

RETAIN Phase 2
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 2.

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 Reporting Requirements in Phase 2](#)

[Section 2. Individual-Level Enrollee Data Collection Requirements](#)

[Section 3. Individual-Level Service Provider Data Collection Requirements](#)

[Section 4. North American Industry Classification System \(NAICS\) Definitions](#)

[Section 5. Standard Occupation Classification \(SOC\) Definitions](#)

1. RETAIN Data Reporting Requirements in Phase 2

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

Grantees are expected to track QPR Appendix A data from the inception of Phase 2 and will submit data within 30 days of the end of each quarter for the entirety of Phase 2, beginning with the quarter ending September 30, 2021.

Note: Phase 2 enrollees must be tracked separately from Phase 1 enrollees. Any Phase 2 grantee that has active Phase 1 enrollees must submit separate files for Phase 1 and Phase 2 enrollees, based on the reporting requirements for each Phase.

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

- **The individual-level enrollee data submitted to DOL must only include those RETAIN enrollees who are part of the treatment group.** The treatment group is defined as the group of RETAIN enrollees who are randomized to receive the full complement of RETAIN services. This does not include enrollees that are randomized into the control (or comparison) group, which does not have full access to RETAIN services.
- **The individual-level enrollee data submitted to DOL as part of the QPR submissions must be de-identified and not include any Personally Identifiable Information (PII) about enrollees.** 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 an enrollee's name, mailing address, email address, phone number, date of birth, or social security number.
- The individual-level provider data submitted to DOL as part of the QPR submissions must be de-identified and not include any PII about providers. Send the PII noted in this Appendix A for providers to the independent evaluator only.
- **Data must be reported on a quarterly basis.**
- **Data must be cumulative for each QPR submission, as of the end of the latest quarter/reporting period, unless otherwise specified.**
- **Note that ALL data elements required in this Appendix A during Phase 2 must be reported to DOL except PII.**

More information on the specific data elements and submission requirements are included in Sections 2, 3, and 4. Data collection activities for the independent evaluation are covered in a separate document from the evaluator.¹

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.

RETAIN QPR Data Sources

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

Baseline Form Part 1 and Part 2:

Data Collection Instrument	Description
Baseline Form: Enrollee Enrollment Form Part 1	<ul style="list-style-type: none">• This form is completed by the enrollee. It collects the enrollee’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 RETAIN enrollee.
Baseline Form: Enrollee Enrollment Form Part 2	<ul style="list-style-type: none">• This form is completed by the health care provider and/or RTW coordinator, as determined by the 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 RETAIN enrollee.

- The data collected from Baseline Forms Part 1 and Part 2 include PII and must be securely stored electronically in a database.
- Certain information from Baseline Forms Part 1 and Part 2, described in Section 2 of this document, must be reported to DOL as part of the QPR data submissions. Under no circumstances should enrollee PII be included in the QPR data submissions to DOL.
- Individual-level enrollee data from Baseline Forms Part 1 and Part 2 and provider data with PII will be transferred to SSA and the independent evaluator, facilitated by a Data-Use Agreement, which also details other data required for transfer to SSA and the independent evaluator.
- For grantees using individual-level random assignment, data used for randomization will be entered into the Conformat system managed by DOL’s Chief Evaluation Office and its third-party contractor, facilitated by a Data-Use Agreement. This will be described in a separate document transmitted by DOL to the grantees.
- Data elements collected from the Baseline Forms Part 1 and Part 2 should be regarded as fixed at the time of enrollment except for correcting mistakes.

Additional Data Collected by the Grantee:

- Data elements described in Sections 2 and 3 of this document that are not included in Baseline Forms 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 and Format Requirements

Grantees must submit data files as part of the QPR starting with the QPR for the quarter ending September 30, 2021, and for each subsequent quarter through the completion of Phase 2.

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

1. File containing de-identified individual-level data on RETAIN treatment group enrollees (see Section 2 for detailed metrics)
2. File containing individual-level data on RETAIN providers (see Section 3 for detailed metrics)

DOL utilizes a File Transfer Protocol (FTP) site to provide secure transmission of all data files 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 seven days to upload files to the FTP site. Specific data submission instructions relating to the FTP site were transmitted to each grantee in Phase 1, and notification of any submission process changes during Phase 2 will be provided to each grantee.

File formats in CSV, Excel, Stata, or SAS are preferred. Additional file types are permitted only with DOL approval.

Regarding data element formatting:

- Unless otherwise specified, each data element must be in **numeric** format.
- Some numeric data elements contain additional guidance as to how they should be formatted, e.g. any numeric data element listed as a count in years, days, or hours must contain a whole number.
- Those data elements labelled as **date** variables must be stored in the **date** format MM/DD/YYYY.
- Certain data elements are labelled “**Free Text Entry**” and must be a **string of characters**, with varying length not to exceed 1,000 characters.
- A few data elements are also a **string of characters** but in a more restrictive format, e.g. RTN15 ICD-10 code.

Regarding blank entries:

- **Numeric data elements** must not be left blank unless the data for a particular element is missing.
- Data elements in a **date format** should be left blank only if there is no information to add for that particular element and enrollee, e.g. RTN32 RTW Coordinator Initial Communication with Employer would be left blank if no communication with the employer has occurred.
- Data elements in the format of a **character string** must not be left blank if no data exist for this element, but instead must receive an entry of “None” (without the quotation marks), e.g. RTN52 Workplace Accommodation: Other would receive an entry of “None” if no such workplace accommodation had been rendered.

