Work as a rehabilitation provider and documentation
2019 statistics

The total estimated cost of rehabilitation services was $46 million (2.8%).

The estimated total workers' compensation system cost was $1.62 billion:

1) $4 million or 9% was for job development and placement activities – 4% performed by qualified rehabilitation consultant (QRC) firms and 5% performed by vendor placement firms;

2) $43 million or 93% for QRC services (other than job search); and

3) $3 million or 7% for vendors.
### 2020 average plan closures, costs

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Outcome</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>46%</td>
<td>Plan completion</td>
<td>$6,400</td>
</tr>
<tr>
<td>32%</td>
<td>Settlement</td>
<td>$11,550</td>
</tr>
<tr>
<td>19%</td>
<td>Agreement of parties</td>
<td>$9,080</td>
</tr>
<tr>
<td>4%</td>
<td>All other outcomes</td>
<td>$8,400</td>
</tr>
</tbody>
</table>
Disability case management (DCM)

Occurs when:

• there is no lost time;
• the employee won’t be off work more than 13 cumulative weeks; or
• there is a waiver of services in place.

Services typically include:

• medical management;
• coordination of return to work with date of injury (DOI) employer (only);
• on-site job analysis; and
• job modification.
When providing DCM services

• Workers’ compensation statutes and rules apply to vendors and QRCs.

• Inform the employee you are working for the insurer’s benefit and not considered a neutral and objective party.

• **Do not provide claims-related services**, such as providing MDG-MDGuidelines or ODG – Official Disability Guidelines information, listing ICD-10 codes, obtaining MMI ratings, etc.

• Obtain a signed, written medical release first before contacting the treating physician’s or health care provider’s (HCP’s) office (even to schedule an exam).
Providing DCM services (continued)

• If the employee is a “qualified employee,” inform the insurer and suspend your DCM services until there is a rehabilitation consultation outcome.

• Labor market surveys are not to be performed.

• Never provide both DCM and QRC services to the same injured worker. See Minnesota Statutes section 176.102, subdivision 10.
Rehabilitation consultation –
Minnesota Rules 5220.0130, subpart 3 A

The insurer shall send the following to the QRC, prior to the consultation:

• First Report of Injury – FROI;

• Disability Status Report – DSR; and

• current Report of Work Ability – WA.

Hint

Ask the insurer or employer for the employee’s job description to help with “QE”
determination and to be shared with doctors and therapists.
Rehabilitation consultation – first in-person meeting: Minn. R. 5220.1803, subp. 1

Begin with the Rehabilitation Rights and Responsibilities of the Injured Worker form.

• Read the form aloud to the employee and confirm their understanding.

• Provide written disclosure of ownership or referral arrangements.

• Obtain the employee’s signature.

• Give a copy of rights form to the employee.

• Attach the rights and responsibilities form to the Rehabilitation Consultation Report (RCR) form in Campus.
Rehabilitation Rights and Responsibilities of the Injured Worker form

<table>
<thead>
<tr>
<th>WID number or SSN</th>
<th>Date of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE-00-7654-021</td>
<td>08/09/2024</td>
</tr>
</tbody>
</table>

Dolly Labor

The purpose of vocational rehabilitation under Minnesota Statutes § 176.102 is to assist you so that you may return to your former job, to a job related to your former employment or to a job in another work field. The job should be physically appropriate and produce an economic status as close as possible to that which you would have enjoyed without disability.

The first step in this return-to-work process is a rehabilitation consultation, an in-person or telephone meeting with a qualified rehabilitation consultant (QRC) to determine if you qualify for rehabilitation services. If the QRC determines you are qualified, the next step is the development of a rehabilitation plan. Your QRC will help you develop and implement this plan and explain the rehabilitation services available to you. Consideration will be given to your former employment, average weekly wage, the current labor market and your qualifications, including transferable skills, previous work history, age, education and interests. You will not be billed for rehabilitation services.

Rights of the injured worker

Under Minnesota workers' compensation law, you have vocational rehabilitation rights.

- You may obtain a list of registered QRCs in your area by visiting the department's website at www.dfl.mn.gov/WRC/QrcData.asp. For a rehabilitation consultation, the insurer may refer you to a QRC or you may choose your own. If you did not choose the QRC for your consultation, you have up to 90 days after a rehabilitation plan is filed to request a different QRC. You may be entitled to change QRCs at other times as well. Call the Alternative Dispute Resolution (ADR) unit at (651) 264-5032 or 1-800-342-5034 if you would like more information.
- When a QRC first meets or writes to contact you, he or she is required to disclose to you in writing any affiliation or ownership interest between the QRC (or the QRC firm) and your employer; any workers' compensation insurer or adjusting company. The QRC is also required to disclose to you and all parties to a case any affiliation or business referral arrangement, documented or not, between the QRC (or the QRC firm) and any other parties to the case, including attorneys and doctors.
- A vocational rehabilitation plan may include training and/or formal education.
- You may request a change in your rehabilitation plan.
- Your QRC needs your permission to: attend, schedule or cancel medical appointments; discuss your medical care and treatment with your health care providers; or obtain medical records from your health care providers.
- You may withdraw your permission for your QRC to: attend, schedule or cancel medical appointments; discuss your medical care and treatment with your health care providers; or obtain medical records from your health care providers.
- The QRC must provide copies of your rehabilitation plan, required rehabilitation reports and progress records, including correspondence prepared or received by the QRC, to you and the other parties and attorneys. An exception is that progress records need to be sent to the employer only upon the employer's request.
Rehabilitation Rights and Responsibilities of the Injured Worker form (continued)

[Image of Rehabilitation Rights and Responsibilities form]

- You have the right to request assistance regarding rehabilitation services and other claims issues from the Department of Labor and Industry. If you have questions about vocational rehabilitation services, call the ADR unit at (651) 296-0780 or 1-800-315-6735. If there is a dispute about your eligibility for statutory rehabilitation services or the rehabilitation plan, you may file a Rehabilitation Request form and the department may schedule an administrative conference to resolve the dispute.

**Responsibilities of the injured worker**

Under Minnesota workers’ compensation law, you have vocational rehabilitation responsibilities.

- You must make a good faith effort to participate in your rehabilitation plan. Failure to do so may result in suspension or termination of your workers’ compensation benefits.

- You must advise your QRC and insurance company of any change in your wages, hours, employer or job title if you return to work with a new employer and when your hours or wages change. This is necessary to accurately calculate your wage-loss benefits and ensure rehabilitation services are appropriate. Failure to accurately report wages earned while receiving workers’ compensation benefits may result in civil or criminal consequences.

- You must cooperate with reasonable medical and rehabilitation examinations and evaluations as ordered by the commissioner or a compensation judge. Failure to do so may result in suspension or termination of your workers’ compensation benefits.

**Disclosure**

The statements below are to verify whether you received the documents listed and that the information on this form has been explained to you. You are not required to provide the information requested below or sign this form. Your workers’ compensation benefits will not be affected if you choose not to provide the information or sign this form. This form will be filed with the Minnesota Department of Labor and Industry and may also be provided to the Office of Administrative Hearings and law enforcement agencies.

Employee, check all that apply:

- The above information has been explained to me and I have been provided with a copy of this form.
- I have received written notification from the QRC disclosing: 1) any affiliation, ownership interest or business referral arrangement, whether documented or not, the QRC or QRC firm may have with the employer, workers’ compensation insurer, adjusting or servicing company; and 2) any affiliation, business referral or other arrangement with any party, attorney or health care provider in my case.

The QRC has informed me that the QRC and the QRC firm do not have any affiliation, ownership interest, business referral or other arrangements with any of the persons described above.

**Employee signature** [Signature]

**Date** 01/06/2025

**QRC signature** [Signature]

**Date** 01/06/2025

**QRC intern supervisor signature** [Signature]

**Date** 01/07/2025

The QRC must sign and date this form at the first in-person or telephone meeting with the employee. A copy of the form must be provided to the employee, insurer and received by the Department of Labor and Industry within 14 days of the first in-person or telephone meeting.

Anyone who, with intent to defraud, receives workers’ compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.
Disclosure of Affiliations and/or Relationships form

I am required to disclose to you any ownership interest or affiliation between the qualified rehabilitation consultant (QRC) firm which employs me and the employer, insurer, adjusting or subrogating company (also known as a third party administrator (TPA)) and the nature and extent of that relationship.

[ ] None. The QRC firm that employs me has no affiliation, business referral or other arrangement with any of the parties.

[ ] Yes. The QRC firm that employs me has an affiliation, business referral or other arrangement with one or more of the following parties as indicated below:

Insurance Company: [ ] ownership interest, [ ] affiliation. The nature and extent of that relationship is:

[ ] ownership interest, [ ] affiliation. The nature and extent of that relationship is:

[ ] ownership interest, [ ] affiliation. The nature and extent of that relationship is:

Your Date of Injury Employer: [ ] ownership interest, [ ] affiliation. The nature and extent of that relationship is:

1. “Ownership interest” includes, but is not limited to any partnership or holding subsidiary, or corporate relationship as well as ordinary interest. Minn. R. 5220.1803, subp. 1a, and Minn. Stat. §176.102, subd. 4(a). Rehabilitation providers are required to maintain separate roles and functions from claim agents. Minn. R. 5220.1801, subp. 8a.

2. “Business referral” means any referral arrangement, whether documented or not. Minn. 5220.1803, subp. 1a, and Minn. Stat. §176.102, subd. 4(d). This includes certified managed care organizations and other managed care contracts or arrangements.
Rehabilitation consultation: Minn. R. 5220.0100, subp. 22

Determine if the employee is:

A. permanently or “likely” to be permanently precluded from their usual job;

B. not expected to return to work at the date-of-injury employer to a suitable job; or

C. expected to return to work to a suitable job with rehabilitation help, considering the doctor’s opinion.
Suitable gainful employment: Minn. R. 5220.0100, subp. 34

• Employment that is reasonably attainable.

• Restore economic status as close as possible to that which the employee would have enjoyed without the disability.

