**RETAIN**

**Quarterly Progress Report**

**Appendix A**

RETAIN Data Collection

for Grant Performance Management, and Evaluation:

*Definitions and Guidelines*

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# Overview

Retaining Employment and Talent After Injury/Illness Network (RETAIN) grantees are required to collect, store, and report information on program activities that will contribute to Continuous Quality Improvement (CQI) and the national RETAIN evaluation. This document provides definitions and guidelines for these RETAIN data collection requirements during Phase 1.

There are many objectives of collecting and reporting this information, including:

1. To help each state RETAIN grantee track progress across key program areas, summarize program activity, and use that data to inform program administration.
2. To report on the progress of RETAIN grant work to the U.S. Department of Labor (DOL) and its federal partners: Social Security Administration (SSA) and DOL’s Employment and Training Administration (ETA) on a quarterly basis.
3. To support an SSA-led, independent, third-party, program evaluation which will provide insights into the effectiveness of providing early intervention through coordinated care to help ill or injured workers to return to gainful employment.

Document Roadmap

[Section 1: RETAIN Data Collection Required During Phase 1](#DatareportingrequirementsinPhase1)

[Section 2: Aggregate Program Data Collection Requirements](#Aggregateprogramdatacollectrequirements)

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[Section 4: North American Industry Classification System (NAICS) Descriptions](#NAICSdefinitions)

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[Section 6: Data Collection Tools](#Datacollectiontools)

# 1. RETAIN Data Reporting Requirements in Phase 1

RETAIN grantees are required to collect, store, and report information on program activities and worker participant outcomes as described in this Appendix and report to DOL on a quarterly basis as part of the Quarterly Progress Reports (QPRs).

Grantees are not expected to have any data to report in the QPRs until their RETAIN pilot is launched and is actively providing RETAIN services to worker participants. Grantees may submit data as part of the QPR submission for Quarter 3, FY 2019 (ending June 30, 2019) if program and worker participant data is available. Grantees must submit data files as part of the QPR starting with the QPR for Quarter 4, FY 2019 (ending September 30, 2019), and for each subsequent quarter until the end of Phase 1.

Data submitted to DOL in the QPRs must meet the following requirements:

* **The individual-level data submitted to DOL must only include those RETAIN worker participants who are part of the treatment group.** The treatment group is defined as the group of participants that enroll in RETAIN and are selected to have access to RETAIN services. This does not include worker participants that are selected to be in the control (or comparison) group that do not have access to RETAIN services.
* **The individual-level data submitted to DOL as part of the QPR submissions must be de-identified and not include any Personally Identifiable Information (PII).** Office of Management and Budget (OMB) Memorandum M-07-16 defines PII as information that can be used to distinguish or trace an individual’s identify, either alone or when combined with other personal identifying information that is linked or linkable to a specific individual. For the purposes of the RETAIN grant QPR data submissions, grantees must not include a participant’s name, mailing address, email address, phone number, date of birth, or social security number.
* **Data must be reported on a quarterly basis.** The exception to this requirement is Stakeholder Satisfaction Survey Results (Section 2.5). Stakeholder Satisfaction Survey Results will be reported semi-annually (i.e. after every even-numbered quarter).
* **Data must be cumulative for each QPR submission, as of the end of the latest quarter/reporting period, unless otherwise specified.**

More information on the specific data elements and submission requirements are included in Sections 2 and 3. Data collection activities for the independent evaluation will be covered in a separate document.**[[1]](#footnote-1)**

## RETAIN QPR Data Sources

Sections 2 and 3 of this document list all required data elements that need to be submitted to DOL as part of the QPRs. The data elements come from three sources:

1. Baseline Form Part 1
2. Baseline Form Part 2
3. Additional Data Collected by the Grantee

***Baseline Form Part 1 and Part 2:***

|  |  |
| --- | --- |
| **Data Collection Instrument** | **Description** |
| **Baseline Form: Participant Enrollment Form Part 1**  | * This form will be completed by the worker participant. It collects the participant’s contact information and socioeconomic characteristics such as sex, age, education, employment information, health insurance coverage, and public benefit receipt.
* Completion of this form is required for each pilot worker participant.
 |
| **Baseline Form: Participant Enrollment Form Part 2**  | * This form will be completed by the healthcare provider and/or RTW coordinator as determined by grantee. It includes information on date of injury, date of enrollment, injury/illness type, industry, and occupation.
* Completion of this form is required for each pilot worker participant.
 |

* The data collected on Baseline Form Part 1 and Part 2 include PII and must be securely stored electronically in a database.
* Certain information from Baseline Form Part 1 and Part 2, described in Section 3 of this document, must be reported to DOL as part of the QPR data submissions. Under no circumstances should PII be included in the QPR data submissions to DOL.
* Individual-level data from Baseline Form Part 1 and Part 2 with PII will be transferred to SSA and the independent evaluator, facilitated by a Data User Agreement dictating required timelines. Guidance on how to prepare data for secure transfer will be forthcoming from SSA.

***Additional Data Collected by the Grantee:***

* Data elements described in Sections 2 and 3 of this document that are not included in Baseline Form Part 1 or Part 2 must be collected by the grantee to meet the QPR reporting requirements.
* Grantees may use the data collection templates provided by DOL or modify existing data systems to capture and report the required data elements.

## Grantee Quarterly Progress Report Data Submission Requirements

Grantees may submit data as part of the QPR submission for Quarter 3, FY 2019 (ending June 30, 2019) if program and worker participant data is available. Grantees must submit data files as part of the QPR starting with the QPR for Quarter 4, FY 2019 (ending September 30, 2019), and for each subsequent quarter until the end of Phase 1.

Grantees must submit two separate data files to DOL for each QPR:

1. File containing aggregate program data on program targets, service providers, training, incentives, and satisfaction (see Section 2 for detailed metrics)
2. File containing de-identified individual-level data on RETAIN worker participants (see Section 3 for detailed metrics)

DOL will prepare a File Transfer Protocol (FTP) site to provide secure transmission of the aggregate program data and de-identified individual-level data as part of the QPR submission. After the end of each quarter, during the period in which grantees are required to submit the QPR, DOL will send an official email request for files to the grantees via the FTP site.  This request will allow the grantees a period of 7 days in which to upload files to the FTP site.  Specific data submission instructions will be forthcoming from DOL.

Submitting a CSV, Excel, Stata, or SAS file is preferred. Additional file types are permitted with DOL approval.

## Aggregate Program Data Submission Format

Grantees must submit all aggregate program data elements in one file.

The MS Excel document named “Appendix A Program Data Collection Tool” may serve as a template to collect and report aggregate program data to DOL. See Section 6 for more information.

