	91307
25	Los Angeles	City	91311
25	Los Angeles	City	91316
25	Los Angeles	City	91324
25	Los Angeles	City	91325
25	Los Angeles	City	91326
25	Los Angeles	City	91331
25	Los Angeles	City	91335
25	Los Angeles	City	91342
25	Los Angeles	City	91343
25	Los Angeles	City	91344
25	Los Angeles	City	91345
25	Los Angeles	City	91352
25	Los Angeles	City	91364

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
25	Los Angeles	City	91367
25	Los Angeles	City	91401
25	Los Angeles	City	91402
25	Los Angeles	City	91403
25	Los Angeles	City	91405
25	Los Angeles	City	91406
25	Los Angeles	City	91411
25	Los Angeles	City	91601
25	Los Angeles	City	91602
25	Los Angeles	City	91604
25	Los Angeles	City	91605
25	Los Angeles	City	91606
25	Los Angeles	City	91607
25	Lynwood	City	90002
25	Lynwood	City	90059
25	Monterey Park	City	90032
25	Pasadena	City	90041
25	Pasadena	City	90042
25	San Fernando	City	91342
25	Santa Clarita	City	91342
25	Santa Monica	City	90049
25	Santa Monica	City	90064
25	Santa Monica	City	90272
25	Santa Monica	City	90291
25	South Gate	City	90001
25	South Pasadena	City	90032
25	South Pasadena	City	90042
25	Vernon	City	90023
25	West Hollywood	City	90028
25	West Hollywood	City	90038
25	West Hollywood	City	90046
25	West Hollywood	City	90048
25	Angeles National Forest	Unincorporated	91040
25	Angeles National Forest	Unincorporated	91042
25	Angeles National Forest	Unincorporated	91342
25	Athens-Westmont	Unincorporated	90047
25	Baldwin Hills	Unincorporated	90008
25	Baldwin Hills	Unincorporated	90016
25	Bandini Islands	Unincorporated	90023
25	Canoga Park	Unincorporated	91304
25	Canoga Park	Unincorporated	91303
25	Chatsworth	Unincorporated	91311

Los Angeles County SCSEP Program Coverage Area
PSA 19 Zip Codes

PSA	City	City Type	Zip
25	Chatsworth Lake Manor	Unincorporated	91311
25	Deer Lake Higlands	Unincorporated	91326
25	Del Aire	Unincorporated	90045
25	Del Rey	Unincorporated	90066
25	East Los Angeles	Unincorporated	90023
25	East Los Angeles	Unincorporated	90032
25	East Los Angeles	Unincorporated	90033
25	Florence-Firestone	Unincorporated	90001
25	Florence-Firestone	Unincorporated	90002
25	Florence-Firestone	Unincorporated	90011
25	Graham	Unincorporated	90001
25	Indian Falls/Indian Springs	Unincorporated	91342
25	Kagel Canyon	Unincorporated	91342
25	La Rambla	Unincorporated	90731
25	Ladera Heights	Unincorporated	90008
25	Ladera Heights	Unincorporated	90045
25	Ladera Heights	Unincorporated	90056
25	Lakeview	Unincorporated	91040
25	Lakeview	Unincorporated	91342
25	Lennox	Unincorporated	90045
25	Lopez Canyon	Unincorporated	91342
25	Newhall (Portion)	Unincorporated	91342
25	Oat Mountain	Unincorporated	91326
25	Santa Monica Mountains	Unincorporated	90272
25	Stevenson Ranch	Unincorporated	91326
25	Stevenson Ranch	Unincorporated	91342
25	Sunland/Sylmar/Tujunga (Adjacent)	Unincorporated	91342
25	Topanga Canyon	Unincorporated	91364
25	Twin Lakes	Unincorporated	91326
25	Universal City	Unincorporated	90068
25	Universal City	Unincorporated	91602
25	Universal City	Unincorporated	91604
25	View Park/Windsor Hills	Unincorporated	90008
25	View Park/Windsor Hills	Unincorporated	90043
25	View Park/Windsor Hills	Unincorporated	90056
25	Walnut Park	Unincorporated	90001
25	West Carson (Portion)	Unincorporated	90710
25	West Carson (Portion)	Unincorporated	90744
25	West Chatsworth (Portion)	Unincorporated	91311
25	West Rancho Dominguez/Victoria	Unincorporated	90059
25	Willowbrook	Unincorporated	90059
25	Willowbrook	Unincorporated	90061

EXHIBIT 6

Employee's Guide to the State Fund Medical Provider Network

WHAT IS THE STATE FUND MEDICAL PROVIDER NETWORK (MPN)?

The State Fund Medical Provider Network (MPN) is made up of a group of physicians, pharmacies, and other medical service providers within the state of California. Some of our MPN physicians primarily treat occupational injuries, and others specialize in general areas of medicine. If necessary, the MPN will provide specialists to treat your injury or illness.

If your injury or illness is due to employment, State Fund MPN physicians and other medical providers will provide authorized medical treatment. These medical providers will provide quality medical treatment based on the utilization schedule developed by the Administrative Director of the Division of Workers' Compensation (DWC).

To meet medical access standards, an MPN must have at least three available physicians of each specialty to treat common injuries experienced by injured employees on the basis of the type of occupation or industry in which the employee is employed. An MPN must have at least three available primary treating physicians and a hospital for emergency health care services or a provider of all emergency health care services within 30 minutes or 15 miles of each covered employee's residence or workplace. An MPN must have providers of occupational health services and specialists who can treat common injuries experienced by the covered injured employees within 60 minutes or 30 miles of a covered employee's residence or workplace.

HOW DO I OBTAIN MEDICAL TREATMENT?

In emergency situations, you may receive emergency health care services from any nearby medical service provider or hospital.

For non-emergency services, after you file a claim, your employer will refer you to an MPN facility for your first treatment visit within three business days.

For a non-emergency initial appointment with a specialist, your appointment will occur within 20 business days of your reasonable request for an appointment through an MPN medical access assistant.

HOW DO I OBTAIN MEDICAL TREATMENT OUTSIDE THE STATE OF CALIFORNIA?

You may seek emergency treatment at the nearest emergency room if you are:

- Injured on-the-job while authorized for temporary work or travel outside the state of California, **OR**
- A former employee permanently residing outside the state of California who has an ongoing workers' compensation claim, **OR**
- An injured employee who temporarily resides outside the state of California during recovery.

If you are in need of non-emergency treatment, you should contact your claims adjuster, State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338), or your primary treating physician. You will be given a list of at least three referred physicians outside the geographical service area of the State Fund MPN within 60 minutes or 30 miles of your residence or workplace. An appointment for the first treatment visit should be available within three business days, and an initial appointment with a specialist should be available within 20 business days. You may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.

If a list of referred physicians is not available, then you may choose your own physician on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition.

CAN I CHANGE MY DOCTOR?

Yes, after the initial medical evaluation with an MPN physician, you have the right to choose another primary treating physician or subsequent physician from the State Fund MPN.

HOW DO I CHOOSE A DOCTOR?

You may obtain a regional area listing of MPN physicians by going to MEDfinder and clicking on Start your search now. You may also obtain a regional area listing by calling or sending a written request to your claims adjuster, or calling State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338). If you wish to obtain a complete hard copy list of all MPN providers, contact the State Fund MPN by sending an email to scifmpn@scif.com, or by calling (866) 436-0204. You may also send a written request to:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Drive
Monterey Park, CA 91754

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After you receive a regional area listing of MPN physicians, you may select a treating physician (or any subsequent physician) on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition.

If there are less than three available primary treating physicians within 15 miles of your location in a specialty appropriate to treat your injury, you may choose your own physician or provider outside the MPN network. For assistance, you may contact your claims adjuster, if one has been assigned to you, or State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338).

HOW DO I MAKE AN APPOINTMENT WITH AN MPN DOCTOR?

You may call the MPN physician to schedule an appointment. If you are unable to obtain an appointment, contact your claims adjuster or call State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338).

Medical Access Assistants are also here to help you with finding available MPN physicians of your choice and to schedule your medical appointments. They are available to assist you, in English and Spanish, from 7:00 a.m. to 8:00 p.m. Monday through Saturday. You may contact our Medical Access Assistants by phone (855) 220-6469, fax (855) 622-3299, or by email at statefundmaa@anthemwc.com.