Individual-Level Enrollee Data Submission Format

The individual-level enrollee data submitted for each QPR must include the most up-to-date information for each enrollee that was ever enrolled in your RETAIN program and randomized in the treatment group, although information from the Baseline Forms should not change except to correct mistakes. Enrollees who exit RETAIN for any reason will remain in the analytical file. However, if an individual was erroneously enrolled in RETAIN (or erroneously tracked as part of the treatment group) and later removed, then this enrollee can be removed from this file. There should be one row per enrollee containing information on all fields listed in this section. An example format is included below:

	RTN01	RTN02	RTN03	RTNXX
Unique enrollee ID corresponding to Enrollee 1 (XXXXXX)				
Unique enrollee ID corresponding to Enrollee 2 (XXXXXX)				
Unique enrollee ID corresponding to Enrollee "N" (XXXXXX)				

Data elements originating in the baseline forms should not change, except to correct erroneous information or to complete missing information. However, other elements may change over time, such as return-to-work outcomes or the number of instances a RTW Coordinator communicated with the worker. As an example, days of work-loss for a particular worker may be equal to five 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 enrollee for each quarterly submission.

The MS Excel file named "Appendix A Individual Level Data Collection Tool" may serve as a template to collect and report de-identified individual-level enrollee data to DOL to meet this requirement, or an alternate tool may be used as long as it meets the requirements above.

Individual-Level Provider Data Submission Format

The individual-level provider data submitted for each QPR must include the most up-to-date information for each provider that ever registered with or otherwise agreed to participate in your RETAIN program. Note that providers who terminate their participation in RETAIN will remain in the analytical file. File format should be similar to the individual-level enrollee file format. Submit the most up-to-date information on each provider for each quarterly submission.

Data Description Guide

The metrics in this document are categorized into Individual-Level Enrollee (Section 2), and Individual-Level Provider (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.	Specific definitions and instructions on the data element.	Reports the format type that must be recorded. Some examples include: <ul style="list-style-type: none"> • Years • Date (MM/DD/YYYY) • 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 through other means 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 enrollees. These may include: Return to Work Coordinators, Health Care Providers, and Workforce Professionals.

- **Return to Work Coordinators** are project staff coordinating health care 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.
- **Health Care Providers** include physicians (MD or DO), physician assistants, nurse practitioners, registered nurses, physical therapists, occupational therapists, chiropractors, and others.
- **Workforce Professionals** include workforce development professionals, vocational rehabilitation counselors, and others.

Note: there are no longer aggregate-level data elements required for Phase 2 as part of the QPR Appendix A. However, some items previously collected via the aggregate-level data sections in the QPR Appendix A are now incorporated into the Phase 2 QPR Narrative. Please see the “RETAIN QPR Appendix A_Phase 1 to Phase 2 Crosswalk” Excel file for specific details.

2. Individual-Level Enrollee Data Collection Requirements

This section includes information on the individual-level data collection requirements as part of the RETAIN QPRs. There are 10 categories:

- 2.1 Baseline Enrollee Characteristics
- 2.2 RETAIN Enrollee Referral Source
- 2.3 Return-to-Work Coordinator Services
- 2.4 Employer and Health Care Provider Engagement
- 2.5 Workplace Accommodations
- 2.6 Program Services and Referrals
- 2.7 Enrollee Main Provider
- 2.8 Labor Market Outcomes
- 2.9 RETAIN Enrollment Status and Referral to Services after Exit
- 2.10 Stay-at-Work/Return-to-Work Risk Factors

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

Note: certain individual-level enrollee data elements present in Phase 1 have been removed from Phase 2, and new items that were not included in Phase 1 have been added. Please see the “RETAIN QPR Appendix A_Phase 1 to Phase 2 Crosswalk” Excel file for specific details.

2.1 Baseline Enrollee Characteristics

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

2.1 Baseline Enrollee Characteristics				
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 enrollee. There are no requirements for the number of digits. The code must uniquely identify the individual enrollee for current and future data collection efforts.	Free Text Entry	Created by Grantee
RTN02	Zip Code	Record the five-digit zip code of the enrollee's address.	Text (5 characters in length)	Baseline Form Part 1
RTN03	Age at Enrollment	Record the enrollee's age in years at time of enrollment, calculated from date of birth. This number must not change throughout the service period, except to correct an error.	Count in Years (Round Down)	Baseline Form Parts 1 and 2
RTN04	Preferred Language	Record 1 if the enrollee selected English. Record 2 if the enrollee selected Spanish. Record 3 if the enrollee selected Other.	1 = English 2 = Spanish 3 = Other	Baseline Form Part 1
RTN05	Sex	Record 1 if the enrollee indicates that he is male. Record 2 if the enrollee indicates that she is female.	1 = Male 2 = Female	Baseline Form Part 1
RTN06	Hispanic	Record 1 if the enrollee indicates being of Hispanic, Latino, or Spanish origin. Record 0 otherwise.	1 = Hispanic, Latino, or Spanish origin 0 = Otherwise	Baseline Form Part 1
RTN07-1	Race – White	Record 1 if the enrollee indicates being White. Record 0 otherwise.	1 = White 0 = Otherwise	Baseline Form Part 1
RTN07-2	Race – Black	Record 1 if the enrollee indicates being Black or African-American. Record 0 otherwise.	1 = Black or African-American 0 = Otherwise	Baseline Form Part 1
RTN07-3	Race – American Indian or Alaska Native	Record 1 if the enrollee indicates being American Indian or Alaska Native. Record 0 otherwise.	1 = American Indian or Alaska Native 0 = Otherwise	Baseline Form Part 1
RTN07-4	Race – Asian	Record 1 if the enrollee indicates being Asian. Record 0 otherwise.	1 = Asian 0 = Otherwise	Baseline Form Part 1