## Individual-Level Data Submission Format

The individual-level data submitted for each QPR must include the most up-to-date information for each worker participant that was ever enrolled in your RETAIN program and placed in the treatment group. Note that individuals that exit RETAIN will remain in the analytical file. However, if a worker participant was erroneously enrolled in RETAIN (or erroneously placed in the treatment group) and later removed, then this worker participant can be removed from this file. There should be one row per worker participant containing information on all fields listed in this section. An example format is included below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RTN00 | RTN01 | RTN02 | RTNXX |
| Unique participant ID corresponding to Participant 1 (XXXXXX) |  |  |  |  |
| Unique participant ID corresponding to Participant 2 (XXXXXX) |  |  |  |  |
| Unique participant ID corresponding to Participant “N” (XXXXXX) |  |  |  |  |

Some of the data elements will not change from quarter to quarter. For instance, sex, date of enrollment, and primary injury/illness type. However, other elements will change over time such as the number of instances a RTW Coordinator communicated with the worker, or return to work outcomes. As an example, days of work-loss for a particular worker may be equal to 5 at the time of one QPR submission. However, for the subsequent QPR submission, the number of work-loss days for the same worker may increase to 11. Submit the most up-to-date information on the worker participant for each quarterly submission.

The MS Excel document named “Appendix A Individual Level Data Collection Tool” may serve as a template to collect and report de-identified individual level data to DOL to meet this requirement. See Section 6 for more information.

## Data Description Guide

The metrics in this document are categorized into Aggregate (Section 2) and Individual-Level (Section 3). For each data element, the following information is provided:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** | **Source** |
| This is a unique number for each data element.  | A name briefly describing the data element. | Provides specific definitions and instructions on the data element.  | Reports the format type that should be recorded. Some examples include:* Years
* Date (YYYYYMMDD)
* Categorical responses
 | Identifies the data source. Grantees will collect data using the two Baseline Forms, through on-going administrative data collections, and other means as necessary. |

NOTE: if no “source” is listed, then the data element is not included in the Baseline Forms and must be collected and reported by the grantee.

Any variations to the format listed above are described in the relevant section.

**RETAIN Service Providers** include any RETAIN project staff providing services to worker participants. These may include: Return to Work Coordinators, Healthcare Providers, and Workforce Professionals.

* ***Return to Work Coordinators*** are project staff coordinating healthcare and employment-related supports and services. These individuals may also be called “Health Service Coordinators,” “RTW Navigators,” etc. RTW Coordinators that are located in the Health System, include those at a medical office, insurer, hospital, etc. RTW Coordinators that are located in the Workforce Development System include those at American Job Centers, Vocational Rehabilitation Agencies, or other related entities.
* ***Healthcare Providers*** include Primary Care Physicians, Occupational Medicine Physicians, Physical Medicine and Rehabilitation Specialists, Orthopedic Surgeons, Neurosurgeons, Physical Therapists, Chiropractors, Registered Nurses, Nurse Practitioners, Physician Assistants, and Mental Health Professionals. If there are other specific types of Physicians or Clinicians participating in your program, please list the specific type of provider in your data submission.
* ***Workforce Professionals*** include Workforce Development Professionals and Vocational Rehabilitation Counselors. If there are other specific types of participating Workforce Professionals, please list the specific type in your data submission.

**Employment Services** include any training, education, job-search, or other related services aimed at improving an individual’s ability to obtain and sustain employment.

# 2. Aggregate Program Data Collection Requirements

This section includes information on the aggregate program data collection requirements as part of the RETAIN Quarterly Progress Reports (QPRs). There are five categories of RETAIN data reporting activities for aggregate program data:

1. [Program Targets and Milestones](#programtargetsandmilestones)
	1. [RETAIN Service Provider Participation and Training](#serviceproviderparticipationandtraining)
	2. [RETAIN Service Provider Training Descriptions](#serviceprovidertrainingdescriptions)
	3. [Incentives to Adopt Occupational Health Best Practices](#providerandemployerincentives)
	4. [Stakeholder Survey Results](#stakeholdersatisfaction)

## 2.1 Program Targets and Milestones

The grantee will set the program operational targets in accordance with the planned operations. The targets focus primarily on the timeliness and coordination of health and employment services, and worker participant outcomes. For each data submission, the grantees will set targets and milestones that correspond to the forthcoming quarter. For example, in the QPR Quarter 4, FY 2019 data submission, the targets must be set for Q1 FY 2020, and so on for subsequent submissions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Category** | **Measure Description** | **Data Type** |
| TAR01 | Target number of worker participants | Record the target number of worker participants enrolled in the treatment group at end of the current quarter.  | Count |
| TAR02 | Target number of participating RETAIN service providers | Record the target number of RETAIN service providers enrolled at end of the current quarter. A RETAIN service provider is “participating” in RETAIN if they has signed an agreement to provide RETAIN services to worker participants.  | Count |
| TAR03 | Target number of participating RETAIN service providers that have received any training  | Record the target number of RETAIN service providers that have received any training as part of the RETAIN program.  | Count |
| TAR04 | Target days for RTW Coordinator initial communication with worker participant | Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with worker participant.  | Days |
| TAR05 | Target days for RTW Coordinator initial communication with worker participant’s employer | Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with participant’s employer.  | Days |
| TAR06 | Target days for RTW Coordinator initial communication with worker participant’s healthcare provider | Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with healthcare provider.  | Days |
| TAR07 | Target days for RTW Plan Development | Record the target (maximum) number of days from worker participant enrollment until a RTW Plan is finalized.  | Days |
| TAR08 | Target days between referral to employment-related services and when services begin | Record the target (maximum) number of days between the date a worker participant is referred to employment-related services and the date the worker participant begins the services.  | Days |

2.1 Program Targets and Milestones, continued

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Category** | **Measure Description** | **Data Type** |
| TAR09 | Target number of instances of communication between RTW Coordinator and worker participant | Record the target (minimum) number of instances of communication between the RTW Coordinator and worker participant.  | Count |
| TAR10 | Target number of instances of communication between RTW Coordinator and healthcare provider | Record the target (minimum) number of instances of communication between the RTW Coordinator and any healthcare provider involved in the worker participant’s treatment.  | Count |
| TAR11 | Target number of instances of communication between RTW Coordinator and the worker participant’s employer | Record the target (minimum) number of instances of communication between the RTW Coordinator and any representative from the worker participant’s employer (i.e. supervisor or HR representative).  | Count |
| TAR12 | Target number of instances of communication between RTW Coordinator and workforce professional | Record the target (minimum) number of instances of communication between the RTW Coordinator and a workforce professional involved in the worker participant’s treatment.  | Count |
| TAR13 | Target percentage of worker participants returning to work within 6 weeks | Record the target (minimum) percentage of worker participants that will return to work within 6 weeks of enrolling in RETAIN.  | Percent |
| TAR14 | Target percentage of worker participants returning to work within 12 weeks | Record the target (minimum) percentage of worker participants that will return to work within 12 weeks of enrolling in RETAIN.  | Percent |
| TAR15 | Target percentage of worker participants returning to work within 24 weeks | Record the target (minimum) percentage of worker participants that will return to work within 24 weeks of enrolling in RETAIN.  | Percent |

## 2.2 RETAIN Service Provider Participation and Training

This section asks for information on the number and type of service providers that are participating in RETAIN, and the number of service providers that have received any training as part of the RETAIN program. For the RTW Coordinators, provide the number working for RETAIN and the number that received any RETAIN training in Full-Time Equivalents (FTEs). For example, a RTW Coordinator working full-time should be counted as 1, but a RTW Coordinator working half-time in RETAIN should be counted as 0.5.

