

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. [continue as assigned QRC](#);
2. [change of QRC](#); and
3. [withdrawal of QRC](#).

Continue as assigned QRC

Instructions	Visual aids																								
<ol style="list-style-type: none">1. From the dashboard, click on the My Rehab Cases tab.2. Under the Rehab Transaction ID column, locate and click on the RT file.	<p>The screenshot shows the 'My Overview' dashboard for the Department of Labor and Industry. It features three main cards: 'Open Claims' (0), 'Upcoming Events' (0), and 'New Documents' (0). Below these is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases' (highlighted with a red box and '1'). Under 'My Rehab Cases', there is a table with the following data:</p> <table border="1"><thead><tr><th>Rehab Transaction ID</th><th>Employee</th><th>Associated Claim ID</th><th>Insurer</th><th>QRC</th><th>Initial Rehab Consultation Date</th><th>Date of Injury</th><th>Status</th></tr></thead><tbody><tr><td>RT-02-6273-206</td><td>Schmidtbauer, Tracey</td><td>CL-02-6269-364</td><td>First Buyer</td><td>First Buyer</td><td>6/6/2024</td><td>3/12/2024</td><td>Open</td></tr><tr><td>RT-02-6277-131</td><td>TESTING, TIMMY</td><td>CL-00-0903-836</td><td>First Buyer</td><td>First Buyer</td><td>10/17/2024</td><td>2/27/1980</td><td>Open</td></tr></tbody></table> <p>The 'Rehab Transaction ID' column is highlighted with a red box and '2'. To the right of the table is a 'My Events' calendar for October 2024, showing dates from 29 to 19. The 'My Events' section also includes a notification panel with 'No notifications.'</p>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																		
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open																		
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open																		

3. On the **Rehab Summary** page, click on the **Start R-Form** → button.

Campus TEST Environment

Dashboard > Voc Rehab Case: RT-02-6279-206

Rehab For: Ty Tester
VocRehabCase: RT-02-6279-206

Start R-Form → + Submit Filing

Rehab Summary

Assigned QRC: Sylvia QRC7
Rehab Provider Firm: Sctest QRC Firm

4. 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

R-3 Rehab Plan Amendment
Submit Continue as Assigned QRC

R-3 Withdrawal of QRC submission on: 2/20/2025

R-8 Plan Closure Report

Start Cancel

5. Step 1. **Assigned QRC**

Verify the information is correct and click the **Forward** button.

Note: The Information may take a few seconds to load onto the page.

R-3 Rehab Plan Amendment - Continue as Assigned QRC

Assigned QRC

Assigned QRC

Case Information

Campus File Number: CL-02-6246-109
Date of Injury: 5/1/2022

Initial Rehab Consultation Date: 2/16/2025

WFO Number: EE-01-6172-255
Employee: Kim Tester

Employer: Lit Firm Co
Insurer/Self Insurer/FIR: AAA Really Big Insurer_JMC

Insurer Claim Number: 26246109

New Assigned QRC Information

QRC Name: Sylvia QRC7
Rehab Provider Firm Address: 123 14th Ave NW
City: Salyrc Paul
State: MN
Zip Code: 55105
QRC Number: 2309
QRC Firm Number: 5233
QRC Phone Number: (555) 555-5555

Previous QRC Information

QRC Name: null
No address assigned
QRC Number: undefined
QRC Firm Number: undefined
QRC Phone Number: undefined

SAVE DRAFT SAVE DRAFT & CLOSE CANCEL FORWARD

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.

R-3 Rehab Plan Amendment - Continue as Assigned QRC

Assigned QRC **Amendments** 6 Supporting Information Confirmation

Proposed Amendment & Rationale
Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.
Proposed Amendments And Rationale *
TEXT

Services to be Provided
Enter one or more currently provided services. Please make any adjustments as necessary to the description, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.

Service Category *	Description *	Projected Cost *	Projected Completion Date *	
00 - Rehab Consultation	REH	\$ 200	3/7/2025	REMOVE

+ ADD Total Projected Cost: \$200.00

Projected Cost and Duration
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 step.