2.1 Baseline Enrollee Characteristics				
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN07-5	Race – Hawaiian or Pacific Islander	Record 1 if the enrollee indicates being Hawaiian or Pacific Islander. Record 0 otherwise.	1 = Hawaiian or Pacific Islander 0 = Otherwise	Baseline Form Part 1
RTN08	Education	Record 1 if the enrollee attained less than a high school diploma. Record 2 if the enrollee attained a high school diploma or equivalent. Record 3 if the enrollee attained an occupational or 2-year college degree. Record 4 if the enrollee attained a 4-year college (bachelor’s) degree. Record 5 if the enrollee attained a post-graduate degree.	1 = Less than high school 2 = High school diploma or equivalent 3 = Occupational / 2-year college 4 = Four-year college (bachelor’s) degree 5 = Post-graduate degree	Baseline Form Part 1
RTN09	Work-Limiting Injury or Illness	Record 1 if the enrollee indicates they have an injury or illness limiting the kind or amount of work they can perform. Record 0 if the enrollee indicates they do not have an injury or illness limiting the kind or amount of work they can perform.	1 = Yes 0 = No	Baseline Form Part 1
RTN10	Self-Reported Health Status	Record 1 if the enrollee indicates excellent health. Record 2 if the enrollee indicates very good health. Record 3 if the enrollee indicates good health. Record 4 if the enrollee indicates fair health. Record 5 if the enrollee indicates poor health.	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Baseline Form Part 1
RTN11	Earned at Least \$1,000 Per Month	Record 1 if the enrollee indicates that in the last 12 months they worked at a job that paid at least \$1,000 per month. Record 0 if the enrollee indicates that in the last 12 months they did not work at a job that paid at least \$1,000 per month.	1 = Yes 0 = No	Baseline Form Part 1
RTN12	Employment Status	Record 1 if the enrollee indicates they are currently not employed. Record 2 if the enrollee indicates they are currently self-employed. Record 3 if the enrollee indicates they are employed at a private company, non-profit, or government.	1 = Not employed 2 = Self-employed 3 = Employed	Baseline Form Part 1

2.1 Baseline Enrollee Characteristics				
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN13	Hours Per Week	Record the number of hours per week usually worked.	Count in Hours	Baseline Form Part 1
RTN14	How Long Since Last at Work	Record 1 if the enrollee indicates the last time worked was today. Record 2 if the enrollee indicates the last time worked was no more than a week ago. Record 3 if the enrollee indicates the last time worked was more than a week ago but no more than a month ago. Record 4 if the enrollee indicates the last time worked was more than a month but no more than three months ago. Record 5 if the enrollee indicates the last time worked was more than three months ago but no more than six months ago. Record 6 if the enrollee indicates the last time worked was more than six months ago.	1 = Today 2 = No more than a week ago 3 = More than one week but no more than one month ago 4 = More than one month ago but no more than three months ago 5 = More than three months ago but no more than six months ago 6 = More than 6 months ago	Baseline Form Part 1
RTN15	Job Tenure	Record 1 if the enrollee has been employed no more than 6 months. Record 2 if the enrollee has been employed more than 6 months but no more than 1 year. Record 3 if the enrollee has been employed more than 1 year but no more than 2 years. Record 4 if the enrollee has been employed more than 2 years but no more than 5 years. Record 5 if the enrollee has been employed more than 5 years.	1 = No more than 6 months 2 = More than 6 months but no more than 1 year 3 = More than 1 year but no more than 2 years 4 = More than 2 years but no more than 5 years 5 = More than 5 years	Baseline Form Part 1
RTN16	Application or Receipt of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)	Record 1 if the enrollee indicates applying for, or receiving, SSDI or SSI benefits in the last three years. Record 0 if the enrollee indicates not applying for, or receiving, SSDI or SSI benefits in the last three years.	1 = Yes 0 = No	Baseline Form Part 1

2.1 Baseline Enrollee Characteristics				
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN17	Veteran Status	Record 1 if the enrollee is a veteran. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-1	Health Insurance – Private Own Employer	Record 1 if the enrollee indicates a private health insurance plan through own employer. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-2	Health Insurance – Private Family Employer	Record 1 if the enrollee indicates being covered by a private health insurance plan through family member’s employer. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-3	Health Insurance – Private No Employer	Record 1 if the enrollee indicates being covered by a private health insurance plan not connected to an employer. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-4	Health Insurance – Medicare	Record 1 if the enrollee indicates being covered by Medicare. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-5	Health Insurance – Medicaid	Record 1 if the enrollee indicates being covered by Medicaid. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-6	Health Insurance – Veteran’s	Record 1 if the enrollee indicates being covered by a Veteran’s Health Plan. Record 0 otherwise.	1 = Yes 0 = No	Baseline Form Part 1
RTN18-7	Health Insurance – Other	If enrollee indicates being covered by another type of health insurance, enter the written description.	Free Text Entry	Baseline Form Part 1
RTN19-1	Income Source – Social Security disability (SSDI or SSI)	Record 1 if the enrollee is receiving income from SSDI or SSI. Record 0 if the enrollee is not receiving income from SSDI or SSI. Record 9 if the enrollee did not know.	1 = Yes 0 = No 9 = Do Not Know	Baseline Form Part 1
RTN19-2	Income Source – Veterans’ Benefits	Record 1 if the enrollee is receiving income from Veterans’ benefits. Record 0 if the enrollee is not receiving income from Veterans’ benefits. Record 9 if the enrollee did not know.	1 = Yes 0 = No 9 = Do Not Know	Baseline Form Part 1