For service providers other than RTW Coordinators, if feasible, count them in FTEs based on the proportion of time involved with RETAIN. For example, if a provider spends half their time at a hospital involved with RETAIN and half at another hospital not participating in RETAIN, then the provider would be counted as 0.5 FTEs for the number providing RETAIN services and 0.5 FTEs for the number that received any training as part of the RETAIN program. If this is not feasible, then simply count each service provider (other than RTW Coordinators) as 1 FTE. Please mention in your QPR narrative which method was used.

| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| --- | --- | --- | --- |
| PRV01 | PRV01a. Number (in FTEs) of RTW Coordinators (Health System) providing RETAIN services | Record the number (in FTEs) of RTW Coordinators located in the health system that have signed agreements to provide RETAIN services.  | Count |
| PRV01b. Number (in FTEs) of RTW Coordinators (Health System) that have received any training | Record the number (in FTEs) of RTW Coordinators located in the health system that have received any training as part of the RETAIN program.  | Count |
| PRV02 | PRV02a. Number (in FTEs) of RTW Coordinators (Workforce Development System) providing RETAIN services | Record the number (in FTEs) of RTW Coordinators located in the workforce development system that have signed agreements to provide RETAIN services. | Count |
| PRV02b. Number (in FTEs) of RTW Coordinators (Workforce Development System) that have received any training  | Record the number (in FTEs) of RTW Coordinators located in the workforce development system that have received any training as part of the RETAIN program.  | Count |
| PRV03 | PRV03a. Number of Primary Care Physicians providing RETAIN services | Record the number of Primary Care Physicians that have signed agreements to provide RETAIN services. | Count |
| PRV03b. Number of Primary Care Physicians that have received any RETAIN training | Record the number of Primary Care Physicians that have received any training as part of the RETAIN program. | Count |

2.2 RETAIN Service Provider Participation and Training, continued

| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| --- | --- | --- | --- |
| PRV04 | PRV04a. Number of Occupational Medicine Physicians providing RETAIN services | Record the number of Occupational Medicine Physicians that have signed agreements to provide RETAIN services. | Count |
| PRV04b. Number of Occupational Medicine Physicians that have received any training | Record the number of Occupational Medicine Physicians that have received any training as part of the RETAIN program. | Count |
| PRV05 | PRV05a. Number of Physical Medicine and Rehabilitation Specialists providing RETAIN services | Record the number of Physical Medicine and Rehabilitation Specialists that have signed agreements to provide RETAIN services. | Count |
| PRV05b. Number of Physical Medicine and Rehabilitation Specialists that have received any RETAIN training | Record the number of Physical Medicine and Rehabilitation Specialists that have received any training as part of the RETAIN program. | Count |
| PRV06 | PRV06a. Number of Orthopedic Surgeons providing RETAIN services | Record the number of Orthopedic Surgeons that have signed agreements to provide RETAIN services. | Count |
| PRV06b. Number of Orthopedic Surgeons that have received any training | Record the number of Orthopedic Surgeons that have received any training as part of the RETAIN program. | Count |
| PRV07 | PRV07a. Number of Neurosurgeons providing RETAIN services | Record the number of Neurosurgeons that have signed agreements to provide RETAIN services. | Count |
| PRV07b. Number of Neurosurgeons that have received any RETAIN training | Record the number of Neurosurgeons that have received any training as part of the RETAIN program. | Count |
| PRV08 | PRV08a. Number of Physical Therapists providing RETAIN services | Record the number of Physical Therapists that have signed agreements to provide RETAIN services. | Count |
| PRV08b. Number of Physical Therapists that have received any training | Record the number of Physical Therapists that have received any training as part of the RETAIN program. | Count |
| PRV09 | PRV09a. Number of Chiropractors providing RETAIN services | Record the number of Chiropractors that have signed agreements to provide RETAIN services. | Count |
| PRV09b. Number of Chiropractors that have received any RETAIN training | Record the number of Chiropractors that have received any training as part of the RETAIN program. | Count |

2.2 RETAIN Service Provider Participation and Training, continued

| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| --- | --- | --- | --- |
| PRV10 | PRV10a. Number of Registered Nurses providing RETAIN services | Record the number of Registered Nurses that have signed agreements to provide RETAIN services. | Count |
| PRV10b. Number of Registered Nurses that have received any training | Record the number of Registered Nurses that have received any training as part of the RETAIN program. | Count |
| PRV11 | PRV11a. Number of Nurse Practitioners providing RETAIN services | Record the number of Nurse Practitioners that have signed agreements to provide RETAIN services. | Count |
| PRV11b. Number of Nurse Practitioners that have received any RETAIN training | Record the number of Nurse Practitioners that have received any training as part of the RETAIN program. | Count |
| PRV12 | PRV12a. Number of Physician Assistants providing RETAIN services | Record the number of Physician Assistants that have signed agreements to provide RETAIN services. | Count |
| PRV12b. Number of Physician Assistants that have received any training | Record the number of Physician Assistants that have received any training as part of the RETAIN program. | Count |
| PRV13 | PRV13a. Number of Mental Health Professionals providing RETAIN services | Record the number of Mental Health Professionals that have signed agreements to provide RETAIN services. | Count |
| PRV13b. Number of Mental Health Professionals that have received any RETAIN training | Record the number of Mental Health Professionals that have received any training as part of the RETAIN program. | Count |
| PRV14 | PRV14a. Number of “Other” Physicians or Clinicians providing RETAIN services | Record the number of “Other” Physicians or Clinicians that have signed agreements to provide RETAIN services. | Count |
| PRV14b. Number of “Other” Physicians or Clinicians that have received any training | Record the number of “Other” Physicians or Clinicians that have received any training as part of the RETAIN program. | Count |

2.2 RETAIN Service Provider Participation and Training, continued

| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| --- | --- | --- | --- |
| PRV15 | PRV15a. Number of Workforce Development Professionals providing RETAIN services | Record the number of Workforce Development Professionals that have signed agreements to provide RETAIN services. | Count |
| PRV15b. Number of Workforce Development Professionals that have received any training | Record the number of Workforce Development Professionals that have received any training as part of the RETAIN program. | Count |
| PRV16 | PRV16a. Number of Vocational Rehabilitation Counselors providing RETAIN services | Record the number of Vocational Rehabilitation Counselors that have signed agreements to provide RETAIN services. | Count |
| PRV16b. Number of Vocational Rehabilitation Counselors that have received any RETAIN training | Record the number of Vocational Rehabilitation Counselors that have received any training as part of the RETAIN program. | Count |
| PRV17 | PRV17a. Number of “Other” Workforce Professionals providing RETAIN services | Record the number of “Other” Workforce Professionals that have signed agreements to provide RETAIN services. | Count |
| PRV17b. Number of “Other” Workforce Professionals that have received any training | Record the number of “Other” Workforce Professionals that have received any training as part of the RETAIN program. | Count |

