

QPR Appendix A: Section 2.1 -- Program Targets
Record the program operational targets in accordance with the coordination of services, and worker participation. In Quarter 3 in FY 2019, submit targets for Q4 in FY 2019.

Data Element Number	Data Element Category
TAR01	Target number of worker participants
TAR02	Target number of participating RETAIN service providers
TAR03	Target number of participating RETAIN service providers that have received any training
TAR04	Target days for RTW Coordinator initial communication with worker participant
TAR05	Target days for RTW Coordinator initial communication with worker participant's employer
TAR06	Target days for RTW Coordinator initial communication with worker participant's healthcare provider
TAR07	Target days for RTW Plan Development
TAR08	Target days between referral to employment-related services and when services begin
TAR09	Target number of instances of communication between RTW Coordinator and worker participant
TAR10	Target number of instances of communication between RTW Coordinator and healthcare provider

TAR11	Target number of instances of communication between RTW Coordinator and the worker participant's employer
TAR12	Target number of instances of communication between RTW Coordinator and workforce professional
TAR13	Target percentage of worker participants returning to work within 6 weeks
TAR14	Target percentage of worker participants returning to work within 12 weeks
TAR15	Target percentage of worker participants returning to work within 24 weeks

and Milestones

rdance with planned operations. The targets focus primarily on recruitment, timeliness and t outcomes. In each QPR, submit targets for the next quarter. For example, in the QPR for Y 2019.

Measure Description	Data Type	QPR Q3: FY2019 Target for Q4: FY2019
Record the target number of worker participants enrolled in the treatment group at end of the current quarter.	Count	
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	
Record the target number of RETAIN service providers that have received any training as part of the RETAIN program.	Count	
Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with worker participant.	Days	
Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with participant’s employer.	Days	
Record the target (maximum) number of days from worker participant enrollment to RTW Coordinator initial communication with healthcare provider.	Days	
Record the target (maximum) number of days from worker participant enrollment until a RTW Plan is finalized.	Days	
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	
Record the target (minimum) number of instances of communication between the RTW Coordinator and worker participant.	Count	
Record the target (minimum) number of instances of communication between the RTW Coordinator and healthcare provider.	Count	

Record the target (minimum) number of instances of communication between the RTW Coordinator and the worker participant's employer.	Count	
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	
Record the target (minimum) percentage of worker participants that will return to work within 6 weeks of enrolling in RETAIN.	Percent	
Record the target (minimum) percentage of worker participants that will return to work within 12 weeks of enrolling in RETAIN.	Percent	
Record the target (minimum) percentage of worker participants that will return to work within 24 weeks of enrolling in RETAIN.	Percent	

QPR Q4: FY2019 Target for Q1: FY2020	QPR Q1: FY2020 Target for Q2: FY2020

QPR Appendix A: Section 2.2 -- RETAIN Service Provider Participation and Training
 This section asks for information on the number and type of service providers that are training as part of the RETAIN program. For the RTW Coordinators, provide the number of Full-Time Equivalents (FTEs). For example, a RTW Coordinator working full-time should be counted as 1 FTE. For example, a RTW Coordinator working part-time should be counted as 0.5.

For service providers other than RTW Coordinators, if feasible, count them in FTEs based on half their time at a hospital involved with RETAIN and half at another hospital not providing RETAIN services and 0.5 FTEs for the number that received any training as a provider (other than RTW Coordinators) as 1 FTE. Please mention in your QPR narrative the number of providers that received training.

Data Element Number	Provider Type
PRV00	<p>There are 11 potential types of providers listed below and an additional category for "Other."</p> <p>List any additional provider types under the "Other" row and include text that describes the provider type.</p> <p>EXAMPLE: To include a "Neurologist" that is not included below, list it below the "Other" row. You may add as many additional provider types as necessary. Additionally, you may add more details to any of the provider types listed. For example, to identify the Physician Assistant type.</p>

Data Element Number	Provider Type
PRV01	RTW Coordinators (Health System) (FTEs)
PRV02	RTW Coordinators (Workforce Development System) (FTEs)
PRV03	Primary Care Physicians
PRV04	Occupational Medicine Physicians
PRV05	Physical Medicine and Rehabilitation Specialists
PRV06	Orthopedic Surgeons

