

1.1 **Department of Labor and Industry**

1.2 **Proposed Permanent Rules Governing Registration of Rehabilitation Providers**

1.3 **5220.0100 DEFINITIONS.**

1.4 Subpart 1. **Scope.** For the purposes of parts 5220.0100 to 5220.1900, the following
1.5 terms have the meanings given them.

1.6 Subp. 1a. [Repealed, 11 SR 2237]

1.7 Subp. 2. [Repealed, 17 SR 3361]

1.8 Subp. 3. **Assigned qualified rehabilitation consultant.** "Assigned qualified
1.9 rehabilitation consultant" means the qualified rehabilitation consultant responsible for
1.10 consultation, development, and implementation of the rehabilitation plan, whether the
1.11 qualified rehabilitation consultant is:

1.12 A. selected by the insurer if the employee does not choose;

1.13 B. chosen by the employee if the employee exercises a choice provided by statute;

1.14 C. determined by a documented agreement of the parties or by the commissioner
1.15 or a compensation judge in the event of a dispute; or

1.16 D. assigned by the commissioner under Minnesota Statutes, section 176.102,
1.17 subdivision 4, paragraph (f).

1.18 Subp. 4. **Commissioner.** "Commissioner" means commissioner of the Department
1.19 of Labor and Industry.

1.20 Subp. 5. **Department.** "Department" means the Department of Labor and Industry.

1.21 Subp. 6. [Repealed, 16 SR 2520]

1.22 Subp. 7. [Repealed, 16 SR 2520]

1.23 Subp. 8. [Repealed, 16 SR 2520]

2.1 Subp. 9. **Employer.** "Employer" means the employer at the time of injury of the
2.2 employee, unless the context clearly indicates otherwise.

2.3 Subp. 10. **Formal course of study.** "Formal course of study" means a program
2.4 described by a published syllabus with established time parameters for completion which
2.5 results in a diploma or other certification that is accepted as a credential of basic competence
2.6 in a vocation.

2.7 Subp. 10a. [Repealed, 16 SR 2520]

2.8 Subp. 11. [Repealed, 16 SR 2520]

2.9 Subp. 12. **Identifying information.** "Identifying information" refers to the name,
2.10 current mailing address, and current phone number of a person or entity. For employees,
2.11 identifying information also includes the department file number and date of injury. For
2.12 employers and insurers, identifying information also includes the name of the individual to
2.13 contact about the claim. For rehabilitation providers, identifying information includes the
2.14 rehabilitation provider registration number.

2.15 Subp. 12a. **Insurer.** "Insurer" includes self-insured employers.

2.16 Subp. 13. **Job analysis.** "Job analysis" means a systematic study that reports work
2.17 activity as follows:

2.18 A. what the worker does in the job being analyzed in relation to data, people, and
2.19 things;

2.20 B. what methods and techniques are employed by the worker;

2.21 C. what machines, tools, equipment, and work aids are used;

2.22 D. what materials, products, subject matter, or services result; and

2.23 E. what traits are required of the worker.

3.1 Depending upon the purpose for which the analysis is completed, a job analysis may
3.2 describe a group of positions that are sufficiently alike to justify being covered by a single
3.3 analysis or, if necessary, may describe a position that is the total work assignment of a single
3.4 worker.

3.5 Subp. 14. [Repealed, 16 SR 2520]

3.6 Subp. 15. [Repealed, 16 SR 2520]

3.7 Subp. 16. **Job development.** "Job development" means systematic contact with
3.8 prospective employers resulting in opportunities for interviews and employment that might
3.9 not otherwise have existed. Job development facilitates a prospective employer's
3.10 consideration of a qualified employee for employment.

3.11 Subp. 17. **Job modification.** "Job modification" means altering the work environment
3.12 to accommodate physical or mental limitations by making changes in equipment, in the
3.13 methods of completing tasks, or in job duties.

3.14 Subp. 18. **Job placement.** "Job placement" means activities that support a qualified
3.15 employee's search for work, including the identification of job leads, arranging for job
3.16 interviews, the preparation of a client to conduct an effective job search, and communication
3.17 of information about, but not limited to, the labor market, programs or laws offering
3.18 employment incentives, and the qualified employee's physical limitations and capabilities
3.19 as permitted by data privacy laws.

3.20 Subp. 19. **Job seeking skills training.** "Job seeking skills training" means the formal
3.21 teaching of independent work search skills including, but not limited to, the completion of
3.22 applications, preparation of resumes, effectiveness in job interviews, and techniques for
3.23 obtaining job leads.

3.24 Subp. 20. **Medical management.** "Medical management" by a qualified rehabilitation
3.25 consultant means rehabilitation services that assist communication of information among

4.1 parties about the employee's medical condition and treatment, and rehabilitation services
4.2 that coordinate the employee's medical treatment with the employee's vocational rehabilitation
4.3 services. Medical management refers only to those rehabilitation services necessary to
4.4 facilitate the employee's return to work.

4.5 Subp. 21. **On-the-job training.** "On-the-job training" means training while employed
4.6 at a workplace where the employee receives instruction from an experienced worker and
4.7 which is likely to result in employment with the on-the-job training employer upon its
4.8 completion.

4.9 Subp. 22. **Qualified employee.** "Qualified employee" means an employee who,
4.10 because of the effects of a work-related injury or disease, whether or not combined with
4.11 the effects of a prior injury or disability:

4.12 A. is permanently precluded or is likely to be permanently precluded from engaging
4.13 in the employee's usual and customary occupation or from engaging in the job the employee
4.14 held at the time of injury;

4.15 B. cannot reasonably be expected to return to suitable gainful employment with
4.16 the date-of-injury employer; and

4.17 C. can reasonably be expected to return to suitable gainful employment through
4.18 the provision of rehabilitation services, considering the treating physician's opinion of the
4.19 employee's work ability.

4.20 Subp. 23. **Qualified rehabilitation consultant.** "Qualified rehabilitation consultant"
4.21 means a person who is professionally trained and experienced and who is registered by the
4.22 commissioner according to part 5220.1510 to provide a rehabilitation consultation and to
4.23 develop and implement an appropriate plan of rehabilitation services for an employee entitled
4.24 to rehabilitation benefits under Minnesota Statutes, section 176.102.

5.1 Subp. 23a. **Qualified rehabilitation consultant intern.** "Qualified rehabilitation
5.2 consultant intern" means a person who is in training and registered by the commissioner
5.3 according to part 5220.1410 to provide a rehabilitation consultation and to develop and
5.4 implement an appropriate plan of rehabilitation services for an employee entitled to
5.5 rehabilitation services under Minnesota Statutes, section 176.102, under the direct supervision
5.6 of a qualified rehabilitation consultant intern supervisor.

5.7 Subp. 23b. **Qualified rehabilitation consultant intern supervisor.** "Qualified
5.8 rehabilitation consultant intern supervisor" means a person who provides direct supervision,
5.9 guidance, and work experience to a qualified rehabilitation consultant intern for the successful
5.10 completion of the internship according to part 5220.1410.

5.11 Subp. 24. **Qualified rehabilitation consultant firm.** "Qualified rehabilitation
5.12 consultant firm" means a public or private business, whether organized as a sole
5.13 proprietorship, partnership, association, corporation, or other form, which is registered by
5.14 the commissioner according to part 5220.1610 and held out to the public as a business entity
5.15 engaged in rehabilitation consultation and services.

5.16 Subp. 25. ~~Registered Rehabilitation vendor.~~ "Registered Rehabilitation vendor"
5.17 means a public or private entity registered by the commissioner according to part 5220.1710
5.18 and existing wholly or in part for the provision of rehabilitation services in accord with an
5.19 approved rehabilitation plan.

5.20 Subp. 26. **Rehabilitation consultation.** "Rehabilitation consultation" means a meeting
5.21 of the employee and assigned qualified rehabilitation consultant to determine whether the
5.22 employee is a qualified employee, as defined in subpart 22 to receive rehabilitation services,
5.23 as defined in subpart 29, considering the treating physician's opinion of the employee's work
5.24 ability.

5.25 Subp. 27. **Rehabilitation plan.** "Rehabilitation plan" means a written document
5.26 completed by the assigned qualified rehabilitation consultant on a form prescribed by the

6.1 commissioner describing a vocational goal and the specific services by which the qualified
6.2 employee will be returned to suitable gainful employment.

6.3 Subp. 28. **Rehabilitation provider.** "Rehabilitation provider" means the following
6.4 four categories of rehabilitation professionals:

- 6.5 A. qualified rehabilitation consultants;
- 6.6 B. qualified rehabilitation consultant interns;
- 6.7 C. qualified rehabilitation consultant firms; and
- 6.8 D. ~~registered~~ rehabilitation vendors.

6.9 Subp. 29. **Rehabilitation services.** "Rehabilitation services" means a program of
6.10 vocational rehabilitation, including medical management, designed to return an individual
6.11 to work consistent with Minnesota Statutes, section 176.102, subdivision 1, paragraph (b).
6.12 The program begins with the first in-person visit of the employee by the assigned qualified
6.13 rehabilitation consultant, including a visit for purposes of a rehabilitation consultation. The
6.14 program consists of the sequential delivery and coordination of services by rehabilitation
6.15 providers under an individualized rehabilitation plan. Specific services under this program
6.16 may include, but are not limited to, vocational evaluation, counseling, job analysis, job
6.17 modification, job development, job placement, labor market survey, vocational testing,
6.18 transferable skills analysis, work adjustment, job seeking skills training, on-the-job training,
6.19 and retraining.

6.20 Subp. 30. **Required progress record.** "Required progress record" means a record
6.21 maintained by the rehabilitation provider that documents the rehabilitation provider's services
6.22 and the employee's rehabilitation progress. The record shall include all case notes and written
6.23 reports whether or not they are submitted to the commissioner and all correspondence
6.24 received or prepared by the rehabilitation provider about an employee's rehabilitation.

7.1 Subp. 31. **Required rehabilitation report.** "Required rehabilitation report" means
7.2 the rehabilitation consultation report, the plan progress report, and any other report that
7.3 must be submitted to the commissioner whenever a rehabilitation plan is initiated, proposed
7.4 to be amended, suspended or closed, or when a change of assigned qualified rehabilitation
7.5 consultant occurs on a case.

7.6 Subp. 32. **Retraining plan.** "Retraining plan" means an individualized written plan
7.7 describing the formal course of study through which the goal of the rehabilitation plan may
7.8 be accomplished. Adult basic education or remedial programs may be a component of a
7.9 retraining plan but do not constitute retraining in and of themselves.

7.10 Subp. 33. **Review panel.** "Review panel" means the rehabilitation review panel created
7.11 by Minnesota Statutes, section 176.102, subdivision 3.

7.12 Subp. 34. **Suitable gainful employment.** "Suitable gainful employment" means
7.13 employment which is reasonably attainable and which offers an opportunity to restore the
7.14 injured employee as soon as possible and as nearly as possible to employment which produces
7.15 an economic status as close as possible to that which the employee would have enjoyed
7.16 without disability. Consideration shall be given to the employee's former employment and
7.17 the employee's qualifications, including, but not limited to, the employee's age, education,
7.18 previous work history, interests, and skills.

7.19 Subp. 35. **Transferable skills analysis.** "Transferable skills analysis" means identifying
7.20 and comparing skills learned in previous vocational or avocational activities with those
7.21 required by occupations which are within the qualified employee's physical and mental
7.22 capabilities.

7.23 Subp. 36. **Vocational evaluation.** "Vocational evaluation" means the comprehensive
7.24 assessment of vocational aptitudes and potential, using information about a qualified
7.25 employee's past history, medical and psychological status, and information from appropriate

8.1 vocational testing, which may use paper and pencil instruments, work samples, simulated
8.2 work stations, or assessment in a real work environment.

8.3 Subp. 37. **Vocational rehabilitation.** "Vocational rehabilitation" means the sequential
8.4 delivery and coordination of services by rehabilitation providers under a rehabilitation plan
8.5 to achieve the goal of suitable gainful employment.

