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## PART I

## SECTION 15. INJURIES AND DISABILITIES

15-1 EMPLOYEE COMPENSATION MATTERS (FEDERAL EMPLOYEES' COMPENSATION ACT)15-1.1 Coverage

The Federal Employees' Compensation Act (FECA) (Title 5, USC, [§]8101 and following) provides compensation and medical care for all civil officers and employees of all branches of the Government of the United States (including instrumentalities of the United States wholly owned by the United States) for disability due to personal injuries sustained while in the performance of duty. The term "injury" includes, in addition to injury by accident, a disease proximately caused by the employment. The law also provides for the payment of funeral and burial expenses and compensation for the dependents if the injury or disease causes the employee's death. The FECA is also applicable to Federal employees while serving as Federal petit or grand jurors and while serving as members of the Reserve Officers' Training Corps and certain other groups, a listing of which is maintained by the Department of Labor. The FECA is administered by the Office of Worker Compensation Programs (OWCP), United States Department of Labor.

15-1.1.1 Notice of Injury

An employee is required to give his/her official superior (supervisor) written notice of injury in the performance of duty. Compensation may be denied if notice of injury is not given or if the supervisor does not have actual knowledge of the injury. The applicable [Form] CA-1 or CA-2 is used. All employee compensation matters must be submitted to FBIHQ. FBIHQ forwards compensation cases and related material to OWCP which has the adjudication responsibility.

15-1.1.2 Medical Care

An injured employee is entitled to first aid and medical care for the injury; this includes hospital care when needed. The medical care may be provided by any nearby duly qualified physician or hospital of the employee's choice. When travel is necessary to receive medical care, the injured employee may be furnished transportation and may be reimbursed for travel and incidental expenses.

15-1.1.3 Traumatic Injuries

A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected and be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries are distinguished from occupational disease or illnesses in that the latter are produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposure to conditions of the work environment over a longer period of time. Traumatic injuries also include damage or destruction to prosthetic devices or appliances, exclusive of eyeglasses and hearing aids unless the eyeglasses and hearing aids were damaged incidental to a personal injury requiring medical services.

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15-1.2 Continuation of Pay (COP)

An employee who sustains a disabling, job-related traumatic injury is entitled to continuation of regular pay for a period not to exceed 45 calendar days. However, in no event shall this be construed as requiring continuation of a person's employment beyond the date it would have terminated had the employee not been injured. The Bureau will continue the injured employee's pay unless the claim falls in one of the controversial categories listed below. This pay is subject to income tax, retirement, and other deductions. It should be noted that any other benefit (including medical care) is considered to be compensation. An employee's pay during continuation of pay will include premium, night or shift differential, Sunday and holiday pay, or other extra pay; however, overtime pay must not be included.

(1) In counting COP, use calendar days and not workdays. This includes holidays, weekends and days off.

(2) A day or portion of a day, spent in a light-duty or limited-duty status, within the 45 days of disability, is counted as one day of COP. This also includes the days the employee's job was modified to accommodate work restrictions set by the attending physician. [However, COP is only chargeable when there has been a formal assignment to an established job which is normally paid at a lower salary and would otherwise result in loss of income to the employee. The employee must be furnished with documentation of the personnel action prior to the effective date of the action. If the employee performs work of a limited light-duty nature in the absence of documentation of a personnel action as described, COP will not be chargeable. Return to work on a light-duty reassignment or detail is to be reported to OWCP on Form CA-3, Report of Termination of Disability and/or Payment. OWCP must be provided with documentation that the employee was found unfit for his or her regular job.]

15-1.2.1 Controverting Claims

If an employee's claim falls into one or more of the categories listed below, it is controverted and the employee's pay stopped. In all other cases it may be controverted; however, the employee's regular pay will not be interrupted during the 45-day period unless the controversion is sustained by the OWCP. FBIHQ or field office will controvert and terminate pay only if:

(1) The disability is a result of an occupational disease or illness; or

(2) The injury occurred off the premises and the employee was not involved in official "off-premise" duties; or

(3) The injury was caused by the employee's willful misconduct; the employee intended to bring about the injury or death of himself/herself or another person; or the employee's intoxication was the proximate cause of the injury; or

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(4) The injury was not reported on Form CA-1, within 30 days following the injury; or

(5) Work stoppage first occurred six months or more following the injury; or

(6) The employee initially reports the injury after his/her employment has terminated; or

(7) When the employee, having been requested to submit a doctor's certificate substantiating incapacitation for duty, fails or refuses to do so.

15-1.2.2 Procedure for Controverting

(1) [COP] is controverted by:

(a) Completing the indicated portion on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and [submitting the form to OWCP within 10 days of the time of injury. Include any medical evidence.]

(b) Submitting detailed information in support of the controversion to the OWCP.

(2) Where pay is continued after the employee stops work due to a disabling injury, it is not interrupted until information is received to the effect that the employee is no longer disabled; or notification from the OWCP that pay should be terminated; or the expiration of 45 days [(the period of COP). If the employee might not return to work by the end of COP, the following procedures are to be followed:

(a) After 30 days of COP: Begin preparations to submit a wage loss claim to OWCP. Office supervisory personnel should give Form CA-7, Claim for Compensation on Account of Traumatic Injury, to the injured employee with instructions to complete Part A and return the form within one week. The employee should be advised that OWCP consideration of the claim will depend on timely submission of the Form CA-7 by the employee and the timely submission by the doctor of medical evidence of disability for work for a specific period (CA-16 or CA-20).

(b) After 40 days of COP: If the Form CA-7 has not been returned, the office should contact the employee telephonically and request immediate submission of the form. If the employee has not returned to work by the 40th day of COP, the office should submit the completed Form CA-7, and any new medical evidence it has, to OWCP. If the employee returns to work after the Form CA-7 has been submitted, the office should notify OWCP BY TELEPHONE IMMEDIATELY and send a Form CA-3, Report of Termination of Disability and/or Payment, to verify return to work. Telephone notification is critical to avoid overpayment!

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(c) Ten (10) days before the period covered by Form CA-7 expires: If disability is expected to continue beyond the period claimed on the Form CA-7, the office should give the injured employee Form CA-8, Claim for Continuing Compensation on Account of Disability, with instructions to complete and return it to the office. The office should send it to OWCP at least 5 days before the end of the period covered by the Form CA-7 expires. Where disability is expected to continue, and until advised by OWCP that the employee has been placed on its regular roll, the office should continue to obtain and submit Forms CA-8 at least 5 days before the end of the period claimed on the preceding Form CA-8.]

