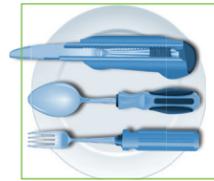




Workplace Wellness Grant Program

Overview and Forms

**Workplace Wellness
Grant Program**



Purpose of program3

How to apply3

Program requirements5

Employer responsibilities6

Required program data8

Workplace Wellness Grant Program Application10

Safety Management Self-Assessment13

Workplace Wellness Grant Program Contract16

Requirements for annual case study21



Purpose of program

To meet the challenges of obesity, rising incidence of chronic diseases, and the aging workforce, BWC has established the Workplace Wellness Grant Program to assist employers with the creation and implementation of a workplace wellness program. Scientific research has shown that the aforementioned challenges contribute to increased incidence and cost of workplace accidents and illnesses. The program’s goal is to limit and control the escalating cost of workers’ compensation claims by helping employers develop health promotion programs for their employees. The secondary goals are to reduce health-care costs for employers, as well as improve the health and well-being of the workforce.

Employers who receive the grant will be required to share aggregated data related to their employees’ health risk factors and costs with BWC, demonstrate proper use of grant awards, and effective implementation of the wellness program in their workplaces. BWC will subsequently use the data to determine the effectiveness of the wellness program on workers’ compensation claims frequency, claims cost, and the timeliness of post-injury return to work.

How to apply

Step 1 – Contact your local BWC service office, Employer Services Division to find a safety and health consultant who will verify your eligibility (1-800-OHIOBWC or ohiobwc.com).

Step 2 – Review program requirements.

Step 3 – Contract with a wellness program vendor.

Step 4 – Complete the following.

- Application and narrative
- Legal agreement/contract
- Safety management self-assessment
- Forms required to receive grant funds from the state
 - Vendor form (As a grant recipient the state considers you a vendor)
 - Direct deposit form
 - W-9 tax form

Step 5 – Contact safety and health consultant from step 1 who will review your application with you in person or by phone prior to submission.

Step 6 – Mail the above forms to: Ohio Bureau of Workers’ Compensation, Workplace Wellness Grants, 13430 Yarmouth Drive, Pickerington, OH 43147-8310. All signatures must be original.

Step 7 – BWC will evaluate the application and send a letter to you stating whether you are approved or denied for the grant program.



What is a wellness program?

There are several ways to define a workplace wellness program. According to the Harvard Business Review: A workplace wellness program is “An organized, employer-sponsored program that is designed to support employees (and, sometimes, their families) as they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line.”

Elements of an effective Workplace Wellness Program

Research has shown that effective wellness programs use a multi-faceted approach. Utilizing the elements listed below are proven to achieve results.

1. Obtain senior leadership commitment
2. Develop a written wellness program
3. Include a wellness plan in the business operations plan
4. Develop a wellness team or appoint a wellness coordinator
5. Collect data through surveys and screenings
6. Identify and deliver health promotion programs and services which will benefit your workers based on surveys and screenings
7. Continuously evaluate and improve the program

Grant eligibility requirements

The following is a list of eligibility requirements to receive a workplace wellness grant.

- Be a state-fund employer
- Be current on monies owed to BWC – not more than 45 days past due
- Maintain active coverage – not more than 40 days lapsed in the prior 12 months
- Must contract with a third party wellness program vendor. Existing contracts will not be considered.
- Currently does not have a wellness program
 - A workplace wellness program consists of:
 1. The following tools - a health risk appraisal and a biometric assessment – both of which measure health risk factors;
 2. Programs designed to address those health risk factors.
- If an employer only has one of the above numbers 1. (tools) or 2. (programs), then they do not have an existing wellness program and are eligible to apply for the workplace wellness grant.

- If the employer has both 1. (tools) and 2. (programs) listed above, we consider that an existing wellness program and the employer is not eligible to receive a workplace wellness grant.

Funds

Employers participating in the grant fund may receive \$300 per participating employee over a four-year period, which equates to a maximum amount of \$15,000 per policy.

A “participating employee” is defined as someone who completes a health risk appraisal and biometric screening in the first three months of the first year and each of the subsequent years of the grant program and participates in at least one activity to improve or maintain his/her health in each program year. The \$300 is divided over the four years per employee as follows

Year 1	Year 2	Year 3	Year 4	Total
\$100	\$75	\$75	\$50	\$300 per employee

Use of grant funds

Employers will be required to work with a wellness program vendor and incorporate the essential components of a successful wellness program, as determined by the leading authorities in wellness and steps outlined underneath “Elements of an effective workplace wellness program.” Wellness grant funds must be used for health risk appraisals (HRA), biometric screenings, and subsequent activities designed to address the results of the screening and assessment including, but not limited to, weight-loss management programs, educational seminars on improving health, physical fitness activities, and nutritional counseling to benefit the participating employees.

