Amendment B: R-3 Rehabilitation Plan Amendment

Updated March 11, 2025

Qualified rehabilitation consultants (QRCs) develop an R-3 Rehabilitation Plan Amendment with injured workers. They file it with the Department of Labor and Industry and distribute it to parties to the claim to let them know of any changes to the plan. Multiple R-3s can be filed during the lifetime of a claim.

The three types of changes that may be made are:

- 1. <u>continue as assigned QRC</u>;
- 2. change of QRC; and
- 3. withdrawal of QRC.

Continue as assigned QRC



 On the Rehab Summary page, click on the Start R- Form → button. 	DEPARTMENT OF LACOR AND INDUSTRY ADDE CARDON Campus TEST Environment Desthbard > Voc Rehab Case: RT-02-6279-206 Rehab For: Ty Tester VocRehabCase: RT-02-6279-206			SiMa QRC7 ↓ 3 Start R.Form → + Submit Filing
	Rehab Summary Anigned gac Silvia QRC7	a S	ahab Provider Firm ctest QRC Firm	
 From the Start R-Form pop- up window, select Submit Continue as Assigned QRC from the R-3 Rehab Plan Amendment drop-down menu. Select Start to begin the process. 	Start R-Form RCR Rehab Consultation Report Submitted R-2 Rehab Plan Retraining Plan PPR Plan Progress Report Rd Rehab Flan Amendment Submit Continue as Assigned QRC R-3 Withdrawal of QRC submission on: 2/20/2025 R-8 Plan Closure Report			× - - - - - - - - - - - - - - - - - - -
5. Step 1. Assigned QRC	R-3 Rehab Plan Amendment - Continue as Assig	gned QRC	0	٥
Verify the information is correct and click the Forward button.	Assigned QRC Assigned QRC Case Demonstration C1:02:4224-106	Amendments Rev drager 51/2022	Supporting Information	Confirmation
Note: The Information may take a few seconds to load	verial Robot Censulation Base 2/15/2025 put the Nation With Nation EC-04-67/22-055 Venuese	Employee Kon Teater Insurential Insurentites	Normal Dates Rowber	
onto the page.	New Assigned QRC Information Strate State Strate Function Table And Note Strate Strate Strate	New XNI XNI GR1 firm Namer S253	Tip Gale S21105 QRC Phone Northur (S25) S25 S255	5 тже э

6. Step 2. Amendments

Proposed Amendment and Rationale

Enter a brief statement.

Services to be Provided

Ensure all fields with an asterisk (*) have information entered. Lines can be removed by clicking the red **Remove** button.

Additional service categories can be added by clicking the **+ Add** button.

Projected Cost and Duration

Verify the information for accuracy.

File the Plan Progress Report (PPR)

Check the File PPR Concurrently box if appropriate.

Select Yes, without restrictions, Yes with restrictions or No from the drop-down menu.

Assigned QRC	Amendments	Supporting Information	Conf
Proposed Amendment & Rationale			
Please provide a brief statement that covers the proposed amendments and the rationale for the	ese amendments.		
test			
Convices to be Browided			
Services to be provided Below are the currently provided services. Please make any adjustments as necessary to the des	cription, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.		
Service Cetegory * Description * 00 - Rehab Consultation * test	р 5	rijecned Cavit * Projecned Campitolian Data * 200 3/772025 ©	REMOVE
		(een/dd/yyy)	
+ AD Projected Cost and Duration	Teu	al Projected Cost: \$200.00	
the cost and duration below are calculated based on the plan-to-date plus any amendments you	have made thus far on this form. Please verify that the updated cost and duration look correct, and proceed to the next st	яр.	
Costs			
Fian costs to date \$	0 \$ \$200.00	\$200.00	
Plan costs to date			
Plan duration (in weeks)	Projected additional weeks to completion	Estimated total weeks	
18	1	19	
File the Plan Progress Report (PPR) Concurrently with th	is R3		
You may file the Plan Progress Report (PPR) concurrently with this R3 when filing within 16 days 1	ter the before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. This means that by the time	s these forms are filed, the parties must already have signed the R3 or the R3 must have already been in circulation to the sarties for 1% day	s. If all signatures are not obtained within the films deadl
stach evidence of the date the plan was sent to each nonsigning party. See Ninn. Rules 5220.04	50, subp. 3(4).		
It is within 15 days before or after six months since the R2 was filed.			
Elle PPR Concurrently			
fease answer the questions below to fulfill all requirements for the PPR			
s the Employee released to return to work?			
Interned to Return to Work * les, without restrictions	Medical Report Date Medical Report Date	Current Work Status	
	(mm/dd/yyg)		
To barriers to successful completion of the rehabilitation plan exist? If yes, attach a narrative rep	sort, including the barriers and the measures to be taken to overcome the barriers to this form		
Barriers Brist			
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			<u>(- 840)</u>