HOW DO I SEE A SPECIALIST?

You may receive a referral to a specialist from your treating physician or you may select a specialist or subsequent physician of your choice from within the MPN. Your choice of physician from the MPN shall be on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition. If your primary treating physician refers you to a type of specialist not included in the MPN, or if there are less than three specialists within 30 miles of your residence or workplace in a specialty appropriate to treat your injury, you may choose your own physician or provider outside the MPN within a reasonable geographic area. For assistance you may contact your claims adjuster, or call State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338).

WHAT DO I DO IF I DISAGREE WITH MY DOCTOR'S DIAGNOSIS OR TREATMENT?

You may change your physician at any time. However, if you dispute your physician's diagnosis or treatment, it is your responsibility to advise your claims adjuster verbally or in writing of the dispute and request a second opinion. Your claims adjuster will provide you with a regional area listing from which you can select a second opinion physician or specialist. You need to make an appointment with the selected physician within 60 days. If you do not make an appointment within 60 days of your receipt of the regional area listing, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment by this treating physician.

After you make an appointment with the MPN physician, notify your claims adjuster. The claims adjuster will contact your treating physician and provide a copy of your medical records to the second opinion physician. You may request a copy of the medical records that will be sent to the second opinion physician.

If the second opinion physician decides that your injury is outside the type of injury he or she normally treats, the physician's office will notify the claims adjuster and you will receive a new regional area listing of State Fund MPN physicians or specialist so that you can make another selection.

The results of the second opinion will be sent to you, the primary treating physician, and the claims adjuster within 20 days of the date of appointment, or receipt of the results of the diagnostic tests, whichever is later. If you disagree with the second opinion physician's findings, you may seek an opinion from a third physician from the MPN. It is your responsibility to advise your claims adjuster verbally, or in writing, of the dispute and request a third opinion. Your claims adjuster will provide you with a regional area listing from which you can select a third opinion physician or specialist. You need to make an appointment with the selected physician within 60 days. If you do not make the appointment within the 60 days of your receipt of the regional area listing, you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment by this treating physician.

After you make an appointment with the MPN physician, you need to notify your claims adjuster. The claims adjuster will contact your treating physician and provide a copy of your medical records to the third opinion physician. You may request a copy of the medical records that will be sent to the third opinion physician.

If the third opinion physician decides that your injury is outside the type of injury he or she normally treats, the physician's office will notify the claims adjuster. You will receive a new regional area listing of State Fund MPN physicians or specialists so that you can make another selection.

During this second and third opinion process, you may continue treatment with your treating physician within the MPN, or a physician of your choice within the MPN. If the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area. Treatment recommended by the second or third opinion physician may be obtained from any MPN physician, including the second or third opinion physician.

HOW DO I REQUEST AN INDEPENDENT MEDICAL REVIEW (IMR)?

If you select a physician for a third opinion, the claims adjuster will send you information about the Independent Medical Review (IMR) process. You will receive an Application for Independent Medical Review form that has the MPN Contact Section completed.

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The third opinion physician's report shall be served on you, the primary treating physician, and the claims adjuster within 20 days of the date of the appointment or receipt of the diagnostic tests, whichever is later. After receiving the third physician's opinion, if you still disagree, then you must complete the employee section of the Application for Independent Medical Review and mail the application to:

Department of Industrial Relations
Division of Workers' Compensation
PO Box 71010
Oakland, CA 94612

Within 10 business days of the receipt of the application, the Administrative Director of the DWC shall select an IMR physician with the appropriate specialty. If you wish to have an in-person examination, the Administrative Director shall randomly select a physician from the list of available IMR physicians with an appropriate specialty within 30 miles of your residence. If you wish to have a record review, the Administrative Director will randomly select a physician with an appropriate specialty to be the independent medical reviewer.

To withdraw your application, you must provide written notice to the Administrative Director and the claims adjuster.

If the IMR physician certifies in writing that an imminent and serious threat to your health exists, the report shall be expedited and rendered within three business days of the in-person examination by the IMR physician. An extension of three more business days may be granted by the Administrative Director, if necessary.

The Administrative Director shall immediately adopt the determination of the IMR and issue a written decision within five business days of the receipt of the report.

If the IMR agrees with the primary treating physician, you can receive the IMR's recommended treatment from any MPN physician within the MPN, including the second or third opinion physician. If the IMR does not agree with the disputed diagnosis, diagnostic service, or medical treatment prescribed by the primary treating physician, you may seek the IMR's recommended treatment with a physician of your choice either within or outside the MPN. The treatment shall be limited to the treatment or diagnostic service recommended by the IMR. Once the treatment is completed, you will receive all other treatment with a physician of your choice within the State Fund MPN.

WHAT IS TRANSFER OF ONGOING CARE?

If you are being treated by a physician outside of the MPN whom you did not pre-designate, you may be required to transfer your ongoing care to an MPN physician, unless otherwise authorized by State Fund. Completion of treatment by a non-MPN provider will be authorized for injured covered employees for one of the following conditions:

- **An acute condition –** An acute condition is a medical condition that requires prompt medical attention and has a duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.
- **A serious chronic condition –** A serious chronic condition is a medical condition that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be authorized for up to one year in order to complete approved treatment and arrange for transfer to another provider within the MPN. The one-year period for completion of treatment starts from the date you receive the determination that you have a serious chronic condition.
- **A terminal illness –** A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
- **Performance of a surgery or other procedure** that is authorized by State Fund as part of a documented course of treatment, and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date.

Your claims adjuster will notify you with the medical determination regarding the transfer of care into the MPN. The notification shall be sent to you and a copy of the letter will be sent to your primary treating physician.

If you dispute this determination to transfer your care into the MPN, you may request a report from your primary treating physician that addresses whether you fall within any of the conditions set forth above. The primary treating physician shall provide the report to you within 20 calendar days from the date of your request for the report. If the physician fails to issue the report to you within the 20-day period, then your care can be transferred into the MPN.

If you or State Fund objects to the medical determination by the primary treating physician, you or State Fund can dispute it. The State Fund Transfer of Ongoing Care policy provides the complete details of the dispute resolution process. For a copy of the entire Transfer of Ongoing Care policy in English or Spanish, ask your MPN contact or your claims adjuster.

WHAT IS CONTINUITY OF CARE?

If your physician no longer participates in the State Fund MPN, you may qualify to temporarily continue treating with your non-MPN physician if the following conditions are met:

- The termination of your provider is not for medical disciplinary cause or reason, or fraud or other criminal activity, AND
- The terminated provider agrees in writing to accept the same contractual terms and conditions prior to the termination of the contract and to be compensated at rates and methods of payment similar to those used by the insurer for currently contracting providers in the same geographical area, AND
- At the time of your provider's contract termination your medical condition meets ONE of the following conditions:
  1. **An acute condition –** An acute condition is a medical

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condition that requires prompt medical attention and has a duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.

2. **A serious chronic condition** – A serious chronic condition is an injury or illness that is serious in nature and that persists without full cure or worsens over an extended period of time of at least 90 days, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall not exceed 12 months from the contract termination date or notification of your provider's contract termination, whichever is later.
3. **A terminal illness** – A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
4. **Performance of a surgery or other procedure** that is authorized by State Fund as part of a documented course of treatment, and has been recommended and documented by the provider to occur within 180 days of the contract's termination date between the MPN and your physician.

If State Fund decides that you do not qualify to continue your care with the non-MPN physician, you and your primary treating physician must receive a letter of notification.

If you dispute State Fund's determination regarding continuity of care and your terminated provider is willing to continue the same contract terms and conditions, you may request a report from your primary treating physician that addresses if you have one of the four conditions set forth above. The primary treating physician must provide this report to you within 20 calendar days from your request. If the primary treating physician does not provide the report to you within the 20-day period, the determination by State Fund shall apply.

If you or State Fund objects to the medical determination by the primary treating physician, you or State Fund can dispute it. The State Fund Continuity of Care policy provides the complete details of the Dispute Resolution Process. For a copy of the entire Continuity of Care policy in English or Spanish, ask your MPN contact or your claims adjuster.

