

Work as a rehabilitation provider and documentation

2023 workers' compensation system report

The total estimated cost of rehabilitation services for 2021 is **\$40.9 million (2.9%)** and the **2021 estimated workers' compensation system cost was \$1.62 billion.**

Among vocational rehabilitation plans closed between October 2021 and September 2022, with a total cost of \$47.3 million:

1. **\$4.6 million**, or 10%, was for job development and placement activities – 6% performed by qualified rehabilitation consultant (QRC) firms and 4% performed by vendor placement firms;
2. **\$44.7 million**, or 95%, was for QRC services (other than job search); and
3. **\$2.5 million**, or 5%, was for vendors.

2022 average plan closures, costs

44.8%	Plan completion	\$7,290
33.9%	Settlement	\$12,230
18.1%	Agreement of parties	\$9,910
3.2%	All other outcomes	\$7,700

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 Official Disability Guidelines (ODG) information, listing ICD-10 codes, reporting maximum medical improvement (MMI) ratings, helping the insurer to investigate the claim, etc.
- Always have an employee-signed written medical release first before calling or contacting the treating physician's or health care provider's (HCP's) office (even to schedule an exam).

When 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 – even if that same employee has a different injury. See Minnesota Statutes section 176.102, subdivision 10.

Data privacy applies to email for DCM and QRCs

 Send	To	billjones@madeupinsuranceco.com
	Cc	dolly.labor@gmail.com ; jimb@whyamiherelog@mnco.net
Subject		[encrypt] WC 465-0987654321

Dear Mr. Jones:

The employee met with Dr. Johnson on 01/24/24, who recommended the following:

Physical therapy at 3 X's per week for 6 weeks

RTW at 4 hrs./day for 3 wks., to 6 hrs./day for 3 weeks.

Physical limitations to include: lifting to 25 lbs. occasionally, alternate stand/sit as needed.

Follow-up on: Mar. 6th @ 9am

I will plan to follow-up with you regarding approval of the physical therapy and Mr. Beam regarding accommodation of the on-the-job work hardening schedule.

Sincerely,

Betty Kant, QRC
MAKEIT REHABILITATION
101 Ways Boulevard
Tubedone, Minnesota 55447
(612) 414-4455

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 “qualified employee” (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 to confirm their understanding.
- Provide written disclosure of ownership or referral arrangements.
- Obtain the employee's signature.
- Give a copy of the form to the employee.
- Attach a copy of the form to the Rehabilitation Consultation Report (RCR) form and file it in Campus.

Rehabilitation Rights and Responsibilities of the Injured Worker form

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

Rehabilitation Rights and Responsibilities of the Injured Worker

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

DO NOT USE THIS SPACE

WID number or SSN	Date of injury
EE-00-7654-321	08/09/2024
Employee name	
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.dli.mn.gov/WC/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 60 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) 284-5032 or 1-800-342-5354 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.

(over)

Rehabilitation Rights and Responsibilities of the Injured Worker form (continued)

WID number or SSN EE-00-7654-321	Date of injury 08/09/2024	Employee name Dolly Labor	
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• 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) 284-5032 or 1-800-342-5354. 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 your wage, hours, employer and job title when you return to work with any employer and when your hours or wages change. This is necessary to accurately calculate your wage-loss benefits and to 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 <i>Reviewed form with Dolly who declined to sign it</i>		Date 01/06/2025	
QRC signature <i>Betty Kant</i>	QRC # 3130	Date 01/06/2025	QRC intern supervisor signature <i>Kenny Maljeit</i>
			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.

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.

Disclosure of Affiliations and/or Relationships form

(QRC Firm letterhead)

Employee Name: _____
WID/SSN: _____
Date(s) of Injury: _____
Assigned QRC or QRC Intern: _____
Referral Source: _____

DISCLOSURE OF AFFILIATIONS AND/OR RELATIONSHIPS

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 servicing company (also known as a third party administrator/TPA) and the nature and extent of that relationship.^{1 2} Please check one of the following:

- 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:

Adjusting/Service Company/Third Party Administrator (TPA), _____ 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(c). Rehabilitation providers are required to maintain separate roles and functions from claims 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(c). 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 precluded 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.

Rehabilitation Consultation Report form – qualified employee

Mail or fax to: Department of Labor and Industry Worker's Compensation Division PO Box 64221		Rehabilitation Consultation Report		
1. WID number or SSN EE-01-8168-798	2. Date of injury 07/01/2019	Campus File Number CL-02-5844-063		
3. Employee name Jan Process				
4. Employee address 444 Regression St				
City Stacy	State MN	ZIP code 55079	5. Employee phone # (651) 228-8899	
6. Employer name Uat Regression Co		7. Employer contact Sam Spade	8. Employer phone # (651) 777-9900	
9. Claim Admin Claim Number UatJan141		14. QRC name Andie Rehab		
10. Insurer/self-insurer/TPA Uat Another One		15. Rehab provider group firm Andie Rehab Firm LLC		
11. Insurer address 444 Luck St, Saint Paul 551010001		16. QRC address PO Box 123, Saint Paul MN 55101		
12. Claim representative Dee Nile	13. Claim rep phone # (900) 234-4455	17. QRC # 0700	18. QRC firm # 5309	19. QRC phone # (651) 255-5688
20. NO 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.				
21. YES In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.				
22. YES 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.				
23. YES I have consulted with the date-of-injury employer regarding the above issues				
24. 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				
25. Date of first in-person or telephone meeting 07/29/2021	QRC Signature or QRC Supervisor (if applicable) By: <i>N Andie Rehab</i> On 8/3/2021 at 2:31 PM CT		QRC Intern Signature (if applicable)	

Rehabilitation consultation narrative report: Minn. R. 5220.0130, subp. 3D

- Attach a narrative report “explaining the basis of your opinion.”
- File a Rehabilitation Consultation Report (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.

