

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](#).

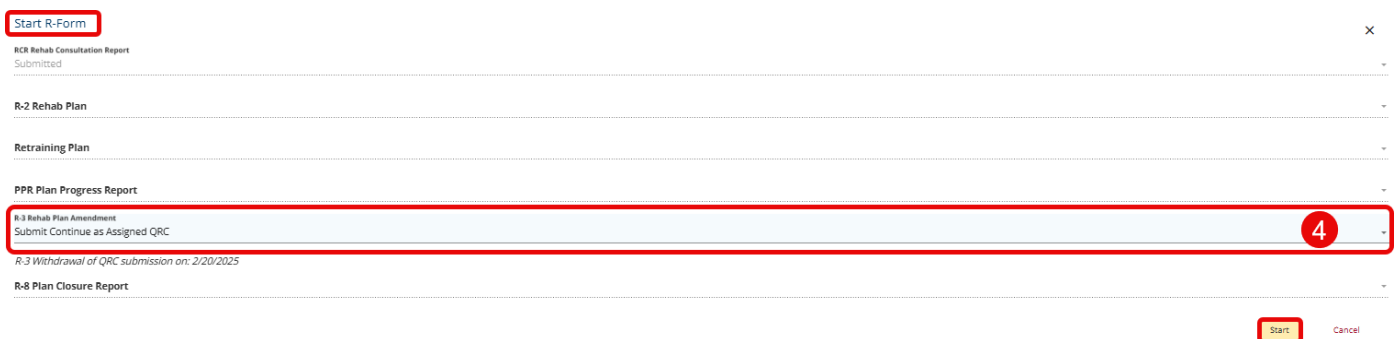
Continue as assigned QRC

Instructions	Visual aids																																																				
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.	My Overview Open Claims: 0 Upcoming Events: 0 New Documents: 0 My Queues - My Claims - My Disputes - My Forms My Rehab Cases <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></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></td><td>10/17/2024</td><td>2/27/1980</td><td>Open</td></tr></tbody></table> Showing (1-2) of 2 Items per page 50 My Events October 2024 <table border="1"><thead><tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr></thead><tbody><tr><td>29</td><td>30</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr><tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr></tbody></table>	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		6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer		10/17/2024	2/27/1980	Open	Su	Mo	Tu	We	Th	Fr	Sa	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
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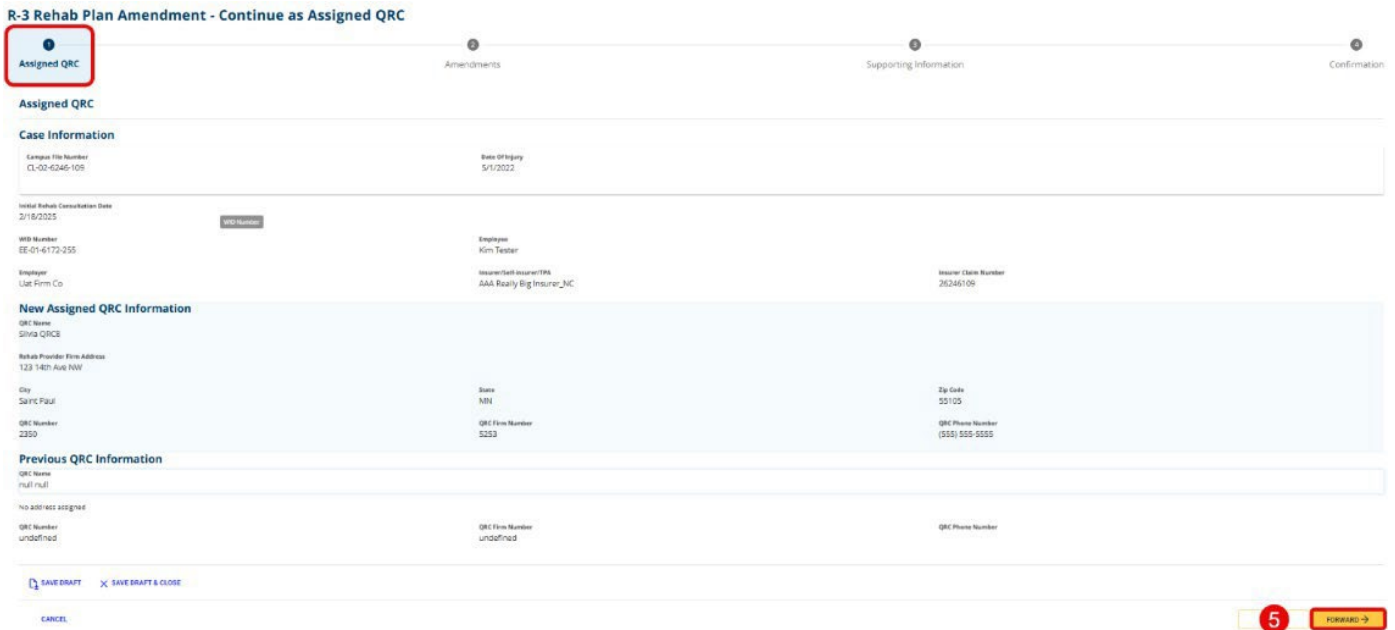
3. On the **Rehab Summary** page, click on the **Start R-Form** → button.