(3) Compensation based on loss of wages is payable after the 45th day in traumatic injuries or from the beginning of pay loss in all other types of injuries.

15-1.3 Injuries Resulting in Total Disability

When an injured employee who has no dependents loses pay due to total disability resulting from an injury, compensation is payable at the rate of  $66 \frac{2}{3}$  percent of the pay rate established for compensation purposes. The compensation rate is increased to 75 percent when there are one or more dependents. Dependents include a wife or husband; an unmarried child under 18 years of age or if over 18, incapable of self-support, or a student (until reaching 23 years of age or completing four years of school beyond the high

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school level); or a wholly dependent parent. Compensation begins when the employee starts to lose pay if the injury causes permanent disability or if there is pay loss for more than 14 days; otherwise compensation begins on the fourth day after pay stops. Compensation may not be paid while an injured employee receives pay for leave. The employee has the right to elect whether to receive pay for leave or to receive compensation.

15-1.4 Responsibility for Reporting Traumatic Injury

When an employee sustains a traumatic, disabling injury in the performance of duty, the employee or someone acting on his/her behalf must give a written report on Form CA-1 to the supervisor within two working days following the injury. The supervisor must ensure its prompt submission to the Bureau. It must be shown on the form whether the employee wishes sick or annual leave or request continuation of regular pay for the period of disability. Upon reporting the injury, the employee will be authorized to obtain medical treatment if required. Form CA-16 is used. If treatment is obtained, the employee must inquire from the treating physician the earliest date that he/she will be able to return to work.

15-1.5 Duty Status Reports

(1) A "Duty Status Report," Form CA-17, will be used to obtain interim medical reports concerning the employee's duty status. If during the 45-day period the treating physician indicates the employee is able to return to work but he/she refuses to do so, the continued absence from work will result in an overpayment. Form CA-17, showing the ability to work, explicit statement of the light-duty job offered to the employee, along with its physical requirement with documentary evidence of the offer, are to be submitted to the appropriate OWCP district office, as evidence that entitlement to COP may be terminated. The period of absence from the job which resulted in the overpayment will be determined by the OWCP and the supervisor may then require the employee to resolve any overpayment.

(2) Similarly, if an employee returns to light duty, with charge against the 45-day period, documentation must be submitted in writing to the appropriate OWCP office, that the employee was found unfit for regular duty by the attending physician, and that the employee was placed in a light-duty job, or that the employee's regular job was modified as a result of the injury.

(3) If medical evidence shows disability is expected to continue beyond 45 days and compensation is desired after expiration of the period, Form CA-7 must be completed and filed with the appropriate OWCP district office not more than five working days after the termination of the 45 days. [[Forms CA-8 should be submitted every two weeks until the employee returns to [ duty or is placed on automatic rolls with OWCP.]

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15-1.6 Responsibility for Reporting Nontraumatic Injury

An injured employee, or someone acting on the employee's behalf, is required to give notice of injury and file claim for compensation for disability within 30 days after an injury in the performance of duty or in unusual cases a longer period is permissible. Form CA-2 is provided for this purpose. If the injured employee dies, dependents are required to file claim for compensation for death within the specified time, with the exception that the timely filing of a disability claim because of an on-the-job injury will satisfy the time requirements for a death claim based on the same injury. Notices and claims are to be filed with the employee's supervisor who will submit the notice and claim to FBIHQ for transmittal to OWCP. The person claiming benefits must thereafter submit any other reports and proof that OWCP may require.

15-1.7 Responsibility of Supervisor (Traumatic Injury Cases)

[(1)] Upon receiving notice that an employee has sustained a job-related traumatic injury, the division head, SAC, or appropriate supervisor will promptly authorize medical care. Form CA-16 [must be issued by Bureau official within 4 hours of employee's request, or in case of emergency, at the time the need for medical treatment is recognized by the official supervisor.] Provide the employee with [Form]CA-1 for reporting the injury and upon receipt of the completed form return to the employee the "Receipt of Notice of Injury."

[(2)] Advise the employee of the right to elect continuation of regular pay or use annual or sick leave, if the injury is disabling. Inform the employee whether continuation of pay will be controverted, and if so, whether it will be terminated, and the basis for such action. If the supervisor controverts the claim (whether or not pay is terminated), explanation for the controversion must be submitted on the supervisor's portion of [Form]CA-1 and/or by separate narrative report for consideration by the Bureau and OWCP. Form CA-1 fully completed by both employee and supervisor, together with all other pertinent information and documents, must be submitted within two working days following the supervisor's receipt of the form from the employee [(and within 10 days of the employee's injury).]

[(3)] Form CA-16 may be released to [an] Army, Navy, Air Force, or Veterans Administration medical officer or facility, or to a duly qualified private physician.

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15-1.7.1 Selecting Medical Facility or Physician

[(1)] The injured employee has the option to initially select a duly qualified private physician or hospital in the area. Generally speaking, the area is defined as within 25 miles of the employing establishment or the employee's home. The supervisor shall give the injured employee an opportunity to select the physician. The physician selected by the employee should be contacted by telephone to determine if the physician is available and will accept the employee for treatment. If not, the employee must select another qualified physician. Should the employee wish to change physicians after the initial choice, the OWCP must be contacted for approval.

[(2)] Medical providers (physicians) who have been convicted under a criminal statute for fraudulent activities in connection with a Federal or State program for which payments are made to providers for medical services are automatically excluded from participation in the FECA program. This means that their bills for services rendered to the employee will not be honored by OWCP. OWCP will periodically distribute the names and addresses of excluded providers, along with those who have been reinstated, to Federal agencies. An excluded physician may be reimbursed only for services rendered in a medical emergency. An employee whose initially chosen attending physician is excluded will be given the opportunity to choose a new physician.

[(3)] Authorization of medical care is valid for 60 days, unless withdrawn sooner by OWCP, by written notification to the provider.]

15-1.7.2 Physician Defined

The term physician includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists, and

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chiropractors within the scope of their practice as defined by state law. The term physician includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct an abnormal subluxation as demonstrated by X-ray to exist, and subject to regulation by the Secretary of Labor. Naturopaths, faith healers, and other practitioners of the healing arts are not recognized as physicians within the meaning of the law.