• Consideration is given to the employee’s former employment and their qualifications, including the employee’s: age; previous work history; skills; education; and interests.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>WID number or SSN</td>
<td>EE-01-0100-708</td>
</tr>
<tr>
<td>Date of injury</td>
<td>07/01/2019</td>
</tr>
<tr>
<td>Campus file number</td>
<td>CL-02-5844-063</td>
</tr>
<tr>
<td>Employee name</td>
<td>Jan Process</td>
</tr>
<tr>
<td>Employee address</td>
<td>444 Regression St</td>
</tr>
<tr>
<td>City</td>
<td>Stacy</td>
</tr>
<tr>
<td>State</td>
<td>MN</td>
</tr>
<tr>
<td>ZIP code</td>
<td>55079</td>
</tr>
<tr>
<td>Employee phone #</td>
<td>(551) 226-8886</td>
</tr>
<tr>
<td>Employer name</td>
<td>Uat Regression Co</td>
</tr>
<tr>
<td>Employer contact</td>
<td>Sam Spade</td>
</tr>
<tr>
<td>Employer phone #</td>
<td>(551) 777-0000</td>
</tr>
<tr>
<td>Claim Admin Claim Number</td>
<td>UatJan141</td>
</tr>
<tr>
<td>Insurer/self-insurer/TPA</td>
<td>Uat Another One</td>
</tr>
<tr>
<td>Insurer address</td>
<td>444 Luck St, Saint Paul 551010001</td>
</tr>
<tr>
<td>Claim representative</td>
<td>Dee Nile</td>
</tr>
<tr>
<td>Claim rep phone #</td>
<td>(300) 234-4455</td>
</tr>
<tr>
<td>QRC name</td>
<td>Andie Rehab</td>
</tr>
<tr>
<td>Rehab provider group firm</td>
<td>Andie Rehab Firm LLC</td>
</tr>
<tr>
<td>QRC address</td>
<td>PO Box 123, Saint Paul 55101</td>
</tr>
<tr>
<td>QRC #</td>
<td>0700</td>
</tr>
<tr>
<td>QRC firm #</td>
<td>5300</td>
</tr>
<tr>
<td>QRC phone #</td>
<td>(551) 255-5888</td>
</tr>
<tr>
<td>NO</td>
<td>In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.</td>
</tr>
<tr>
<td>YES</td>
<td>In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.</td>
</tr>
<tr>
<td>YES</td>
<td>In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.</td>
</tr>
<tr>
<td>YES</td>
<td>I have consulted with the date-of-injury employer regarding the above issues.</td>
</tr>
<tr>
<td>YES</td>
<td>In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22</td>
</tr>
<tr>
<td>Date of first in-person or telephone meeting</td>
<td>07/26/2021</td>
</tr>
<tr>
<td>QRC Signature or QRC Supervisor (if applicable)</td>
<td>Andie Rehab On 8/3/2021 at 2:31 PM CT</td>
</tr>
<tr>
<td>QRC Intern Signature (if applicable)</td>
<td>Andie Rehab Intern</td>
</tr>
</tbody>
</table>

Rehabilitation consultation form – qualified employee
Rehabilitation consultation narrative report: Minn. R. 5220.0130, subp. 3D

- Attach a narrative report “explaining the basis of your opinion.”

- File an RCR form and narrative report with the Department of Labor and Industry (DLI) and all parties within **14 calendar days** of the **first in-person meeting**.

  - **Filing with DLI:** Must be received by **11:59 p.m.** on a day the state is open for business.

  - **Calendar days,** not business days, are used – including the day of the injury. For example: Thursday, Friday, Saturday, Sunday, Monday and Tuesday equals six days when counting.
Re: Dolly Labor  
WID: EE-00-7654-321  
DOI: 08/09/2024  
Insurer: Midwestern Solutions  
Campus: CL-02-5844-063  
Report date: 01/07/2025  
In-person date: 01/06/2025  
Employer: Whyamihere Logistics  
File No: RT-02-5881-387

Rehabilitation Consultation Report

On 08/09/2024, Ms. Labor injured her low back while working as a Longinator, a medium duty position at Whyamihere Logistics. On 08/26/2024, her treating physician Dr. Bones performed a L4-S1 discectomy. Following recovery, Ms. Labor participated in physical therapy.

On 12/30/2024, Dr. Bones released Ms. Labor to return to work with sedentary duty limitations. The doctor recommended additional physical therapy and projected eventual permanent limitations of light duty work in three to four months.

Through contact with Ms. Sally Forth, HR Director, Whyamihere Logistics, it was determined the company had laid off several employees due to the economy. As Ms. Labor was in that group of employees, Ms. Forth recommended job placement assistance to help Ms. Labor secure a job with a different employer.

In consideration of the above, I find Ms. Labor to be a qualified employee. Additionally, the insurer has requested that statutory rehabilitation services be provided. Due to this, an R2 Rehabilitation Plan will be developed on her behalf.

If any of the parties disagree with the determination or have questions, please don’t hesitate to contact me.

Submitted by,

Betty Kant  
Betty Kant, QRC Intern #3130

CC: Dolly Labor  
Sally Forth, Whyamihere Logistics  
Department of Labor & Industry

Kenny Makeit  
Kenny Makeit, QRC Intern Supervisor #1010
RCR – all parties agree to services

Re: Dolly Labor

Having reviewed the case, I hereby agree to the services to be provided.

Report date: 01/07/2025

In-person date: 01/06/2025

QRC Intern: #3130

Employer: Whymahire Logistics

File No: RT-02-5881-387

Rehabilitation Consultation Report

On 08/09/2024, Ms. Labor injured her low back while working as a Longinator, a medium duty position at Whymahire Logistics. On 08/26/2024, her treating physician Dr. Bones preformed a L4-51 discectomy. Following recovery, Ms. Labor participated in physical therapy.

On 12/30/2024, Dr Bones released Ms. Labor to return to work with sedentary duty limitations. The doctor recommended additional physical therapy and projected eventual permanent limitations of light duty work in three to four months.

Through contact with Ms. Sally Forth, HR Director, Whymahire Logistics, it was determined the company had laid off several employees due to the economy. As Ms. Labor was in that group of employees, Ms. Forth recommended job placement assistance to help Ms. Labor secure a job with a different employer.

In consideration of the above, I find Ms. Labor to be a qualified employee. Additionally, the insurer has requested that statutory rehabilitation services be provided. Due to this, an R2 Rehabilitation Plan will be developed on her behalf.

If any of the parties disagree with the determination or have questions, please don’t hesitate to contact me.

Submitted by,

Betty Kant
Betty Kant, QRC Intern #3130

Kenny Makeit
Kenny Makeit, QRC Intern Supervisor #1010

CC: Dolly Labor
Sally Forth, Whymahire Logistics
Department of Labor & Industry
Rehabilitation consultation invoice: Use “00” code only
RCR performed – employee doesn’t want services

MAKEIT REHABILITATION
101 Wads Boulevard
Tubedone, Minnesota 55447
Office: (812) 414-4455  makeitrehab@canisd.com  Fax: (812) 414-4000

REHABILITATION CONSULTATION REPORT

RE:  Dolly Labor  Report Date:  01/07/2025
WID:  EE-00-7654-321  In-person Date:  01/08/2025
DOI:  08/00/2024  QRC Intern  # 313
Insurer:  Midwest Solutions  Employer:  WHYAMIERE LOGISTICS
Campus:  CL-02-5844-003  File No:  RT-02-5881-387

On 08/00/2024, Ms. Labor injured her low back while working as a Locator, a medium duty position, at Whyamierie Logistics. On 08/20/2024, her treating physician Dr. Bones performed a L4-5 discectomy. Following recovery, Ms. Labor participated in physical therapy.

On 12/30/2024, Dr. Bones released Ms. Labor to return to work with sedentary duty limitations. The doctor recommended additional physical therapy and projected eventual permanent limitations of light duty work in three to four months.

Through contact with Ms. Sally Forth, HR Director – Whyamierie Logistics, it was determined the company had laid off several employees due to the economy. As Ms. Labor was in that group of employees, Ms. Forth recommended job placement assistance to help Ms. Labor secure a job with a different employer.

In consideration of the above, I find Ms. Labor to be a qualified employee. However, in discussing this with Ms. Labor and rehabilitation services too be provided, Dolly reported she did not feel the need to have a QRC work with her at this time.

Based on this, Ms. Labor and I discussed that while I believe her to be eligible for services that I would indicate on the rehabilitation form that she is not qualified, as she has turned down services at this time. We further discussed that if Dolly should change her mind that she could request another rehabilitation consultation through myself, by contacting Midwest Solutions Insurance, or selecting a QRC listed on the Minnesota Department of Labor & Industry’s website by contacting them at (800) 342-0354.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant, QRC Intern #313  Kenny Makeit, QRC Intern Supervisor #101

CC:  Dolly Labor
     John Doe, Esq.
     Mark Law, Esq.
     Dept. of Labor & Industry
Brain teaser

You’ve received a referral for an employee who received a blow to the head and has a right shoulder rotator cuff tear. When you meet with the employee and their spouse, you learn the employee has difficulty focusing on conversations, making informed decisions, etc.

Because the couple has been married for 20 years, the spouse feels she can answer any questions you have.

What questions should you ask or actions should you take?
MAKEIT REHABILITATION
101 Ways Boulevard
Tuskegee, Minnesota 55447
Office: (651) 414-4455 makeitrehab@tando.com

Ms. Dee Nile
Midwest Solutions Insurance
22 Twain Avenue
Minneapolis MN 55415

Re: Dolly Labor
WID: EE-00-7654-321
DOI: 08/09/2024
Campus: CL-02-S444-063

Report date: 01/07/2025
QRC Intern # 3130
Employer: Whyamihere Logistics
IR Claim: WC645345

Dear Ms. Nile,

On 01/06/2025, I met with Ms. Labor at the hospital to perform a rehabilitation consultation and determine if she was a qualified employee to receive rehabilitation services. Ms. Labor was injured on 08/09/2024, which included a right shoulder tear and blow to the head.

Through contact with Ms. Labor, it was determined she has difficulty focusing on conversations, making informed decisions, and recalling events. As a result of this, the Rehabilitation Rights and Responsibilities of the injured worker form could not be completed nor the consultation.

I informed Ms. Labor’s family that when her medical condition has improved that she may request a rehabilitation consultation from me, contact Midwest Solutions Insurance to have another QRC assigned or select a QRC listed on the Minnesota Department of Labor & Industry’s website https://www.dli.mn.gov/business/workers-compensation/work-comp/qrc-vendor-directories or by calling the Help Desk 651-284-5005 (press 3), 800-342-5354 (press 3) or helpdesk.dli@state.mn.us.

Should you have any questions please feel free to contact me.