RCR form – qualified employee

MAKEIT REHABILITATION
101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (651) 414-4455 makeitrehab@cando.com

Re:	Dolly Labor	Report date:	01/07/2025
WID:	EE-00-7654-321	In-person date:	01/06/2025
DOI:	08/09/2024	QRC Intern:	# 3130
Insurer:	Midwestern Solutions	Employer:	Whyamihere Logistics
Campus:	CL-02-5844-063	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

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #1010

CC: Dolly Labor

Sally Forth, Whyamihere Logistics
Department of Labor & Industry

RCR form – all parties agree to services

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (651) 414-4455 makeitrehab@cando.com

Re:	Dolly Labor	Report date:	01/07/2025
WID:	EE-00-7654-321	In-person date:	01/06/2025
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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, Whyamihere Logistics
Department of Labor & Industry

RCR performed – employee does not want services

MAKEIT REHABILITATION

101 Ways Boulevard

Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

REHABILITATION CONSULTATION REPORT

RE:	Dolly Labor	Report Date:	01/07/2025
WID:	EE-00-7654-321	In-person Date:	01/06/2025
DOI:	08/09/2024	QRC Intern	# 313
Insurer:	Midwest Solutions	Employer:	WHYAMIHERE LOGISTICS
Campus:	CL-02-5844-083	File No:	RT-02-5881-387

On 08/09/2024, Ms. Labor injured her low back while working as a Loginator, a medium duty position, at Whyamihere Logistics. On 08/26/2024, 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 – 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. 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) 342-5354.

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

Brain teaser

You have 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 is willing to answer any questions you have.

What questions should you ask or actions should you take?

Letter: Unable to perform consultation

MAKEIT REHABILITATION
101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (651) 414-4455 makeitrehab@cando.com

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

Re:	Dolly Labor	Report date:	01/07/2025
WID:	EE-00-7654-321	QRC Intern	# 3130
DOI:	08/09/2024	Employer:	Whyamihere Logistics
Campus:	CL-02-5844-063	IR Claim:	WC6453445

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

Betty Kant, QRC Intern #3130

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #1010

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

Letter: RCR meeting declined

MAKEIT REHABILITATION

101 Ways Boulevard

Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

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

RE: Dolly Labor
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Report Date: 01/08/2016
Contact Date: 01/06/2016
QRC Intern #: 313
Employer: WHYAMIHERE LOGISTICS

Dear Ms. Nile:

On 01/06/2016, 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 (800)342-5354.

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

R-2 Rehabilitation Plan: Minn. R. 5220.0410, subps. 2, 5; and 5220.1803, subp. 5

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

Department of Labor and Industry
Workers' Compensation Division
(651) 284-6032 or 1-800-342-6354

R-2 Rehabilitation Plan

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

1. WID number or SSN EE-01-6168-798		2. Date of injury 07/01/2019	
3. Employee name Jan Process			
4. Employee address 444 Regression St Stacy, MN, 55079			
5. Employee phone number (651) 228-8899		6. Date of birth 01/01/1980	
7. Employer name Uat Regression Co		8. Employer contact Sam Spade	9. Employer phone number (651) 777-9900
10. Insurer claim number UatJan141		15. QRC name Andie Rehab	
11. Insurer/self-insurer/TPA Uat Another One		16. QRC firm Andie Rehab Firm LLC	
12. Insurer address 444 Luck St Saint Paul, 551010001		17. QRC address 445 Test St Saint Paul, MN, 55101	
13. Claim representative Dee Nile	14. Phone number (800) 234-4455	18. QRC # 0700	19. QRC firm # 5309
20. QRC phone number (651) 255-5688		27. Highest grade completed Some post-secondary course work	
21. Occupation at time of injury Loginator		22. Pre-injury AWW 1240.00	
23. Occupational demands Medium			
24. Job at date of injury 1: Full Time			
25. Employee's current work status Off work from DOI to start of rehabilitation			
26. Employee may require an interpreter No			
26. Vocational goal RTW different employer		28. Date of first consultation in person or telephone meeting 07/26/2021	

QRC Comments:

The DOI employer does not have a job for Dolly to RTW. Ms. Labor will participate in ABE classes to brush up on her academic skills for employment exams. Job search will be initiated to facilitate RTW to suitable employment.

Complete all service areas to be provided during this plan

Service category	Description	Projected cost	Projected completion date
00 - Rehabilitation Consultation	Consultation to determine eligibility. Eligibility Determination	\$650.00	01/07/2025
01 - Medical Management	Attend med appts, med related communications, etc.	\$1,300.00	07/31/2025
02 - On-Site Job Analysis	Possible job analysis related to job search and/or OJT	\$300.00	07/31/2025
03 - Coordinate RTW Same ER		\$0.00	
04 - Job Modification		\$0.00	

R-2 Rehabilitation Plan form (continued)

05 - Functional Capacity Eval		\$0.00	
06 - Transferrable Skills Analysis	OASYS-work history analysis to determine possible job goals	\$150.00	07/31/2025
07 - Work Evaluation		\$0.00	
08 - Work Hardening/Adj.		\$0.00	
09 - Job Seeking Skills Training	Resume/cvr. ltr dev., cold calling, interview skills, employer follow-up	\$350.00	07/31/2025
10A - Job Development	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.	\$6,040.80	07/31/2025
10B - Job Placement	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.	\$1,200.00	07/31/2025
11 - Post Placement Follow-up		\$0.00	
12 - Tech/Academy Skills Imprv	Recommend ABE & computer classes to enhance employability.	\$450.00	07/31/2025
13 - Vocational Counseling	Coordinate delivery of services, address and answer concerns.	\$350.00	07/31/2025
14 - Vocational Testing	CareerScope, WRAT, CAI, Meyers-Briggs, OASYS, if needed	\$850.00	07/31/2025
15 - On the Job Training	To be discussed with prospective employers to enhance employability.	\$450.00	07/31/2025
16 - Labor Market Survey		\$0.00	
17 - Exploration of Retraining		\$0.00	
18 - Administrative	Progress reports, R-forms, correspondence, updates, etc.	\$400.00	07/31/2025
19 - Prep/Attend Legal Proceeding		\$0.00	
20 - Expenses/Other	Mileage, parking, etc.	\$335.00	07/31/2025
Total projected costs			\$12,625.80
Employee comments (if any)			

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

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

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

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

Employee responsibilities

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

R-2 Rehabilitation Plan 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.

Employee signature	Date	Claim representative signature	Date
QRC signature <i>/s/ Andie Rehab</i> Electronically Signed By Andie Rehab On 8/6/2021 at 9:17 AM CT	Date 08/06/2021	QRC intern supervisor signature	Date

R-2 Rehabilitation Plan Form Information

Rehabilitation plan privacy and confidentiality

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

Rehabilitation form availability

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

Intent to commit fraud

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

Instructions to QRC Completing the R-2 Rehabilitation Plan Form

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

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

Service codes and descriptions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 178.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "Job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 178.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after October 1, 2013.