8.6 Subp. 38. **Vocational testing.** "Vocational testing" means the measurement of
8.7 vocational interests, aptitudes, and ability using standardized, professionally accepted
8.8 psychometric procedures.

8.9 Subp. 39. **Work adjustment.** "Work adjustment" means the use of real or simulated
8.10 work activity under close supervision at a rehabilitation facility or other work setting to
8.11 develop appropriate work behaviors, attitudes, or personal characteristics.

8.12 Subp. 40. **Work hardening.** "Work hardening" means a physical conditioning program
8.13 in a clinical setting designed to develop strength and tolerance for work or a schedule of
8.14 graduated resumption of employment consistent with the employee's physical condition.

8.15 **5220.0107 SERVICE AND FILING OF REHABILITATION DOCUMENTS;**
8.16 **COUNTING DAYS.**

8.17 Subpart 1. **Service on other parties.** All required rehabilitation reports and progress
8.18 records that are required to be sent or provided to other parties must be mailed by first class
8.19 mail to their addresses of record, delivered by personal service, or, if authorized by the
8.20 recipient, sent by facsimile or electronic mail.

8.21 Subp. 2. **Filing with state.** A document is filed upon its receipt by the division by
8.22 4:30 p.m. on an open state business day. Documents received after 4:30 p.m. are considered
8.23 filed on the next open state business day. ~~A party is authorized to file a document with the~~
8.24 ~~division by facsimile if the document is 15 pages or less in length.~~ A party may file a
8.25 document by electronic transmission only as authorized by the division. ~~The filed facsimile~~

9.1 ~~or~~ authorized electronically transmitted information has the same force and effect as the
9.2 original. Where the quality or authenticity of a document filed by ~~facsimile~~ or electronic
9.3 transmission is at issue, the division may require the original document to be filed. When
9.4 the quality or authenticity of a document filed by ~~facsimile~~ or electronic transmission is not
9.5 at issue, the party shall not also file the original document.

9.6 Subp. 3. **Counting days.** References to "days" in parts 5220.0100 to 5220.1900 mean
9.7 calendar days unless specified otherwise.

9.8 **5220.0410 REHABILITATION PLAN.**

9.9 Subpart 1. **Purpose.** The purpose of the rehabilitation plan is to communicate to all
9.10 interested parties the vocational goal, the rehabilitation services, and the projected amounts
9.11 of time and money that will be needed to achieve the vocational goal.

9.12 Authoritative references for describing a vocational history and a vocational goal in
9.13 the plan and for analyzing jobs are the Dictionary of Occupational Titles and the Guide to
9.14 Job Analysis. These documents are incorporated by reference in part 5220.0105.

9.15 Subp. 2. **Requirements.** If a rehabilitation consultation results in a determination that
9.16 an employee is a qualified employee for rehabilitation services, the assigned qualified
9.17 rehabilitation consultant shall, in consultation with the parties, develop, record, and file a
9.18 rehabilitation plan on the form prescribed by the commissioner containing substantially the
9.19 following:

9.20 A. information identifying the employee, employer, insurer, and assigned qualified
9.21 rehabilitation consultant;

9.22 B. the employee's occupation at time of injury; the Dictionary of Occupational
9.23 Titles, which is incorporated by reference in part 5220.0105, code for that occupation; and
9.24 the vocational goal of the rehabilitation plan;

10.1 C. itemization of the rehabilitation services to be provided including any vendor
10.2 names, anticipated service completion dates, estimated service costs, and projected total
10.3 plan cost and plan completion date;

10.4 D. the dated signatures of the employee, insurer, and assigned qualified
10.5 rehabilitation consultant if the parties are in agreement with the plan;

10.6 E. employee comments, if any; and

10.7 F. instructions to the parties that if they disagree with the plan they have 15 days
10.8 from their receipt of the proposed plan to resolve the disagreement or object to the proposed
10.9 plan, and that an objection must be filed with the commissioner.

10.10 Subp. 3. **Process.** Upon preparation of the proposed plan, and within 30 days of the
10.11 first in-person contact between the assigned qualified rehabilitation consultant and the
10.12 employee, the assigned qualified rehabilitation consultant shall provide to all parties a copy
10.13 of the proposed rehabilitation plan.

10.14 Subp. 4. **Party's response.** Upon receipt of the proposed rehabilitation plan, each
10.15 party must, within 15 days, either:

10.16 A. sign the plan signifying agreement and return it to the assigned qualified
10.17 rehabilitation consultant; or

10.18 B. promptly notify the assigned qualified rehabilitation consultant of any objection
10.19 to the plan and work with the assigned qualified rehabilitation consultant to resolve the
10.20 objection by agreement.

10.21 However, if the objection is not resolved, the objecting party must file a rehabilitation
10.22 request for assistance with the commissioner within 15 days of receipt of the proposed plan.
10.23 These disputes will be resolved according to part 5220.0950.

11.1 If no rehabilitation request for assistance objecting to the plan is filed within 15 days
11.2 of the party's receipt, the plan approval process will occur as provided in subpart 6.

11.3 Subp. 5. **Filing the plan.** The assigned qualified rehabilitation consultant shall file
11.4 the rehabilitation plan with the commissioner within 45 days of the first in-person contact
11.5 between the qualified rehabilitation consultant and the employee or within 15 days of
11.6 circulation to the parties, whichever is earlier.

11.7 Subp. 6. **Plan approval.** A rehabilitation plan that all parties have signed is deemed
11.8 approved by the commissioner upon filing.

11.9 If a party fails to sign the plan or fails to file a rehabilitation request for assistance
11.10 objecting to the proposed plan within the 15 days specified in subpart 4, item B, it shall be
11.11 presumed that the party is in substantial agreement with the plan's vocational objective and
11.12 the services that are proposed. In this event the assigned qualified rehabilitation consultant
11.13 shall file the plan with the commissioner along with evidence of the date the plan was sent
11.14 to each party and, upon receipt, the plan will be deemed approved. A party's failure to sign
11.15 a plan shall not constitute a waiver of any right to subsequently dispute the plan or to dispute
11.16 payment of rehabilitation fees relative to the plan.

11.17 In reviewing rehabilitation plans pursuant to Minnesota Statutes, section 176.102,
11.18 subdivision 6, the commissioner shall notify all interested parties of the nature of any
11.19 additional information necessary for the review, any recommended modifications to the
11.20 plan, and any decision approving, modifying, or rejecting a plan.

11.21 If the commissioner refers issues relating to a plan to a compensation judge or an
11.22 administrative conference pursuant to Minnesota Statutes, section 176.106, all parties shall
11.23 be notified of that action and of all applicable related procedures.

12.1 Commencement of a plan without objection from the commissioner shall not constitute
12.2 a waiver or an estoppel of the commissioner's or compensation judge's authority over the
12.3 plan.

12.4 Subp. 7. **Communication with treating doctor.** Upon filing the rehabilitation plan
12.5 with the commissioner, the assigned qualified rehabilitation consultant shall, within the
12.6 limitations of part 5220.1802, subpart 5, send a copy of the employee's rehabilitation plan
12.7 to the employee's treating doctor.

12.8 Subp. 8. **Adherence to plan.** The services provided by rehabilitation providers shall
12.9 be according to the approved rehabilitation plan.

12.10 Subp. 9. **Administration of plan.** All rehabilitation services shall be provided to an
12.11 employee pursuant to Minnesota Statutes, section 176.102, as stated in the rehabilitation
12.12 plan and any subsequent amendments, and shall be administered exclusively by a person
12.13 or business entity registered and approved by the commissioner as a qualified rehabilitation
12.14 consultant or a qualified rehabilitation consultant firm.

12.15 The assigned qualified rehabilitation consultant shall monitor ~~registered~~ rehabilitation
12.16 vendor compliance with the rehabilitation plan.

12.17 Job development and job placement services shall be provided either by rehabilitation
12.18 providers registered by the commissioner or by a facility accredited by the National
12.19 Commission on Accreditation of Rehabilitation Facilities (CARF), Tucson, Arizona. The
12.20 CARF Directory of Accredited Organizations Serving People with Disabilities and its
12.21 Standards Manual for Organizations Serving People with Disabilities are incorporated by
12.22 reference in part 5220.0105. The insurer may select the vendor of job development or job
12.23 placement services.

13.1 Subp. 10. **Disputes.** In the case of a dispute about a rehabilitation plan or any
13.2 rehabilitation services provided, any party may file a rehabilitation request for assistance
13.3 according to Minnesota Statutes, chapter 176, or part 5220.0950.

13.4 Subp. 11. **Travel expenses.** The insurer shall reimburse the employee for automobile
13.5 mileage pursuant to Minnesota Statutes, section 176.102, subdivision 9, at the rate paid by
13.6 the employer for ordinary business travel expenses, or the rate paid by the state of Minnesota
13.7 under the commissioner's plan for employment-related travel, whichever is lower.

13.8 **5220.0450 PLAN PROGRESS REPORT.**

13.9 Subpart 1. **Purpose.** The purpose of a plan progress report is to inform parties of the
13.10 current status of the rehabilitation plan and provide a current estimate of plan cost and
13.11 duration to completion.

13.12 Subp. 2. **Requirements.** Except as otherwise permitted by subpart 3, six months after
13.13 the assigned qualified rehabilitation consultant has filed an approved rehabilitation plan
13.14 with the commissioner, the assigned qualified rehabilitation consultant shall complete a
13.15 plan progress report on the form prescribed by the commissioner that contains the following:

13.16 A. information identifying the employee, employer, insurer, and assigned qualified
13.17 rehabilitation consultant;

13.18 B. the employee's current medical status and work status;

13.19 C. the costs to date for rehabilitation services by all rehabilitation providers and
13.20 the estimated costs to plan completion;

13.21 D. the duration of the rehabilitation plan to date and the estimated duration to plan
13.22 completion; and

13.23 E. the identification of barriers to successful completion of the rehabilitation plan
13.24 and measures to be taken to overcome those barriers.

14.1 Subp. 3. **Filing; subsequent and alternative filing; copies to parties.**

14.2 A. The assigned qualified rehabilitation consultant shall file the six-month plan
14.3 progress report with the commissioner within 15 days after six months have passed from
14.4 the date of the filing of the rehabilitation plan. However, the plan progress report is not
14.5 required to be completed if a plan amendment containing the information in subpart 2, items
14.6 A to E, is filed within 15 days before or after six months have passed from the date the
14.7 rehabilitation plan was filed.

14.8 B. Subsequent plan progress reports may be requested by the commissioner to
14.9 monitor the progress of the rehabilitation plan. Subsequent reports must be filed with the
14.10 commissioner within 15 days after the commissioner's written request.

14.11 C. The qualified rehabilitation consultant must provide copies of progress reports
14.12 to the employee, the insurer, and attorneys representing the employee and insurer, at the
14.13 time the reports are filed with the commissioner. The qualified rehabilitation consultant
14.14 shall also provide a copy to the date of injury employer if the goal of the rehabilitation plan
14.15 is to return the employee to work with that employer.

14.16 Subp. 4. **Commissioner's actions.** Based on the information contained in the current
14.17 plan progress report and in other reports available to the commissioner, the commissioner
14.18 may perform a more thorough review of the rehabilitation effort. The purpose of the
14.19 commissioner's review is to determine if the plan is adequate to carry out the objectives of
14.20 rehabilitation under Minnesota Statutes, section 176.102, subdivision 1, paragraph (b). The
14.21 commissioner's review may include, but is not limited to the following:

14.22 A. requesting additional information from the assigned qualified rehabilitation
14.23 consultant, the qualified rehabilitation consultant firm, and the ~~registered~~ rehabilitation
14.24 vendor;

15.1 B. conducting an on-site inspection during normal business hours of the assigned
15.2 qualified rehabilitation consultant's records for documentation of service provision according
15.3 to the rehabilitation plan; and

15.4 C. other actions pursuant to Minnesota Statutes, section 176.102, subdivision 6,
15.5 paragraph (b), and parts 5220.1800 to 5220.1806.

