

Mail or fax to:  
 Department of Labor and Industry  
 Workers' Compensation Division  
 PO Box 64221  
 St. Paul, MN 55164-0221  
 (651) 284-5032 or 1-800-342-5354  
 Fax: (651) 284-5731

## R-2 Rehabilitation Plan

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



DO NOT USE THIS SPACE

*Please fill out this form. You cannot save data typed into this form. Please print the completed form if you would like a copy for your records.*

|   |  |                    |          |  |                |                          |          |
|---|--|--------------------|----------|--|----------------|--------------------------|----------|
| 1. WID number or SSN  |  | 2. Date of injury  |          |  |                |                          |          |
| 3. Employee name  |  |                    |          |  |                |                          |          |
| 4. Employee address   |  |                    |          |  |                |                          |          |
| City  |  | State              | ZIP code | 5. Employee phone number   |                | 6. Date of birth         |          |
| 7. Employer name  |  |                    |          | 8. Employer contact  |                | 9. Employer phone number |          |
| 10. Insurer claim number  |  |                    |          | 15. QRC name   |                |                          |          |
| 11. Insurer/self-insurer/TPA  |  |                    |          | 16. QRC firm   |                |                          |          |
| 12. Insurer address   |  |                    |          | 17. QRC address  |                |                          |          |
| City  |  | State              | ZIP code | City   |                | State                    | ZIP code |
| 13. Claim representative  |  | 14. Phone number   |          | 18. QRC #  | 19. QRC firm # | 20. QRC phone number     |          |
| 21. Occupation at time of injury  |  | 22. Pre-injury AWW |          | 27. Highest grade completed (select one)<br><input type="checkbox"/> a. No high school diploma or GED<br><input type="checkbox"/> b. High school diploma or GED<br><input type="checkbox"/> c. Some post-secondary course work<br><input type="checkbox"/> d. Post-secondary vocational/technical program<br><input type="checkbox"/> e. Bachelor's degree<br><input type="checkbox"/> f. Master's, Ph.D. or professional degree |                |                          |          |
| 23. Occupational demands<br><input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very heavy  |  |                    |          |  |                |                          |          |
| 24. Job at date of injury <input type="checkbox"/> Part time <input type="checkbox"/> Full time   |  |                    |          |  |                |                          |          |
| 25. Employee's current work status<br><input type="checkbox"/> a. Off work from DOI to start of rehabilitation<br><input type="checkbox"/> b. Some work between DOI and start of rehabilitation, not working at start of rehabilitation<br><input type="checkbox"/> c. Working at start of rehabilitation |  |                    |          | 28. Employee may require an interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |                          |          |
| 26. Vocational goal<br><input type="checkbox"/> a. RTW same employer <input type="checkbox"/> b. RTW different employer   |  |                    |          | 29. Date of first consultation in person or telephone meeting (#25 on RCR)   |                |                          |          |

QRC comments

**Complete all service areas to be provided during this plan**

| Service category                 | Description  | Projected cost | Projected completion date |
|----------------------------------|--|----------------|---------------------------|
| 00 - Rehabilitation Consultation | Report actual consultation costs in the "projected cost" box |                | N/A                       |
| 01 - Medical Management          |  |                |                           |

| Service category                                | Description | Projected cost | Projected completion date |
|---|-------------|----------------|---------------------------|
| 02 - On-Site Job Analysis                       |             |                |                           |
| 03-Coordinate RTW/same ER                       |             |                |                           |
| 04 - Job Modification                           |             |                |                           |
| 05 - Functional Capacities Evaluation           |             |                |                           |
| 06 - Transferrable Skills Analysis              |             |                |                           |
| 07 - Work Evaluation                            |             |                |                           |
| 08 - Work Hardening/Adjustment                  |             |                |                           |
| 09 - Job Seeking Skills Training                |             |                |                           |
| 10A - Job Development (See instructions to QRC) |             |                |                           |
| 10B - Job Placement (See instructions to QRC)   |             |                |                           |
| 11 - Post Placement/Follow-up                   |             |                |                           |
| 12 - Technical/Academic Skills Improvement      |             |                |                           |
| 13 - Vocational Counseling/Guidance             |             |                |                           |
| 14 - Vocational Testing                         |             |                |                           |
| 15 - On-the-Job Training                        |             |                |                           |
| 16 - Labor Market Survey                        |             |                |                           |