CONTACTS FOR MPN INFORMATION

If you have been assigned a claims adjuster, contact your claims adjuster directly. The claims adjuster's name and telephone number have been provided on your claim correspondence.

If you have not been assigned a claims adjuster, you may call State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338). Translation services are available. For all other questions, your MPN contact can be reached at scifmpn@scif.com or (866) 436-0204.

CONTACT FOR MPN PROVIDER LISTS

You may obtain a regional area listing of MPN providers by accessing MEDfinder and clicking on Start your search now. You may also obtain a regional area listing by calling or sending a written request to your claims adjuster, or by contacting State Fund's Claims Reporting Center at (888) STATEFUND (888-782-8338). You may obtain a complete hard copy list of all MPN providers by sending an email to scifmpn@scif.com or by calling (866) 436-0204. You may also send a written request to:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Drive
Monterey Park, CA 91754

STATE FUND CUSTOMER SERVICE CENTER

(888) STATE FUND (888-782-8338) **toll-free**

Fraud Hotline

(888) 786-7372 toll free

www.statefundca.com

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Guía de la

Red de Proveedores Médicos de State Fund

para Empleados

¿QUÉ ES LA RED DE PROVEEDORES MÉDICOS (MPN) DE STATE FUND?

La Red de Proveedores Médicos (MPN) de State Fund se compone de un grupo de médicos, farmacias y otros proveedores de servicios médicos en el estado de California. Algunos de nuestros médicos de la red MPN tratan principalmente lesiones ocupacionales, y otros se especializan en áreas generales de la medicina. Si es necesario, la red MPN proporcionará especialistas para tratar su lesión o enfermedad.

Si su lesión o enfermedad se debe al empleo, los médicos y otros proveedores de la red MPN de State Fund le brindarán tratamiento médico autorizado. Estos proveedores médicos proporcionarán tratamiento médico de calidad basado en el programa de utilización desarrollado por el director administrativo de la Division of Workers' Compensation (DWC).

Para cumplir los estándares de acceso médico, una red MPN debe contar con un mínimo de tres médicos disponibles de cada especialidad para tratar lesiones comunes experimentadas por empleados lesiones, con base en el tipo de ocupación o industria en la cual trabaja el empleado. Una red MPN debe contar con por lo menos tres médicos de atención primaria disponibles y un hospital para servicios de atención médica de emergencia, o un proveedor de todos los servicios de atención médica de emergencia a una distancia no mayor de 30 minutos o 15 millas de la residencia o lugar de trabajo de cada empleado cubierto. Una red MPN debe contar con proveedores de servicios y especialistas de salud ocupacional que puedan tratar lesiones comunes sufridas por los empleados lesionados cubiertos a una distancia no mayor de 60 minutos o 30 millas de la residencia o lugar de trabajo del empleado cubierto.

¿CÓMO OBTENGO TRATAMIENTO MÉDICO?

En situaciones de emergencia, usted puede recibir servicios de atención médica de emergencia por parte de cualquier proveedor de servicios médicos o hospital cercano .

Para servicios no de emergencia, después de que usted presente un reclamo, su empleador lo referirá a un centro de la red MPN para su primera visita con tratamiento en un plazo no mayor a tres días laborables.

Para una cita inicial no de emergencia con un especialista, su cita tendrá lugar durante los 20 días laborables siguientes a su solicitud razonable de una cita a través de un asistente de acceso médico de la red MPN.

¿CÓMO OBTENGO TRATAMIENTO MÉDICO FUERA DEL ESTADO DE CALIFORNIA?

Usted podrá buscar tratamiento de emergencia en la sala de emergencias más cercana si usted es:

- Lesionado en el trabajo siendo autorizado a trabajar o viajar temporalmente fuera del estado de California, O
- Un antiguo empleado residiendo permanentemente fuera del estado de California que tiene un reclamo pendiente de compensación a los trabajadores O
- Un empleado lesionado que reside temporalmente fuera del estado de California durante la recuperación,

Si usted necesita tratamiento médico no de emergencia, debe comunicarse con su ajustador de reclamos, el Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338), o su médico de atención primaria. Se le dará una lista de al menos tres médicos referidos fuera del área geográfica de servicio de la red MPN de State Fund a una distancia no mayor de 60 minutos o 30 millas de su residencia o lugar de trabajo. Una cita para la primera visita con tratamiento deberá estar disponible dentro de un plazo de 3 días laborables y una cita inicial para ver a un especialista deberá estar disponible dentro de un plazo de 20 días laborables. Usted puede cambiar de médico entre los médicos referidos y quizá pueda obtener una segunda y tercera opinión de estos mismos.

Si no está disponible una lista de médicos referidos, entonces usted puede escoger su propio médico basándose en la especialidad de éste o su experiencia reconocida en el tratamiento de su lesión o condición particular.

¿PUEDO CAMBIAR A MI MÉDICO?

Sí; después de la evaluación médica inicial con un médico de la red MPN, usted tiene el derecho a elegir a otro médico de atención primaria o médico posterior de la red MPN de State Fund.

¿CÓMO ELIJO A OTRO DOCTOR?

Usted puede obtener una lista regional de los médicos de la red MPN conectándose a MEDfinder y haciendo clic en Start your search now. También puede obtener una lista regional llamando o enviado una petición por escrito a su ajustador de reclamos, o llamando al Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338). Si usted desea obtener una copia de la lista completa de todos los proveedores de la red MPN, comuníquese con la red MPN de State Fund enviando un correo electrónico a scifmpn@scif.

Medical Provider Network ID: 0104

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com, o llamando a (866) 436-0204. También puede enviar una solicitud por escrito a:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Drive
Monterey Park, CA 91754

Después de que reciba una lista de los médicos de la red MPN en el área regional, usted puede seleccionar a un médico tratante (o cualquier médico posterior) basado en la especialidad de éste o su experiencia reconocida en el tratamiento de su lesión o condición particular.

Si existen menos de tres médicos de atención primaria disponibles dentro de un radio de 15 millas de donde usted se encuentre, que tengan la especialidad apropiada para tratar su lesión, usted puede elegir a su propio médico o proveedor fuera de la red MPN. Para obtener asistencia, usted puede comunicarse con su ajustador de reclamos, si ya se le ha asignado uno, o con el Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338).

¿CÓMO HAGO UNA CITA CON UN MÉDICO DE LA MPN?

Usted puede llamar al médico de la red MPN para programar una cita. Si no puede obtener una cita, comuníquese con su ajustador de reclamos o llame al Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338).

Los Asistentes de acceso médico también están aquí para ayudarle a encontrar médicos disponibles de la red MPN de su elección y para programar sus citas médicas. Están disponibles para ayudarle, en inglés y español de 7:00 a.m. a 8:00 p.m. de lunes a sábado. Usted puede comunicarse con nuestros Asistentes de acceso médico por teléfono al (855) 220-6469, por fax al (855) 622-3299 o por correo electrónico a statefundmaa@anthemwc.com.

¿CÓMO PUEDO CONSULTAR A UN ESPECIALISTA?

Usted puede recibir una referencia a un especialista por parte de su médico tratante, o bien puede seleccionar a un especialista o médico posterior de su elección que esté dentro de la red MPN. Su elección de médico de la MPN deberá basarse en la especialidad del médico o experiencia reconocida en el tratamiento de su lesión o condición particular. Si su médico de atención primaria le refiere a un tipo de especialista que no se incluye en la red MPN, o si hay menos de tres especialistas a una distancia no mayor de 30 millas de su residencia o lugar de trabajo, con una especialidad apropiada para tratar su lesión, usted puede elegir a su propio médico o proveedor fuera de la red MPN dentro de un área geográfica razonable. Para obtener ayuda usted puede comunicarse con su ajustador de reclamos o llamar al Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338).

¿QUÉ PUEDO HACER SI NO ESTOY DE ACUERDO CON EL DIAGNÓSTICO O TRATAMIENTO DE MI MÉDICO?

Usted puede cambiar de médico en cualquier momento. No obstante, si usted disputa el diagnóstico o tratamiento dado por su médico, es su responsabilidad avisarle a su ajustador de reclamos verbalmente o por escrito sobre la disputa y solicitar una segunda opinión. Su ajustador de reclamos le proporcionará una lista de su área regional para seleccionar a un médico o especialista de segunda opinión. Usted necesita hacer una cita con el médico seleccionado dentro de un plazo de 60 días. Si usted no hace una cita durante los 60 días siguientes a la fecha en que recibió la lista del área regional, no se le permitirá obtener una segunda o tercera opinión con respecto a esta disputa sobre este diagnóstico o tratamiento por este médico tratante.