Costs	Projected additional costs to completion	Estimated total cost
Plan costs to date \$	0.0	\$200.00

Duration	Projected additional weeks to completion	Estimated total weeks
Plan duration (in weeks) 10	0	10

File the Plan Progress Report (PPR) Concurrently with this R3
You may file the Plan Progress Report (PPR) concurrently with this R3 when filing within 14 days before or after six months have passed from the date the R3 Rehabilitation Plan form was filed. This 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 14 days. If all signatures are not obtained within the filing deadline, attach evidence of the date the plan was sent to each homologous party. See 40 CFR 401.1016 (Rule 5220 (R20), Subp. 504).
It is within 15 days before or after six months since the R3 was filed.

File PPR Concurrently
Please answer the questions below to fulfill all requirements for the PPR.
Is the Employee released to return to work?
Released to Return to Work *
Yes, without restrictions
Medical Report Date *
Medical Report Date
Correct Work Status

Do barriers to successful completion of the rehabilitation plan exist? If yes, attach a narrative report, including the barriers and the measures to be taken to overcome the barriers to this form.
 Barriers exist

SAVE DRAFT SAVE DRAFT & CLOSE

CANCEL ← BACK FORWARD →

When complete, click the **Forward** button.

7. Step 3. Supporting Information

Plan Barrier Narrative Report

Enter a narrative by typing in the field or upload a document.

Supporting Attachments

Click the **+ Upload Document** button to add additional documentation to the form.

R-3 Form Information

Review the information in the 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.

R-3 Rehab Plan Amendment - Continue as Assigned QRC

Assigned QRC **Amendments** **Supporting Information** **7** **Confirmation**

Plan Barrier Narrative Report
Please provide a narrative if applicable, either by filling out the field 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 might include commentary from the employee or proof that this form was sent for signatures.

+ UPLOAD DOCUMENT

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

R-3 Form Information
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 Department 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/WCforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-9332 or 1-800-342-4354.

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, mistating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.32, subd. 3.

E-Signature
Please type your first and last name as they appear on your CAMPUS profile. 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).

Full Name of Signatory*
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.
A complete Electronic Signature is required. Please ensure you have populated your name and checked the box to proceed.

Instructions to QRC

Review the information under the section.

Instructions to QRC

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, subds. 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(3) for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2015. 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 frustrated for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer all items that apply. For amended services, amend or add only the services to be provided during this R3 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 amended services.

Do not file the R3 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 R3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each nonsigning party.

To file in lieu of a Plan Progress Report form: This R3 may only be filed instead of the Plan Progress Report form if the R3 is filed within 15 days before or after six months have passed from the date the R3 Rehabilitation Plan form was filed. This means that by the time the R3 is filed in lieu of the Plan Progress Report form, 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 signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each nonsigning party. See Minn. Rules 5220.0100, subd. 3(4).

Complete the form as indicated. For the amended services, complete or amend only the services to be provided during this R3 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 services. If there are barriers to completion of the rehabilitation plan, then attach a separate sheet listing the employee's name, WID number/SSN and date of injury, along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

Do you want to distribute this document?

Yes

Distribute Electronically

Select the parties to be served electronically via email.

Distribute Manually

Select the parties to be served by mail.

Mark the box attesting the form has been provided to all required parties and click the **Submit Form** button.

No

Click the **Submit Form** button.

Do You Want to Distribute This Document?

No Yes

Distribute Electronically

Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Adjuster: BTO Insurance	clisting19-insure@gmail.com
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Service of Process Designer: BTO Insurance	clisting19-insure@gmail.com

Distribute Manually

The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	COMPASS REHABILITATION SERVICES	Rehab Provider	PO BOX 27395, GOLDEN VALLEY MN 55427
<input checked="" type="checkbox"/>	WC INSURER	Insurer	1028 KNIGHT RD, SAINT PAUL MN 55157-28
<input checked="" type="checkbox"/>	W Chocolate Shop	Employer	878 HENSHAY DR, SE PAUL MN 55153
<input type="checkbox"/>	Ty Tester	Employee	123 Cat Paw Ln, St. Paul MN 55155
<input type="checkbox"/>	BTO Insurance	Insurer	Unknown

I attest that a copy of this form has been provided to all required parties.

[PREVIEW](#) [DOWNLOAD AS PDF](#) [SAVE DRAFT](#) [SAVE DRAFT & CLOSE](#)

[CANCEL](#)

[← BACK](#) [SUBMIT FORM →](#)

Do You Want to Distribute This Document?