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.



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.



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 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 *

10/31

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	Rehab	\$ 800	3/7/2025	REMOVE

+ Add

Total Projected Cost: \$800.00

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

Plan costs to date	Projected additional costs to completion	Estimated total cost
\$ 0	\$200.00	\$200.00

Plan costs to date

Duration

Plan duration (in weeks)	Projected additional weeks to completion	Estimated total weeks
10	5	15

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 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 14 days. If all signatures are not obtained within the filing deadline, attach evidence of the date the plan was sent to each longstanding party. See 401m, Rules 5220 (a)(2), 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?

Released to Return to Work *	Medical Report Date *	Current Work Status
YES, WITHOUT RESTRICTIONS	Medical Report Date	

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 CONTINUE →

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** 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
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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
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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 data 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 (855) 284-9032 or 1-800-342-6354.

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.

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 ill-suited 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 desired 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 for 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, subp. 3(4).

Complete the form as expected. 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, WIO number(s) 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
☒	Insurer Susan STO	Adjuster: STO Insurance	clering11@insurer@gmail.com
☒	Insurer Susan STO	Service of Process Designer: STO Insurance	clering11@insurer@gmail.com

Distribute Manually

The parties below cannot receive this document electronically through Camplus.

Send to Party	Name	Role	Address
☒	COMPASS REHABILITATION SERVICES	Rehab Provider	PO BOX 27355, GOLDEN VALLEY MN 55427
☒	WC INSURER	Insurer	1028 KNIGHT RD, SAINT PAUL MN 55157-128
☒	LA Chocolata Shop	Employer	878 HENSHAW DR, ST PAUL MN 55155
☐	Ty Teller	Employee	122 Cat Paw Ln, St. Paul MN 55155
☐	STO Insurance	Insurer	Unknown

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

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

[CANCEL](#)

[< BACK](#)

[SUBMIT FORM >](#)

Do You Want to Distribute This Document?

☒ No ☐ Yes

[PREVIEW](#) [DOWNLOAD AS PDF](#) [SAVE DRAFT](#) [X 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 tester qrc001 (0001)

Employee: C00011000 Assigned To: R-3 REHAB PLAN AMENDMENT How your Document: 00010001000

A confirmation email has been sent to c00011000@gmail.com for your records.

CLOSE

Change of QRC

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

The screenshot shows the top navigation bar of the Department of Labor and Industry portal. A dropdown menu is open under the 'Submit a Filing' button. The 'Change of QRC' option is highlighted with a red box and a red circle with the number 1. Other options in the menu include 'Access a Case or Claim' and 'Individual Rehab Provider Registration'.

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.

The screenshot shows the 'R-3 Rehab Plan Amendment - Change of QRC' form. The 'Locate Rehab Transaction' section is highlighted with a red box and a red circle with the number 1. Below this, there are three search criteria sections: 'WIC', 'Employee Date of Injury', and 'Employee Last Name'. Each section has a red box around the 'OR' label. A red arrow points from the 'Locate Rehab Transaction' section to the search criteria. Below the search criteria, there is a 'Locate' button highlighted with a red box. The 'Results' section shows a table with two rows of results. The first row is highlighted with a red box and a red circle with the number 2. The table has columns for 'Rehab Transaction', 'Claim Number', 'Employee Name', 'Date of Injury', 'Last R Form Date', 'Last R Form', and 'QRC User Name'.