2.1 Baseline Enrollee Characteristics				
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN19-3	Income Source – Workers’ Compensation	Record 1 if the enrollee is receiving income from Workers’ Compensation. Record 0 if the enrollee is not receiving income from Workers’ Compensation. Record 9 if the enrollee did not know.	1 = Yes 0 = No 9 = Do Not Know	Baseline Form Part 1
RTN19-4	Income Source – Other Disability Insurance	Record 1 if the enrollee is receiving income from employer-provided or other private disability insurance. Record 0 if the enrollee is not receiving income from employer-provided or other private disability insurance. Record 9 if the enrollee did not know.	1 = Yes 0 = No 9 = Do Not Know	Baseline Form Part 1
RTN19-5	Income Source – Other	If enrollee indicates income from another type of public program, enter the written description.	Free Text	Baseline Form Part 1
RTN20	Date of Enrollment in RETAIN	Record the enrollee’s date of enrollment in RETAIN.	Date MM/DD/YYYY	Baseline Form Part 2
RTN21	ICD-10 Code of the Primary Injury/Illness	Record the ICD-10 code of the enrollee’s primary injury or illness.	Text (only enter the ICD-10 code, up to 8 characters in length)	Baseline Form Part 2
RTN22	Primary Injury/Illness Description	Report the text description of the enrollee’s injury or illness as written in Baseline Form Part 2. If there was no entry, then enter None.	Free Text Entry	Baseline Form Part 2
RTN23	Primary Injury/Illness: New or Worsening	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 condition 2 = Worsening of an existing condition	Baseline Form Part 2
RTN24	Date of Onset of Primary Injury/Illness	Record the enrollee’s date of onset of primary injury/illness. If the primary condition is a worsening of an existing condition, then date of onset should be the date on which the worsening occurred.	Date MM/DD/YYYY	Baseline Form Part 2

2.1 Baseline Enrollee Characteristics				
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN25	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 = Yes 0 = No	Baseline Form Part 2
RTN26	Workers' Compensation Claim	Record 1 if the enrollee 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 = Yes 0 = No	Baseline Form Part 2
RTN27	Accident/Injury or Illness	Record 1 if the primary condition is a result of an accident or an injury. Record 2 if the primary condition is an illness or chronic condition.	1 = Accident or injury 2 = Illness or chronic condition	Baseline Form Part 2
RTN28	Industry classification of pre-injury/illness employer	Note: see Section 4 for NAICS definitions. Regarding the employer's industry: Record 1 if Agriculture or Mining. Record 2 if Construction or Utilities. Record 3 if Manufacturing. Record 4 if Retail Trade or Wholesale Trade. Record 5 if Transportation and Warehousing. Record 6 if Information. Record 7 if Finance and Insurance or Real Estate and Leasing. Record 8 if Professional, Management or Administrative Services. Record 9 if Education. Record 10 if Health Care. Record 11 if Accommodation and Food Services or Arts and Entertainment. Record 12 if Other Services. Record 13 if Public Administration.	1 = Agriculture or Mining 2 = Construction or Utilities 3 = Manufacturing 4 = Retail Trade or Wholesale Trade 5 = Transportation 6 = Information 7 = Finance or Real Estate 8 = Professional, Management or Administrative Services 9 = Education 10 = Health Care 11 = Accommodation and Food Services or Arts and Entertainment 12 = Other Services 13 = Public Administration	Baseline Form Part 2

2.1 Baseline Enrollee Characteristics

Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value	Source
RTN29	Occupational classification of pre-injury/illness job	<p>Note: See Section 5 for Standard Occupation Classifications.</p> <p>Regarding the enrollee’s occupation:</p> <p>Record 1 if the enrollee’s job is in Management, Professional, or Related services.</p> <p>Record 2 if the enrollee’s job is in Service.</p> <p>Record 3 if the enrollee’s job is in Sales and Office.</p> <p>Record 4 if the enrollee’s job is in Natural Resources, Construction, or Maintenance.</p> <p>Record 5 if the enrollee’s job is in Production, Transportation, or Material Moving.</p>	<p>1 = Management, professional, or related</p> <p>2 = Service</p> <p>3 = Sales and office</p> <p>4 = Natural resources, construction, or maintenance</p> <p>5 = Production, transportation, or material moving</p>	Baseline Form Part 2

2.2 RETAIN Enrollee Referral or Identification Source

2.2 RETAIN Enrollee Referral or Identification Source			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN30	Referral or Identification Source	<p>Indicate the enrollee’s referral or identification source.</p> <p>Record 1 if the enrollee was referred to RETAIN by a community based organization (CBO). A CBO works at the local level to meet community needs and include social service agencies, nonprofit organizations, and formal and informal community groups.</p> <p>Record 2 if the enrollee was referred to RETAIN by an employer that is affiliated with RETAIN.</p> <p>Record 3 if the enrollee was referred to RETAIN by an employer that is not affiliated with RETAIN.</p> <p>Record 4 if the enrollee was referred to RETAIN by a health care provider that is affiliated with RETAIN.</p> <p>Record 5 if the enrollee was referred to RETAIN by a health care provider that is not affiliated with RETAIN.</p> <p>Record 6 if the enrollee was identified through a health care Management Information System. This includes a search of patient information, schedules, or other records.</p> <p>Record 7 if the enrollee was identified through a workforce system Management Information System. This includes a search of patient information, schedules, or other records.</p> <p>Record 8 if the enrollee self-referred with a recommendation from a friend, colleague, employer, health care provider, insurer, or other source.</p> <p>Record 9 if the enrollee self-referred after learning about RETAIN through social media or press coverage.</p> <p>Record 10 if the enrollee was referred to RETAIN by a workforce system professional.</p> <p>Record 11 if the enrollee was referred to RETAIN by a vocational rehabilitation provider.</p> <p>Record 12 if the enrollee was referred to RETAIN by a source not listed in options 1-11.</p>	<p>1 = Community based organization</p> <p>2 = Employer (RETAIN affiliated)</p> <p>3 = Employer (not RETAIN affiliated)</p> <p>4 = Health care provider (RETAIN affiliated)</p> <p>5 = Health care provider (not RETAIN affiliated)</p> <p>6 = Management Information System: Health care</p> <p>7 = Management Information System: Workforce system</p> <p>8 = Self-referral: recommendation from friend, colleague, employer, or insurer</p> <p>9 = Self-referral: social media or press coverage</p> <p>10 = Workforce system professional</p> <p>11 = Vocational rehabilitation provider</p> <p>12 = Other</p>

