Revised 5/13/2025

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A.GENERAL PROVISIONS

1. Statutory Authority

Eligibility and other provisions of the program are authorized by Connecticut General Statutes (CGS) §§ 31-396 through 31-403, inclusive.

2. Term

This contract is in effect from the dates stated on the Part I face sheet.

3. Definitions & Acronyms

The following definitions apply to this contract:

TERM:	DEFINITION:
Auxiliary occupational health clinic	Any general hospital, or any other medical facility which is approved by the Labor Commissioner in accordance with regulations adopted pursuant to section 31-401, which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) Routine commercial activities, such as preemployment examinations, (2) Mandated examinations, such as Federal Occupational Safety and Health Administration examinations, (3) Routine workers' compensation cases, (4) Routine medical evaluations involving establishment of product liability, (5) Evaluations consigned to independent medical examiners, (6) Employee physical programs, (7) Employee wellness programs, (8) Employee drug testing programs.
Contractor	The term “Contractor’ refers to the entity or organization, as identified on Part I face sheet and as referenced throughout the contract.
Medical facility other than a general hospital	A medical facility which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) routine commercial activities, such as preemployment examinations, (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations, (3) routine workers' compensation cases, (4) routine medical evaluations involving establishment of product liability, (5) evaluations consigned to independent medical examiners, (6) employee physical programs, (7) employee wellness programs.
Occupational disease	Any disease which is peculiar to an occupation, or related to an occupation, in which an employee was or is engaged and which is due to causes, in excess of the ordinary hazards of employment which are attributable to such occupation, and includes, but is not limited to, (A) any disease due to or attributable to exposure to or contact with any radioactive material by an employee in the course of his employment, (B) poisoning from lead, phosphorus, arsenic, brass, wood alcohol or mercury or their compounds or from anthrax or compressed air illness, (C) chronic diseases affecting organ systems, including, but not limited to, the cardiovascular and musculoskeletal systems, and (D) any other diseases, contracted as a result of the employment of a person, which is due to toxic or hazardous chemicals, materials, gases or other substances identified by the United States Department of Labor pursuant

	to occupational safety and health standards contained in 29 CFR Chapter XVII, as from time to time amended.
Occupational physician	Any doctor licensed to practice medicine in the state who has been certified or found eligible for certification in occupational medicine by the American Board of Preventive Medicine.
Surveillance	The detection by epidemiologic means of disease states or significant laboratory abnormalities. Surveillance activities may involve the interpretation of existing data or the active pursuit of new data and disease associations, provided surveillance activities shall not include preemployment related physicals, insurance examinations or other data collection activities of a purely commercial nature, may incorporate the experience of other states, particularly those in the northeast, and may include technical support available through the National Institute for Occupational Safety and Health.

B. PROGRAM SERVICES AND ACTIVITIES

1. Background and Program Goals

A major responsibility for Auxiliary Occupational Health Clinics under Connecticut General Statutes (CGS) 31-396 through 31-403, inclusive, as well as sections 31-401-1 through 31-401-4, inclusive, of the Regulations of Connecticut State Agencies is to operate a corporate medicine program or an employee wellness program which includes any of the following: routine commercial activities, such as preemployment examinations; mandated examinations, such as Federal Occupational Safety and Health Administration examinations; routine workers' compensation cases; routine medical evaluations involving establishment of product liability; evaluations consigned to independent medical examiners; employee physical programs; employee wellness programs; or employee drug testing programs.

The purpose of this grant-in-aid is to cover the costs associated with the reporting of data pursuant to section 31-399. Such grants-in-aid shall not be used to compensate any such auxiliary clinic for any activities which could be included in a corporate medicine or employee wellness program, as defined in subdivision (3) of section 31-396.