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

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

Responsibility section: Review these instructions with the employee.

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

R-2 Rehabilitation Plan dictionary of occupational titles instructions

From the Dictionary of Occupational Titles: Definition Trailer Abridged

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

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

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

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

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

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

Initial evaluation report

INITIAL EVALUATION REPORT

Re: Dolly Labor Report date: 01/15/2025
WID: EE-00-7654-321 QRC Intern # 3130
DOI: 08/09/2024 Employer: Whyamihere Logistics
Campus: CL-02-5844-063 IR Claim: WC6453445

VOCATIONAL GOAL:

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 Whyamihere Logistics, Inc.

Ms Forth stated Ms. Labor's job was a t medium duty and there were no sedentary or light duty jobs available. She further indicated the company had recently laid of 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.

Initial evaluation report (continued)

On 8/30/2024, Ms. Labor met with family physician Samuel Johnson MD who, following an examination recommended a lumber 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 Whyamihere 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.

Initial evaluation report (continued)

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

Betty Kant, QRC Intern #3130

Kenny Makeit

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, the QRC should file an RFA "to seek direction of the rehabilitation plan."
- If a party does not return or object to the R-2 plan, it is deemed as approved and the QRC is to file evidence it was sent (such as a copy of the cover letter) to the party.

Letter to insurer with R-2 Rehabilitation Plan form

MAKEIT REHABILITATION

101 Ways Boulevard

Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

January 15, 2025

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

RE:	Dolly Labor	Campus:	CL-02-5844-083
WID:	EE-00-7654-321	File No:	RT-02-5881-387
DOI:	08/09/2024	Claim:	WC-64534455

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

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor

ENC: R-2 Pan and Initial Report

Invoice with service codes after RCR performed

Claim number CL-02-5844-063/WC6453445			Vocational Rehabilitation Invoice			Instructions on page 3 Page 1 of 2 pages		
Provider file number BR459			Invoice number 001001			Activity dates From: 01/07/2025		
Date plan filed 01/30/25			Invoice date			To: 01/31/2025		

Insurer name Midwest Solutions Insurance			Employee Dolly Labor		
Address 22 Twain Avenue			WID number or SSN EE-00-7654-321		
City Minneapolis			Date of injury 08/09/2024		
State MN			ZIP code 55415		
Insurer claim representative Ms. Dee Nile			Employer Whyamihere Logistics		

Provider firm name Makelt Rehabilitation			Reg. # 0200		
Address 101 Ways Boulevard			Cost of prior QRC firm services other than placement \$		
City Tubedone			Cost to date of current QRC firm services other than placement \$ 908.15		
State MN			Cost of any job placement and job development provided by prior QRC firm \$		
ZIP code 55447			Cost to date of any job placement and job development provided by current QRC firm \$		
Telephone number (612) 414-4455			Federal ID# or SSN 78934560		
Job placement vendor firm name N/A			Reg. # N/A		
Cost to date of job placement/job development by registered rehab vendor(s) (including CARF) \$			Total cost to date of rehabilitation services \$ 1,653.20		

Vocational Rehabilitation Services							
Date	Code	Service description	Professional time	Travel Time	Wait time	Mileage	Expenses
01/08/2025	01/TD	Faxed med release to dr. Will attend appt.	.20				
01/09/2025	01/TE	Called EE, rev'd med status and initial goals.	.40				
01/09/2025	18/TI	Ret'd call to IR, left detailed message	.10				
01/10/2025	01/VE	Met with EE, rev'd med status and questions	.50	.70	.25	80	\$4.50
01/10/2025	01/VD	Met with EE and dr. Rev'd med status and plan	.40				
01/10/2025	01/VE	Met with EE, rev'd med plan and questions	.30				
01/10/2025	18/LI	E-mail update to insurer	.20				
01/13/2025	18/RF	Prepare R-2 form/report	1.55				
01/15/2025	18/ET	EE called re: R-2 and corrections to report	.10				
01/15/2025	18/RF	Initial eval report corrected & sent to EE	1.0				
01/17/2025	18/EL	Rec'd signed R-2 from EE	.40				
01/17/2025	18/LI	Sent R-2 and report to IR for review & return	.10				

Date	Code	Service description	Professional time	Travel Time	Wait time	Mileage	Expenses
01/30/2025	18/IL	Rec'd signed R-2 from IR-filed in Campus	.30				
01/31/2025	18/RA	Dictated report, mailed invoice, sent copies, etc.	.75				
Totals:							
Professional	6.3	hours at	123.00	/hr. = \$	774.90		
Travel	0.7	hours at	92.25	= \$	64.58		
Wait	0.25	hours at	61.50	= \$	15.38		
Mileage:	80	miles at	0.61	/mi. = \$	48.80		
Expenses (i.e. parking, other)			= \$	4.50			
Total this bill \$			908.15				
Previous balance owed \$			N/A				
Pay this amount \$			908.15				

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. **Hint:** If you use the PPR form instead of the R-3 form, you won't have the answers on items 20 through 23 appearing on every R-3 form going forward.
- **For barriers** to success, **attach a separate sheet** identifying the barriers and your plan to overcome them.
- **Question: What might be considered barriers?**

Work Comp Campus Plan Progress Report:

Note small check boxes

Rehabilitation Plan Details

Is the Employee Released to Return to Work? *

Yes, with restrictions

Medical Report Date *

6/2/2021

(mm/dd/yyyy)

Current Work Status? *

Not working

Is the Plan Still Current?

Do Barriers to Successful Completion of the Rehabilitation Plan Exist?

If Working, Is This a Temporary Job?