15.6 **5220.0510 PLAN AMENDMENT AND CLOSURE.**

15.7 Subpart 1. **Reasons for amendment.** Whenever circumstances indicate that the
15.8 rehabilitation plan objectives are not likely to be achieved, proposals for plan amendment
15.9 may be considered by the parties. A rehabilitation plan may be amended for good cause,
15.10 including but not limited to:

15.11 A. a new or continuing physical limitation that significantly interferes with the
15.12 implementation of the plan;

15.13 B. the employee is not participating effectively in the implementation of the plan;

15.14 C. a need to change the vocational goal of the rehabilitation plan;

15.15 D. the projected rehabilitation cost or duration, as stated in the rehabilitation plan,
15.16 will be exceeded; or

15.17 E. the employee feels ill-suited for the type of work for which rehabilitation is
15.18 being provided.

15.19 Subp. 2. **Procedure and responsibilities.** The assigned qualified rehabilitation
15.20 consultant shall recommend a plan amendment when reasons for amendment are present.
15.21 Parties other than the assigned qualified rehabilitation consultant may propose amendments.
15.22 It is the responsibility of the assigned qualified rehabilitation consultant to facilitate
15.23 discussion of proposed amendments.

16.1 Subp. 2a. **Process.** Upon preparation of the proposed plan amendment the assigned
16.2 qualified rehabilitation consultant shall provide a copy to the employee, the insurer, and
16.3 any attorneys representing the employee or insurer. The qualified rehabilitation consultant
16.4 shall also provide a copy to the date of injury employer if the goal of the rehabilitation plan
16.5 is to return the employee to work with that employer.

16.6 Subp. 2b. **Party's response.** Upon receipt of the proposed rehabilitation plan
16.7 amendment, the employee, insurer, and qualified rehabilitation consultant must, within 15
16.8 days, either:

16.9 A. sign the plan amendment signifying agreement and return it to the assigned
16.10 qualified rehabilitation consultant; or

16.11 B. promptly notify the assigned qualified rehabilitation consultant of any objection
16.12 to the plan amendment and work with the assigned qualified rehabilitation consultant to
16.13 resolve the objection by agreement.

16.14 However, if the objection is not resolved, the objecting party must file a rehabilitation
16.15 request for assistance with the commissioner within 15 days of receipt of the proposed
16.16 amendment. These disputes will be resolved according to part 5220.0950.

16.17 If no rehabilitation request for assistance objecting to the plan amendment is filed within
16.18 15 days of the party's receipt, the approval process will occur as provided in subpart 2d.

16.19 Subp. 2c. **Filing.** The assigned qualified rehabilitation consultant shall file a copy of
16.20 the rehabilitation plan amendment with the commissioner within 15 days of circulation to
16.21 the parties.

16.22 Subp. 2d. **Approval.** A rehabilitation plan amendment that all parties have signed is
16.23 deemed approved by the commissioner upon filing.

16.24 If a party fails to sign the plan amendment or fails to file a rehabilitation request for
16.25 assistance objecting to the proposed plan within the 15 days specified in subpart 2b, it shall

17.1 be presumed that the party is in substantial agreement with the plan amendment's vocational
17.2 objective and the services that are proposed. In this event the assigned qualified rehabilitation
17.3 consultant shall file the plan amendment with the commissioner along with evidence of the
17.4 date the plan amendment was sent to each party and, upon receipt, the plan amendment will
17.5 be deemed approved. The insurer is liable for reasonable fees for a rehabilitation plan that
17.6 is deemed approved under this subpart until a further plan amendment is filed or ordered
17.7 by the commissioner or compensation judge. A party's failure to sign a plan amendment
17.8 shall not constitute a waiver of any right to subsequently dispute it or to dispute whether
17.9 the rehabilitation fees relative to it are reasonable.

17.10 Subp. 3. **Requirements.** The rehabilitation plan amendment shall be filed on the form
17.11 prescribed by the commissioner. The prescribed form shall contain substantially the
17.12 following:

17.13 A. identifying information on the employee, employer, insurer, the assigned
17.14 qualified rehabilitation consultant, and any change of qualified rehabilitation consultant;

17.15 B. the proposed amendment;

17.16 C. a rationale for the amendment;

17.17 D. if the amendment adds rehabilitation services, an itemization of each additional
17.18 rehabilitation service to be provided including any ~~registered~~ rehabilitation vendor names,
17.19 dates of initiation and completion, and estimated costs of each service;

17.20 E. if the amendment will result in a change in the projected plan completion date,
17.21 the new completion date;

17.22 F. if the amendment will result in a change in the projected plan cost, the new
17.23 estimated cost;

17.24 G. employee comments, if any; and

18.1 H. the dated signatures of the employee, insurer, and assigned qualified
18.2 rehabilitation consultant.

18.3 Subp. 3a. **Reporting a change of qualified rehabilitation consultant.**

18.4 A. When the employee has the right to change qualified rehabilitation consultants
18.5 without approval under part 5220.0710, subpart 1, the plan amendment form is not required
18.6 to be circulated to the parties for signature under subparts 2b, 2c, and 2d, but the new
18.7 qualified rehabilitation consultant shall notify the department of the change by filing a plan
18.8 amendment form with the commissioner. The plan amendment shall be filed with the
18.9 commissioner within 15 calendar days of receipt of information transferred by the former
18.10 qualified rehabilitation consultant as required by part 5220.1802, subpart 4a. The new
18.11 qualified rehabilitation consultant shall also send a copy of the form to the parties as specified
18.12 in subpart 2a when it is sent to the commissioner for filing.

18.13 B. If approval of a change of qualified rehabilitation consultants is required under
18.14 part 5220.0710 and the insurer has approved the change, the new qualified rehabilitation
18.15 consultant shall reflect the change on the plan amendment form, circulate the form for
18.16 signatures, and file the form with the commissioner within 15 calendar days of obtaining
18.17 the signatures. The former qualified rehabilitation consultant shall transfer information to
18.18 the new qualified rehabilitation consultant as required by part 5220.1802, subpart 4a. If
18.19 approval is required and the insurer has not agreed to the change, the employee shall proceed
18.20 according to part 5220.0710, subpart 3.

18.21 C. If a qualified rehabilitation consultant elects to withdraw as the assigned
18.22 qualified rehabilitation consultant under subpart 7a, item C, the consultant shall document
18.23 the withdrawal on the plan amendment form. The qualified rehabilitation consultant shall
18.24 file the plan amendment form with the commissioner and send a copy to the parties as
18.25 specified in subpart 2a and the department's vocational rehabilitation unit when it is sent to
18.26 the commissioner for filing.

19.1 Subp. 4. **Amendment by commissioner.** If a plan is modified for good cause pursuant
19.2 to Minnesota Statutes, section 176.102, subdivision 8, or as a result of an administrative
19.3 conference pursuant to Minnesota Statutes, section 176.106, the commissioner shall notify
19.4 all interested parties of the modification and the reasons for the modification.

19.5 Subp. 5. **Request for closure before plan completion by filing request for**
19.6 **assistance.** At any time, the insurer or employee may request the closure or suspension of
19.7 rehabilitation services by filing a rehabilitation request for assistance with the commissioner.
19.8 The commissioner or a compensation judge may close or suspend rehabilitation services
19.9 for good cause, including, but not limited to:

19.10 A. a new or continuing physical limitation that significantly interferes with the
19.11 implementation of the plan;

19.12 B. the employee's performance indicates that the employee is unlikely to
19.13 successfully complete the plan;

19.14 C. the employee is not participating effectively in the implementation of the plan;
19.15 or

19.16 D. the employee is not likely to benefit from further rehabilitation services.

19.17 Subp. 6. **Commissioner's authority to initiate closure.** If the commissioner initiates
19.18 the termination of rehabilitation services pursuant to Minnesota Statutes, section 176.102,
19.19 subdivision 6, or through an administrative conference pursuant to Minnesota Statutes,
19.20 section 176.106, all interested parties shall be provided written notice of the proposed
19.21 decision and an opportunity to be heard either in person or through the submission of written
19.22 information.

19.23 Subp. 7. **Closure report by assigned qualified rehabilitation consultant.** The
19.24 assigned qualified rehabilitation consultant shall file a rehabilitation plan closure report on
19.25 a form prescribed by the commissioner within 30 calendar days of knowledge that:

20.1 A. the employee has been steadily working at suitable gainful employment for 30
20.2 days or more, or the time period provided for in the plan;

20.3 B. the employee's rehabilitation benefits have been closed out by an award on
20.4 stipulation or award on mediation;

20.5 C. the employee and insurer have agreed to close the rehabilitation plan;

20.6 D. the qualified rehabilitation consultant has been unable to locate the employee
20.7 following a good faith effort to do so;

20.8 E. the employee has died; or

20.9 F. the commissioner or a compensation judge has ordered that the rehabilitation
20.10 plan be closed and there has been no timely appeal of that order.

20.11 The form reporting plan closure must be sent to the employee and the insurer when
20.12 filed with the commissioner. The form shall contain substantially the following:

20.13 (1) identifying information on the employee, employer, insurer, and assigned
20.14 qualified rehabilitation consultant;

20.15 (2) the reason for closure of the rehabilitation plan;

20.16 (3) if the employee is working, information identifying the employer with
20.17 whom the employee returned to work, the job title, the return to work date, the weekly wage
20.18 upon return to work, and whether the employee has continued working for 30 calendar days;

20.19 (4) a summary of the rehabilitation services provided and rehabilitation costs
20.20 by all rehabilitation providers;

20.21 (5) the assigned qualified rehabilitation consultant's dated signature and a
20.22 statement that the qualified rehabilitation consultant certifies that the form was served on
20.23 the employee and insurer, any attorneys representing them, and the vocational rehabilitation
20.24 unit, if applicable, on the date specified; and

21.1 (6) notice to the employee about how to contact the department with questions
21.2 or concerns about the closure.

21.3 Subp. 7a. **Plan closure report; insurer's denial of further liability.**

21.4 A. The qualified rehabilitation consultant shall also file the plan closure report
21.5 form specified in subpart 7 if the consultant decides to withdraw as the assigned qualified
21.6 rehabilitation consultant after the insurer has provided written notice to the employee, the
21.7 employee's attorney, the commissioner, and the qualified rehabilitation consultant that the
21.8 insurer is denying further liability for the injury for which rehabilitation services are being
21.9 provided. The qualified rehabilitation consultant shall attach a copy of the insurer's notice
21.10 to the plan closure form and shall provide a copy of the form and notice to the employee,
21.11 any attorney for the employee, and the vocational rehabilitation unit established under
21.12 Minnesota Statutes, section 176.104.

21.13 B. The qualified rehabilitation consultant shall continue to provide services
21.14 according to the approved plan until the plan closure report form is filed and provided to
21.15 the parties and the vocational rehabilitation unit as specified in item A.

21.16 C. This subpart does not apply if a claim petition, objection to discontinuance,
21.17 request for an administrative conference, or other document initiating litigation has been
21.18 filed on the liability issue. Where any of these litigation documents have been filed and the
21.19 qualified rehabilitation consultant decides to withdraw as the assigned qualified rehabilitation
21.20 consultant, the consultant shall document the withdrawal on the rehabilitation plan
21.21 amendment form according to subpart 3a, item C.

21.22 Subp. 8. **Disputes.** In the case of a dispute about a plan amendment or closure, any
21.23 party may file a rehabilitation request for assistance according to Minnesota Statutes, chapter
21.24 176, and part 5220.0950.

22.1 **5220.1250 ROLES OF REGISTERED REHABILITATION PROVIDERS.**

22.2 An entity may be approved to provide rehabilitation services either as a ~~registered~~
22.3 rehabilitation vendor or as a qualified rehabilitation consultant firm. An individual may be
22.4 approved to provide rehabilitation services as a qualified rehabilitation consultant intern or,
22.5 in cases of completion of internship and registration renewal, as a qualified rehabilitation
22.6 consultant.