Después de que haga una cita con el médico de la red MPN, avise a su ajustador de reclamos. El ajustador de reclamos se comunicará con su médico tratante y proporcionará una copia de sus expedientes médicos para el médico de la segunda opinión. Usted puede solicitar una copia de los registros médicos que se le enviarán al médico de segunda opinión.

Si el médico de la segunda opinión decide que su lesión es diferente al tipo de lesión que trata normalmente, el consultorio del médico avisará al ajustador de reclamos y usted recibirá una nueva lista regional de los médicos y especialistas de la red MPN de State Fund para que usted pueda hacer otra elección.

Los resultados de la segunda opinión se enviarán a usted, al médico de atención primaria y al ajustador de reclamos, en un plazo máximo de 20 días después de la fecha de la cita o de recibir los resultados de las pruebas de diagnóstico, lo que ocurra al último. Si usted no está de acuerdo con las conclusiones del médico de la segunda opinión, usted puede solicitar la opinión de un tercer médico de la red MPN. Es responsabilidad de usted informar a su ajustador de reclamos, verbalmente o por escrito, sobre la disputa y solicitar una tercera opinión. Su ajustador de reclamos le proporcionará una lista de su área regional para seleccionar a un médico o especialista de la tercera opinión. Usted necesita hacer una cita con el médico seleccionado dentro de un plazo de 60 días. Si usted no hace la cita durante los 60 días siguientes a la fecha en que recibió la lista del área regional, no se le permitirá obtener una tercera opinión con respecto a la disputa sobre este diagnóstico o tratamiento por este médico que tratante.

Después de que haga una cita con el médico de la red MPN, usted necesita avisarle a su ajustador de reclamos. El ajustador de reclamos se comunicará con su médico tratante y proporcionará una copia de sus expedientes médicos para el médico de la tercera opinión. Usted puede solicitar una copia de los registros médicos que se le enviarán al médico de tercera opinión.

Si el médico de la tercera opinión decide que su lesión es diferente al tipo de lesión que trata normalmente, el consultorio del médico avisará al ajustador de reclamos. Usted recibirá una nueva lista regional de los médicos y especialistas de la red MPN de State Fund para que usted pueda hacer otra elección

Durante este proceso de segunda y tercera opinión usted puede continuar el tratamiento con su médico tratante de la red MPN o con un médico de su elección dentro de la

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red MPN. Si la red MPN no contiene un médico que pueda proporcionar el tratamiento recomendado, usted puede elegir a un médico fuera de la red MPN dentro de un área geográfica razonable. El tratamiento recomendado por el médico de la segunda o tercera opinión puede obtenerse de cualquier médico de la red MPN, incluido el de la segunda o tercera opinión.

¿CÓMO PUEDO PEDIR UNA EVALUACIÓN MÉDICA INDEPENDIENTE (IMR)?

Si usted elige a un médico para una tercera opinión, el ajustador de reclamos le enviará información acerca del proceso de Evaluación Médica Independiente (IMR). Usted recibirá un formulario de Solicitud de una Evaluación Médica Independiente que ya tiene llenada la sección de contacto de la red MPN.

El reporte del médico de la tercera opinión se enviará a usted, al médico de atención primaria que le trata y al ajustador de reclamos en un plazo máximo de 20 días después de la fecha de la cita o de recibir los resultados de las pruebas de diagnóstico, lo que ocurra al último. Después de recibir la opinión del tercer médico, si todavía no está de acuerdo, entonces usted debe llenar la sección de empleado de la Solicitud de Evaluación Médica Independiente y enviar la solicitud por correo a:

Department of Industrial Relations
Division of Workers' Compensation
PO Box 71010
Oakland, CA 94612

Durante los 10 días laborables siguientes a la recepción de la solicitud, el director administrativo de la DWC seleccionará a un médico IMR con la especialidad apropiada. Si usted desea tener un examen en persona, el director administrativo deberá seleccionar al azar a un médico de la lista de evaluadores médicos independientes disponibles, que tenga una especialidad apropiada y que esté dentro de 30 millas de su residencia. Si desea tener una revisión de expedientes, el director administrativo seleccionará al azar a un médico con una especialidad apropiada para que sea el evaluador médico independiente.

Para retirar su solicitud, usted debe proporcionar aviso por escrito al director administrativo y al ajustador de reclamos.

Si el médico de la IMR certifica por escrito que existe un riesgo inminente y grave para su salud, el reporte deberá ser adelantado y entregado en un plazo de tres días laborables después del examen en persona por parte del médico de la IMR. El director administrativo puede conceder una extensión de 3 días laborables más, si es necesario.

El director administrativo adoptará de inmediato la determinación del Evaluador IMR y emitirá una decisión por escrito durante los 5 días laborables siguientes a la recepción del reporte.

Si el Evaluador IMR está de acuerdo con el médico de atención primaria que le trata, usted puede obtener el tratamiento recomendado por el Evaluador IMR de cualquier médico de la red MPN, incluido el de la segunda o tercera opinión.

Si el Evaluador IMR no está de acuerdo con el diagnóstico, los servicios de diagnosis, o el tratamiento prescrito por el médico de atención primaria, usted puede buscar el tratamiento recomendado por el Evaluador IMR por parte de un médico de su elección, ya sea dentro o fuera de la red MPN. El tratamiento deberá limitarse al servicio de tratamiento o diagnóstico recomendado por el Evaluador IMR. Una vez que el tratamiento esté completado, usted recibirá cualquier otro tratamiento con un médico de su elección dentro de la red MPN de State Fund.

¿QUÉ ES LA TRANSFERENCIA DE ATENCIÓN EN CURSO?

Si usted está recibiendo tratamiento de un médico ajeno a la red MPN a quien usted no pre-designó, es posible que se le requiera transferir su atención en curso a un médico de la red MPN. Se autorizará a un proveedor ajeno a MPN continuar con el tratamiento hasta su conclusión para empleados lesionados cubiertos en las siguientes condiciones:

- **Una condición aguda** – Una condición aguda es una condición médica que requiere pronta atención médica y tiene una duración de menos de 90 días. Se continuará con el tratamiento hasta su conclusión mientras dure la condición aguda.
- **Una condición crónica grave** – Una condición crónica grave es una condición médica que persiste sin una cura total o empeora en el transcurso de 90 días y requiere tratamiento continuo para mantener una remisión o prevenir el deterioro. Se autorizará la continuación del tratamiento hasta su conclusión hasta por un año para completar el tratamiento aprobado y preparar para una transferencia a otro proveedor dentro de la red MPN. El periodo de un año para la conclusión del tratamiento comienza a partir de la fecha en que usted reciba la determinación de que tiene una condición grave y crónica.
- **Una enfermedad terminal** – Una enfermedad terminal es una condición incurable o irreversible que tiene una alta probabilidad de causar la muerte dentro de un año o menos. Se continuará con el tratamiento hasta su conclusión mientras dure la enfermedad terminal.
- **La realización de una cirugía u otra intervención** que está autorizada por State Fund como parte de un ciclo de tratamiento documentado y ha sido recomendada y documentada por el proveedor para tener lugar dentro de 180 días a partir de la fecha efectiva de cobertura MPN.

Su ajustador de reclamos le notificará de la determinación médica relativa a la transferencia de la atención hacia dentro de la red MPN. Se le deberá enviar el aviso a usted y una copia de la carta se enviará a su médico de atención primaria.

Si usted disputa esta determinación para transferir su atención hacia dentro de la red MPN, usted pude pedir un reporte de su médico de atención primaria que indique si usted puede ser clasificado dentro de alguna de las condiciones mencionadas arriba. El médico de atención primaria deberá proporcionarle el reporte en un plazo máximo de 20 días de calendario a partir de la fecha de su solicitud. Si el médico no le entrega

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el reporte dentro del plazo de 20 días, entonces su atención puede ser transferida hacia la red MPN.