Plan Cost to Date *

\$ 3650

Other Costs Necessary to Complete Plan *

\$ 1700

Estimated Total Cost

\$5,350.00

Plan progress report

Department of Labor and Industry
Workers' Compensation Division
(651) 284-8032 or 1-800-342-5354

Plan Progress Report

1. Date of this report 08/08/2021		2. Campus File Number CL-02-5844-063		
3. WID number EE-01-0108-798		4. Date of injury 07/01/2019		
5. Employee name Jan Process				
6. Employee address 444 Regression St Stacy, MN 55078				
7. Date of rehabilitation consultation: 07/26/2021				
8. Employer name Uat Regression Co		9. Employer contact person Sam Spade	10. Phone number (651) 777-9000	
11. Insurer claim number UatJan141		16. QRC name Andie Rehab		
12. Insurer/self-insurer/TPA Uat Another One		17. QRC firm Andie Rehab Firm LLC		
13. Insurer address 444 Luck St Saint Paul, MN 551010001		18. Address 445 Test St Saint Paul, MN 55101		
14. Claim representative Dee Nile	15. Phone number (812) 222-3344	19. QRC # 0700	20. QRC firm # 5309	21. Phone number (651) 255-5888
22. Is the employee released to return to work? Yes, with restrictions		Medical report date 06/02/2021		
23. Current work status: Not working		If working, is this a temporary job? No		
24. Is the plan still current? Yes				
25. Costs		Estimated total cost		
Plan costs to date	Other costs necessary to complete plan	=		
\$3,650.00	+ \$1,700.00		\$5,350.00	
26. Plan duration from plan filing date (in weeks)		Estimated total duration		
Duration to date	Expected additional duration to plan completion	=		
1	+ 25		26	
27. Do barriers to successful completion of the rehabilitation plan exist? Yes				
QRC Signature	Date	QRC Intern Supervisor Signature	Date	
<i>/s/ Andie Rehab</i>	08/06/2021			
Electronically Signed By Andie Rehab				
On 8/6/2021 at 10:12 AM CT				

Plan Progress Report: Barriers, measures to overcome

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (812) 414-4455 makeitrehab@cando.com Fax: (812) 414-4000

PLAN PROGRESS REPORT NARRATIVE –Item #26

Re:	Dolly Labor	Report Date:	06/27/2025
WID:	EE-00-7654-321	QRC intern:	#3130
DOI:	08/09/2024	File No:	RT-02-5881-387
Campus:	CL-02-5844-063	Claim:	WC-64534455

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 transferable skills analysis identified jobs have been exhausted through job placement vocational interest and aptitude testing will be conducted.
- 2) The insurer will be re-contacted regarding approval of computer classes to enhance Ms. Labor's transferable skills.
- 3) Once vocational testing is completed an OASYS transferable 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.

What to do when the doctor has the employee off work

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 $\frac{3}{8}$ divided by $\frac{7}{16}$?

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 to be provided that period.

Don't:

- list services you do not plan to provide this period or have already completed;
- write “no change” in the rehabilitation service category sections;

R-3 Rehabilitation Plan Amendment: Minn. R. 5220.0510, subp. 3 (continued)

- list a single service to cover many services (“medical management” does not cover coordination of return to work, vocational counseling or mileage); and
- list the goal “to obtain maximum medical improvement.”

R-3 Rehabilitation Plan Amendment: Continue plan with job placement

Department of Labor and Industry Workers' Compensation Division (651) 284-9030 or 1-800-342-9354		R-3 Rehabilitation Plan Amendment		
1. WID number or SSN EE-01-8168-798	2. Date of injury 07/01/2019			
3. Date of first consultation in person or telephone meeting (#29 on R-2) 07/28/2021				
4. Employee name Jan Process		8. QRC name Andie Rehab		
5. Insurer/self-insurer/TPA Uat Another One		9. QRC address 445 Test St		
6. Insurer claim number UatJan141		City Saint Paul	State MN	ZIP code 55101
7. Employer name Uat Regression Co		10. QRC # 0700	11. QRC firm # 5309	12. QRC phone number (651) 255-5888
13. Change of QRC No		14. Withdrawal of QRC No		
Previous QRC #		New QRC #		
15. Proposed amendment and rationale (attach separate sheet as necessary) To extend the rehabilitation plan date and cost. Ms. Labor is release to RTW with sedentary duty limitations. Job development, by agreement, and placement are continued with Perfect Placement Services. The insurer has been recontacted about approval of computer classes to enhance Dolly's job skills.				
16. Employee comments (if any)				
17. QRC is to complete all service areas to be provided during the period covered by this R-3				
Service category	Description	Projected cost	Projected completion date	
00 - Rehab Consultation		\$0.00		
01 - Medical Management	Attend med appts, med related communications, etc.	\$100.00	11/30/2025	
02 - On-Site Job Analysis	Possible job analysis related to job search and/or OJT	\$300.00	11/30/2025	
03 - Coordinate RTW Same ER		\$0.00		
04 - Job Modification		\$0.00		
05 - Functional Capacity Eval		\$0.00		
06 - Transferrable Skills Analysis		\$0.00		
07 - Work Evaluation		\$0.00		
08 - Work Hardening/Adj.		\$0.00		

R-3 Rehabilitation Plan Amendment: Continue plan with job placement (continued)

Service category	Description	Projected cost	Projected completion date										
09 - Job Seeking Skills Training		\$0.00											
10A - Job Development	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.	\$6,040.80	11/30/2025										
10B - Job Placement	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.	\$1,200.00	11/30/2025										
11 - Post Placement Follow-up		\$0.00											
12 - Tech/Academy Skills Imprv	Recommend ABE & computer classes to enhance employability.	\$450.00	11/30/2025										
13 - Vocational Counseling	Coordinate delivery of services, address and answer concerns.	\$350.00	11/30/2025										
14 - Vocational Testing		\$0.00											
15 - On the Job Training	To be discussed with prospective employers to enhance employability.	\$450.00	07/31/2025										
16 - Labor Market Survey		\$0.00											
17 - Exploration of Retraining		\$0.00											
18 - Administrative	Progress reports, R-forms, correspondence, updates, etc.	\$400.00	11/30/2025										
19 - Prep/Attend Legal Proceeding		\$0.00											
20 - Expenses/Other	Mileage, parking, etc.	\$335.00	11/30/2025										
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Plan costs to date</td> <td style="text-align: center;">Projected additional costs to completion</td> <td style="text-align: center;">Estimated total cost</td> </tr> <tr> <td>18. Costs</td> <td></td> <td></td> </tr> </table>		Plan costs to date	Projected additional costs to completion	Estimated total cost	18. Costs			<table border="1" style="width: 100%;"> <tr> <td style="width: 30%; text-align: right;">\$3,650.00</td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 30%; text-align: right;">\$9,625.80</td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 30%; text-align: right;">\$13,275.80</td> </tr> </table>	\$3,650.00	+	\$9,625.80	=	\$13,275.80
Plan costs to date	Projected additional costs to completion	Estimated total cost											
18. Costs													
\$3,650.00	+	\$9,625.80	=	\$13,275.80									
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Weeks to date</td> <td style="text-align: center;">Projected additional weeks to completion</td> <td style="text-align: center;">Estimated total weeks</td> </tr> <tr> <td>19. Plan duration from plan filing date (in weeks)</td> <td></td> <td></td> </tr> </table>		Weeks to date	Projected additional weeks to completion	Estimated total weeks	19. Plan duration from plan filing date (in weeks)			<table border="1" style="width: 100%;"> <tr> <td style="width: 30%; text-align: right;">26</td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 30%; text-align: right;">16</td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 30%; text-align: right;">42</td> </tr> </table>	26	+	16	=	42
Weeks to date	Projected additional weeks to completion	Estimated total weeks											
19. Plan duration from plan filing date (in weeks)													
26	+	16	=	42									
20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)?													
21a. Is the employee released to return to work?		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? No													
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.													