No Yes

[PREVIEW](#) [DOWNLOAD AS PDF](#) [SAVE DRAFT](#) [SAVE DRAFT & CLOSE](#)

[CANCEL](#)

[← BACK](#) [SUBMIT FORM →](#)

Note: Use the **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

8. Step 4. Confirmation

A successful submission screen will confirm the update.

Links are provided to go to the RT or associated documents.

Select the close button to end the process.

R-3 Rehab Plan Amendment - Continue as Assigned QRC

Assigned QRC Amendments Supporting Information Confirmation

QRC assignment successfully submitted for lester qrc001 (0001)

Employee Case Title Associated ID New Job Document

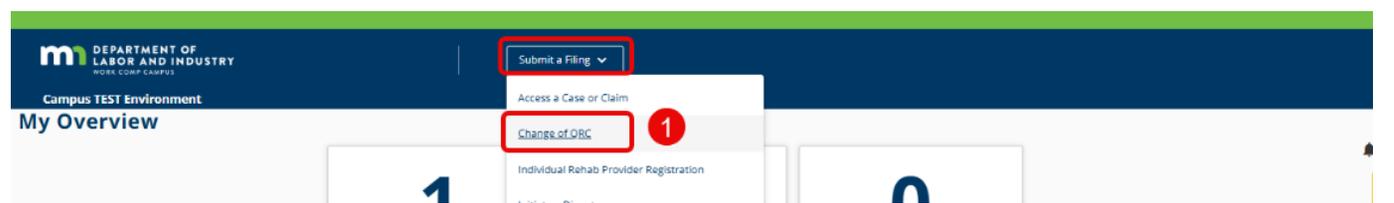
20240227-001 20240227-001 20240227-001

A confirmation email has been sent to lester@qrc001.com for your records.