Funds may not be used to cover salaries, wages, internal labor or any costs associated with preparing the application. In addition to the above, funds may not be used to purchase incentive items to encourage participation in the wellness program. Funds must be solely used to compensate the external wellness program vendor for providing HRAs, biometric screenings, and administering and designing a workplace wellness program. Funds may not be used to purchase exercise equipment.

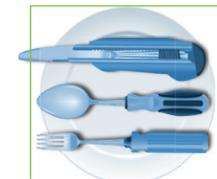
BWC will hold a company responsible for using the grant in the intended manner. An employer may face civil and/

or criminal sanctions if it misappropriates and/or misuses grant funds or misrepresents information when submitting a request for grant funds or any documents submitted for the purpose of securing grant funds.

Professional employer organizations (PEOs)/ client relationship

State-fund employers who are in a PEO/client relationship are eligible to apply for a workplace wellness grant. The client employer must apply under its own BWC policy number and will be responsible for obtaining all claims data from their PEO as required for participation in the wellness grant program. This claims data includes a four-year claims history and follow-up claims data reported yearly to BWC for up to four years for employees participating in the wellness program. In addition, the employer must provide a baseline case study at the time of applying for the grant and a yearly case study thereafter on the effectiveness of their workplace wellness program.

- PEOs are eligible to apply for the wellness grant under their own policy number. These grants can only be used for operations owned or operated by the PEO and not for any client employer.



Program requirements

Complete the application and narrative

Employers applying to receive grant funds are required to submit a completed application and narrative. The purpose of the narrative is to help BWC understand the goals of the program, the steps taken in the past and the methods that will be used to measure program effectiveness.

Complete the safety management self-assessment survey

Each eligible applicant must complete the safety management self-assessment when applying for the workplace wellness program grant. The self-assessment information will be used to identify opportunities for assistance from BWC’s Division of Safety & Hygiene to improve your overall workplace safety and health.

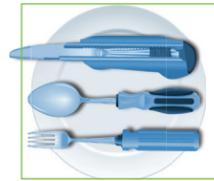
Submit the required data for employees participating in program

Employers participating in the wellness grant program are required to enter (1) aggregated biometric data, (2) aggregated health risk appraisal (HRA) data, and (3) employee information including participating employee names for each year of program participation and claims data. The data is due within three months of the grant application approval, and in subsequent years within three months after the year-end case study. You will receive instructions for what information is required for the employee participation data with the employer grant approval letter from BWC.

Submit a year-end case study

Employers who receive grant funds are required to submit a case study to BWC at the end of each year of participation in the Workplace Wellness Grant Program. The case study will be due one year after the grant approval date. The purpose of this case study is to assess the safety, wellness, and claims management and to assist with establishing best practices for the implementation of workplace wellness programs. You must submit this report electronically within 30 days of the anniversary date to program.wellness@bwc.state.oh.us.

*Berry, L., Mirabito, A., Baun, W. What’s the Hard Return on Employee Wellness Programs?: The ROI data will surprise you, and the softer evidence will inspire you. *Harvard Business Review*. Dec. 2010. 104-112.



BWC access

The employer agrees to allow BWC to inspect original program records of wellness program participants upon demand and on-site in the event that questions arise regarding the participation. The employer will also cooperate with BWC by providing access to information to help it measure the effectiveness of the wellness program.

The employer will allow BWC to publish Workplace Wellness Grant Program results, including but not limited to literature, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Grant recipient names

Pursuant to Ohio Revised Code 125.112 (F), BWC is required to post to ohiobwc.com the names of grant recipients and dollar amounts awarded.

BWC programs

Employers participating in other BWC programs are eligible to apply for this grant. These programs include group-rating, retrospective rating, Drug-Free Safety Program, safety intervention grants, and the safety council discount program.

BWC and IRS requirements

BWC must issue an IRS 1099 form to you for all unused and/or unverified funds. Acceptable verification is your paid invoice and copies of cancelled check(s) to verify payment. If you fail to submit all documentation in accordance with the terms of the Workplace Wellness Grant Program, and/or you have not verified how you spent the funds by Dec. 31 of a given year, the award could be considered income received and may be taxable. (Note: The issuance of a 1099 form does not preclude BWC from seeking administrative, civil and/or criminal sanctions, if you do not reimburse the bureau all unused grant money and/or funds deemed misappropriated.)

Employer responsibilities

Contact BWC

The employer is required to contact their local BWC service office to establish a working relationship with a safety and health consultant who will help to verify their eligibility and provide support and guidance for the program.

Vendor selection guidelines

BWC is providing the following wellness program vendor guidelines to assist the applicant in the selection of a vendor. BWC does not endorse the use of any particular vendor. When choosing a vendor, we suggest that you determine if they have the following knowledge, experience and resources. Also, see conflicts of interest and ethics compliance certification in the agreement.