15-1.8 Occupational Disease Cases

Upon receiving notice that an employee has sustained an occupational disease, the supervisor should provide the employee with form CA-2 for reporting the occupational disease and upon receipt of the completed form return to the employee the "Receipt of Notice of Injury." Continuation of pay is not applicable in these cases. Advise the employee to furnish supporting medical and factual information requested on the Instruction Sheet, attached to the CA-2. If possible, this information should accompany the form when it is submitted to FBIHQ. Submission of the form should not be delayed. Advise the employee of the right to elect sick or annual leave, pending adjudication of the claim by the OWCP.

15-1.9 Permanent Total Disability

When an injury causes permanent total disability, the employee is entitled to compensation until death unless the employee is medically or vocationally rehabilitated. Some, although not all, of the examples of permanent total disability are loss, or loss of use, of both arms; or both feet; or both legs; or both eyes or the sight thereof. Compensation for total disability equals  $66 \frac{2}{3}$  percent of the employee's pay, and 75 percent when there is a dependent. The employee may receive additional compensation, not to exceed \$500 per month, when the services of an attendant are needed constantly because of the disability.

15-1.9.1 Partial Disability; Loss of Wage-Earning Capacity

An injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability as a result of the injury. The compensation will be paid so long as there is a loss of wage-earning capacity.

15-1.9.2 Scheduled Awards

Compensation is provided for specified periods of time for the permanent loss, or loss of use, of each of certain members, organs, and functions of the body. Compensation for proportionate periods of time is payable for partial loss, or loss of use, of each member, organ or function. The compensation for schedule awards will equal  $66 \frac{2}{3}$  percent of the employee's pay, and 75 percent of the pay when there is a dependent. Proper and equitable compensation, not to exceed \$3,500 may be paid for serious disfigurement of the face, head or neck, if of a character likely to handicap a person in securing or maintaining employment. Compensation for loss of wage-earning capacity may be paid after the schedule expires.



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15-1.10 Death

Burial Expense - A sum, not to exceed \$800, may be paid for funeral and burial expenses. When an employee's home is within the United States, an additional sum may be paid for transporting the remains to the home if the employee dies away from home, official duty station, or outside the United States. An additional sum of \$200 is paid to the personal representative of the decedent for reimbursement of the costs of termination of the decedent's status as an employee of the United States.

15-1.10.1 Dependent Compensation

When there are no children entitled to compensation, the employee's widow or widower may receive compensation equal to 50 percent of the employee's pay until death or remarriage. Upon remarriage, a widow or widower will be paid a lump sum equal to 24 times the monthly compensation being paid on his or her own behalf, except that if such remarriage occurs on or after the age of 60, the lump sum payment will not be made and compensation will continue until the beneficiary's death. When there is a child entitled to compensation, the compensation for the widow or widower will equal 45 percent of the employee's pay plus 15 percent for each child, but not more than 75 percent of the employee's pay. A child is entitled to compensation until he or she dies, marries, or reaches 18 years of age, or, if over 18 and incapable of self-support, becomes capable of self-support. If an unmarried child is a student when reaching 18 years of age, compensation may be continued for as long as the child remains a student or until he or she marries. It may not, however, be continued beyond the end of the semester or enrollment period after the child reaches 23 years of age or has completed four years of school beyond the high school level.

15-1.10.2 Minimum and Maximum Compensation

Compensation for disability may not exceed 75 percent of the monthly pay of the highest step of grade 15 of the General Schedule. For total disability, it may not be less than 75 percent of the monthly pay of the first step of grade 2 of the General Schedule or actual pay, whichever is less. Compensation for death is computed on a minimum pay equal to the first step of grade 2 of the General Schedule. The total compensation may not exceed the employee's pay or 75 percent of the monthly pay of the highest step of grade 15 of the General Schedule, except that compensation is allowed to exceed the employee's monthly pay if such excess is created by authorized cost of living increases.

15-1.11 Vocational Rehabilitation

Vocational rehabilitation, job counseling, and placement assistance may be provided an injured employee who is unable to return to usual employment because of permanent disability due to the injury. Additional compensation not to exceed \$200 per month may be paid if it is considered necessary for maintenance when the employee is pursuing an approved training course. Also, an employee will be paid at the rate for total disability while pursuing an OWCP approved training course.

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[ 15-1.12 Medical Information Needed for Reinstatement

[ If the supervisor has reason to believe employee or former  
[ employee receiving compensation benefits can perform the duties of a job which  
[ is available, these are the procedures for offering the employee the job:

[ (1) If a suitable job offer is made to an employee or former  
[ employee, and he/she refuses to accept such employment without adequate  
[ reason, compensation benefits may be terminated.

[ (2) The Bureau has the authority to require an employee currently  
[ receiving compensation benefits to submit medical information to the Bureau or  
[ report for a medical examination for the purpose of determining whether a job  
[ that is available is within the limits of the employee's medical condition.  
[ If medical information confirms that the job available is within the  
[ employee's medical limitations, the Bureau has the obligation to offer  
[ employment. The Bureau may order an examination by a physician of the  
[ Bureau's choice, in which case the Bureau is obligated to pay for the  
[ examination.

[ (3) Medical information dated within the past 3 months and which  
[ contains specific information about the medical limitations currently imposed  
[ on the employee should usually be considered sufficient for the purpose of  
[ making a job offer.

[ (4) If an employee refuses to provide sufficient medical  
[ information so that the Bureau may evaluate an appropriate job offer, the  
[ Bureau will notify OWCP of employee's refusal. The OWCP will then review the  
[ case. The Bureau does not have the authority to order a former employee  
[ receiving compensation benefits to submit to a medical examination for the  
[ purpose of reemployment, but the Bureau may offer a medical examination or may  
[ simply ask for information from the individual. If the Bureau offers an  
[ examination by a Bureau-designated physician, the Bureau is obligated to pay  
[ for the examination. If an employee refuses to respond to the offer, the  
[ Bureau will notify the OWCP of the refusal.

[ (5) OWCP has the final authority in determining whether a job  
[ offer is suitable, that is, within the employee's medical limitations.]