Submitted by,

Betty Kant, QRC Intern #3130
Kenny Makeit, QRC Intern Supervisor #1010

CC: Dolly Labor, Sally Forth, Whyamihere Logistics, John Doe, Esq. Mark Law, Esq. Department of Labor & Industry
Dear Ms. Nile:

On 01/08/2016, I contacted Ms. Labor to schedule a rehabilitation consultation and determine if she was a qualified employee to receive rehabilitations services.

Through this call, Ms. Labor informed me that she is scheduled to meet with her treating physician on February 12, 2016. She expects to be released at that time to her regular duty job. Due to this Ms. Labor has declined participation in a rehabilitation consultation.

I informed Ms. Labor that all parties would be informed of her decision. We also discussed that if she is unable to return to work after the medical appointment that she could request a rehabilitation consultation by me, contact Midwest Solutions Insurance to have another QRC assigned or select a QRC listed on the Minnesota Department of Labor & Industry’s website by calling them at (651)342-6354.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant
Betty Kant, QRC Intern #313

Kenny Makeit
Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry
If the employee is qualified to receive services, then:

- you must either file an R-2 Rehabilitation Plan form with an initial evaluation report or refer the file to another QRC to work; and

- send the R-2 Rehabilitation Plan form with an initial evaluation report and a cover letter to the parties to review, sign and return.
R-2 Rehabilitation Plan form

<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 - Rehabilitation Consultation</td>
<td>Consultation to determine eligibility: Eligibility Determination</td>
<td>$550.00</td>
<td>01/07/2025</td>
</tr>
<tr>
<td>01 - Medical Management</td>
<td>Attend med apps, med related communications, etc.</td>
<td>$1,300.00</td>
<td>07/21/2025</td>
</tr>
<tr>
<td>02 - On-Site Job Analysis</td>
<td>Possible job analysis related to job search and/or OJT</td>
<td>$200.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>03 - Coordinate RTW</td>
<td>Same BR</td>
<td>$0.00</td>
<td>07/25/2021</td>
</tr>
<tr>
<td>04 - Job Modification</td>
<td>Same BR</td>
<td>$0.00</td>
<td>07/25/2021</td>
</tr>
</tbody>
</table>
### R-2 Rehabilitation Plan form (continued)

<table>
<thead>
<tr>
<th>05 - Functional Capacity Eval</th>
<th>OA/SYS Work History Analysis to determine possible job goals</th>
<th>$0.00</th>
<th>07/31/2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 - Transferable Skills Analysis</td>
<td></td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>07 - Work Evaluation</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>08 - Work Hardening/Adj</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>08 - Job Seeking Skills Training</td>
<td>Resume/cover. It dev., cold calling, interview skills, employer follow-up</td>
<td>$350.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>10A - Job Development</td>
<td>Systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interview. Job development facilitates a prospective employer’s consideration of a qualified employee’s employment.</td>
<td>$6,045.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>10B - Job Placement</td>
<td>Activities that support a qualified employee’s search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee’s physical limitations and capabilities as permitted by data privacy laws.</td>
<td>$1,200.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>11 - Post Placement Follow-up</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>12 - Tech/Academy Skills Improv</td>
<td>Recommend ABE &amp; computer classes to enhance employability.</td>
<td>$450.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>13 - Vocational Counselling</td>
<td>Coordinate delivery of services, address and answer concerns.</td>
<td>$350.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>14 - Vocational Testing</td>
<td>Career-Scope, WRAT, OAI, Meyers-Briggs, OA/SYS, if needed</td>
<td>$250.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>15 - On the Job Training</td>
<td>To be discussed with prospective employers to enhance employability.</td>
<td>$450.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>16 - Labor Market Survey</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>17 - Exploration of Retraining</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>18 - Administrative</td>
<td>Progress reports, R-forms, correspondence, updates, etc.</td>
<td>$400.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>19 - Prep/Attend Legal Proceeding</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>20 - Expenses/Other</td>
<td>Mileage, parking, etc.</td>
<td>$335.00</td>
<td>07/31/2025</td>
</tr>
</tbody>
</table>

Total projected costs $12,725.00

**Employer/Insurer responsibilities:** Minnesota Statutes § 170.102, subd. 9, and Minnesota Rules 5220.1900, subp. 1g
- Review, sign and return the R-2 form within 15 days.
- Pay for services reasonably required.
- Monitor the costs and timeliness of services.

**Qualified rehabilitation consultant (QRC) responsibilities:** Minn. Stat. § 176.102 and Minn. Rules 5220.0100 to 1000
- Do not file the R-2 form with DLI at the same time it is circulated to the parties.
- File the R-2 form and narrative report at the following time, whichever time comes first: 1) when the parties have all signed it; 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan); or 3) 45 days after the first in-person contact with the employee.
- If all signatures are not obtained within the filing deadline, file the R-2 form with the signatures obtained and with a letter or other evidence the plan was sent to each nonsigning party.

**Employee responsibilities**
- Cooperate with all parties involved and make a good faith effort to participate in the rehabilitation plan.
- Attend scheduled activities and appointments, and adhere to reasonable medical advice.
R-2 signatures and instructions

To the parties

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

<table>
<thead>
<tr>
<th>Employee signature</th>
<th>Date</th>
<th>Claim representative signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>QRC signature</td>
<td>Date</td>
<td>QRC intern supervisor signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

R-2 Rehabilitation Plan Form Information

Rehabilitation plan privacy and confidentiality

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

Rehabilitation form availability

This form and access to the electronic submission format is located at www.dli.mn.gov/MWC/WFForms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call 651-284-8032 or 1-800-343-5304.

Intent to commit fraud

Any person who, with intent to defraud, receives workers’ compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

Instructions to QRC

Completing the R-2 Rehabilitation Plan Form

Purpose: The Rehabilitation Plan form documents the services proposed to be provided to the employee by the QRC and the responsibilities of the QRC insurer and employer. The form also instructs the parties about how to proceed if there is a dispute regarding the plan and gives instructions about the right to appeal a decision. See Minn. Rules 5220.0410.

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

Service codes and descriptions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 6, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 12, as provided below:

Service code 10A: ‘Job development’ means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer’s consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 6(b), for the maximum number of hours and weeks of job development services for dates of injury on or after October 1, 2013.

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

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

Responsibility section: Review these instructions with the employee.

Signature block: The QRC, employee and insurer representative sign here. If a QRC intern is completing the R-2 form, the QRC intern’s supervisor must also sign the form before it is forwarded to the parties for their review.
From the Dictionary of Occupational Titles: Definition Trailer Abridged

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

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

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

M-medium work -- Exerting 20 to 60 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

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

V-very heavy work -- Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work. (See www.occupationalinfo.org/appendixc_1.html#STRENGTH for additional information.)
RETURN TO WORK, DIFFERENT EMPLOYER, SAME OR DIFFERENT JOB.

BACKGROUND:

On 12/19/2024, I received a call from Ms. Dee Nile, Midwestern Solutions Insurance requesting a rehabilitation consultation for Ms. Dolly Labor, who had been released to return to work with sedentary duty limitations. The consultation was performed on 1/06/2025 which included contact with HR Representative Sally Forth at Whymire Logistics, Inc.

Ms. Forth stated Ms. Labor’s job was a medium duty and there were no sedentary or light duty jobs available. She further indicated the company had recently laid off several employees due to the economy, of which Ms. Labor was part of that group. As other employees had greater seniority, Ms. Forth stated they would be called back first, and that Dolly should be provided job placement assistance to obtain employment outside of the company. Due to this Ms. Labor was determined to be qualified employee.

MEDICAL STATUS:

On 8/9/2024 Ms. Labor stated she and a co-worker were unloading heavy oversized containers from a truck at the shipping dock. Dolly indicated that as they were carrying a container to a table, she tripped forward on some cardboard which had been left in the aisle. In addition to trying to prevent herself from falling Dolly continued to hold onto the container so the contents would not be broken.

Ms. Labor reported feeling a “pulling sensation” in her lower back followed by a sharp pain which caused her to drop to her knees. Dolly stated that after a few minutes she was able to get up and then reported the injury to her supervisor, John Smith. Ms. Labor proceeded to complete her shift on tasks other than unloading the truck. Ms Labor went home at the end of the day and reported took aspirin for her low back pain. Dolly indicated that as the night progressed her low back symptoms increased to the point that she went to the Lino Lakes Hospital emergency room for treatment. There she met with on-call physician Felix Fixit, MD. The doctor reported she had a possible lumbar strain/sprain and provided medication for her symptoms. Dr. Fixit indicated that if Dolly’s symptoms did not improve after seven days to schedule an appointment with her family doctor.
On 8/50/2024, Ms. Labor met with family physician Samuel Johnson MD who, following an examination recommended a lumbar MRI scan. Following a review of the MRI scan result, Dr. Johnson recommended an orthopedic evaluation.

Ms. Labor met with the orthopedist Dr. Bryan O. Bones, on 9/4/2024, who provided a diagnosis of 1) L4-5 degenerative disc disease and 2) partial right sided disc herniation at L4-5 levels. Dr. Bones recommended a discectomy be performed and that Dolly remain off work through that period. Surgery was performed on 10/24/2024.

On 12/2/2024, Ms. Labor saw Dr. Bones who recommended she participate in physical therapy at 2-3 times per week. The doctor also released her to return to part time sedentary duty work effective 12/9/2024. Ms. Labor reported that through contact with Ms. Forth that the work release could not be accommodated and she has remained off work.

VOCATIONAL HISTORY:

Ms. Labor reported working for Whyamihire Logistics since 2015. Her recent duties included information integration, customer service, material handling, inventory, freight scheduling, forklift operation, material packaging, computer entry and operation of a flux capacitor. She earned an average weekly was (AWW) of 1,204.00 or $30.00 per hour.

Prior to this, Ms. Labor reported working for Loon Distributing, Roseville, MN for three years as a dispatcher earning and AWW of $769.23. Her duties included coverage for Operations Manager when absent, radio/cell phone communication, assigning routes, GPS tracking, handling customer complaints reporting deliver outcomes on spreadsheets.

Ms. Labor stated that prior to the above jobs she worked for her father’s company assisting with office work, bill collections, running errands, etc. She earned an AWW of $400.0.

EDUCATION:

Ms. Labor attended Anoka-Ramsey Community College for one year in the management/marketing program. Dolly reported that between the cost of school and work demands that she suspended her program. Dolly’s goal is to eventually complete and AAS degree in Management/Marketing. Prior to this Ms. Labor received her high school diploma through Lakes High School in 2012.