## 2.3 RETAIN Service Provider Training Descriptions

This section describes the information to collect and report on the type and duration of service provider training, including the number of providers that received the training. Record information for each specific training session held for RETAIN service providers. For instance, if the same training course was delivered twice to two different sets of trainees, enter the session twice.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Number** | **Training Session Title** | **Training Session Description** | **Date of Training** | **Training Delivery Method Code Values** | **Duration (hours) of Training per Session** | **Number of Trainees per Session** |
| TRNXX | Record the Training Session Title.  | Record a brief text description of the training session.  | Date (YYYY/MM/DD) | Record 1 if the training was delivered live in a classroom, training, or conference room setting. Record 2 if the training was a live virtual training (e.g. Skype, live webcast) Record 3 if the training was delivered as a self-directed online resource. This may include an interactive online module or a training housed online but conducted via “paper.” Record 4 if the training was “on-the-job.” Record 5 if the training was delivered via another method not included above.  | Hours | Count |
| ***TRN01 EXAMPLE*** | Identifying and Overcoming Barriers to Return to Work | This session focused on identifying barriers to RTW faced by workers and how to best work with service providers and the employer to identify ways to overcome those barriers.  | 2019/3/11 | 1 | 3 | 16 |

## 2.4 Incentives to Adopt Occupational Health Best-Practices

This section includes information on any program financial incentives to healthcare providers to encourage the use of occupational health best practices, or financial incentives to employers to make accommodations for injured or ill workers to return to work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element Number** | **Activity Being Incentivized** | **Incentive Target** | **Monetary Incentive Value** | **Non-Monetary Incentive Value** | **Number of Times Incentive "Payment" was made** |
| INCXX | Include a brief description of the incentive.  | Identify whether the incentive is paid to healthcare providers, employers, workers, or any other group you identify.  | Record the monetary value of the incentive (if there is a monetary incentive value). If there is no monetary incentive value, leave this blank.  | If there is no monetary incentive value, please describe the incentive (for example, 2 CME credits). If there is no non-monetary incentive value, leave this blank.  | Record the number of times an incentive payment was made.  |
| ***INC01******EXAMPLE*** | Finalize RTW Plan | Healthcare providers | $50 |  | 6 |

## 2.5 Stakeholder Satisfaction Form Results

This section reports the stakeholder satisfaction form results requirements. The evaluation contractor will aid grantees in development of follow-up forms to gauge satisfaction from RETAIN stakeholders: employers, healthcare providers, and worker participants. When the forms have been developed, these metrics will be updated to reflect the information that will be acquired by the forms. **Stakeholder Satisfaction Form Results data are only required on a semi-annual basis, in QPRs following even-numbered quarters after results from the forms are available.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** | **Source** |
| SSF01 | Employer satisfaction with facilitated communication | Record the percentage of employers that responded that they were satisfied with the facilitated communication. The employer satisfaction form will be completed by the individual that the Return to Work Coordinator was most directly involved with during the return to work process – this could be the worker’s supervisor, human resources representative, etc.  | Percent | Provided with support from the evaluation contractor |
| SSF02 | Employer satisfaction with overall support provided | Record the percentage of employers that responded that they were satisfied with the overall support provided. The employer satisfaction form may be completed by the individual that the Return to Work Coordinator was most directly involved with during the return to work process – this could be the worker’s supervisor, human resources representative, etc. | Percent |
| SSF03 | Healthcare provider satisfaction with facilitated communication | Record the percentage of healthcare providers that responded that they were satisfied with the facilitated communication.  | Percent |
| SSF04 | Worker participant satisfaction with facilitated communication | Record the percentage of worker participants that responded that they were satisfied with the facilitated communication.  | Percent |
| SSF05 | Worker participant satisfaction with support provided from employer | Record the percentage of worker participants that responded that they were satisfied with the support provided from their employer.  | Percent |

# 3. Individual-Level Data Collection Requirements

This section includes information on the individual-level data collection requirements as part of the RETAIN Quarterly Progress Reports (QPRs). There are six categories:

1. [Worker Participant Characteristics](#workerparticipantcharacteristics)
	1. [Return to Work Coordinator Service](#rtwcservices)
	2. [Worker Participant Main Provider Type](#workerparticipantmainprovidertype)
	3. [Employment Services](#employmentservices)
	4. [Labor Market Outcomes](#labormarketoutcomes)
	5. [RETAIN Participation Status and Referral to Services after Exit](#statusandreferral)

Unless otherwise instructed, any field for which data is missing should be left blank.

## 3.1 Worker Participant Characteristics

The required worker participant characteristics are obtained from Baseline Forms 1 and 2.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data­ Element Definitions/Instructions** | **Code Value** | **Source** |
| RTN01 | Unique Individual Identifier | Record a unique identification number assigned to the participant. There are no requirements for the number of digits. The code must uniquely identify the individual participant for current and future data collection efforts.  | Text or numeric | Created by Grantee |
| RTN02 | Age | Record the worker participant’s age at time of enrollment.  | Count in Years | Baseline Form Parts 1 and 2  |
| RTN03 | Sex | Record 1 if the participant indicates that he is male.Record 2 if the participant indicates that she is female.  | 1 = Male2 = Female | Baseline Form Part 1 |
| RTN04 | Hispanic | Record 1 if the participant indicates being of Hispanic, Latino, or Spanish originRecord 0 otherwise | 1. = Hispanic, Latino, or Spanish origin

0 = Otherwise | Baseline Form Part 1 |
| RTN05-1 | Race – White | Record 1 if the participant indicates being WhiteRecord 0 otherwise | 1 = White0 = Otherwise | Baseline Form Part 1 |
| RTN05-2 | Race – Black | Record 1 if the participant indicates being Black or African-AmericanRecord 0 otherwise | 1 = Black or African-American0 = Otherwise | Baseline Form Part 1 |
| RTN05-3 | Race – Am Indian | Record 1 if the participant indicates being American Indian or Alaska NativeRecord 0 otherwise | 1 = American Indian or Alaska Native0 = Otherwise | Baseline Form Part 1 |
| RTN05-4 | Race – Asian | Record 1 if the participant indicates being AsianRecord 0 otherwise | 1 = Asian0 = Otherwise | Baseline Form Part 1 |
| RTN05-5 | Race – Hawaii or PI | Record 1 if the participant indicates being Hawaiian or Pacific IslanderRecord 0 otherwise | 1 = Hawaiian or Pacific Islander0 = Otherwise | Baseline Form Part 1 |