1. Access to licensed health professionals, health coaches and counselors
2. Personnel with strong business backgrounds and analytical skills
3. Experience in developing wellness programs for companies in your industry
4. Knowledge of legal and regulatory compliance
5. Secured data systems
6. Online portal and other means of collecting protected health information data and providing guidance
7. Health risk appraisal (HRA) and biometric analysis software
8. References

Employers may also consider the following certifications when deciding on a vendor.

NCQA = National Committee Quality Assurance
URAQ = Utilization Review Accreditation Commission

Tips:

1. Please carefully review the eligibility requirements and ensure you qualify for the grant. If the Wellness Grant Review Board finds that you do not, you will find yourself in a contract with a vendor but with no grant funds to assist you in creating and implementing a workplace wellness program because you did not meet eligibility.
2. BWC suggests you review the required data elements with potential vendors. This way, the vendor will know upfront whether they will be able to assist you in meeting the program requirements.



3. Make sure the vendor is aware that the grant will be awarded AFTER the HRA and biometric data elements are reported to BWC. This may assist you in setting up a payment system between yourself and the vendor.

Change of vendor

If for any reason you need to change your wellness program vendor, immediately notify BWC. After securing a new vendor, please notify BWC and provide a copy of the contract between you and new vendor.

Employer requirements for each year of participation

Employers participating in the program may qualify to receive funds over a four-year period. The following requirements must be met to receive funding each year.

- 1) Complete all application questions (only in the first year)
- 2) Complete the safety management self-assessment
- 3) Execute a contract with a wellness program vendor
- 4) Provide the wellness program vendor name and a copy of contract with the application
- 5) Submit the application to BWC for approval (only in the first year)
- 6) Obtain approval for the grant funds.
- 7) Complete and submit baseline data (HRAs, biometrics) within three months of receiving application approval.
- 8) Provide proof of purchase receipt documents within three months of receiving grant funds.
- 9) Submit a yearly case study

Limitations

- o An employer is also strictly prohibited from improperly obtaining access to or disclosing personal health information.
- o Employers are also prohibited from coercing employees into participating in wellness programs.

An employer will be removed from the grant program and may face civil and criminal sanctions accordingly, if BWC finds any of these to be true.

Disqualification

If for any reason the employer participating in the program fails to satisfy one or more of the criteria established in the application and instructions, Ohio Administrative Code (OAC) 4123-17-56.1, and the following agreement, including but not limited to the requirement of maintaining active coverage, timely payments therefore, and the obligations

described in the Employer responsibilities and requirement for each year of participation sections, BWC may disqualify the employer from the program. Disqualification will result in termination of BWC's obligations under this agreement, and BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other civil and/or legal remedy.

If the employer merges or combines its business after receiving a grant but before completing the year-end case study reporting, the BWC Successorship Liability Policy will go into effect.

The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Workplace Wellness Grant Program.

The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.

Grant review process

When BWC receives the completed application, it will review the applicant's eligibility, and ensure that all questions have been addressed and all forms are completed. BWC will then send the application to the Workplace Wellness Grant Review Board for a review of the application.

The board evaluates the applications individually, approving or denying the applications based upon their merit. If approved, it will forward your application to BWC's finance department to issue a check. If denied, BWC will return the application to you with a letter of explanation.

Signature on application and agreement

Private employers are required to sign the application and agreement, signifying that they are either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for one year from the date of the grant check. The signer's authority will continue until the employer notifies BWC of the name of the successor.

Public employers are required to sign the application and agreement, signifying that they have primary fiduciary responsibilities under the public employer's BWC policy number; and the employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for one year from the date of the grant check.



Required program data

This is a list of data elements BWC requires from participating employers and their wellness vendor. BWC intends to use this data to determine the effectiveness of participation in a wellness program.

This information must be reported to BWC within three months of receiving approval to participate in the Workplace Wellness Grant Program.

Employee data

On the next page is the specific employee data required by BWC from an employer.

1. Total number of employees in the company
2. Total health-care utilization cost (non-workers' comp) if available for each of the past four years
3. Total number of hours worked by the participating employees in each of the previous four years
4. Employee absenteeism rate for participating employees
 - Year one of grant program (employer must report the last four years)
 - Years two, three and four (employer must report the prior full year)
5. Workers' compensation claims that have been filed by the participating employees
 - Year one of grant program (employer must report the last four years)
 - Years two, three and four (the employer must report the prior full year)

BWC suggests you review the required biometric and health risk appraisal (HRA) data with potential vendors. **This way, the vendor will know upfront whether they will be able to assist you in meeting the program requirements.**

Biometric data

Below is the specific aggregate data required by BWC from the biometric screenings, which are services provided by a wellness program vendor. This data must be entered each year of participation in the workplace wellness grant program.