7. Step 3. Supporting Information	R-3 Rehab Plan Amendment	t - Continue as Assigned QRC	_			
Plan Barrier Narrative	Assigned QRC		Su	9 pporting information	7	Confirmation
Report	Plan Barrier Narrative Report	ur the field below or struction a denoment in the accorded structures ration				
Enter a narrative by typing	Plasa provide a narrative in applicable, either by hilling of Plan Barrier Narrative Report Plan Barrier Narrative Report	at the help below or actaching a obcument in the provided actachment aecoon				
in the field or upload a	Plan Barrier Narrative Document Upload					
document.	rile Name	rile Type	Description		Remove	
Supporting Attachments	Supporting Attachments Attach any other supporting documentation to this R3. Ex- + UPLOAD DOCUMENT	amplas might include commentary from the Employee or proof that this form was sent for a	patures.			
Click the + Upload	File Name	File Type	Description		Remove	\rightarrow
Document button to add	To the parties: If you disagree with the plan, you have 15 days from recei	eipt of the proposed plan to resolve the disagreement or object to the proposed plan. The obj	ction must be filed with the department on a Rehabilitation Request form.			
additional documentation	Rehabilitation plan privacy and confidentiality Private or confidential data you supply on this form will be decided or the form may be returned to you. The data will	ie used to process your workers' compensation claim. The data will be used by Department of II he made part of the departments file for your claim and may be sumlied to: anyone who he	Labor and industry staff members who have authorized access to the data and	i may be used for state investigations : discurse for your claim: the Office of	and statistics. You may refuse to supply the data, but if you administrative Hearings: the Workers' Compensation Court	refuse your clain may be delayed or of Anneals the Denartments of Bevenue
to the form.	and Health; and the Workers' Compensation Reinsurance Rehabilitation form availability	rannade part of the department a nerter your canning the applied to anyone more in I Association.	ancess colore inside one serve of address second in court of our , the employee an	e marer re your cam, che onne or.	чити пасалити теалинда, оте теспоста соптрепастот соот	
	This form and access to the electronic submission format Intent to commit fraud	is located at www.dli.mn.gov/WC/Wcforms.asp. The form can be made available in different f	ormats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1	-800-342-5354		
R-3 Form Information	Any person who, with intent to defraud, receives workers	compensation benefits to which the person is not entitled by knowingly misrepresenting, mi	stating or failing to disclose any material fact is guilty of theft and shall be sent	enced pursuant to Minnesota Statutes	\$ 609.52, subd. 3.	\prec
Review the information in	Full Name of Signatory	our UAW PUs prome, by signing and dating this form, il certify copies of this form and actionm	ants are being sent to the employee, insurer, any attorney(s), the Department o	r Lacor and industry and, if required,	o the departments vocational Henabilitation unit (VHU).	
the section.	I understand that by checking this box, I am legally sig A complete Electronic Signature is required. Please ensure	aning this electronic form and I confirm that the information on this form is true, accurate, and re you have populated your name and checked the box to proceed.	complete to the best of my knowledge.			
E-Signature						
The signature must match						
the Campus user profile						
name.						
Mark the checkbox						
attesting to the legality of						
the signature and						
confirming the accuracy of						
the document.						