2. Summary of Service Provisions

A. Services
1. The Contractor must provide the following services in the Auxiliary Occupational Health Clinic as follows:
    i. Routine commercial activities, such as preemployment examinations
    ii. Mandated examinations, such as Federal Occupational Safety and Health Administration examinations
    iii. Routine workers' compensation cases
    iv. Routine medical evaluations involving establishment of product liability
    v. Evaluations consigned to independent medical examiners
    vi. Employee physical programs
    vii. Employee wellness programs
    viii. Employee drug testing programs

2. Contractor shall report all occupational illnesses and injuries diagnosed during the contract period to the CTDOL utilizing the CTDOL Physician's Report of Occupational Disease form, incorporated by reference and attached hereto as **Exhibit 2** in this contract.

C.OVERSIGHT

1. Subcontractors and Subrecipient Monitoring

All Subrecipients that pass-through funds to additional entities (e.g., contractors, additional subrecipients) must comply with the requirements for pass-through entities as specified in the US Office of Management and Budget's Uniform Guidance at 2 CFR § 200.332 to ensure that every sub-award is compliant with the terms outlined in this contract. Specifically, the Subrecipient must:

- Identify state award information and compliance requirements to subrecipients.
- Monitor subrecipient activities to ensure compliance with state requirements.
- Ensure required audits are performed and Corrective Action Plans address any findings.
- Reconcile reported expenditures with subrecipient financial records.
- Comply with all applicable wage and workplace standards.
- Provide technical assistance on program implementation.
- Regularly monitor subcontractors' program and financial performance.
- Submit executed subcontracts to CTDOL within 30 days for reimbursement requests.
- Update and submit policies or agreements upon expiration.
- Notify CTDOL of changes related to the Indirect Cost Rate.
- Update CTDOL within 30 days of changes in contacts, staffing, or systems.
- Adhere to CTDOL policies.
- Cooperate with CTDOL program and financial monitoring.
- Provide required documentation within 30 days of contract execution and update as necessary.
- Maintain compliance with CTDOL policies.

2. Evaluation, Data Collection and Reporting

CTDOL shall monitor, review, and measure the actual program performance of the Contractor's activities under this contract, including financial reports and records, and as needed, shall:

- Provide analysis and findings to policymakers.
- Request the Contractor to implement corrective action measures.

Evaluation: CTDOL will conduct reviews, on site or virtually, to monitor required financial records and assess employer and participant satisfaction as needed.

Access to Participant Records. The Subrecipient shall provide CTDOL with access to all records which pertain to participants serviced under the contract in the Subrecipient's possession and/or in the possession of any subcontractor and shall provide CTDOL copies of such records upon request.

Data Collection: The Contractor shall collect data necessary to complete all required program reports for submission to CTDOL as follows:

A. Contractor shall collect the necessary employee health data for workplace occupational hazards using the ***Physician's Report of Occupational Disease form***, incorporated by reference and attached hereto as **Exhibit 2** of this contract to submit to CTDOL OSHA.
B. The Contractor will be responsible for submitting an ***Annual Program Report*** that covers clinic activities and patients seen between July 1, 2025, and June 30, 2026. The report will include the following items:

i. Total number of patient visits (including information as to the nature of the visit, i.e., initial visit, follow-up, etc.).
ii. Total number of injury and illness reports submitted to the Department of Labor during FY 2026.
iii. Any epidemiologic information of note, including the identification of high-risk industries, occupations, or workplaces.
iv. Description of industrial hygiene visits, on-site exposure assessments/workplace evaluations conducted (listing should include type of company or industry – the specific company name does not need to be included).
v. Activities that involved the training of occupational health professionals.
vi. Education related to the use of the surveillance system.
vii. Any special projects undertaken.

Program Reporting: Contractor shall provide any additional performance reports or information requested by the CTDOL for the purpose of evaluating the activities funded by this contract.

Report Submissions:

A. **Physician's Report of Occupational Disease Form:** The Contractor shall submit to CTDOL OSHA at:

Connecticut Department of Labor
Attn: Occupational Safety and Health (CONN-OSHA)
38 Wolcott Hill Rd
Wethersfield, CT 06109

B. **Annual Program Report:** The Contractor shall email to OSHA unit staff, Robert Hunt at robert.hunt@ct.gov and Lisa Casale at lisa.casale@ct.gov.
C. **All Financial Reports (i.e., invoices, budget revisions):** The Contractor shall email to CTDOL.WorkforceAdmin@ct.gov and CC: Robert Hunt at robert.hunt@ct.gov and Lisa Casale at lisa.casale@ct.gov.