3.1. Worker Participant Characteristics, continued

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data­ Element Definitions/Instructions** | **Code Value** | **Source** |
| RTN06 | Education | Record 1 if the participant indicates attaining less than a high school diploma. Record 2 if the participant indicates attaining a high school diploma or equivalent. Record 3 if the participant indicates attaining an occupational or 2-year college degree. Record 4 if the participant indicates attaining a 4-year college (bachelor’s) degree. Record 5 if the participant indicates attaining a post-graduate degree.  | 1 = Less than high school2 = High school diploma or equivalent3 = Occupational / 2-year college4 = Four year college (bachelor’s)5 = Post-graduate  | Baseline Form Part 1 |
| RTN07 | Health Status | Record 1 if the participant indicates excellent health.Record 2 if the participant indicates very good health.Record 3 if the participant indicates good health.Record 4 if the participant indicates fair health.Record 5 if the participant indicates poor health. | 1 = Excellent2 = Very good3 = Good4 = Fair5 = Poor | Baseline Form Part 1 |
| RTN08 | Employment Status | Record 1 if the participant indicates they are currently not employed. Record 2 if the participant indicates they are currently self-employed. Record 3 if the participant indicates they are employed at a private company, non-profit, or government.  | 1 = Not employed2 = Self-employed3 = Employed | Baseline Form Part 1 |
| RTN09 | Hours Per Week | Record the number of hours per week usually worked.  | Count in Hours | Baseline Form Part 1 |
| RTN10 | How Long Since Last at Work | Record 1 if the participant indicates the last time worked was today. Record 2 if the participant indicates the last time worked was no more than a week ago. Record 3 if the participant indicates the last time worked was more than a week ago but no more than a month ago. Record 4 if the participant indicates the last time worked was more than a month but no more than three months ago. Record 5 if the participant indicates the last time worked was more than three months ago.  | 1 = Today2 = Between 1 day and 1 week3 = Between 1 week and 1 month4 = Between 1 month and 3 months5 = More than 3 months | Baseline Form Part 1 |

3.1 Worker Participant Characteristics, continued

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** | **Source** |
| RTN11 | Job Tenure | Record 1 if the participant has been employed less than 6 months.Record 2 if the participant has been employed from 6 months to 1 year.Record 3 if the participant has been employed from 1 year to 2 years.Record 4 if the participant has been employed from 2 years to 5 years.Record 5 if the participant has been employed more than 5 years. | 1 = Less than 6 months2 = Between 6 months and 1 years3 = Between 1 year and 2 years4 = Between 2 years and 5 years5 = More than 5 years | Baseline Form Part 1 |
| RTN12 | Date of Onset of Primary Injury/Illness  | Record the participant’s date of onset of primary injury/illness.  | YYYYMMDD | Baseline Form Part 2 |
| RTN13 | Date of Enrollment in RETAIN | Record the participant’s date of enrollment in RETAIN.  | YYYYMMDD | Baseline Form Part 2 |
| RTN14 | ICD-10 Code of the Primary Injury/Illness | Record the ICD-10 code of the participant’s primary injury or illness.  | Text | Baseline Form Part 2 |
| RTN15 | Primary Injury/Illness | Report the text description of the worker participant’s injury or illness as written in Baseline Form Part 2 | Text | Baseline Form Part 2 |
| RTN16 | Work-Related Factors | Record 1 if the primary injury or illness is caused, at least in part, by work-related factors. Record 0 if the primary injury or illness is not caused by work-related factors.  | 1 = Yes0 = No | Baseline Form Part 2 |
| RTN17 | Workers’ Compensation Claim | Record 1 if the participant has filed a workers’ compensation claim involving the primary injury or illness. Record 0 if the worker has not filed a workers’ compensation claim involving the primary injury or illness.  | 1 = Yes0 = No | Baseline Form Part 2 |

3.1 Worker Participant Characteristics, continued

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** | **Source** |
| RTN18 | Accident/Injury | Record 1 if the primary condition is a result of an accident or an injury. Record 2 if the primary condition is an illness.  | 1 = Accident or injury2 = Illness | Baseline Form Part 2 |
| RTN19 | New injury/illness | Record 1 if the RETAIN-eligible injury or illness is a new condition. Record 2 if the RETAIN-eligible injury or illness is a worsening of an existing condition.  | 1 = New condition2 = Worsening of an existing condition | Baseline Form Part 2 |
| RTN20 | Industry classification of pre-injury/illness employer | Note: see Section 4 for NAICS definitions. Record 1 if the employer’s industry is Agriculture or Mining. Record 2 if the employer’s industry is Construction or Utilities. Record 3 if the employer’s industry is Manufacturing. Record 4 if the employer’s industry is Retail Trade, Wholesale Trade, or Transportation. Record 5 if the employer’s industry is Information. Record 6 if the employer’s industry is Finance or Real Estate. Record 7 if the employer’s industry is Professional, Management or Administrative Services. Record 8 if the employer’s industry is Education or Health Care. Record 9 if the employer’s industry is Accommodation and Food Services or Arts and Entertainment. Record 10 if the employer’s industry is Other Services. Record 11 if the employer’s industry is Public Administration.  | 1 = Agriculture or Mining2 = Construction or Utilities3 = Manufacturing4 = Retail Trade, Wholesale Trade, or Transportation5 = Information6 = Finance or Real Estate7 = Professional, Management or Administrative Services8 = Education or Health Care9 = Accommodation and Food Services or Arts and Entertainment10 = Other Services11 = Public Administration | Baseline Form Part 2 |

3.1 Worker Participant Characteristics, continued

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** | **Source** |
| RTN21 | Occupational classification of pre-injury/illness job | Note: See Section 4 for Standard Occupation Classifications. Record 1 if the participant’s job is in Management, professional, and related fields. Record 2 if the participant’s job is in Service. Record 3 if the participant’s job is in Sales and office. Record 4 if the participant’s job is in Natural resources, construction, or maintenance. Record 5 if the participant’s job is in Production, transportation, or material moving.  | 1 = Management, professional, or related2 = Service3 = Sales and office4 = Natural resources, construction, or maintenance5 = Production, transportation, or material moving | Baseline Form Part 2 |