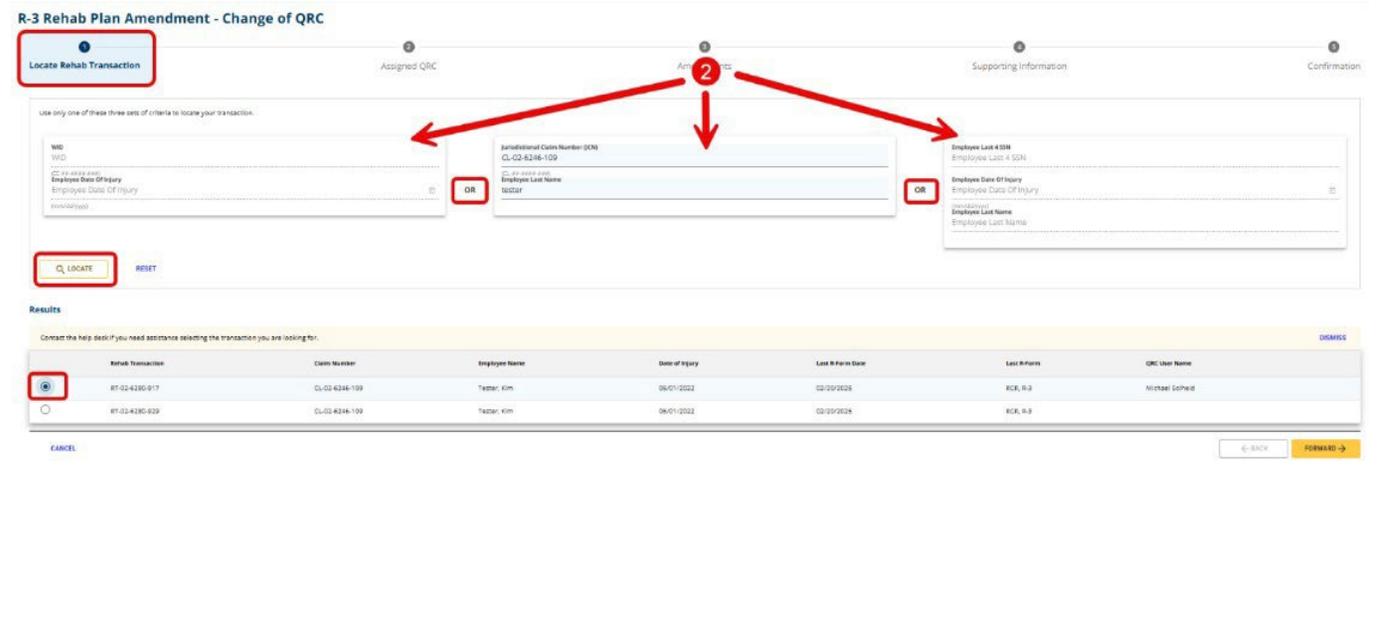
Close

Change of QRC

1. Select the **Change of QRC** option from the drop-down menu under **Submit Filing**.



2. **Locate the Rehab Transaction**
Enter the search criteria for the Rehab Transaction (RT) based on the information available.
Click **Locate**.
If more than one is listed, call the Workers' Compensation Help Desk at 651-284-5005 and they will assist you with identifying the correct RT.
Click **Forward** to continue.



3. Step 2. Assigned QRC

Verify the populated information. Click the **Forward** button to continue.

Note: The information may take a few seconds to load onto the page.

R-3 Rehab Plan Amendment - Change of QRC

Locate Rehab Transaction | **Assigned QRC** | Amendments | Supporting Information | Confirmation

Assigned QRC

Case Information

Cases File Number: CL-02-6246-109 | Date of Injury: 5/1/2022

Initial Rehab Consultation Date: 2/20/2025

WIO Number: EE-01-6172-255 | Employee: Kim Tester

Employer: Lutz Firm Co. | Insurance/Claim Insurer/IFA: AAA Really Big Insurer_NC | Insurer Claim Number: 26246109

New Assigned QRC Information

QRC Name: Silvia QRCS

Rehab Provider Group Address: 123 14th Ave NW

City: Saint Paul | State: MN | Zip Code: 55105

QRC Number: 3350 | QRC Firm Number: 5253 | QRC Phone Number: (555) 555-5555

Previous QRC Information

QRC Name: Michael Solheid

Rehab Provider Group Address: 443 Lafayette Road N.

City: St. Paul | State: MN | Zip Code: 55155

QRC Number: 3544 | QRC Firm Number: 5011 | QRC Phone Number: (651) 284-5157

SAVE DRAFT | SAVE DRAFT & CLOSE

CANCEL | ← BACK | FORWARD →

4. Step 3. Amendments

Proposed Amendment and Rationale

Enter a brief statement that covers the proposed amendments and rationale.

Services Provided

Note: Ensure all fields with an asterisk (*) have information entered.

R-3 Rehab Plan Amendment - Change of QRC

Locate Rehab Transaction | Assigned QRC | **Amendments** | Supporting Information | Confirmation

Proposed Amendment & Rationale

Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.

Proposed Amendment And Rationale *

Proposed Amendment And Rationale

Services to be Provided

Below are the currently provided services. Please make any adjustments as necessary to the description, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.

Service Category *	Description *	Projected Cost *	Projected Completion Date *	
00 - Rehab Consultation	Consultation to determine eligibility. Eligibility Determination	\$ 0	2/20/2025	REMOVE

ADD

Total Projected Cost: \$0.00

Lines can also be removed by clicking the red **Remove** button.

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

Verify the **Projected Cost and Duration** information for accuracy.

File the Plan Progress Report (PPR)

Check the **File PPR Concurrently** box if appropriate.

From the drop-down menu, select: Yes, without restrictions; Yes, with restrictions; or No.

When complete, click the **Forward** button.

File the Plan Progress Report (PPR) Concurrently with this R3

You may file the Plan Progress Report (PPR) concurrently with this R3 when filing within 15 days before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. This 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 signatures are not obtained within the filing deadline, attach evidence of the date the plan was sent to each non-signing party. See Minn. Rules 3220.0450, subp. 3(A).
It is within 15 days before or after six months since the R2 was filed.

File PPR Concurrently

Please answer the questions below to fulfill all requirements for the PPR

Is the Employee released to return to work? **Medical Report Date**

Released to Return to Work * Medical Report Date *

Yes, without restrictions Medical Report Date

(mm/dd/yyyy)

Current Work Status

Do barriers to successful completion of the rehabilitation plan exist? if yes, attach a narrative report, including the barriers and the measures to be taken to overcome the barriers to this form

Barriers Exist

[SAVE DRAFT](#) [SAVE DRAFT & CLOSE](#)

[CANCEL](#) [← BACK](#) [FORWARD →](#)

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.