1. **Body mass index (BMI)**
Percentage of participating employees who are underweight, normal, overweight or obese
 - Underweight <18.5
 - Normal 18.5 – 24.9
 - Overweight 25 - 30
 - Obese > 30
2. **Blood pressure**
Percentage of participating employees with low, normal, elevated or high blood pressure
 - Low < 90/60
 - Normal 90-120/60-80
 - Elevated 121-139/81-89
 - High > 140/90 High
3. **Blood glucose**
Percentage of participating employees with normal, elevated or high blood glucose levels (fasting)
 - Normal 80-100
 - Elevated 101-125
 - High >125
4. **Total cholesterol**
Percentage of participating employees with desirable, elevated or high total cholesterol
 - Desirable < 200
 - Elevated 200-240
 - High >240
5. **LDL cholesterol**
Percentage of participating employees with optimal, good, elevated or high LDL cholesterol
 - Optimal < 100
 - Good 100-129
 - Elevated 130-160
 - High > 160
6. **HDL cholesterol**
Percentage of participating employees with optimal, good or low HDL cholesterol
 - Low < 40 (men) < 50 (women)
 - Good 50-60
 - Optimal > 60
7. **Triglycerides**
Percentage of participating employees with normal, elevated and high triglycerides
 - Normal < 150
 - Elevated 150-200
 - High > 200



Health risk appraisal data

Below is the specific aggregate data required by BWC from the health risk appraisals, which are services provided by a wellness program vendor. This data must to be entered each year of participation in the workplace wellness grant program.

1. Percentage of participating employees with specific health risk factors
 - 0-2
 - 3-4
 - 5 or more
2. Percentage of participating employees engaged in the following ranges of physical activity
 - Excellent
 - Good
 - Fair
 - Poor/sedentary
3. Percentage of smokers among participating employees
4. Percentage of participating employees with the following nutritional habits
 - Excellent
 - Good
 - Fair
 - Poor
5. Percentage of participating employees who can be categorized in the following stress levels
 - Very high
 - High
 - Moderate
 - Low
 - Little or no stress



Workplace Wellness Grant Program Application

Employer information		
Name of employer		
Doing business as (DBA) name		
Address		
City	State	ZIP code
County		

Employer industry: Check box	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Cities
<input type="checkbox"/> Service (e.g., health care, day care centers, fast food restaurants, hotels)	<input type="checkbox"/> Counties
<input type="checkbox"/> Office work	<input type="checkbox"/> Transportation
<input type="checkbox"/> Construction	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Commercial (e.g., retail stores, delivery services, warehouses/distribution)	<input type="checkbox"/> Townships
<input type="checkbox"/> Unclassified	<input type="checkbox"/> Villages
<input type="checkbox"/> Schools	<input type="checkbox"/> Other

BWC policy number	Federal tax ID number
Employer contact name	
Title	
Telephone number (with extension)	
Fax number	
Email address	

Budget
You may use the workplace wellness grant for items such as HRAs, biometric screenings, awareness training, health-coaching services and the development of a workplace wellness program.
You may NOT use the workplace wellness grant funds for employee incentives, recouping the cost of any prior and/or ongoing wellness program, or fitness/exercise equipment. In addition, you may not use workplace wellness grants to pay for salaries, wages, internal labor or any costs associated with preparing the application.



Workplace Wellness Grant Program Application

Please provide the estimated budget for your wellness plan.	
Type of service	Estimated cost
	Total

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or, misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget.

Name of duly authorized representative (please print)	
Signature of duly authorized representative	
Title	Date

Narrative
<p>Employer Profile</p> <ol style="list-style-type: none"> Provide a description of your organization and business. How many employees work for your company? Have you encountered any difficulties in the past when trying to implement wellness in your company? If yes, what were they? Have your employees completed a health risk appraisal within the last 12 months? If yes, explain who provided the service and how the information was used. Have your employees completed a biometric screening within the last 12 months? If yes, explain who provided the service and how the information was used. What wellness program elements have been in place over the last 12 months? Identify all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Physical fitness component (e.g., walking) <input type="checkbox"/> Weight-management program <input type="checkbox"/> Nutritional counseling <input type="checkbox"/> Educational sessions <input type="checkbox"/> Health fairs <input type="checkbox"/> Discounts <input type="checkbox"/> Incentives <input type="checkbox"/> Other health promotion activities

Proposed program

1. What is the name of your wellness program vendor? Also include their address, phone number and email address.
2. Have you included a copy of the wellness program vendor contract with this application?
3. Do you have ownership, partnership or any other affiliation with your wellness program vendor? If yes, please describe.
4. How many of your employees are interested in participating in a wellness program?
5. What is (are) the name of your employee(s) responsible for implementing your workplace wellness program? What is their contact information?
6. Please explain your company's wellness culture and commitment to wellness, including:
 - Management level;
 - Departmental level.
7. Provide a timeline for the implementation of your wellness program.