R-3 Rehabilitation Plan Amendment: Signature with instructions

Employee signature	Date	Claim representative signature	Date
QRC signature <i>/s/ Andie Rehab</i> Electronically Signed By Andie Rehab On 8/6/2021 at 11:22 AM CT	Date <i>08/06/2021</i>	QRC intern supervisor signature	Date

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

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

Rehabilitation form availability

This form and access to the electronic submission format is located at www.dli.mn.gov/WC/Wcforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (851) 284-8032 or 1-800-342-5354.

Intent to commit fraud

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

Instructions to QRC

R-3 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 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

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

To amend a rehabilitation plan: The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:

- physical limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the vocational goal;
- the projected cost or duration will be exceeded; or
- the employee feels ill-suited for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer items 1 through 20. For item 17, check 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.

Do not file the R-3 form with the Department of Labor and Industry at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: 1) when the parties have all signed it; or 2) 15 days after circulation to the parties (or 15 days after recirculation 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 nonsigning party.

Change of QRC within 60 days of the R-2 filing, agreement of the parties or ordered

Previous QRC

1. Send a copy of the rehabilitation file to the new QRC, with a cost break-down letter of services.
2. File a cost break-down letter in Campus through the “Submit a Filing” function.

New QRC

1. Complete a **Rehabilitation Rights and Responsibilities of the Injured Worker** form and **disclosure form** with the employee. Also complete an Authorization for File Review or Release of Copies of Workers’ Compensation Claim File form. File the authorization form in Campus using “Submit a Filing” and wait for DLI approval.

Change of QRC within 60 days of the R-2 filing, agreement of the parties or ordered, continued

2. Complete an **R-3 Rehabilitation Plan Amendment** indicating the change of QRC to yourself with the rehabilitation plan. Attach the new rights and responsibilities form.

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 I.D. 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 lists 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 submit another R-3 later.

How to file a change of QRC to you in Campus (continued)

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.

Note: Going forward, the RT rehabilitation file will always be in the “My Claims” tab and **will never transfer** to the “My Rehab Cases” tab.

Cost breakdown letter to new QRC

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

February 28, 2025

Mr. Jimmy Doolittle, QRC
200 ABC Avenue
Chilly, MN 55000

RE:	Dolly Labor	Reason:	Change of QRC
WID:	EE-00-7654-321	QRC intern:	#3130
DOI:	08/09/2024	File No:	RT-02-5881-387
Campus:	CL-02-5844-063	Claim:	WC-64534455

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:

Rehabilitation Consultation	\$600.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Job Seeking Skills Training	\$325.00
Administrative	\$ 45.50
Expenses	\$ 29.40
Total Plan costs to date:	\$ 1100.00

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

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor # 101

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

ENC: Employee File (New Assigned QRC only)

R-3 Rehabilitation Plan Amendment form

Mail or fax completed copy to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5000 or 1-800-342-6354
 Fax: (651) 284-6731

R-3 Rehabilitation Plan Amendment

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



DO NOT USE THIS SPACE

1. WID number or SSN 7654321		2. Date of injury 10/18/2015	
3. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016			
4. Employee name Dolly Labor		8. QRC name James Doolittle	
5. Insurer/self-insurer/TPA Midwest Solutions Insurance		9. QRC address 200 Pushme Avenue	
6. Insurer claim number WC 64534455		City State ZIP code Chilly MN 55000	
7. Employer name WHYAMIHERE LOGISTICS		10. QRC # 007	11. QRC firm # 2012
		12. QRC phone number (952) 667-3422	
13. Change of QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous QRC # 313		New QRC # 007	
15. Proposed amendment and rationale (attach separate sheet as necessary) 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.			
16. Employee comments (if any)			
17. QRC is to complete all service areas to be provided during the period covered by this R-3			
Service category	Description	Projected cost	Projected completion date
01 - Medical Management	Attend medical appointments, med related communications, etc.	\$ 100.00	06/30/2016
02 - On-Site Job Analysis			
03 - Coordinate RTW/same ER			
04 - Job Modification			
05 - Functional Capacities Evaluation			
06 - Transferrable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)	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	\$ 3,020.40	06/30/2016
10B - Job Placement (See instructions to QRC)	Follow up w/EE to review job search including ER contacts, interviews, and follow-up. Provide guidance as needed to enhance job search.	\$ 1,200.00	06/30/2016

R-3 Rehabilitation Plan Amendment (continued)

Service category	Description	Projected cost	Projected completion date
11 - Post Placement/Follow-up			
12 - Technical/Academic Skills Improvement			
13 - Vocational Counseling/Guidance	Coordinate delivery of services, address questions and requests.	\$ 100.00	06/30/2016
14 - Vocational Testing	Differential Aptitude Test, CAI, Meyers-Briggs and Skillstran Prog.	\$ 700.00	06/30/2016
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore Retraining/Formal Retraining			
18 - Administrative	Progress reports, R-forms, Correspondence, Updates, etc.	\$ 450.00	06/30/2016
19 - Preparation/Attend conference/hearing			
20 - Expenses/Other	Mileage, parking,	\$ 250.00	06/30/2016
Plan costs to date		Projected additional costs to completion	Estimated total cost
18. Costs	\$ 1,325.00	+ \$ 5,820.40	= \$ 7,145.40
19. Plan duration from plan filing date (in weeks)		Projected additional weeks to completion	Estimated total weeks
7		+ 17	= 24
20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)? <input type="checkbox"/> Yes (complete #21 to 23) <input checked="" type="checkbox"/> No			
21a. Is the employee released to return to work? <input type="checkbox"/> Yes, with restrictions <input type="checkbox"/> Yes, without restrictions <input type="checkbox"/> No			21b. Medical report date
22a. Current work status <input type="checkbox"/> Not working <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal layoff			22b. If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do barriers to successful completion of the rehabilitation plan exist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.			
Employee signature	Date	Claim representative signature	Date
QRC signature	Date	QRC intern supervisor signature	Date
<i>James Doolittle</i> , QRC # 007	02/26/2016		

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

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

Rehabilitation form availability

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

Intent to commit fraud

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 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 insurers written denial or email message.
- Check “**withdrawal of QRC**” to send the RT file to DLI's Vocational Rehabilitation unit (VRU).
- **Do not list the name** of a specific VRU QRC. VRU will make the assignment.