R-3 Rehab Plan Amendment - Change of QRC

Progress bar: 1. Locate Rehab Transaction, 2. Assigned QRC, 3. Amendments, 4. Supporting Information (highlighted), 5. Confirmation

Plan Barrier Narrative Report

Please provide a narrative if applicable, either by filling out the field 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 #3. Examples might include commentary from the Employee or proof that this form was sent for signatures.

+ UPLOAD DOCUMENT

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

R-3 Form Information

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 (851) 264-5032 or 1-800-542-5354.

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 § 609.51, subd. 3.

E-Signature

Please type your First and Last Name as they appear on your CAMPUS profile. 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).

Full Name of Signatory*
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Review the information under the **Instructions to QRC** section.

Instructions to QRC
 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, subd. 16 and 18, as provided below.
 Service code 10A "Job development" means systematic contact with prospective employers resulting in opportunities for interview 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(1).
 Service code 10B "Job placement" means activities that support a qualified employee's return to work including the preparation of a plan to conduct an effective job search and communication of information about the labor market, programs or services 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 restoration goals;
 • the projected cost or duration will be exceeded; or
 • the employee has been treated for the type of work for which rehabilitation is being provided.
 When using this form to amend a rehabilitation plan, answer all items that apply. For amended services, amend or add only the services to be provided during the 60-day period. For "discretion" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments) that let the "Projected Cost" and "Projected Completion Date" for each of the included services.
 Do not file the 63 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 63 form with the signatures that have been obtained along with evidence of the date the plan was sent to each non-signing party.
 To file in lieu of a Plan Progress Report form: This 63 may only be filed instead of the Plan Progress Report form if the 63 is filed within 15 days before or after six months have passed from the date the 62 Rehabilitation Plan form was filed. This means that by the time the 63 is filed in lieu of the Plan Progress Report form, the parties must already have signed the 63 or the 63 must have already been in circulation to the parties for 15 days. All signatures are not obtained within the filing deadline. Include evidence of the date the plan was sent to each non-signing party. See Minn. Rules 5220.0400, subd. 3(4).
 Complete the form as expected. For the amended services, complete or amend only the services to be provided during the 60-day period. For "discretion" 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 services. If there are barriers to completion of the rehabilitation plan, then attach a separate sheet listing the employer's name, WOB number/SSN and date of injury, along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.
 To request a change of QRC: The newly assigned QRC must file this form and select "Change in QRC" in the QRC adjustment section. If approval of a change of QRC is required by Minn. Rules 5220.0110 and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with the department within 15 days of obtaining the signatures of all parties to the plan and evidence of the date the plan was sent to each non-signing party.

Do you want to distribute this document?

Yes

Distribute Electronically

Select the parties to be served electronically via email.

Distribute Manually
 Select the parties to be served by mail.

Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.

No

Click the **Submit Form** button.

Do You Want to Distribute This Document?
 No Yes

Distribute Electronically
 Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Adjuster: BTO Insurance	cesting19-insurer@gmail.com
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Service of Process Designer: BTO Insurance	cesting19-insurer@gmail.com

Distribute Manually
 The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	COMPASS REHABILITATION SERVICES	Rehab Provider	PO BOX 1395, GOLDEN VALLEY MN 55427
<input checked="" type="checkbox"/>	WIC INSURER	Insurer	1028 KNIGHT RD, Saint Paul MN 55108
<input checked="" type="checkbox"/>	La Chocolats Shop	Employer	878 Hensley Dr., St Paul MN 55105
<input type="checkbox"/>	Ty Tester	Employee	123 Cat Paw Ln, St. Paul MN 55105
<input type="checkbox"/>	BTO Insurance	Insurer	Unknown

Attest that a copy of the form has been provided to all required parties.

PREVIEW DOWNLOAD AS PDF SAVE DRAFT SAVE DRAFT & CLOSE

CANCEL ← BACK **SUBMIT FORM** →

Note: Use the **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

Do You Want to Distribute This Document?
 No Yes

PREVIEW DOWNLOAD AS PDF SAVE DRAFT SAVE DRAFT & CLOSE

CANCEL ← BACK **SUBMIT FORM** →

6. Step 4. Confirmation

The confirmation screen will confirm the QRC has been changed from one QRC to another. A successful submission screen will confirm the update.

Links are provided to go to the or associated documents.

Select the **Close** button to end the process.