SOCIAL HISTORY:

Ms. Labor is single and rents an apartment. While Dolly drove to work each day, her residence is located near a bus line.
ECONOMIC FACTORS:

Ms. Labor is currently off work and receiving temporary total disability benefits. She is paying off a student loan and would like to return to work as soon as possible.

TRANSFERABLE SKILLS:

Ms. Labor’s basic work abilities include customer service, basic office skills, scheduling radio/telephone communications, problem solving, bill collections, putting up orders and handling customer complaints.

EMPLOYMENT BARRIERS:

Due to her high pre-injury wage, current education, and physical limitations it will be difficult to obtain suitable employment without some type of skills enhancement.

RECOMMENDATIONS:

1. Using Ms. Labor’s basic jobs skills to perform a formal transferable skills analysis to identify potential job goals. In the event suitable job goals can’t be identified and/or are rapidly exhausted to conduct a formal vocational evaluation.
2. Initiate job seeking skill training to enhance Dolly’s participation in the job search process.
3. That the vendor Perfect Placement Services be used to assist Ms. Labor to secure suitable employment.
4. To meet with Ms. Labor and the vendor to develop a job placement plan and then meet with the parties on a periodic basis to review their progress.
5. An R-2 has been circulated with this report. For the parties to review, sign and return the R2 plan as soon as possible. And, if there are any question or concerns to contact me so the issues may be resolved.

Submitted by,

Betty Kant, QRC Intern #3130

Kenny Makeit, QRC Intern Supervisor #1010

CC: Dolly Labor
    Dee Nile, Midwest Solutions
    Department of Labor & Industry
R-2 Rehabilitation Plan approval: Minn. R. 5220.0410, subp. 6

The employee and insurer each have 15 days to agree or disagree.

• If a disagreement cannot be resolved, the objecting party should file a Request for Assistance (RFA). If they don’t, then the QRC should file an RFA.

• If the R-2 Rehabilitation Plan form is not returned, it is deemed approved.

• If a party does not return or object to the plan, the QRC is to file evidence it was sent (such as a copy of the cover letter) to the party.
January 15, 2025

Ms. Dee Nile
Midwestern Solutions Insurance
22 Twain Avenue
Minneapolis, MN 55415

Dear Ms. Nile:

Enclosed you will find an R-2 Rehabilitation Plan and initial evaluation report for Ms. Dolly Labor. The plan has a projected completion date of 07/31/2025. I would appreciate your review of the plan and encourage you to let me know if any revisions are necessary.

If you are in agreement with the plan, please sign and return it within the next 15 days. Or, you may choose to not return it and it will be assumed approved according to Minn. Rule 5220.0410. Should you disagree with the proposed plan please file a Rehabilitation Request for Assistance form with the Department of Labor & industry so the issue may be resolved in a timely manner.

Thank you for taking the time to review this rehabilitation form and return it.

Sincerely,

Betty Kant

CC: Dolly Labor

ENC: R-2 Pan and Initial Report
**Invoice with service codes after RCR performed**

### Claim Number
- CL-07-5344-063W/0453445

### Provider File Number
- 9849

### Date of Service
- 01/02/25

### Insurer Name
- Midwest Solutions Insurance

### Address
- 22 Twin Avenue
- Minneapolis, MN 55415

### Provider Firm Name
- Midwest Rehabilitation

### Mailing Address
- 101 Ways Boulevard
- Minneapolis, MN 55447

### Service Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Service Description</th>
<th>Professional Time</th>
<th>Travel Time</th>
<th>Wait Time</th>
<th>Mileage</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/25</td>
<td>01/TO</td>
<td>Fixed med release to dr. Will attend访</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>01/02/25</td>
<td>01/TI</td>
<td>Called EE, rev/9 med status and initial goals</td>
<td>.40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/TV</td>
<td>Rev’d call to IR, left detailed message</td>
<td>.10</td>
<td></td>
<td></td>
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<tr>
<td>01/02/25</td>
<td>01/VC</td>
<td>Met with EE, rev’d med status and questions</td>
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<td>.70</td>
<td>.25</td>
<td>.50</td>
<td>$44.50</td>
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<tr>
<td>01/02/25</td>
<td>01/VO</td>
<td>Met with EE and dr. Rev’d med status and plan</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/VE</td>
<td>Met with EE, rev’d med plan and questions</td>
<td>.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/UI</td>
<td>E-mail update to insurer</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/RF</td>
<td>Prepare R-2 from report</td>
<td>1.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/RT</td>
<td>EE called R-2 and corrections to report</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/RF</td>
<td>Initial eval report corrected &amp; sent to EE</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/RL</td>
<td>Rev’d signed R-2 from EE</td>
<td>.40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02/25</td>
<td>01/UI</td>
<td>Sent R-2 and report to IR for review &amp; return</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Cost to Date
- $1,053.20

### Summary of Costs to Date
- Total cost to date of rehabilitation services: $1,053.20
Plan Progress Report:  
Minn. R. 5220.0450, subp. 2

• A Plan Progress Report (PPR) form is due six months after the R-2 Rehabilitation Plan is filed with DLI.

• An R-3 Rehabilitation Plan Amendment form, if due, and items 20 through 23 are completed.

• For barriers to success attach a separate sheet identifying the barriers and your plan to overcome them.

• Question: What might be considered barriers?
## Rehabilitation Plan Details

<table>
<thead>
<tr>
<th>Is the Employee Released to Return to Work? *</th>
<th>Medical Report Date *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with restrictions</td>
<td>5/2/2021 (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Work Status? *</th>
<th>Not working</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the Plan Still Current?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do Barriers to Successful Completion of the Rehabilitation Plan Exist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Cost to Date *</th>
<th>Other Costs Necessary to Complete Plan *</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 3650</td>
<td>$ 1700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,350.00</td>
</tr>
</tbody>
</table>
**Plan Progress Report**

<table>
<thead>
<tr>
<th>1. Date of this report</th>
<th>06/06/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Campus File number</td>
<td>OL-02-SD44-083</td>
</tr>
<tr>
<td>3. NID-number</td>
<td>EE-01-6196-708</td>
</tr>
<tr>
<td>4. Date of injury</td>
<td>07/01/2010</td>
</tr>
<tr>
<td>5. Employee name</td>
<td>Jim Proctor</td>
</tr>
<tr>
<td>6. Employee address</td>
<td>444 Regreton St</td>
</tr>
<tr>
<td></td>
<td>Still, NY 15370</td>
</tr>
<tr>
<td>7. Date of rehabilitation consultation:</td>
<td>07/12/2021</td>
</tr>
<tr>
<td>8. Employer name</td>
<td>U-Regreton Co</td>
</tr>
<tr>
<td>9. Insurer claim number</td>
<td>01141141</td>
</tr>
<tr>
<td>10. QRC name</td>
<td>Andie Rehab</td>
</tr>
<tr>
<td>11. Insurer-name/wallet</td>
<td>Individual</td>
</tr>
<tr>
<td>12. Insurer-wallet/WPA</td>
<td>Andie Rehab Inc</td>
</tr>
<tr>
<td>13. Insurer address</td>
<td>444 North St</td>
</tr>
<tr>
<td></td>
<td>Saint Paul, MN 55101</td>
</tr>
<tr>
<td>14. Claim representative</td>
<td>Dee Nils</td>
</tr>
<tr>
<td>15. Phone number</td>
<td>(612) 222-3344</td>
</tr>
<tr>
<td>16. QRC #</td>
<td>0700</td>
</tr>
<tr>
<td>17. Phone number</td>
<td>(651) 266-6900</td>
</tr>
</tbody>
</table>

22. Is the employee released to return to work? Yes, with restrictions

23. Current work status: Working

24. Is the claim still current? Yes

<table>
<thead>
<tr>
<th>25. Plan cost: Costs necessary to complete plan</th>
<th>Estimated total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,960.00</td>
<td>$6,465.00</td>
</tr>
</tbody>
</table>

26. Plan duration from plan filing date to completion of plan:

<table>
<thead>
<tr>
<th>Week</th>
<th>Total duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>28</td>
</tr>
</tbody>
</table>

27. Do barriers to successful completion of the rehabilitation plan exist? Yes

**ORC Signature**

Signed by Andie Rehab

06/08/2021 10:12 AM CT
PPR: Barriers, measurers to overcome them

MAKEIT REHABILITATION
101 Ways Boulevard
Minneapolis, Minnesota 55447
Office: (612) 414-4455
Fax: (612) 414-4000
makeit@rehabilitation.state.mn.us

PLAN PROGRESS REPORT NARRATIVE - Item #76

Re: Dolly Labor
WID: EE-00-7654-321
DOI: 09/09/2024
Campus: CL-02-5844-083
Report Date: 06/27/2025
QRC intern: #3130
File No: RT-02-5821-307
Claim: 84634455

BARRIERS TO SUCCESSFUL COMPLETION OF THE REHABILITATION PLAN:

1) Due to the economy, the pre-injury employer laid Ms. Labor off. HR Representative Ms. Forth recommended job placement assistance to help Dolly find a new job.

2) The recommended computer skills enhancement classes have been denied thus far, which would make Dolly more competitive when applying for work.

3) Prior to the injury Ms. Labor performed medium-duty work. She is released to return to work now at light duty, which has reduced the number of available job opportunities.

MEASURES TO BE TAKEN TO OVERCOME THESE BARRIERS:

1) As the transferrable skills analysis identified jobs have been exhausted through job placement, vocational interest and aptitude testing will be conducted.

2) The insuror will be re-contacted regarding approval of computer classes to enhance Ms. Labor’s transferrable skills.

3) Once vocational testing is completed an OASYS transferrable skills analysis will be run, incorporating the vocational test results, current physical limitations and past work history to identify new job goals to return Ms. Labor to suitable, gainful employment.

Should you have any questions please feel free to contact me.

Submitted by,

Betty Kant
Betty Kant, QRC Intern #313

Kenny Makeit
Kenny Makeit, QRC Intern Supervisor # 101

CC: Dolly Labor
Department of Labor & Industry
R-3 Rehabilitation Plan Amendment:
Minn. R. 5220.0510, subp. 1

Reasons to revise or extend the rehabilitation plan:

• new or continuing physical limitations;

• the employee is not participating in the plan;

• the vocational goal needs to be changed;

• the projected cost or duration will be exceeded; or

• the employee feels ill-suited for the type of work.
To consider during medical management

Consider **adult basic education** (ABE) or remedial programs to enhance academic skills.