22.7 A qualified rehabilitation consultant and a qualified rehabilitation consultant intern are
22.8 approved for the purpose of developing, administering, and implementing a rehabilitation
22.9 plan, including the provision of rehabilitation services, in accordance with Minnesota
22.10 Statutes, chapter 176 and the rules adopted to administer it.

22.11 A qualified rehabilitation consultant firm is approved for the purpose of employing
22.12 qualified rehabilitation consultants, qualified rehabilitation consultant interns, and other
22.13 professional staff as provided in part ~~5220.1600~~ 5220.1610.

22.14 A ~~registered~~ rehabilitation vendor is approved for the purpose of providing the workers'
22.15 compensation rehabilitation services of job development and job placement, vocational
22.16 testing, job seeking skills, labor market survey, postplacement follow-up, and transferrable
22.17 skills analysis under an approved rehabilitation plan.

22.18 The roles of vendor and consultant are distinct and, therefore, a ~~registered~~ rehabilitation
22.19 vendor or its employee may not be, or function as, a qualified rehabilitation consultant firm,
22.20 a qualified rehabilitation consultant, or a qualified rehabilitation consultant intern. Nor may
22.21 a qualified rehabilitation consultant firm, qualified rehabilitation consultant, or qualified
22.22 rehabilitation consultant intern be or function as a ~~registered~~ rehabilitation vendor or as the
22.23 agent of a vendor.

22.24 The distinction of roles between ~~registered~~ rehabilitation vendor and qualified
22.25 rehabilitation consultant means the following: A ~~registered~~ rehabilitation vendor and its
22.26 employees may provide job development and job placement services under an approved

23.1 rehabilitation plan for any qualified employee; a qualified rehabilitation consultant firm and
23.2 its employees may provide job development and job placement services only in cases for
23.3 which a qualified rehabilitation consultant or qualified rehabilitation consultant intern
23.4 employed by that firm is the assigned qualified rehabilitation consultant.

23.5 There shall be no ownership or financial relationships of any kind between any ~~registered~~
23.6 rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation
23.7 consultant, or qualified rehabilitation consultant intern.

23.8 The commissioner shall review the professional activities and services of rehabilitation
23.9 providers to determine whether the activities and services are reasonable and comply with
23.10 the standards of performance and professional conduct contained in Minnesota Statutes,
23.11 chapter 176, parts 5220.1800, 5220.1801, 5220.0100 to 5220.1900, and orders issued under
23.12 those statutes or rules.

23.13 **5220.1410 QUALIFIED REHABILITATION CONSULTANT INTERNS AND**
23.14 **SUPERVISORS: REQUIREMENTS AND PROCEDURES FOR REGISTRATION.**

23.15 **Subpart 1. Requirements and application to become a qualified rehabilitation**
23.16 **consultant intern.** For registration as a qualified rehabilitation consultant intern, the
23.17 applicant must meet the following requirements.

23.18 A. A qualified rehabilitation consultant intern must be employed by a qualified
23.19 rehabilitation consultant firm.

23.20 B. The applicant must file with the commissioner in the format prescribed by the
23.21 commissioner a complete application for qualified rehabilitation consultant intern registration
23.22 that includes:

23.23 (1) the applicant's name, phone number, home address, designated mailing
23.24 address if different from the home address, and email address;

24.1 (2) the applicant's Social Security number or individual taxpayer identification
24.2 number and Minnesota business identification number, as applicable, as required by
24.3 Minnesota Statutes, section 270C.72, subdivision 4;

24.4 (3) the name of the qualified rehabilitation consultant firm that will employ
24.5 the applicant and the name, phone number, and email address of the applicant's qualified
24.6 rehabilitation consultant intern supervisor;

24.7 (4) the projected date by which the applicant will obtain one of the
24.8 certifications listed in subpart 3, item M, or a master's degree under subpart 3, item N;

24.9 (5) a list of languages other than English that the applicant wants to be
24.10 identified as proficient in for providing rehabilitation services;

24.11 (6) an agreement to notify the department within two weeks of any change
24.12 in rehabilitation firm employment status;

24.13 (7) affirmation that the applicant has Minnesota residency or residency within
24.14 100 miles by road from the Minnesota border; and

24.15 (8) the \$140 application fee.

24.16 C. The application must include a plan of supervision that contains a declaration
24.17 signed by the supervisor that the supervisor will comply with all of the requirements in
24.18 subpart 4.

24.19 D. The applicant must attest that all information in the application is true.

24.20 **Subp. 2. Approval or denial of qualified rehabilitation consultant intern**
24.21 **registration.**

24.22 A. Within 60 days after receiving a complete application for qualified rehabilitation
24.23 consultant intern registration, the commissioner must approve or deny the application and
24.24 notify the applicant whether the application is approved or denied.

25.1 B. If the application is approved, the commissioner shall assign a registration
25.2 number to the qualified rehabilitation consultant intern.

25.3 C. The following constitute grounds for denial of the application:

25.4 (1) the applicant failed to comply with the requirements in subpart 1;

25.5 (2) the applicant failed to comply with Minnesota Statutes, chapter 176, parts
25.6 5220.0100 to 5220.1900, including the requirement regarding standards of performance
25.7 and professional conduct for professional activities and services of rehabilitation providers
25.8 in part 5220.1250, or any orders issued under those statutes or rules; or

25.9 (3) the applicant has outstanding fines or penalties with the department.

25.10 D. An applicant may appeal the commissioner's order denying an application for
25.11 qualified rehabilitation consultant intern registration.

25.12 E. To appeal the commissioner's order, the applicant must file a written request
25.13 for hearing with the commissioner within 30 days of service of the order denying the
25.14 application.

25.15 F. The request for hearing must be referred to the rehabilitation review panel
25.16 according to Minnesota Statutes, section 176.102, subdivision 3.

25.17 G. Qualified rehabilitation consultant intern registration expires ~~24~~ 36 consecutive
25.18 months from the date that it is approved. If a person's qualified rehabilitation consultant
25.19 intern registration expires before the person completes all of the requirements in subpart 3
25.20 and files an application for initial registration as a qualified rehabilitation consultant, the
25.21 person must reapply for qualified rehabilitation consultant intern registration and restart the
25.22 internship from the beginning. The person must not provide rehabilitation services to injured
25.23 workers if the registration expires before submission of a complete renewal application or
25.24 before the commissioner has approved or denied the application. The person must complete
25.25 the requirements in subpart 3, items A to I, after the date the subsequent application for

26.1 qualified rehabilitation consultant intern registration is approved and must also comply with
26.2 subpart 3, item J.

26.3 Subp. 3. Requirements during the internship. During the internship, a qualified
26.4 rehabilitation consultant intern must:

26.5 A. comply with the provisions of Minnesota Statutes, chapter 176, and parts
26.6 5220.0100 to 5220.1900, and any orders issued under these statutes or rules;

26.7 B. complete an introductory orientation training session sponsored by the
26.8 department within 12 months of approval of qualified rehabilitation consultant intern
26.9 registration;

26.10 C. complete all of the department's rehabilitation provider update sessions;

26.11 D. notify the commissioner within two weeks of a change in home address,
26.12 designated mailing address if different from the home address, or employment with the
26.13 intern's registered rehabilitation firm;

26.14 E. notify the department when their supervisor changes and ensure that the new
26.15 supervisor provides an updated plan of supervision as required under subpart 1, paragraph
26.16 C;

26.17 F. ensure that all documents bearing the name of the intern designate the intern
26.18 as a "qualified rehabilitation consultant intern" and include the intern's registration number;

26.19 G. work as the assigned qualified rehabilitation consultant intern on 12 or more
26.20 rehabilitation plans under Minnesota Statutes, section 176.102;

26.21 H. be the rehabilitation consultant of record for at least one of each of the following
26.22 complete reports:

26.23 (1) rehabilitation consultation report that explains the basis for the eligibility
26.24 determination;

27.1 (2) rehabilitation plan with an initial evaluation narrative report that includes
27.2 medical status, vocational history, educational history, social history, relevant economic
27.3 factors, transferable skills, employment barriers, and recommendations;

27.4 (3) plan progress report or rehabilitation plan amendment with a narrative
27.5 report that identifies barriers to the employee's successful completion of the rehabilitation
27.6 plan and the measures the intern planned to overcome each of the identified barriers; and

27.7 (4) notice of rehabilitation plan closure with a narrative summary report that
27.8 includes all rehabilitation plan services provided;

27.9 I. prepare at least one of each of the following complete reports or, if necessary
27.10 due to inability to complete a required report under an assigned rehabilitation plan, contact
27.11 the department to confirm that the intern can complete the report outside of the intern's
27.12 assigned files:

27.13 (1) a narrative report that shows the intern's understanding of vocational
27.14 testing;

27.15 (2) a narrative report that shows the intern's understanding of a transferable
27.16 skills analysis; and

27.17 (3) a labor market survey that shows the intern's understanding of the injured
27.18 employee's qualifications, work restrictions, and labor market conditions; and

27.19 J. obtain one of the following certifications by the completion of the internship:

27.20 (1) Certified Rehabilitation Counselor (CRC) from the Commission on
27.21 Rehabilitation Counselor Certification; or

27.22 (2) Certified Disability Management Specialist (CDMS) from the Certification
27.23 of Disability Management Specialist.

28.1 Subp. 4. Requirements for supervisors of qualified rehabilitation consultant
28.2 interns. A qualified rehabilitation consultant intern supervisor agrees to be responsible for
28.3 all of the intern's rehabilitation work. During the internship, the supervisor must:

28.4 A. review the rehabilitation statutes and rules with the intern before the intern
28.5 meets with an injured employee for the first time and throughout the internship as needed
28.6 to ensure the intern's compliance with the statutes and rules;

28.7 B. not bill for supervisory duties;

28.8 C. monitor the intern's progress toward completing the internship;

28.9 D. attend all administrative conferences and hearings with the intern and ensure
28.10 that the intern reviews the rehabilitation file and is prepared to respond to questions relevant
28.11 to the subject of the conference, including questions about the rehabilitation plan, payment
28.12 for rehabilitation services, and the reasonableness and necessity of rehabilitation services;

28.13 E. review all written work that substantively applies to the scope of a rehabilitation
28.14 plan for any file assigned to the QRC intern;

28.15 F. if the intern leaves employment with the firm and will not provide additional
28.16 rehabilitation services, coordinate the transfer of the intern's files so that injured employees
28.17 continue to receive rehabilitation services in accordance with part 5220.0710; and

28.18 G. currently be a registered QRC with at least three years of QRC work experience,
28.19 excluding time as a QRC intern.

28.20 **5220.1510 QUALIFIED REHABILITATION CONSULTANTS: REQUIREMENTS**
28.21 **AND PROCEDURES FOR REGISTRATION.**

28.22 Subpart 1. Completion of qualified rehabilitation consultant internship and
28.23 requirements to become a qualified rehabilitation consultant. For initial registration as
28.24 a qualified rehabilitation consultant, the applicant must meet the following requirements:

29.1 A. A qualified rehabilitation consultant must be employed by a qualified
29.2 rehabilitation consultant firm or the consultant's own qualified rehabilitation consultant firm
29.3 which must be registered as a qualified rehabilitation consultant firm with the department.

29.4 B. At the time the applicant files the initial application for qualified rehabilitation
29.5 consultant registration:

29.6 (1) the applicant must be registered as a qualified rehabilitation consultant
29.7 intern;

29.8 (2) the applicant must have been registered as a qualified rehabilitation
29.9 consultant intern for at least ~~six~~ 12 months; and

29.10 (3) within ~~24~~ 36 months after the date the applicant most recently became
29.11 registered as a qualified rehabilitation consultant intern, the applicant must have completed
29.12 the requirements specified in part 5220.1410, subpart 3.