Reporting Timelines:

A. **Physician's Report of Occupational Disease Form:** The Contractor shall submit on a continuing basis, no less than monthly.
B. **Annual Program Report:** The Contractor shall submit on or before August 1st or thirty-one (31) days following the termination of the contract, whichever comes first.
C. **All Financial Reports (i.e., invoices, budget revisions):** The Contractor shall submit an invoice for reimbursement or projected expenses no less than quarterly in compliance with CTDOL policy.

3. Financial Requirements

Equipment. The Contractor must obtain prior approval from CTDOL when purchasing equipment totaling $10,000 or more.

Allowable Costs. The use of contract funds for grant awards must be aligned with the purposes allowed under program requirements as established herein. Grant awards must be reasonable and necessary and allocable to the funding stream. Costs for grants are not allowed for:

1. Legal expenses including court ordered fines, fees, or debts.
2. Construction costs or capital expenditures for land or building improvements.
3. Foreign travel or first-class airline tickets.
4. Entertainment costs including amusement, social activities, sports events, lodging, gratuities.

5. Promotional items such as souvenirs or gifts.
6. Alcohol or affiliation with any activities related to marijuana or other substances federally disallowed.

Any suspected misuse from a conflict of interest, misrepresentation in eligibility, or concerns related to the fund use should be reported to lisa.casale@ct.gov as soon as it is known.

Cost Allocation Plan and Organizational Chart. The Contractor must submit a current and approved cost allocation plan and staffing organizational chart to the CTDOL Business Management Contracts Unit.

Payments for Services Rendered. CTDOL payments to the Contractor for services rendered under this contract shall not exceed the amount cited on Part I, Face Sheet. Payment made under this contract is subject to CTDOL review and approval of invoices and requests for Cash, pursuant to the CTDOL Cash Management Policy, in addition to applicable state and federal protocols, procedures and requirements such as the state Office of Policy and Management (OPM) and the federal Office of Management and Budget (OMB).

1. The Contractor must submit a contract modification to change the total budget amount of the executed contract.
2. A Line-Item Revision Form shall be submitted when requesting a change exceeding 10% of a line-item or adding line-items while maintaining the amount of the original contract in accordance with the CTDOL Budget Line-Item Revision Policy.
3. The Contractor shall submit a detailed description of any "Miscellaneous" or "Other" budget line item that exceeds $1,000; and submit a written narrative upon the request of CTDOL that explains and provides details pertaining to any budget line item as indicated by CTDOL.

Basis and Conditions for Payments. Upon execution, the Contractor may bill for actual costs that incurred from the contract start date, as well as projected costs for the following month. Each and all payments made under the Contract shall be conditional upon the determination of CTDOL of the satisfactory performance by the Contractor and its subcontracted partners, as applicable under the contract and satisfactory attainment of performance measures.

Revisions and Payments. The Contractor shall request CTDOL approval for any budget revisions under the contract and comply with CTDOL's cash management policy and requirements.

Frequency of Billing. The Contractor shall submit an invoice for reimbursement or projected expenses no less than quarterly in compliance with CTDOL policy. Invoices shall be accompanied by such supporting documentation as prescribed by CTDOL to reflect the transactions occurring during the period requesting reimbursement. CTDOL reserves the right to question subrecipients to confirm expenditures or request additional data.

Closeout. The Contractor shall reconcile and provide verification with the Final Closeout Report confirming all Contractor accounts have been reconciled prior to the Subrecipient's submission of the Final Closeout Report to CTDOL. CTDOL shall provide the Contractor with the designated form. Final closeout packages are due within 60 days of the contract end date. Closeout may be sooner than this time period in the event that funds are fully expended prior to this date.