Si usted o State Fund se oponen a la determinación médica del médico de atención primaria, usted o State Fund pueden disputar la determinación. La política de Transferencia de atención en curso de State Fund proporciona los detalles completos del proceso de resolución de disputas. Para obtener una copia de la política completa sobre la Transferencia de atención en curso, en inglés o español, pídasela a su contacto de la red MPN o a su ajustador de reclamos.

¿QUÉ ES LA CONTINUIDAD DE ATENCIÓN?

Si su médico ya no participa en la red MPN de State Fund, usted puede calificar para continuar el tratamiento temporalmente con su médico fuera de la red MPN si se cumplen las siguientes condiciones:

- La suspensión de su proveedor no se debe a causas o razones disciplinarias médicas, o fraude, u otro actividad criminal, Y
- El proveedor suspendido acuerda por escrito, aceptar los mismos términos y condiciones contractuales anteriores a la terminación del contrato y ser compensado con tarifas y métodos de pago similares a aquellos usados por la aseguradora para proveedores contratados actualmente en la misma área geográfica, Y
- En el momento de la terminación del contrato de su proveedor, su condición médica cumple con UNA de las siguientes condiciones:
  1. **Una condición aguda** – Una condición aguda es una condición médica que requiere pronta atención médica y tiene una duración de menos de 90 días. Se continuará con el tratamiento hasta su conclusión mientras dure la condición aguda.
  2. **Una condición crónica grave** – Una condición crónica grave es una enfermedad o lesión que es de naturaleza grave y que persiste sin una cura total o empeora durante un período extenso de por lo menos 90 días y requiere tratamiento continuo para mantener una remisión o prevenir el deterioro. La continuación del tratamiento hasta su conclusión no deberá exceder de 12 meses a partir de la fecha de terminación del contrato o de la notificación de la terminación del contrato con su proveedor; lo que ocurra más tarde.
  3. **Una enfermedad terminal** – Una enfermedad terminal es una condición incurable o irreversible que tiene una alta probabilidad de causar la muerte dentro de un año o menos. Se continuará con el tratamiento hasta su conclusión mientras dure la enfermedad terminal.
  4. **La realización de una cirugía u otra intervención** que está autorizada por State Fund como parte de un ciclo de tratamiento documentado y ha sido recomendada y documentada por el proveedor para tener lugar dentro de un plazo de 180 días a partir de la fecha de terminación del contrato entre la red MPN y su médico.

Si State Fund decide que usted no califica para continuar su atención con el proveedor fuera de la red MPN, usted y su médico de atención primaria deben recibir una carta de notificación.

Si usted disputa la determinación de State Fund en cuanto a la continuidad de la atención y el proveedor terminado está dispuesto a continuar con los mismos términos y condiciones del contrato, usted puede solicitar un reporte a su médico de atención primaria que establezca si usted tiene una de las cuatro condiciones descritas anteriormente. El médico de atención primaria deberá proveerle a usted este reporte en un plazo máximo de 20 días de calendario a partir de su solicitud. Si el médico de atención primaria no provee este reporte dentro del periodo de 20 días, la determinación de State Fund aplicará.

Si usted o State Fund se oponen a la determinación médica del médico de atención primaria, usted o State Fund pueden disputar la determinación. La política de Continuidad de atención de State Fund proporciona los detalles completos del proceso de resolución de disputas. Para obtener una copia de la política completa sobre la Continuación de atención, en inglés o español, pídasela a su contacto de la red MPN o a su ajustador de reclamos.

CONTACTOS PARA OBTENER INFORMACIÓN DE MPN

Si se le ha asignado un ajustador de reclamos, comuníquese con el ajustador directamente. El nombre y número telefónico del ajustador de reclamos han sido proporcionados en su correspondencia sobre el reclamo.
Si no se le ha asignado un ajustador de reclamos, usted puede llamar al Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338). Servicios de traducción están disponibles. Para todas las demás preguntas, se puede localizar a su contacto de la red MPN en scifmpn@scif.com o al (866) 436-0204.

CONTACTOS PARA OBTENER INFORMACIÓN DE MPN

Usted puede obtener una lista regional de los proveedores de la red MPN conectándose a MEDfinder y haciendo clic en Start your search now. También puede obtener una lista regional llamando o enviado una petición por escrito a su ajustador de reclamos, o comunicándose con el Centro de Reporte de Reclamos de State Fund al (888) STATEFUND (888-782-8338). Usted puede obtener una copia impresa de la lista completa de todos los proveedores de la red MPN enviando un correo electrónico a scifmpn@scif.com, o llamando al (866) 436-0204. También puede enviar una solicitud por escrito a:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Drive
Monterey Park, CA 91754

CENTRO DE SERVICIO AL CLIENTE DE STATE FUND

(888) 888-782 sin costo

Línea directa de atención contra el fraude

(888) 786-7372 sin costo

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State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

STATE COMPENSATION INSURANCE FUND

CLAIMS REPORTING: Electronic First Report of Injury (EFROI) using your State Fund ID & Password at: www.statefundca.com/statecontracts or fax to the Customer Service Center at 800-371-5905

OSHA Case No.

☐ Fatality

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony

NOTICE: California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be **reported immediately** by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. DEPARTMENT
1a. AGENCY CODE OR SCIF POLICY NUMBER
2. MAILING ADDRESS (Number and Street, City, Zip)
2a. Phone Number
3. LOCATION, if different from Mailing Address (Number, Street, City and Zip)
3a. DIV./LOCATION CODE
4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.
5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.
6. TYPE OF EMPLOYER
☐ PRIVATE ☒ STATE ☐ COUNTY ☐ CITY ☐ SCHOOL DIST. ☐ OTHER GOVERNMENT - SPECIFY _____

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)
8. TIME INJURY/ILLNESS OCCURRED _____ A.M. _____ P.M.
9. TIME EMPLOYEE BEGAN WORK _____ A.M. _____ P.M.
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ YES ☐ NO
12. DATE LAST WORKED (mm/dd/yy)
13. DATE RETURNED TO WORK (mm/dd/yy)
14. IF STILL OFF WORK, CHECK THIS BOX ☐
15. PAID FULL DAY'S WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☐ YES ☐ NO
16. SALARY BEING CONTINUED? ☐ YES ☐ NO
17. DATE OF EMPLOYER'S KNOWLEDGE/ NOTICE OF INJURY/ILLNESS (mm/dd/yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)
19. SPECIFIC INJURY/ILLNESS AND MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning.
19a. BODY PART AFFECTED
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Address)
20a. ZIP
20b. COUNTY
21. ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
21a. WAS ANOTHER PERSON RESPONSIBLE? ☐ YES ☐ NO
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.
23. OTHER WORKERS INJURED OR ILL IN THIS EVENT? ☐ YES ☐ NO
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold.
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.
27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip)
27a. Phone Number
28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? ☐ NO ☐ YES If yes, then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)
28a. Phone Number
29. Employee treated in Emergency Room? ☐ YES ☐ NO

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.
Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.*

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm/dd/yy)
33. HOME ADDRESS (Number, Street, City, Zip)
33a. PHONE NUMBER
34. SEX ☐ MALE ☐ FEMALE
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)
CBID#
36. DATE OF HIRE (mm/dd/yy)
37. EMPLOYEE USUALLY WORKS _____ hours per day _____ days per week _____ total weekly hours
37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal ☐ disabled ☐ retired ☐ laid-off ☐ unemployed ☐ on strike ☐ other
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?
38. GROSS WAGES/SALARY $ _____ per _____
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, overtime, bonuses, etc.)? ☐ YES ☐ NO
40. PERS/STRS MEMBERS ☐ YES ☐ NO
41. CSID # (3 digit division, 4 digit position or job classification, 3 digit serial number)

Completed By (type or print)
Signature & Title
Date (mm/dd/yy)

*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

Please do not use this Column
Case Number
Ownership
Industry
Occupation
Sex
Age
Daily hours
Days per Week
Weekly Hours
Weekly Wage
County
Nature of Injury
Part of body
Source
Event
Secondary Source
Extent of Injury

e3067 (REV 8-10) STATE

FILING OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY. A CLAIM FORM MUST BE GIVEN TO THE INJURED WORKER WITHIN ONE WORKING DAY OF YOUR KNOWLEDGE OF OCCUPATIONAL INJURY OR ILLNESS WHICH RESULTS IN LOST TIME OR MEDICAL TREATMENT.