Primary denial of liability – litigation pending (continued)

- 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. R. 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. R. 5220.0510, subp. 7a(A)(B).

Cost break-down letter to VRU

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (812) 414-4455 makeitrehab@cando.com Fax: (812) 414-4000

February 28, 2025

Vocational Rehabilitation Unit
Minnesota Department of Labor & Industry
PO Box 64223
St. Paul, MN 55164-0223

RE:	Dolly Labor	Reason:	Withdraw as QRC
WID:	EE-00-7654-321	QRC intern:	#3130
DOI:	08/09/2024	File No:	RT-02-5881-387
Campus:	CL-02-5844-063	Claim:	WC-84534455

]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	\$800.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Administrative	\$ 45.50
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

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
Dee Nile, 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 (for example a claim petition has been filed) 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) Mail a copy of the employee's rehabilitation file to: Minnesota Department of Labor and Industry, Vocational Rehabilitation, 443 Lafayette Road N., St. Paul, MN 55155.
- 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 this case (Withdrawal of QRC).

Continue as Assigned QRC Change of QRC Withdrawal of QRC

Case Information

Campus File Number CL-02-5844-063	Date Of Injury 7/1/2019
---	-----------------------------------

Initial Rehab Consultation Date
7/26/2021

WID Number EE-01-6168-798	Employee Jan Process
Employer Uat Regression Co	Insurer/Self-insurer/TPA Uat Another One

Withdrawing QRC Information

QRC Name
null null

No address assigned

QRC Number undefined	QRC Firm Number undefined
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R-3 withdrawal to VRU – attach letter, primary denial

Department of Labor and Industry
Workers' Compensation Division
(651) 284-6030 or 1-800-342-5354

**R-3
Rehabilitation Plan Amendment**

1. WID number or SSN EE-01-6168-798		2. Date of injury 07/01/2019	
3. Date of first consultation in person or telephone meeting (#29 on R-2) 07/26/2021			
4. Employee name Jan Process		8. QRC name Andie Rehab	
5. Insurer/self-insurer/TPA Uat Another One		9. QRC address 445 Test St	
6. Insurer claim number UatJan141		City Saint Paul	State MN
		ZIP code 55101	
7. Employer name Uat Regression Co		10. QRC # 0700	11. QRC firm # 5309
		12. QRC phone number (651) 255-5888	
13. Change of QRC No		14. Withdrawal of QRC Yes	
Previous QRC #	New QRC #		
15. Proposed amendment and rationale (attach separate sheet as necessary)			
16. Employee comments (if any)			
17. QRC is to complete all service areas to be provided during the period covered by this R-3			
Service category	Description	Projected cost	Projected completion date
00 - Rehab Consultation		\$0.00	
01 - Medical Management	Attend med appts, med related communications, etc.	\$100.00	12/01/2025
02 - On-Site Job Analysis	Possible job analysis related to job search and/or OJT	\$300.00	11/30/2025
03 - Coordinate RTW Same ER		\$0.00	
04 - Job Modification		\$0.00	
05 - Functional Capacity Eval		\$0.00	
06 - Transferrable Skills Analysis		\$0.00	
07 - Work Evaluation		\$0.00	
08 - Work Hardening/Adj.		\$0.00	

Example of primary denial

Notice of Insurer's Primary Liability Determination			
<small>See instructions on reverse side. PRINT IN INK or TYPE Enter dates in MM/DD/YYYY format.</small>			
 <small>DO NOT USE THIS SPACE</small>			
<input type="checkbox"/> Amended			
WID or SSN	DATE OF INJURY	DATE OF DEATH (if applicable)	
7654321	10/31/2008		
EMPLOYEE (last, first, mi)			
LABOR, DOLLY			
EMPLOYER			
WAMIHERE LOGISTICS			
INSURER/SELF-INSURER/TPA			
MIDWESTERN SOLUTIONS INSURANCE			
INSURER CLAIM NUMBER			
WC 64221			
First date of lost time	Date employer notified of this lost time	Initial date of return to work	Average weekly wage at date of injury
10/31/2008	11/01/2008		\$1,204.00
<small>If the initial return to work was followed by a new period of lost time, complete the following information: First date of new period of lost time: _____ Date employer notified of this lost time: _____</small>			
<input type="checkbox"/> 1. Your claim is ACCEPTED and wage loss benefits will be paid.			
Benefit type: <input type="checkbox"/> Temporary Total (TTD) <input type="checkbox"/> Temporary Partial (TPD) <input type="checkbox"/> Permanent Total (PTD) <input type="checkbox"/> Dependency (DEP)			
Date of payment	Amount of payment	Time period covered with this payment Date from _____ Date through _____	Compensation rate
Any ongoing payments will be made on _____ (day of week) at _____ (weekly, biweekly, etc.) intervals.			
Check all that apply	<input type="checkbox"/> Full wage continuation by the employer under M.S. § 176.221, subd. 9.		
	<input type="checkbox"/> TPD payment made according to the wage loss verification received by the insurer on _____ (date).		
	<input type="checkbox"/> Fatality with dependents. Payment is being made according to dependent information, which must be ATTACHED.		
	<input type="checkbox"/> Fatality with no dependents. Payment is being made to the estate or the Special Compensation Fund.		
<input type="checkbox"/> 2. Your claim is ACCEPTED. However, wage loss benefits will not be paid at this time for the following reason:			
Check only one	<input type="checkbox"/> A. Injury did not cause lost time from work beyond the three calendar day waiting period. If employee's work schedule is not Monday through Friday, explain: _____		
	<input type="checkbox"/> B. Verification of reduced wages for TPD has not been received from the employee or employer.		
	<input type="checkbox"/> C. Other reason (include legal and factual basis): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<input checked="" type="checkbox"/> 3. Primary liability is DENIED for the claimed work related <input checked="" type="checkbox"/> injury and/or <input type="checkbox"/> death. (Check one or both)			
Reason for denial (include legal and factual basis): <div style="border: 1px solid black; padding: 5px;"> ***** See attached ***** </div>			
NAME OF THE PERSON MAKING THIS DETERMINATION (print)		PHONE NUMBER (area code)	EXTENSION
DEE NILE		(651) 222-3344	
		DATE SERVED (must be completed)	
			12/01/2008
<small>MN NL01 (2/10)</small>		<small>Distribution: Workers' Compensation Division, Employer, Insurer, Employee/Heirs and Dependents</small>	