There are three documents required in order for the employer to receive grant monies from the state. Below is a list of the three forms to fill out and attach to the application.

- Vendor form (As a grant recipient the state considers you a vendor)
<http://ohiosharedservices.ohio.gov/document.aspx?id=098c86b4-3755-4a72-8415-77964ad22128>
- Direct deposit form
<http://ohiosharedservices.ohio.gov/document.aspx?id=48f6b55e-d979-4949-b8da-84ef680392fc>
- W-9 tax form
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>

Company name	Policy number
--------------	---------------

Industry type (Autopopulate)	Average number of employees
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This assessment is intended to help employers evaluate their safety and claims management systems and identify opportunities for improvement. It should be completed by the person(s) in the organization who are most familiar with the current safety and claims management process. Please read each of the statements below and select the rating that best represents your level of agreement with that statement. The estimated time to complete this assessment is 15 minutes.

Upon completion of the assessment, please refer to the Resource Guide on the Industry-Specific Safety Program page for a list of suggested activities and BWC Division of Safety & Hygiene resources you can utilize in the areas you wish to improve. If you would like personal assistance completing the safety review or implementing any of the suggested activities, please call 1-800-OHIO-BWC.

Rating scale: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree, NS = not sure

- A. Management commitment** – The level of commitment that management demonstrates to the safety and health process
 1. A concise, documented policy that establishes safety and health as a core value that is equally important as production, service and quality has been communicated to all employees by top management.
 1 2 3 4 NS
 2. Management allocates adequate time and resources to support the organization's safety and health efforts.
 1 2 3 4 NS
 3. Top management establishes safety and health program goals, and regularly evaluates and communicates the organization's safety performance.
 1 2 3 4 NS
- B. Accountability** – The process that is used to assign safety and health management responsibilities and to evaluate, recognize and reward performance
 1. Safety and health responsibilities are assigned to the appropriate personnel and are specifically addressed in the performance review of each employee.
 1 2 3 4 NS
 2. Individuals with assigned safety and health responsibilities are provided with the skills, knowledge, resources and authority to perform their duties effectively.
 1 2 3 4 NS
 3. Supervisors conduct regularly scheduled safety inspections, safety briefings, observations, coaching and other assigned activities.
 1 2 3 4 NS
- C. Employee participation** – The extent to which the employees participate in and are encouraged to be involved in the safety and health of the workplace
 1. Opportunities are provided for employees to participate in the safety process through activities such as safety committee meetings, safety team projects and safety awareness event planning.
 1 2 3 4 NS
 2. Employees are involved in safety goal setting, strategy development and safety process improvements.
 1 2 3 4 NS
 3. Employees actively participate in safety and health training by identifying needed training topics, assisting with development and delivery of training, and assisting with on-the-job training and mentoring of new employees.
 1 2 3 4 NS
- D. Safety culture** – The organizational values, management style, environment and social norms related to safety and health
 1. The organization fosters trust and open communication on occupational safety and health issues by encouraging discussion and feedback on all issues that are raised.
 1 2 3 4 NS
 2. Collaboration and teaming on safety and health projects, activities and goals are used to ensure involvement and support from people in all areas.
 1 2 3 4 NS
 3. Employee safety and health issues are a standard topic of discussion in all organizational meetings and an essential consideration in all business decisions.
 1 2 3 4 NS

Rating scale: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree, NS = not sure