Consider **skills enhancement classes**, such as computer classes, at a college or technical school, or through an online class program.

While ABE and skills enhancement classes may be a component of a retraining plan, they are not considered formal retraining.

Brain teaser: What is 3/8 divided by 7/16?
R-3 Rehabilitation Plan Amendment: Minn. R. 5220.0510, subp. 3

The employee and insurer each have 15 days to agree or disagree.

Do:

• identify a proposed amendment and rationale; and
• list rehabilitation services be to provided that period.

Don’t:

• list services you don’t plan to provide this period or have already completed;
• write “no change” in the rehabilitation service category sections;
Don’t:

• list a single service to cover many services (“medical management” doesn’t cover coordination of return to work, vocational counseling or mileage); and

• list the goal “to obtain maximum medical improvement.”
R-3: Continue plan with job placement

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-3: Rehab Consultation</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>01: Medical Management</td>
<td>Attend med appts, med related communications, etc.</td>
<td>$100.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>02: On-Site Job Analysis</td>
<td>Possible job analysis related to job search and/or ONJT</td>
<td>$200.00</td>
<td>11/20/2025</td>
</tr>
<tr>
<td>03: Coordinate RTW Same ER</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>04: Job Modification</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>05: Functional Capacity Baseline</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>06: Transferable Skills Analysis</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>07: Work Evaluation</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>08: Work Hardening Adj</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>
R-3: Continue plan with job placement (continued)

<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A - Job Development</td>
<td>Systematic contact with prospective employers resulting in opportunities</td>
<td>$5,040.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td></td>
<td>for interviews and employment that might not otherwise have existed and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>includes identification of job leads and arranging for job interviews.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10B - Job Placement</td>
<td>Activities that support a qualified employee’s search for work including</td>
<td>$1,200.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td></td>
<td>the preparation of a client to conduct an effective job search and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>communication of information about the labor market, programs or other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employment incentives and the qualified employee’s physical limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and capabilities as permitted by data privacy laws.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 - Post Placement Follow-up</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>12 - Job/Workplace Skills Imrpvs</td>
<td>Recommend ABE &amp; computer classes to enhance employability.</td>
<td>$3,500.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>13 - Vocational Counseling</td>
<td>Coordinate delivery of services, address and answer concerns.</td>
<td>$3,500.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>14 - Vocational Testing</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>15 - On-the-Job Training</td>
<td>To be discussed with prospective employers to enhance employability.</td>
<td>$4,500.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>16 - Labor Market Survey</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>17 - Exploration of Retaining</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>18 - Administrative</td>
<td>Progress reports, R.forms, correspondence, updates, etc.</td>
<td>$4,000.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>19 - Preevaluation/ Legal</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Processing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - Miscellaneous</td>
<td>Mileage, parking, etc.</td>
<td>$935.00</td>
<td>11/30/2025</td>
</tr>
</tbody>
</table>

Plan costs to-date: $3,650.00
Projected additional costs to completion: $5,590.00
Estimated total cost: $513,275.00

21a. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subd. A)?
21b. Medical report date
22a. Current work status
22b. If working, is this a temporary job?
23. Do barriers to successful completion of the rehabilitation plan exist?
24. List the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.
# R-3: Signature with instructions

<table>
<thead>
<tr>
<th>Employee signature</th>
<th>Date</th>
<th>Claim representative signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC signature</td>
<td></td>
<td>CRC interim supervisor signature</td>
<td></td>
</tr>
<tr>
<td>[Signature]</td>
<td></td>
<td>[Signature]</td>
<td></td>
</tr>
<tr>
<td>[Date]</td>
<td></td>
<td>[Date]</td>
<td></td>
</tr>
</tbody>
</table>

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

Rehabilitation plan privacy and confidentiality
Privacy of confidential data you supply on this form will be used to process your workers’ compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the departments files for your claim and may be disclosed to anyone who has access to the file or the data by authorization or pursuant to law. You have the right to inspect and correct your data. If you have any questions, contact the Office of Administrative Hearings, the Workers’ Compensation Court of Appeals, the Departments of Revenue and Health, and the Workers’ Compensation Reimbursement Association.

Rehabilitation form availability
This form is available in different formats such as large print, Braille or audio. To request, call (651) 284-6532 or tDD 651-284-6534.

Intent to commit fraud
Any person who, with intent to defraud, receives workers’ compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 2.

Instructions to QRC
R-2 Rehabilitation Plan Amendment Form information
This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.

Service codes and descriptions:
- See Minn. Rules 5220.0300 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 179.110, subd. 11a; amends the definitions in Minn. Rules 5220.0100, subparts 10 and 11, as provided below.
- Service code 10A: “Job development” means systematic contact with prospective employers resulting in opportunities for interview or employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer’s consideration of a qualified employee for employment. (See Minn. Stat. § 179.110, subd. 11a); for the maximum number of hours and scope of job development services for dates of injury on or after Oct. 1, 2013.
- Service code 10B: “Job placement” means activities that support a qualified employee’s search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee’s physical limitations and capabilities as permitted by the department.

To amend a rehabilitation plan: The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:
- physical limitations relating to the plan;
- the employee is not participating actively;
- there is a need to change the vocational goal;
- the proposed cost or duration will be exceeded;
- the employee’s education is the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, append items 1 through 10. For item 17, change only the services to be provided during this R-3 plan period. For “Description of the service,” identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments), then list the “Projected Cost” and “Projected Completion Date” for each of the checked services.

When filing a R-3 form, do not file with the Department of Labor and Industry at the same time it is submitted to the parties. The form must be filed at one of the following times, whichever comes first:
- when the parties have all agreed to it; or
- 15 days after notification if one of the parties proposed a change in the plan.

If all the signatures are not obtained within the filing deadline, file the R-3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each non-signing party.
Change of QRC within 60 days of the R-2 filing

Previous QRC:
1) send a copy of the rehabilitation file to the new QRC, with a cost break-down letter of services; and
2) file a cost break-down letter in Campus through the “Submit a Filing” function.

New QRC, remember to:
1) complete a Rehabilitation Rights and Responsibilities of the Injured Worker form and disclosure form with the employee and file it in Campus through the “Submit a Filing” function; and
2) complete an R-3 Rehabilitation Plan Amendment form indicating the change and the plan going forward.
How to file a change of QRC to you in Campus

File a claim access authorization: An Authorization for File Review or Release of Copies of Workers’ Compensation Claim File form (or claim access authorization) must be filed with the employee’s authorization. From the dashboard, click the “Submit a Filing” button in the header, then “Access a Case or Claim” and “Submit an Authorization.” There are steps in the form for a QRC to request access: follow the steps and upload attachments, as necessary.

Navigate to the claim: After the filed claim access authorization has been approved by DLI*, the QRC will have access to the employee’s claim. From the dashboard, under “My Claims,” click on the claim for which access was requested, scroll to the bottom of the “Claim Details” page and choose the “Related Cases and Claims” tab, where the “Rehab Transaction (RT)” to take over will be listed. Click the ID that starts with “RT- ...”

*If authorization is not approved, email Tony Galvan at tony.galvan@state.mn.us.
How to file a change of QRC to you in Campus, continued

Start the R-3 submission: When this page loads, the RT details page will appear that list the rehabilitation details and dates. Click on “R-form Details” in the upper right, where the R-3 form can be filed. This form will process the RT, taking it over from another QRC. Click “Submit” in the R-3 drop-down menu and proceed.

Verify the information is correct on the R-3: The selection “Change of QRC” should be automatically selected. Scroll down on the first step to ensure the correct information is in the “New QRC” section.

Complete the R-3: Proceed through the rest of the form and click “Submit.” The rehabilitation plan can be amended, in the course of this filing, or the new QRC can
How to file a change of QRC to you in Campus, continued

submit another R-3 later. Upon submission of the R-3, the new QRC will now be the assigned QRC. Their name will display on the RT page and the former QRC is no longer assigned. The new QRC may proceed with the case as needed and will have access to all the forms that have previously been submitted.
February 20, 2025
Mr. Jimmy Doolittle, QRC
200 ABC Avenue
Chilly, MN 56000

Dear Mr. Doolittle:

Enclosed you will find a copy of the rehabilitation file for Ms. Dolly Labor. I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work.

With respect to rehabilitation expenses, the following was incurred:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Consultation</td>
<td>$500.00</td>
</tr>
<tr>
<td>Medical Management</td>
<td>$27.30</td>
</tr>
<tr>
<td>Vocational Counseling</td>
<td>$72.90</td>
</tr>
<tr>
<td>Job Seeking Skills Training</td>
<td>$325.00</td>
</tr>
<tr>
<td>Administrative</td>
<td>$45.00</td>
</tr>
<tr>
<td>Expenses</td>
<td>$20.40</td>
</tr>
<tr>
<td><strong>Total Plan costs to date:</strong></td>
<td><strong>$1100.00</strong></td>
</tr>
</tbody>
</table>

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant, QRC Interm #313
Kenny Makeit, QRC Intern Supervisor # 101

CC: Dolly Labor
Dea Nile, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Department of Labor & Industry

ENG: Employee File (New Assigned QRG only)
## R-3 Rehabilitation Plan Amendment

<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 - Medical Management</td>
<td>Attend medical appointments, med related communications, etc.</td>
<td>$100.00</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>02 - On-Site Job Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 - Coordinate R/WH/acc ER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 - Job Modification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 - Functional Capacities Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 - Transferrable Skills Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 - Work Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 - Work Handicaps Adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 - Job Seeking Skills Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10A - Job Development (See instructions to QRC)</td>
<td>Review job opportunities. Conduct telephone, electronic, and in-person contacts with prospective ER's to identify jobs and to schedule interviews for EE @ 20 hours every other month</td>
<td>$3,020.40</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>10B - Job Placement (See instructions to QRC)</td>
<td>Follow up with EE to review job search including ER contacts, interviews, and follow-up. Provide guidance as needed to enhance job search.</td>
<td>$1,200.00</td>
<td>08/30/2016</td>
</tr>
</tbody>
</table>

Ms. Labor exercised her right to change QRCs. Ms. Labor will participate in vocational testing to determine suitable job goals. Job search has been initiated to return her to suitable employment using our in-house placement staff.

