



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
WORKERS' COMPENSATION AGENCY  
MARK C. LONG, DIRECTOR

ORLENE HAWKS  
DIRECTOR

## **Vocational Rehabilitation Provider Monthly Activity Report Instructions**

(Rev. January 2019)

**All Agency-Approved vocational rehabilitation providers are to use the following instructions for submitting monthly vocational and/or medical case management reports.**

**When submitting reports, please follow these instructions:**

### **Activity Reports**

Submit reports monthly via email if possible (campbelld5@michigan.gov). Reports for each month must be made by the end of the 3rd week of the following month. For instance, the report for October would be sent by the end of the 3rd week of November, and so on. You should submit reports monthly even if you've had no new activity for that month. Simply put, "No New Activity This Month" on the report. Facilities or individual providers who are approved, but do not typically have active workers' compensation cases for a period of 3 months or longer can file reports quarterly.

### **Staffing Changes**

You must report any staffing changes monthly. If adding staff, include resumes with credentials. These changes can be emailed along with activity reports, or they can be mailed.

**When mailing information, please send it to the following address:**

**LARA--Workers' Compensation Agency  
ATTN: David Campbell  
P.O. Box 30016 Lansing, MI 48909**

### **Monthly Report Requirements:**

1. Include Employee Last Name, First Name.
2. SSN (Social Security Number): Minimum of last 4 numbers.
3. DOB (Date of Birth):\* This is especially important if you do not have the SSN. We may not be able to locate the claim in our database without one of these identifying numbers.
4. Case Type: Indicate the type of Rehabilitation activity being started or stopped during the reporting month
  - a. V = Vocational Rehabilitation only
  - b. M = Medical Management only

- c. B = Both Vocational Rehabilitation and Medical Management services performed during that reporting month.
5. DOI (Date of Injury): Helps us to associate your case information to a claim.
- a. Activity Details: Report concurrent activity, when applicable
    - 1) **Vocational Rehabilitation** (details required for Case Type V or B)
      - (a) Indicate open and/or closure dates\*, as applicable
      - (b) Include Closure Reason code and Total Vocational Rehabilitation costs\*\* when Close Date is reported
    - 2) **Medical Management** (details required for Case Type M or B)
      - (a) Indicate open and/or closure dates\*, as applicable
      - (b) Include Closure Reason code and Total Medical Management costs\*\* when Close Date is reported
  - b. The following Closure Reason Codes must be used when closing either Vocational Rehabilitation or Medical Management (**X=closure code applies to Rehabilitation Activity type**):
    - 1) **VR** = Vocational Rehabilitation
    - 2) **MM** = Medical Management

\* Dates should be in MM/DD/YY format

\*\* Costs should include total case costs for cases closed within the current reporting period only. Do not report a “running total” each month.

# VOCATIONAL REHAB & MEDICAL MANAGEMENT CLOSURE CODE LIST

(X=Closure Code applies to Rehabilitation Activity type VR and/or MM):

<b>STATE OF MICHIGAN CLOSURE CODE LIST</b>		<b>Activity</b>	
<b>Closure Reason</b>	<b>Code Explanation</b>	<b>VR</b>	<b>MM</b>
A	RTW Same Employer / Same Job / Full Time	X	X
B	RTW Same Employer / Same Job / Less Than Full Time	X	X
C	RTW Same Employer / Different Job / Full Time	X	X
D	RTW Same Employer / Different Job / Less Than Full Time	X	X
E	RTW New Employer / Same Job / Full Time	X	
F	RTW New Employer / Same Job / Less Than Full Time	X	
G	RTW New Employer / Different Job / Full Time	X	
H	RTW New Employer / Different Job / Less Than Full Time	X	
I	RTW Self-Employed	X	X
J	Carrier Requested Closed	X	X
K	Redemption	X	X
L	Deceased	X	X
M	Case In Litigation / Weekly Benefits Terminated	X	X
N	Evaluation Only	X	X
O	Non Feasible (i.e. moved out of state, medically unstable, not interested in VR)	X	X
P	Medical Care Coordinated		X
Q	Maximum Medical Improvement reached		X
R	Job Ready		X
<b>Secondary Code</b>	<b>Code Explanation</b>	<b>VR</b>	<b>MM</b>
1	With Accommodation, With Retraining	X	
2	With Accommodation, Without Retraining	X	
3	Without Accommodation, With Retraining	X	
4	Without Accommodation, Without Retraining	X	
5	With Accommodation		X
6	Without Accommodation		X
7	RTW: Client Found His/Her Own Job		X
8	Wage Earning Capacity/Forensic Evaluation	X	

## CLOSURE CODE LIST (CONTINUED)

- **Remember: only report on Michigan workers' comp lost time cases**
- Codes represent **OUTCOMES**, not provider processes or referral source requests. For instance, if the referral source says to close the case because the file redeemed, you would code it "K" for Redemption, not "J" for Carrier Requested Closed. That is true reason for the closure and case outcome. Another example might be if your client is completely released from restrictions to return to their original job. The carrier would request a closure, but the ultimate outcome is a RTW.
- For VR activity, codes **A through I** **MUST HAVE** a secondary code associated with them. **You should always accompany A through I with an applicable Secondary Code 1 through 4.**
- For MM activity, codes **A through D** **MUST HAVE** a secondary code of **5 or 6** associated with them\*.



**\*The only exception is when, during the Medical Management process, a client finds him/herself a new job. In this case, you could use a main code of P, Q, or R, depending on the level of case management provided, and a secondary code of "7: RTW, Client Found His/Her Own Job." This will enable us to track the work you do as case managers, while also capturing the ultimate outcome of returning to gainful employment.**

- **Forensic Evaluation/Labor Market Surveys:** If you are hired to perform a one-time, independent forensic evaluation for the purpose of determining wage earning capacity, you should use "VR" for Case Type; then upon closure use "N" for "Evaluation Only" and a secondary code of "8" designating that the evaluation was for forensic purposes and not for vocational rehabilitation. **Therefore, for wage earning evals the report entry would be: N8.** (Note, if you are simply performing a vocational evaluation at the start of longer-term vocational services, you do not report the secondary code of 8.)
- "**Full Time**" equates to the same amount of hours the employee worked pre-injury. "**Less than Full Time**" equates to a RTW less than the amount of hours worked pre- injury. Don't get too detailed with this. Did the person return to a partial duty situation or not?
- "**Carrier Requested Closed**" is not a process measure; it's an outcome measure. It is not meant to suggest inadequate case management on your part. Instead, it is purely a logical outcome for some situations where VR is no longer called for, and the carrier wishes to end the services for any number of reasons.
- To obtain an electronic copy of the Monthly Activity Report, go to the Agency's website ([www.michigan.gov/wca](http://www.michigan.gov/wca)) and click on the "Vocational Rehabilitation" tab on the left-hand side. From there, look under the heading "Approved Provider Information" for the relevant documents. Download the Monthly Activity Report template to your PC to use monthly. The completed forms should be sent to: [campbelld5@michigan.gov](mailto:campbelld5@michigan.gov). If you ever have questions regarding the correct coding to use, please email or call (517) 284-8891 for assistance.