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[[15-1.13] Buy-back of Leave

(1) An employee may decide to take sick or annual leave, or both, to avoid possible interruption of income. If the employee elects to take leave and the claim for compensation is subsequently approved, the employee may arrange with the employing agency to buy back the leave used and have it reinstated to the employee's account. The compensation to which he or she is entitled would pay a part of the buy-back cost and the employee would have to pay the balance. The amount the employee will be required to pay will depend on several factors such as the length of the period of disability and the amount of Federal income tax which is withheld from leave pay.

(2) An employee who uses leave and decides to buy it back, may file a claim for compensation on [Form]CA-7 in traumatic injury cases, or on [Form]CA-4 in nontraumatic cases, while still in leave status. In the interim, the OWCP will consider and resolve any points at issue. No compensation payments may be paid, however, while the employee is still in leave status. Arrangements to buy back leave must be made with the Bureau.

(3) Under regulations of the Office of Workers' Compensation Programs, Department of Labor, an agency may establish the period in which a request for buy-back of leave will be accepted. Since FBIHQ maintains leave records for a period of three years, and since these records are essential to processing such requests, effective 6/1/79, FBIHQ will not accept buy-back requests which are in excess of three years old. The time period during which a request will be accepted will commence on the last day of leave utilized in connection with the injury.

(4) If an employee buys back regular annual leave which is credited to a prior leave year, and the recredit causes a leave balance at the end of that leave year to be in excess of the maximum accumulation (240 hours), the excess leave will immediately be forfeited as of the beginning of the leave year following the year to which it is recredited. In situations in which it appears that the Bureau did not inform the employee of the consequences of buying back leave which would be forfeited, the employee can be retroactively returned to an annual leave status to an extent necessary to avoid forfeiture of the repurchased leave. This procedure would also require a refund of compensation payments to OWCP for the period of annual leave.

(5) If repurchase of sick or annual leave is in the same tax year in which the leave was used, the amount is excluded from taxable income for that year.]

[[15-1.14] Third Party Liability

The OWCP has the right to be reimbursed from damages recovered in any case of injury or death caused under circumstances creating a legal liability upon someone other than the United States. No person claiming compensation should settle a third party claim arising out of an injury or death without first obtaining advice and approval from the Solicitor of Labor (obtain from the Associate Counsel for Employees' Compensation, Washington, D.C. 20210). In all cases of this kind, the supervisor should advise claimants of these requirements.

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[[15-1.15] Basic Compensation Forms

<u>Form #</u>	<u>Title</u>
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-3	Report of Termination of Disability and/or Payment
CA-4	Claim for Compensation on Account of Occupational Disease
CA-5	Claim for Compensation by Widow, Widower, and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6	Official Superior's Report of Employee's Death
CA-7	Claim for Compensation on Account of Traumatic Injury
CA-8	Claim for Continuing Compensation on Account of Disability
CA-16	Request for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physicians Report
CA-20a	Attending Physicians Supplemental Report

[[15-1.16] Penalties

Any person who makes a false statement to obtain Federal employee's compensation or who accepts compensation payments to which he or she is not entitled is subject to a fine of no more than \$2,000 or imprisonment for no more than one year, or both. Any person charged with the responsibility for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; knowingly files a false report; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of no more than \$500 or imprisonment for no more than one year, or both.

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15-2 FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

The Federal Employees Health Benefits Program (FEHBP), which became effective at the beginning of the first pay period after July 1, 1960, gave all eligible Government employees an opportunity to enroll in an approved health benefits plan. The Government contributes a portion of the premium and the remainder is paid by employee through payroll deduction. The amount varies depending upon the option and plan chosen.

15-2.1 Eligibility

(1) Eligible employees have the choice of enrolling in an employee organization plan (the FBI employee organization plan is SAMBA - Special Agents Mutual Benefit Association), Governmentwide Indemnity Benefit Plan, Governmentwide Service Benefit Plan, or a group-practice or individual-practice plan which is limited to employees in the geographic area served by such plan.

(2) A comparison chart of the major benefits and premiums of all health benefit plans and general information about the FEHBP are included in the Brochure[RI]70-1, Enrollment Information Guide and Plan Comparison Chart. The complete description of benefits of each plan is described in the individual brochure for each health benefit plan. Employees should immediately be [ furnished[RI]70-1, Enrollment Information Guide and Plan Comparison Chart; SF-2809, the Health Benefits Registration Form; the SAMBA Application

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(1) A change in family status (item 3 above) includes such things as: the birth of a child; the legal adoption of a child; the addition of foster children who live with the employee in a regular parent-child relationship; or return from military service of a child who is still under 22 years of age.

(2) Notice of Change in Enrollment Status Form (SF-2810) is for the exclusive use of the employing office (FBIHQ) to give official notice to employees and carriers of enrollment actions and must not be executed by a field office representative.

(3) The enrollment of an employee continues without change when an individual enters the service of the Bureau from another Government agency without a break in service of more than three calendar days provided the employee was not enrolled previously in an employee organization plan or a comprehensive plan not covered by the new geographic area. The employee should register again by executing an SF-2809 if previously enrolled in an employee organization plan or a comprehensive plan not covered by the new geographic area. The employee is furnished a copy of the Change in Enrollment Status Form (SF-2810), which will have been executed by the other agency. The employee's copy of this form should immediately be sent to FBIHQ to facilitate transfer of coverage.

[ 15-2.5      [Nonpay Status

[ Employees in a leave-without-pay status must pay their share of the premium for health benefits for any pay period in which their salary is insufficient to cover withholdings. Employees in a nonpay status may submit payments for health benefits coverage or have the premium withheld upon return to pay status.]

[[15-2.6]      Cancellation

Enrolled employees may cancel their enrollment at any time by executing an SF-2809. The cancellation becomes effective on the last day of the pay period following the pay period in which the registration form is received at FBIHQ.

[[15-2.7]      Separation

Upon separation from service, enrolled employees may convert their health plan to a private plan within 31 days by executing reverse side of SF-2810, which is made available to all eligible employees.

[[15-2.8]      Retirement

(1) Employees who retire are eligible to continue health benefits enrollment if they meet all of the following requirements: enrolled in a health benefits plan at the time of retirement; retire on disability; retire on immediate annuity, have been continuously enrolled for health benefits during all service since first opportunity to enroll, or, for the five years of service immediately preceding retirement; and the amount of the annuity is sufficient to cover the withholding required for the cost of enrollment in a health benefits plan.