2.3 Return-to-Work Coordinator Services

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

2.3 Return-to-Work Coordinator Services			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN31	RTW Coordinator Initial Communication with Enrollee	Record the date of the initial communication between the RTW Coordinator and the enrollee.	Date MM/DD/YYYY
RTN32	RTW Coordinator Initial Communication with Employer	Record the date of the initial communication between the RTW Coordinator and the enrollee's employer.	Date MM/DD/YYYY
RTN33	RTW Coordinator Initial Communication with Health care Provider	Record the date of the initial communication between the RTW Coordinator and the enrollee's health care provider (this includes any health care provider involved in the enrollee's care).	Date MM/DD/YYYY
RTN34	RTW Communications with Enrollee	Record the number of instances the RTW Coordinator(s) communicated with the enrollee. A communication may include a phone call, in-person meeting, email, or other form of communication.	Cumulative count
RTN35	RTW Communications with Employer	Record the number of instances the RTW Coordinator(s) communicated with the enrollee's employer. A communication may include a phone call, in-person meeting, email, or other form of communication.	Cumulative count
RTN36	RTW Communications with Health care Provider	Record the number of instances the RTW Coordinator(s) communicated with the enrollee's health care provider (this includes any health care provider involved in the enrollee's care). A communication may include a phone call, in-person meeting, email, or other form of communication.	Cumulative count
RTN37	RTW Communications with Workforce Professionals	Record the number of instances the RTW Coordinator(s) communicated with a workforce professional to discuss the enrollee's treatment plan. A communication may include a phone call, in-person meeting, email, or other form of communication.	Cumulative count

2.3 Return-to-Work Coordinator Services			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN38	SAW/RTW Plan Meeting with Health Care Provider	<p>Record 1 if a meeting occurred between the enrollee and a health care provider specifically to clarify work ability, medical restrictions, functional limitations, or to obtain buy-in for a specific SAW/RTW plan.</p> <p>Record 0 if a meeting, as described above, has not occurred between the enrollee and a health care provider.</p> <p>Note: if a meeting occurs between the enrollee and multiple stakeholders (e.g. enrollee, health care provider, and employer), this may be counted in multiple elements (RTN38-RTN40), depending on the stakeholders involved.</p> <p>This meeting may also be recorded as a communication with the enrollee’s health care provider in RTN33 and/or RTN36.</p>	<p>1 = Meeting has occurred</p> <p>0 = Meeting has not occurred</p>
RTN39	SAW/RTW Plan Meeting with Employer	<p>Record 1 if a meeting occurred between the enrollee and their employer specifically to clarify work ability, medical restrictions, functional limitations, or to obtain buy-in for a specific SAW/RTW plan.</p> <p>Record 0 if a meeting, as described above, has not occurred between the enrollee and their employer.</p> <p>Note: if a meeting occurs between the enrollee and multiple stakeholders (e.g. enrollee, health care provider, and employer), this may be counted in multiple elements (RTN38-RTN40), depending on the stakeholders involved.</p> <p>This meeting may also be recorded as a communication with the enrollee’s employer in RTN32 and/or RTN35.</p>	<p>1 = Meeting has occurred</p> <p>0 = Meeting has not occurred</p>
RTN40	SAW/RTW Plan Meeting with Another Party (Not Health Care Provider or Employer)	<p>If a meeting occurred between the enrollee and another party (not the health care provider or employer) specifically to clarify work ability, medical restrictions, functional limitations, or to obtain buy-in for a specific SAW/RTW plan, include a brief text description.</p> <p>If a meeting has not occurred between the enrollee and another party, then enter “None.”</p> <p>Note: if a meeting occurs between the enrollee and multiple stakeholders (e.g. enrollee, health care provider, and employer), this may be counted in multiple elements (RTN38-RTN40), depending on the stakeholders involved.</p> <p>This meeting may also be recorded as a communication with the relevant stakeholder in RTN31 through RTN37.</p>	Free Text Entry

2.3 Return-to-Work Coordinator Services			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN41	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.	Date MM/DD/YYYY
RTN42	Date RTW Plan Established	Record the date the enrollee's Return to Work Plan was established after enrolling in RETAIN. Once the RTW Plan is established, the date should remain fixed (do not update based on revisions to the RTW Plan). 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 established.	Date MM/DD/YYYY
RTN43	Date of First Follow-up Communication after Enrollee Returned to Work	Record the date of the first follow-up communication between a RETAIN service provider and the enrollee 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.	Date MM/DD/YYYY