- E. Hazard prevention and control** –The process to identify and correct unsafe acts and unsafe conditions
- Employees at all levels are encouraged to promptly report safety and health hazards and unsafe acts to their supervisor and/or safety contacts for follow-up action.
 1 2 3 4 NS
 - Safety inspections are performed regularly to identify unsafe acts, and conditions and hazards are effectively eliminated or minimized in a timely fashion.
 1 2 3 4 NS
 - New equipment, tools, materials, and methods are evaluated before purchase, implementation and use to ensure that they do not create safety and health hazards
 1 2 3 4 NS
- F. Safety and health training and education** –The process of making sure that safety education and training is provided to people at all levels and that skills are assessed to ensure understanding
- Individuals at all levels in the organization receive the appropriate level of job-specific safety training along with all OSHA required training and a thorough explanation of the organization’s safety and health management process, opportunities to participate, and expectations for performance.
 1 2 3 4 NS
 - Supervisors and managers are knowledgeable with regard to the potential hazards and the safe practices for all jobs they oversee and are trained in safety observations, coaching and mentoring techniques to promote safe and healthy work practices.
 1 2 3 4 NS
 - Employees are informed of all potential hazards in their jobs, provided with documentation of safe work practices, and periodically evaluated to ensure understanding and compliance.
 1 2 3 4 NS
- G. Accident analysis** –The method of gathering and analyzing information and accident facts, determining root causes, and identifying safety improvements to prevent future accidents
- Supervisors document accidents, incidents and near misses, and conduct thorough accident analysis in a timely manner.
 1 2 3 4 NS
 - Supervisors work with safety coordinators and employees to determine root causes of accidents and near misses to ensure that effective corrective actions are taken.
 1 2 3 4 NS
 - Top management regularly reviews accident trends and workers’ compensation costs and uses the information to help develop goals and objectives.
 1 2 3 4 NS
- H. Workers’ compensation claims management** –The management process for ensuring timely filing of claims, care for the injured workers, and minimizing the financial impact of claims on the organization
- A clear and efficient process for reporting injuries/illnesses, obtaining medical treatment and filing the claim is established and communicated to all employees and follow-up contacts are made with injured workers while they are off work.
 1 2 3 4 NS
 - The person(s) responsible for managing workers’ compensation are knowledgeable about the various BWC rating programs, discount programs and claims-management strategies and use them effectively
 1 2 3 4 NS
 - The person(s) responsible for claims management regularly consult with BWC, the MCO and TPA to monitor all open claims, identify claims needing case management and rehabilitation services, and develop next steps to maximize return-to-work outcomes.
 1 2 3 4 NS
- I. Return-to-work practices** –The management process for ensuring a safe, efficient return to work by injured workers to help reduce financial burdens on the employee and employer
- The organization has developed policies and procedures for bringing an injured worker back to work in a safe and timely manner and communicated them to all managers, supervisors, employees and local health-care providers.
 1 2 3 4 NS
 - The organization maintains a detailed inventory that quantifies the physical demands of its jobs and educates local health-care providers on modified, transitional duty opportunities and expectations for releasing employees as soon as medically suitable.
 1 2 3 4 NS
 - The organization collaborates with treating physicians and case managers and uses strategies such as job modifications, assistive devices and flexible work scheduling to facilitate placement of injured workers based on their restrictions, capabilities and functional capacities.
 1 2 3 4 NS

Rating scale: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree, NS = not sure

- J. Employee health promotion (wellness)** –The organization’s efforts to encourage personal health improvement and health maintenance among its employees
- Top management supports and actively participates in health and wellness programs and activities, and regularly communicates the personal and organizational benefits.
 1 2 3 4 NS
 - Employees are encouraged to complete health risk assessments and are provided with data to help identify potential health risks and improvement opportunities.
 1 2 3 4 NS
 - The employer provides low-cost/no-cost preventive care services and resources for health maintenance and health improvement (e.g., health coaching, disease management, diet and nutrition counseling, smoking cessation, and weight loss programs).
 1 2 3 4 NS

K. Hazard identification - Please check all of the items below that apply to the nature of your business or the work operations.

<input type="checkbox"/> Elevated work with potential for falls	<input type="checkbox"/> Exposure to chemicals or hazardous substances	<input type="checkbox"/> Moderate to heavy lifting, carrying, push/pull	<input type="checkbox"/> Exposure to electrical hazards
<input type="checkbox"/> Trenching and excavation	<input type="checkbox"/> Airborne contaminants (dust, fumes, vapors)	<input type="checkbox"/> Repetitive forceful exertions	<input type="checkbox"/> Exposure to mechanical hazards
<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Elevated noise levels	<input type="checkbox"/> Sustained forceful exertions	<input type="checkbox"/> Power press, brake press, forging press
<input type="checkbox"/> Earth-moving equipment other powered trucks	<input type="checkbox"/> Exposure to extreme heat or cold	<input type="checkbox"/> Repetitive awkward work postures	<input type="checkbox"/> Knives, slitters, shears, other cutting tools
<input type="checkbox"/> Forklifts or other powered trucks	<input type="checkbox"/> Exposure to sunlight or other UV radiation	<input type="checkbox"/> Sustained awkward work postures	<input type="checkbox"/> Flammable or combustible materials
<input type="checkbox"/> Cranes, rigging and material lifting operations	<input type="checkbox"/> Needlesticks or other sharps	<input type="checkbox"/> Prolonged work at computer terminal	<input type="checkbox"/> High-pressure gas cylinders, propane, etc.
<input type="checkbox"/> Powered tools and/or powder actuated tools	<input type="checkbox"/> Bloodborne pathogens or other bodily fluids	<input type="checkbox"/> Vibration or impact forces on the body	<input type="checkbox"/> Welding, brazing, soldering, molten metal
<input type="checkbox"/> Temporary traffic/roadside worksite hazards	<input type="checkbox"/> Insect bites, stings, poisonous vegetation	<input type="checkbox"/> Lifting and transferring patients/residents	<input type="checkbox"/> Slips/trips/falls

L. Please indicate which BWC safety and health programs and services you would like to learn more about.

<input type="checkbox"/> Safety consultation	<input type="checkbox"/> Safety and health training	<input type="checkbox"/> Safety and health videos/DVDs
<input type="checkbox"/> Industrial hygiene consultation	<input type="checkbox"/> Safety Congress and Expo	<input type="checkbox"/> Safety and health resource library
<input type="checkbox"/> Ergonomics consultation	<input type="checkbox"/> Safety council	<input type="checkbox"/> Safety grants

If you have any questions or would like to request personalized assistance from a BWC representative, call 1-800-OHIOBWC.