Employee comments (if any):

---

**Date of Injury:** 10/18/2015

**Employee Name:** Dolly Labor

**QRC Name:** James Doolittle

**Insurer/Insurance:** Midwest Commerce Insurance

**City:** Chalby, MN

**State:** MN

**Zip Code:** 55000

**Phone Number:** (651) 667-3422

**QRC Change:** Yes

**Withdrawal of QRC:** No
<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - Post Placement Follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - Technical/Academic Skills Improvement</td>
<td>Coordinator delivery of services, address questions and requests.</td>
<td>$100.00</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>13 - Vocational Counseling/Outreach</td>
<td>Differential Aptitude Test, CATS, Meyers-Briggs and Skilltron Program.</td>
<td>$700.00</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>14 - On-the-Job Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - Labor Market Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - Explore Reentry/Format Reentry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - Administrative</td>
<td>Progress reports, R-forms, Correspondence, Updates, etc.</td>
<td>$650.00</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>19 - Preplacement/Hand</td>
<td>Mileage, parking, travel &amp; wait time, etc.</td>
<td>$200.00</td>
<td>06/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Costs</th>
<th>Plan costs to date</th>
<th>Projected additional costs to completion</th>
<th>Estimated total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Costs</td>
<td>$1,325.00</td>
<td>$5,205.40</td>
<td>$6,530.40</td>
</tr>
</tbody>
</table>

26. Is the form being filed in lieu of a Plan Progress Report from ( ) ? Yes (circle 21 to 27) No

If you list the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach it to this form.

To the parties:
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan.

If you are employed, the form will be filed with the department on a Rehabilitation Request Form. rehab.recovery.state.mn.us

Rehabilitation plan privacy and confidentiality
Private or confidential data you supply on the form will be used to process your workers’ compensation claim. The data will be used by the Department of Labor and Industry staff members who have access to the data and may be used for state investigations and studies. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied, or you may be referred to the department of labor, the Department of Revenue and Health, and the Workers’ Compensation Court of Appeals.

Rehabilitation form availability
The form and access to the electronic submission format is located at www.recovery.state.mn.us/forms huyện. This form can be made available in different formats, such as large print, Braille or audio. To request, call (815) 284-5935, TTY 1-800-544-5354.

Intent to commit fraud
Any person who, with intent to defraud, receives workers’ compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52, subdivision 3.
Primary denial of liability – litigation pending

• **The QRC (and vendor) may not be paid** if the insurer has denied further liability for the injury for which rehabilitation services are being provided and a claim petition, objection to discontinuance, request for an administrative conference or any other document initiating litigation has been filed relating to the workers’ compensation liability issue.

• Develop an **R-3 Rehabilitation Plan Amendment** form and attach a copy of the insurer’s written denial or email message.

• Check “**withdrawal of QRC**“ to send the RT file to DLI’s Vocational Rehabilitation unit (VRU).
• In the rationale section, indicate: 1) due to the primary denial of liability; 2) the employee is filing a claim petition; and 3) the file is being sent to DLI’s VRU.

• File the R-3 Rehabilitation Plan Amendment with a cost break-down letter with DLI and VRU; copy all parties. Forward a copy of your rehabilitation file to VRU. See Minn. Rules 5220.0510, subp. 3a(C) and 5220.0510, subp. 7a(C).
Primary denial of liability – no litigation pending

• If the QRC decides to withdraw, after the insurer has provided written notice of denial of further liability to the employee, the employee’s attorney, the commissioner and the QRC for the injury for which rehabilitation services are being provided, the QRC shall attach a copy of the insurer’s notice to the R-8 Rehabilitation Plan Closure form (with Item 21(g) checked “QRC withdrawal”) and shall provide a copy of the form and notice to the employee, any attorney for the employee, DLI and VRU.

• The QRC shall continue to provide services according to the approved plan until the plan closure report form is filed.

• See Minn. Rules 5220.0510, subp. 7a(A)(B).
Cost break-down letter to VRU

MAKEIT REHABILITATION
101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (012) 414-4400 makeitrehab@canodo.com Fax: (012) 414-4000

February 28, 2025

Vocational Rehabilitation Unit
Minnesota Department of Labor & Industry
PO Box 84223
St. Paul, MN 55164-0223

RE: Dolly Labor Reason: Withdraw as QRC
WID: EE-00-7624-321 QRC Intern: #3310
DOH: 08/09/2024 File No.: RT-02-6921-397
Campus: CL-02-8944-003 Claim: WC-04534455

To Whom It May Concern:

Enclosed you will find a copy of the rehabilitation file for Ms. Dolly Labor who was recently issued a notice of primary denial of liability. Ms. Labor reported she has filed a claim petition disputing the primary denial.

I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work. With respect to rehabilitation expenses, the following was incurred:

- Rehabilitation Consultation: $900.00
- Medical Management: $27.30
- Vocational Counselling: $72.80
- Administrative: $45.60
- Expenses: $29.40
- Plan costs to date: $775.00

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant, QRC Intern #313
Kenny Makait, QRC Intern Supervisor #101

CC: Dolly Labor
Dee Nite, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry

ENC: Employee File (VRU QRC only)
R-3 form, Insurer NOLPD
Steps: R-3 withdrawal of QRC to VRU

1) Confirm litigation has been initiated by the injured worker disputing the insurer’s denial of liability and payment for statutory rehabilitation services.

2) In Campus, open the “My Rehab Cases” tab.

3) Open the disputed RT file, click on “R-form Details.”

4) Select the R-3 form and click “Next.”

5) On the R-3 form, select “Withdrawal of QRC” and click “Next.”

6) In the proposed amendment and rationale section write “withdrawal of QRC due to insurer denial of liability” and click “Next.” There is no need to type anything in the “services to be provided” or “projected cost and duration” sections.
Steps: R-3 withdrawal of QRC to VRU (continued)

7) Upload a copy of the cost break-down sheet, a copy of the primary denial of liability or an email message from the insurer to that effect.

8) Sign the e-signature line, check the confirmation box and click “Submit.”

9) You should receive a confirmation email message that the R-3 form was submitted.

10) Send a copy of the employee’s rehabilitation file to: Minnesota Department of Labor and Industry, Vocational Rehabilitation, P.O. Box 64223, St. Paul, MN 55164-0223.

11) Distribute the R-form, narrative and progress report to the parties.
Steps: R-3 withdrawal of QRC to VRU (continued)

**Assigned QRC**
Please select if you are filing this R-3 as a QRC who will be taking over this case (Change of QRC) or if you are withdrawing.

- Continue as Assigned QRC
- Change of QRC
- Withdrawal of QRC

**Case Information**

<table>
<thead>
<tr>
<th>Campus File Number</th>
<th>Date Of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL-02-5844-063</td>
<td>7/1/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Rehab Consultation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/26/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WID Number</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE-01-6168-798</td>
<td>Jan Process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Insurer/Self-insurer/TPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uat Regression Co</td>
<td>Uat Another One</td>
</tr>
</tbody>
</table>

**Withdrawing QRC Information**

<table>
<thead>
<tr>
<th>QRC Name</th>
<th>QRC Firm Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>null</td>
<td>undefined</td>
</tr>
</tbody>
</table>

No address assigned
<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 - Reh. Consultation</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>01 - Medical Management</td>
<td>Attend med appts, med related communications, etc.</td>
<td>100.00</td>
<td>12/01/2025</td>
</tr>
<tr>
<td>02 - On-Site Job Analysis</td>
<td>Possible job analysis related to job search and/or QIT</td>
<td>300.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>03 - Coordination RTW</td>
<td>Same ER</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>04 - Job Modification</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>05 - Functional Capability Evalu</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>06 - Transferable Skills Analysis</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>07 - Work Evaluation</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>08 - Work Hardening Adj</td>
<td></td>
<td>50.00</td>
<td></td>
</tr>
</tbody>
</table>
Example of primary denial

<table>
<thead>
<tr>
<th>Benefit type</th>
<th>Temporary Total (TTD)</th>
<th>Temporary Partial (TPD)</th>
<th>Permanent Total (PTD)</th>
<th>Dependency (DEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of payment</td>
<td>Time period covered with this payment</td>
<td>Compensation rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,204.00</td>
<td>10/31/2008</td>
<td>11/01/2008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your claim is ACCEPTED and wage loss benefits will be paid.

- Full wage continuation by the employer under M.S. § 176.221, subd. 9.
- TPD payment made according to the wage loss verification received by the insurer on ______ (date).
- Fatality with dependents. Payment is being made according to dependent information, which must be ATTACHED.

Your claim is ACCEPTED. However, wage loss benefits will not be paid at this time for the following reason:

- Injury did not cause lost time from work beyond the three calendar day waiting period. If employer’s work schedule is not Monday through Friday, explain:

Primary liability is DENIED for the claimed work related. (Check one or both)

- Injury and/or death
- Other reason (include legal and factual basis)

NAME OF THE PERSON MAKING THIS DETERMINATION (name): DEE NILE
PHONE NUMBER (area code): (651) 222-3344
DATE SERVED (must be completed): 12/01/2008

Distribution: Workers’ Compensation Division, Employer, Insurer, Employee/Heirs and Dependents
Temporarily suspension of rehabilitation plan: File an R-3 Rehabilitation Plan Amendment form

- Identify the reason for suspension (such as the employee is recovering from non-work-related condition).

- Specify the plan suspension time period (such as **July 10 through Sept. 30, 2025**) and the services to be provided when the plan resumes.

- DLI suggests projected end-dates continue at least one month past the suspension period (such as **Oct. 31, 2025**, in the date used above), so the plan remains current.

