

To: City of _____ Labor Groups- Police, Fire and General

RE: **Workers' Compensation-Alternative Dispute Program**

Meeting Date & Location: _____

The City of _____ is exploring with the City's bargaining units to enter into an Alternative Dispute Resolution (ADR) program pursuant to Labor Code Section 3201.7 as part of a Labor-Management Worker's Compensation Agreement.

The goals of this program are to develop a fair and balanced alternative dispute resolution system for worker's compensation cases that will assist in speedy recovery of the injured worker, facilitate the expeditious delivery of benefits, prevent abuse of the workers' compensation system and reduce delays, uncertainty, and protracted litigation.

We have scheduled a meeting and require you and/or your designee to join us on _____ at the _____. The meeting will begin at _____.

This will be an informational meeting to explain the ADR process and how it applies to you and your members and to provide an opportunity to address any concerns or questions you may have regarding the program.

We wish to express our thanks for taking time from your busy schedule to join us at this meeting.

If you have any questions regarding the upcoming meeting, please feel free to contact me at _____ or _____.

We look forward to having this program implemented in the very near future.

Sincerely,

City of Dinuba ADR Meeting Schedule: Proposed

Meeting #1

Done

- Presentation of the Workers' Compensation Carve-Out/ADR
- City and Labor groups invited for presentation
- Agreed to set up meeting to discuss program goals and details

Meeting #2

Done

- Discussion of ADR Components
- 1st Care Panel Treatment
- IME List
- Nurse Care
- Mediation
- Labor groups to file Petition with DIR

Meeting #3

Friday, July 7th, 2017 @ 10:30 am

- Confirm labor groups & permissions
- Review of MOU terms
- Discuss 1st Care Panel & Specialty physicians
- IME list reviewed
- JLR Team identified
- Review MOU

Meeting #4

Thursday, Aug 3rd, 2017 @ 2:00 pm

- Review MOU
- Finalize 1st Care & Specialty Panel
- Finalize Nurse Case Manager Panel
- Finalize IME Panel
- Discuss Opt In Provision

Meeting #5

Thursday, Aug 3rd, 2017 @ 2:00 pm

- Finalize MOU
- Schedule Union Presentation to ratify MOU agreement
- Discuss City Board Agenda (dates)

Meeting #6

Thursday, Aug 17, 2017 @ 2:00 pm

- MOU's ratified by Union
- City Board Approval
- Any remaining items?
- Discuss timeline for submission to State

Meeting #7

TBD

- Invite interested f1st Care Panel physicians in for formal meeting or schedule visits with City personnel & AIMS
- MOU to be submitted to DIR for approval

Meeting #8

Meeting via Phone

- Follow up with DIR on approval of ADR program
- ADR Program ready to launch (**September 1st**)

Meeting #9

Meeting via Phone

- JLM to set QTRLY meetings on the ADR program
- ADR Program launched
- Discussion on any further issues on the ADR program- 1st care Panel, IME

Meeting #10

Thursday, November 30, 2017 @ 2:00 pm

- First JLM Quarterly Meeting



STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
Administrative Director
Post Office Box 420603
San Francisco, CA 94142-0603
Telephone: (510) 286-7100

Petition for Permission to Negotiate a Section 3201.7
Labor-Management Agreement

Labor Code § 3201.7; Title 8, California Code of Regulations § 10202

Please submit the following information to the Administrative Director of the Division of Workers' Compensation to obtain a letter advising the below-named union and employer, or group of employers, of their eligibility to enter into negotiations for the purpose of reaching agreement on a labor-management agreement authorized by Section 3201.7 of the California Labor Code.

(Print or Type Name and Addresses)

1. Union Information

Name of Union: _____

Contact Person and Title: _____

Principal Address: _____

2. Employer Information (For group of employers, please use separate pages to list all individual employers.)

Name of Employer: _____

Contact Person and Title: _____

Federal Employers Identification Number (FEIN): _____

Principal Business of Employer: _____

Principal Address: _____

3. Please describe the bargaining unit or units to be covered by the Section 3201.7 labor-management agreement, and provide the approximate number of employees in the unit(s).

4. Please attach proof of the union's status as the exclusive bargaining representative of the employees in the above-described bargaining unit(s).

5. Please attach a copy of the current collective bargaining agreement or agreements in effect between the union and the employer.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT _____ (City), CALIFORNIA ON _____ (Date)

BY: _____, TITLE: _____
(Original Signature of Union Representative)

You must attach a proof of service by mail declaration indicating that the petition and all supporting evidence was mailed to the employer, or for a group of employers, all individual employers.