

Case Closure Report – Plan or Plans Proposed
Instructions and Descriptions

This form is to be filed in any case in which a vocational rehabilitation plan or plans were submitted to the court's vocational rehabilitation section for approval, regardless of whether the plan(s) was approved and regardless of whether the plan(s) was successfully completed. This form shall be filed within five working days after services are terminated (see instruction #7).

- 1) **Name of employee:** Full name of employee.
- 2) **Date of injury:** Date of injury as identified on the VR plan form.
- 3) **Name of Certified VR Counselor:** Full name of counselor of record, agreed upon/appointed to VR case.
- 4) **AWW on date of injury:** Average weekly wage on employee's date of injury per agreement by the parties or ordered by a Judge.
- 5) **Counselor appointment/agreement date:** Date certified VR counselor was agreed upon/appointed to VR case.
- 6) **Date of MMI:** Date employee reached maximum medical improvement per physician or ordered by a Judge.
- 7) **Date of VR case closure:** A case shall be closed within 5 working days after services are terminated. Services shall be considered terminated when services are no longer being actively provided by the counselor and there are no delays due to legal, medical, or other issues beyond the control of the counselor.
- 8) **Number of days services on hold:** Include the number of days in which services were not being actively provided due to legal, medical, or other delays beyond the control of the counselor.
- 9) **Employment status at case closure:** Choose the status that accurately describes the employee's employment status at time of case closure. Place a check mark in the box indicating if employed or unemployed. If employment status cannot be determined leave both boxes blank and attach a written explanation of the steps taken by the counselor to contact the employee and/or otherwise determine employment status.
- 10) **Employment start date:** Indicate employee's employment start date. Place a check mark in the N/A box if the employee is not employed at time of case closure.
- 11) **Job title at case closure:** If employed, include the employee's job title at case closure or a term that describes the position held. Place a check mark in the N/A box if the employee is not employed at time of case closure.
- 12) **Hourly wage at case closure:** Report the employee's hourly wage if employed at time of case closure. Place a check mark in the N/A box if the employee is not employed at time of case closure.
- 13) **Number of hours worked per week:** Report the employee's hours worked per week. Place a check mark in the N/A box if the employee is not employed at time of case closure.
- 14) **Closure reason(s):** Select the appropriate box(s) by placing a check mark for the reason(s) for case closure.
 - Plan(s) approved – completed - Indicate number of plans approved and completed.
 - Plan(s) approved – not completed - Indicate number of plans approved and not completed.
 - Plan(s) not approved – denied - Indicate number of plans not approved/denied.
 - Returned to work - Employee is now working.
 - Lump Sum Settlement or Release of Liability - The parties have agreed to a lump sum settlement or a release of liability.
 - Other- Above reasons do not apply. Provide a thorough explanation on this form or attachment.
- 15) **Services provided** - Select all services that have been provided.
 - Initial interview with employee - VR Counselor initial interview with the employee.
 - Vocational Evaluation/Assessment - An appraisal of the employee's work/training background, general functional capacities, and/or social/behavioral characteristics was performed.
 - Counseling and Guidance - VRC provided vocational counseling and guidance to the employee before, during, and/or after the plan(s).
 - Job seeking skills training - VRC provided job seeking skills training to the employee, including how to find job openings, how to apply for jobs, development of a resume, interviewing techniques, and/or other skills.

Job Modification - VRC worked with an employer to adjust job duties and/or requirements to work with the employee's permanent restrictions and/or related issues.

Job Analysis - Information was gathered about a job for purposes of providing work accommodation recommendations.

VR Plan Developed/Not Implemented - A VR plan was developed for the employee but not implemented due to lump sum settlement, release of liability, VR section or insurer not approving the plan, or other reason.

Labor Market Survey - Survey utilizing direct contact with employers was conducted to gather information about a specific job market, including availability, requirements, wages, and restrictions.

Labor Market Research - Information about a specific labor market was gathered.

Coordinated/monitored job placement - VRC developed and monitored an approved plan(s) for job placement.

Coordinated/monitored OJT - VRC developed an approved plan that included on the job training.

Coordinated/monitored – supportive services(s) – VRC developed an approved plan that included supportive services.

GED - VRC coordinated/monitored general education development as a supportive service.

ELL - VRC coordinated/monitored English language learner as a supportive service.

ABE – VRC coordinated/monitored adult basic education as a supportive service.

Computer skills – VRC coordinated/monitored basic computer skills instruction as a supportive service.

Other - Above reasons do not apply. Provide a thorough explanation on this form or attachment.

16) Counselor/Job Placement Specialist billing: For professional fees, include total number of hours billed, hourly rate, and total dollar amount billed by VRC and, if applicable, JPS for professional services rendered. For expenses, include the total amount billed for travel, mileage, per diem (e.g., food and lodging), clerical support, and any other miscellaneous expenses.

17) Certified Counselor signature and Date: The counselor of record must sign and include date of report completion. .
For electronic submission of the form the signature shall be typed using the signature format “/s/ [typed name].”