- To avoid possible DLI penalties, see Minn. R. 5220.2830.
R-3: Suspend plan temporarily

<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Job Analysis</td>
<td>Possible job analysis related to job search and/or CBT</td>
<td>500.00</td>
<td>11/30/2022</td>
</tr>
<tr>
<td>02 - Job Modification</td>
<td></td>
<td>50.00</td>
<td>11/30/2022</td>
</tr>
<tr>
<td>03 - Functional Capacity Evaluation</td>
<td></td>
<td>50.00</td>
<td>11/30/2022</td>
</tr>
<tr>
<td>04 - Work Evaluation</td>
<td></td>
<td>50.00</td>
<td>11/30/2022</td>
</tr>
<tr>
<td>05 - Work Hardening/RT</td>
<td></td>
<td>50.00</td>
<td>11/30/2022</td>
</tr>
</tbody>
</table>
R-3: Suspend plan temporarily (continued)

<table>
<thead>
<tr>
<th>Service category</th>
<th>Description</th>
<th>Projected cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 - Job Seeking Skills Training</td>
<td>Systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment.</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>103 - Job Development</td>
<td>Activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs, or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by state privacy laws.</td>
<td>$1,200.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>11 - Post Placement Follow-up</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>12 - Tech/Community Skills Training</td>
<td>Recommend ABE &amp; computer classes to enhance employability.</td>
<td>$450.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>13 - Vocational Counseling</td>
<td>Coordinate delivery of services, address and answer concerns.</td>
<td>$350.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>14 - Vocational Testing</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>15 - On-the-Job Training</td>
<td>To be discussed with prospective employers to enhance employability.</td>
<td>$450.00</td>
<td>07/31/2025</td>
</tr>
<tr>
<td>16 - Labor Market Survey</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>17 - Exploration of Retaining</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>18 - Administrative</td>
<td>Progress reports, R-form, correspondence, updates, etc.</td>
<td>$450.00</td>
<td>11/30/2025</td>
</tr>
<tr>
<td>19 - Pre/Post Legal</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>20 - Expenses/Other</td>
<td>Mileage, parking, etc.</td>
<td>$556.00</td>
<td>11/30/2025</td>
</tr>
</tbody>
</table>

### Plan costs to date

<table>
<thead>
<tr>
<th>Plan costs to date</th>
<th>Projected additional costs to completion</th>
<th>Estimated total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$55,000.00</td>
<td>$5,000.00</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

### Plan duration from plan filing date (in weeks)

<table>
<thead>
<tr>
<th>Weeks to date</th>
<th>Projected additional weeks to completion</th>
<th>Estimated total weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>+10</td>
<td>42</td>
</tr>
</tbody>
</table>

20a. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5230.0450, subp. A)?

20b. Medical report date

21a. Is the employee released to return to work?

21b. Current work status

22a. Do barriers to successful completion of the rehabilitation plan exist?

22b. Do barriers to successful completion of the rehabilitation plan exist?

23. If yes, list the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.
QRC responsibilities during a job search

The QRC selects the internal placement to be used, because they are responsible for the rehabilitation plan.

• If the vendor used the QRC, they should advocate for whom they think will do the best job.

Develop job goals with the employee’s and vendor’s input.

• Determine what a reasonable starting job search radius would be and then go out from that.

• Consider doing a transferable skills analysis to establish job goals.

• If there are no appropriate jobs, do formal vocational testing and evaluation.
QRC responsibilities during a job search (continued)

Keep the vendor informed about the employee’s status.

• Minn. Rules 5220.1802, subp. 11, Access to medical and rehabilitation reports – the assigned QRC shall furnish other rehabilitation providers designated by the rehabilitation plan with copies of all appropriate medical and rehabilitation reports necessary for effective service provision by the other providers.

Monitor the vendor’s compliance with the rehabilitation plan.

Note: The six-hour QRC rule does not apply if the QRC is doing his or her own placement activity.
Recommended release of information for job search

Get approval to contact prospective employers, discuss physical limits, use the employee’s name and discuss the employee's background to:

• follow-up on job leads the employee found, to develop employment opportunities;
• follow-up on the employee’s interviews to sell the employee to the potential employer and determine what went right or wrong;
• perform an on-site job analysis to determine suitability, if needed;
• facilitate an on-the-job-training program with a prospective employer;
• send the employee’s job logs to the parties; and
• release information, including required reports and progress records, to the parties electronically or via U.S. mail.
Vendor: Job search responsibilities

If services are not on the rehabilitation plan, then do not do them – or get those services added.

Send copies of required reports and progress records to the QRC and other parties.

Send invoices directly to the insurer.

Send the QRC a list of costs, broken down by service categories, with the monthly placement report.
Job search services controlled by employee date of injury

Dates of injury through Sept. 30, 2013

• There is no limit on job placement or job development hours or length of time.

Dates of injury on or after Oct. 1, 2013

• Job development hours or length of time are capped at 20 hours a month. After 13 weeks, the QRC must have agreement of parties to do another 13 weeks and then the QRC must file another R-3 form for the next 13 weeks.

• There is no limit on job placement hours or length of time.
Definitions from R-2 and R-3 instructions

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

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

The retraining goal is to return the employee to suitable employment through a formal course of study.

Retraining is limited to 156 weeks, but may be extended by agreement of the parties or if ordered by DLI’s Alternative Dispute Resolution (ADR) unit or the Office of Administrative Hearings.

Resource

• Retraining plan development 101
Example: Retraining plan form

```
Retraining Plan

Date of injury: 12/7/2020

1. Claim representative: John Doe
2. Telephone number: 123-456-7890

Pre-injury job title: Assembly
Pre-injury average weekly wage: $5,000.00
Current compensation rate: 100%

School name: Superior University
City: Saint Paul
State: Minnesota
ZIP code: 55100

ITEMIZED COSTS:

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Amount</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/fee</td>
<td>$30,000.00</td>
<td></td>
</tr>
<tr>
<td>Books/fees</td>
<td>$5,000.00</td>
<td></td>
</tr>
<tr>
<td>Specialized/unique costs</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Custodial day care</td>
<td>$50,000.00</td>
<td></td>
</tr>
<tr>
<td>Transp/taking</td>
<td>$4,500.00</td>
<td></td>
</tr>
<tr>
<td>Total retraining costs (excluding wage benefit)</td>
<td>$50,000.00</td>
<td></td>
</tr>
</tbody>
</table>

Required attachments: Pursuant to Minnesota Rule 5220.0750, subp. 2(h), the following items must be attached:

a. Course syllabus/credit hours
b. Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)
```
Campus – retraining plan hints

• Convert all attachments to PDF files.

• For the retraining plan rationale section: in the blank box, type “See attachment”; and for the retraining rationale attachment, in addition to providing the rationale, paste the school’s tuition cost sheet, school’s parking cost sheet, the MapQuest webpage for mileage and the sheet of day care costs (if any) into the document, so everything is on one document.

• In Campus, download and print a copy of the retraining plan form to circulate. Note that if you submit or file the form before downloading it, the retraining plan form will disappear.

• The anticipated average weekly wage range does not work, so select a number.
Agreed upon retraining plans

• DLI will review and respond within 30 days upon receipt of a retraining plan.

• The QRC will be contacted if:
  ▪ the plan is incomplete or support information is vague (such as the retraining goal is not identified by the vocational testing);
  ▪ DLI recommends plan modifications; or
  ▪ there is a need to otherwise seek agreement about the plan.

• DLI notifies all parties if the plan is approved or denied and why.
Submit non-agreed or disputed retraining plans in Campus as “Initiate a dispute”

The QRC is responsible for keeping the rehabilitation plan moving forward.

- If the insurer does not sign and return the retraining plan in two weeks, the employee’s attorney or QRC should file a Request for Assistance (RFA) form to seek direction of the rehabilitation plan. **Do not sit on it.**

**Administrative conferences are scheduled within 21 days:**

- “Poole factors” are used to approve or deny retraining plans;
- download and print the RFA, retraining plan and attachments before filing with DLI.

**Note:** The RFA won’t appear in the “**My Forms**” or “**Documents**” tab upon submission.
Poole v. Farmstead factors used by ADR, OAH to decide retraining plan approval

- **Reasonableness** of retraining, compared to the employee’s return to work with the employer or through job search activities

- **Likelihood** of the employee succeeding in a formal course of study given the employee’s abilities and interests

- **Likelihood** retraining will result in reasonably attainable employment

- **Likelihood** retraining will produce an economic status as close as possible to that which the employee would have enjoyed without disability
Rehabilitation request: Minn. Rules 5220.1900, subp. 8

Rehabilitation service fee and cost disputes

The QRC, vendor and attorney may file an RFA in Campus to get invoices paid.

• Don’t rely on the employee’s attorney to file on your behalf; they don’t represent you.

• Attach outstanding invoices and progress reports to the RFA.

• Invoices should appear as shown on DLI’s website at www.dli.mn.gov/sites/default/files/pdf/rehab_invoice.pdf.

• Send copies of all documents to all the parties.

• If you have RFA filing problem in Campus, call 651-284-5030 for assistance.
Rehabilitation request: Minn. Stat. 176.221, subd. 7

Rehabilitation service fee and cost disputes – interest on balance due

The QRC or vendor may request interest be charged on each unpaid invoice, after 30 days receipt by the insurer. The ADR unit will do the calculation through the conference date, “if you request it,” with the current rate of interest.

Example: There are two balances overdue, $700 on an invoice six months overdue and $500 on one five months overdue. Using the current rate of interest at 12%:

• 12% of $700 = $84, ÷ 12 months = $7, interest per month x 6 months = $42;
• 12% of $500 = $60, ÷ 12 months = $5, interest per month x 5 months = $25; and
• the total in payable interest, $42 + $25 = $67.
Example RFA explanation section to obtain payment

Perfect Placement Services was chosen by the QRC and approved by the insurer to provide job search services on Ms. Labor’s behalf. Per the R-2 Rehabilitation Plan, job seeking skills training, job placement and job development services were provided to Ms. Labor to assist her to secure suitable employment. After 30 days of service, an invoice for the period of Jan. 20 through Feb. 17, 2025, was forwarded to Ms. Nile, Midwest Solutions Insurance, for payment, as required by Minn. Rules 5220.

Approximately one week later, after the invoice was submitted, a change of QRC occurred with the newly assigned QRC choosing to use her own in-house placement staff members. Perfect Placement Services created and mailed a cost break-down of services and a final placement report to all parties. A revised invoice for Jan. 20 through Feb. 26, 2025, was sent to the insurer for payment and Ms. Labor’s placement file was closed.
Example RFA explanation section to obtain payment, continued

The insurer was contacted March 31, April 14 and May 5, 2025. Through an exchange of email (see attached) the insurer confirmed there was no objection to the revised invoice and that she was in the process of issuing a check.

There has been no payment to date. Payment is requested and interest penalties will be applied through the date of the administrative conference and during the appeal period afterward.

