DEPARTMENT OF LABOR AND INDUSTRY

Work Comp Campus

External user manual

2024

Contents

About this manual

This Minnesota Department of Labor and Industry (DLI) Work Comp Campus external user manual is a resource that guides users through common job functions in Work Comp Campus with "step-by-step" instructions and visual aids. Additional training and resources are available at the DLI Work Comp Campus hub at dli.mn.gov/business/workers-compensation/work-comp-campus-hub.

All names and data portrayed in these materials are fictitious and used only for demonstrative purposes. No identification with actual persons or entities is intended or should be inferred.

Workers’ Compensation Help Desk

Contacting the Workers’ Compensation Help Desk

Individuals can contact the Help Desk in the following ways:

1. by phone at 651-284-5005, option 3, or 800-342-5354, option 3; or
2. by email at helpdesk.dli@state.mn.us.

The team is available Monday through Friday, 8 a.m. to 4:30 p.m. If calling outside of office hours, leave a voicemail message and a Help Desk staff member will respond within 24 hours.

Tips for contacting the Help Desk

When contacting the Help Desk, be as detailed as possible in your messages, both via voicemail and email. It is also helpful to the Help Desk staff to have as much identifying information as possible regarding your inquiry.

If you have technical issues with Campus, such as receiving an error message while filing a claim, we encourage you to do the following.

1. Take a screenshot of the error or issue.
2. Make a note of the date and time the problem occurred.
3. Send this information via email to the Help Desk at helpdesk.dli@state.mn.us.

Including the claim or dispute number on which the issue occurred is also important. This information will help the Help Desk and the Campus technical team to assist and try to resolve the issue.

Getting started in Work Comp Campus

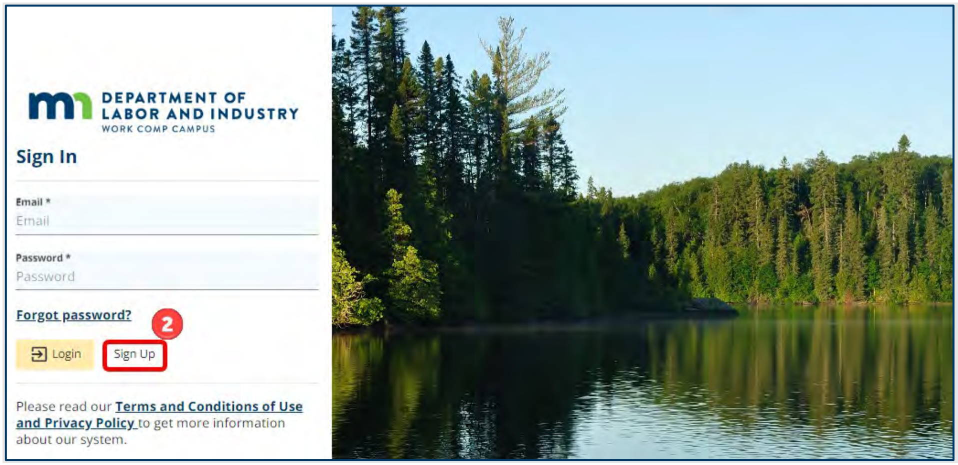
As a new user to Campus, you will need to register your account. If you are already registered, follow the steps in the section titled *Logging into Campus*.

Registering in Campus

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. Go to the Campus website at https://campus.dli.mn.gov/user/login
2. Click **Sign Up**.

</td><td>



</td></tr>
<tr><td>

3. On the Register for Work Comp Campus page, under the About Me section, select the option that best fits in the I am registering as a field.
   Options available:
   a. Attorney
   b. Other Legal Professional
   c. Qualified Rehab Consultant (QRC)
   d. Qualified Rehab Consultant (QRC) Intern
   e. Injured Employee
   f. Employer
   g. Health Care Provider
   h. Insurance Carrier, Self-Insured Employer, and/or

</td><td>

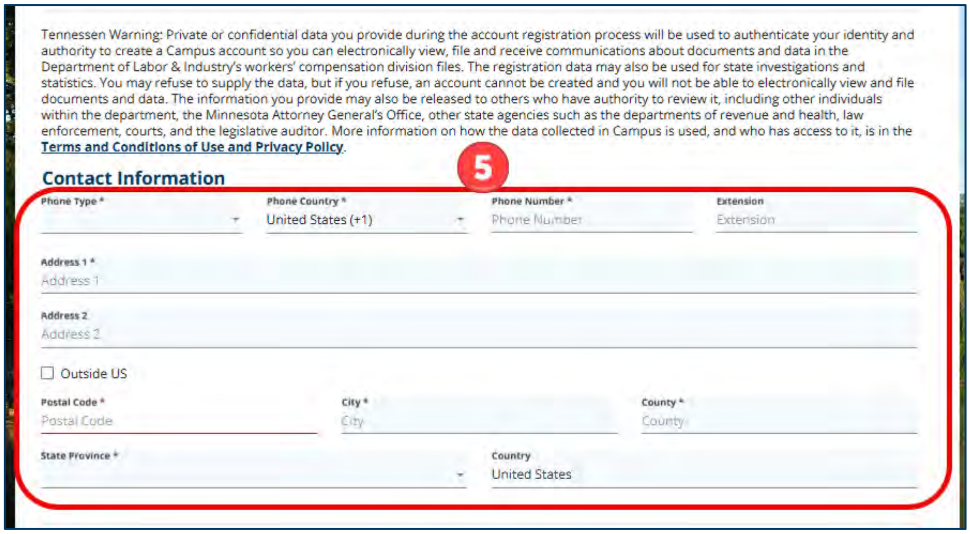
</td></tr>
</table>

Claim Administrator

i. None of these apply to me

4. Enter personal information for the user registering. All fields with asterisks (*) are required to be filled.

5. Complete fields marked with the black asterisks in the **Contact Information** section.



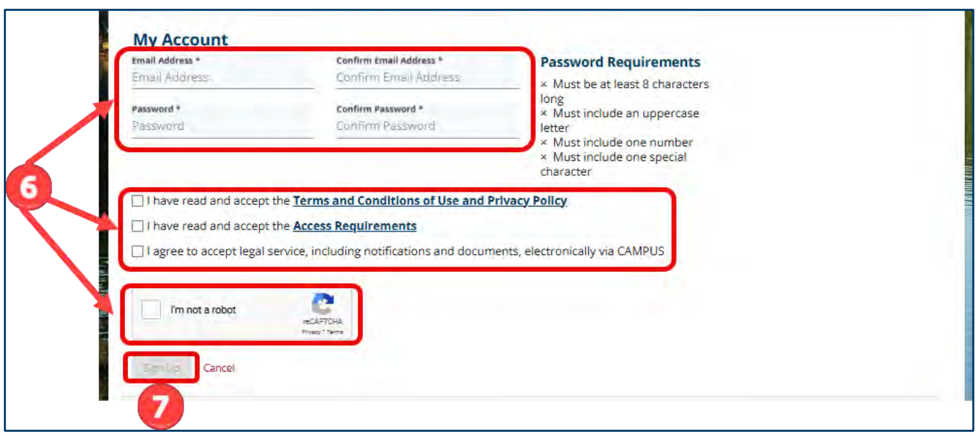
6. In the **My Account** section, enter a valid email address and create a password that matches the requirements.

   Check the boxes to accept the terms and conditions, access requirements and legal service.

   Click the **reCAPTCHA** box.

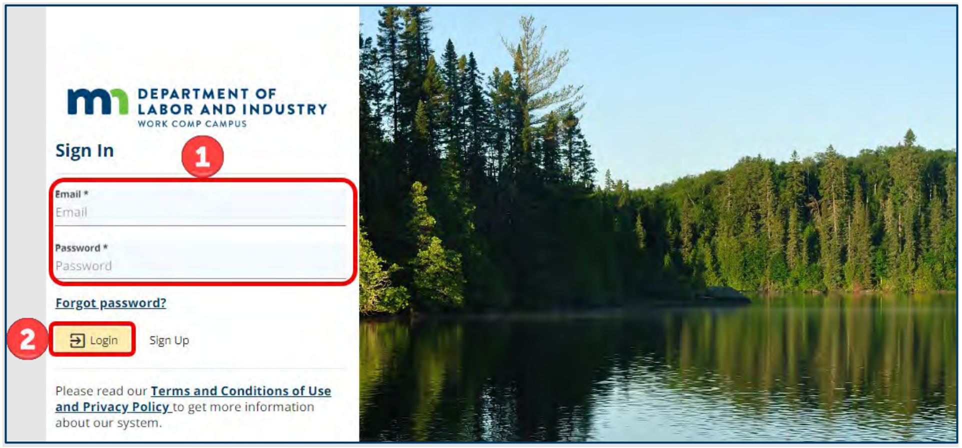
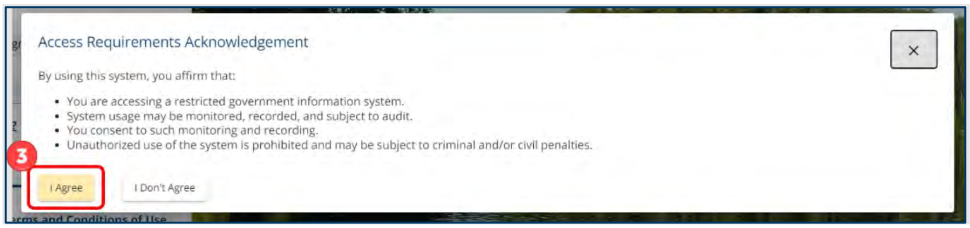
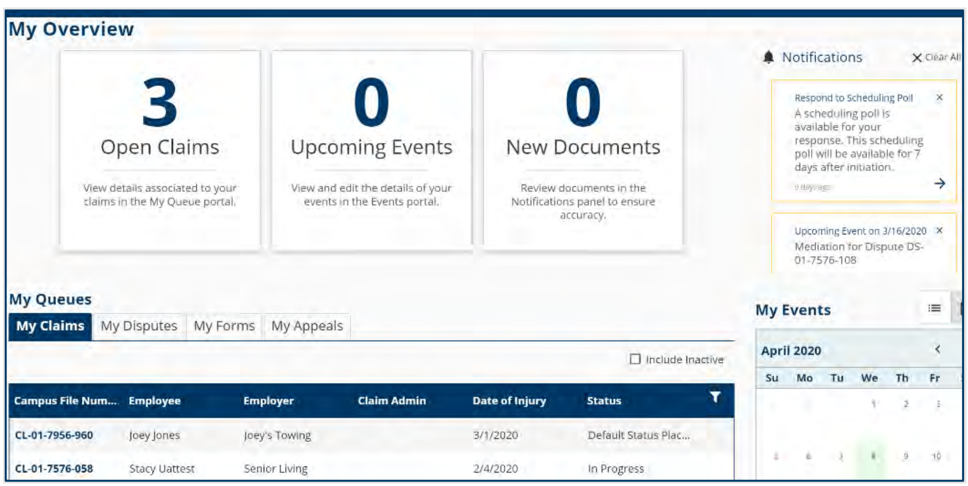
7. Click **Sign Up** to register your new Campus account.

   A verification email message will be sent to the email address that was used to sign up. You will need to verify the email address used to register



and confirm your account registration before you can access Campus. Contact the Help Desk for further assistance if the email message is not received.	

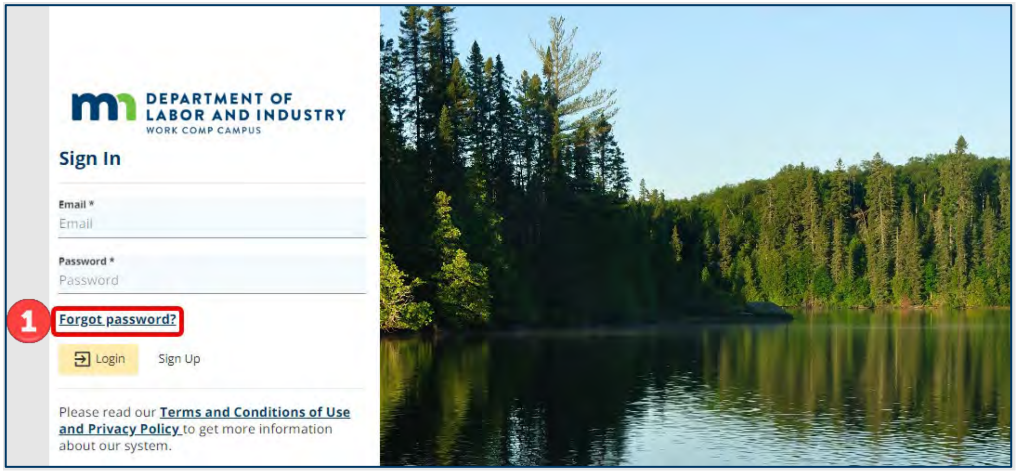
Logging into Campus

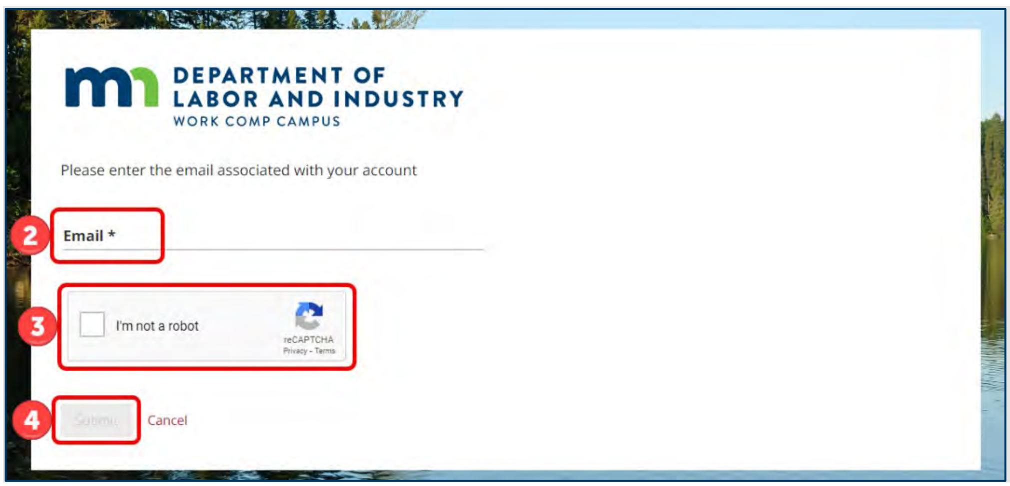
Instructions	Visual aids
1. Fill in the **Email** and **Password** fields. 2. Click **Login**.	
3. In the **Access Requirements Acknowledgment** pop-up window, click the yellow **I Agree** button.	
4. The user dashboard (Campus homepage) will then open.	

Note: Campus will time out after 30 minutes of inactivity. It is important you remember to click **Save as Draft** for any forms you are working on, as a precaution.

Resetting password

Campus passwords expire every 90 days and can only be reset once every 24 hours.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. From the Sign In page, click on Forgot Password.</td><td>
</td></tr>
<tr><td>2. In the Email field, enter the email address used when registering in Campus.
3. Mark the reCAPTCHA box.
4. Click the Submit button. This will turn yellow after the information has been entered.

*An email message with directions about how to create a new password will be sent to the email address entered. If you do not receive the email message or experience any issues, contact the Help Desk.</td><td>
</td></tr>
</table>

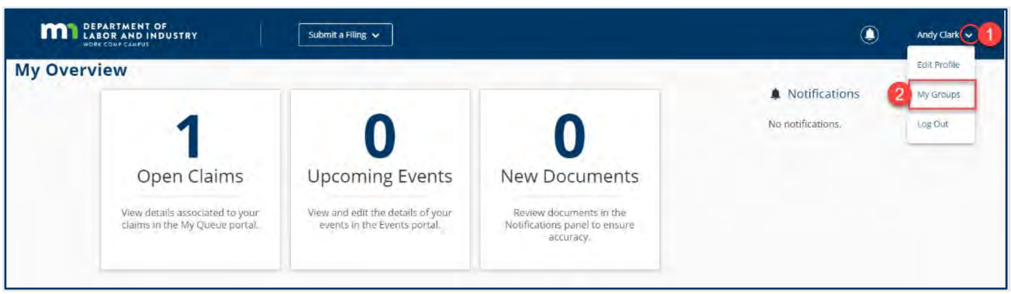
Group administration

Group administration tasks, such as adding members to a group, changing permissions, editing relationships and more, can only be performed by a group administrator within Campus.

There are several actions needed for a group administrator to grant permissions or create relationships for users within Campus.