## 3.2 Return-to-Work Coordinator Services

This section describes the RTW Coordinator services that must be tracked and reported.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN22 | RTW Coordinator Initial Communication with Worker Participant | Record the date of the initial communication between the RTW Coordinator and the worker participant.  | YYYYMMDD |
| RTN23 | RTW Coordinator Initial Communication with Employer | Record the date of the initial communication between the RTW Coordinator and the participant’s employer.  | YYYYMMDD |
| RTN24 | RTW Coordinator Initial Communication with Healthcare Provider | Record the date of the initial communication between the RTW Coordinator and the participant’s healthcare provider (this includes any healthcare provider involved in the participant’s care). | YYYYMMDD |
| RTN25 | RTW Communications with Worker Participant | Record the number of instances the RTW Coordinator(s) communicated with the worker participant. A communication may include a phone call, in-person meeting, email, or other form of communication.  | Cumulative count  |
| RTN26 | RTW Communications with Employer | Record the number of instances the RTW Coordinator(s) communicated with the worker participant’s employer. A communication may include a phone call, in-person meeting, email, or other form of communication. | Cumulative count  |
| RTN27 | RTW Communications with Healthcare Provider | Record the number of instances the RTW Coordinator(s) communicated with the worker participant’s healthcare provider (this includes any healthcare provider involved in the participant’s care). A communication may include a phone call, in-person meeting, email, or other form of communication. | Cumulative count  |
| RTN28 | RTW Communications with Workforce Professionals | Record the number of instances the RTW Coordinator(s) communicated with a workforce professional to discuss the participant’s treatment plan. A communication may include a phone call, in-person meeting, email, or other form of communication. | Cumulative count  |
| RTN29 | Technical Assistance to Implement Workplace Accommodations | Record the number of instances RETAIN staff provided direct technical assistance to employer(s) to implement workplace accommodation(s) for worker participant. Direct technical assistance includes providing a tool, or guiding the employer through tools, resources, planning, or design that supports the implementation of workplace accommodations.  | Cumulative count  |

3.2 Return to Work Coordinator Services, continued

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN30 | Workplace Accommodation: Physical Change | Record 1 if the worker participant’s employer accommodated the worker by making a physical change to the workplace. Record 0 if the worker participant’s employer did not make a physical change to accommodate the worker or it is unknown. Examples of physical accommodations include modifying work equipment or the layout of a workspace by, for instance, installing a ramp.  | 1 = Yes0 = No |
| RTN31 | Workplace Accommodation: Accessible Communication and Assistive Technologies | Record 1 if the worker participant’s employer accommodated the worker by implementing accessible communication and assistive technologies. Record 0 if the worker participant’s employer did not accommodate the worker with accessible communication and assistive technologies or it is unknown. Examples of accessible communication and assistive technologies include accessible computer software, screen reader software, using videophones to facilitate communications, providing sign language interpreters or closed captioning at meetings.  | 1 = Yes0 = No |
| RTN32 | Workplace Accommodation: Modified Work Tasks | Record 1 if the worker participant’s employer accommodated the worker by implementing accessible communication tools. Record 0 if the worker participant’s employer did not accommodate the worker with accessible communication tools or it is unknown. Examples of modified work tasks include any change in work tasks or functions such as light-duty assignment.  | 1 = Yes0 = No |
| RTN33 | Workplace Accommodation: Policy Enhancements | Record 1 if the worker participant’s employer accommodated the worker by enhancing workplace policies. Record 0 if the worker participant’s employer did not accommodate the worker by enhancing workplace policies or it is unknown. Examples of policy enhancements include modifying a policy to allow a service animal in a business setting or allowing for flexible work schedules.  | 1 = Yes0 = No |

NOTE: For more information on the categories of accommodation types, visit: <https://www.dol.gov/odep/topics/Accommodations.htm>

3.2. Return to Work Coordinator Services, continued

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN34 | Workplace Accommodation: Other | Record brief text that describes any other workplace accommodation that was made in addition to or different than the categories listed in RTN30-RTN33.  | Text |
| RTN35 | Date Referred to an Employee Assistance Program (EAP) | If grantee is referring worker participants to an Employee Assistance Program (EAP) and has done so for this worker participant, record the date here.  | YYYYMMD |
| RTN36 | Date Referred to the Job Accommodation Network (JAN) | If grantee is referring worker participants or the worker participant’s employers to the Job Accommodation Network (JAN) for information about workplace accommodations and has done so for this worker participant, then record the date here.  | YYYYMMDD |
| RTN37 | Date Report of Accident Submitted | For workers’ compensation claimants, if grantee’s state requires submission of a Report of Accident, First Report of Injury, or other equivalent form, then record date of submission. Leave blank if the worker is not a workers’ compensation claimant or no report of accident was submitted.  | YYYYMMDD |
| RTN38 | Date RTW Plan Finalized | Record the date the participant’s Return to Work Plan was finalized after enrolling in RETAIN. A Return to Work Plan is defined as a plan to support the employee in returning to or staying at work by assessing the ill/injured worker’s barriers to employment and providing ways to overcome them. Leave blank if the worker’s RTW Plan has not been finalized.  | YYYYMMDD |
| RTN39 | Date of First Follow-up Communication after Worker Participant Returned to Work | Record the date of the first follow-up communication between a RETAIN service provider and the worker participant after the worker’s initial return to work or stay at work after injury/illness. Leave blank if the worker has not returned to work or has not received a follow-up communication.  | YYYYMMDD |

##

## 3.3 Worker Participant Main Provider Type

This section asks for the type of provider from whom the worker participant has received the majority of his/her care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN40 | Worker Main Provider Type | Record 1 if most of the worker participant’s care is provided by a Primary Care Physician. Record 2 if mostof the worker participant’s care is provided by an Occupational Medicine Physician. Record 3 if most of the worker participant’s care is provided by a Physical Medicine and Rehabilitation Specialist. Record 4 if most of the worker participant’s care is provided by an Orthopedic Surgeon. Record 5 if most of the worker participant’s care is provided by a Neurosurgeon. Record 6 if most of the worker participant’s care is provided by a Physical Therapist. Record 7 if most of the worker participant’s care is provided by a Chiropractor. Record 8 if most of the worker participant’s care is provided by a Registered Nurse. Record 9 if most of the worker participant’s care is provided by a Nurse Practitioner. Record 10 if most of the worker participant’s care is provided by a Physician Assistant. Record11 if most of the worker participant’s care is provided by a Mental Health Professional. Record 12 if most of the worker participant’s care is provided by an “Other” type of Physician or Clinician not listed. Record 13 if most of the worker participant’s care is provided by a Workforce Development Professional.Record 14 if most of the worker participant’s care is provided by a Vocational Rehabilitation Counselor. Record 15 if most of the worker participant’s care is provided by an “Other” Workforce Professional not listed.  | 1 = Primary Care Physician2 = Occupational Medicine Physician1. = Physical Medicine and Rehabilitation Specialist
2. = Orthopedic Surgeon
3. = Neurosurgeon
4. = Physical Therapist
5. = Chiropractor
6. = Registered Nurse
7. = Nurse Practitioner
8. = Physician Assistant
9. = Mental Health Professional
10. = Other type of Physician or Clinician
11. = Workforce Development Professional
12. = Vocational Rehabilitation Counselor
13. = Other type of Workforce Professional
 |