R-3 Rehab Plan Amendment - Change of QRC

Locate Rehab Transaction Assigned QRC Amendments Supporting Information Confirmation

QRC assignment successfully changed from tester qrc006 (5226) to tester qrc001 (0001)

Employee
Bryan Bearce

Associated ID
KY-02-6281-924

View your Document
00-02-6281-924

A confirmation email has been sent to leekstake1234-QRC001@gmail.com for your records.

CLOSE

Filing a Withdrawal of QRC

- From the dashboard:
Under the **Rehab Transaction ID** column, locate and click on the RT for the employee's case you wish to withdraw.

The screenshot shows the 'My Overview' dashboard for the Department of Labor and Industry. It features three summary cards: 'Open Claims' (0), 'Upcoming Events' (0), and 'New Documents' (0). Below these is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases' (highlighted with a red box and a circled '1'). A table lists rehab cases with columns for Transaction ID, Employee, Associated Claim ID, Insurer, QRC, Initial Rehab Consultation Date, Date of Injury, and Status. The first row, 'RT-02-5277-484', is highlighted with a red box. To the right is a 'My Events' calendar for March 2025.

- On the **Rehab Summary** page, click on the **Start R-Form** button.

The screenshot shows the 'Rehab Summary' page for 'QAKL Test'. It includes fields for 'Assigned QRC' (tester qrc001), 'Rehab Provider Firm' (Mars Rehab Firm), 'Claim ID' (CL-02-6274-499), and 'Date of Injury' (7/25/2024). A 'Start R-Form' button is highlighted with a red box and a circled '2'. There is also a '+ Submit' button.

- 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.

The screenshot shows the 'Start R-Form' pop-up window. It lists various report types: 'RCR Rehab Consultation Report', 'R-2 Rehab Plan', 'Retraining Plan', 'PPR Plan Progress Report', 'R-3 Rehab Plan Amendment', and 'R-8 Plan Closure Report'. Under 'R-3 Rehab Plan Amendment', 'Submit Withdrawal of QRC' is selected and highlighted with a red box and a circled '3'. At the bottom right, a 'Start' button is highlighted with a red box, and a 'Cancel' button is also visible.

4. Step 1. Assigned QRC

Before continuing, read the **Warning**. When a withdrawal is submitted, access to the employee's rehab transaction is immediately stopped.

After the warning is acknowledged, verify the information and click **Forward** to continue.

R-3 Rehab Plan Amendment - Withdrawal of QRC

Assigned QRC

Case Information

Campus File Number CL-02-6274-499	Date Of Injury 7/25/2024
Initial Rehab Consultation Date 10/30/2024	
WFO Number EE-01-6173-428	Employee Q46L Test
Employer Dragon Star Super Foods	Insurer/Self-Insurer Best Tester Ins

Insurer Claim Number
26274499

Withdrawing QRC Information

QRC Name tester qrc001	City Young America	State MN	Zip Code 55555
Rehab Provider Firm Address 1818	QRC Number 0001	QRC Firm Number 5323	QRC Phone Number (555) 555-5555

Warning: Losing Access to Your Rehab Transaction

Note that once you file this R-3 withdrawing, you will immediately lose access to the employee's transaction in your "My Rehab Cases" tab. You will still have access to the forms you filed in your "My Forms" tab.

ACKNOWLEDGE THIS WARNING

SAVE DRAFT SAVE DRAFT & CLOSE CANCEL BACK FORWARD

5. Step 2. Amendments

Enter the **Proposed Amendment & Rationale** and click **Forward**.

R-3 Rehab Plan Amendment - Withdrawal of QRC

Assigned QRC

Amendments

Supporting Information

Confirmation

Proposed Amendment & Rationale

Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.

Proposed Amendment And Rationale *

amendment proposal

SAVE DRAFT SAVE DRAFT & CLOSE CANCEL BACK FORWARD

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-to-date 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.

R-3 Rehab Plan Amendment - Withdrawal of QRC

Assigned QRC Amendments **Supporting Information** Confirmation

Plan Barrier Narrative Report
Please provide a narrative if applicable, either by filling out the field below or attaching a document in the provided attachment section.

Plan Barrier Narrative Report
Narrative

Plan Barrier Narrative Document Upload

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Supporting Attachments *
Attach any other supporting documentation to this R-3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date.