If the Supervisor and Manager Review portions of this form cannot be completed within five days of the injury, DO NOT DELAY SUBMISSION OF THE REVERSE SIDE TO STATE FUND. Submit the form completed in its entirely to the Departmental Safety Coordinator within ten days of the injury.

EMPLOYEE'S NAME	UNIT	SOCIAL SECURITY NUMBER

SUPERVISOR'S REVIEW

Facts available lead me to believe this work injury was caused by and happened during State work. ☐	From the facts I need my superior's or a physician's advice. The alleged claim of injury is not clearly identified with State employment. ☐	The facts do not indicate this claim of injury was work connected. ☐

GIVE THE FACTS THAT JUSTIFY THE ITEMS CHECKED:

WHAT CORRECTIVE ACTION IS BEING TAKEN TO PREVENT SIMILAR ACCIDENTS? HAVE YOU TAKEN THESE STEPS? ☐ YES ☐ NO If no, explain.

I DO NOT HAVE AUTHORITY TO TAKE THE FOLLOWING ACTION BUT RECOMMEND:

IF INJURED EMPLOYEE IS UNABLE TO PERFORM FULL DUTY:

A. THE POSSIBILITY OF MODIFIED WORK WAS DISCUSSED WITH THE ATTENDING DOCTOR: ☐ YES ☐ NO

B. MODIFIED WORK DECISION: Condition precludes M.W. ☐ Appropriate M.W. not available ☐ M.W. arranged_____days

Signature	Classification	Date

MANAGER'S REVIEW

DO YOU CONCUR WITH FIRST LINE SUPERVISOR'S REVIEW? ☐ YES ☐ NO If no, explain.

Signature and Date

CONTINUATION AND MISCELLANEOUS COMMENTS:

Guide to

Workers' Compensation for State of California Employees

STATE COMPENSATION INSURANCE FUND

Helpful information you should know if you are injured on the job or become ill due to your job.

Questions and Answers

What is State Compensation Insurance Fund, or State Fund?

State Compensation Insurance Fund (State Fund) is the insurance carrier your employer has chosen to provide its workers' compensation coverage. We celebrated our 100 year anniversary in 2014, so we have a long history of providing workers' compensation throughout California.

What is Workers' Compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is Illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim.
- Intend to file a workers' compensation claim.
- Settle a workers' compensation claim.
- Testify of intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

What Are the Benefits?

- **Medical care**: Paid for by State Fund to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary disability benefits**: Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Industrial Disability Leave benefits**: State employees who are active members of the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS) are eligible to receive the IDL salary-continuation benefit instead of TD. IDL provides full "net" salary for the first 22 work days (defined as a number of hours based on your time base) of disability. Thereafter, payments are based on two-thirds

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of your normal "gross" salary. IDL is payable for up to 2080 hours (maximum determined by your time base) within a two-year period, from the first date of disability. IDL payments are issued by your agency on your regular payday. If you qualify, you may elect to supplement your IDL payment with your available leave credits. Once your agency receives verification of lost time, your personnel department gives you an "Industrial Disability Leave with Supplementation Benefits Information and Option Selection Form" (STD. 618S).

Note: If you are a state "safety class" employee, talk to your personnel department to see if you are eligible for an alternative benefit.

- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports.
  - Your age.
  - Your occupation.
- **Supplemental job displacement benefits:** This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least $224 per week. In addition, workers' compensation provides a burial allowance.

When Can I Receive Disability Benefits?

Your employer must authorize medical treatment within one working day of receiving the DWC 1 claim form. You may receive up to $10,000 in employer-paid medical care until your claim is either accepted or denied. State Fund has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

State Fund will send you "benefit notices" that will advise you of the status of your claim. Once your claim is accepted, State Fund will verify the time that you have missed from work. If eligible, you will receive either Industrial Disability Leave (IDL) or TD after serving a "waiting period" of three calendar days. The "waiting period" is waived if you are unable to work for more than 14 calendar days, are hospitalized as an inpatient, or suffer an injury as the result of a criminal act of violence.

Other Benefits

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their Web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers' Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR Web site at www.dir.ca.gov.

Workers' Compensation Fraud is a Crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to $150,000 and/or serve up to five years in jail.

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More About Medical Care

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing before you get hurt on the job.
- A doctor from the medical provider network (MPN).

What is a Medical Provider Network (MPN)?

A Medical Provider Network (MPN) is a select group of health care providers who treat injured workers. State Fund's MPN is comprised of a group of physicians and other medical service providers in California, some who primarily treat occupational injuries and other providers who specialize in general areas of medicine. If necessary, the MPN will provide specialists to treat your injury or illness.

If you have not named a doctor before you get hurt you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list. To find a conveniently located care provider from State Fund's Medical Provider Network, go to MEDfinder MPN Search at www.statefundca.com.

If you need assistance locating an available MPN physician and are unable to reach your claims adjuster, Medical Access Assistants are available to help you Monday through Saturday, 7 a.m. to 8 p.m. Pacific Standard Time (PST), at 855-220-6469, toll free.

After you receive a regional-area listing of MPN doctors, you may select a treating doctor (or any subsequent doctor) on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition.

If there are less than three primary treating physicians within 15 miles of your location in a specialty appropriate to treat your injury, you may choose your own doctor or provider outside the MPN network. For assistance, you may contact your adjuster, if one has been assigned to you, or State Fund's Customer Service Center at 888-STATEFUND (888-782-8338).

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you;
- Maintained your medical history and records before your injury; and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

If the MPN is not applicable, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if State Fund has authorized additional visits in writing.

What If There Is A Problem?

If you have a concern, speak up. Talk to your employer or State Fund and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the DWC Information and Assistance (I&A) Unit

All 24 Division of Workers' Compensation (DWC) offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. Information and assistance officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

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To contact the nearest Information and Assistance Unit, go to www.dwc.ca.gov and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

DWC Information & Assistance Offices

Anaheim	(714) 414-1801	Sacramento	(916) 928-3158
Bakersfield	(661) 395-2514	Salinas	(831) 443-3058
Eureka	(707) 441-5723	San Bernardino	(909) 383-4522
Fresno	(559) 445-5355	San Diego	(619) 767-2082
Long Beach	(562) 590-5240	San Francisco	(415) 703-5020
Los Angeles	(213) 576-7389	San Jose	(408) 277-1292
Marina Del Rey	(310) 482-3820	San Luis Obispo	(805) 596-4159
Oakland	(510) 622-2861	Santa Ana	(714) 558-4597
Oxnard	(805) 485-3528	Santa Barbara	(805) 884-1988
Pomona	(909) 623-8568	Santa Rosa	(707) 576-2452
Redding	(530) 225-2047	Stockton	(209) 948-7980
Riverside	(951) 782-4347	Van Nuys	(818) 901-5367

Consult With an Attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their Web site at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social athletic activity that is not part of your work-related duties.

Additional Rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at 800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 800-669-4000.

This pamphlet has been approved by the administrative director of the Division of Workers' Compensation.

State Contract Services

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Guía para la

Compensación a los Trabajadores los empleados del Estado de California

Información útil en caso de que sufra alguna lesión en el trabajo o se enferme a causa de su trabajo.

Preguntas y Respuestas

¿Qué es State Compensation Insurance Fund?

State Compensation Insurance Fund, o State Fund, es la compañía de seguros que su empleador ha elegido para proporcionar su cobertura de compensación a los trabajadores. Celebramos nuestro aniversario número 100 en 2014, así que tenemos una larga tradición de proveer compensación a los trabajadores en California.

¿Qué es la compensación a los trabajadores?

Si usted se lesiona en el trabajo, su empleador está obligado por ley a pagar por los beneficios de compensación a los trabajadores. Usted podría lesionarse por:

Un suceso en el trabajo. Ejemplos: lastimarse la espalda en una caída, quemarse con un producto químico que le salpica la piel, lastimarse en un accidente automovilístico mientras hace entregas.

—o bien—

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la muñeca por el uso de herramientas que vibran, perder su capacidad auditiva debido a ruidos fuertes y constantes.

—o bien—

Crimen en el lugar de trabajo. Ejemplos: usted se lesiona en un asalto a una tienda, o es atacado físicamente por un cliente insatisfecho.