Employer’s signature X	Date signed
Completed by	Job title

AGREEMENT
Between the
Ohio Bureau of Workers' Compensation
And
[Employer]

Whereas, the administrator of workers' compensation may issue a grant to defray the costs of workplace wellness programs incurred by an employer who elects to participate in the Workplace Wellness Grant Program, pursuant to Ohio Administrative Code Rule (OAC) 4123-17-56.1, wherein an employer may receive grant monies for projects which substantially reduce or eliminate the risk of workplace injuries and illnesses through addressing health risk factors, called herein Workplace Wellness Grant Program.

Therefore, for good and valuable consideration, the sufficiency of which is acknowledged, the parties mutually agree to the following conditions.

Distribution of grant monies — Subject to the conditions precedent in this agreement and subject to available BWC resources, the employer and BWC mutually understand and agree that the grant to be issued by BWC shall be paid to the employer according to the number of participating employees for all four years of the Workplace Wellness Grant Program. BWC shall award grant funds for a maximum of 50 participating employees for each employer. The employer shall be reimbursed according to the grant award schedule outlined in the Application for all four years. Upon receipt of the data pertaining to the completion of the health risk assessment of appraisal and biometric screening, BWC shall disburse the grant award of \$100 for year one, \$75 for year two, \$75 for year three, and \$50 for year four per participating employee for each employer. BWC shall award a maximum of \$300 per participating employee. *The employer, whether a public or private employer, agrees that the maximum grant amount shall not exceed \$5,000 for year one, \$3,750 for years two and three, and \$2,500 for year four, totaling \$15,000 over the four-year period.* The employer must agree to assume the remainder of the costs of their workplace wellness program and that only participating employees shall be accounted for when disbursing the grant award. The employer understands and acknowledges that BWC will not issue a grant for any expenditures that exceed \$15,000 over the four-year period.

Employer responsibilities — The employer participating in the Workplace Wellness Grant Program, in consideration of a grant given to it, promises to fully comply with the program requirements as outlined in the Application and Instructions and OAC 4123-17-56.1, all of which are fully incorporated herein by reference. *The employer will be responsible for using the awarded grant in the manner for which it is intended, and will be required to provide BWC with documentation. This documentation may include, but is not limited to, original invoices, canceled checks, and periodic reports to confirm that all funds were spent and applied toward a wellness program. The employer must agree to use the funds to compensate the wellness program vendor only and not as direct incentives to encourage employee participation in the workplace wellness program.* The employer also agrees to

allow BWC to publish workplace wellness grant results including, but not limited to, reports, literature, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees. In addition, the employer must notify BWC if the agreement between the employer and wellness program vendor terminates at any time during the four-year program. The employer must also agree to seek a different wellness program vendor. Once the employer enters into an agreement with a different wellness program vendor, the employer must notify BWC.

If the employer chooses to not renew its application for the Workplace Wellness Grant Program and therefore discontinue its participation with the program, the employer must still submit a year-end case study.

If suspicious activities surrounding the employer's reporting scheme arise, as judged by BWC in its sole discretion, BWC reserves the authority to inspect the employer's files pertaining to the employer's participation in the Workplace Wellness Grant Program.

Conditions precedent to receipt of grant funds — The receipt of grant funds for all four years is subject to the following conditions precedent:

1. Wellness program vendor: Prior to the submission of this Application and Agreement, the employer must have already obtained an agreement between it and a third-party wellness program vendor. A copy of the agreement between the employer and wellness program vendor must be submitted along with the Application.
2. Application and Agreement: The employer must submit the original signed and dated copies of the Application and this Agreement.
3. Health risk appraisal and biometric screenings: Upon the date of approval for this Application and its subsequent renewal for years two through four, the employer shall have *three months* to administer a health risk assessment or appraisal AND biometric screening for its employees. Administering the health risk assessment or appraisal and biometric screening shall be completed by working with the wellness program vendor.
4. Required data elements and names and claim numbers associated with participating employees: Upon completion of the health risk appraisal or assessment and the biometric screening, the employer must report the required data elements in aggregate form as listed in the Application. The names and claim numbers of the participating employees shall also be reported. The employer shall have *three months* to complete this condition.

Time of performance — *Within three months of the date of grant approval, the employer will be required to electronically provide BWC its requested data elements, claim numbers that are associated with participating employees, and a narrative.* For year one, the employer shall also provide a narrative case study at the time of applying for the grant.

One year after the date BWC receives the required data elements, the employer may renew its application for participating in of the Workplace Wellness Grant Program.