PRV07 Neurosurgeons
PRV08 Physical Therapists
PRV09 Chiropractors
PRV10 Registered Nurses
PRV11 Nurse/Nurse Practitioners
PRV12 Physician/Physician Assistants
PRV13 Mental Health Professionals
PRV14 Other Physicians or Clinicians -- please specify
PRV15 Workforce Development Professionals
PRV16 Vocational Rehabilitation Counselors
PRV17 Other Workforce Professionals -- please specify

participating in RETAIN, and the number of service providers that have received any training for working for RETAIN and the number that received any RETAIN training in Full-Time should be counted as 1, but a RTW Coordinator working half-time in RETAIN should be counted as

based on the proportion of time involved with RETAIN. For example, if a provider spends 50% of their time participating in RETAIN, then the provider would be counted as 0.5 FTEs for the number of the RETAIN program. If this is not feasible, then simply count each service provider and note which method was used.

Number Providing RETAIN Services	Number That Completed Training
<p>For each provider type, record the number who have signed a contract to provide RETAIN services.</p>	<p>For each provider type, record the number that have completed RETAIN training.</p>

Quarter 3: FY 2019		Quarter 4: FY 2019		Quarter 1: FY 2020	
Number Providing RETAIN Services	Number Completed Training	Number Providing RETAIN Services	Number Completed Training	Number Providing RETAIN Services	Number Completed Training

Quarter 2: FY 2020

Number Providing RETAIN Services	Number Completed Training
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QPR Appendix A: Section 2.3 -- RETAIN Service Provider Training Descriptions
 Record information for each specific training session held for RETAIN service pro
 delivery method, the duration of training (in hours), and the number of trainees/
 delivered twice to two different sets of trainees, enter the session twice.

Data Element Number	Training Session Title
TRNXX	Record the Training Session Title.
TRN00 EXAMPLE	Identifying and Overcoming Barriers to Return to Work

Data Element Number	Training Session Title
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TRN01

TRN02

TRN03

** ADD AS NEEDED

viders. Record the title of the training session, a brief description of the training participants that attended. Record each training session as a separate entry below.

Training Session Description	Date of Training
Record a brief text description of the training session.	Date (MM/DD/YYYY)
This session focused on how to identify barriers to RTW faced by workers depending on their job requirements and their particular injury/illness and how to best work with other providers and the employer to identify ways to overcome those barriers.	3/11/2019

Training Session Description	Date of Training
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session, the date of the training, the training
 ow. For instance, if the same training course was

Training Delivery Method	Duration (hours) of Training per Session	Number of Trainees/Participants per Session
Record whether the training session was: 1. Classroom, training, or conference room setting 2. Live virtual training (e.g. Skype, live webcast) 3. Self-directed online resource (may include an interactive online module or a training housed online but conducted via paper) 4. On-the-job Training 5. Other method not included above	Hours	Count
1	3	16

Training Delivery Method	Duration (hours) of Training per Session	Number of Trainees/Participants per Session
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QPR Appendix A: Section 2.4 -- Incentives to Adopt Occupational Health B Record information for each specific type of incentive payment that is off employers, and/or workers. Do NOT include incentives to worker particip incentive targets, its value, and the number of times the specific incentive

NOTE: Total incentive payments may not exceed 10 percent of any annua

Data Element Number	Activity Being Incentivized	Incentive Target
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.

Data Element Number	Activity Being Incentivized	Incentive Target
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INC00

EXAMPLE Finalize RTW Plan

Healthcare provider

INC01

INC02

Best-Practices

Offered to RETAIN stakeholders. This may include incentives to healthcare providers, requests for filling out surveys. Include a brief description of the incentive, who the incentive was made to, and the amount of the payment was made.

From RETAIN budget.

Monetary Incentive Value	Non-Monetary Incentive Value	Number of Times Incentive "Payment" was made
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.

Monetary Incentive Value	Non-Monetary Incentive Value	Number of Times Incentive "Payment" was made
		Quarter 3: FY2019
\$50		7

Number of Times Incentive Payment was Made		
Quarter 4: FY2019	Quarter 1: FY2020	Quarter 2: FY2020

21

17

33