Instructions to QRC	Instructions to QRC	he course of a rehabilitation plan.			
Review the information	Service codes and descriptions: See Minn, Rules 5220.0100 for service code defin Service code 104: "Job development" means systematic contact with prospective see ation. Stat. E 176: 102, subd. 5(b), for the maximum number of hours and we about the labor marker, programs or laws of fering employment incentives and to	Itions. However, for service codes 10A and 108 the statutory definition of joi employers resulting in opportunities for interviews and employment that m aks of job development services for dates of finjury on or after cot. 7, 2015. S the qualified employer's physical initiations and capabilities as permitted by	o development in Minn, Stat. § 176.102, subd. 5, amends th ght not otherwise have existed and includes identification i evice code 108: gove placement" means activities that supp data privacy laws.	e definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below. of job leads and arranging for job interviews, job development facilitates a prospective employ part a qualified employee's search for work including the preparation of a client to conduct an	er's consideration of a qualified employee for employment. effective job search and communication of information
under the section.	To amend a rehabilitation plan: The QRC or other partice may propose a mean of explored interpret in the rehabilitation plan. The explored interpret inter	smants to the current inhabitation plan for good cause, including: Leeng provided. In for an model services, amend or add only the services to be provided durin barr for each of the declared services. The later for the declared services. The later for the declared services are as the service of the date of the signatures that have been obtained along with evidence of the date to glastic services are as the service. The form must be field at one of the follow of the signatures that have been obtained along with evidence of the date to glastic services are as the services. The fing declares, include services are granter as an extractioned evidence doctione, and the services are assessed are a services to complete dowing must be prevised. For directions are a services to complete or of the endphilation ban, then back to accessed	g the IKB plan period. For "Description" of the service, lident on g times, which ever comes first. It when the parties have a plan was sent to each honograph garry. The first months have passed from the date line st tended the high months have passed from the date line st tended the service, service and the activities to be serviced on the service, service and the activities to be serviced the service, service and the activities to be serviced. Service these tendes the service service and the service these tendes the service service and the service service services. We then the service service service service and the service service service service services the service service service service services the service service service service services the service service service service services the service service service service services that the service service service service service service services that the service service service service service services that the service service service service services the service service service service services that the service service service service services the service service service service service service services that the service service service service services that the service service service service service service service service services that the service	stly the activities to be performed within the service category (for example, attend medical app all signed is or 2015 days after circulation to the parties for 15 days after recordulation if one of auton man factor and fact. This means that by the time the total fact is lieu, of the Plane Progres man's 100 days. Units 500 meansing categories for any second	ontments, medical-values communication, coordinate the parties proposed a change in the plant). Is Report form, the parties must already have signed the RD con, coordinate medical appointments; then last the saturation to be column to overcome the barries.
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Yes	Distribute Manually The parties below carnot receive this document electronically through Campus.				
	Send to Party Name		Role	Address	
Distribute	CONTRASS REHABILITATION SERV	rets	Rehab Provider	PO BOX 27355, GOLDEN VALLEY MIN 55427	
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Electronically	□ Ty Tester		Employee	123 Cet Pew Lr. St. Peul NN 33155	
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Click the Submit Form	,				

button.

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8.	Step 4. Confirmation	R-3 Rehab Plan Amendment - Continue as Assigned QRC	e Americanes	© Supporting information	Confirmation
	A successful submission screen will confirm the update.	QRC assignment successfully submitted for tester groot (001) Deter grow ter Australiant of the less set is undate (set-deter) lightland for your result.	Amound G BLASSTAR	New year document Biodiantiticati	
	Links are provided to go to the RT or associated documents. Select the close button to end the process.				