Additionally, it is requested Minnesota Statutes section 176.221, subd. 6a, be applied and a penalty payment be issued due to noncompliance with Minn. Rules 5220.1900, subp. 1g.
Insurer directs you to close rehabilitation

If the insurer files a Notice of Intention to Discontinue Workers’ Compensation Benefits (NOID) form to stop employee benefits based on an independent medical examination **this does not stop rehabilitation services.**

**If all parties do not agree to close,** the insurer should file an RFA to terminate rehabilitation. If the insurer won’t file the RFA or sent you an email message telling you to close the file then the employee, employee’s attorney or the QRC should file an RFA.

- **If the QRC files the RFA:** “Assistance is required to determine the direction of the rehabilitation plan” should be stated.
R-8 Notice of Rehabilitation Plan Closure form

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of first consultation in person or telephone meeting</td>
<td>08/15/2020</td>
</tr>
<tr>
<td>2. WOC number or SSN</td>
<td>88-01-6170-202</td>
</tr>
<tr>
<td>3. Date of injury</td>
<td>12/07/2020</td>
</tr>
<tr>
<td>4. Employee name</td>
<td>Chuck Teller</td>
</tr>
<tr>
<td>5. E-mail address</td>
<td>Third Street Elementary</td>
</tr>
<tr>
<td>6. Insurer/self-insurer/TPA</td>
<td>Andie Rehab</td>
</tr>
<tr>
<td>7. QRC name</td>
<td>Andie Rehab</td>
</tr>
<tr>
<td>8. QRC phone number</td>
<td>651-200-5858</td>
</tr>
<tr>
<td>9. Name of last placement vendor</td>
<td>Perfect Placement</td>
</tr>
<tr>
<td>10. Employment status at plan closure</td>
<td>Employee RTW with different Employer</td>
</tr>
<tr>
<td>11. Gross AVW at plan closure</td>
<td>$1100.00</td>
</tr>
<tr>
<td>12. Return to work job</td>
<td>Different Job</td>
</tr>
<tr>
<td>13. Gross AVW at plan closure</td>
<td>02/22/2021</td>
</tr>
<tr>
<td>14. Cost by service area and rehabilitation provider</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Prior placement firm costs</th>
<th>Current placement firm costs</th>
<th>Prior QRC firm costs</th>
<th>Current QRC firm costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 - Rehabilitation Consultation</td>
<td>N/A</td>
<td>N/A</td>
<td>$865.00</td>
<td>$865.00</td>
</tr>
<tr>
<td>01 - Medical Management</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
</tr>
</tbody>
</table>
Brain teaser: How do you close this file?

At a doctor appointment, the employee is released without any physical limitations for any job. The employer previously terminated the employee.

The employee has requested job search services, stating she would not have lost her job if not for the injury.

In number 21 A-G (at right), which check box should be marked and why?
<table>
<thead>
<tr>
<th>02 - On-Site Job Analysis</th>
<th>Prior placement firm costs</th>
<th>Current placement firm costs</th>
<th>Prior QRC firm costs</th>
<th>Current QRC firm costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 - Coordination of RTW/Same Employer</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 - Job Modification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 - Functional Capacities Evaluation</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 - Transferable Skills Analysis</td>
<td></td>
<td></td>
<td>$450.00</td>
<td></td>
</tr>
<tr>
<td>07 - Work Evaluation</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 - Work Hardening/Adjustment</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 - Job Seeking Skills Training</td>
<td></td>
<td></td>
<td>$660.00</td>
<td></td>
</tr>
<tr>
<td>10A - Job Development (See Instructions to QRC)</td>
<td></td>
<td></td>
<td>$5,500.00</td>
<td></td>
</tr>
<tr>
<td>10B - Job Placement (See Instructions to QRC)</td>
<td></td>
<td></td>
<td>$2,700.00</td>
<td></td>
</tr>
<tr>
<td>11 - Post Placement Activity/Follow-up</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>12 - Technical/Academic Skills Improvement</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 - Vocational Counseling/Guidance</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 - Vocational Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - On-the-Job Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - Labor Market Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 - Retraining</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - Administrative</td>
<td></td>
<td></td>
<td>$1,200.00</td>
<td></td>
</tr>
<tr>
<td>19 - Preparation/Attendance Legal Proceeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - Expenses/Other</td>
<td></td>
<td></td>
<td>$850.00</td>
<td></td>
</tr>
</tbody>
</table>

Total costs of each column:
50.00 30.00 50.00 10,000.00

Sum of column totals above: $10,000.00

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

<table>
<thead>
<tr>
<th>QRC signature</th>
<th>Date</th>
<th>QRC Intern supervisor signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>08/29/2021</td>
<td>[Signature]</td>
<td>08/29/2021</td>
</tr>
</tbody>
</table>

E-electronically signed by [Name] on 8/30/2021 at 8:30 AM ET.
R-8 Notice of Rehabilitation Plan Closure Form Information

Purpose: The Notice of Rehabilitation Plan Closure (R-8) form and the summary report document the closure of the plan. The R-8 is used to document the reason the plan is being closed or suspended, the employee's employment status at plan closure, and the cost of all rehabilitation services that were provided under the plan. The narrative summary report describes the services that were provided from the beginning of the plan to the date of plan closure. Both of these documents must be filed within 30 calendar days of notice of any of the events listed in Minnesota Rules 5220.5510, subp. 7a, or when the QRC withdraws under Minn. Rules 5220.5510, subp. 7a.

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

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

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

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

Note: Item 31g does not apply if a claim petition, objection to discontinuance, request for an administrative conference or other document initiating litigation has been filed for the liability issue. If one of these documents has been filed and the QRC decides to withdraw, the QRC shall document the withdrawal by filing a Rehabilitation Plan Amendment (R-3) form.

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

Item 29: Total number of previously assigned QRCs involved in this rehabilitation plan – include any other QRCs from your firm or another firm who provided services under the plan closed by this R-8 form.

Item 30: Costs by service area and rehabilitation provider – list the total costs for the individual services provided by rehabilitation provider firms in the applicable spaces. No information is to be listed in the spaces marked “NA.” After this is completed, total each of the four columns and enter the final amounts in “Total costs of each column.”

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

Note on service code definitions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minnesota Statutes § 176.102, subd. 9, applies in the definition in Minn. Rules 5220.5510, subp. 10 and 16, as provided below.

Service code 10A: “Job development” means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer’s consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 9(b), for the maximum number of hours of development for dates of injury on or after Oct. 1, 2011.

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

Attach a closure report summarizing services provided (Minn. Rules 5220.5510, subp. 7f (4)).

Send copies of the R-8 to the employee, insurer and attorney(s). If the insurer is denying further liability, send a separate copy addressed to the department’s Vocational Rehabilitation unit (VRU) if withdrawing.
Closure of rehabilitation plan: 
Minn. Rules 5220.0510, subp. 7 (4)

Complete the R-8 Notice of Rehabilitation Plan Closure form.

Attach a narrative **summary report** from the start to the finish of rehabilitation.

• **A copy of last month’s activity report is not acceptable.**

Note: The “Checklist for timely submission of R-forms” will help you to avoid penalties. It is online at [www.dli.mn.gov/business/workers-compensation/wc-training rehabilitation-providers](http://www.dli.mn.gov/business/workers-compensation/wc-training-rehabilitation-providers).
**DOOLITTLE REHABILITATION**
200 ABC Avenue
Chilly, Minnesota 55000
Office: (360) 546-5530  doolittle.rehab@gmail.com  Fax: (360) 546-5531

**SUMMARY CLOSURE REPORT**

<table>
<thead>
<tr>
<th>RE:</th>
<th>Dolly Labor</th>
<th>Report Date:</th>
<th>12/31/2025</th>
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<td>QRC Intern:</td>
<td>#3130</td>
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<td>CL-02-0864-003</td>
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**CLOSURE SUMMARY:**

Return to work, different employer, same or different job.

On 08/09/2024, Ms. Labor injured her low back while working her medium duty job as a Logicator. Orthopedist, Dr. Boncs performed a L4-5 disectomy on 10/23/24. Following this, Ms. Labor was referred for physical therapy and released for part-time sedentary duty work on 12/15/15.

As her employer was unable to accommodate the physical limitations Ms. Labor remained off work. On 01/08/25, QRC Intern, Betty Kant performed a rehabilitation consultation. Through contact with her employer, it was learned the company had experienced a lay-off and that Dolly would not be called back.

Ms. Labor was determined to be eligible for rehabilitation services, after which an R-2 Rehabilitation Plan was developed with the goal of obtaining a different job work with a different employer. Following this, Dolly exercised her right to change QRC’s to myself.

On 02/17/2025, I met with Ms. Labor and reviewed her updated light duty medical restrictions and a vocational plan to obtain employment. Through the meeting it was determined that a transferable skills analysis would be performed to identify possible job goals. Additionally, as Dolly has been out of school for an extended period of time, she was encouraged to participate in adult basic education classes to brush up on her math, spelling and reading skills to aid her in completion of job applications and vocational testing, if needed. Ms. Labor and I also discussed job seeking skills training and placement services with Sam Smith at 1-2-3 Placement Services, Inc.

On 03/10/2025, I met with Ms. Labor and Mr. Smith. Through the meeting it was confirmed Dolly had the necessary job seeking skills to participate in a full-time job search. A job placement plan and agreement was then developed with the job goals of customer service, dispatcher, warehouse manager, and operations manager.
On 06/02/25, Ms. Labor participated in a formal vocational evaluation to determine her interests and aptitudes for other job opportunities. Through this new job goals were established including cost estimator, supply chain manager, retail store manager, transportation manager, property manager, and fleet manager. Additionally, it was recommended that Ms. Labor participate in skills enhancement classes including Excel, Word, and basic marketing.

The insurer approved the classes and Ms. Labor began them on 06/30/25. During that period, she also continued her job search. Ms. Labor successfully completed the classes at the end of October.

On 11/10/25, Ms. Labor began full time on-the-job training program at the Hartley Company as a Fleet Manager earning an AWW of $1,100.00. Ms. Labor reported her sedentary duty job provides a good challenge and has the potential to return her to her pre-injury wage.

On 12/23/25 all parties expressed agreement that the rehabilitation plan could be successfully closed. As such, an R-8, Notice of Rehabilitation Plan Closure report is being filed with this closure report.

It has been my pleasure to work with Ms. Labor and I wish her future success. If something should change and/or additional services are required, please feel free to contact me or the Department of Labor and Industry.

Submitted by,

Jimmy Doolittle
James Doolittle
Qualified Rehabilitation Consultant # 007

CC: Dolly Labor
Dee Nies, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Department of Labor & Industry
Thank you