## 3.4 Employment Services

This section describes the services within the workforce development system that must be tracked and reported. Many of the metrics are aligned to data elements in DOL’s Employment and Training Administration (ETA) Participant Individual Record Layout (PIRL) that is used for reporting under the Workforce Innovation and Opportunity Act (WIOA). In cases where the elements are aligned, the specific PIRL data element number is included. NOTE: Grantees must ensure that the state PIRL system can identify RETAIN worker participants to track, collect, and report these metrics to DOL.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Name** | **Data Element Number** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN41 | Date of First Referral to Employment Services | Record the date the participant was first referred to employment services on or after the date of enrollment in RETAIN. Leave blank if the participant did not receive this service or if it does not apply to the participant. | YYYYMMDD |
| RTN42 | Date Participant Began Any Employment Services | Record the date the participant began employment services on or after the date of enrollment in RETAIN. Leave blank if the participant did not receive this service or if it does not apply to the participant. | YYYYMMDD |
| RTN43 | Date of First Basic Career Service (Self-Service) | Record the first date a participant accessed self-services on or after the date of enrollment in RETAIN, either in a physical location or remotely via the use of electronic technologies. Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1000.  | YYYYMMDD |
| RTN44 | Date of First Basic Career Service (Staff-Assisted) | Record the first date the participant received any staff-assisted basic services on or after the date of enrollment in RETAIN (includes any career service under WIOA section 134(c)(2)(A)(i)-(xi) that is not provided via self-service or information-only services and activities). Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1001.  | YYYYMMDD |
| RTN45 | Most Recent Date Received Basic Career Services (Self-Service) | Record the most recent date a job seeker accessed self-services during the reporting period and on or after the date of enrollment in RETAIN, either a physical location or remotely via the use of electronic technologies. Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1002.  | YYYYMMDD |
| RTN46 | Most Recent Date Received Basic Career Services (Staff-Assisted) | Record the most recent date on which the participant received any basic career service on or after the date of enrollment in RETAIN (includes any career service under WIOA section 134(c)(2)(A)(i)-(xi) that is not provided via self-service or information-only services and activities). Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1003.  | YYYYMMDD |

3.4 Employment Services, continued

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| --- | --- | --- | --- |
| **Data Element Name** | **Data Element Number** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN47 | Date of First Individualized Service | Record the first date the participant received any individualized career service on or after the date of enrollment in RETAIN. Individualized Career Services include development of an Individual Employment Plan, Pre-Vocational Services, provision of comprehensive skills and career assessments, internships or work experiences, financial literacy services, English as Second Language Services, or any other service that comprises a significant amount of staff time with an individual participant as described in WIOA sec. 134(c)(2)(xii). Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1200.  | YYYYMMDD |
| RTN48 | Most Recent Date Received Individualized Career Service | Record the most recent date on or after the date of enrollment in RETAIN on which the participant received individualized career services as described in WIOA sec. 134(c)(2)(xii). Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1201.  | YYYYMMDD |
| RTN49 | Date Individual Employment Plan Created | Record the date on or after the date of enrollment in RETAIN on which the participant’s Individual Employment Plan (IEP) was created or otherwise established to identify the participant’s employment goals, their appropriate achievement goals, and the appropriate combination of services for the participant to achieve the employment goals. Leave blank if the participant did not receive this service or if it does not apply to the participant.Corresponds to PIRL data element 1202.  | YYYYMMDD |
| RTN50 | Date Entered Training | Record the date on or after the date of enrollment in RETAIN on which the participant’s first training service began. Leave blank if the participant did not receive any training or this data element does not apply to the participant. Corresponds to PIRL data element 1302.  | YYYYMMDD |
| RTN51 | Most Recent Date Received Follow-up Service | Record the most recent date on or after the date of enrollment in RETAIN on which the participant received follow-up services, which may include counseling in the workplace. Leave blank if the participant did not receive this service or if it does not apply to the participant. Corresponds to PIRL data element 1503.  | YYYYMMDD |

## 3.5 Labor Market Outcomes

These data elements track the employment outcomes of RETAIN worker participants. For participants who held multiple jobs simultaneously prior to injury/illness, pre-injury/illness job and employer refer to the job and employer where participant worked the most hours.

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| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN52 | Date Participant Began Absence from Work | Record the date the participant began initial absence from work following onset of the RETAIN eligible injury/illness. If the participant did not experience an absence from work, leave this field blank.  | YYYYMMDD |
| RTN53 | Work-Loss Days | Record the total number of work-loss days the participant experienced while enrolled in RETAIN.  | Days |
| RTN54 | Days of Restricted Work Activity | Record the total number of days of restricted work activity the participant experienced while enrolled in RETAIN. Work restriction cases occur when an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred. | Days |
| RTN55 | Date of Return to Work | Record the date of the participant’s initial return to work. If the participant has not returned to work (or if the participant stayed at work), leave this field blank.  | YYYYMMDD |
| RTN56 | Weekly Hours Worked Upon RTW/SAW | Record the number of hours per week the participant worked upon the initial return-to-work (or stay-at-work). If the participant is not currently employed, leave this field blank.  | Hours per week |
| RTN57 | Return-to-Work/Stay-at-Work Job and Employer | Record 1 if the participant has returned to their pre-injury/illness job.Record 2 if the participant has returned to work in a different job, but with their pre-injury/illness employer. Record 3 if the participant has returned to work at a different employer from pre-injury/illness employer. Record 9 if the participant is not currently employed.  | 1 = Participant returned to pre-injury/illness job2 = Participant returned to work in a different job with the pre-injury/illness employer3 = Participant returned to work with a different employer, not the pre-injury/illness employer9 = Participant is not currently employed |

## 3.6 RETAIN Participation Status and Referral to Services after Exit

Exit from RETAIN is defined as not having received any RETAIN communications or services for at least 90 days from the date of last RETAIN communication or service.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Number** | **Data Element Name** | **Data Element Definitions/Instructions** | **Code Value** |
| RTN58 | RETAIN Participation Status | Record 1 if the participant is enrolled in RETAINRecord 2 if the participant has exited RETAIN  | 1 = Participant is enrolled in RETAIN 2 = Participant has exited RETAIN |
| RTN59 | Date of Exit from RETAIN | For participants who exited RETAIN, record the date of last RETAIN communication or service. | YYYYMMDD |
| RTN60 | Referral to Services Beyond RETAIN After 6 Months | If the participant did not return to work within 6 months of RETAIN enrollment, indicate whether they was referred to services beyond RETAIN. The types of services may include additional vocational rehabilitation, workforce development, or additional healthcare services. Record 1 if the participant did not return to work within 6 months of enrolling in RETAIN and was referred to services beyond RETAIN. Record 2 if the participant did not return to work within 6 months of enrolling in RETAIN and was not referred to services beyond RETAIN. Record 9 if the participant is still enrolled in RETAIN and is receiving RETAIN services.  | 1 = Participant did not return to work within 6 months of enrolling in RETAIN and *was referred* to services beyond RETAIN2 = Participant did not return to work within 6 months of enrolling in RETAIN and *was not referred* to services beyond RETAIN9 = Participant is still enrolled in RETAIN and is receiving RETAIN services |

# 4. North American Industry Classification System (NAICS) Definitions

This section provides information on the types of economic activities in each of 20 sectors as classified by NAICS. This information will be useful for RTW Coordinators and Healthcare Providers filling out Baseline Form Part 2. The NAICS sectors, their two-digit codes, and the distinguishing activities of each are:

**11 Agriculture, Forestry, Fishing and Hunting**—Activities of this sector are growing crops, raising animals, harvesting timber, and harvesting fish and other animals from farms, ranches, or the animals' natural habitats.