La discriminación es ilegal

Es ilegal en virtud de la sección 132a del Código Laboral que su empleador le castigue o despida porque usted:

- Presenta un reclamo de compensación a los trabajadores.
- Tiene la intención de presentar un reclamo de compensación a los trabajadores.
- Llega a un acuerdo en un reclamo de compensación a los trabajadores.
- Testifica o tienen intención de testificar por otro trabajador lesionado.

Si se determina que su empleador lo discriminó, se podría ordenar que usted sea restituido a su trabajo. A su empleador también se le podría obligar a compensar la pérdida de salarios, aumentar los beneficios de compensación a los trabajadores, y pagar los costos y gastos establecidos por la ley estatal.

¿Cuáles son los beneficios?

- **Atención médica:** Pagada por su State Fund para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo. Visitas al médico, servicios de hospital, terapia física, análisis de laboratorio y radiografías son algunos de los servicios médicos que se pueden prestar. Estos servicios deben ser necesarios para tratar su lesión. Hay límites en algunos servicios como la terapia física y ocupacional y la atención quiropráctica.
- **Beneficios por incapacidad temporal:** Se pagan si usted pierde sueldo debido a que su lesión le impide hacer su trabajo habitual mientras se recupera. La cantidad que usted puede recibir es de hasta dos terceras partes de su salario. Hay límites de pago mínimo y máximo establecidos por la ley estatal. Se le pagará cada dos semanas si usted es elegible. Para la mayoría de las lesiones, los pagos no podrán exceder de 104 semanas dentro de un periodo de cinco años a partir de la fecha de la lesión. La incapacidad temporal (TD) se detiene cuando usted regresa al trabajo, o cuando el médico le da de alta para el trabajo, o dice que su lesión ha alcanzado el punto de máxima mejoría.

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- **Beneficios del Permiso de Ausencia por Incapacidad Industrial:** Los empleados del estado que son miembros activos del Sistema de Retiro de Empleados Públicos (PERS) o del Sistema de Retiro de Maestros del Estado (STRS) son elegibles para recibir el beneficio de continuación de salario IDL en lugar del TD. El IDL proporciona el salario "neto" completo de los primeros 22 días de trabajo (definido como el número de horas con base en su tiempo) de incapacidad. A partir de entonces, los pagos se basan en dos tercios de su salario "bruto" normal. El IDL es pagable hasta por 2080 horas (el máximo se determina con su regimen horario) en un plazo de dos años desde la primera fecha de la incapacidad. Los pagos del IDL son entregados por su agencia el día de pago normal. Si usted califica, puede elegir suplementar su pago IDL con sus créditos de permiso disponibles. Una vez que su agencia reciba la verificación del tiempo perdido, su departamento de personal le dará un "Permiso de Incapacidad Industrial con Información de los Beneficios de Suplemento y el Formulario de Selección de Opciones" (STD. 618S).
- *Nota: Si usted es un empleado "safety class" del estado, hable con su departamento de personal para ver si usted es elegible para un beneficio alternativo.*
- **Beneficios por incapacidad permanente:** Se pagan si usted no se recupera por completo. Se le pagará cada dos semanas si usted es elegible. Hay tasas de pago semanal mínimo y máximo establecidas por la ley estatal. El monto del pago está basado en:
    - Los informes médicos de su médico.
    - Su edad.
    - Su profesión.
- **Beneficios suplementarios de desplazamiento laboral:** Se trata de un vale hasta por $6,000 que usted puede utilizar para actualizar o mejorar sus habilidades en una escuela aprobada, para obtener libros, herramientas, licencias o pagar cuotas de certificación u otros recursos para ayudarle a encontrar un nuevo trabajo. Usted es elegible para este vale si:
    - Usted tiene una incapacidad permanente.
    - Su empleador no le ofrece trabajo regular, modificado, o alternativo, durante los primeros 60 días después de que el administrador de reclamos reciba el informe de un médico que diga que usted ha alcanzado una recuperación médica máxima.
- **Beneficios por muerte:** Los pagos a su cónyuge, sus hijos u otros dependientes si usted muere de una lesión o enfermedad relacionada con el trabajo. El monto del pago está basado en el número de dependientes. El beneficio se paga cada dos semanas, a razón de por lo menos $224 por semana. Además, la compensación a los trabajadores proporciona un subsidio de sepelio.

¿Cuándo puedo recibir beneficios por incapacidad?

Su empleador debe autorizar el tratamiento dentro de un día laborable después de recibir el formulario de reclamo DWC 1. Puede recibir hasta $10,000 dólares en cuidado médico pagado por el empleador hasta que su reclamo sea aceptado o negado. State Fund tiene hasta 90 días para decidir si acepta o niega su reclamo. De lo contrario, se presume que su caso procede.

State Fund le enviará "avisos de beneficios" que le harán saber el estado actual de su reclamo. Una vez que su reclamo sea aceptado, State Fund verificará el tiempo que ha perdido de trabajo. Si es elegible, recibirá ya sea un Permiso de Ausencia por Incapacidad Industrial (Industrial Disability Leave, IDL) o TD después de haber pasado un "periodo de espera" de tres días calendario. El "periodo de espera" no se aplica si usted no puede trabajar por más de 14 días de calendario, está hospitalizado como un paciente interno, o sufre de una lesión a causa de un acto criminal de violencia.

Otros beneficios

Usted puede presentar un reclamo ante el Departamento de Desarrollo del Empleo (EDD) para obtener los beneficios por incapacidad del estado cuando los beneficios de compensación a los trabajadores se retrasan, son negados o han terminado. Existen restricciones de tiempo así que para obtener más información comuníquese con la oficina local del EDD o vaya a su sitio Web www.edd.ca.gov.

Si su lesión resulta en una incapacidad permanente (PD) y el Estado determina que su beneficio por PD es desproporcionadamente bajo en comparación con su pérdida de ingresos, usted podría reunir los requisitos para recibir dinero adicional del programa especial de suplemento de pérdida de ingresos del Departamento de Relaciones Industriales, también conocido como el programa de regreso al trabajo. Si usted tiene preguntas o cree que reúne los requisitos, comuníquese con la Unidad de Información y Asistencia al ir a www.dwc.ca.gov y buscar el enlace "Information & Assistance Unit" en "Workers' Compensation programs and units" o bien visite el sitio Web del Departamento de Relaciones Industriales en www.dir.ca.gov.

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El fraude en la compensación a los trabajadores es un delito

Cualquier persona que haga o cause que se haga una declaración falsa a sabiendas con el fin de obtener o negar beneficios o pagos de compensación a los trabajadores es culpable de un delito grave. De ser declarado culpable, la persona tendrá que pagar multas de hasta $150,000 y/o cumplir hasta cinco años de cárcel.

Más acerca de los cuidados médicos

¿Qué es un Médico de atención primaria (PTP)?

Este es el médico con la responsabilidad total para el tratamiento de su lesión o enfermedad. Este puede ser:

- El médico que usted nombra por escrito antes de que usted se lesione en el trabajo.
- Un médico de la red de proveedores médicos (MPN).

¿Qué es una Red de Proveedores Médicos (MPN)?

Una Red de Proveedores Médicos (Medical Provider Network, MPN) es un grupo selecto de proveedores del cuidado de la salud que tratan a los trabajadores lesionados. La red MPN de State Fund está conformada por un grupo de médicos y otros proveedores de servicios médicos en California, algunos de los cuales tratan principalmente lesiones ocupacionales, así como otros proveedores que se especializan en áreas generales de la medicina. Si es necesario, la red MPN proporcionará especialistas para tratar su lesión o enfermedad.

Si no ha nombrado a un médico antes de lastimarse, verá a un médico de la red MPN. Después de su primera visita, usted tiene libertad para elegir a otro médico de la lista MPN. Para encontrar un proveedor de cuidados ubicado de forma conveniente de la Red de Proveedores Médicos de State Fund, entre a MEDfinder MPN Search (Búsqueda de MPN de MEDfinder), en www.statefundca.com.

Si necesita ayuda para localizar a un médico disponible de la red MPN y no puede comunicarse con su ajustador de reclamos, los Asistentes de acceso médico están disponibles para ayudarle de lunes a sábado de 7 a.m. a 8 p.m., Hora Estándar del Pacífico (PST) sin costo al (855) 220-6469.