Rehab Transaction	Claim Number	Employee Name	Date of Injury	Last R Form Date	Last R Form	QRC User Name
RT-02-4280-917	CL-02-6246-199	Tetter, Kim	06/01/2022	02/20/2026	ROR, R.8	Michael Soheid
RT-02-4280-923	CL-02-6246-199	Tetter, Kim	06/01/2022	02/20/2026	ROR, R.8	

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

1 Locate Rehab Transaction 2 **Assigned QRC** 3 Amendments 4 Supporting Information 5 Confirmation

Assigned QRC

Case Information

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

Initial Rehab Consultation Date: 2/20/2025

WFO Number: EE-01-6172-055 Employee: Kim Tester

Employer: Lutz Firm Co. Insured/Self Insured/TPA: AAA Realty Big Insurer_NJC Insurer Claim Number: 26246109

New Assigned QRC Information

QRC Name: Silvia QRCB

Rehab Provider Group Address: 123 14th Ave NW

City: Saint Paul State: MN Zip Code: 55105

QRC Number: 0350 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: 0544 QRC Firm Number: 5011 QRC Phone Number: (851) 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

1 Locate Rehab Transaction 2 Assigned QRC 3 **Amendments** 4 Supporting Information 5 Confirmation

Proposed Amendment & Rationale

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

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. Rigidity 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 nonsigning 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?

Released to Return to Work *
Yes, without restrictions

Medical Report Date *
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

1

2

3

4

5

Locate Rehab Transaction

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

Plan Barrier Narrative Report

Plan Barrier Narrative Document Upload

+ UPLOAD DOCUMENT

File Name	File Type	Description	Remove
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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
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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.dlinn.gov/WC/WCforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (851) 264-5032 or 1-800-342-5354.

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 Tennessee Statutes § 609.55, subd. 5.

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 8220.0100 for service code definitions. However, for service codes 104 and 108 the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 8220.0100, subds. 16 and 18, as provided below.

Service code 104, "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), for the maximum number of hours and weeks of job development services for days of injury on or after Dec. 1, 2023. Service code 108, "job placement," means activities that support a qualified employee's return to work including the preparation of a claim to conduct an effective job search and communication of information about the labor market, programs or services offering employment opportunities 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:

- original limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the restoration goal;
- the projected cost or duration will be exceeded; or
- the employee has been found for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, amend all items that apply. For amended services, amend or add only the services to be provided during this 60-day 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 intended services.

Do not file the 60-day 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 for 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 60-day 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 60-day form may be filed instead of the Plan Progress Report form if the 60-day form is filed within 15 days before or after 30 months have passed from the date the 60-day Rehabilitation Plan form was filed. This means that by the time the 60-day form is filed in lieu of the Plan Progress Report form, the parties must already have signed the 60-day form. There must already be in compliance 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 non-signing party. See Minn. Rules 8220.0400, subd. 3(4).

Complete the form as expected. For the amended services, complete or amend only the services to be provided during this 60-day 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, AED 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: This newly assigned QRC must file this form and attach "Change in QRC" in the QRC adjustment section. If approval of a change of QRC is required by Minn. Rules 8220.0110 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. Evidence of date of circulation to the parties with 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
☒	Insurer Susan BTO	Adjuster: BTO Insurance	clering719-insurer@gmail.com
☒	Insurer Susan BTO	Service of Process Designee: BTO Insurance	clering719-insurer@gmail.com

Distribute Manually

The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
☒	COMPASS REHABILITATION SERVICES	Rehab Provider	PO BOX 27385, GOLDEN VALLEY MN 55427
☒	WFC INSURER	Insurer	1028 KNIGHT RD, Saint Paul MN 55107128
☒	La Chocolats Shop	Employer	878 Marshall Dr, St Paul MN 55105
☐	Ty Tester	Employee	123 Cat Paw Ln, St. Paul MN 55105
☐	BTO Insurance	Insurer	Unknown

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

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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.