|  |  |  |  |
|--|--|--|--|
| 17 - Exploration of Retraining/Formal Retraining |  |  |  |
| 18 - Administrative                              |  |  |  |
| 19 - Preparation/Attendance conference/hearing   |  |  |  |
| 20 - Expenses/Other                              |  |  |  |
| <b>Total projected costs</b>                     |  |  |  |
| Employee comments (if any)                       |  |  |  |

**Employer/insurer responsibilities:** Minnesota Statutes § 176.102, subd. 9, and Minnesota Rules 5220.1900, subp. 1g

- Review, sign and return the R-2 form within 15 days.
- Pay for services reasonably required.
- Monitor the costs and timeliness of services.

**Qualified rehabilitation consultant (QRC) responsibilities:** Minn. Stat. § 176.102 and Minn. Rules 5220.0100 to .1900

- Do not file the R-2 form with DLI at the same time it is circulated to the parties.
- File the R-2 form and narrative report at the following time, whichever time comes first: 1) when the parties have all signed it; 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan); or 3) 45 days after the first in-person contact with the employee.
- If all signatures are not obtained within the filing deadline, file the R-2 form with the signatures obtained and with a letter or other evidence the plan was sent to each nonsigning party.

**Employee responsibilities**

- Cooperate with all parties involved and make a good faith effort to participate in the rehabilitation plan.
- Attend scheduled activities and appointments, and adhere to reasonable medical advice.

**To the parties**

If you disagree with the plan you have 15 days from the receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

|                    |      |                                 |      |
|--------------------|------|---------------------------------|------|
| Employee signature | Date | Claim representative signature  | Date |
| QRC signature      | Date | QRC intern supervisor signature | Date |

**R-2 Rehabilitation Plan Form Information**

**Rehabilitation plan privacy and confidentiality**

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

**Rehabilitation form availability**

This form and access to the electronic submission format is located at [www.dli.mn.gov/WC/WcForms.asp](http://www.dli.mn.gov/WC/WcForms.asp). The form 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.

**Intent to commit fraud**

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly

misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

## **Instructions to QRC Completing the R-2 Rehabilitation Plan Form**

**Purpose:** The Rehabilitation Plan form documents the services proposed to be provided to the employee by the QRC and the responsibilities of the QRC, insurer and employee. The form also instructs the parties about how to proceed if there is a dispute regarding the plan and gives information about data privacy and confidentiality. See Minn. Rules 5220.0410.

**Instructions for items 21 to 24:** Enter information about the job the employee had at the time of injury and the physical demands of the job. See Dictionary of Occupational Titles physical demands and strength ratings description.

**Service codes and descriptions:** See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 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 October 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.

List only the services to be provided during the R-2 plan period. In the description column specify the activities to be performed within the service category. Enter the projected cost and projected completion date for each of the services. The rehabilitation consultation service category has been pre-filled. Enter the actual Rehabilitation Consultation Report form invoice total in the box marked "Total projected cost."

**Responsibility section:** Review these instructions with the employee.

**Signature block:** The QRC, employee and insurer representative sign here. If a QRC intern is completing the R-2 form, the QRC intern's supervisor must also sign the form before it is forwarded to the parties for their review.

### **From the Dictionary of Occupational Titles: Definition Trailer Abridged**

Strength rating (strength) -- The Physical Demands Strength Rating reflects the estimated overall strength requirement of the job, expressed in terms of the letter corresponding to the particular strength rating. It represents the strength requirements which are considered to be important for average, successful work performance.

S-sedentary work -- Exerting up to 10 pounds of force occasionally (occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

L-light work -- Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for sedentary work. Even though the weight lifted may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. Note: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

M-medium work -- Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

H-heavy work -- Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

V-very heavy work -- Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work. (See [www.occupationalinfo.org/appendxc\\_1.html#STRENGTH](http://www.occupationalinfo.org/appendxc_1.html#STRENGTH) for additional information.)