

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

## R-2 Rehabilitation Plan

PRINT IN INK or TYPE  
 ENTER DATES in MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

1. WID or SSN		2. DATE OF INJURY	
3. EMPLOYEE NAME			
4. EMPLOYEE ADDRESS			
CITY		STATE	ZIP CODE
5. EMPLOYEE PHONE NUMBER		6. DATE OF BIRTH	
7. EMPLOYER NAME		8. EMPLOYER CONTACT	9. EMPLOYER PHONE NO.
10. INSURER CLAIM NUMBER		15. QRC NAME	
11. INSURER/SELF-INSURER/TPA		16. QRC FIRM	
12. INSURER ADDRESS		17. QRC ADDRESS	
CITY		STATE	ZIP CODE
CITY		STATE	ZIP CODE
13. CLAIM REPRESENTATIVE		14. PHONE NUMBER	
18. QRC #	19. QRC FIRM #	20. QRC PHONE NUMBER	
21. Occupation at time of injury		22. Pre-injury AWW	
23. Occupational demands <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy		27. Highest grade completed (select one) <input type="checkbox"/> a. No high school diploma or GED <input type="checkbox"/> b. High school diploma or GED <input type="checkbox"/> c. Some post secondary course work <input type="checkbox"/> d. Post secondary vocational/technical program <input type="checkbox"/> e. Bachelor's degree <input type="checkbox"/> f. Master's, PhD or professional degree	
24. Job at date of injury <input type="checkbox"/> Part time <input type="checkbox"/> Full time			
25. Employee's current work status <input type="checkbox"/> a. Off work from DOI to start of rehabilitation <input type="checkbox"/> b. Some work between DOI and start of rehabilitation, not working at start of rehabilitation <input type="checkbox"/> c. Working at start of rehabilitation			
26. Vocational goal <input type="checkbox"/> a. RTW same employer <input type="checkbox"/> b. RTW different employer		28. Employee may require an interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Date of first consultation in-person or telephone meeting (#25 on RCR)			
QRC Comments			

**QRC TO CHECK AND COMPLETE ALL SERVICE AREAS TO BE PROVIDED DURING THIS PLAN**

SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
00 - Rehabilitation Consultation	Consultation cost is listed in the "projected cost" box.		N/A
01 - Medical Management			
02 - On-Site Job Analysis			
03 - Coord RTW/Same ER			
04 - Job Modification			
05 - Functional Capacities Eval			

SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
06 - Transf Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/Adjustment			
09 - Job Seeking Skills Training			
10 - Job Dev/Placement			
11 - Post Placement/Follow-up			
12 - Tech/Acad Skills Imp			
13 - Voc Counseling/Guidance			
14 - Vocational Testing			
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore/Formal Retraining			
18 - Administrative			
19 - Prep/Attend Conf/Hearing			
20 - Expenses/Other			
<b>TOTAL PROJECTED COSTS</b>			
Employee Comments (if any)			

**EMPLOYER/INSURER RESPONSIBILITIES:** Minn. Stat.. 176.102, subd. 9 and Minn. Rule 5220.1900, subp. 1g.

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

**QRC RESPONSIBILITIES:** Minn. Stat. 176.102 and Minn. Rules 5220.0100 - .1900.

- The QRC should not file the R-2 form with DLI at the same time it is circulated to the parties.
- The QRC must 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, the QRC must file the R-2 form with the signatures they have obtained and with a letter or other evidence the plan was sent to each non-signing party.

**EMPLOYEE RESPONSIBILITIES:**

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

**TO THE PARTIES:**

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

Employee Signature	Date	Claim Representative Signature	Date
QRC Signature	Date	QRC Intern Supervisor Signature	Date

See attachment for confidentiality/privacy warning, alternate forms, and fraud warning.

## R-2 REHABILITATION PLAN INFORMATION

### Rehabilitation Plan Privacy and Confidentiality Statement

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 (department) staff 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 Available

This form is located at [www.dli.mn.gov/WC/Wcforms.asp](http://www.dli.mn.gov/WC/Wcforms.asp) and can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354/Voice or TDD (651) 297-4198.

### Intent to Commit Fraud Statement

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 Section 609.52, Subd. 3.

## INSTRUCTIONS TO QRC COMPLETING THE R-2 REHABILITATION PLAN FORM

**Purpose:** The rehabilitation plan 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 on how to proceed if there is a dispute regarding the plan, and gives information about data privacy and confidentiality. See Minn. Rule 5220.0410.

### Instructions: Items 21-24

Enter information about the job the employee held at 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:

The Rehabilitation Consultation service category has been pre-checked. Enter the RCR invoice total in the box marked "Projected Cost."

Check 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.

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

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

### 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 [http://www.occupationalinfo.org/appendxc\\_1.html#STRENGTH](http://www.occupationalinfo.org/appendxc_1.html#STRENGTH) for additional information).