3. The individual must register in Campus, making themself a Campus user.
4. A group administrator of the group adds the user as a member of the group. Only members of groups can access claims in Campus, with the exception of injured workers.
    1. A group administrator can then assign specific permissions to any members within the group.
    2. A group administrator can also link individual users within the group to share claim access with each other, such as linking a paralegal to an attorney.

Viewing group information

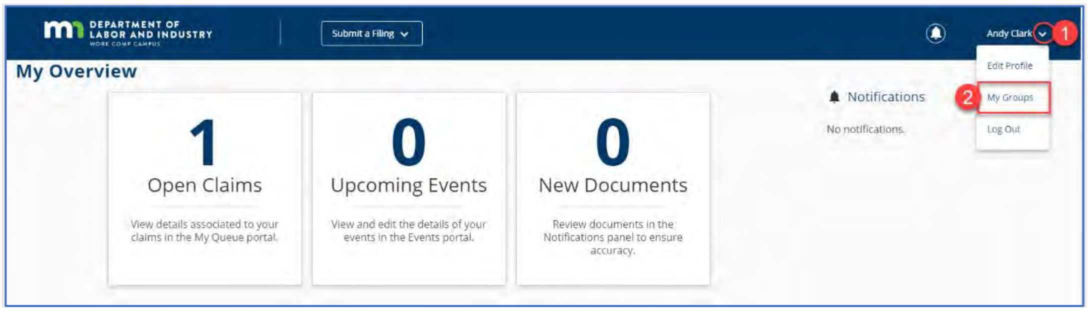
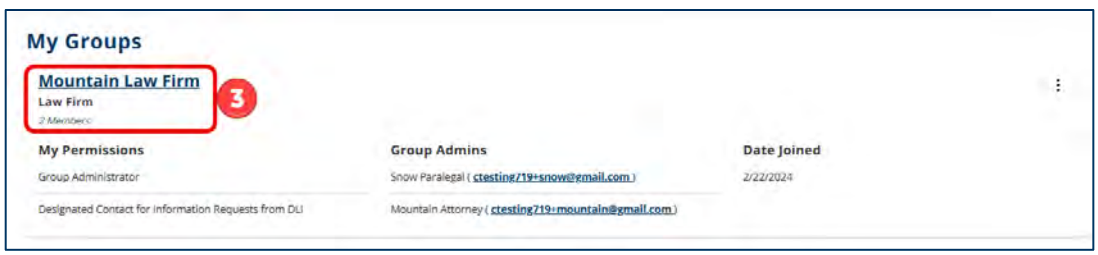
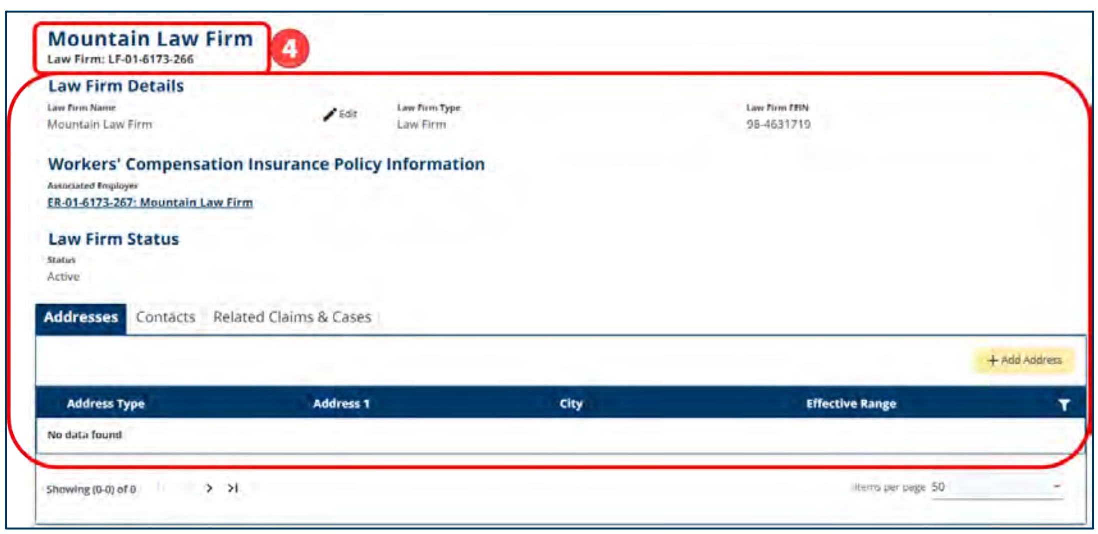
Instructions	Visual aids
1. At the top of the user dashboard (homepage), click the drop-down arrow next to the user's name. 2. Select **My Groups**.	
3. The **My Groups** page lists the groups you are associated with. Each group you are associated with shows: a) the number of members; b) user permissions; c) group administrators; and d) the date joined.	

Viewing and editing entity details

An entity can be an individual user within Campus or a group, such as an employer, insurer, third-party administrator, trading partner, law firm, rehabilitation providers or supplemental entities. Except for employees, all entities can view entity details. To edit entity details, you must have the profile management designation.

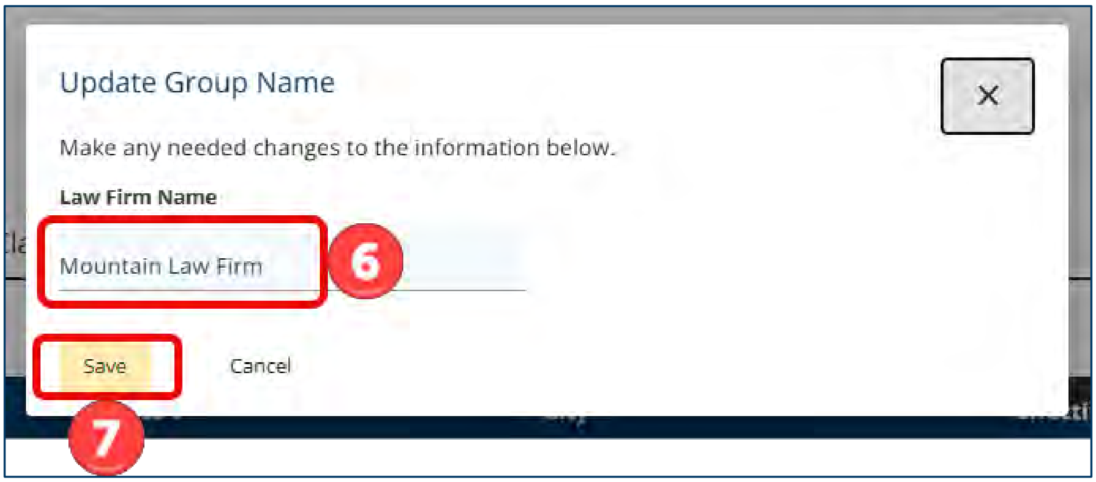
Note: Any edits made to the entity name or address information will be submitted to DLI and require approval. When the request is approved by DLI, the changes will be reflected in Campus.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. At the top right of the user dashboard (homepage), click the drop-down arrow to display the menu.

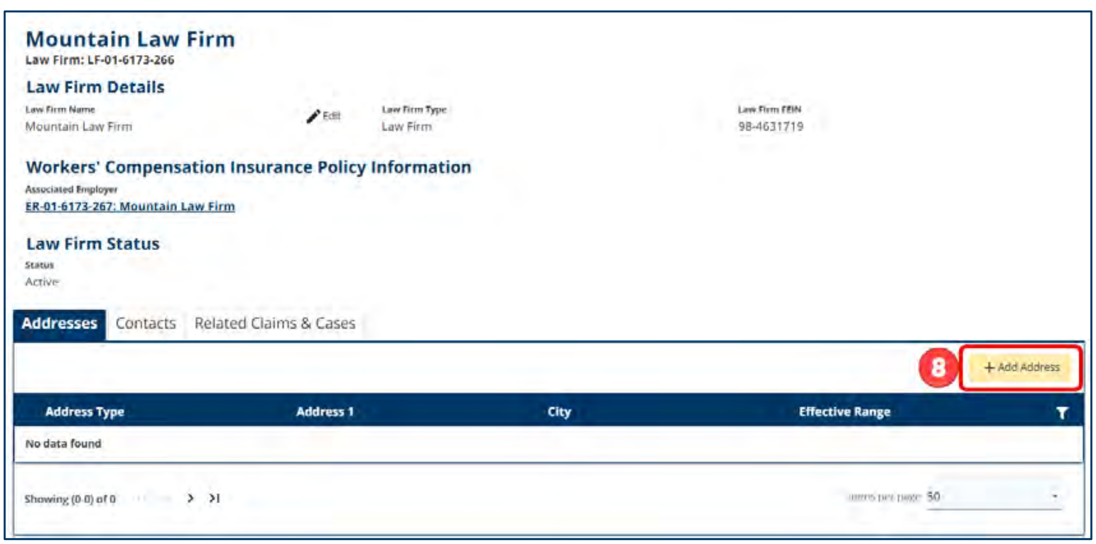
2. Select My Groups.</td><td>
</td></tr>
<tr><td>3. The My Groups page lists the groups you are associated with. Click on the hyperlink for the entity you wish to view or edit.</td><td>
</td></tr>
<tr><td>4. The Entity Details page has the name of the entity at the top and relevant information about the entity below.</td><td>
</td></tr>
</table>

5. From this page, the group name can be updated by clicking on the **Edit** button next to the group name.

6. The **Update Group Name** window will display. Under the text field, edit the group name.
7. When complete, click the yellow **Save** button to confirm the changes or click **Cancel** to exit without any changes being made.



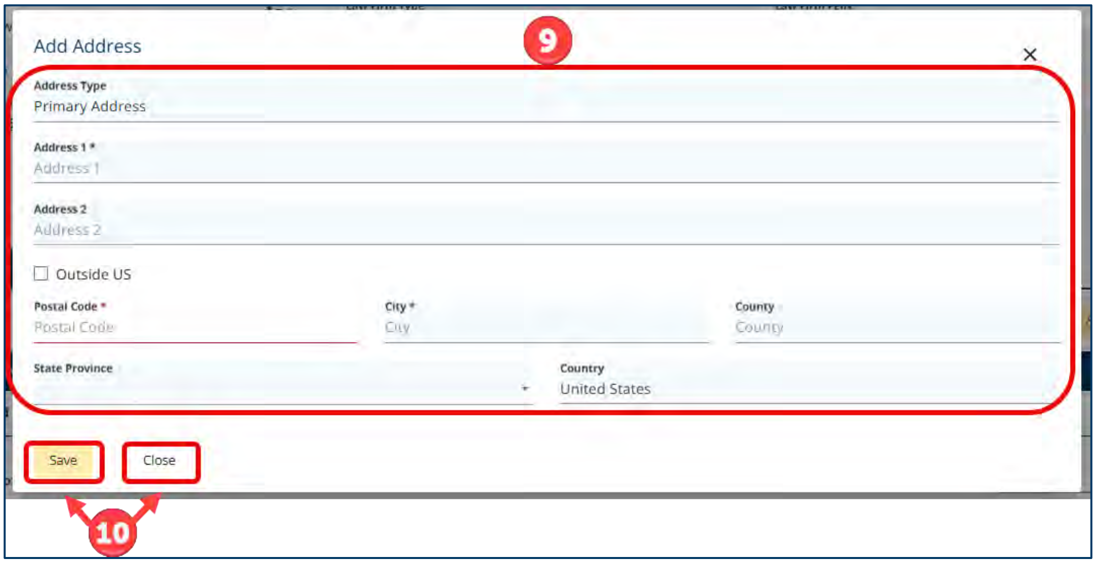
8. To add an address for the group, click on the yellow **+Add Address** button.



9. The **Add Address** window will pop up. Click on the drop-down menu to select the **Address Type** and fill in all required information marked with an *.

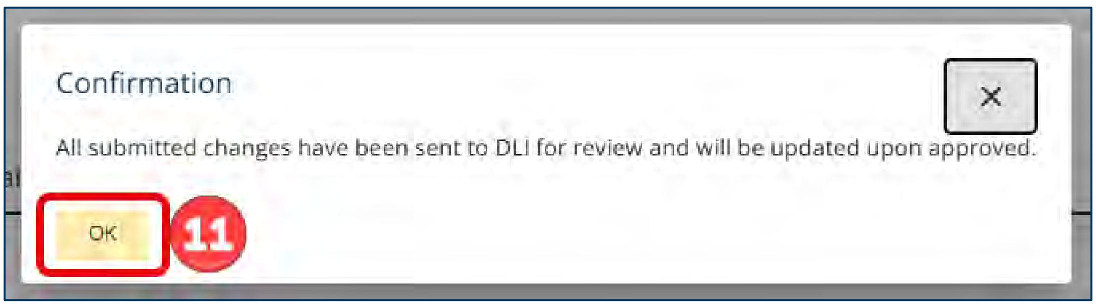
Note: If no primary address has been entered, the drop-down menu in the **Address Type** field will not be available.

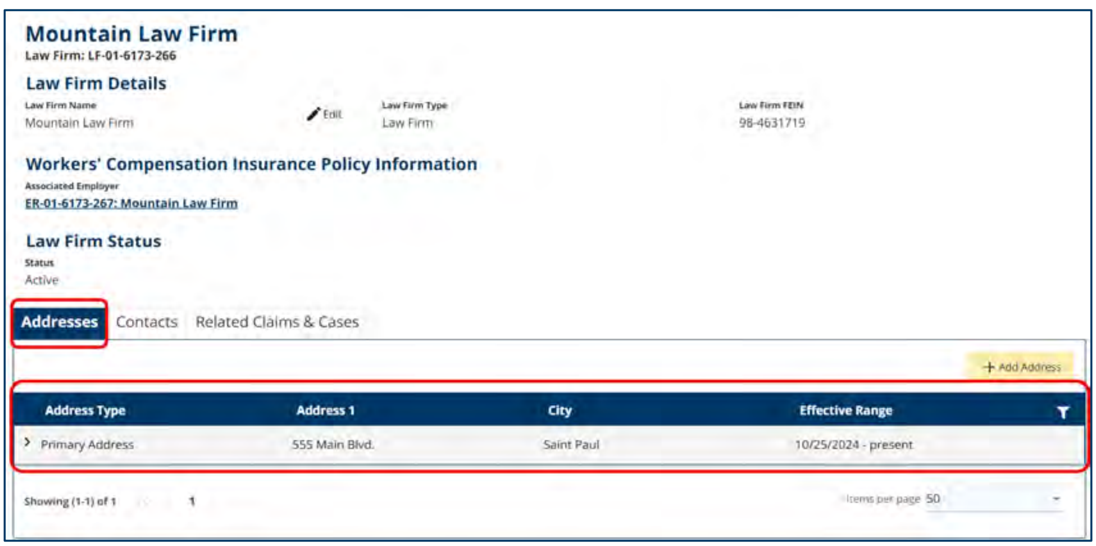
10. Click **Save** to submit the new address request or **Close** to exit without saving.