Change of QRC





Lines can also be removed				
by clicking the red Remove				
button				
battom				
Additional service				
categories can be added by				
clicking the + Add button.				
C C				
Verify the Projected Cost				
and Duration information				
for accuracy.				
File the Plan Progress Report	File the Plan Progress Report (PPR) Concurrently with You may file the Plan Progress Report (PPR) concurrently with this R3 when filing within 15 (this R3 ays before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. Thi	is means that by the time these forms are filed, the parties must already have signed the R3 or the	R3 must have already been in circulation to the parties for 15 days. If all
(PPR)	signatures are not obtained within the filling deadline, attach evidence of the date the plan w It is within 15 days before or after six months since the R2 was filed.	vas sent to each nonsigning party. See Minn. Rules 5220.0430, subp. 3(A).		
. ,	File PPR Concurrently Please answer the questions below to fulfill all requirements for the PPR			
Check the File PPR	is the Employee released to return to work?	Medical Report Date		
Concurrently box if	Yes, without restrictions	Medical Report Date (mmidd/yyy)	Current work Junios	*
appropriate.	Do barriers to successful completion of the rehabilitation plan exist? If yes, attach a narrativ	e report, including the barriers and the measures to be taken to overcome the barriers to this form		
	SAVE DRAFT X SAVE DRAFT & CLOSE			
From the drop-down menu,				
select: Yes, without	CANCEL			← BACK FORWARD →
restrictions; Yes, with				
restrictions; or No.				
When complete, click the				
Forward button.				
	I			

5. Step 4. Supporting Information

Plan Barrier Narrative Report

Provide a narrative in the field or by uploading a document.

> **Note:** A plan barrier narrative report must be entered to submit the form.

Supporting Attachments

Click the **+ Upload Document** button to add documentation. Review the information in the **R-3 Form Information** section.

E-Signature

The signature must match the Campus user profile name.

Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

Locate Rehab Transaction	Assigned QRC	Amendments	Supporting Information	
Plan Barrier Narrative Report				
Please provide a Narrative if applicable, either by filling out the fi	eld below or attaching a document in the provided attachment section			
Plan Barrier Narrative Report Plan Barrier Narrative Report				
Plan Barrier Narrative Document Upload				
+ UPLOAD DOCUMENT				
File Name	File Type	Description	Remove	
Supporting Attachments Attach any other supporting documentation to this R3. Examples + UPLOAD DOCUMENT	might include commentary from the Employee or proof that this form was sent	t for signatures.		
File Name	File Type	Description	Remove	
P-3 Form Information				\prec
To the parties:				1
If you disagree with the plan, you have 15 days from receipt of th	e proposed plan to resolve the disagreement or object to the proposed plan. Th	he 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 denied, or the form may be returned to you. The data will be ma	to process your workers' compensation claim. The data will be used by Departm Se part of the departments file for your claim and may be supplied to: anyone #	nent of Labor and Industry staff members who have authorized access to the data an who has access to the file or the data by authorization or court order; the employer a	d may be used for state investigations and statistics. You may refuse to supply the data, but if nd insurer for your claim, the Office of Administrative Hearings; the Workers' Compensation C	you refuse your claim n
and Health; and the Workers' Compensation Reinsurance Associ	tion.			
Rehabilitation form availability				
This form and access to the electronic submission format is locat	ed at www.dll.mn.gow/WC/Wcforms.asp. The form can be made available in diffe	ferent formats, such as large print, Brailie or audio. To request, call (651) 284-5032 or	1-800-342-5354.	
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Intent to commit fraud	nsation benefits to which the person is not entitled by knowingly misrepresenti	ing, misstating or failing to disclose any material fact is guilty of theft and shall be sen	tenced pursuant to Minnesota Statutes 5 609.52, subd. 3.	\prec
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QRC section. Image: constrained and image: co	uno	der the Instructions to	Service code 104: 190 development: means system See Minn. Stat. 9 176 102, subd. Scil. for the maximu about the labor market, programs or laws offering e	able contact with prospective employees resulting in opportunities for interviews an um number of hours and weeks of job development services for dates of injury on employment incentives and the qualified employees physical limitations and capab	e employment that might not otherwise have existed and included identifiation of job lea or after Oct. 1, 2013. Service code 108: "Job placement" means activities that support a qua litter as permitted by data privacy laws.	is and arranging for yoo interviews, yoo development facilitates a lifed employee's search for work including the preparation of a	prospective employer's consideration or a qualities employee for employment. Elect to conduct an effective job search and communication of information	
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Filing a Withdrawal of QRC