(2) On retiring employees eligible to continue enrollment, FBIHQ will prepare and issue SF-2810 transferring the enrollment to Civil Service Retirement System.

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15-2.9 Annuitant

If an annuitant who was not previously enrolled for health benefits is reemployed and is not excluded from coverage under the regulations applicable to employees generally, the annuitant must register in the same manner as any other employee. A reemployed annuitant who enrolls during reemployment is eligible to continue health benefits coverage upon separation if all the conditions are met that any other retiring employee is required to meet.

15-2.10 Survivors

A survivor of an enrolled employee or annuitant is eligible to continue health benefits enrollment if all of the following requirements are met: the employee or annuitant was enrolled for self and family at the time of death; at least one member of the family is entitled to an annuity as the survivor of the deceased employee or annuitant; and the annuity of the survivor is sufficient to cover the withholding required for enrollment in a health benefits plan. If all of these requirements are met, coverage of the family members of an enrolled employee or annuitant is automatically continued when the title to survivor annuity is established. Note: An employee who retires can preserve health benefits coverage for qualified survivors only by electing a reduced annuity.

15-2.11 Federal Employees' Compensation Act

An employee or former employee who receives benefits under the Federal Employees' Compensation Act is eligible to continue enrollment if all of the following requirements are met: is enrolled in a health benefits plan at the time compensation starts; has been continuously enrolled for health benefits during all of service since first opportunity to enroll, or for the five years of service immediately preceding the start of compensation under the Federal Employees' Compensation Act, or, from on or before December 31, 1964, until the start of compensation; receives "monthly compensation"; and is determined by the Secretary of Labor to be unable to return to duty.

[[15-2.12 Civil Service Retirement Spouse Equity Act

[ The Civil Service Retirement Spouse Equity Act of 1984 and the  
[ Federal Employees Benefits Improvement Act of 1986 amended the Federal  
[ Employees Health Benefits Act to permit certain former spouses of civil  
[ service employees, former employees and annuitants to enroll in a health  
[ benefit plan under the Federal Employees Health Benefits Program (FEHBP).  
[ Former spouses who are eligible for health benefits must pay both the  
[ employee's and the Government's share of the premium and must register to  
[ enroll in the program with the agency where the employee is or was employed at  
[ the time the marriage was dissolved.

[ 15-2.12.1 Conversion Rights and Temporary Extension of Coverage

[ The former spouse of an employee is covered for health benefits  
[ for 31 days after divorce with the right to convert to a nongroup plan. To  
[ prevent loss of health benefits coverage, the former spouse may desire to  
[ convert to the nongroup policy with the employee's health benefit carrier  
[ while waiting for health benefits eligibility under the Spouse Equity Act to  
[ be established and the enrollment to become effective.

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[ 15-2.12.2 Eligibility Requirements for Health Benefits

[ The former spouse must meet the following requirements to be  
[ eligible to enroll in a health benefit plan:

[ (1) The former spouse must not have remarried before age 55;

[ (2) The former spouse must have been covered as a family member  
[ in an FEHBP plan at some time during the 18 months preceding the date of the  
[ dissolution of marriage; and,

[ (3) The former spouse must provide evidence of future entitlement  
[ to any of the following benefits:

[ (a) A portion of the employee's annuity based on a  
[ qualifying court order under Title 5, United States Code (USC), Section 8345  
[ (j), which requires that the Office of Personnel Management (OPM) shall pay  
[ (in part or in whole) another person other than the employee, if and to the  
[ extent expressly provided for in the terms of any court decree of divorce,  
[ annulment, or legal separation, or the terms of any court order or  
[ court-approved property settlement agreement incident to such court decrees.

[ (b) Survivor annuity benefits based on a qualifying court  
[ order under Title 5, USC, Section 8341 (h), which states that a former spouse  
[ of a deceased employee, member, or annuitant is entitled to a survivor annuity  
[ if and to the extent expressly provided for in an election under Section 8339  
[ (j)(3), or in terms of any decree of divorce, annulment, court order, or  
[ court-approved property settlement agreement incident to such decree.

[ (c) A survivor annuity elected by the employee under Title  
[ 5, USC, Section 8339 (j)(3), which refers to an election to provide survivor  
[ annuity to a former spouse which shall be made at the time of retirement or,  
[ if later, within two (2) years after the date the marriage to the employee or  
[ member is dissolved, subject to a deposit in the fund by the retired employee  
[ or member, within a two-year period, the amount to be determined by OPM. An  
[ election under this paragraph shall not be effective if it conflicts with any  
[ court order or decree or in case an employee or member has remarried, then the  
[ spouse's written consent is required.

[ (4) A special eligibility rule exists for a former spouse who was  
[ married to an employee who retired prior to May 7, 1985. Such a former spouse  
[ must not be remarried before age 55 and must have been enrolled in a health  
[ benefits plan as a family member at any time during the 18 months preceding  
[ the dissolution of marriage. Additionally, it is required that either the  
[ employee annuitant elected before May 9, 1986, to provide a survivor annuity  
[ to the former spouse, or the former spouse satisfies all the following  
[ conditions:

[ (a) the former spouse's marriage to the retiree was  
[ dissolved after September 14, 1978;

[ (b) the former spouse was married to the retiree for at  
[ least 10 years of the retiree's creditable civilian service;

[ (c) the former spouse is not receiving any other  
[ employer-produced retirement or survivor annuity;



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(d) the spouse has not married before reaching age 55;

(e) the former spouse applies to OPM for a survivor annuity before May 9, 1987; and

(f) the former spouse is at least 50 years old when filing the application.

(5) A special eligibility rule also exists for a former spouse who was married to an employee who died prior to May 7, 1985. Such a person is eligible for enrollment if (1) the deceased employee had been eligible for an immediate annuity on or before the date of death; (2) the former spouse has not remarried before the age of 55; (3) the former spouse was enrolled as a family member in an FEHBP health benefits plan at any time during the 18 months preceding the dissolution of marriage; and (4) the former spouse satisfies all the conditions for a survivor annuity described above.

(6) A former spouse of an employee who separates from Federal service before becoming eligible for immediate annuity is eligible to enroll only if the marriage to the former employee was dissolved before the employee left Federal service.