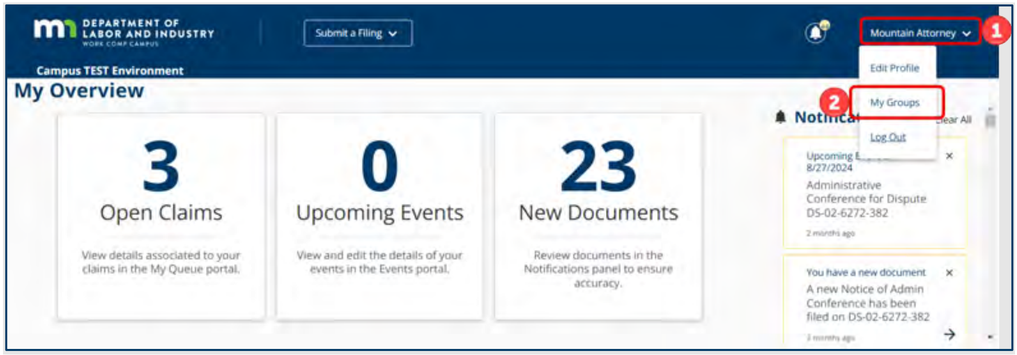
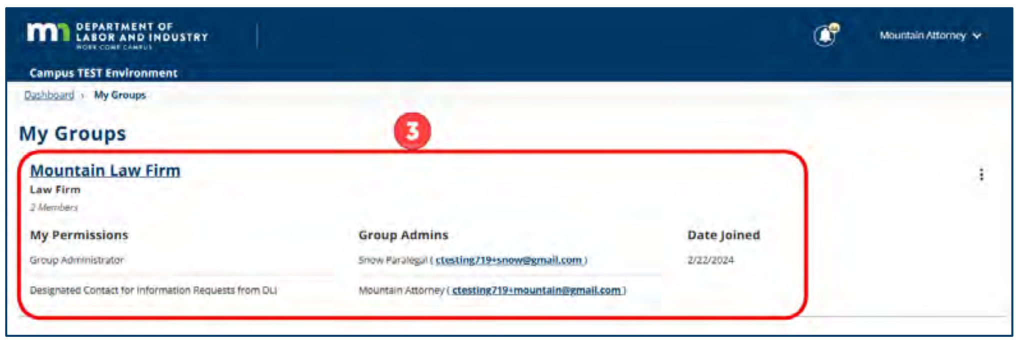
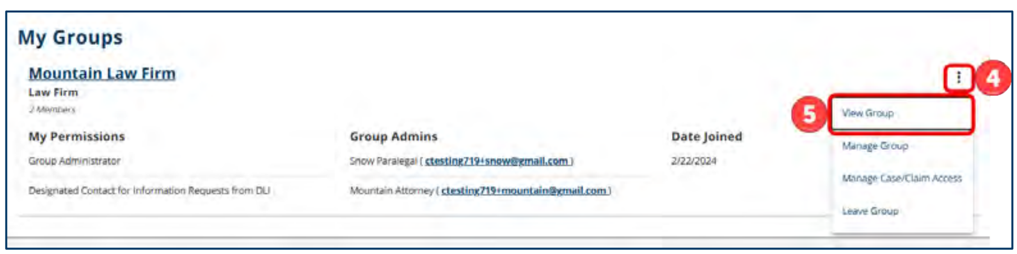
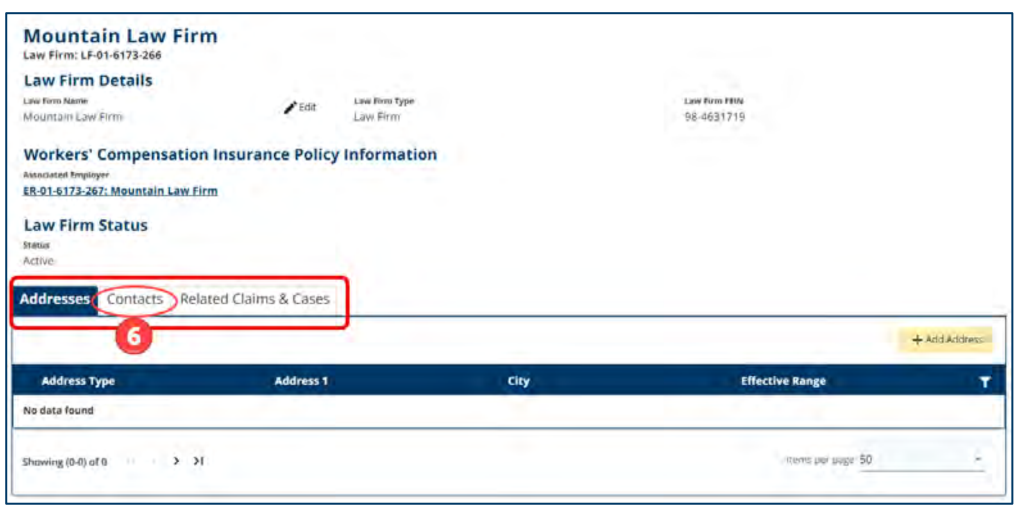
11. Once submitted, a **Confirmation** window will pop up. Click the yellow **OK** button to close the window.

Note: The system will send a notification to DLI staff members for review; if approved, the address will be visible on the **Entity Details** page, under the **Addresses** tab.





Viewing member information

Instructions	Visual aids
1. At the top right of the user dashboard (homepage), click the **drop-down** arrow to display the menu. 2. Select **My Groups**.	
3. The **My Groups** page lists the groups you are associated with. **Note:** To view more detailed information about this page, go to the *Viewing group information* section of this manual.	
4. Click on the kebab menu (three vertical dots) in the upper right to display the menu. 5. Click on **View Group** to view the list of current members of the group.	
6. The **Entity Details** page will open; click on the **Contacts** tab.	

7. Under the **Contacts** tab, click on the **Users** tab to view all the users connected to this entity.

Accessing group administrator settings

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. At the top right of the user dashboard (homepage), click the **drop-down** arrow to display the menu.

2. Select **My Groups**.

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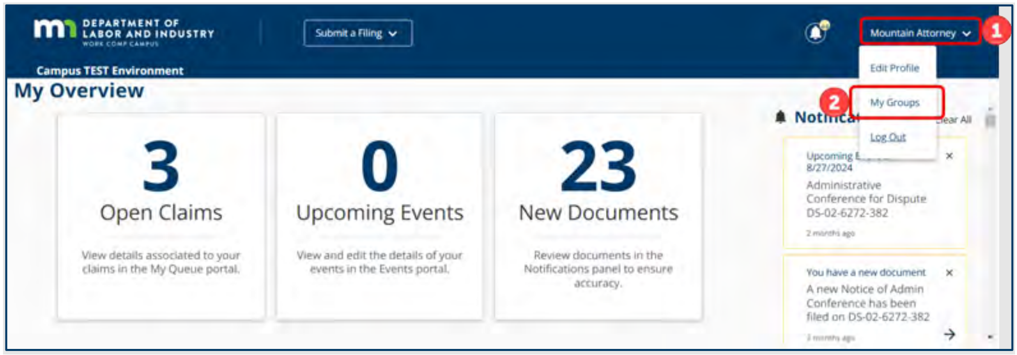

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<tr><td>

3. The **My Groups** page lists the groups you are associated with.

Note: For instructions about how to view the current members of the group, go to the *[Viewing member information]* section of this manual.

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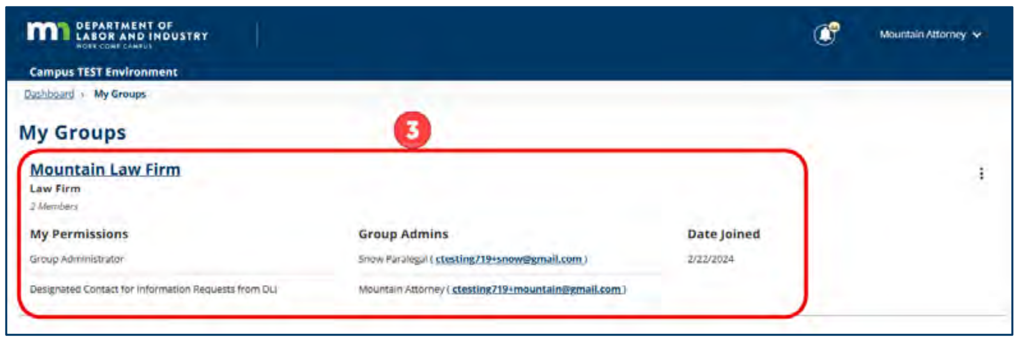

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<tr><td>

4. Click on the kebab menu (three vertical dots) in the upper right to display the menu.

5. From the drop-down menu, select the **Manage Group** option.

Note: This option is only available to group administrators.

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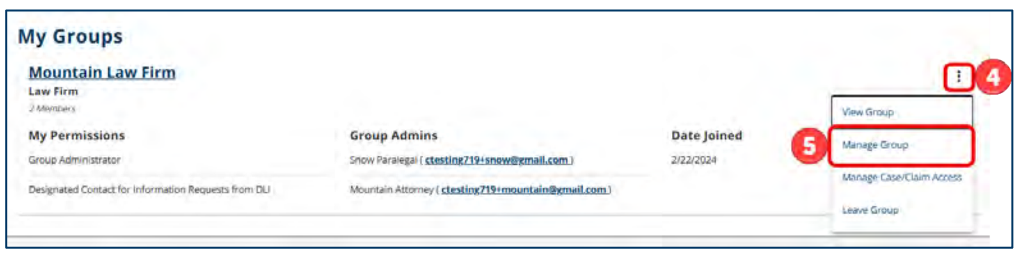

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<tr><td>

6. The **Group Management** page displays all **Active Members** and includes their:
   a) name;
   b) email address;
   c) user type; and
   d) date joined.

Note: An **Active Member** is a user who has registered in Campus and is linked to the group entity. If the user is not registered, see more detailed

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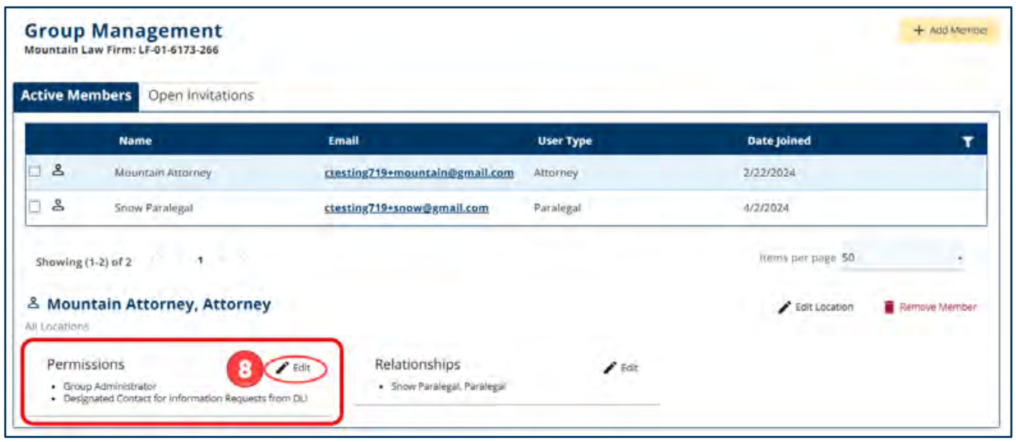
instructions in the [Member not registered](#) section of this manual.	
7. As a group administrator, you can update the address information associated with a member by clicking on the **Edit Location** link. More detailed instructions are provided in the [Editing member's location](#) section of this manual.	
8. Permissions are displayed for the member. Click the **Edit** link to update **Permissions**. More detailed instructions are provided in the [Editing member permissions](#) section of this manual.	
9. Relationships are displayed for the member. Click the **Edit** link to update **Relationships**. More detailed instructions are provided in the [Editing member relationships](#) section of this manual.	

10. If you need to delete a member associated to this group, click the **Remove Member** link.

Note: A user cannot leave a group if they are the only member assigned group administrator or service of process designee permissions. Another group administrator or service of process designee must be identified before removing this member from the group.

More detailed instructions are provided in the *Removing a member from group* section of this manual.

Adding members to a group

Member already registered in Campus

A group administrator has the ability to add and remove members from their group. If a member needs to make updates to their individual user information, such as an email address, they must log in and make that update.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the **Group Management** page, click on the yellow **+Add Member** button at the top right of the page.

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<tr><td>

2. On the **Add Member** page, enter a valid email address in the **Email Address** field for the new member and enter it again in the **Confirm Email** field.

Note: The email address must be the same one the individual used to register and activate their account in Campus.

Note: If a person is already registered in Campus, their name will auto-populate after entering their email address.

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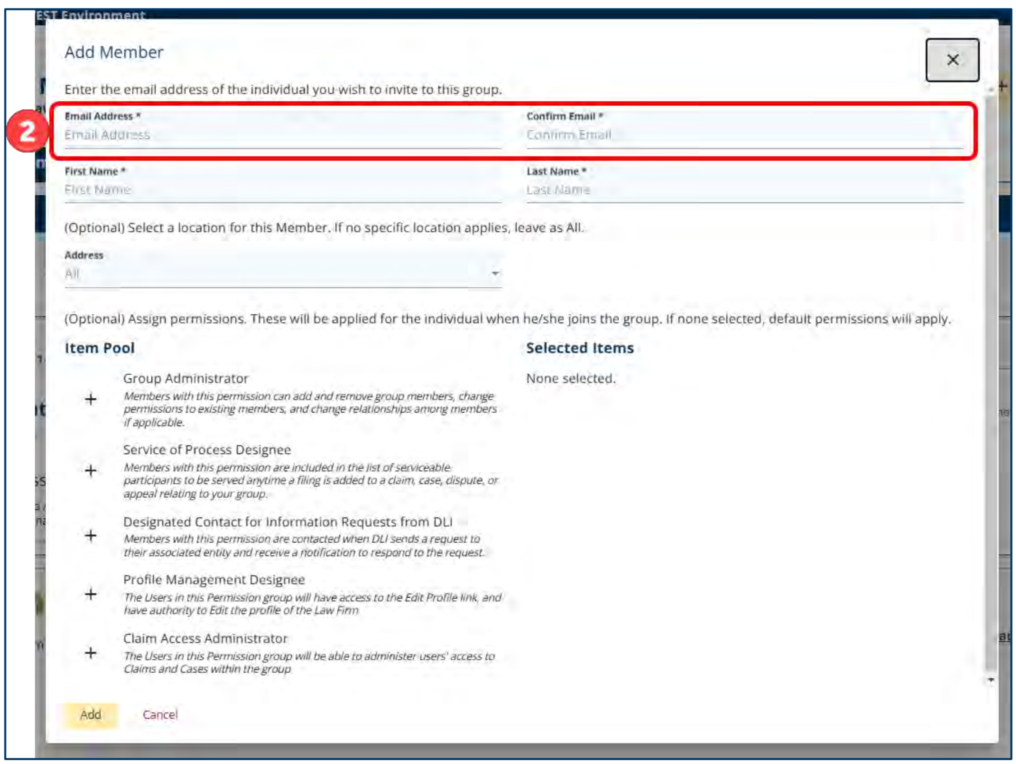

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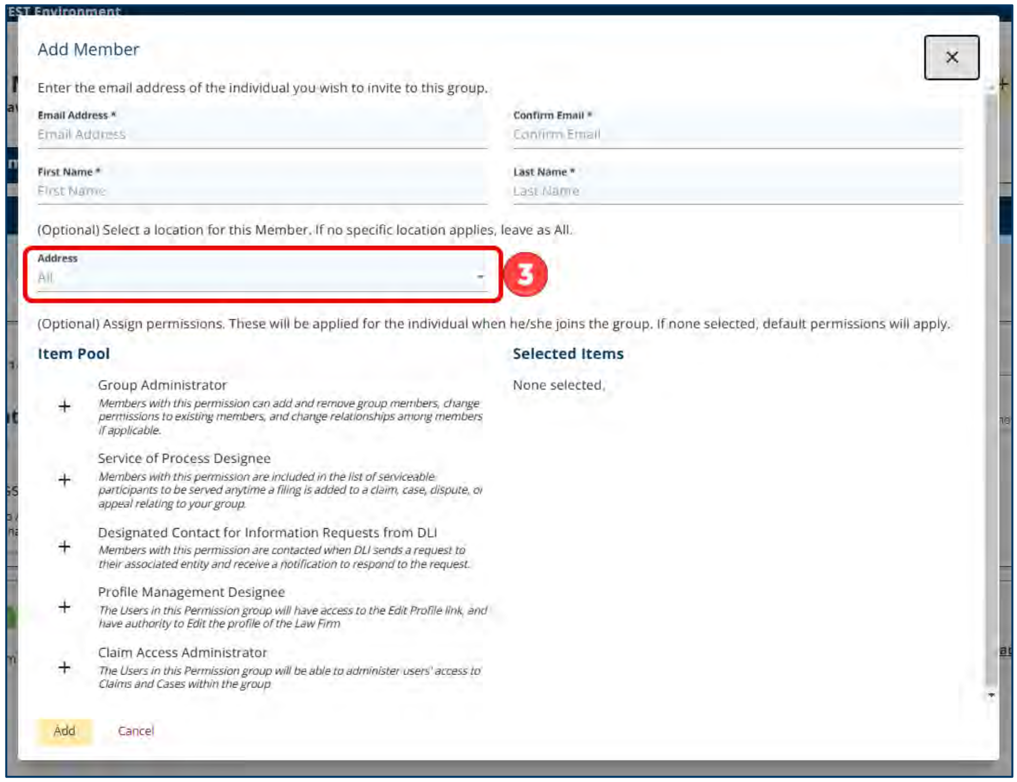
</table>

3. Optional: In the **Address** field, select a location for the member. If no specific location applies, leave the field selection as **All**.