2.4 Employer and Health Care Provider Engagement

Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN44	Contact with Employer Not Permitted	Record 1 if the enrollee did not permit RETAIN staff to contact his or her employer. Record 0 otherwise.	1 = No contact permitted 0 = Otherwise
RTN45	Perceived Level of Employer Engagement	<p>From the perspective of RETAIN staff working with the enrollee, indicate the employer's level of engagement in facilitating the enrollee's ability to SAW/RTW. The engagement may be with RETAIN program staff and/or with the enrollee.</p> <p>Record 9 if the enrollee is not employed or is self-employed (not applicable).</p> <p>Record 1 (No Engagement) if enrollee's employer did not reply to inquiries or explicitly stated they were not interested in engaging with RETAIN staff or the enrollee during the SAW/RTW process.</p> <p>Record 2 (Low Engagement) if the enrollee's employer supplied information when asked and met to discuss the enrollee's SAW/RTW plan.</p> <p>Record 3 (Medium Engagement) if the enrollee's employer supplied information when asked, met to discuss the enrollee's SAW/RTW plan, and was willing to consider or try RETAIN staff or enrollee suggestions to facilitate the enrollee's ability to SAW/RTW.</p> <p>Record 4 (High Engagement) if the enrollee's employer actively engaged with RETAIN staff and/or the enrollee to find and/or implement a solution to facilitate the enrollee's ability to SAW/RTW.</p>	9 = Not applicable 1 = No employer engagement 2 = Low employer engagement 3 = Medium employer engagement 4 = High employer engagement
RTN46	Perceived Level of Main Health Care Provider Engagement	<p>From the perspective of RETAIN staff working with the enrollee, indicate the primary health care provider's level of engagement in facilitating the enrollee's ability to SAW/RTW. The engagement may be with RETAIN program staff and/or with the enrollee.</p> <p>Record 1 (No Engagement) if enrollee's health care provider did not reply to inquiries or explicitly stated they were not interested in engaging with RETAIN or the enrollee during the SAW/RTW process.</p> <p>Record 2 (Low Engagement) if the enrollee's health care provider supplied information when asked and met to discuss the enrollee's SAW/RTW plan.</p> <p>Record 3 (Medium Engagement) if the enrollee's health care provider supplied information when asked, met to discuss the enrollee's SAW/RTW plan, and was willing to consider or try RETAIN staff or enrollee suggestions to facilitate the enrollee's SAW/RTW.</p> <p>Record 4 (High Engagement) if the enrollee's health care provider was actively engaged with RETAIN staff and/or the enrollee to find and/or implement a solution to facilitate the enrollee's SAW/RTW.</p>	1 = No health care provider engagement 2 = Low health care provider engagement 3 = Medium health care provider engagement 4 = High health care provider engagement

2.5 Workplace Accommodations

2.5 Workplace Accommodations			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN47	Technical Assistance to Identify or Implement Workplace Accommodations	Record the number of instances RETAIN staff provided direct technical assistance to employer(s) to identify or implement workplace accommodation(s) for the enrollee. Direct technical assistance includes providing a tool, or guiding the employer through tools, resources, planning, or design that supports the identification and/or implementation of workplace accommodations.	Cumulative count
RTN48	Workplace Accommodation: Physical Change	Record 1 if the enrollee's employer accommodated the worker by making a physical change to the workplace. Record 0 otherwise. Examples of physical accommodations include modifying work equipment or the layout of a workspace by, for instance, installing a ramp or providing an ergonomic keyboard.	1 = Yes 0 = Otherwise
RTN49	Workplace Accommodation: Accessible Communication and Assistive Technologies	Record 1 if the enrollee's employer accommodated the worker by implementing accessible communication and assistive technologies. Record 0 otherwise. 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 = Yes 0 = Otherwise
RTN50	Workplace Accommodation: Modified Work Tasks	Record 1 if the enrollee's employer accommodated the worker by implementing modified work tasks. Record 0 otherwise. Examples of modified work tasks include any change in work tasks or functions such as light-duty assignment. These modified work tasks may be temporary or permanent.	1 = Yes 0 = Otherwise
RTN51	Workplace Accommodation: Policy Enhancements	Record 1 if the enrollee's employer accommodated the worker by enhancing workplace policies. Record 0 otherwise. Examples of policy enhancements include modifying a policy to allow a service animal in a business setting or allowing for flexible work schedules.	1 = Yes 0 = Otherwise
RTN52	Workplace Accommodation: Other	Record brief text describing any other workplace accommodation made in addition to or different than the categories listed in RTN48-RTN51. If no such accommodation was made, then enter None.	Free Text Entry

2.5 Workplace Accommodations			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN53	Workplace Accommodations are not Available	Record 1 if the enrollee requires a workplace accommodation, either temporary or permanent, but it is not available or feasible in his or her pre-injury/illness job. Record 0 otherwise.	1 = Workplace accommodations are not available or feasible 0 = Otherwise

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

2.6 Program Services and Referrals

2.6 Program Services and Referrals			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN54	Job Search Services	Record 1 if the enrollee received job search services from RETAIN staff, including but not limited to activities to aid the enrollee in resume writing, cover letter writing, preparation of job applications, interviewing skills, and finding job opportunities. Record 2 if the enrollee was referred to an organization or professional outside the RETAIN program for job search services. Record 0 otherwise.	1 = Received job search services from RETAIN staff 2 = Referred for job search services 0 = Otherwise
RTN55	Training Services	Record 1 if the enrollee received training services from RETAIN staff, meaning formal sessions in which the enrollee obtains specific skills that can be used in particular jobs. Record 2 if the enrollee was referred to an organization or professional outside the RETAIN program for training services. Record 0 otherwise.	1 = Received training services from RETAIN staff 2 = Referred for training services 0 = Otherwise
RTN56	Third-Party Case-Management Services	Record 1 if the enrollee received case-management services from a third-party outside RETAIN. Record 0 otherwise.	1 = Received this service 0 = Otherwise
RTN57	On-Site Job Analysis	Record 1 if the enrollee received an on-site job analysis from RETAIN staff to clarify job demands and identify opportunities for modification. Record 2 if the enrollee was referred to an organization or professional outside the RETAIN program to conduct an on-site job analysis. Record 0 otherwise.	1 = Received on-site job analysis from RETAIN staff 2 = Referred for on-site job analysis 0 = Otherwise
RTN58	Ergonomic Assessment	Record 1 if the enrollee received an ergonomic assessment from RETAIN staff to measure risk factors in his or her work environment and identify opportunities for modification. Record 2 if the enrollee was referred to an organization or professional outside the RETAIN program for an ergonomic assessment. Record 0 otherwise.	1 = Received ergonomic assessment from RETAIN staff 2 = Referred for ergonomic assessment 0 = Otherwise