Temporarily suspend the rehabilitation plan: File an R-3 Rehabilitation Plan Amendment form

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

Department of Labor and Industry
Workers' Compensation Division
(651) 284-6030 or 1-800-342-6364

R-3
Rehabilitation Plan Amendment

1. WID number or SSN EE-01-6168-798		2. Date of injury 07/01/2019	
3. Date of first consultation in person or telephone meeting (#29 on R-2) 07/26/2021			
4. Employee name Jan Process		8. QRC name Andie Rehab	
5. Insurer/self-insurer/TPA Ut Another One		9. QRC address 445 Test St	
6. Insurer claim number UtJan141		City Saint Paul	State MN
		ZIP code 55101	
7. Employer name Ut Regression Co		10. QRC # 0700	11. QRC firm # 5309
		12. QRC phone number (651) 265-5888	
13. Change of QRC <input type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> No	
Previous QRC #		New QRC #	
15. Proposed amendment and rationale (attach separate sheet as necessary) Due to a nonwork related health condition Ms. Labor is off work and unable to participate in her rehabilitation plan. The parties have agreed to temporarily suspend the plan from 08/01/2025 to 08/31/2025. Job search will be resumed after that period to return Ms. Labor to full employment.			
16. Employee comments (if any)			
17. QRC is to complete all service areas to be provided during the period covered by this R-3			
Service category	Description	Projected cost	Projected completion date
00 - Rehab Consultation		\$0.00	
01 - Medical Management	Attend med appts, med related communications, etc.	\$100.00	11/30/2025
02 - On-Site Job Analysis	Possible job analysis related to job search and/or OJT	\$300.00	11/30/2025
03 - Coordinate RTW Same ER		\$0.00	
04 - Job Modification		\$0.00	
05 - Functional Capacity Eval		\$0.00	
06 - Transferrable Skills Analysis		\$0.00	
07 - Work Evaluation		\$0.00	
08 - Work Hardening/Adj.		\$0.00	

R-3: Suspend plan temporarily (continued)

Service category	Description	Projected cost	Projected completion date						
09 - Job Seeking Skills Training		\$0.00							
10A - Job Development	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.	\$6,040.80	11/30/2025						
10B - Job Placement	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.	\$1,200.00	11/30/2025						
11 - Post Placement Follow-up		\$0.00							
12 - Tech/Academy Skills Imprv	Recommend ABE & computer classes to enhance employability.	\$450.00	11/30/2025						
13 - Vocational Counseling	Coordinate delivery of services, address and answer concerns.	\$350.00	11/30/2025						
14 - Vocational Testing		\$0.00							
15 - On the Job Training	To be discussed with prospective employers to enhance employability.	\$450.00	07/31/2025						
16 - Labor Market Survey		\$0.00							
17 - Exploration of Retraining		\$0.00							
18 - Administrative	Progress reports, R-forms, correspondence, updates, etc.	\$400.00	11/30/2025						
19 - Prep/Attend Legal Proceeding		\$0.00							
20 - Expenses/Other	Mileage, parking, etc.	\$335.00	11/30/2025						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Plan costs to date</td> <td style="text-align: center;">Projected additional costs to completion</td> <td style="text-align: center;">Estimated total cost</td> </tr> <tr> <td>18. Costs</td> <td>\$3,650.00 + \$9,625.80</td> <td>= \$13,275.80</td> </tr> </table>		Plan costs to date	Projected additional costs to completion	Estimated total cost	18. Costs	\$3,650.00 + \$9,625.80	= \$13,275.80		
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<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Weeks to date</td> <td style="text-align: center;">Projected additional weeks to completion</td> <td style="text-align: center;">Estimated total weeks</td> </tr> <tr> <td>19. Plan duration from plan filing date (in weeks)</td> <td>26 + 16</td> <td>= 42</td> </tr> </table>		Weeks to date	Projected additional weeks to completion	Estimated total weeks	19. Plan duration from plan filing date (in weeks)	26 + 16	= 42		
Weeks to date	Projected additional weeks to completion	Estimated total weeks							
19. Plan duration from plan filing date (in weeks)	26 + 16	= 42							
20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)?									
21a. Is the employee released to return to work?		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? No									
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 who they think will do the best job.

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

- Determine a reasonable starting job-search radius 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. R. 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.

Recommend using a 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. Vendors don't have to send monthly invoices to the QRC.

Job search services controlled by employee date of injury

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 the parties for 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.

Dates of injury through Sept. 30, 2013

- There is no limit on job placement or job development 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.

How to create a retraining plan

- [Retraining plan development 101](#)

Example: Retraining Plan form

Retraining Plan				
Department of Labor and Industry Workers' Compensation Division (651) 284-5032 or 1-800-342-5354				
<i>Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Department of Revenue and Health; and the Workers' Compensation Reinsurance Association.</i>				
WID number or SSN EE-01-8170-202		Date of injury 12/7/2020		
Employee name Chuck Tester				
Employer name Third Street Elementary School				
Insurer/self-insurer/TPA MSP Insurer				
Insurer claim number 52		Claim representative Jonnyon Thespot		Telephone number 3339998888
Pre-injury job title Assembler		Pre-injury average weekly wage \$1,500.00	Current compensation rate \$900.00	
Occupational goal(s) RTW different employer		Anticipated average weekly wage (from Labor Market Survey) \$1,600.00		
Certificate/degree program title Widget Catcher		Program start date 9/1/2021	Program completion date 8/31/2023	Program length (weeks) 105
School name Superior University		City Saint Paul	State Minnesota	ZIP code 55155
ITEMIZED COSTS:				
Tuition/lab/activity fees	\$30,000.00	Comments		
Books/tools	\$3,500.00			
Special/unique costs*	\$2,000.00			
Custodial day care	\$20,000.00			
Travel/parking	\$4,500.00			
Total retraining costs (excluding wage benefits)	\$60,000.00			
Required attachments: Pursuant to Minnesota Rules 5220.0750, subp. 2(H), the following items must be attached. <ol style="list-style-type: none"> Course syllabus/class titles 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; and
- 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. R. 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.