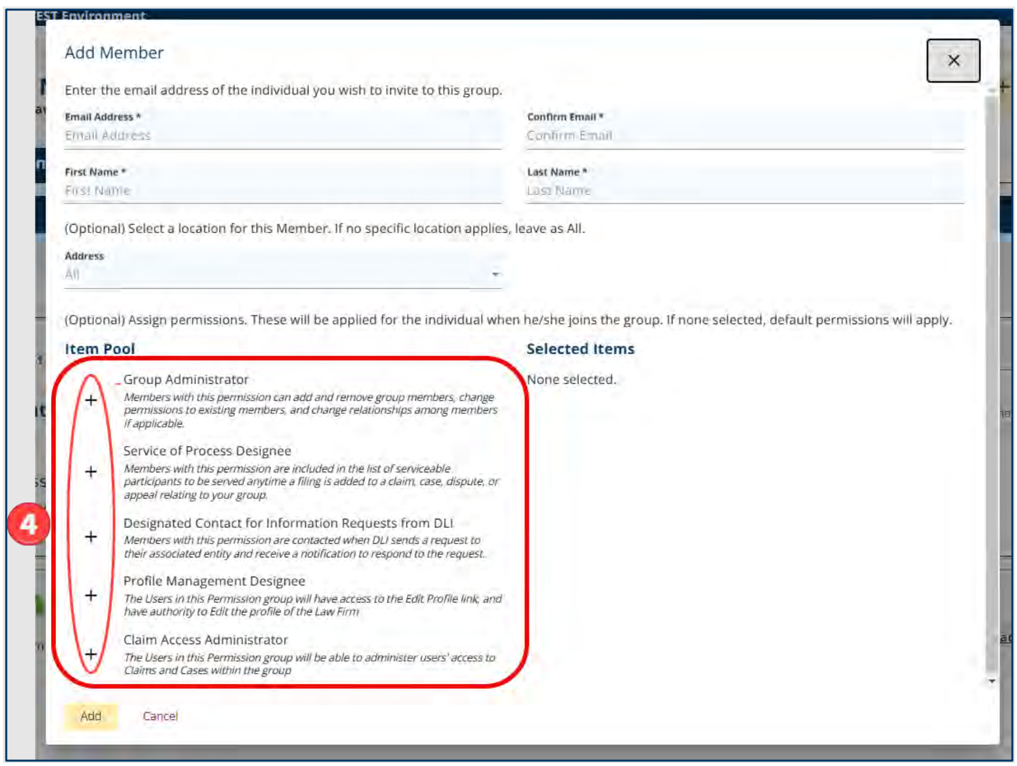
4. Assign the appropriate permissions for this member by clicking on the **+** symbol.

Permissions available are as follows.

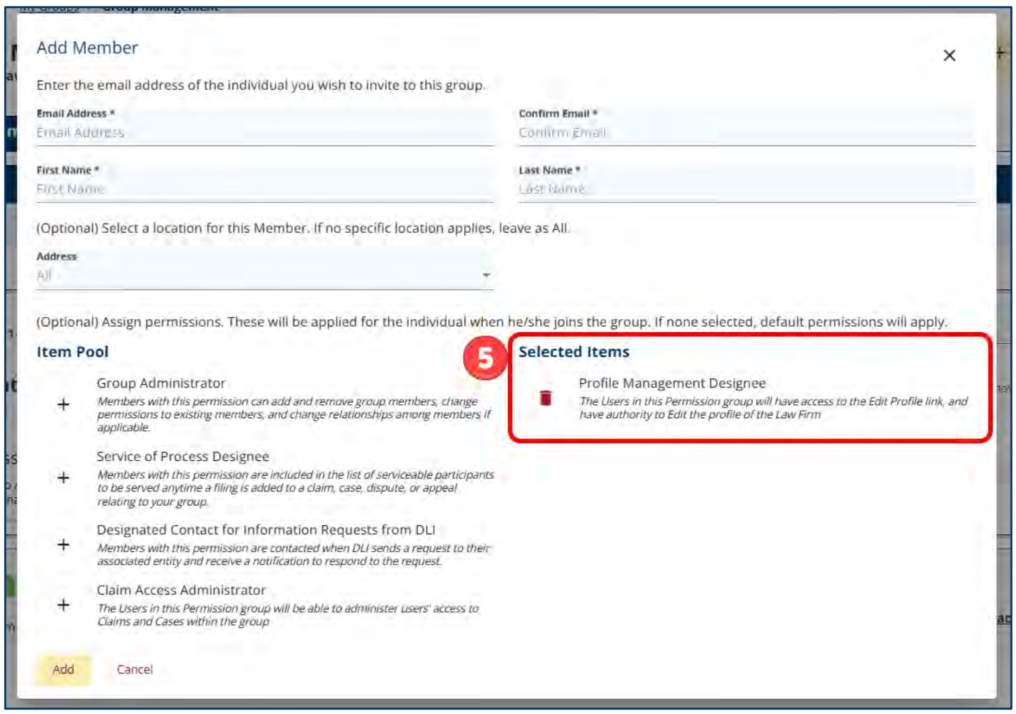
a) **Group Administrator** – members with this permission can add and remove group members, change permissions to existing members and change relationships among members if applicable.

b) **Service of Process Designee** – members with this permission are included in the list of serviceable participants to be served any time a filing is added to a claim, case, dispute or appeal relating to your group.

c) **Designated Contact for Information Requests from DLI** – members with this permission are contacted



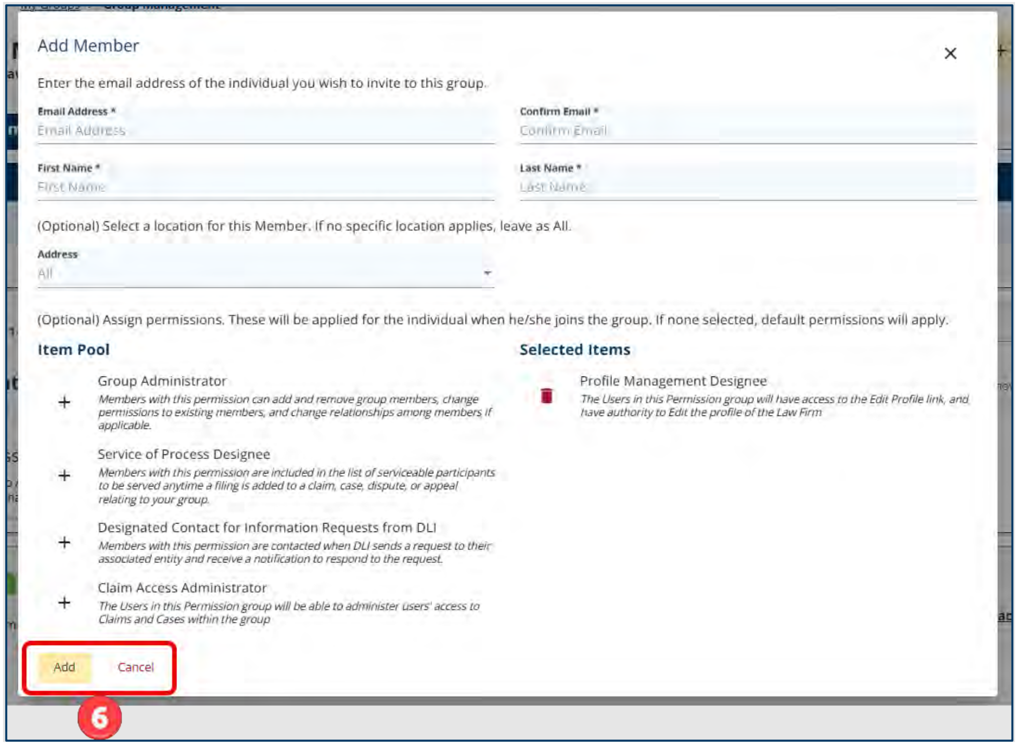
Note: Permissions do not have to be selected in this step. Member permissions can be set up at any time, either when the individual is initially added to a group or at a later time by the group administrator. More detailed instructions are provided in the *Editing member permissions* section of this manual.

when DLI sends a request to their associated entity and receive a notification to respond to the request. d) **Profile Management Designee** – users in this permission group have access to the **Edit Profile** link and have authority to edit the profile of the group. e) **Claim Access Administrator** – users in this permission group are able to administer users' access to claims and cases within the group.	
5. Any permissions that are selected will show in the **Selected Items** column.	

6. After permissions are selected, click the yellow **Add** button to save the information or click **Cancel** to exit without any changes.

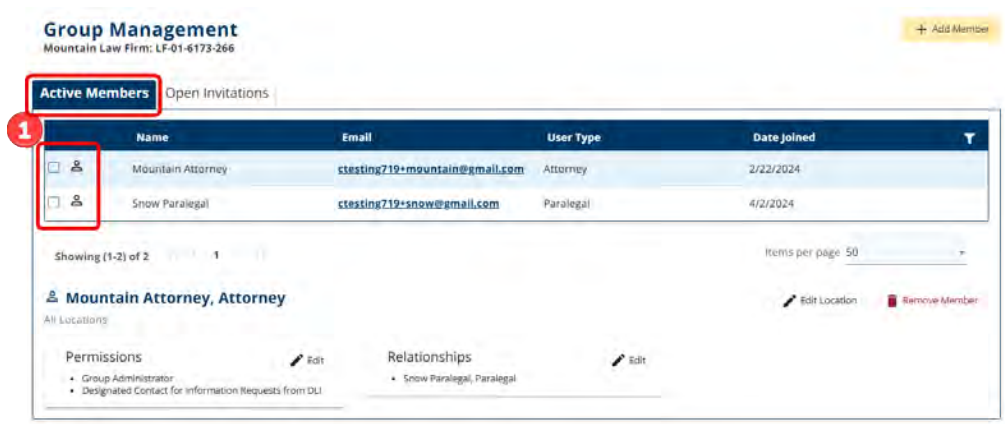
Note: The individual who has been added will receive an email message to the address listed in Campus.

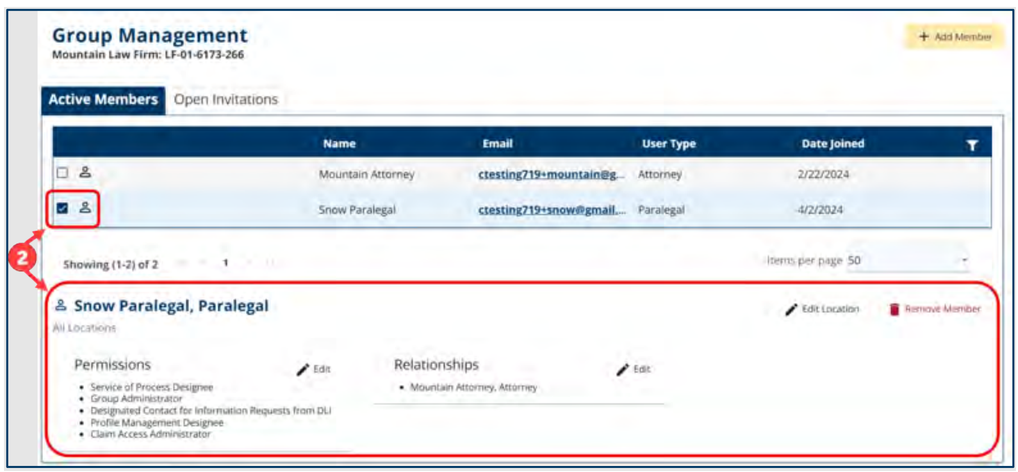
They will need to confirm their email address to get access. After confirmation, their name will appear under the **Active Members** tab on the **Group Management** page.

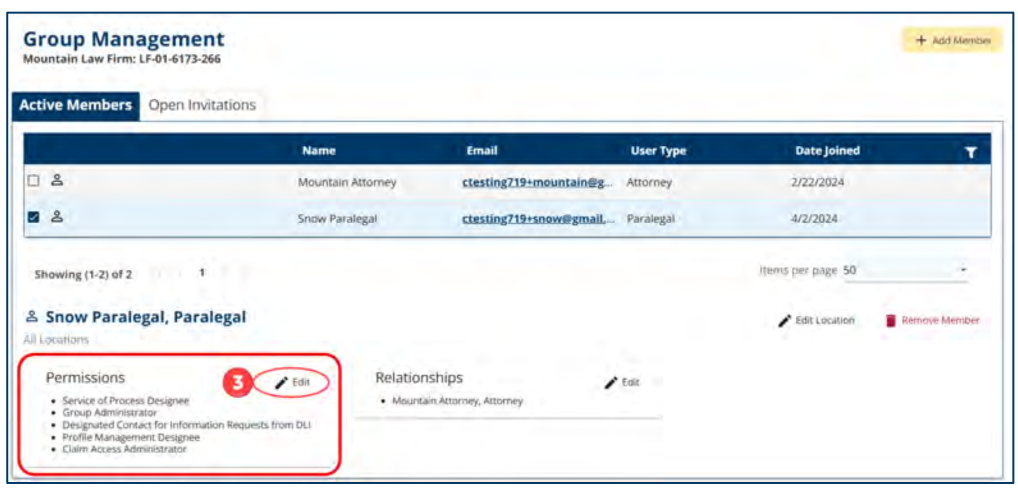


Member not registered in Campus

Member permissions can be set up at any time, either initially when the member is added to a group or later by the group administrator.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. From the Group Management page, select the user whose account you are changing by clicking the box next to the user's name in the Active Members tab.</td><td>


</td></tr>
<tr><td>2. When selected, more detailed information will display at the bottom of the page.</td><td>


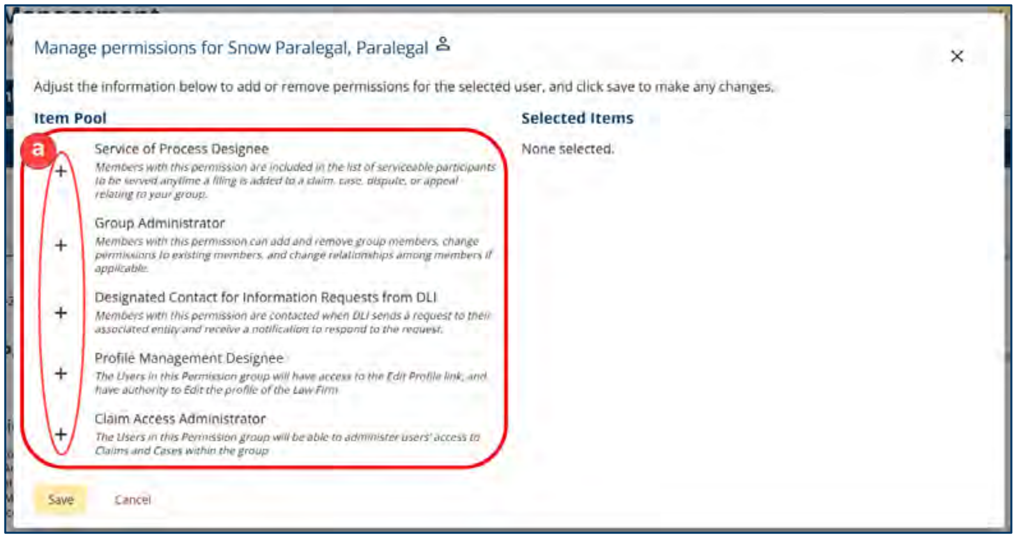
</td></tr>
<tr><td>3. To edit their permissions, click on the Edit button in the Permissions box.</td><td>


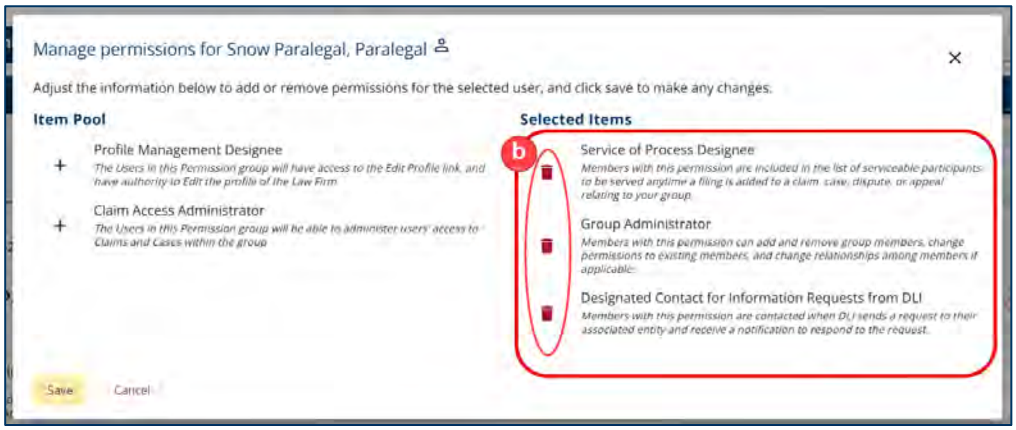
</td></tr>
</table>

4. The **Manage permissions for …** window will display.

   a.) To add permissions, click on the **+** next to the permission.