Surplus/Excess Payments. Total contract funds due to the Contractor shall be based on the subrecipient's and subcontracted partners' actual reasonable costs, as determined by the Department in its reasonable discretion, and shall not include any profit or other increment above actual reasonable

costs. In the event CTDOL has advanced funds to the Contractor or overpaid the subrecipient, the Contractor shall at the end of the contract period, or earlier if the contract is terminated, return to the CTDOL in full any funds paid to the Contractor that exceed their actual reasonable costs no later than 60 days of contract end date.

Cost Accounting Standards for the Purchase of Services (POS). The Contractor shall adhere to and comply with the State of Connecticut Cost Accounting Standards for the POS as issued by the Connecticut Office of Policy and Management (OPM).

Debts Owed to CTDOL. Any funds paid to the Contractor in excess of the amount to which Contractor is finally determined to be authorized to retain under the terms of this award and have not been repaid by Contractor shall constitute a debt to CTDOL.

Any debts determined to be owed to CTDOL must be paid promptly by the subrecipient. A debt is delinquent if it has not been paid by the date specified in CTDOL's initial written demand for payment, unless other satisfactory arrangements have been made or if the Contractor knowingly or improperly retains funds that are a debt as defined above.

D.EXHIBITS

Part II Exhibits, listed below, include state-funded procedures. As indicated in the body of the contract, Exhibits are attached hereto and incorporated by reference into the Contract.

Exhibit 1: State-funded Programs: Complaint Procedures and Complainant
Exhibit 2: Physician's Report of Occupational Disease Form

Exhibit 1: State-funded Programs: Complaint Procedures and Complainant

Effective February 16, 2023

The following complaint procedure is for use by all program applicants, participants, staff, sub-grantees, and other appropriate parties. All complaints of non-criminal violations regarding this contracted program by all appropriate parties shall be filed in writing with the subrecipient.

The complainant will make the complaint known in writing to the Local Program Administrator. Complaints must be filed within one hundred and eighty (180) calendar days of the alleged violation. The Local Program Administrator will meet with the complainant within 20 calendars days of the filing of the complaint. The complainant will be notified in writing at least ten (10) calendar days prior to the date of the meeting. The Local Program Administrator will issue a written decision to the complainant within thirty (30) calendar days of the meeting with the complainant.

- The official filing date is the date the written complaint is received.
- Any party aggrieved by the decision may file a written response to the written decision rendered. If an aggrieved party wishes to request a hearing, the appealing party shall provide to the Connecticut Department of Labor's Director of Employment and Training, a signed statement of its intent to appeal and a request for a hearing within ten (10) calendar days of the receipt of the initial written decision. If such notice has not been received by the Connecticut Department of Labor's Director of Employment and Training within ten (10) calendar days of the rendering of the initial decision, the decision will be considered final and the complaint resolution procedure closed.

The party may request a review by submitting a written notice to:

Director of Employment and Training
Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109

The Director of Employment and Training or his or her designee, following receipt of a written request, shall review the matter with the complainant within thirty days (30) calendar days of receipt of the request.

Upon review, the Director of Employment and Training or his or her designee, in writing, gives his or her decision, which shall be final.

Each program participant will be given a copy of the complaint procedure and will review and sign-off for receipt of same at the initial program orientation. Applicants for training programs will be notified in writing at the time of application of the complaint procedure used by this agency and will be provided with a copy. Acknowledgment of such receipt will be made a part of each applicant's file.