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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
[NY-02-6281-928](#)

View your Document
[00-02-6281-928](#)

A confirmation email has been sent to leekstata1234-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.

My Overview

0 Open Claims
View details associated to your claims in the My Queue portal.

0 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims My Disputes My Forms **My Rehab Cases** 1

Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status
RT-02-6277-484	Test, QAKL	CL-02-6274-499		tester qrc001	10/30/2024	7/25/2024	Open
RT-02-6279-310	Test, QAKL	CL-02-6274-499		tester qrc001	7/3/2024	7/25/2024	Open
RT-02-6276-644	Bob, King	CL-02-6273-230		tester qrc001	9/24/2024	6/5/2024	Closed

My Events

March 2025

Su	Mo	Tu	We	Th	Fr	Sa
23	24	25	26	27	28	1
2	3	4	5	6	7	8

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

Rehab For: QAKL Test

VocRehabCase: RT-02-6277-484

Rehab Summary

Assigned QRC: tester qrc001

Rehab Provider Firm: Mars Rehab Firm

Claim ID: CL-02-6274-499

Date of Injury: 7/25/2024

2 Start R-Form Submit R-Form

- 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 Consultation Report Submitted

R-2 Rehab Plan Submitted

Retraining Plan

PPR Plan Progress Report

R-3 Rehab Plan Amendment Submit Withdrawal of QRC 3

R-3 Continue as Assigned QRC submission on: 11/8/2024
R-3 Continue as Assigned QRC submission on: 11/8/2024
R-3 Continue as Assigned QRC submission on: 3/4/2025

R-8 Plan Closure Report

Start Cancel

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 Amendments Supporting Information Confirmation

Assigned QRC

Case Information

Case 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: Q40L Test Insurer/Self-Insured: Best Tester Ins. Insurer Claim Number: 26274499

Employer: Dragon Star Super Foods

Withdrawing QRC Information

QRC Name: taster qrc001

Rehab Provider Firm Address: 1st St City: Young America State: MN Zip Code: 55555

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

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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

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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

6

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

UPLOAD DOCUMENT

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

UPLOAD DOCUMENT

File Name	File Type	Description	Remove
test doc.docx	Miscellaneous	Miscellaneous description	

R-3 Form Information

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

UPLOAD DOCUMENT

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 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 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/Reforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 234-5032 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 § 609.52, 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 *

test@qr001

☒ 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.

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.

No

Click the **Submit Form** button.

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(1).

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

Do You Want to Distribute This Document? **7**

☐ No ☒ Yes

Distribute Electronically

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

Send to Party	Name	Role	Address
☒	Insurer: Susan BTD	Adjuster: BTD Insurance	coasting713-insurer@gmail.com
☒	Insurer: Susan BTD	Service of Process Designee: BTD Insurance	coasting713-insurer@gmail.com

Distribute Manually

The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
☒	CONRAD REHABILITATION SERVICES	Rehab Provider	PO BOX 27385, GOLDEN VALLEY MN 55427
☒	WFC Insurer	Insurer	1028 KNIGHT RD, SAINT PAUL MN 5510728
☒	UK Chocolate Shop	Employer	878 MARSHY DR, ST PAUL MN 55103
☐	Ty Thaler	Employee	123 Cal Park LA, St. Paul MN 55105
☐	BTD Insurance	Insurer	Unknown

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

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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

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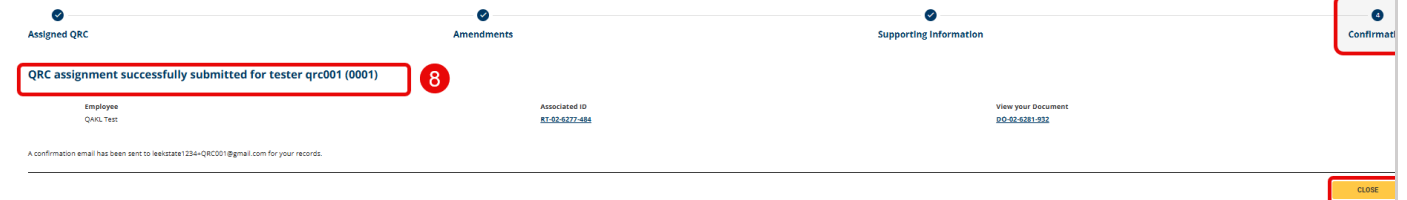
8. Step 4. Confirmation

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.