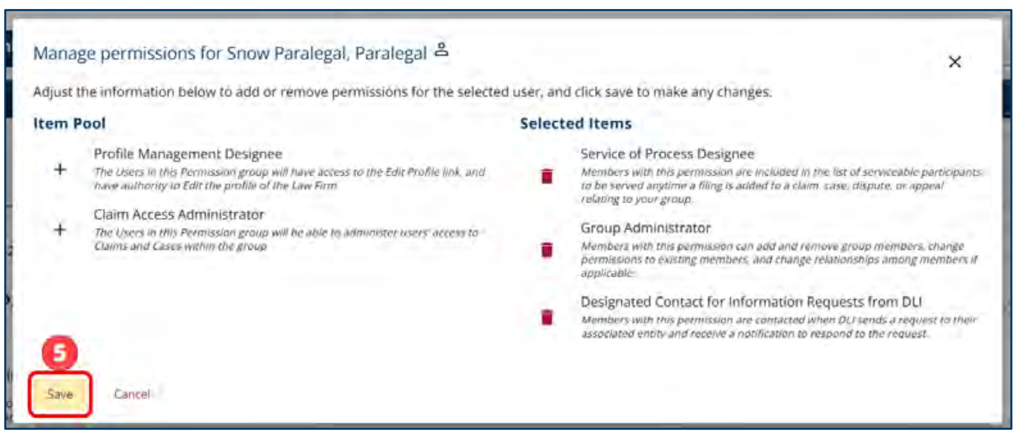
   b.) To remove a permission, click on the red trash can icon.





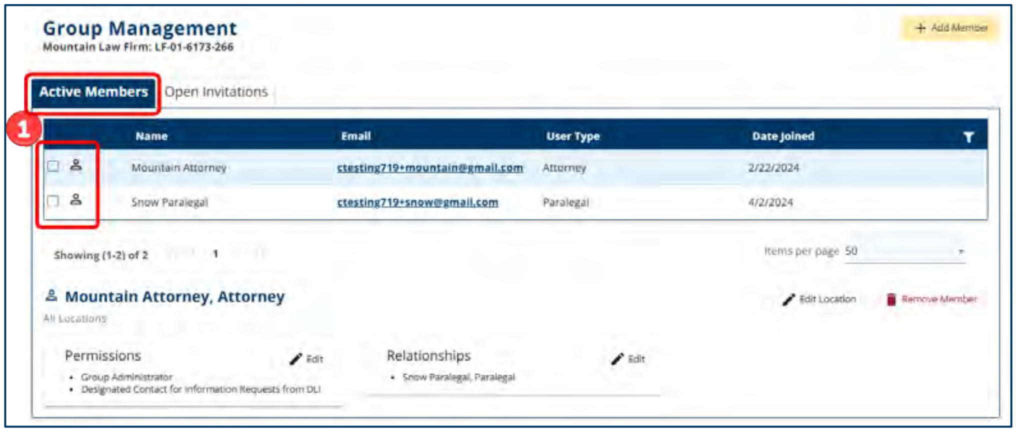
5. When completed, click the yellow **Save** button at the bottom of the window.

Note: Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.



Editing member permissions

Member permissions can be set up at any time, either initially when the member is added to a group or at a later time by the group administrator.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. From the Group Management page, select the user whose account you are changing by clicking the box next to the user’s name in the Active Members tab.</td><td>
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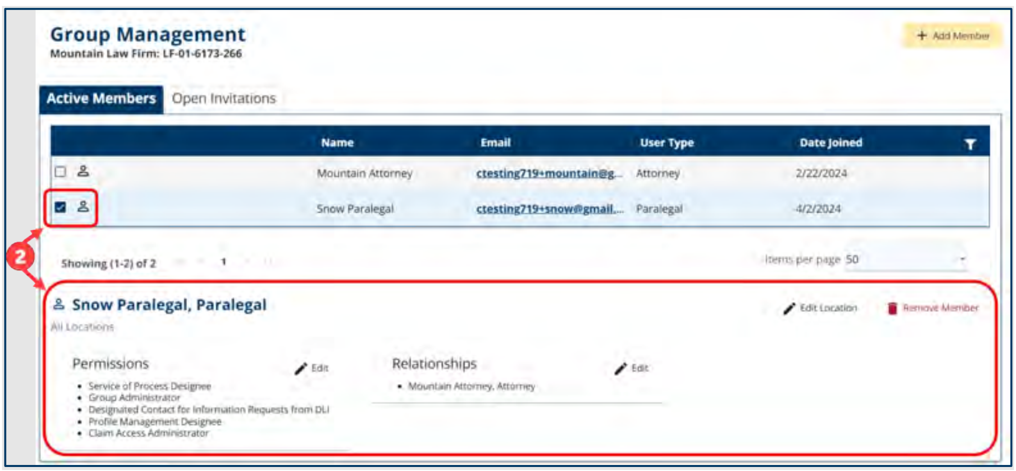
<tr><td>2. When selected, more detailed information will be displayed at the bottom of the page.</td><td>
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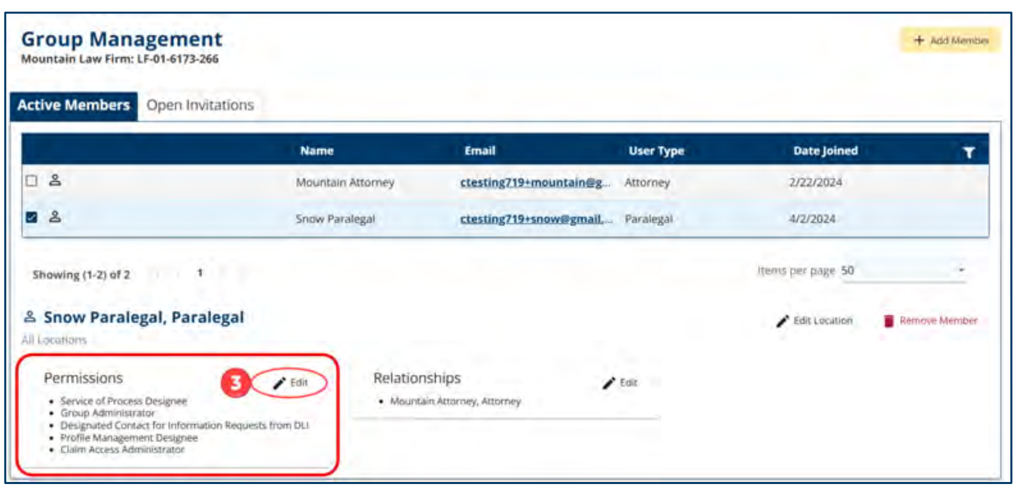
<tr><td>3. To edit their permissions, click on the Edit button in the Permissions box.</td><td>
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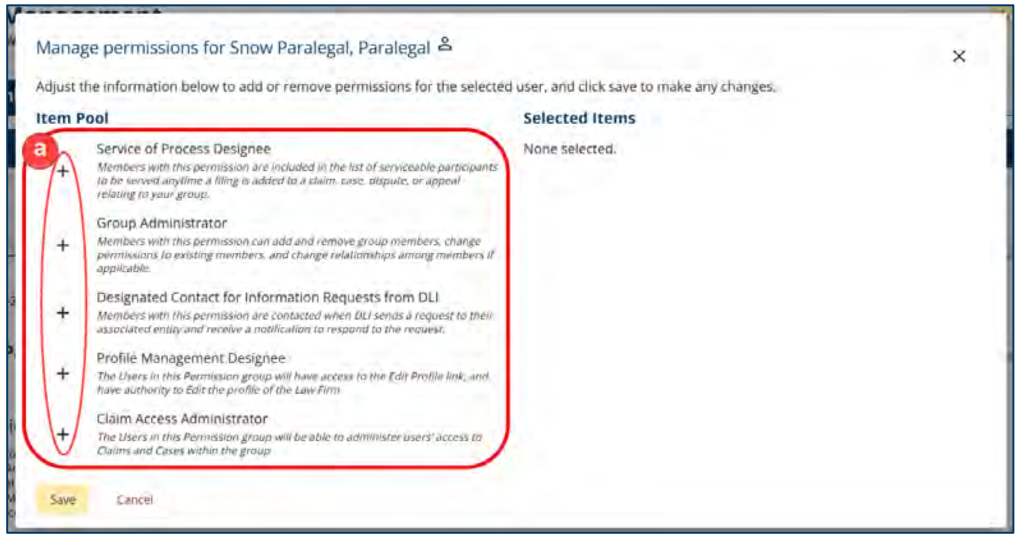
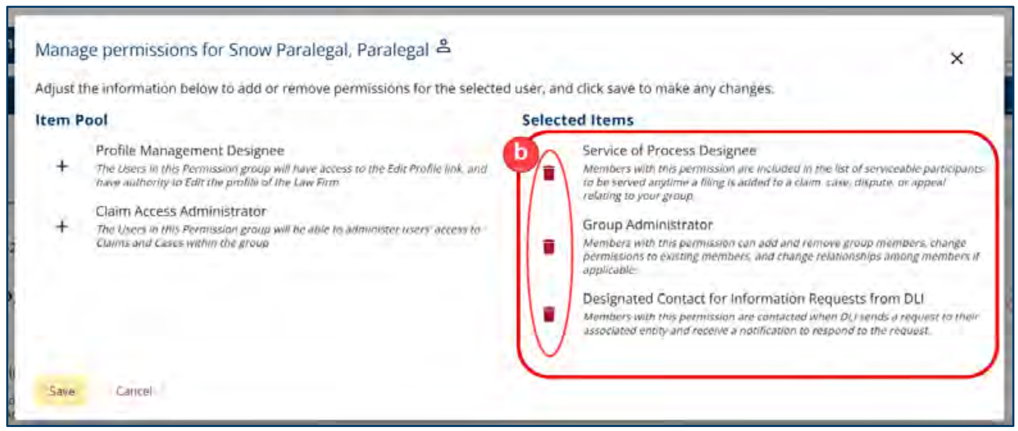
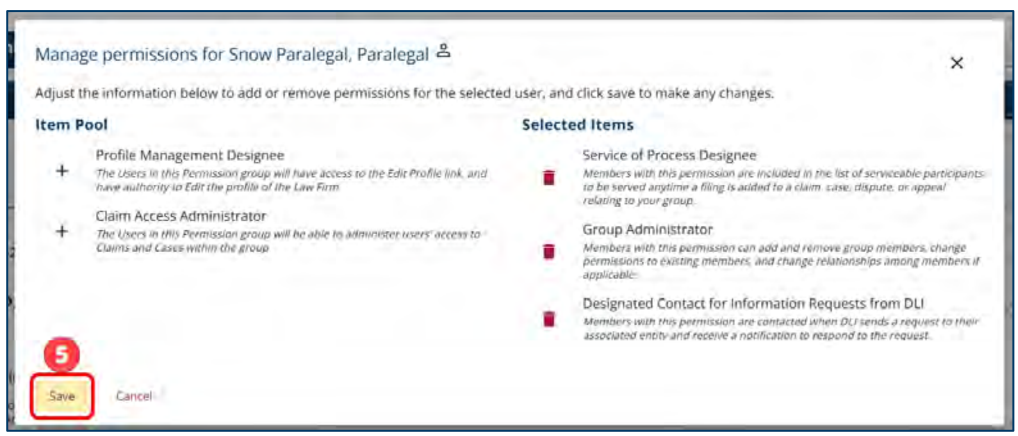
   b.) To remove a permission, click on the red trash can icon.





5. When completed, click the yellow **Save** button at the bottom of the window.

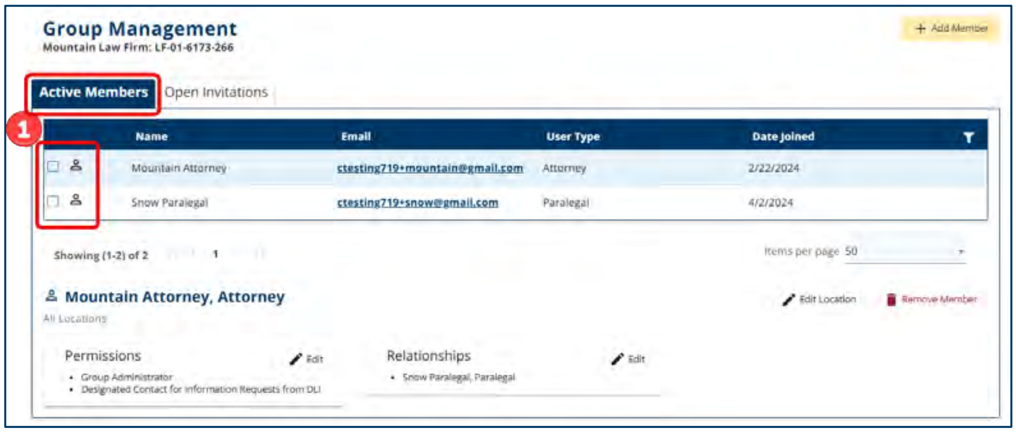
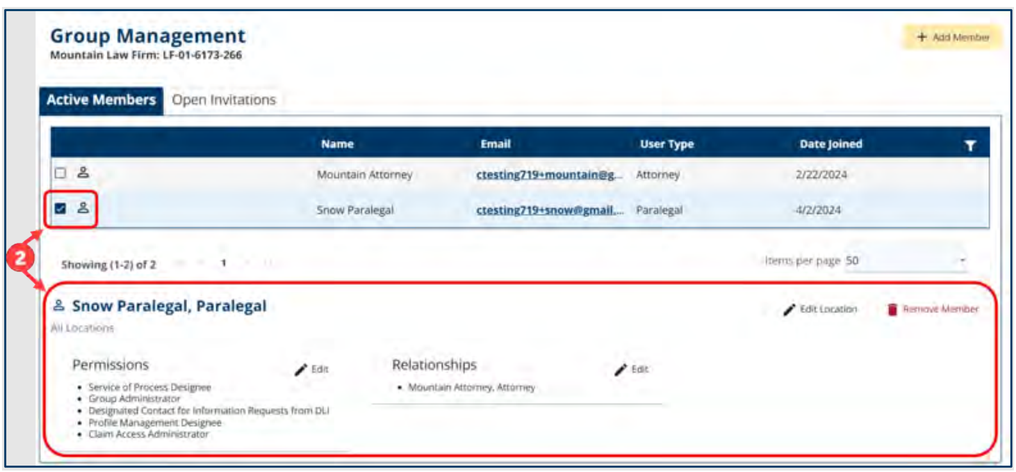
Note: Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.



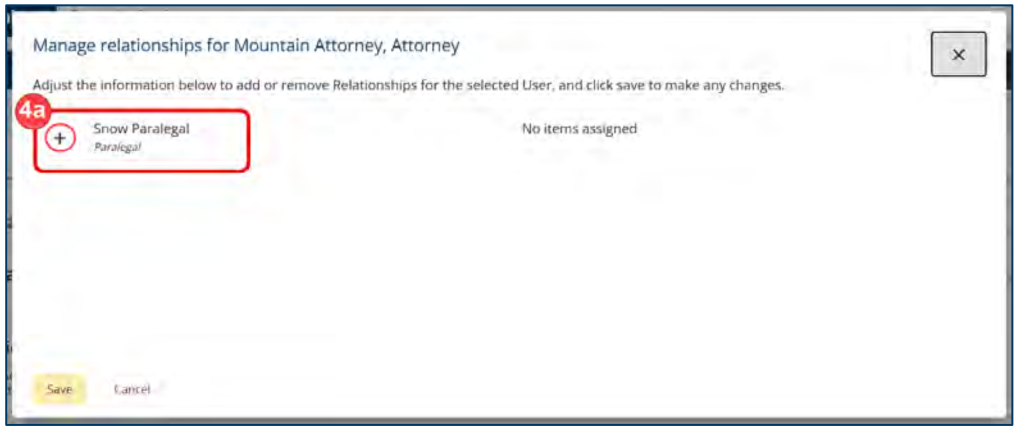
Law firm groups: Creating and editing member relationships

Group administrators can create relationships between members of a group by linking individual users within their group to be able to share access with each other, such as a paralegal to an attorney. They may also edit those relationships at any time after they are established.