2.6 Program Services and Referrals			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN59	Transitional Work Opportunity	Record 1 if the enrollee participated in a time-limited, transitional work opportunity during his or her recovery period at a new employer. Record 0 otherwise.	1 = Enrollee participated in a transitional work opportunity 0 = Otherwise
RTN60	Other Employment Services	Briefly describe any other employment services the enrollee received that are not listed in RTN54-RTN59, such as vocational rehabilitation. If the enrollee did not receive any additional employment services, then enter None.	Free Text Entry
RTN61	Referral to Employment-Related Supports	Briefly describe any referral to an organization that provides assistance with employment-related supports such as financial counseling, transportation assistance, health insurance coverage, housing assistance, or other social service related issues. If the enrollee was not referred to an outside organization for employment-related supports, then enter None.	Free Text Entry

2.7 Enrollee Main Provider

This section asks for the name of the provider from whom the enrollee has received the majority of his/her care. This name must exactly match a corresponding data element SRV4 from the individual-level provider data.

Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN62	Unique Provider ID	Enter the unique provider ID of the enrollee's main provider. The entry in data field RTN62 must match to the corresponding entry in SRV4 (service provider).	Free Text Entry

2.8 Labor Market Outcomes

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

2.8 Labor Market Outcomes			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN63	Date Enrollee Began Absence from Work	Record the date the enrollee began his or her initial absence from work following onset of the RETAIN eligible injury/illness. Leave blank if the enrollee did not experience an absence from work.	Date MM/DD/YYYY
RTN64	Work-Loss Days	Record the cumulative total number of work-loss days the enrollee experienced while enrolled in RETAIN. The same number of days should not be counted in both RTN64 and RTN65.	Count in Days
RTN65	Days of Restricted Work Activity	Record the cumulative total number of days of restricted work activity the enrollee 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. The same number of days should not be counted in both RTN64 and RTN65.	Count in Days
RTN66	Date of Initial Return-to-Work	If the enrollee experienced an absence from work and has returned to work, record the date of the enrollee's initial return to work. If the enrollee has not returned to work (or if the enrollee stayed at work), leave this field blank.	Date MM/DD/YYYY
RTN67	Weekly Hours Worked Upon SAW/RTW	Record the number of hours per week the enrollee worked upon the initial return-to-work (or stay-at-work). If the enrollee is not currently employed, enter 0.	Count in Hours per Week

2.8 Labor Market Outcomes

Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN68	Return-to-Work/Stay-at-Work Job and Employer	Record 0 if the enrollee has not returned to work. Record 1 if the enrollee has returned to their pre-injury/illness job. Record 2 if the enrollee has returned to work in a different job, but with their pre-injury/illness employer. Record 3 if the enrollee has returned to work at a different employer from pre-injury/illness employer.	0 = Enrollee has not returned to work 1 = Enrollee returned to pre-injury/illness job 2 = Enrollee returned to work in a different job with the pre-injury/illness employer 3 = Enrollee returned to work with a different employer, not the pre-injury/illness employer

2.9 RETAIN Enrollment Status and Referral to Services after Exit

2.9 RETAIN Enrollment Status and Referral to Services after Exit			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN69	RETAIN Enrollment Status	<p>Record 1 if the enrollee is currently enrolled in RETAIN.</p> <p>Record 2 if the enrollee has exited RETAIN.</p> <p>An enrollee has exited RETAIN if he or she has been enrolled for 6 months, or if the enrollee and the RETAIN program mutually agree to end services before the end of the 6 month period.</p>	<p>1 = Enrollee is currently enrolled in RETAIN</p> <p>2 = Enrollee has exited RETAIN</p>
RTN70	Date of Exit from RETAIN	<p>For enrollees who exited RETAIN, record the date of last RETAIN communication or service. If an enrollee has not yet exited RETAIN, leave blank.</p> <p>Date of exit from RETAIN is defined as the date of the last RETAIN communication or service to the enrollee within the six-month window of RETAIN participation. After the conclusion of the six-month period, date of exit can be determined retroactively and should otherwise be left blank.</p>	<p>Date</p> <p>MM/DD/YYYY</p>
RTN71	Referral to Services Beyond RETAIN After Six Months	<p>If the enrollee did not return to work within six months of RETAIN enrollment, indicate whether the enrollee was referred to services beyond RETAIN. The types of services may include additional vocational rehabilitation, workforce development, or additional health care services.</p> <p>Record 1 if the enrollee did not return to work within six months of enrolling in RETAIN and was referred to services beyond RETAIN.</p> <p>Record 2 if the enrollee did not return to work within six months of enrolling in RETAIN and was not referred to services beyond RETAIN.</p> <p>Record 0 otherwise.</p>	<p>1 = Enrollee did not return to work within 6 months of enrolling in RETAIN and was referred to services beyond RETAIN</p> <p>2 = Enrollee did not return to work within 6 months of enrolling in RETAIN and was not referred to services beyond RETAIN</p> <p>0 = Otherwise</p>
RTN72	Geographic Change	<p>Record 1 if the enrollee relocated outside the Phase 2 RETAIN geography.</p> <p>Record 0 otherwise.</p>	<p>1 = Enrollee relocated outside Phase 2 RETAIN geography</p> <p>0 = Otherwise</p>

