

R-8 Notice of Rehabilitation Plan Closure



DO NOT USE THIS SPACE

Print in ink or type
 Enter date in MM/DD/YYYY format

1. Date of first consultation in person or telephone meeting (#29 on R-2)									
2. WID number or SSN		3. Date of injury		7. Insurer claim number					
4. Employee name					8. Date of injury employer				
5. Employee address					9. QRC name				
City		State		ZIP code		10. QRC #	11. QRC firm #	12. QRC phone number	
6. Insurer/self-insurer/TPA					13. Name of last placement vendor			14. Vendor #	
15. Employment status at plan closure (check one) <input type="checkbox"/> a. Employee RTW with DOI employer <input type="checkbox"/> b. Employee RTW with different employer <input type="checkbox"/> c. Released without physical limitations/effects of work injury and is unemployed (Skip to item 21) <input type="checkbox"/> d. Employee not employed – Other (Skip to item 21)					21. Reason for rehabilitation plan closure (check one) <input type="checkbox"/> a. Plan completed (employee returned to suitable gainful employment) <input type="checkbox"/> b. Award on stipulation/mediation <input type="checkbox"/> c. Commissioner or compensation judge <input type="checkbox"/> d. Employee and insurer have agreed to close the plan without a stipulation, mediation or order <input type="checkbox"/> e. Unable to locate employee <input type="checkbox"/> f. Death of employee <input type="checkbox"/> g. QRC withdrawal				
Complete items 16 to 20 if employee returned to work									
16. Name of employer at plan closure					22. Did employee have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Job title at plan closure			18. Gross AWW at plan closure		19. RTW date			23. If plan suspended by R-3 or order, indicate the number of weeks suspended	
20a. Return to work job <input type="checkbox"/> Same job <input type="checkbox"/> Modified job <input type="checkbox"/> Different job 20b. Occupational demands <input type="checkbox"/> Sed. <input type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy <input type="checkbox"/> Very heavy					24. Training services (check all that apply) <input type="checkbox"/> Retraining plan submitted – DLI/OAH did not approve <input type="checkbox"/> Retraining plan submitted, award on stipulation/mediation <input type="checkbox"/> Retraining commenced or completed <input type="checkbox"/> Skills enhancement (such as short-term classes) <input type="checkbox"/> On-the-job training commenced or completed				
25. Total number of previous assigned QRCs involved in this rehabilitation plan: _____									
26. Costs by service area and rehabilitation provider									
		Prior placement firm costs		Current placement firm costs		Prior QRC firm costs		Current QRC firm costs	
00 - Rehabilitation Consultation		N/A		N/A					
01 - Medical Management		N/A		N/A					

	Prior placement firm costs	Current placement firm costs	Prior QRC firm costs	Current QRC firm costs
02 - On-Site Job Analysis				
03 - Coordination of RTW/Same Employer	N/A	N/A		
04 - Job Modification				
05 - Functional Capacities Evaluation	N/A	N/A		
06 - Transferable Skills Analysis				
07 - Work Evaluation	N/A	N/A		
08 - Work Hardening/Adjustment	N/A	N/A		
09 - Job Seeking Skills Training				
10A - Job Development (See instructions to QRC)				
10B - Job Placement (See instructions to QRC)				
11 - Post Placement Activity/Follow-up				
12 - Technical/Academic Skills Improvement	N/A	N/A		
13 - Vocational Counseling/Guidance	N/A	N/A		
14 - Vocational Testing				
15 - On-the-Job Training				
16 - Labor Market Survey				
17 - Retraining	N/A	N/A		
18 - Administrative				
19 - Preparation/Attendance Legal Proceeding				
20 - Expenses/Other				
Total costs of each column				
Sum of column totals above				

By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

QRC signature	Date	QRC intern supervisor signature	Date
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Employee

If you have questions about the closure of this rehabilitation plan, call the Department of Labor and Industry at (651) 284-5032 or 1-800-342-5354.

Rehabilitation form availability

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

R-8 Notice of Rehabilitation Plan Closure Form Information

Purpose: The Notice of Rehabilitation Plan Closure (R-8) form and the summary report document the closure of the plan. The R-8 is used to document the reason the plan is being closed or suspended, the employee's employment status at plan closure and the cost of all rehabilitation services that were provided under the plan. The narrative summary report describes the services that were provided from the beginning to the end of the plan. Both of these documents must be filed within 30 calendar-days of notice of any of the events listed in Minnesota Rules 5220.0510, subp. 7, or when the QRC withdraws under Minn. Rules 5220.0510, subp. 7a.

Item 15: Employment status at plan closure – Check box c only if the employee is unemployed and has been released to return to any job, without any physical limitations/effects of work injury. Identify the documents (such as Work Ability form, etc.) that provide the basis for this selection within the R-8 summary report, then skip to item 21.

Item 20a: Return to work – enter information about the job where the employee returned to work.

Item 20b: Occupational demands – for DOT physical demands and strength rating description, see the R-2 Rehabilitation Plan form information sheet.

Item 21: Reason for rehabilitation plan closure –

- a. the employee has been steadily working at suitable gainful employment for 30 days or more, or the time period provided for in the plan;
- b. the employee's rehabilitation benefits have been closed out by an award on stipulation or award on mediation;
- c. the commissioner or a compensation judge has ordered that the rehabilitation plan be closed and there has been no timely appeal of that order;
- d. the employee and insurer have agreed to close the rehabilitation plan;
- e. the QRC has been unable to locate the employee following a good faith effort to do so;
- f. the employee has died; or
- g. the QRC decides to withdraw after the insurer has provided written notice to the employee, the employee's attorney, the commissioner and the QRC that the insurer is denying further liability for the injury for which rehabilitation services are being provided. **(For item 21g, the QRC must file the R-8 and attach a copy of the insurer's notice of denial, copying appropriate parties, including a separate copy to the department's Vocational Rehabilitation unit (VRU).)**

NOTE: Item 21g does not apply if a claim petition, objection to discontinuance, request for an administrative conference or other document initiating litigation has been filed for the liability issue. If one of these documents has been filed and the QRC decides to withdraw, the QRC shall document the withdrawal by filing a Rehabilitation Plan Amendment (R-3) form.

Item 23: If the rehabilitation plan was temporarily interrupted by an R-3 (such as agreement of the parties) or an order of the department, then indicate the cumulative number of weeks the plan was suspended.

Item 25: Total number of previously assigned QRCs involved in this rehabilitation plan – include any other QRCs from your firm or another firm who provided services under the plan closed by this R-8 form.

Item 26: Costs by service area and rehabilitation provider – list the total costs for the individual services provided by rehabilitation provider firms in the applicable spaces. No information is to be listed in the spaces marked "N/A." After this is completed, total each of the four columns and enter the final amounts in "Total costs of each column."

Sum of column totals above – add the dollar amounts of the four "Total costs" columns and place that total in the space provided.

Note on service code definitions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minnesota Statutes § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "Job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2013.

Service code 10B: "Job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

Attach a closure report summarizing services provided (Minn. Rules 5220.0510, subp. 7 F (4)).

Send copies of the R-8 to the employee, insurer and attorney(s). If the insurer is denying further liability, send a separate copy addressed to the department's Vocational Rehabilitation unit (VRU).