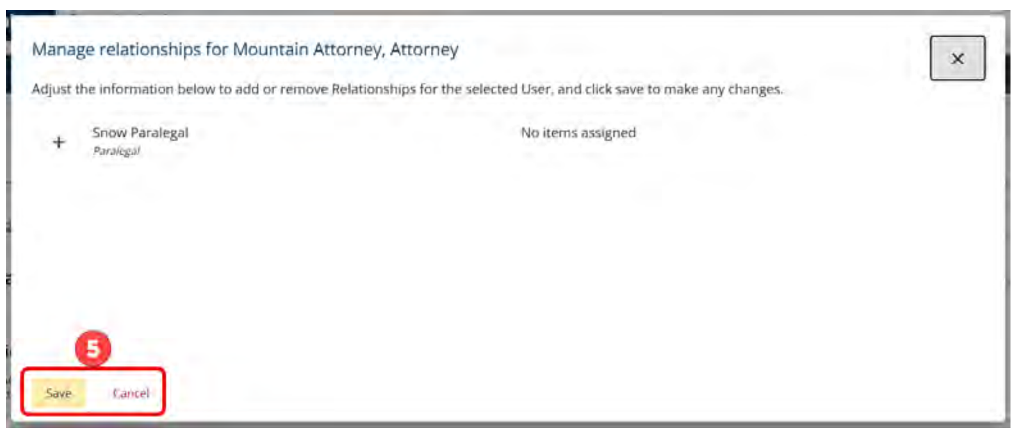
Note: This is only relevant to law firm groups and members.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. From the Group Management page, select the user by clicking the box next to user’s name from the Active Members tab.</td><td>
</td></tr>
<tr><td>2. When selected, more detailed information will display at the bottom of the page.</td><td>
</td></tr>
<tr><td>3. To create or edit the user’s relationships, click on the Edit button in the Relationships box.</td><td>
</td></tr>
</table>

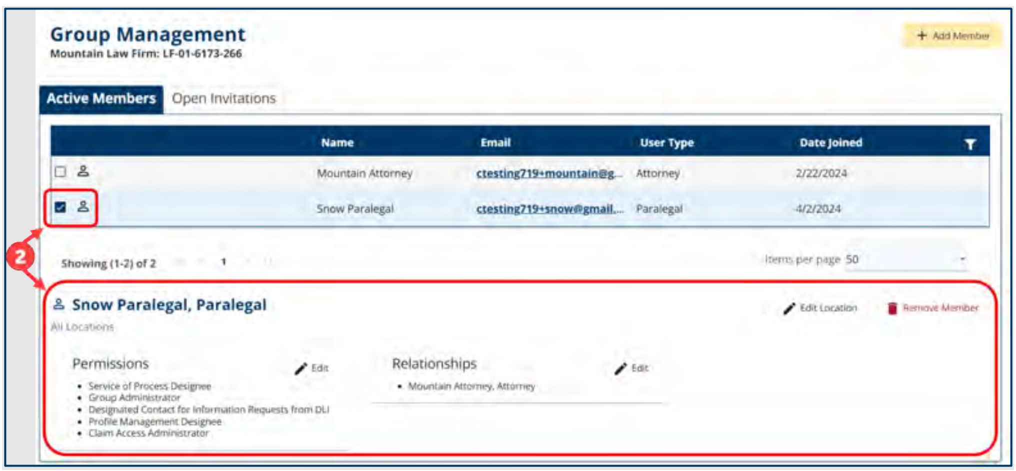
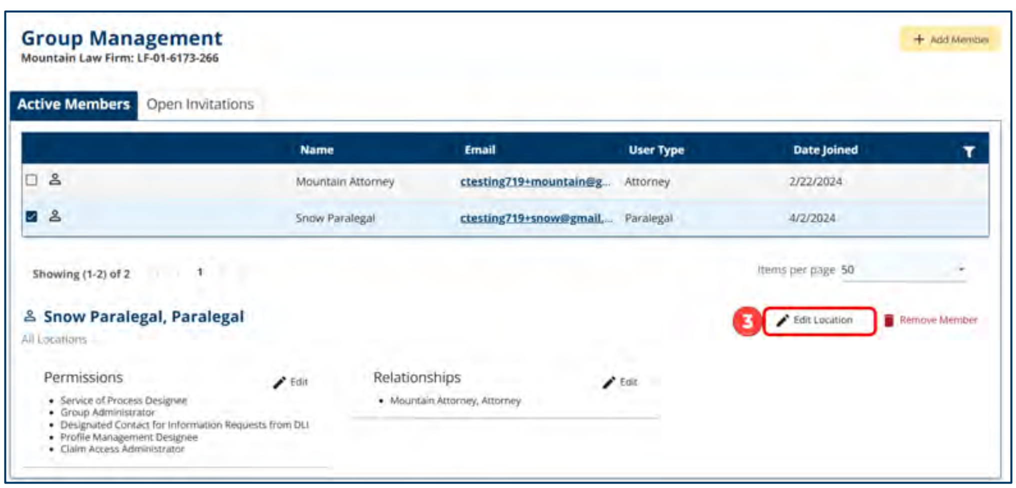
<table>
<tr>
<td>4. The Manage relationships for … window will display.

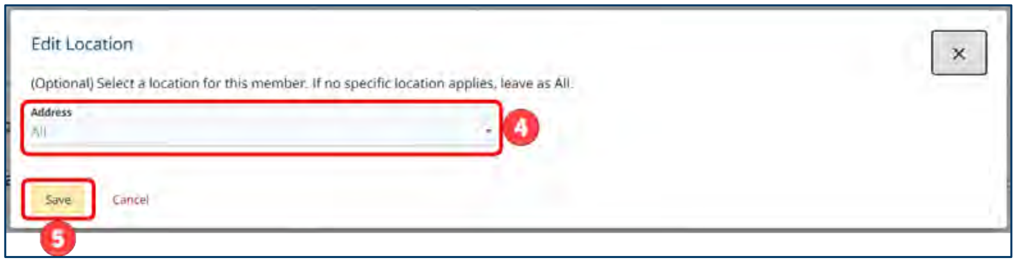
a.) To add a relationship, click on the + next to the appropriate name.
b.) To remove a relationship, click on the red trash can icon.</td>
<td>


</td>
</tr>
<tr>
<td>5. When completed, click the yellow Save button at the bottom of the window or click Cancel to exit the window without any changes.

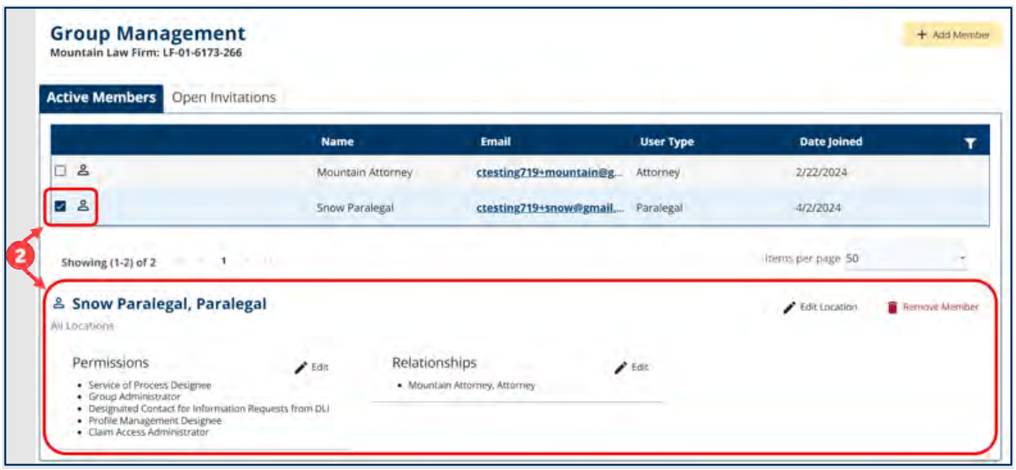
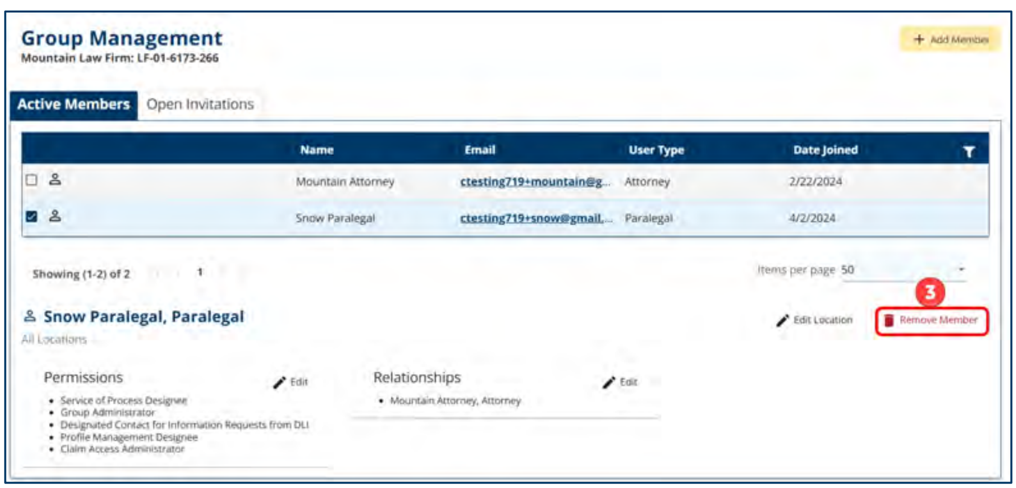
Note: Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.</td>
<td>
</td>
</tr>
</table>

Editing member’s location

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>1. From the Group Management page, select the user by clicking the box next to the user’s name from the Active Members tab.</td><td>
</td></tr>
<tr><td>2. When selected, more detailed information will display at the bottom of the page.</td><td>
</td></tr>
<tr><td>3. To edit the user’s location, click on the Edit Location button in the user details at the bottom of the page.</td><td>
</td></tr>
</table>

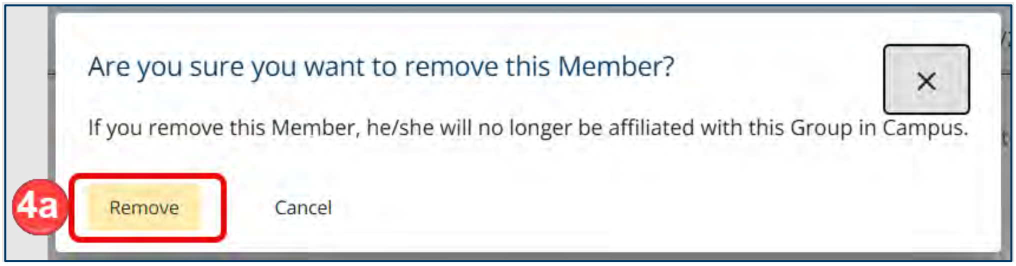
4. The **Edit Location** window will display. In the **Address** drop-down menu, select the location for the user. 5. Click the yellow **Save** button when completed. **Note:** Changes will take effect immediately. Have the user refresh their browser for the changes to be applied to their account.	

Removing a member from a group

Instructions	Visual aids
1. From the **Group Management** page, select the user by clicking the box next to the user's name from the **Active Members** tab.	
2. When selected, more detailed information will display at the bottom of the page.	
3. To remove the member from the group, click on the red **Remove Member** button in the user details.	

4. A confirmation window will display asking if you are sure you want to remove this member.
   a) To remove, click on the yellow **Remove** button.
   b) To exit this window and not remove the member, click on the **Cancel** button or the **X** in the corner of the window.

When completed, the user will no longer be affiliated with the group in Campus.



Note: Changes will take effect immediately. Have the user log out of Campus and log back in to apply the changes to their account.

Managing case and claim access

A member with claim access administrator permission can control the group members' claim and case access from the **Manage Case/Claim Access** page. This function is not applicable to law firms.

Single edit

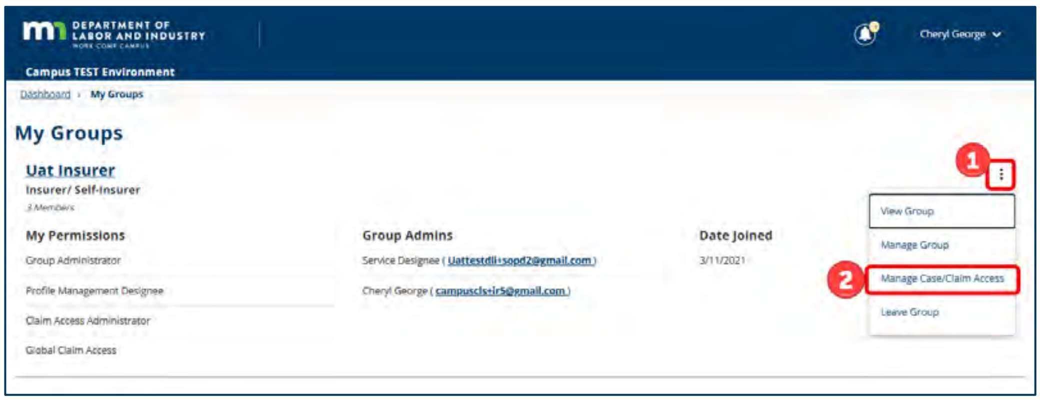
Use this to edit data in a single case or claim.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the **My Groups** page, click on the kebab menu (three vertical dots) in the upper right.

2. In the drop-down menu, select the **Manage Case/Claim Access** option.

</td><td>



</td></tr>
<tr><td>

3. From the **Group Case and Claim Access Management** page, click on the **Claim** tab.

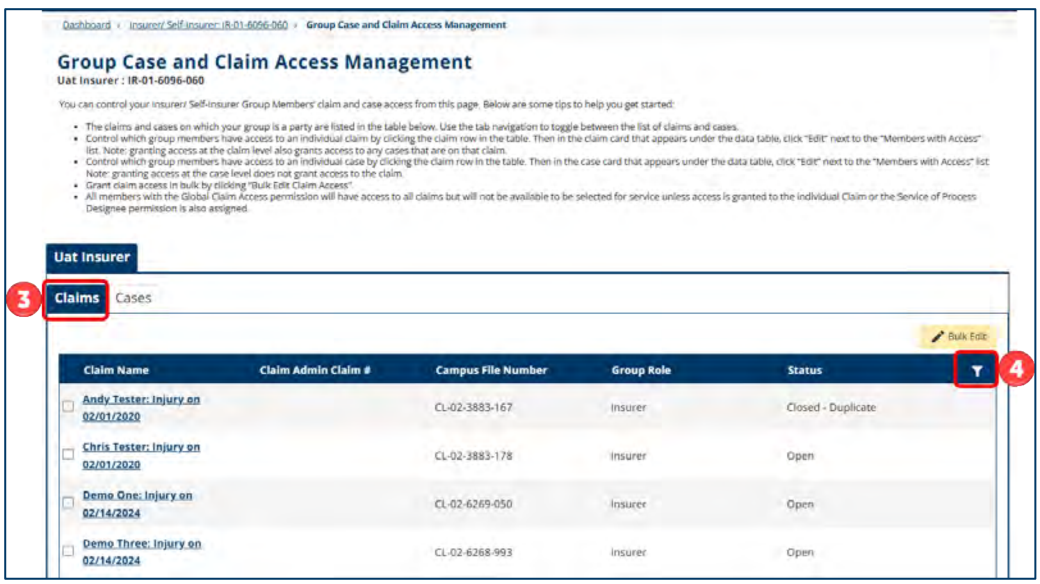
Note: Use the **Claims** and **Cases** tabs to toggle between those lists.

4. Click on the funnel icon to narrow the list of results and search for the claim to assign to a member of the group.

5. Claims can be filtered by:
   a) claim name;
   b) claim admin claim #;
   c) Campus file number;
   d) group role; or
   e) status.

After the appropriate information is entered, click **Apply** to search.