**21 Mining, Quarrying, and Oil and Gas Extraction**—Activities of this sector are extracting naturally occurring mineral solids, such as coal and ore; liquid minerals, such as crude petroleum; and gases, such as natural gas; and beneficiating (e.g., crushing, screening, washing, and flotation) and other preparation at the mine site, or as part of mining activity.

**22 Utilities**—Activities of this sector are generating, transmitting, and/or distributing electricity, gas, steam, and water and removing sewage through a permanent infrastructure of lines, mains, and pipe.

**23 Construction**—Activities of this sector are erecting buildings and other structures (including additions); heavy construction other than buildings; and alterations, reconstruction, installation, and maintenance and repairs

**31-33 Manufacturing**—Activities of this sector are the mechanical, physical, or chemical transformation of materials, substances, or components into new products.

**42 Wholesale Trade**—Activities of this sector are selling or arranging for the purchase or sale of goods for resale; capital or durable non-consumer goods; and raw and intermediate materials and supplies used in production, and providing services incidental to the sale of the merchandise.

**44-45 Retail Trade**—Activities of this sector are retailing merchandise generally in small quantities to the general public and providing services incidental to the sale of the merchandise.

**48-49 Transportation and Warehousing**—Activities of this sector are providing transportation of passengers and cargo, warehousing and storing goods, scenic and sightseeing transportation, and supporting these activities.

**51 Information**—Activities of this sector are distributing information and cultural products, providing the means to transmit or distribute these products as data or communications, and processing data.

**Subcategories of 51**: 511 Newspaper/Periodical/Book/Software Publishing, 512 Motion Picture and Sound Recording, 515 Broadcasting, 517 Telecommunications, 518 Data Processing/Hosting

**52 Finance and Insurance—**Activities of this sector involve the creation, liquidation, or change in ownership of financial assets (financial transactions) and/or facilitating financial transactions.

**53 Real Estate and Rental and Leasing—**Activities of this sector are renting, leasing, or otherwise allowing the use of tangible or intangible assets (except copyrighted works), and providing related services.

**54 Professional, Scientific, and Technical Services—**Activities of this sector are performing professional, scientific, and technical services for the operations of other organizations.

**Subcategories of 54**: 5411 Legal Services, 5412 Accounting/Tax Services, 5413 Architecture/Engineering Services, 5414 Specialized Design Services, 5415 Computer Design Services, 5416 Consulting Services, 5417 Scientific Research and Development Services, 5418 Advertising/PR services

**55 Management of Companies and Enterprises—**Activities of this sector are the holding of securities of companies and enterprises, for the purpose of owning controlling interest or influencing their management decisions, or administering, overseeing, and managing other establishments of the same company or enterprise and normally undertaking the strategic or organizational planning and decision-making role of the company or enterprise.

**56 Administrative and Support and Waste Management and Remediation Services—**Activities of this sector are performing routine support activities for the day-to-day operations of other organizations.

**Subcategories of 56**: 5611 Office Administrative Services, 5612 Facilities Support Services, 5613 Employment Services, 5614 Business Support Services, 5615 Travel Services, 5616 Investigation and Security Services, 5617 Services to Buildings, 562 Waste Management and Remediation Services

**61 Educational Services—**Activities of this sector are providing instruction and training in a wide variety of subjects.

**62 Health Care and Social Assistance—**Activities of this sector are providing health care and social assistance for individuals.

**71 Arts, Entertainment, and Recreation—**Activities of this sector are operating or providing services to meet varied cultural, entertainment, and recreational interests of their patrons.

**72 Accommodation and Food Services—**Activities of this sector are providing customers with lodging and/or preparing meals, snacks, and beverages for immediate consumption.

**81 Other Services (except Public Administration)—**Activities of this sector are providing services not elsewhere specified, including repairs, religious activities, grant-making, advocacy, laundry, personal care, death care, and other personal services.

**92 Public Administration—**Activities of this sector are administration, management, and oversight of public programs by Federal, State, and local governments.

# 5. Standard Occupation Classification (SOC) Definitions

This section provides information on the types of occupations in the highest-level aggregations of occupations as categorized by SOC. This information will be useful for RTW Coordinators and Healthcare Providers filling out Baseline Form Part 2. As a guideline for determining SOC code, workers should be assigned to a code based on work performed, and when multiple possibilities exist the category with the highest skill level should be used.

**11-29 Management, professional, or related**: Includes 11 management, 13 business and financial operations, 15 computer and mathematical, 17 architecture and engineering, 19 life, physical, and social science, 21 community and social service, 23 legal, 25 educational instruction and library, 27 arts, design, entertainment, sports, and media occupations, 29 healthcare practitioners and technical occupations

**31-39 Service**: Includes 31 healthcare support, 33 protective, 35 food preparation and serving related, 37 building and grounds cleaning and maintenance occupations, 39 personal care and service occupations

**41-43 Sales and office**: Includes 41 sales and related, 43 office and administrative support occupations

**45-49 Natural resources, construction, or maintenance**: 45 farming, forestry, and fishing, 47 construction and extraction, 49 installation, maintenance, and repair occupations

**51-53 Production, transportation, or material moving**: 51 production, 53 transportation and material moving occupations

# 6. Data Collection Tools

Three data collection tools are provided by DOL to help grantees capture and report the required data elements for the QPR submissions. **Grantees are NOT required to use these data collection tools.** These tools only serve as a resource for grantees to help format and report data to DOL. The tools may be revised by the grantee as needed. The three tools are described below.

1. **Appendix A Program Data Collection Tool** – this is a Microsoft Excel file that may serve as a template to collect and report aggregate program data to DOL as described in Section 2 of this document. The file includes four worksheets corresponding to sections 2.1 – 2.4 of this document.
2. **Appendix A Individual Level Data Collection Tool** – this is a Microsoft Excel file that may serve as a template to collect and repot individual (worker participant) level data to DOL as described in Section 3 of this document. The file includes worksheets corresponding to sections 3.1-3.5 of this document. Additional worksheets are included to count the instances of communications between RTW coordinators and stakeholders (worker participant, employer representative, healthcare provider, employment service provider).
3. **Return to Work Coordinator Data Collection Tool** – this is a Microsoft Word file that may serve as a template for RTW coordinators to collect information on RETAIN worker participants. The tool is designed to help RTW coordinators gather information on key indicators that are required as part of the QPR data submissions. This tool DOES NOT include ALL of the data elements that must be submitted in each QPR and may be revised as necessary.
1. Please note that you will be reporting individual-level data to SSA and its contractor consistent with your evaluation design. This individual-level data will include data elements beyond those described in this document. [↑](#footnote-ref-1)