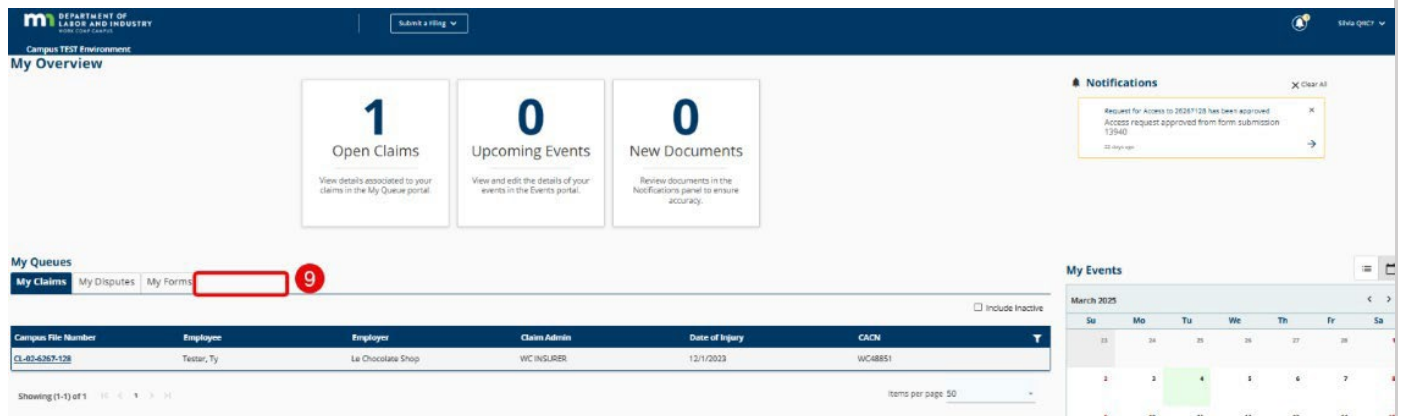
R-3 Rehab Plan Amendment - Withdrawal of QRC



The screenshot shows a confirmation screen titled "R-3 Rehab Plan Amendment - Withdrawal of QRC". It features a progress bar with four steps: "Assigned QRC", "Amendments", "Supporting Information", and "Confirmation" (the final step, highlighted with a red box and a red circle with the number 8). Below the progress bar, a red-bordered box contains the text "QRC assignment successfully submitted for tester qrc001 (0001)". To the right of this box is a red circle with the number 8. Below the box, the employee information is listed: "Employee: QARC Test" and "Associated ID: RT-02-6277-884". To the right of the associated ID is a link "View your Document" with the ID "RD-02-6281-932". At the bottom, a message states: "A confirmation email has been sent to teststate1234-QRC001@gmail.com for your records." In the top right corner, there is a "Confirm" button. In the bottom right corner, there is a red-bordered box with the text "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.



The screenshot shows the "My Overview" dashboard for the Department of Labor and Industry. The dashboard includes a "Submit a Filing" button in the top right. Below the header, there are three cards: "1 Open Claims" (with a link to "View details associated to your claims in the My Queue portal"), "0 Upcoming Events" (with a link to "View and edit the details of your events in the Events portal"), and "0 New Documents" (with a link to "Review documents in the Notifications panel to ensure accuracy"). To the right of these cards is a "Notifications" section with a "Clear All" button and a notification about access to 20241128 being approved. Below the cards is a "My Queues" section with tabs for "My Claims", "My Disputes", and "My Forms". The "My Claims" tab is selected, and a red-bordered box with a red circle containing the number 9 highlights the "My Claims" tab. Below the tabs is a table with the following columns: "Campus File Number", "Employee", "Employer", "Claims Admin", "Date of Injury", and "CASN". The table contains one row with the following data: "CL-02-6357-128", "Tester, Ty", "Le Chocolate Shop", "WC INSURER", "12/1/2023", and "WC08851". Below the table, it says "Showing (1-1) of 1" and "Items per page: 50". To the right of the table is a "My Events" section with a calendar for March 2025.