- Do not rely on the employee's attorney to file on your behalf; they do not represent you.
- Attach outstanding invoices and progress reports to the RFA.
- Invoices should appear as shown on DLI's website at 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 an invoice 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.

Discuss at conference, do not list on RFA form

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. R. 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.

Discuss at conference, do not list on RFA form (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 Minn. Stat. section 176.221, subd. 6a, be applied and a penalty payment be issued due to noncompliance with Minn. R. 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 but has sent you an email message telling you to close the file, then the employee, employee's attorney or the QRC should file an RFA regarding continuing rehabilitation services and payment for rehabilitation services.

- **If the QRC files an RFA:** "Assistance is required to determine the direction of the rehabilitation plan." And, that if rehabilitation services are continued, the QRC (and vendor, if placement in effect) continues to be paid for their services.

R-8 Notice of Rehabilitation Plan Closure form

R-8 Notice of Rehabilitation Plan Closure				
Department of Labor and Industry Worker's Compensation Division (651) 284-6032 or 1-800-342-5354				
1. Date of first consultation in person or telephone meeting 06/15/2020				
2. WID number or SSN EE-01-6170-202		3. Date of injury 12/07/2020	7. Insurer claim number 52	
4. Employee name Chuck Tester			8. Date of injury employer Third Street Elementary	
5. Employee address 789 Jump St St Paul MN 55155			9. QRC name Andie Rehab	
		10. QRC # 0700	11. QRC firm # 5309	12. QRC phone number (651) 255-5888
6. Insurer/self-insurer/TPA MSP Insurer			13. Name of last placement vendor Perfect Placement	14. Vendor # 10000
15. Employment status at plan closure Employee RTW with different Employer			21. Reason for rehabilitation plan closure Plan Completed (Employee returned to suitable gainful employment)	
16. Name of employer at plan closure Riteway Projects				
17. Job title at plan closure Fleet manager			22. Did employee have an attorney? Yes	
18. Gross AWW at plan closure 1100.0		19. RTW date 02/22/2021	23. If plan suspended by R-3 or order, indicate the number of weeks suspended 4	
20a. Return to work job Different Job			24. Training services Skills enhancement (such as short-term classes)	
20b. Occupational demands Light				
25. Total number of previous assigned QRCs involved in this rehabilitation plan: 1				
26. Costs by service area and rehabilitation provider				
	Prior placement firm costs	Current placement firm costs	Prior QRC firm costs	Current QRC firm costs
00 - Rehabilitation Consultation	N/A	N/A		\$850.00
01 - Medical Management	N/A	N/A		\$4,500.00

Brain teaser: How do you close this file?

21. Reason for rehabilitation plan closure (check one)

- a. Plan completed (employee returned to suitable gainful employment)
- b. Award on stipulation/mediation
- c. Commissioner or compensation judge
- d. Employee and insurer have agreed to close the plan without a stipulation, mediation or order
- e. Unable to locate employee
- f. Death of employee
- g. QRC withdrawal

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 left), which check box should be marked and why?

R-8 Notice of Rehabilitation Plan Closure form, page two

	Prior placement firm costs	Current placement firm costs	Prior QRC firm costs	Current QRC firm costs
02 - On-Site Job Analysis				
03 - Coordination of RTW/Same Employer	N/A	N/A		
04 - Job Modification				
05 - Functional Capacities Evaluation	N/A	N/A		
06 - Transferable Skills Analysis				\$450.00
07 - Work Evaluation	N/A	N/A		
08 - Work Hardening/Adjustment	N/A	N/A		
09 - Job Seeking Skills Training				\$550.00
10A - Job Development (See instructions to QRC)				\$5,500.00
10B - Job Placement (See instructions to QRC)				\$2,700.00
11 - Post Placement Activity/Follow-up				\$200.00
12 - Technical/Academic Skills Improvement	N/A	N/A		
13 - Vocational Counseling/Guidance	N/A	N/A		
14 - Vocational Testing				
15 - On-the-Job Training				
16 - Labor Market Survey				
17 - Retraining	N/A	N/A		
18 - Administrative				\$1,200.00
19 - Preparation/Attendance Legal Proceeding				
20 - Expenses/Other				\$850.00
Total costs of each column	\$0.00	\$0.00	\$0.00	\$16,800.00
Sum of column totals above				\$16,800.00

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).

QRC signature <i>/s/ Andie Rehab</i> Electronically Signed By Andie Rehab On 8/23/2021 at 6:30 AM CT	Date 08/23/2021	QRC intern supervisor signature	Date
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R-8 Notice of Rehabilitation Plan Closure form, instructions

R-8 Notice of Rehabilitation Plan Closure Form Information

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

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

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

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

Item 21: Reason for rehabilitation plan closure –

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

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

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

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

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

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

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

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

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

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

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

Closure of rehabilitation plan: Minn. R. 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 the most recent 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 dli.mn.gov/business/workers-compensation/wc-training-rehabilitation-providers.

R-8 summary narrative report

DOOLITTLE REHABILITATION

200 ABC Avenue

Chilly, Minnesota 55000

Office: (386) 548-8530 doolittle_rehab@gmail.com Fax: (386) 548-8531

SUMMARY CLOSURE REPORT

RE:	Dolly Labor	Report Date:	12/31/2025
WID:	EE-00-7654-321	QRC intern:	#3130
DOI:	08/09/2024	File No:	RT-02-5881-387
Campus:	CL-02-5844-063	Claim:	WC-84534455

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 Loginator. Orthopedist, Dr. Bones performed a L4-5 discectomy 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 01/06/25, 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 3/10/2025, 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.

R-8 summary narrative report (continued)

Dolly Labor

WID: EE-00-7854-321

DOI: 08/09/2024

RT-02-5881-387

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

Thank you