For years two through four, the employer may renew its application for funds. In order to obtain funds for years two through four, the employer must submit a case study that describes the previous year's activities, the previous year's required data elements, and the names and associated claim numbers of the current year's participating employees. The aforementioned information must be submitted one year from the date of the previous grant check being issued to the employer. *If the employer chooses to discontinue its participation in the Workplace Wellness Grant Program, BWC will require notification that details the reasoning behind the decision. The employer must remit any grant funds awarded from BWC during its participation in the Workplace Wellness Grant Program. An employer may not reapply for the Workplace Wellness Grant Program once it withdraws.*

Within three months of reporting the required data elements, the employer will be required to provide BWC a copy of the approved budget and itemized expense report, original paid invoices/receipts pertaining to paying the wellness program vendor for its services, and copies of all cancelled checks to support that all invoices associated with the Workplace Wellness Grant Program were paid in full.

Disqualification — If for any reason the employer participating in the Workplace Wellness Grant Program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56.1, and this agreement, including, but not limited to, the requirement of maintaining active coverage, timely payments thereof, and the obligations described in the Employer Responsibilities and Time for Performance sections, the employer may be disqualified from the program. *Disqualification will result in the termination of BWC's obligations under this agreement. BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding the employer's information to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other administrative, civil and/or legal remedy.* If the employer merges or combines its business after receiving a grant, but before completing the four years of measurement reporting, the BWC Successorship Liability Policy will go into effect. The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Workplace Wellness Grant Program. The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.

Disclaimer — If implemented correctly by the employer, the goal of the Workplace Wellness Grant Program is to substantially reduce or eliminate injury and illness in the workplace through addressing health risk factors and, hence, claims associated with the participating employees. BWC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall BWC be liable for any damages in contract or in tort. BWC shall also not be liable for any damages in contract or in tort that may occur from the agreement between the employer and wellness program vendor.

Ohio elections law — Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of Ohio Revised Code (ORC) Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of ORC Section 3517.13

Conflicts of interest and ethics compliance certification — Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise BWC in the event it acquires such interest during the course of this Contract. Grantee agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the ORC governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with BWC, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to BWC or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

Grantee, by signature on this document, certifies that Grantee: (1) has reviewed and understands the Ohio ethics and conflict of interest laws, and (2) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with the Ohio ethics laws is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

Non-Discrimination and Equal Employment Opportunity — The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including ORC Section 125.111 and all related Executive Orders. The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

Authority — The person signing below for the employer states that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for all four years that BWC issues the grant checks. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

By initialing this box, the employer agrees that it does not have an existing wellness program in place, as defined by this Application. The employer also agrees that it does not have an agreement with a wellness program vendor prior to Feb. 6, 2012. The employer also confirms understanding that any changes pertaining to the wellness program vendor must be communicated to BWC.

Effective Date — The effective date of this Agreement is the latest date indicated below the parties' respective signatures.

Employer Tax ID	State of Ohio, Bureau of Workers' Compensation
BWC Policy (Risk) number	
Signature	Signature
Name	Name
Title	Title
Date	Date

Requirements for annual case study

The case study will be due one year from the date BWC warranted the grant check. The purpose of this case study is to assess safety, wellness, and claims management and to assist with establishing best practices for the implementation of workplace wellness programs. Completion and a timely submission of the case study is required to receive funding for the next year. The following information needs to be included in each case study.

Employer information

- Company name
- Number of employees who participated in the wellness program (include employees who completed the biometric screening, completed the health risk appraisal (HRA) and participated in at least one program)
- Number of employees in the company (total)
- Absenteeism and turnover rates
- Occurrence of workers' compensation claims amongst employees participating in the wellness program
- Current health-care utilization costs

Wellness program information

- Description of your wellness program for the past year
 - Discuss aggregate results from HRAs and biometrics
 - Wellness training provided and attendance rates
 - Wellness coaching provided and participation rates
- What went well?
- What challenges did you face this year regarding your wellness program?
- Are you incorporating wellness into your company culture? How so?

- Have you been able to follow the "Elements to implementing an effective wellness program" If not, what are the steps you eventually followed? Below is a list of the elements.
 - Obtain senior leadership commitment.
 - Develop a written wellness program.
 - Include a wellness plan in the business operations plan.
 - Develop a wellness team or appoint a wellness coordinator.
 - Collect data through surveys and screenings.
 - Identify and deliver health promotion programs and services which will benefit your workers based on surveys and screenings.
 - Continuously evaluate and improve the program.

Additional information needed to receive funding for next year

- Have you scheduled the biometric screening and HRA for the next year?
 ___yes ___no

This information must be turned in to BWC within the first three months of the participating program year to receive funds.

- Are you remaining with the same wellness program vendor for next year's wellness grant program participation? If so, please provide us with a copy of the renewal contract. If not, please provide us with a contract from your new vendor.
- What are your goals for next year?