29.13 C. The applicant must file a complete initial application for qualified rehabilitation
29.14 consultant registration with the commissioner in the format prescribed that includes:

29.15 (1) the applicant's name, phone number, home address, designated mailing
29.16 address if different from the home address, and email address;

29.17 (2) the applicant's Social Security number or individual taxpayer identification
29.18 number and Minnesota business identification number, as applicable, as required by
29.19 Minnesota Statutes, section 270C.72, subdivision 4;

29.20 (3) the name of the qualified rehabilitation consultant firm where the applicant
29.21 is employed;

29.22 (4) the date the applicant completed the department's orientation session;

29.23 (5) each date the applicant completed one of the department's rehabilitation
29.24 provider update sessions;

30.1 (6) a list of languages other than English that the applicant wants to be
30.2 identified as being proficient in for providing rehabilitation services;

30.3 (7) documentation from the applicant's qualified rehabilitation consultant
30.4 intern supervisor certifying that the applicant complied with each of the requirements in
30.5 part 5220.1410, subpart 3, items F to I;

30.6 (8) proof that the applicant has obtained one of the certifications listed in part
30.7 5220.1410, subpart 3, item J;

30.8 (9) affirmation that the applicant has Minnesota residency or residency within
30.9 100 miles by road from the Minnesota border; and

30.10 (10) the registration fee of \$140.

30.11 D. The applicant must attest that all information in the application is true.

30.12 Subp. 2. Approval or denial of initial application.

30.13 A. Within 60 days after receiving a complete initial application for qualified
30.14 rehabilitation consultant registration, the commissioner must approve or deny the application
30.15 and notify the applicant whether the application is approved or denied.

30.16 B. If the application is approved, the commissioner shall assign a registration
30.17 number to the qualified rehabilitation consultant.

30.18 C. The following constitute grounds for denial of the application:

30.19 (1) the applicant failed to comply with the requirements in subpart 1;

30.20 (2) the applicant failed to comply with Minnesota Statutes, chapter 176, and
30.21 parts 5220.0100 to 5220.1900, including the requirement regarding standards of performance
30.22 and professional conduct for professional activities and services of rehabilitation providers
30.23 in part 5220.1250, or any orders issued under those statutes or rules; or

31.1 (3) the applicant has outstanding fines or penalties with the department.

31.2 D. The qualified rehabilitation consultant registration expires one year from the
31.3 date the application is approved.

31.4 Subp. 3. **Renewal of qualified rehabilitation consultant registration.** To annually
31.5 renew registration as a qualified rehabilitation consultant, the applicant must meet the
31.6 following requirements:

31.7 A. A qualified rehabilitation consultant must be employed by a qualified
31.8 rehabilitation consultant firm.

31.9 B. The applicant must file with the commissioner in the format prescribed by the
31.10 commissioner a complete renewal application for qualified rehabilitation consultant
31.11 registration that includes:

31.12 (1) the applicant's name, phone number, home address, designated mailing
31.13 address if different from the home address, and email address;

31.14 (2) the applicant's Social Security number or individual taxpayer identification
31.15 number and Minnesota business identification number as applicable, as required by Minnesota
31.16 Statutes, section 270C.72, subdivision 4;

31.17 (3) the name of the qualified rehabilitation consultant firm where the applicant
31.18 is employed;

31.19 (4) affirmation that the applicant has Minnesota residency or residency within
31.20 100 miles by road from the Minnesota border;

31.21 (5) a copy of the applicant's certification as a Certified Rehabilitation
31.22 Counselor (CRC) or a Certified Disability Management Specialist (CDMS); and

31.23 (6) the registration fee of \$140.

32.1 C. A qualified rehabilitation consultant registered with the commissioner before
32.2 July 1, 2005, and continuously registered since that date, may either continue to meet the
32.3 certification requirements in effect at the time of initial registration or meet one of the
32.4 requirements in paragraph B, subitem 6 5.

32.5 D. The applicant must have submitted documentation showing that the applicant
32.6 completed the department's most recent rehabilitation provider update session.

32.7 E. The applicant must not provide rehabilitation services to injured workers if the
32.8 applicant's registration expires before submission of a complete renewal application or
32.9 before the commissioner has approved or denied the application pursuant to subpart 5.

32.10 F. The applicant must attest that all information in the application is true.

32.11 Subp. 4. **Gap in qualified rehabilitation consultant registration.** To ensure there
32.12 is no gap in qualified rehabilitation consultant registration, the applicant must submit the
32.13 renewal application for qualified rehabilitation consultant registration at least 60 days before
32.14 expiration of the applicant's current registration. If an applicant's qualified rehabilitation
32.15 consultant registration expired more than 12 months before the applicant files a renewal
32.16 application for qualified rehabilitation consultant registration, the applicant must complete
32.17 the department's orientation session within 12 months before or after the applicant files the
32.18 renewal application.

32.19 Subp. 5. **Approval or denial of renewal application.**

32.20 A. Within 60 days after receiving a complete renewal application for qualified
32.21 rehabilitation consultant registration, the commissioner must approve or deny the application
32.22 and notify the applicant whether the application is approved or denied.

32.23 B. The following constitute grounds for denial of the application:

32.24 (1) the applicant failed to comply with the requirements in subpart 3;

33.1 (2) the applicant failed to comply with the provisions of Minnesota Statutes,
33.2 chapter 176, and parts 5220.0100 to 5220.1900, including the requirement regarding standards
33.3 of performance and professional conduct for professional activities and services of
33.4 rehabilitation providers in part 5220.1250, or any orders issued under those statutes or rules;
33.5 or

33.6 (3) the applicant has outstanding fines or penalties with the department.

33.7 C. If the commissioner denies a renewal application under item B, subitem (2),
33.8 and the denial is final because the qualified rehabilitation consultant did not file a timely
33.9 request for hearing or a hearing was timely requested and all appeals have been exhausted,
33.10 another renewal application may be filed only if the requirements of subitem (1) or (2) are
33.11 met.

33.12 (1) The former qualified rehabilitation consultant may file another renewal
33.13 application if the applicant has entered into a stipulated agreement with the commissioner
33.14 regarding the violations of statute, rule, or order that were cited as the basis for denial of
33.15 the renewal application and the stipulation allows the former qualified rehabilitation
33.16 consultant to reapply after a specified period of time.

33.17 (2) The former qualified rehabilitation consultant may file another renewal
33.18 application if six months have passed since the denial of the previous renewal application
33.19 became final and the subsequent application is accompanied by a statement and
33.20 documentation that shows what the applicant has done and will do to ensure that the applicant
33.21 complies with Minnesota Statutes, chapter 176, and parts 5220.0100 to 5220.1900, and any
33.22 orders issued under those statutes or rules.

33.23 The commissioner must approve or deny the new renewal application according to items
33.24 A and B and, if applicable, after determining whether the applicant's statement and
33.25 documentation in subitem (2) demonstrates that the applicant is not likely to violate

34.1 Minnesota Statutes, chapter 176, and parts 5220.0100 to 5220.1900, or any orders issued
34.2 under those statutes or rules.

34.3 D. The registration expires one year from the date the applicant's current
34.4 registration was set to expire, unless the applicant was not registered as a qualified
34.5 rehabilitation consultant on the date that the commissioner received the application, in which
34.6 case the registration expires one year after the application is approved.

34.7 Subp. 6. Appeal process for denials.

34.8 A. An applicant may appeal the commissioner's order denying an initial application
34.9 for qualified rehabilitation consultant registration or a renewal application for qualified
34.10 rehabilitation consultant registration.

34.11 B. To appeal the commissioner's order, the applicant must file a written request
34.12 for hearing with the commissioner within 30 days of service of the order denying the
34.13 application.

34.14 C. The request for hearing must be referred to the rehabilitation review panel
34.15 according to Minnesota Statutes, section 176.102, subdivision 3.

34.16 D. The filing of a timely request for hearing on an order denying a renewal
34.17 application must stay the effect of the denial until final disposition of the appeal.

34.18 **5220.1610 QUALIFIED REHABILITATION CONSULTANT FIRMS:**
34.19 **REQUIREMENTS AND PROCEDURES FOR REGISTRATION.**

34.20 Subpart 1. Requirements for qualified rehabilitation consultant firms. At all times
34.21 while registered with the commissioner, a qualified rehabilitation consultant firm must meet
34.22 the requirements in items A to I.

34.23 A. The firm must be owned by:

34.24 (1) an individual who is a qualified rehabilitation consultant; or

35.1 (2) an entity registered with and in good standing with the secretary of state.

35.2 B. If the firm is owned by an entity other than an individual, the management staff

35.3 must include at least one full-time employee who is a qualified rehabilitation consultant.

35.4 An employer or insurer must be registered as a qualified rehabilitation consultant firm in

35.5 order to provide rehabilitation services. A qualified rehabilitation consultant or qualified

35.6 rehabilitation consultant intern employed by an employer or insurer must only provide

35.7 rehabilitation services for the claims being handled by the entity by which the qualified

35.8 rehabilitation consultant or qualified rehabilitation consultant intern is employed.

35.9 C. The firm must maintain workers' compensation insurance if required by

35.10 Minnesota Statutes, chapter 176.

35.11 D. The firm must maintain at least one office in Minnesota or within 100 miles

35.12 by road from the Minnesota border. If a firm does not maintain at least one office in

35.13 Minnesota or within 100 miles by road from the Minnesota border on the effective date of

35.14 this part, the firm must comply with this part within 90 days of receiving written notice of

35.15 the requirement from the department.

35.16 E. The firm must not provide rehabilitation services unless the qualified

35.17 rehabilitation consultant or qualified rehabilitation consultant intern assigned to the injured

35.18 employee's case file is an employee of the firm.

35.19 F. The firm must ensure that each employee who provides rehabilitation services

35.20 to injured employees attends all department rehabilitation provider update sessions.

35.21 G. If the firm hires a new, nonregistered employee who will provide rehabilitation

35.22 services to injured employees, that employee must, within 12 months of employment,

35.23 complete the department's orientation session.

35.24 H. The firm must retain each of the firm's injured worker case files for at least

35.25 five years after the date of file closure.

36.1 I. If there is a change to the information previously provided to the department
36.2 on the firm's registration application, including any change in employees who provide
36.3 rehabilitation services to injured workers, the firm must report the change to the department.

36.4 Subp. 2. **Staffing requirements.** At all times while registered with the commissioner,
36.5 a qualified rehabilitation consultant firm must meet the following staffing requirements.

36.6 A. At least 60 percent of qualified rehabilitation consultant firm employees
36.7 providing rehabilitation services to qualified employees shall be qualified rehabilitation
36.8 consultants or qualified rehabilitation consultant interns. Employees who are not qualified
36.9 rehabilitation consultants or qualified rehabilitation consultant interns, under the direct
36.10 supervision of the assigned qualified rehabilitation consultant or qualified rehabilitation
36.11 consultant intern, may provide the services of job seeking skills training, job development,
36.12 job placement, vocational testing, labor market survey, postplacement follow-up, and
36.13 transferrable skills analysis.

36.14 B. Any firm employing four or fewer full-time qualified rehabilitation consultants
36.15 or qualified rehabilitation consultant interns may employ up to two employees who are not
36.16 qualified rehabilitation consultants or qualified rehabilitation interns who may, under the
36.17 direct supervision of the assigned qualified rehabilitation consultant or qualified rehabilitation
36.18 consultant intern, provide the services of job seeking skills training, job development, job
36.19 placement, vocational testing, transferrable skills analysis, postplacement follow-up, and
36.20 labor market survey. However, as restricted by part 5220.1250, employees who are not
36.21 qualified rehabilitation consultants or qualified rehabilitation consultant interns may provide
36.22 these prescribed services only in cases for which a qualified rehabilitation consultant or
36.23 qualified rehabilitation consultant intern employed by the same firm is the assigned qualified
36.24 rehabilitation consultant.

36.25 Subp. 3. **Qualified rehabilitation consultant firm registration.** For registration as
36.26 a qualified rehabilitation consultant firm, the applicant must meet the following requirements.