Después de que reciba una lista de los doctores de la MPN en el área regional, usted puede seleccionar a un doctor que brinde tratamiento (o a cualquier doctor subsecuente) basado en la especialidad de éste o su experiencia reconocida en el tratamiento de su lesión o enfermedad particular.

Si existen menos de tres médicos de atención primaria dentro de un radio de 15 millas de donde usted se encuentre, que tengan la especialidad apropiada para tratar su lesión, usted puede elegir a su propio medico o proveedor fuera de la red MPN. Para obtener ayuda, usted puede comunicarse con su ajustador, si ya se le ha asignado uno, o con el Centro de Servicio al Cliente de State Fund al 888-STATEFUND (888-782-8338).

¿Qué es la designación previa?

La designación previa es cuando usted nombra a su médico de cabecera para tratarlo si se lastima en el trabajo. El médico debe ser un doctor en medicina (M.D.), médico osteópata (D.O.) o un grupo médico con un M.D. o D.O. Usted debe nombrar a su médico por escrito antes de que se lastime o se enferme.

Puede hacer una designación previa de un médico si usted tiene cobertura de atención médica para las lesiones y enfermedades no relacionadas con el trabajo. El médico debe:

- Haberle tratado a usted.
- Haber mantenido su historial clínico y sus registros antes de su lesión; y
- Haber acordado tratarlo por una lesión o enfermedad relacionada con el trabajo antes de que usted se lesionara o se enfermara.

Si la red MPN no es aplicable, usted puede nombrar a su quiropráctico o acupunturista para tratarlo por lesiones relacionadas con el trabajo. El aviso de quiropráctico o acupunturista personal se debe dar por escrito antes de que usted se lesione. Usted puede utilizar el formulario incluido en este folleto. Después de llenar el formulario, asegúrese de dárselo a su empleador.

Con algunas excepciones, la ley estatal no permite que un quiropráctico continúe como su médico de atención primaria después de 24 visitas. Una vez que haya recibido 24 visitas al quiropráctico, si usted todavía necesita el tratamiento médico, tendrá que elegir a un nuevo médico que no es quiropráctico. El término "visita al quiropráctico", significa cualquier visita al consultorio del quiropráctico, sin importar si los servicios prestados implican la manipulación quiropráctica o se limitan a la evaluación y el manejo.

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Las excepciones a la prohibición de que un quiropráctico continúe como su médico de atención primaria después de 24 visitas incluyen visitas postoperatorias de medicina física prescritas por el cirujano o por el médico designado por éste, en el marco del componente postquirúrgico del plan de utilización de tratamiento médico de la División de Compensación a los Trabajadores, o si State Fund ha autorizado visitas adicionales por escrito.

¿Qué pasa si se presenta un problema?

Si usted tiene alguna preocupación, hable. Hable con su empleador o con State Fund para intentar solucionar el problema. Si esto no funciona, pida ayuda al tratar lo siguiente:

Comunicarse con la Unidad de Información y Asistencia (IyA) de DWC

Todas las 24 oficinas de la División de Compensación a los Trabajadores (DWC) en todo el estado ofrecen información y asistencia sobre los derechos, los beneficios y las obligaciones en virtud de las leyes de compensación a los trabajadores de California. Los funcionarios de información y asistencia ayudan a resolver disputas sin los procedimientos formales. Su objetivo es que usted reciba todos los beneficios de forma oportuna. Sus servicios son gratuitos.

Para comunicarse con la Unidad de Información y Asistencia más cercana, entre a www.dwc.ca.gov y en la sección de "Workers' Compensation programs and units" ("unidades y programas de Compensación a los Trabajadores"), haga clic en "Information and Assistance Unit" ("Unidad de Información y Asistencia"). En este sitio usted encontrará hojas informativas, guías e información para ayudarle.

Oficinas de información y asistencia de DWC

Anaheim	(714) 414-1801	Sacramento	(916) 928-3158
Bakersfield	(661) 395-2514	Salinas	(831) 443-3058
Eureka	(707) 441-5723	San Bernardino	(909) 383-4522
Fresno	(559) 445-5355	San Diego	(619) 767-2082
Long Beach	(562) 590-5240	San Francisco	(415) 703-5020
Los Angeles	(213) 576-7389	San Jose	(408) 277-1292
Marina Del Rey	(310) 482-3820	San Luis Obispo	(805) 596-4159
Oakland	(510) 622-2861	Santa Ana	(714) 558-4597
Oxnard	(805) 485-3528	Santa Barbara	(805) 884-1988
Pomona	(909) 623-8568	Santa Rosa	(707) 576-2452
Redding	(530) 225-2047	Stockton	(209) 948-7980
Riverside	(951) 782-4347	Van Nuys	(818) 901-5367

Consultar con un abogado

La mayoría de los abogados ofrecen una consulta sin costo. Si usted decide contratar a un abogado, sus honorarios podrían ser tomados de parte de sus beneficios. Para obtener los nombres de abogados de compensación a los trabajadores, llame al Colegio de Abogados de California al (415) 538-2120 o conéctese a su sitio Web en http://www.californiaspecialist.org. Puede obtener una lista de abogados de su Unidad de Información y Asistencia local o busque en las Páginas Amarillas.

Advertencia:

Es posible que su empleador no pague los beneficios de compensación a los trabajadores si usted se lesiona en horas no laborables en una actividad voluntaria recreativa, social o atlética que no sea parte de sus funciones laborales.

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Derechos adicionales

A usted también le pudieran corresponder otros derechos conforme a la Ley de Norteamericanos con Discapacidades (ADA) o la Ley de Equidad en el Empleo y la Vivienda (FEHA). Para obtener información adicional, comuníquese con FEHA al (800) 884-1684 o en la Comisión de Igualdad de Oportunidades en el Empleo (EEOC) al (800) 669-4000.

Este panfleto ha sido aprobado por el director administrativo de la División de Compensación a los Trabajadores.

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Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to $10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea fisicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de estos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y dele el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, asi que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención medica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios medicos incluyan el tratamiento por parte de un medico, los servicios de hospital, la terapia fisica, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un limite para ciertos servicios medicos.

El Médico Primario que le Atiende-*Primary Treating Physician PTP* es el medico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al *PTP* que Ud. verá durante los primeros 30 dias. Sin embargo, en condiciones especificas, es posible que usted pueda ser tratado por su medico o grupo medico previamente designado. Si el doctor dice que usted aún necesita tratamiento despues de 30 dias, es posible que Ud. pueda cambiar al medico de su preferencia. Hay reglas differentes que se aplican cuando su empleador usa una Organización de Cuidado Medico (HCO) o una Red de Proveedores Medicos (MPN). Una MPN es una red de proveedores de asistencia medica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio medico inmediatamente.

Dentro de un dia despues de que Ud. Presente un formulario de reclamo, su empleador autorizará todo tratamiento medico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por $10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Despues de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes medicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes medicos, un juez de compensación de trabajadores posiblemente decida que expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes medicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoria de las lesions por un period limitado. Es posible que estos pagos cambien o paren, cuando su medico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at **www.californiaspecialist.org**.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades minimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres dias en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 dias.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el medico que le atienda, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista medico. Este trabajo modificado u otro trabajo podria ser temporal o podria extenderse dependiendo de la indole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. Se lesionó despues del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 dias despues de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitios, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependian económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Codigo Laboral sección 132a.) De ser probado, usted puede recibir pagos por perdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los limites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuniquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores *(Division of Workers' Compensation – DWC)* o puede escuchar información grabada, asi como una lista de oficinas locales llamando al **(800) 736-7401**. Ud. tambien puede consultar con la pagina Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoria de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, ó consulte con la pagina Web en **www.californiaspecialist.org**.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it **"Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir información gravada. En la hoja cubierta de esta forma esta la explicatión de los beneficios de compensación al trabajador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente)* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.*
    State Compensation Insurance Fund
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de* ***un día hábil*** *desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/*Copia del Empleador* ☐ Employee copy/ *Copia del Empleado* ☐ Claims Administrator/*Administrador de Reclamos* ☐ Temporary Receipt/*Recibo del Empleado*