#### 15-2.12.3 Procedure for Establishing Eligibility

(1) OPM will determine the former spouse's entitlement to a survivor annuity or a portion of the employee's retirement annuity as a prerequisite to the former spouse's eligibility to enroll in the FEHBP. The former spouse should send a written request to the Office of Personnel Management, Compensation Group, Office of Retirement Programs, Post Office Box 17, Washington, D.C. 20044, for the determination. The former spouse should include a certified copy of the court order, the employee's or retiree's name, date of birth, social security number, the last employing agency and, if applicable, the date of retirement.

(2) After reviewing the information provided by the former spouse, OPM will send the former spouse a written decision concerning the former spouse's entitlement to a future survivor annuity. The former spouse must submit a copy of OPM's decision to Headquarters along with a copy of the divorce decree. Upon receipt, the employee's file will be reviewed to determine if the former spouse was covered as a family member in an FEHBP plan at any time during the 18 months preceding the date of dissolution of marriage, to verify the former spouse's age, and if under age 55, that he or she has not remarried. The former spouse is required to certify that the qualifications for eligibility to enroll have been met and that the former spouse will notify the employing office within 31 days of an event that disqualifies eligibility.

#### 15-2.12.4 Registration Procedures

If it is determined that the former spouse is eligible, the former spouse will be advised and furnished the appropriate information. To enroll, the former spouse should complete the Health Benefits Registration Form (SF-2809), using his or her own name, date of birth and social security number. The name, date of birth, and social security number of the employee, former employee or annuitant should be entered in the "Remarks" section of the SF-2809. A certification must be obtained from the former spouse that the employing office will be notified within 31 days of an event which would terminate eligibility.

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[ 15-2.12.5 Denial of Enrollment

[ If it is determined that the former spouse is ineligible for health benefit coverage, the former spouse will be notified in writing and furnished the reason for the denial. The former spouse will be advised in writing of the right to request OPM's reconsideration of the denial within 31 days of the date of the letter stating that coverage has been denied. The former spouse should send a request to the Office of Personnel Management, Compensation Group, Office of Insurance Programs, Program Coordination and Control, Post Office Box 436, Washington, D.C. 20044.

[ 15-2.12.6 Office Where Former Spouse Must Enroll

[ (1) Former spouses who are receiving payment of survivor annuity or a portion of an employee annuity from OPM must enroll through OPM and pay premiums directly to OPM. Former spouses whose marriages dissolved after the employee retired must also register with and pay premiums to OPM.

[ (2) Former spouses who have future entitlement to a survivor annuity or portion of an employee annuity, but are not yet receiving them, must register with and pay premiums to the agency for which the employee worked at the time the marriage dissolved.

[ 15-2.12.7 Time Limitation for Enrollment

[ An eligible former spouse must apply for health benefits coverage by the latest of the following dates:

[ (1) February 27, 1987; or

[ (2) within 60 days after the dissolution of the marriage, or if the marriage is dissolved after retirement, 60 days after the dissolution or after the retired employee elects to provide a survivor annuity for the former spouse; or

[ (3) within 60 days after the employee annuitant elects to provide a former spouse annuity or after OPM notice of entitlement to a former spouse annuity.

[ 15-2.12.8 Choice of Plan

[ A former spouse may enroll in either of the two Government-wide plans (Service Benefit Plan and Indemnity Benefit Plan), the employee organization plans or the comprehensive medical plans which are available for a specific geographical area. The former spouse is not restricted to the same plan that the employee enrolled under prior to the divorce. To enroll in an employee organization plan, the former spouse must become a member of the sponsoring organization and pay the annual or one-time only membership dues. Former spouses who enroll in the SAMBA Health Benefit Plan are not eligible for the various insurance programs offered by SAMBA.

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[ 15-2.12.9 Type of Enrollment

[ A former spouse who is eligible to enroll in the FEHBP may elect coverage for self only or for self and family. A family enrollment covers only the former spouse and any unmarried dependent natural or adopted children of the former spouse and the employee, former employee or annuitant, provided the child is not also covered by another FEHBP enrollment. To be eligible for coverage a child must be single and under age 22. An unmarried child over age 22 who is incapable of self-support because of a mental or physical disability existing before age 22 is eligible for coverage.

[ 15-2.12.10 Effective Date of Enrollment

[ The effective date of the former spouse's enrollment will be the first day of the pay period beginning more than 30 days after the employing office receives the SF-2809 and satisfactory proof of eligibility.

[ 15-2.12.11 Payment of Premiums

[ The former spouse must submit payment (both the employee's and Government's share) of the premiums for each pay period to the employing office. If the employing office does not receive payment by the due date, the former spouse will be notified that coverage will be cancelled if payment is not paid within 15 days after receipt of the notice which is sent by certified mail, return receipt requested. The effective date of a termination for failure to pay premiums within the time frame is the last day of the pay period for which payment has been received. Once the enrollment is cancelled, the former spouse will not be entitled to the temporary extension of coverage for conversion, cannot convert to an individual contract, and cannot reenroll.

[ 15-2.12.12 Opportunities to Change Enrollment

[ The following events will allow the former spouse to enroll or change enrollment:

[ (1) A former spouse may change enrollment to self only at any time. If a former spouse changes enrollment to self only, any family members who lose coverage are not entitled to the temporary extension of coverage for conversion, and may not convert to an individual contract.

[ (2) The former spouse may make an enrollment change during open season or upon the occurrence of one of the following events, in accordance with regulations issued by OPM:

- [ (a) birth or acquisition of a child,
- [ (b) move from an area served by a comprehensive medical plan,
- [ (c) termination by an employee organization plan,
- [ (d) termination of plan in which enrolled,
- [ (e) eligibility for Medicare,
- [ (f) change from self only to self and family if an eligible child loses coverage under another FEHBP enrollment.

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[ 15-2.12.13 Cancellation of Enrollment by Former Spouse

[ A former spouse may cancel enrollment at any time by executing an SF-2809. The coverage will be cancelled the last day of the pay period following the pay period in which the SF-2809 is received. However, once the enrollment is cancelled, the former spouse and family members, if any, are not entitled to the temporary extension of coverage for conversion and cannot convert to an individual contract for health benefits. Once the enrollment is cancelled, the former spouse may not reenroll.