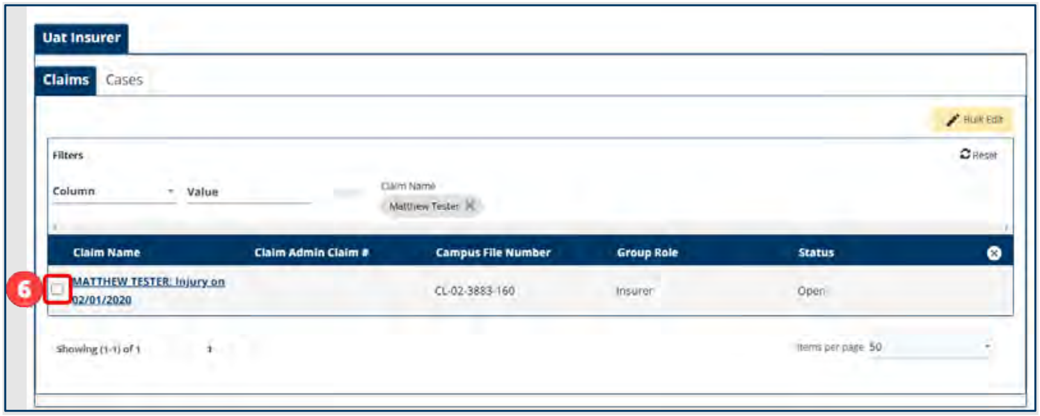
</td><td>



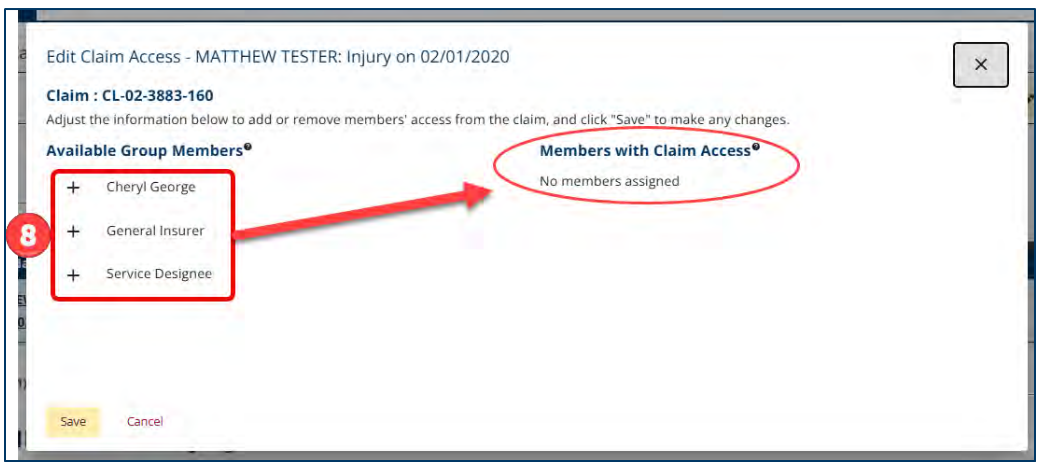
</td></tr>
</table>

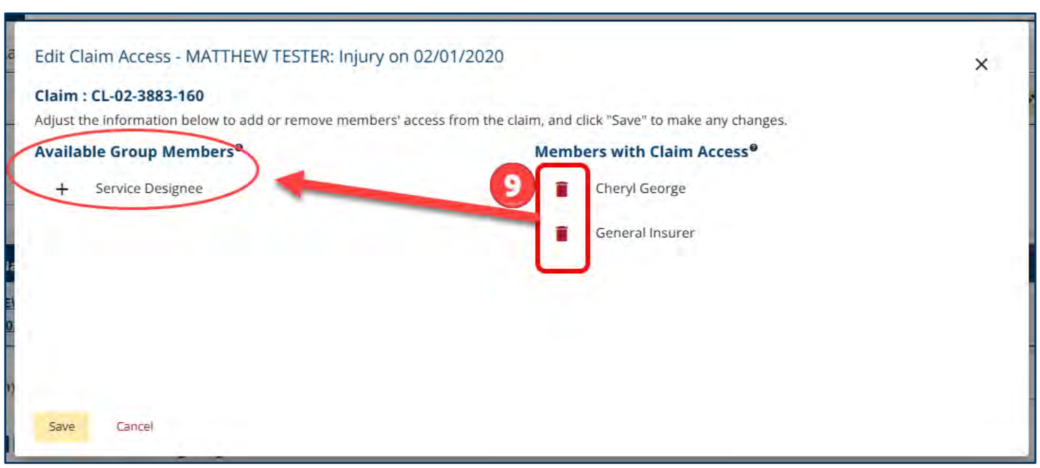
6. After the claim is displayed, click the box next to the **Claim Name**.

7. The claim information will be displayed at the bottom of the page. In the **Members with Access** box, click **Edit**.



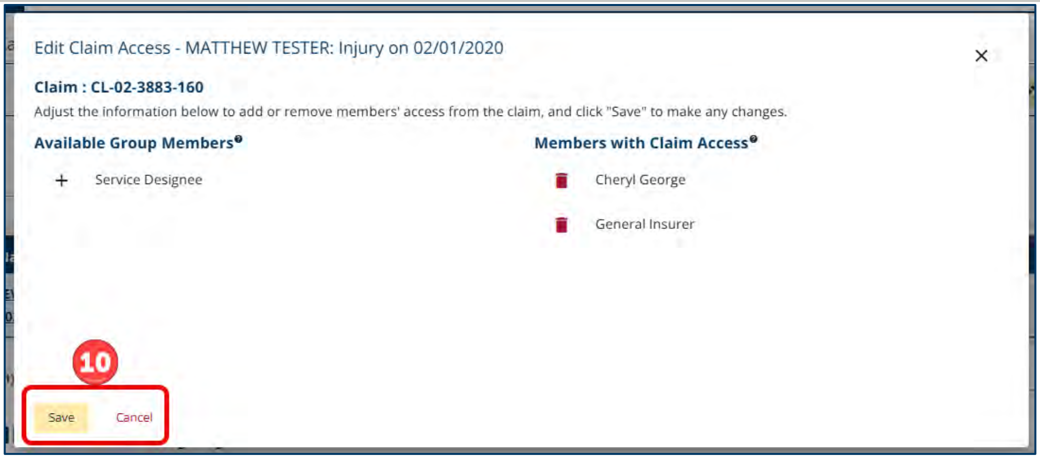
8. The **Edit Claim Access** window will pop up; click on the **+** symbol to select the group member(s) for whom you wish to grant or remove access. Any members who are selected will now appear in the **Members with Claim Access** area.
9. To remove members, click on the red trash can icon next to their name.





10. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

Note: Changes will take effect immediately. Have the user refresh their browser for the changes to be applied to their account.



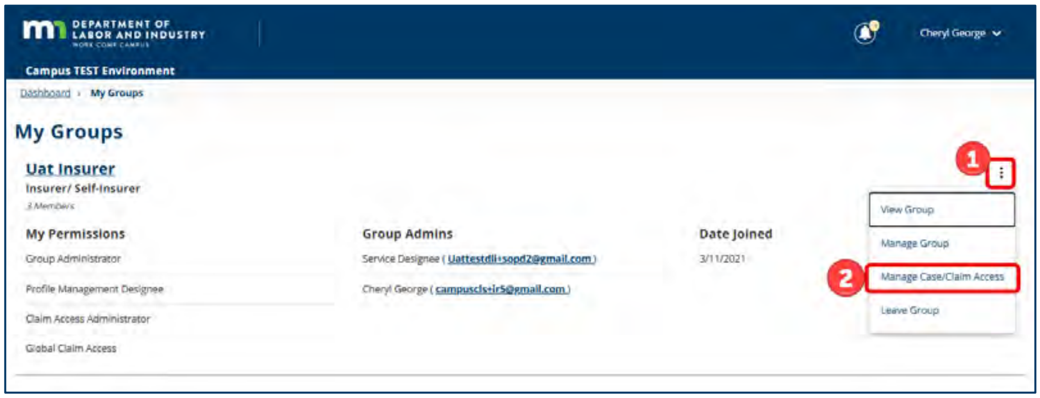
Bulk edit

Use this to edit data in multiple related cases or claims.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the **My Groups** page, click on the kebab menu (three vertical dots) in the upper right.
2. In the drop-down menu, select the **Manage Case/Claim Access** option.

</td><td>



</td></tr>
<tr><td>

3. From the **Group Case and Claim Access Management** page, click on the **Claims** tab.

Note: Use the **Claims** and **Cases** tabs to toggle between these lists.

4. All claims or cases associated with the group will be displayed. The **Claim Name** or **Case Name** hyperlink can be selected to view further details.
5. Click the funnel icon to narrow the list results.
6. The **Bulk Edit** button allows granting or removing member access to claims for multiple members at one time.

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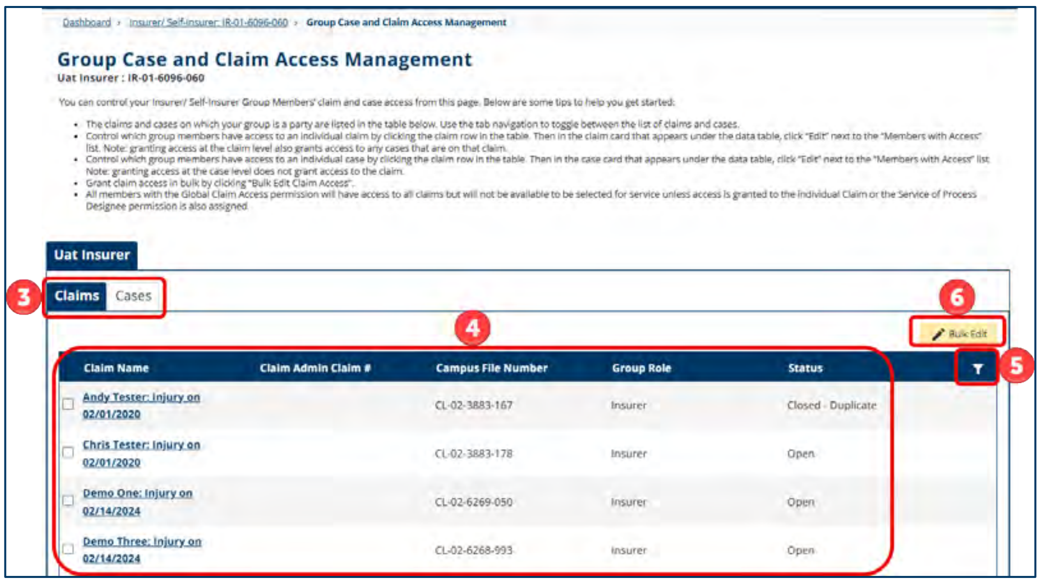


</td></tr>
<tr><td>

7. Select an option to **Grant Access** or **Remove Access**.
8. Click on the box to **Select All Claims**.

Note: A single claim search can be done by selecting the drop-down menu arrow in the **Claims** field. More detailed instructions are

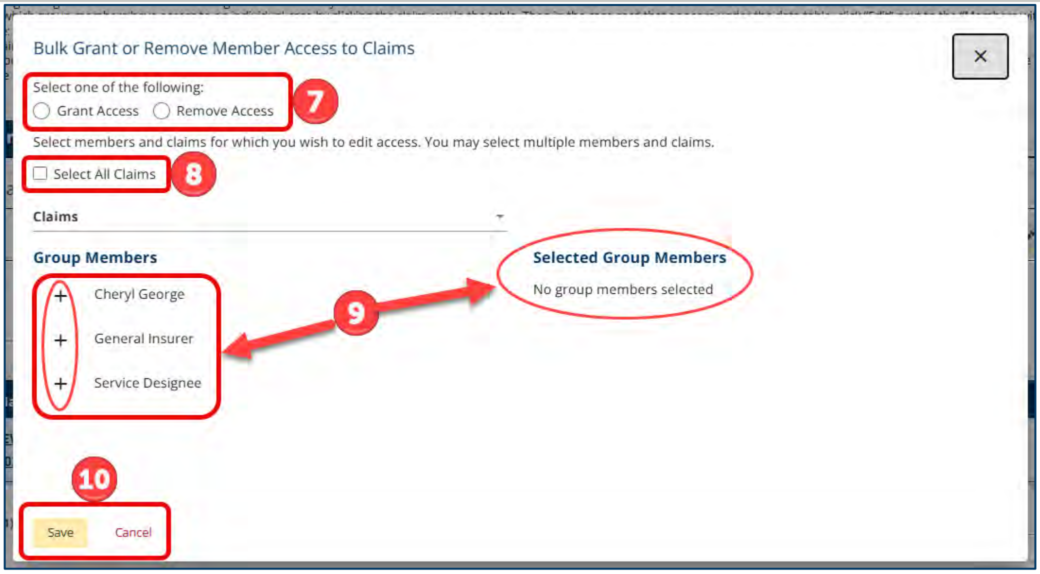
</td><td></td></tr>
</table>

provided in the *Single edit* section of this manual.

9. Click on the **+** symbol to select the group member(s) for whom you wish to grant or remove access. Any members who are selected will now appear in the **Selected Group Members** area.

Note: Click on the **+** symbol to add and the **–** symbol to remove access.

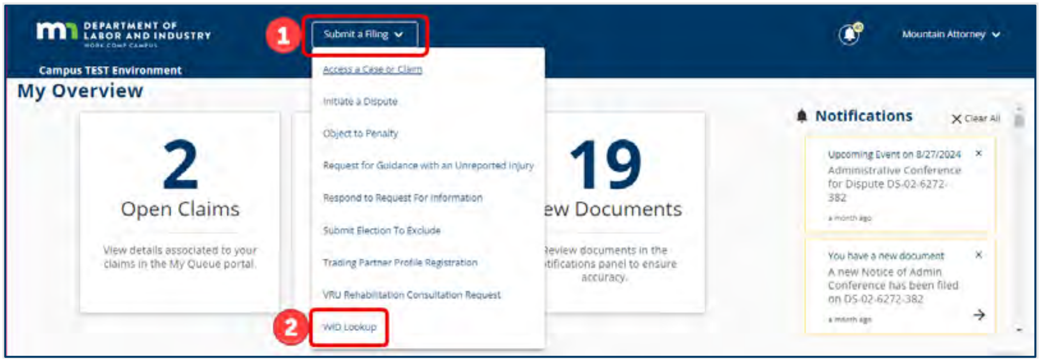
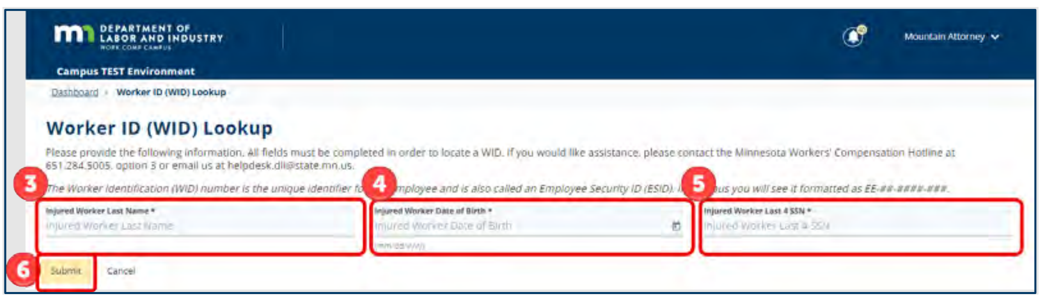
10. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