- 37.1 A. The applicant must file a complete application for qualified rehabilitation
37.2 consultant firm registration in the format prescribed by the commissioner that includes:
- 37.3 (1) the applicant's name and Minnesota business identification number, as
37.4 required by Minnesota Statutes, section 270C.72, subdivision 4;
- 37.5 (2) every business address where the applicant will provide rehabilitation
37.6 services;
- 37.7 (3) if the firm is owned by an individual, that individual's phone number,
37.8 email address, home address, Social Security number, and any state and federal employer
37.9 identification numbers;
- 37.10 (4) if the firm is not owned by an individual:
- 37.11 (a) the name and address of the firm's agent registered with the secretary
37.12 of state;
- 37.13 (b) a different name and address for legal service on the firm, if the firm
37.14 chooses to accept legal service from the department at an address different from the registered
37.15 address; and
- 37.16 (c) the name, address, email, and telephone number of the full-time
37.17 member of the management staff who is a qualified rehabilitation consultant;
- 37.18 (5) the name and job title of each employee, indicating whether the employee
37.19 will provide rehabilitation services to injured employees, and their job title;
- 37.20 (6) for each employee who has provided or will provide rehabilitation services
37.21 to injured employees, the most recent date the employee completed the department's
37.22 rehabilitation provider update session;
- 37.23 (7) proof of workers' compensation insurance or an explanation of why no
37.24 workers' compensation insurance is required;

38.1 (8) affirmation that one of the offices where the applicant will provide
38.2 rehabilitation services is located in Minnesota or within 100 miles by road from the Minnesota
38.3 border; and

38.4 (9) the registration fee of \$280.

38.5 B. If the application is for renewal of qualified rehabilitation consultant firm
38.6 registration and the applicant does not want a gap in registration, the applicant must submit
38.7 the renewal application at least 60 days before expiration of the applicant's current
38.8 registration.

38.9 C. The applicant must not provide rehabilitation services to injured workers if the
38.10 applicant's registration expires before submission of a complete renewal application or
38.11 before the commissioner has approved or denied the application.

38.12 D. The applicant must attest that all information in the application is true and that
38.13 the applicant meets or will meet all the requirements of subpart 1.

38.14 E. The qualified rehabilitation consultant firm registration must be renewed
38.15 annually, according to subpart 3 4, item C.

38.16 Subp. 4. **Approval or denial of application.**

38.17 A. Within 60 days after receiving a complete application for qualified rehabilitation
38.18 consultant firm registration, the commissioner must approve or deny the application and
38.19 notify the applicant whether the application is approved or denied. The following constitute
38.20 grounds for denial of the application:

38.21 (1) the applicant failed to comply with the requirements of subpart 2;

38.22 (2) the applicant failed to comply with Minnesota Statutes, chapter 176, and
38.23 parts 5220.0100 to 5220.1900, including the requirement regarding standards of performance

39.1 and professional conduct for professional activities and services of rehabilitation providers
39.2 in part 5220.1250, or any orders issued under those statutes or rules; or

39.3 (3) the applicant has outstanding fines or penalties with the department.

39.4 B. If the commissioner approves the application, the commissioner shall assign
39.5 a registration number to the qualified rehabilitation consultant firm.

39.6 C. The registration expires one year from the date the applicant's current
39.7 registration was set to expire, unless the applicant was not registered as a qualified
39.8 rehabilitation consultant firm on the date that the commissioner received the application,
39.9 in which case the registration expires one year after the application is approved.

39.10 Subp. 5. **Appeal process for denials.**

39.11 A. An applicant may appeal the commissioner's order denying an application for
39.12 qualified rehabilitation consultant firm registration.

39.13 B. To appeal the commissioner's order, the applicant must file a written request
39.14 for hearing with the commissioner within 30 days of service of the order denying the
39.15 application.

39.16 C. The request for hearing must be referred to the rehabilitation review panel
39.17 according to Minnesota Statutes, section 176.102, subdivision 3.

39.18 D. The filing of a timely request for hearing on an order denying an application
39.19 must stay the effect of the denial until final disposition of the appeal.

39.20 Subp. 6. **Retention and transfer of rehabilitation plans.** If the registration of a
39.21 qualified rehabilitation consultant firm expires, the qualified rehabilitation consultant who
39.22 owns the firm or is a member of the firm's management staff must ensure that the firm's
39.23 active rehabilitation plans are transferred to a qualified rehabilitation consultant or a qualified
39.24 rehabilitation consultant firm as required by part 5220.1802, subpart 4a.

40.1 **5220.1710 REHABILITATION VENDORS: REQUIREMENTS AND PROCEDURES**
40.2 **FOR REGISTRATION.**

40.3 Subpart 1. Requirements for rehabilitation vendors. At all times while registered
40.4 with the commissioner, a rehabilitation vendor must meet the requirements in items A to
40.5 K.

40.6 A. The rehabilitation vendor must be owned by:

40.7 (1) an individual; or

40.8 (2) an entity registered with and in good standing with the Minnesota secretary
40.9 of state.

40.10 B. The rehabilitation vendor must maintain workers' compensation insurance if
40.11 required by Minnesota Statutes, chapter 176.

40.12 C. The rehabilitation vendor must maintain at least one office where services to
40.13 injured employees are provided in Minnesota or within 100 miles by road from the Minnesota
40.14 border. If a vendor does not maintain at least one office in Minnesota or within 100 miles
40.15 by road from the Minnesota border on the effective date of this part, the vendor must comply
40.16 with this part within 90 days of receiving written notice of the requirement from the
40.17 department.

40.18 D. The rehabilitation vendor must cooperate in any request for information or
40.19 investigation by the department.

40.20 E. The rehabilitation vendor may only provide rehabilitation services to injured
40.21 employees under an approved rehabilitation plan.

40.22 F. The rehabilitation vendor must promptly communicate with the assigned
40.23 qualified rehabilitation consultant or qualified rehabilitation consultant intern regarding all
40.24 rehabilitation services that the rehabilitation vendor provides to injured employees.

41.1 G. Each employee of the rehabilitation vendor who provides rehabilitation services
41.2 to injured employees must attend all department rehabilitation provider update sessions.

41.3 H. If the rehabilitation vendor hires a new employee who will provide rehabilitation
41.4 services to injured employees, that employee must, within 12 months of employment,
41.5 complete the department's orientation session.

41.6 I. If the rehabilitation vendor is no longer providing services to injured employees,
41.7 the rehabilitation vendor must provide any active or closed case file to the qualified
41.8 rehabilitation consultant firm that last employed the qualified rehabilitation consultant or
41.9 qualified rehabilitation consultant intern assigned to the file.

41.10 J. Within two weeks of the change, the rehabilitation vendor must report to the
41.11 department any change in any of the information provided to the department on the
41.12 rehabilitation vendor's registration application, including any change in employees who
41.13 provide rehabilitation services to injured employees.

41.14 K. The rehabilitation vendor must not employ or otherwise engage the services
41.15 of a qualified rehabilitation consultant.

41.16 Subp. 2. **Rehabilitation vendor registration.** For registration as a rehabilitation
41.17 vendor, the applicant must meet the following requirements.

41.18 A. The applicant must file a complete application for rehabilitation vendor
41.19 registration in the format prescribed by the commissioner that includes:

41.20 (1) the applicant's name and every business address where the applicant will
41.21 provide rehabilitation services to injured employees;

41.22 (2) the applicant's taxpayer identification number and Minnesota business
41.23 identification number, as required by Minnesota Statutes, section 270C.72, subdivision 4;

- 42.1 (3) if the rehabilitation vendor is owned by an individual, that individual's
42.2 phone number, email address, home address, Social Security number, and any state and
42.3 federal employer identification numbers;
- 42.4 (4) if the rehabilitation vendor is not owned by an individual:
- 42.5 (a) the name, address, phone number, and email address of the
42.6 rehabilitation vendor's agent registered with the secretary of state;
- 42.7 (b) a different name and address for legal service on the rehabilitation
42.8 vendor, if the rehabilitation vendor chooses to accept legal service from the department at
42.9 an address different from the registered address;
- 42.10 (5) the name and job title of each current employee of the rehabilitation vendor
42.11 and an indication of whether each employee will provide rehabilitation services to injured
42.12 employees;
- 42.13 (6) for each employee who has provided or will provide rehabilitation services
42.14 to injured employees, the most recent date the employee completed the department's
42.15 rehabilitation provider update session;
- 42.16 (7) the name of each manager of the rehabilitation vendor;
- 42.17 (8) proof of workers' compensation insurance or an explanation of why no
42.18 workers' compensation insurance is required;
- 42.19 (9) affirmation that one of the offices where the applicant will provide
42.20 rehabilitation services to injured employees is located in Minnesota or within 100 miles by
42.21 road from the Minnesota border; and
- 42.22 (10) the registration fee of \$280.

43.1 B. If the application is for renewal of rehabilitation vendor registration and the
43.2 applicant wants no gap in registration, the applicant must submit the renewal application at
43.3 least 60 days before expiration of the applicant's current registration.

43.4 C. The applicant must not provide rehabilitation services to injured workers if the
43.5 applicant's registration expires before submission of a complete renewal application or
43.6 before the commissioner has approved or denied the application.

43.7 D. The applicant must attest that all information in the application is true and that
43.8 the applicant meets or will meet all the requirements of subpart 1.

43.9 E. The rehabilitation vendor registration must be renewed annually, in accordance
43.10 with subpart 3, item C.

43.11 **Subp. 3. Approval or denial of application.**

43.12 A. Within 60 days after receiving a complete application for rehabilitation vendor
43.13 registration, the commissioner must approve or deny the application and notify the applicant
43.14 whether the application is approved or denied. The following constitute grounds for denial
43.15 of the application:

43.16 (1) the applicant failed to comply with the requirements of subpart 2;

43.17 (2) the applicant failed to comply with the provisions of Minnesota Statutes,
43.18 chapter 176, and parts 5220.0100 to 5220.1900, or any orders issued under those statutes
43.19 or rules; or

43.20 (3) the applicant has outstanding fines or penalties with the department.

43.21 B. If the commissioner approves the application, the commissioner shall assign
43.22 a registration number to the rehabilitation vendor.

43.23 C. The registration expires one year from the date the applicant's current
43.24 registration was set to expire, unless the applicant was not registered as a rehabilitation

44.1 vendor on the date that the commissioner received the application, in which case the
44.2 registration expires one year after the application is approved.

44.3 **Subp. 4. Appeal process for denials.**

44.4 **A. An applicant may appeal the commissioner's order denying an application for**
44.5 **rehabilitation vendor registration.**

44.6 **B. To appeal the commissioner's order, the applicant must file a written request**
44.7 **for hearing with the commissioner within 30 days of service of the order denying the**
44.8 **application.**

44.9 **C. The request for hearing will be referred to the rehabilitation review panel**
44.10 **according to Minnesota Statutes, section 176.102, subdivision 3.**

44.11 **D. The filing of a timely request for hearing on an order denying an application**
44.12 **must stay the effect of the denial until final disposition of the appeal.**

44.13 **5220.1750 VOCATIONAL REHABILITATION UNIT.**

44.14 **The vocational rehabilitation unit of the department and its employees are exempt from**
44.15 **payment of the fees in parts 5220.1410, 5220.1510, and 5220.1610.**

44.16 **5220.1801 PROFESSIONAL CONDUCT.**

44.17 **Subpart 1. Prompt provision of service and assessment of progress.** The assigned
44.18 qualified rehabilitation consultant and any ~~registered~~ rehabilitation vendor providing
44.19 rehabilitation services under a plan shall provide prompt and necessary rehabilitation services
44.20 to assist a qualified employee to return to suitable gainful employment. The qualified
44.21 rehabilitation consultant shall periodically assess progress toward plan objectives.