Date: _____

Complainant Statement

Complainant Name, Mailing Address and Telephone Number:

Please provide a clear and concise statement of the facts and dates regarding the complaint or alleged violation:

Please indicate any applicable regulations, law, contract language or policy believed to have been violated:

Please specify the resolution sought:

Complainant Signature:

Exhibit 2: Physician's Report of Occupational Disease Form

Physician's Report of Occupational Disease
Connecticut Departments of Labor and Public Health

This information is reportable by law within forty-eight (48) hours under CGS Sec.31-40a and confidential under CGS I-19(b)(2) and 19a-25

please type or write clearly

Date of Report: ____/____/____

I. Patient (Employee) Information

Name: _____ SSN: ____/____/____
Last First MI

Address: _____
Street City State Zip Code

Home Phone #: ( ) ____-____ Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Hispanic: ☐ Yes ☐ No ☐ Unknown Race: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other ☐ Unknown

Occupation (at time of exposure) _____ (present) _____

II. Occupational Illness/Injury Information (ICD-9)

Repetitive Trauma Disorders
- ☐ Carpal Tunnel Syndrome (354.0)
- ☐ DeQuervains Syndrome (727.04)
- ☐ Epicondylitis (Tennis Elbow) (726.32)
- ☐ Hand-Arm Vibration Syndrome (443.0)
- ☐ Raynaud's Syndrome (443.0)
- ☐ Thoracic Outlet Syndrome (353.0)
- ☐ Trigger Finger (727.03)
- ☐ Vibration White Finger (443.0)
- ☐ Bursitis (site) _____ (727.3)
- ☐ Ganglion/ Cystic Tumor (site) _____ (727.4)
- ☐ Synovitis (site) _____ (727.0)
- ☐ Tendonitis (site) _____ (726.90)
- ☐ Tenosynovitis (site) _____ (727.0)
- ☐ OTHER (specify) _____ ( )

Respiratory Diseases/Disorders
- ☐ Allergic Rhinitis (477)
- ☐ Asbestosis (501)
- ☐ Asthma (493)
- ☐ Bronchitis (491)
- ☐ Pleural Plaques (511.0)
- ☐ Reactive Airway Dysfunction Syndrome (506)
- ☐ Rhinitis (472.0)
- ☐ Silicosis (502)
- ☐ Sinusitis (473)
- ☐ OTHER (specify) _____ ( )

Infectious Processes
- ☐ Hepatitis B (070.3)
- ☐ Tuberculin conversion (010)
- ☐ OTHER (specify) _____ ( )

Poisonings and toxic effects
- ☐ Carbon Monoxide (986)
- ☐ Lead (984) _____ µg/dL (Attach copy of lab report)
- ☐ Solvents (982)
- ☐ Cancer (type) _____ ( )
- ☐ OTHER (specify) _____ ( )

Noise Disorders
- ☐ Hearing Loss (389)
- ☐ Tinnitis (388.3)
- ☐ OTHER (specify) _____ ( )

Skin Diseases/Disorders
- ☐ Contact Dermatitis (692)
- ☐ OTHER (specify) _____ ( )

☐ **Injury** (specify type and site on diagnosis line below)

Diagnosis (if not listed above): _____ ICD-9(s) _____

Symptoms/Physical Findings: _____ Date of First Symptom: ____/____/____

Suspected causal factor(s) (i.e., object, substance or event): _____

Exposure: ☐ Acute ☐ Chronic Is patient exposure continuing? ☐ Yes ☐ No ☐ Unknown Are others likely to be affected? ☐ Yes ☐ No ☐ Unknown

Certainty of work relatedness: ☐ High ☐ Moderate ☐ Low Length of employment in occupation of concern: _____yrs_____months

Comments: _____

III. Employer Information (where exposure occurred)

Company Name: _____

Mailing Address: _____
Street City State Zip Code

Phone #: ( ) ____-____ Work site location (if different than above) _____

IV. Health Care Provider Information

Name: _____
Last First MI (MD, RN, PA, Other)

Institution/Clinic name: _____

Mailing Address: _____
Street City State Zip Code

Phone #: ( ) ____-____ Signature: _____

For more information call: (860) 566-4550 Labor Department or (860) 509-7740 Department of Public Health

Return to: State of Connecticut Labor Department, Division of Occupational Safety & Health, 38 Wolcott Hill Rd., Wethersfield, CT 06109

For office use only Rev. 10/95	ID No.	OC exp	OC present	Nature	POB	SIC