1.	From the dashboard:	Campus TEST Enviro	NT OF D INDUSTRY MITTENT	Submit	ta Filing 🗸							٥	te	ster grc001 🗸
	Under the Rehab Transaction ID column, locate and click on the RT for the employee's case you wish to withdraw.	My Overview		Open Claims View details associated to your claims in the My Queue portat.	O Upcoming Events View and edit the details of your events in the Events portal.	O New Docume Notifications panel to accuracy	ents nthe ensure		No notifica	fications nions.				
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		Rehab Transaction ID	Employee	Associated Claim ID Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	March 20	25 Mo	Ти	We T	, ,	< > Fr Sa
		RT-02-6277-484 RT-02-6278-310 RT-02-6276-644	Test, QAKL Test, QAKL Bob, King	CL-02-6274-499 CL-02-6274-499 CL-02-6273-230	tester qrc001 tester qrc001 tester qrc001	10/30/2024 7/3/2024 9/24/2024	7/25/2024 7/25/2024 6/5/2024	Open Open Closed	23	24	25	26 5	27 6	28 1 7 8
2.	On the Rehab Summary page, click on the Start R- Form→ button.	Dathbard - Voc Raha Rehab Corr: (VocRehabCase: RT-02 Rehab Summar Assigned dif teaster grc001 Claim 0 CL-02-6274-499	6 Сане RT-626-277-444 QAKL Test 6-277-484	Open Basta of Tojiny 7/25/2024		Re Mo	hat Presider Firm ars Rehab Firm					2	art 8-Form	→ + Submit R
3.	From the Start R-Form pop- up window, select Submit Withdrawal of QRC from the R-3 Rehab Plan Amendment drop-down menu. Select Start to begin the process.	Start R-Form RCR Rehab Consultatio Submitted R-2 Rehab Plan Submitted Retraining Plan PPR Plan Progress R-3 Rehab Plan Amond Submit Withdrawa R-3 Continue as Ae R-3 Continue as Ae R-3 Continue as Ae R-3 Continue as Ae R-3 Plan Closure I	n Report s Report ment of QRC signed QRC submiss signed QRC submiss Report	sion on: 11/8/2024 sion on: 11/8/2024 sion on: 3/4/2025										×
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4. Step 1. Assigned QRC	R-3 Rehab Plan Amendment - Withda Assigned QRC	Amendments	Supporting Information	Confirmation
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After the warning is acknowledged, verify the information and click Forward to continue.	ану Усила Алнигіса ВСС ВООТ САНСЕL САНСЕL	Sunte MN QRC förne Numlear 53223	Zip Gale 55555 Off Person Number (555) 555-5555	- MCR FORMAD -
 5. Step 2. Amendments Enter the Proposed Amendment & Rationale and click Forward. 	R-3 Rehab Plan Amendment - Withdu	the rationale for these amendments.	Supporting Information	Confirmation
	CANCE			← BACK FORMARD→

6. Step 3. Supporting Information

Plan Barrier Narrative Report

Provide a narrative by typing in the field or uploading a narrative document.

Supporting Attachments

Examples of documents include a commentary from the employee or proof this form was sent for signature.

R-3 Form Information

Add all incurred costs-todate information for the rehabilitation plan.

E-Signature

The signature must match the Campus user profile name.

Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

			0	
Assigned QRC	Amendment	\$	Supporting Information	Co
Plan Barrier Narrative Report				
Please provide a Narrative if applicable, either by filling o	ut the field below or attaching a document in the provided attachment section			
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