[ 15-2.12.14 Termination of Enrollment

[ Upon terminating an enrollment, the former spouse will be furnished a copy of the SF-2810. The former spouse may convert to nongroup coverage within 31 days of the termination. Once a former spouse's enrollment has been terminated, the former spouse may not reenroll. A former spouse's enrollment terminates, subject to the temporary extension of coverage for conversion, at midnight of the last day of the pay period in which the earliest of the following events occurs:

[ (1) Qualifying court order ceases to provide entitlement to survivor annuity or a portion of retirement annuity under a retirement system for Government employees.

[ (2) Former spouse remarries before age 55.

[ (3) Former spouse remarries the employee, separated employee, or annuitant on whose service the benefits are based.

[ (4) Former spouse dies.

[ (5) Employee on whose service the benefits are based dies and no survivor annuity is payable.

[ (6) Separated employee, on whose service the benefits are based, dies before meeting the requirements for a deferred annuity.

[ (7) Employee on whose service benefits are based leaves Federal service before establishing title to a deferred annuity.

[ (8) OPM refunds retirement contributions to the separated employee on whose service the health benefits are based.

[ 5-2.12.15 Termination of Coverage of Family Members

[ The coverage of a family member of a former spouse terminates, subject to the temporary extension of coverage for conversion, at midnight of the earlier of the following dates:

[ (1) The day on which the individual ceases to be a member of the family (family members who lose coverage because the former spouse cancels have no temporary extension or conversion rights);

[ (2) The day the former spouse ceases to be enrolled.]

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15-3 ALCOHOLISM AND ALCOHOL ABUSE - PREVENTION, TREATMENT, AND REHABILITATION15-3.1 Policy

Because of the FBI's unique responsibilities as an intelligence organization, there can be no relaxation of the basic regulation set forth in Section 1-2 of this manual. Recognizing, however, that alcoholism is an illness and that chronic alcohol abuse can be symptomatic of other problems, employees manifesting such illness or problems will be afforded the same consideration and offer of assistance that are presently extended to employees having other illnesses. The goal of the Alcoholism Program is to assist employees with alcohol problems in rehabilitating themselves so that they might again lead lives useful to themselves, their families and the FBI. No employee's job security will be jeopardized by employee's own request for counseling or referral assistance. Sick leave will be granted for the purpose of treatment or rehabilitation as in any other illness. Employees who suspect they have an alcohol problem are encouraged to voluntarily seek medical help and counseling. An employee who has accepted treatment will be dismissed only when he/she has been granted sick leave, treatment has failed, and he/she is clearly not capable of meeting the demands of the job. The confidential nature of medical records of employees with drinking problems will be preserved in the same manner as all other medical records. Public Law 91-616 provides that "health and disability insurance plans for Federal civilian employees hereafter contracted or renegotiated will cover alcoholism in the same way as other diseases."

15-3.2 Administration of Program

(1) Under no circumstances should this program be utilized as an excuse for influencing the private decision of an employee to use or not to use alcoholic beverages. In order to be an effective and viable program, supervisors must realize that the policy is positive--not punitive--and that in cases other than "self-referrals," it will be the supervisor who is in the best position to recognize a problem through job deterioration manifesting itself through such things as absenteeism, changes in behavioral patterns, and errors in judgment. The supervisor, however, does not diagnose, this being a function of the physician.

(2) The Alcoholism Program Coordinator (APC) at FBIHQ is responsible for supervising and operating a meaningful and effective alcoholism program for the FBI. The APC provides assistance to each field office in managing their alcohol program and provides information regarding pertinent legislation, appropriate Merit Systems Protection Board decisions, legal considerations, research and educational sources. The FBIHQ APC is available to management to assist in the implementation, clarification, or interpretation of Bureau policies that apply to alcoholism and related behavioral problems. The APC will evaluate the effectiveness of the program, afford and promote a better understanding of alcoholism and establish and maintain records consistent with mandated confidentiality requirements.

15-3.2.1 Implementation of the Program

An effective program must be tied to community resources concerned with the treatment of alcoholism. Employees requiring assistance should be counseled as to the identity of availability and identity of these resources.

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(1) Self-Referrals are defined as employees who recognize or feel that they have an alcohol problem and voluntarily request assistance. Such employees should be referred to their private physician and counseled as to the existence of the various community resources in your territory. FBIHQ should be advised of the circumstances surrounding such referrals and the employees' progress and performance should be followed.

(2) Administrative Referrals - As in any situation involving a behavioral problem, deterioration in an employee's performance which is believed to be related to alcohol abuse should be reported to FBIHQ with full documentation and recommendations concerning the proposed course of action. Thereafter, UACB, the employee should be interviewed to establish the reason and/or cause of the deterioration. If the employee acknowledges that he/she has an alcohol problem, he/she should be referred for counseling and medical assistance to his/her private physician and to available community resources. The employee's progress should be followed until such time as it can be certified that his/her performance is again satisfactory.

(3) Refusal of Assistance - Should the employee refuse assistance in the face of deteriorating or unsatisfactory performance, employee should be given a firm choice between accepting assistance through counseling or professional diagnosis of his/her problem, and cooperating in the treatment prescribed, or accepting the consequences provided for unsatisfactory performance. Such consequences, depending upon the facts in a given case, could result in disability retirement or dismissal. Mindful of the FBI's unique responsibilities, it is incumbent upon the SAC or division head to recommend as to the advisability of a Government fitness-for-duty physical examination at any point.

(4) Other considerations - In view of the wide range and variety of assignments undertaken by Special Agent personnel, and the fact all are issued sidearms, SACs and division heads should consider the desirability of changing the assignment within the office of an Agent whose alcohol problem has surfaced and/or relieving the Agent of sidearm. Actions taken and recommendation for proceeding in each case should be submitted to FBIHQ.

### 15-3.3 Implementation of the Program

(1) Each field office will designate an APC who is responsible for implementing an alcoholism program consistent with the needs of the field office. The APC should ensure all employees have an opportunity to receive the appropriate assistance provided by this program and should be available to confidentially discuss with an employee his/her alcohol abuse and related problems. The APC should identify and establish liaison with qualified community alcoholism resources and act as a conduit for employees wishing to avail themselves of such services. Through a program of education and information, the APC should strongly encourage the voluntary participation of any recovering alcoholics as counselors. No recruitment of a specific recovering alcoholic is to be initiated under any circumstances.

(2) This program should not be construed as a relaxation of FBI standards of conduct. FBI policy continues to require that employees should never cause themselves to be mentally or physically unfit for duty.