File Name	File Type	Description	Remove
test doc.docx	Miscellaneous	Miscellaneous description	<input type="button" value="Remove"/>

R-3 Form Information
Please attach all incurred cost-to-date information regarding the Rehab Plan broken down by Service Category.

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

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 worker's 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 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 Worker's Compensation Court of Appeals; the Department of Revenue and Health; and the Worker's Compensation Reinsurance Association.

Rehabilitation form availability
This form and access to the electronic submission format is located at www.dli.mn.gov/WC/Reforms.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 worker's 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.

E-Signature
Please type your first and last name as they appear on your CAMPUIS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *
0020r qj0001

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Review the information under the **Instructions to QRC** section.

Instructions to QRC
 This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.
To withdraw as the QRC: Use this form to withdraw as the assigned QRC from a rehabilitation file 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.
 When you submit this form, this file will be routed to the Department of Labor and Industry's Vocational Rehabilitation unit (VRLU).
 If the QRC elects to withdraw from a rehabilitation file where no litigation is pending for the liability issue, use the R-8 Rehabilitation Plan Closure form in accordance with Minn. Rules 5220.0510, subp. 7a(4).

Note: If you are a withdrawing QRC, you are **required** to attach documentation including services provided and associated costs to date.

7. Do you want to distribute this document?

Yes

Under the **Send to Party** column, select the parties to be served electronically via email.

Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

Mark the box attesting the form has been provided to all required parties and click the **Submit Form** button.

Do You Want to Distribute This Document?
 No Yes

Distribute Electronically
 Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Adjuster: BTO Insurance	cssting119-insure@gmail.com
<input checked="" type="checkbox"/>	Insurer: Susan BTO	Service of Process Designee: BTO Insurance	cssting119-insure@gmail.com

Distribute Manually
 The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	COMPASS REHABILITATION SERVICES	Rehab Provider	PO BOX 27385, GOLDEN VALLEY MN 55427
<input checked="" type="checkbox"/>	WC INSURER	Insurer	1028 KNIGHT RD, SAINT PAUL MN 55150128
<input checked="" type="checkbox"/>	LA Chocoma Ship	Employer	879 WINDY DR, SAINT PAUL MN 55133
<input type="checkbox"/>	Ty Tester	Employee	122 CAL PAX LN, St. Paul MN 55105
<input type="checkbox"/>	BTO Insurance	Insurer	Unknown

I attest that a copy of this form has been provided to all required parties.

PREVIEW DOWNLOAD AS PDF SAVE DRAFT SAVE DRAFT & CLOSE

CANCEL ← BACK SUBMIT FORM →

Note: Use the **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

No

Click the **Submit Form** button.

Do You Want to Distribute This Document?
 No Yes

PREVIEW DOWNLOAD AS PDF SAVE DRAFT SAVE DRAFT & CLOSE

CANCEL ← BACK SUBMIT FORM →

8. Step 4. Confirmation

The confirmation screen will confirm the QRC has been withdrawn. A successful submission screen will confirm the update.

Select the **Close** button to end the process.

Note: Upon submission, this RT is routed to VRU for review and services, if appropriate.

R-3 Rehab Plan Amendment - Withdrawal of QRC

Assigned QRC Amendments Supporting Information Confirmat

QRC assignment successfully submitted for tester qrc001 (0001) 8

Employee: QAAL Test Associated ID: RT-02-6277-88 View your Document: DO-02-6281-932

A confirmation email has been sent to leikstate1234-QRC001@gmail.com for your records.

CLOSE

9. At the dashboard, notice the employee's RT has been removed.

In this example, there was only one RT. Because the QRC has withdrawn, the **My Rehab Cases** tab is no longer visible. If the QRC is assigned to other rehabilitation transactions, they will continue to display under the **My Rehab Cases** tab.

DEPARTMENT OF LABOR AND INDUSTRY

Submit a Filing

My Overview

1 Open Claims 0 Upcoming Events 0 New Documents

Notifications: Request for Access to 2024128 has been approved. Access request approved from form submission 13940.

My Queues: My Claims, My Disputes, My Forms 9

Campus File Number	Employee	Employer	Claims Admin	Date of Injury	CACN
CL-02-6367-128	Tester, Ty	Le Chocolate Shop	WC INSURER	12/1/2023	WC6851

Showing (1-1) of 1 Items per page: 50

My Events: March 2025