44.22 **Subp. 2. Assigned qualified rehabilitation consultant.** Only the assigned qualified
44.23 rehabilitation consultant, or a qualified rehabilitation consultant designated by the assigned
44.24 qualified rehabilitation consultant to function in an advisory capacity to the assigned

45.1 consultant, shall be involved at any given time in the employee's rehabilitation plan, except
45.2 as stated in subparts 5 and 7. The assigned qualified rehabilitation consultant shall advise
45.3 the insurer before involving or requesting advisory services from any other qualified
45.4 rehabilitation consultant. No qualified rehabilitation consultant or qualified rehabilitation
45.5 consultant firm shall provide rehabilitation services to a case that has an assigned qualified
45.6 rehabilitation consultant employed by another qualified rehabilitation consultant firm. This
45.7 subpart shall not apply to a qualified rehabilitation consultant acting on behalf of the
45.8 reinsurance association in a monitoring or advisory capacity on a reinsurance claim file.

45.9 Subp. 3. [Repealed, 16 SR 2520]

45.10 Subp. 4. [Repealed, 16 SR 2520]

45.11 Subp. 4a. **Objectivity.** Good faith disputes may arise among parties about rehabilitation
45.12 services or about the direction of a rehabilitation plan. A rehabilitation provider shall remain
45.13 professionally objective in conduct and in recommendations on all cases.

45.14 Subp. 5. **Evaluation of employee by other than assigned qualified rehabilitation**
45.15 **consultant.** Except as provided in subpart 7, where retraining has been recommended, or
45.16 in Minnesota Statutes, section 176.102, subdivision 13 as ordered, a rehabilitation provider
45.17 is prohibited from performing an independent evaluation of an employee at any time unless
45.18 litigation pursuant to part 1415.0100, is pending. If that litigation is pending, a qualified
45.19 rehabilitation consultant who is not the assigned qualified rehabilitation consultant may
45.20 perform an evaluation of the employee at the request of one of the parties solely for the
45.21 purpose of the proceeding.

45.22 Subp. 6. [Repealed, 17 SR 3361]

45.23 Subp. 7. **Referrals.** An assigned qualified rehabilitation consultant may make
45.24 recommendations for referrals to appropriate resources.

46.1 **Subp. 8. Separate roles and functions.**

46.2 A. The roles and functions of a claims agent and a rehabilitation provider are
46.3 separate. A qualified rehabilitation consultant, qualified rehabilitation consultant intern,
46.4 ~~registered~~ rehabilitation vendor, or an agent of a rehabilitation provider, shall engage only
46.5 in those activities designated in Minnesota Statutes, section 176.102, and rules adopted
46.6 thereunder.

46.7 B. A qualified rehabilitation consultant, qualified rehabilitation consultant intern,
46.8 or ~~registered~~ rehabilitation vendor shall not act as an advocate for or advise any party about
46.9 a claims or entitlement issue. Except as permitted by item C, qualified rehabilitation
46.10 consultants, qualified rehabilitation consultant interns, and ~~registered~~ rehabilitation vendors
46.11 shall at no time in any capacity engage in any of the following activities regarding any claim
46.12 for workers' compensation benefits pursuant to Minnesota Statutes, chapter 176:

46.13 (1) claims adjustment;

46.14 (2) claims investigation;

46.15 (3) determining liability or setting reserves for a claim;

46.16 (4) authorizing or denying provision of future medical or rehabilitation
46.17 services;

46.18 (5) recommending, authorizing, or denying payment of medical or
46.19 rehabilitation bills;

46.20 (6) making recommendations about the determination of workers'
46.21 compensation monetary benefits;

46.22 (7) arranging for medical examinations not recommended by the treating
46.23 doctor; or

46.24 (8) arranging for or participating in surveillance or investigative services.

47.1 C. This subpart shall not prohibit a registered rehabilitation provider from engaging
47.2 in the activities in item B, subitems (4) and (5), while providing medical case management
47.3 services for a certified managed care plan to the extent permitted by part 5218.0760.
47.4 However, a medical case manager for an employee covered by a certified managed care
47.5 plan may not be the assigned qualified rehabilitation consultant for that same employee.

47.6 This subpart shall not prohibit a qualified rehabilitation consultant acting on behalf of
47.7 the reinsurance association from consulting with the assigned qualified rehabilitation
47.8 consultant regarding the rehabilitation plan.

47.9 Subp. 9. **Prohibited conduct.** The conditions and restrictions of practice as a
47.10 rehabilitation provider are contained in parts 5220.0100 to 5220.1900 and Minnesota Statutes,
47.11 section 176.102. The following conduct is specifically prohibited and is also grounds for
47.12 discipline:

47.13 A. Reporting or filing false or misleading information or a statement in connection
47.14 with a rehabilitation case or in procuring registration or renewal of registration as a
47.15 rehabilitation provider, whether for oneself or for another.

47.16 B. Conviction of a felony or a gross misdemeanor reasonably related to the
47.17 provision of rehabilitation services.

47.18 C. Conviction of crimes against persons. For purposes of this chapter, a crime
47.19 against a person means a violation of any of the following sections: Minnesota Statutes,
47.20 section 609.185, 609.19, 609.195, 609.20, 609.205, 609.2112, 609.2113, 609.2114, 609.215,
47.21 609.221, 609.222, 609.223, 609.224, 609.23, 609.231, 609.235, 609.24, 609.245, 609.25,
47.22 609.255, 609.265, 609.26, 609.342, 609.343, 609.344, 609.345, 609.365, 609.498, 609.50,
47.23 609.561, 609.562, or 609.595, or Minnesota Statutes 2012, section 609.21.

47.24 D. Restriction, limitation, or other disciplinary action against the rehabilitation
47.25 provider's certification, registration, or right to practice as a rehabilitation provider in another

48.1 jurisdiction for offenses that would be subject to disciplinary action in this state, or failure
48.2 to report to the department the charges which have been brought in another state or
48.3 jurisdiction against the rehabilitation provider's certification, registration, or right to practice.

48.4 E. Failure or inability to perform professional rehabilitation services with
48.5 reasonable skill because of negligence, habits, or other cause, including the failure of a
48.6 qualified rehabilitation consultant to monitor a vendor or qualified rehabilitation consultant
48.7 intern, or the failure of a rehabilitation provider to adequately monitor the performance of
48.8 services provided by a person working at the rehabilitation provider's direction.

48.9 F. Engaging in conduct likely to deceive, defraud, or harm the public or
48.10 demonstrating a willful or careless disregard for the health, welfare, or safety of a
48.11 rehabilitation client.

48.12 G. Engaging in conduct with a client that is sexual or may be reasonably interpreted
48.13 by the client as sexual or in any verbal behavior that is seductive or sexually demeaning to
48.14 a client or engaging in sexual exploitation of a client or a former client.

48.15 H. Obtaining money, property, or services other than reasonable fees for services
48.16 provided to the client through the use of undue influence, harassment, duress, deception,
48.17 or fraud.

48.18 I. Engaging in fraudulent billing practice.

48.19 J. Knowingly aiding, assisting, advising, or allowing an unqualified person to
48.20 engage in providing rehabilitation services.

48.21 K. Engaging in adversarial communication or activity. Adversarial communication
48.22 includes, but is not limited to:

48.23 (1) requesting or reporting information not directly related to an employee's
48.24 rehabilitation plan;

49.1 (2) deliberate failure or delay to report to all parties pertinent information
49.2 regarding an employee's rehabilitation including, but not limited to, whether the employee
49.3 is a qualified employee as defined in part 5220.0100, subpart 22;

49.4 (3) misrepresentation of any fact or information about rehabilitation; or

49.5 (4) failure to comply with an authorized request for information about an
49.6 employee's rehabilitation.

49.7 L. Providing an opinion on settlement and recommending entering into a settlement
49.8 agreement.

49.9 M. Making a recommendation about retirement; however, a rehabilitation provider
49.10 may assist an employee in contacting resources about a choice of retirement or return to
49.11 work.

49.12 N. Failure to take due care to ensure that a rehabilitation client is placed in a job
49.13 that is within the client's physical restrictions.

49.14 O. Failure to maintain service activity on a case without advising the parties of
49.15 the reason why service activity might be stopped or reduced.

49.16 P. Failure to recommend plan amendment, closure, or another alternative when
49.17 it may be reasonably known that the plan's objective is not likely to be achieved.

49.18 Q. Unlawful discrimination against any person on the basis of age, gender, religion,
49.19 race, disability, nationality, or sexual preference, or the imposition on a rehabilitation client
49.20 of any stereotypes of behavior related to these categories.

49.21 Subp. 10. **Professional competence.** Rehabilitation providers shall limit themselves
49.22 to the performance of only those services for which they have the education, experience,
49.23 and qualifications.

50.1 Rehabilitation providers shall accurately represent their level of skill and competency
50.2 to the department, the public, and colleagues.

50.3 Rehabilitation providers shall not administer or interpret tests without proper training,
50.4 experience, or credentials. Administration of tests must be supervised by a person who is
50.5 so trained, experienced, or credentialed.

50.6 A rehabilitation provider shall understand the areas of competence of other professional
50.7 persons with whom the rehabilitation client establishes relationships, and act with due regard
50.8 for the needs, privileged nature, special competencies, and obligations of colleagues and
50.9 other professionals and not disparage their qualifications.

50.10 Subp. 11. **Impaired objectivity.** A rehabilitation provider shall not use alcoholic
50.11 beverages, medication, or controlled substances in a manner that impairs the provider's
50.12 ability to perform the rehabilitation services.

50.13 Rehabilitation providers shall not use a professional relationship to further personal,
50.14 religious, political, or financial interests, although adherence to ethical norms shall not be
50.15 construed as personal or religious interest.

50.16 A rehabilitation provider must not undertake or continue a professional relationship in
50.17 which the objectivity of the provider is or would be impaired due to a familial, social,
50.18 emotional, economic, supervisory, or political interpersonal relationship.

50.19 The rehabilitation provider shall disclose any potential conflicts of interest to the parties
50.20 to the case and their attorneys.

50.21 Adjudication of a rehabilitation provider as mentally incompetent, mentally ill,
50.22 chemically dependent, or dangerous to the public by a court in any state is grounds for
50.23 suspension or revocation of registration.

51.1 **5220.1802 COMMUNICATIONS.**

51.2 Subpart 1. **Legibility and content of required reports.** All required rehabilitation
51.3 reports and required progress records prepared by a rehabilitation provider shall be legible
51.4 and show the employee's name, department file number, and date of injury.

51.5 Subp. 2. **Submission of reports.** All required rehabilitation reports shall be submitted
51.6 on department forms prescribed by the commissioner.

51.7 Subp. 3. **Copies of reports and records.** The assigned qualified rehabilitation
51.8 consultant shall file all required rehabilitation reports with the commissioner, and provide
51.9 copies to all parties and their attorneys as the reports are created by the consultant. The
51.10 qualified rehabilitation consultant shall provide a copy of required progress records to the
51.11 employee, the insurer, and their attorneys, and also to the employer upon the employer's
51.12 request. The qualified rehabilitation consultant may not charge for the initial copy or
51.13 photocopy of required rehabilitation reports or required progress records. If additional copies
51.14 are requested by any party, the qualified rehabilitation consultant is entitled to reasonable
51.15 compensation for cost from the requesting party. A dispute about cost is not a basis for a
51.16 provider to withhold required reports or records when requested.

51.17 The requesting party shall pay for reasonable costs incurred by a rehabilitation provider
51.18 in creating a report not required by rule or requested by the commissioner or compensation
51.19 judge.

51.20 Subp. 4. **Registered Rehabilitation vendor reporting.** At least each 30 days, the
51.21 ~~registered~~ rehabilitation vendor shall submit all required progress records, required
51.22 rehabilitation reports and cost information on an employee's case directly to the assigned
51.23 qualified rehabilitation consultant with copies to the employee, the insurer, and their
51.24 attorneys, and also to the employer upon the employer's request.

51.25 Subp. 4a. **Transfer of information.** Whenever there is a change of assigned qualified
51.26 rehabilitation consultants or consultant firms, the former qualified rehabilitation consultant

52.1 firm shall cooperate in transferring to the new assigned qualified rehabilitation consultant
52.2 or qualified rehabilitation consultant firm all data, required rehabilitation reports, required
52.3 progress records, and incurred rehabilitation cost information along with other relevant
52.4 information within 15 days from the receipt of notice that a new consultant is assigned under
52.5 part 5220.0710 and Minnesota Statutes, section 176.102. The former qualified rehabilitation
52.6 consultant firm may not charge a party for the transfer of information to the new assigned
52.7 qualified rehabilitation consultant or qualified consultant firm.