2.10 Stay-at-Work/Return-to-Work Risk Factors

2.10 Stay-at-Work/Return-to-Work Risk Factors			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
RTN73	Problems Related to Housing and Economic Circumstances	Record 1 if the enrollee indicates problems with homelessness, inadequate housing, extreme poverty, low income, insufficient social insurance and/or welfare support. Record 0 otherwise.	1 = Enrollee has indicated problems related to housing and economic circumstances. 0 = Otherwise
RTN74	Dissatisfaction or Conflict with Current Job or Employer	Record 1 if the enrollee expresses dissatisfaction or conflict with his or her current job or employer. Record 0 otherwise.	1 = Enrollee expressed dissatisfaction or conflict with current job or employer 0 = Otherwise
RTN75	Mental Health Diagnosis	Record 1 if the enrollee has a pre-existing mental health diagnosis. Record 2 if the enrollee has been diagnosed with a new mental health condition due to his or her current episode. Record 0 otherwise.	1 = Pre-existing mental health diagnosis 2 = New mental health diagnosis 0 = Otherwise
RTN76	Substance Use Disorder	Record 1 if the enrollee has a pre-existing substance use disorder, including opioid use disorder. Record 2 if the enrollee has a new substance use disorder, including opioid use disorder. Record 0 otherwise.	1 = Pre-existing substance use disorder 2 = New substance use disorder 0 = Otherwise
RTN77	Other Risk Factors	Briefly describe any other risk factors identified that the enrollee faces in staying-at or returning-to-work that are not included in RTN73 through RTN77. These may include, but are not limited to, employment-related risk factors, social support risk factors, transportation barriers, and comorbidities such as lifestyle related chronic conditions, and age-related degenerative musculoskeletal conditions such as arthritis and joint problems. Leave blank otherwise.	PLEASE NOTE: ODEP will work with each state to customize “other” risk factor categories as part of the data collection efforts.

3. Individual-Level Service Provider Data Collection Requirements

This section includes information on the individual-level service provider data collection requirements as part of the RETAIN QPRs, for medical or workforce system providers rather than for enrollees. There data may be collected and sent in a separate file from the individual-level enrollee data. Unless otherwise instructed, any field for which data is missing should be left blank. Any service provider who registered with, or otherwise agreed to participate in, RETAIN should be included in this section.

IMPORTANT: When submitting this file to DOL as part of the QPR, only submit data elements SRV4 through SRV8, which do not include PII. Send all data elements, including PII, to SSA and the independent evaluator in accordance with your revised DUA.

3.1 Service Provider Information

3.1 Service Provider Information			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
SRV1	Provider Name	Full name of the individual provider.	Free Text Entry
SRV2	Phone Number	Contact information via phone number for the individual.	Text string of 10 characters (no symbols)
SRV3	Email Address	Contact information via email for the individual.	Free Text Entry
SRV4	Provider Unique ID	Record a unique identification number assigned to the service provider. There are no requirements for the number of digits. The code must uniquely identify the individual provider for current and future data collection efforts. This unique ID should be entered in field RTN62 to identify the provider who served the enrollee.	Free Text Entry

3.1 Service Provider Information			
Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
SRV5	Provider Type	<p>Record 1 if provider is a Physician (MD or DO).</p> <p>Record 2 if provider is a Physician Assistant.</p> <p>Record 3 if provider is a Nurse Practitioner.</p> <p>Record 4 if provider is a Registered Nurse.</p> <p>Record 5 if provider is a Physical Therapist or Physical Therapist Assistant.</p> <p>Record 6 if provider is an Occupational Therapist or Occupational Therapist Assistant.</p> <p>Record 7 if provider is a Chiropractor.</p> <p>Record 8 if provider is another type of medical provider not listed.</p> <p>Record 9 if provider is a Workforce Development Professional or a Vocational Rehabilitation Counselor.</p> <p>Record 10 if provider is another type of workforce professional not listed.</p>	<p>1 = Physician (MD or DO)</p> <p>2 = Physician Assistant</p> <p>3 = Nurse Practitioner</p> <p>4 = Registered Nurse</p> <p>5= Physical Therapist or Physical Therapist Assistant</p> <p>6 = Occupational Therapist or Occupational Therapist Assistant</p> <p>7 = Chiropractor</p> <p>8 = Other type of medical provider</p> <p>9 = Workforce Development Professional or Vocational Rehabilitation Counselor</p> <p>10 = Other type of workforce professional</p>
SRV6	Provider Specialty	<p>Record 1 if the provider's specialty is Primary Care.</p> <p>Record 2 if the provider's specialty is Mental or Behavioral Health.</p> <p>Record 3 if the provider's specialty is Occupational Medicine.</p> <p>Record 4 if the provider's specialty is Vocational Rehabilitation.</p> <p>Record 5 if the provider's specialty is Orthopedics.</p> <p>Record 6 if the provider's specialty is Workforce Development.</p> <p>Record 7 if the provider's specialty is Physical Medicine and Rehabilitation.</p> <p>Record 8 if the provider's specialty is Work Rehabilitation</p> <p>Record 9 if the provider's specialty is Neurological or Neurosurgery.</p> <p>Record 10 if the provider's specialty is Other.</p> <p>Record 11 if the provider does not have a specialty.</p>	<p>1 = Primary Care</p> <p>2 = Mental/Behavioral Health</p> <p>3 = Occupational Medicine</p> <p>4 = Vocational Rehabilitation</p> <p>5 = Orthopedics</p> <p>6 = Workforce Development</p> <p>7 = Physical Medicine and Rehabilitation</p> <p>8 = Work Rehabilitation</p> <p>9 = Neurological or Neurosurgery</p> <p>10 = Other</p> <p>11 = None</p>

3.1 Service Provider Information

Data Element Number	Data Element Name	Data Element Definitions/Instructions	Code Value
SRV7	Date Completed First Training	Date on which the individual provider completed their first formal RETAIN training module or session.	Date MM/DD/YYYY
SRV8	Date Completed All Training	Date on which the individual provider was considered to have completed the RETAIN program's provider training modules or sessions.	Date MM/DD/YYYY

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 Health Care 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 repair and maintenance services, personal care, death care, laundry services, religious activities, grant-making, advocacy, and other personal services, such as employment by a private household.

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 Health Care 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 health care practitioners and technical occupations

31-39 Service: Includes 31 health care 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