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(3) While Public Law 91-616 and Merit Systems Protection Board decisions generally require rehabilitative efforts be made before disciplinary action for unsatisfactory job performance can be taken, they do not preclude agency action if rehabilitation fails, is refused, if job performance does not improve, or other actions or activities are present and constitute employee misconduct.

(4) No employee's job security will be threatened by a voluntary request for counseling or referral assistance.

#### 15-3.4 Confidentiality of Information

All persons performing an alcohol abuse program function are subject to regulations governing the confidentiality of patient information and must be thoroughly familiar with these regulations. Although the following MAOP sections set forth pertinent rules concerning confidentiality and disclosure of information, field office APCs should also review both Title 42, USC, § 4582 ("Confidentiality of patient records"), and regulations issued pursuant to this Section which are set forth at Title 42, Code of Federal Regulations, Section 2. In this regard, Title 42, USC, § 4582(f) provides that "Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense."

##### 15-3.4.1 Disclosure of Information

Information relating to the identity, diagnosis, prognosis or treatment of any patient maintained in connection with an alcohol abuse function is confidential and may be released only under the following circumstances:

- (1) Disclosure with patient consent may be made only in the following instances:
- (a) where necessary for patient diagnosis, treatment and rehabilitation;
  - (b) to patient's legal counsel;
  - (c) to patient's family and others with whom the patient has a personal relationship unless disclosure would be harmful;
  - (d) to third-party payers and funding sources, such as insurance companies;
  - (e) to patient's employer;
  - (f) by the program coordinator in other situations where disclosure is to the benefit of the patient and consent is freely given, and no substantial harm will result to the program or the patient/program relationship.

(2) Disclosure without patient consent may only be made in the following instances:

- (a) to medical personnel to the extent necessary to meet medical emergencies;

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(b) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits or program evaluations;

(c) by court orders.

(3) All nonconsensual disclosures will be promptly brought to the attention of the FBIHQ APC.

(4) The following types of communications do not constitute a disclosure of records:

(a) Communication of information within a program between personnel having such a need in connection with their program responsibilities, such as program coordinators, counselors and medical or health personnel

(b) Communications between a program and a qualified service organization of information needed by the organization to perform its program service, such as an FBI-contracted rehabilitative clinic

(c) Communications which include no patient-identifying information or identifying numbers or symbols, such as statistical reports

15-3.4.2 Form of Consent

Consent for disclosure must be in writing and contain:

- (1) clear identification of the FBI Alcoholism Program
- (2) the name or title of person to whom disclosure may be made
- (3) the patient's name
- (4) the purpose or need for the disclosure
- (5) the extent or nature of information to be disclosed
- (6) a statement that the consent is subject to revocation at any time, except to the extent action has been taken in reliance thereon
- (7) identification of the date, event or condition upon which the consent will expire
- (8) the date consent is granted
- (9) the signature of the patient

15-3.4.3 Maintenance of Program Information

(1) Records concerning employees within the Alcoholism Program are to be maintained in a locked file cabinet or combination safe under the immediate control of the APC or other authorized program administrator. Access is strictly limited in accordance with confidentiality provisions. Program information includes correspondence and records concerning employees who have been referred to the Alcoholism Program, Coordinator or Counselor; the results of any counseling which may have occurred; interview appraisals, recommended treatment, results of treatment; and other notes and records of discussions held with the employee.



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(2) Program information is not to be included in the employee's personnel file. Communications regarding an employee's participation in the program must be forwarded in a double envelope to FBIHQ, Personal Attention: APC, Room 1028. If the program participant is also the subject of an administrative action, information concerning Alcoholism Program participation and administrative actions or inquiries must be submitted separately in order to properly maintain program confidentiality.

15-4 PSYCHOLOGICAL SERVICES PROGRAM15-4.1 Policy

A plan for the delivery of psychological services has been established for the purpose of assisting employees in meeting their standards of performance and assisting supervisory personnel in meeting administrative responsibilities. The program provides psychiatric assistance to FBI employees who voluntarily seek help and psychological services consultation in certain administrative and operational matters. These services will be provided by Dr. David A. Soskis, M.D., Carole W. Soskis, M.S.W., J.D. [and Dr. Edward Kaufman, M.D.]

15-4.2 Availability of Services

(1) Employees who voluntarily seek psychological services (self-referrals) may be provided with consultation, counseling or therapy when necessary, or referral of the employee to a mental health professional in the employee's immediate geographical area. Communications between a self-referred employee and Dr. and Mrs. Soskis [or Dr. Kaufman] will be maintained in confidence. Dr. and Mrs. Soskis [and Dr. Kaufman] will release information relating to self-referred employees only where there is imminent danger of harm to the employee, a third party, or a Bureau operation.

(2) Employees may also be administratively referred for psychiatric evaluation by their supervisor, ASAC, or SAC, or by the Administrative Services Division. In these cases, the psychologist or psychiatrist will provide or arrange for a psychiatric evaluation for the Bureau to help assess the employee's ability to perform his or her job, including, when appropriate, diagnosis, prognosis, risk to ongoing operations, danger of employee to self or to others, and fitness for duty. Communications between an administratively referred employee and the clinician involved may not be confidential.

(3) Personnel desiring direct access to psychological services may do so by contacting Dr. David A. Soskis at the Institute of the Pennsylvania Hospital, 111 North 49th Street, Philadelphia, Pennsylvania 19139, office telephone (215) 471-2368, residence telephone (215) 664-3401 [or Dr. Edward Kaufman at the University of California Irvine Medical Center, Orange, California, telephone (714) 559-4601. It is suggested that employees in western offices contact Dr. Kaufman rather than Dr. Soskis if at all possible. Due to time zone differences, Dr. Kaufman is more accessible to employees in western offices during regular business hours. The Behavioral Science Unit, Training Division, or the Employee Benefits Unit, Administrative Services Division, may also be contacted.] Services are available on a 24-hour basis.

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15-4.3 Coordination of Services

(1) The Employee Benefits Unit, Administrative Services Division, will coordinate the delivery of psychological services which relate to employee performance and other actions affecting FBI employees or their employment.

(2) The Behavioral Science Unit, Training Division, will coordinate the delivery of psychological services involving training and operational support matters, such as crime analysis, criminal profiling, personality assessments of individuals in Bureau cases, use of forensic hypnosis and occupational stress awareness and management.