52.8 Subp. 5. **Data privacy.** A rehabilitation provider must comply with Minnesota Statutes,
52.9 chapters 175 and 176, the rules adopted under those chapters, Code of Federal Regulations,
52.10 title 42, part 2, Minnesota Statutes, sections 129A.05; 144.291 to 144.298; 144.651; 147.091;
52.11 181.954; 181.960; 268A.05; 363A.20, subdivision 8; and 595.02, as applicable, and all
52.12 other applicable data privacy laws.

52.13 A rehabilitation provider shall not engage in communications with health care providers
52.14 about an employee without the written consent of the employee.

52.15 A rehabilitation provider shall safeguard and maintain under conditions of security all
52.16 information obtained in the course of providing rehabilitation consultation and services and
52.17 shall limit records access to those parties for whom access is prescribed by Minnesota
52.18 Statutes, section 176.102, subdivision 7, this chapter, or other applicable law.

52.19 When permitted by data privacy laws, disclosure of information obtained in the course
52.20 of providing rehabilitation services is restricted to what is necessary, verified, and relevant
52.21 to implementation of the rehabilitation plan.

52.22 A rehabilitation provider shall request only the information and data that will assist the
52.23 parties in developing and carrying out the rehabilitation plan.

52.24 Subp. 6. [Repealed, 16 SR 2520]

52.25 Subp. 7. [Repealed, 16 SR 2520]

53.1 Subp. 8. [Repealed, 16 SR 2520]

53.2 Subp. 9. [Repealed, 16 SR 2520]

53.3 Subp. 10. **Providing records.** The rehabilitation provider assigned to a case shall
53.4 maintain all required progress records and copies of all required rehabilitation reports
53.5 regarding a case and shall make these records available upon request to the commissioner.
53.6 This subpart shall not apply to the reinsurance association, unless the reinsurance association
53.7 has assumed primary responsibility for the claim pursuant to Minnesota Statutes, section
53.8 79.35, clause (g).

53.9 Subp. 11. **Access to medical and rehabilitation reports.** The assigned qualified
53.10 rehabilitation consultant shall furnish other rehabilitation providers designated by the
53.11 rehabilitation plan with copies of all appropriate medical and rehabilitation reports necessary
53.12 for effective service provision by the other providers.

53.13 Subp. 12. **Communication with certified managed care plan.** When the employee
53.14 is covered by a certified managed care plan, the assigned qualified rehabilitation consultant
53.15 shall communicate with the assigned medical case manager who is providing services in
53.16 accordance with part 5218.0760.

53.17 **5220.1900 REHABILITATION SERVICE FEES AND COSTS.**

53.18 Subpart 1. **Monitoring.** The insurer has the primary responsibility for monitoring and
53.19 paying the cost of necessary rehabilitation services provided.

53.20 The commissioner shall monitor rehabilitation services and costs and shall also conduct
53.21 periodic audits of costs, services, case outcomes, and compliance with reporting and record
53.22 keeping requirements. The insurer and the rehabilitation provider shall furnish the
53.23 commissioner with itemized listings of case services and costs upon request.

53.24 Subp. 1a. **Billing.** All rehabilitation provider billings shall be on the vocational
53.25 rehabilitation invoice prescribed by the commissioner containing substantially the following:

54.1 A. identifying information on the insurer, rehabilitation providers, employee and
54.2 employer, including the insurer file number;

54.3 B. information about the cost and duration of the rehabilitation plan, including
54.4 the date the plan was filed and cost-to-date amounts billed by the qualified rehabilitation
54.5 consultant firm, job placement vendor, and previous qualified rehabilitation consultant firms
54.6 and job placement vendors;

54.7 C. a listing of the services billed, including date of service, service description,
54.8 service category code, time units, mileage, and expenses. Service category codes are available
54.9 from the department upon request; and

54.10 D. a summary of the charges billed, including a total of the professional services
54.11 provided, the professional hourly rate, a total of the nonprofessional services provided, the
54.12 nonprofessional hourly rate, the number of miles driven, the mileage rate, and the total
54.13 expenses.

54.14 Sample vocational rehabilitation invoice forms are available from the department upon
54.15 request. Billing information on job placement costs shall be provided to the qualified
54.16 rehabilitation consultant who shall report those costs on a monthly basis on the vocational
54.17 rehabilitation invoice. The job placement vendor shall bill the insurer directly.

54.18 Subp. 1b. **Fees.** Hourly fees for rehabilitation services shall not exceed the maximum
54.19 rates in subparts 1c, 1d, and 1e, except that the maximum rates may be adjusted annually
54.20 according to Minnesota Statutes, section 176.102, subdivision 2, paragraph (a), beginning
54.21 October 1, 2018. Any annual increase is limited by the annual adjustment for injured
54.22 employees under Minnesota Statutes, section 176.645.

54.23 Subp. 1c. **Consultants.** When billing on an hourly basis for the services of qualified
54.24 rehabilitation consultants, a qualified rehabilitation consultant or qualified rehabilitation
54.25 consultant firm shall bill at an hourly rate not to exceed \$103.10 per hour as adjusted under

55.1 subpart 1b. A rehabilitation provider shall bill one-half of the hourly rate for wait time, and
55.2 three-fourths of the hourly rate for travel time. Travel time shall be prorated as outlined in
55.3 part 5220.1805, item E.

55.4 Subp. 1d. **Interns.** When billing on an hourly basis, the upper billing limit for qualified
55.5 rehabilitation consultant interns shall be \$10 per hour less than the hourly rate charged for
55.6 services provided by qualified rehabilitation consultants employed by that qualified
55.7 rehabilitation consultant firm.

55.8 Subp. 1e. **Job development and placement services.** Whether provided by registered
55.9 rehabilitation vendors or qualified rehabilitation consultant firms, job development and job
55.10 placement services, when billed on an hourly basis, shall be billed at an hourly rate not to
55.11 exceed \$82.58 per hour as adjusted under subpart 1b.

55.12 Subp. 1f. [Repealed, 43 SR 361]

55.13 Subp. 1g. **Payment.** As soon as reasonably possible, and no later than 30 calendar
55.14 days after receiving the rehabilitation provider's bill for rehabilitation services, the employer
55.15 or insurer shall pay the charge or any portion of the charge that is not denied, deny all or a
55.16 part of the charge stating the specific service charge and the reason it is excessive or
55.17 unreasonable, or specify the additional data needed, with written notification to the
55.18 rehabilitation provider. An employer or insurer is subject to penalties pursuant to Minnesota
55.19 Statutes, chapter 176, for failure to pay or deny the payment as required by this chapter and
55.20 Minnesota Statutes, section 176.102.

55.21 Subp. 2. **Reasonable and necessary services.** A rehabilitation provider shall bill for
55.22 only those necessary and reasonable services that are rendered according to Minnesota
55.23 Statutes, section 176.102, and the rules adopted to administer that section. A dispute about
55.24 reasonable and necessary services and costs shall be determined by the commissioner or a
55.25 compensation judge. The commissioner's or a compensation judge's review must include
55.26 all the following factors:

56.1 A. the employee's unique disabilities and assets in relation to the goals, objectives,
56.2 and timetable of the rehabilitation plan;

56.3 B. the type of rehabilitation services provided and the actual amount of time and
56.4 expense incurred in providing the service;

56.5 C. an evaluation of whether services provided were unnecessary, duplicated other
56.6 services, were available at no charge to public, or were excessive relative to the actual needs
56.7 of the employee; and

56.8 D. an evaluation of whether services rendered were expressly called for by the
56.9 employee's rehabilitation plan.

56.10 Subp. 3. [Repealed, 16 SR 2520]

56.11 Subp. 4. [Repealed, 16 SR 2520]

56.12 Subp. 5. [Repealed, 16 SR 2520]

56.13 Subp. 6. [Repealed, 16 SR 2520]

56.14 Subp. 6a. **Payment limits on qualified rehabilitation consultant services.** When a
56.15 rehabilitation provider other than a qualified rehabilitation consultant is providing and billing
56.16 for job development or job placement services pursuant to an approved rehabilitation plan,
56.17 payment for more than six hours of qualified rehabilitation consultant services per calendar
56.18 month requires specific approval by the insurer or a determination by the commissioner or
56.19 a compensation judge that the services were reasonable and necessary under subpart 2.
56.20 Travel time and wait time are not included in the six-hour limit.

56.21 Subp. 6b. **Plans; exceptions.** The qualified rehabilitation consultant shall bill no more
56.22 than eight hours for a rehabilitation consultation as described in Minnesota Statutes, section
56.23 176.102, subdivision 4, and part 5220.0100, subpart 26, and the development, preparation,
56.24 and filing of a rehabilitation plan as described in Minnesota Statutes, section 176.102,

57.1 subdivision 4, and part 5220.0410. If conditions exist that necessitate traveling over 50
57.2 miles to visit the employee, employer, or health care provider, or an unusually difficult
57.3 medical situation is documentable, payment beyond this limit is allowed upon specific
57.4 approval by the insurer or a determination by the commissioner or a compensation judge
57.5 that the services were reasonable and necessary under subpart 2.

57.6 Subp. 7. **Case activities that require approval or are not billable.** The services and
57.7 activities described in items A and B either require approval or are not billable by the
57.8 rehabilitation provider.

57.9 A. The following services and activities are not compensable unless the
57.10 rehabilitation plan specifies them, the insurer approves them, or the commissioner or a
57.11 compensation judge determines that they were reasonable and necessary under subpart 2:

57.12 (1) phone calls or visits to health care providers and accompanying the
57.13 employee to appointments or examinations; or

57.14 (2) time spent by a supervisor or another qualified rehabilitation consultant
57.15 consulting with or advising the assigned qualified rehabilitation consultant.

57.16 B. Rehabilitation providers shall not bill for the following services, activities, or
57.17 charges:

57.18 (1) phone calls to the department regarding general procedures or questions
57.19 about rehabilitation not related to a specific rehabilitation plan;

57.20 (2) unanswered attempted phone calls where the rehabilitation provider does
57.21 not leave a message;

57.22 (3) time for attendance at an administrative conference by the supervisor of
57.23 the qualified rehabilitation consultant intern who is providing services to the employee;

58.1 (4) time spent reviewing the file by an assigned qualified rehabilitation
58.2 consultant or ~~registered~~ rehabilitation vendor when a case has been transferred from another
58.3 qualified rehabilitation consultant or ~~registered~~ rehabilitation vendor within the same
58.4 rehabilitation firm;

58.5 (5) wait time exceeding 15 minutes for early arrival for a prearranged meeting
58.6 or appointment; or

58.7 (6) charges beyond the hourly fee for testimony at a hearing or administrative
58.8 conference when the qualified rehabilitation consultant or ~~registered~~ rehabilitation vendor
58.9 has provided rehabilitation services under the plan.

58.10 Subp. 8. **Disputes.** In the event of a dispute about the reasonableness and necessity
58.11 or cost of a rehabilitation service, the insurer or a rehabilitation provider may make a request
58.12 for a determination by the commissioner or a compensation judge of reasonable costs and
58.13 necessity of services. Such a request may be made by filing a request for assistance according
58.14 to Minnesota Statutes, chapter 176 or part 5220.0950.

58.15 Subp. 9. **Collection prohibited.** No rehabilitation provider shall attempt to collect a
58.16 fee or reimbursement for an unnecessary or unreasonable service from any party, including
58.17 the employee, another insurer, the special compensation fund, or any government program.
58.18 This prohibition shall apply to any fee determined excessive in amount by the commissioner
58.19 or a compensation judge.

58.20 **REPEALER.** Minnesota Rules, parts 5220.1400; 5220.1500; 5220.1600; and 5220.1700,
58.21 are repealed.