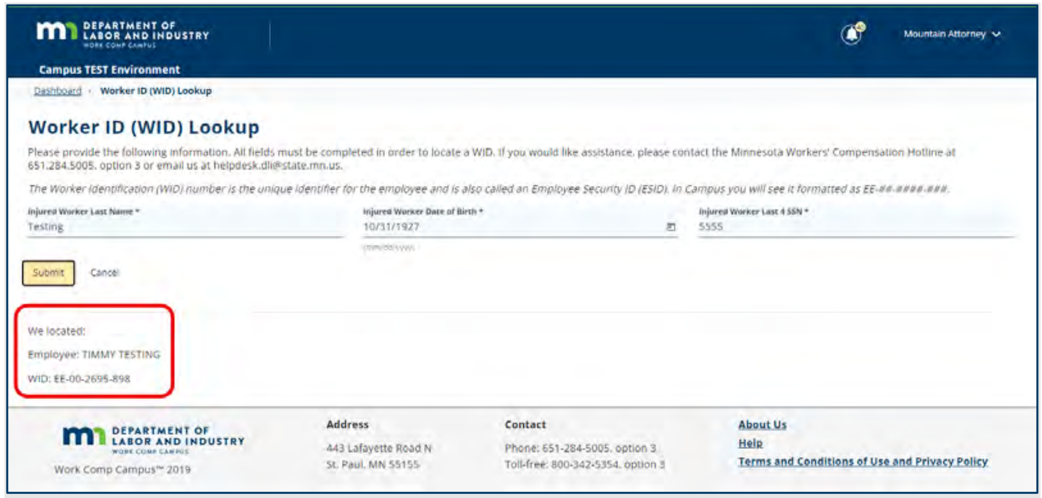


Claim access

Locating a worker identification number

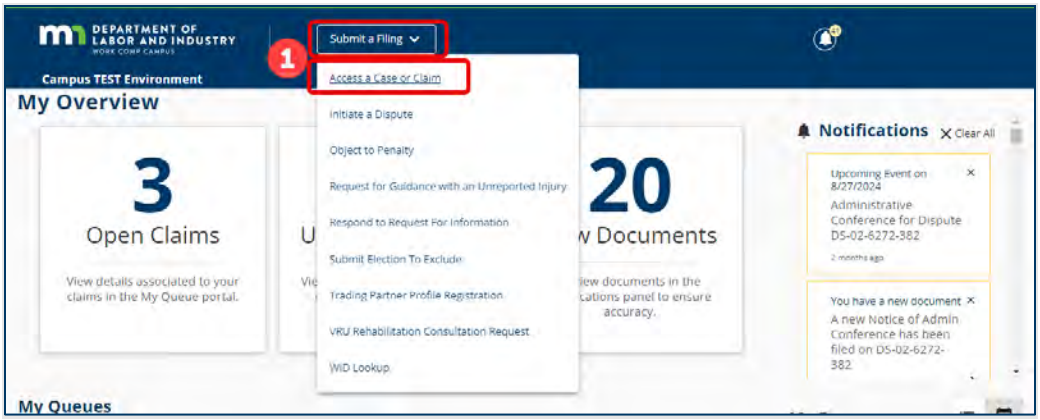
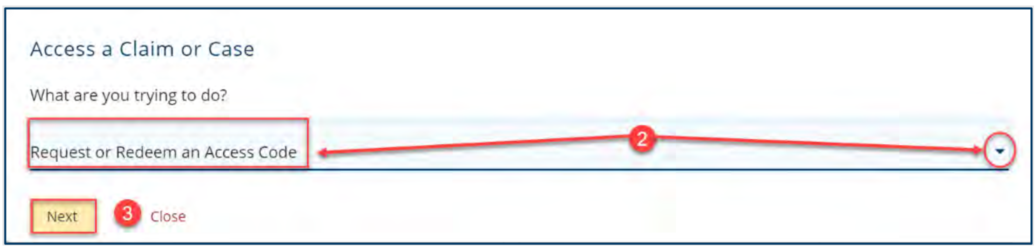
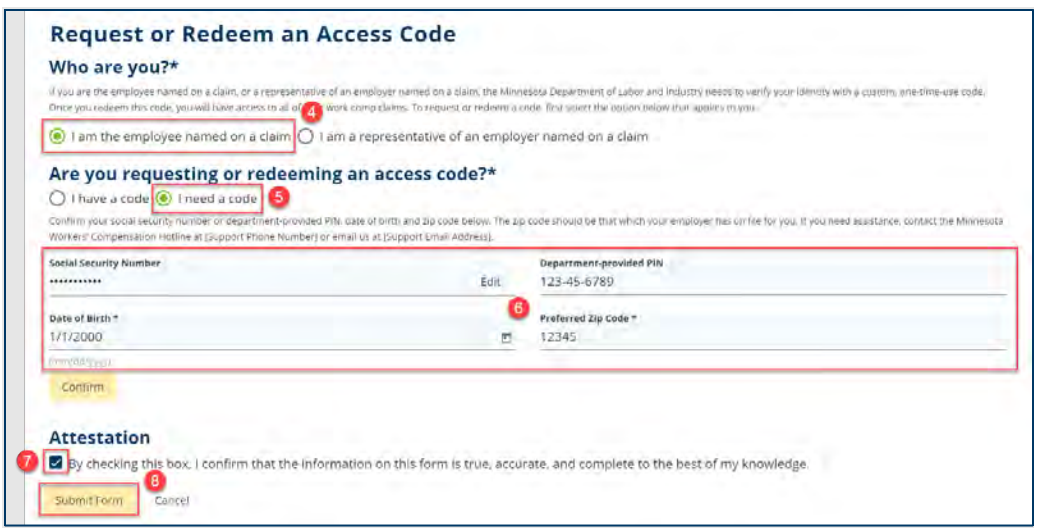
A worker identification (WID) number, which is person-specific, is generated by the Department of Labor and Industry and is used instead of a Social Security number (SSN) to identify workers' compensation claims.

Instructions	Visual aids
1. Click on **Submit a Filing**. 2. From the drop-down menu, select **WID Lookup**.	
3. On the **Worker ID (WID) Lookup** page, fill in the **Injured Worker Last Name** field. 4. Fill in the **Injured Worker Date of Birth** field. 5. Fill in the **Injured Worker Last 4 SSN** field. **Note**: If the injured worker does not have an SSN, contact the Help Desk. 6. After the information is entered, click the yellow **Next** button.	

7. The injured worker's information will display under the yellow **Submit** button.	

Requesting and redeeming a unique access code – employee

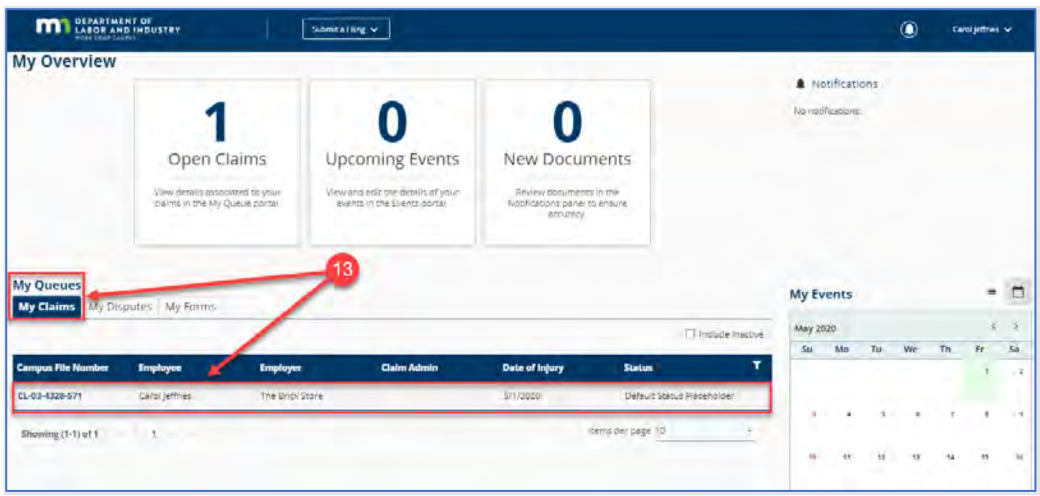
To gain access to a claim as an employee (injured worker), you will first need to generate a unique claim access code.

Instructions	Visual aids
1. From the dashboard (homepage), click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim** from the menu.	
2. Click on the drop-down menu and select **Request or Redeem an Access Code**. 3. Click **Next** to continue or **Close** to exit.	
4. Select the circle for **I am the employee named on a claim**. 5. Select the circle for **I need a code**. 6. Fill in the required information. 7. Check the box to attest the information is accurate and complete. 8. Click **Submit Form** to send the request. **Note:** Call the Help Desk to receive an access code at 651-284-5005, option 3.	 After receiving the code, log back into Campus and navigate back to the same webform by following steps 1 through 3, then go to step 9 to continue. **Note:** Department-provided pin will not be available. **Note:** The zip code used should be the zip code at the time of the injury. If you are unsure of the zip code, call the Help Desk.

9. Select the circle for **I am the employee named on a claim**.
10. Select the circle for **I have a code** and type the code in the **Enter Code*** field.
11. Check the box to attest the information is accurate and complete.
12. Click **Submit Form** to send the request.

Note: If the process is successful, you will see a confirmation message and receive a confirmation email message.

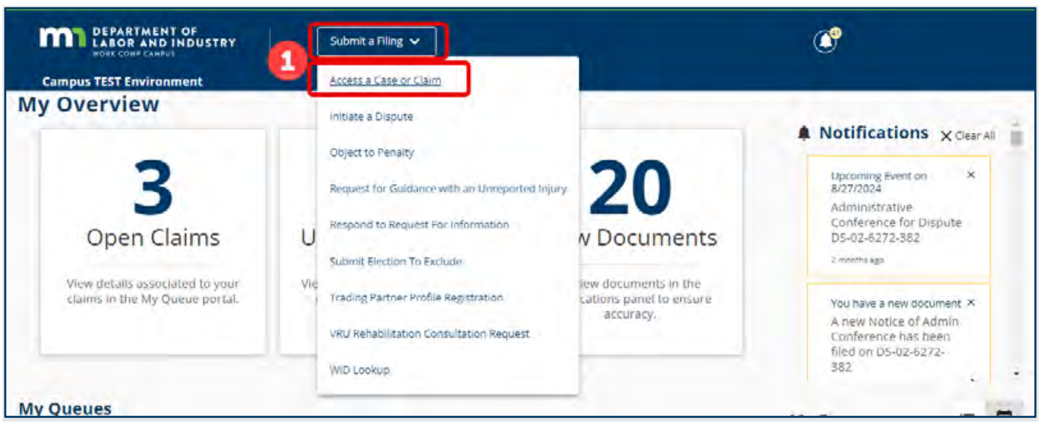
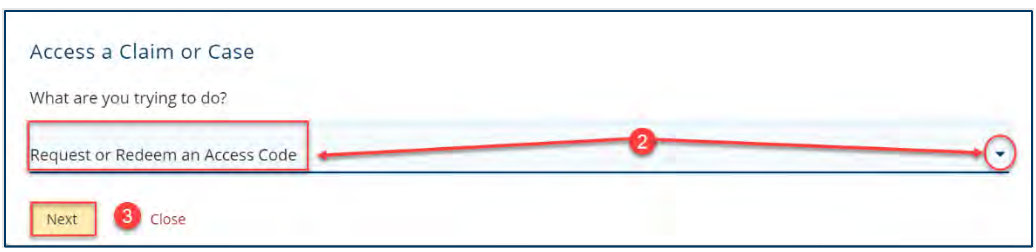
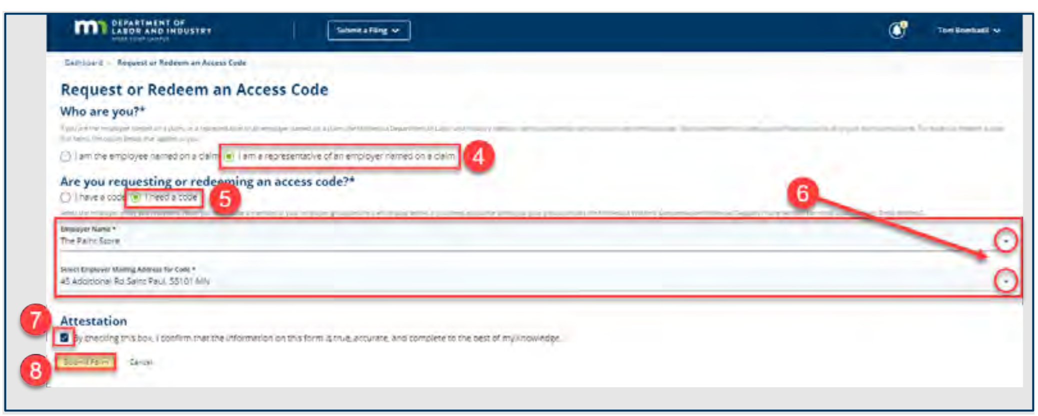
13. You can now see and access the claim on your dashboard (homepage) under the **My Queues**, **My Claims** tab.



Requesting and redeeming a unique access code – employer

An individual from the employer group must generate an access code for anyone in this group to access claims affiliated with the employer. After the code is redeemed, the user can access the claim and case management pages.

Note: A member of the group must generate the access code after the employer group has been established. Also, your group administrator can access the **Case/Claim Management** page to assign case and claim access permissions.

Instructions	Visual aids
1. From the dashboard (homepage), click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim** from the menu.	
2. Click on the drop-down menu and select **Request or Redeem an Access Code**. 3. Click **Next** to continue.	
4. Select the circle for **I am a representative of an employer named on a claim**. 5. Select the circle for **I need a code**. 6. Select the **Employer Name** and **Mailing Address** from the drop-down menu. 7. Check the box to attest the information is accurate and complete. 8. Click **Submit Form** to send the request.	 **Note:** A code will be sent in the mail. If you do not receive it, call the Help Desk at 651-284-5005, option 3, to request the access code. After receiving the code, log back into Campus and navigate to the same webform by following steps 1 through 3.

Claim Access Authorization webform

Campus users who are not foundational parties to the claim (such as the spouse of an injured worker, QRCs, attorneys and representatives of the employee's estate) must submit the Claim Access Authorization webform to DLI. DLI will review the submission and determine whether claim access will be granted.

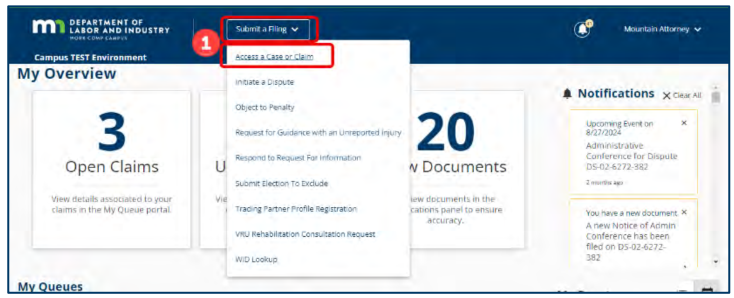
If the employee or other appropriate individual has authorized the user to access the claim, they must attach the authorization to this webform submission.

Access will be granted for **six** months, beginning on the approval date. After your access expires, you will receive an automated email message informing you of your access removal. If at any point during a claim's lifetime your access is removed, you will receive an email message indicating your removal.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.
2. Click on **Submit an Authorization**.
3. Click **Next** to continue.

</td><td>



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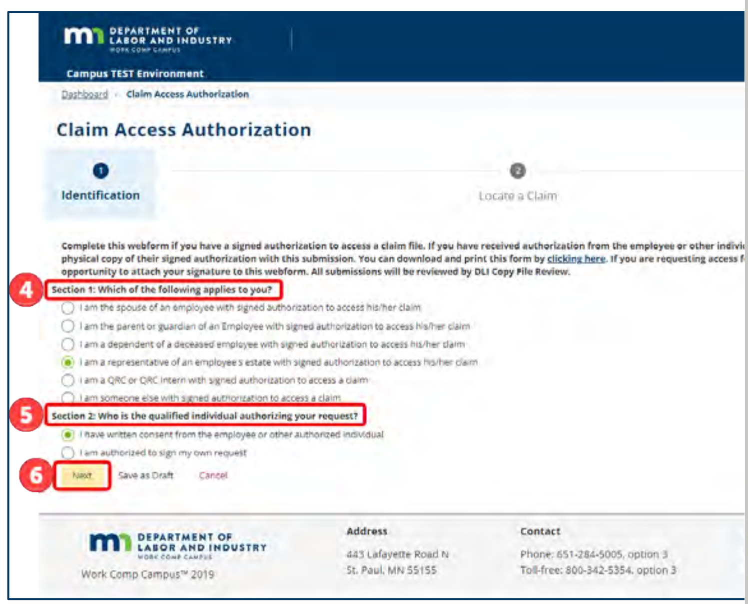
<tr><td>

4. The first step is **Identification**. Under **Section 1: Which of the following applies to you**, select the option that best describes your access role. The options are:
   a) I am the spouse of an employee.
   b) I am the parent or guardian of an employee.
   c) I am a dependent of a deceased employee.
   d) I am a representative of the employee's estate.
   e) I am a QRC or QRC intern.
   f) I am someone else.

5. Under **Section 2: Who is the qualified individual authorizing your request**, select the option that best describes the type of authorization given.
   The options are:
   a) I have written consent from the employee or other authorized individual.
   b) I am authorized to sign my own request.

6. Click the yellow **Submit** button to continue.

</td><td>

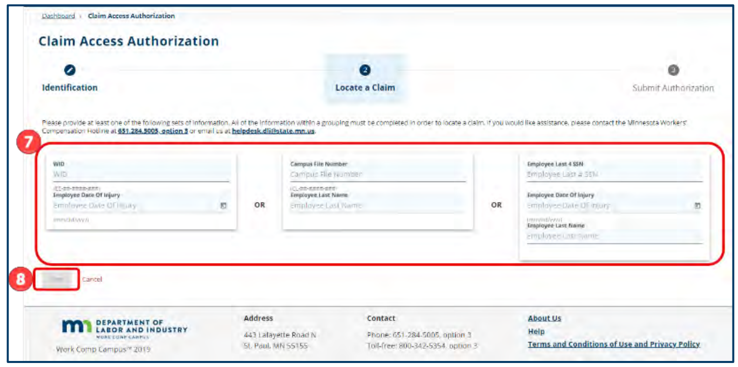


</td></tr>
</table>

7. The second step is **Locate a Claim**. Pick one of the groups of information and enter it for the injured worker authorization that is being requested.

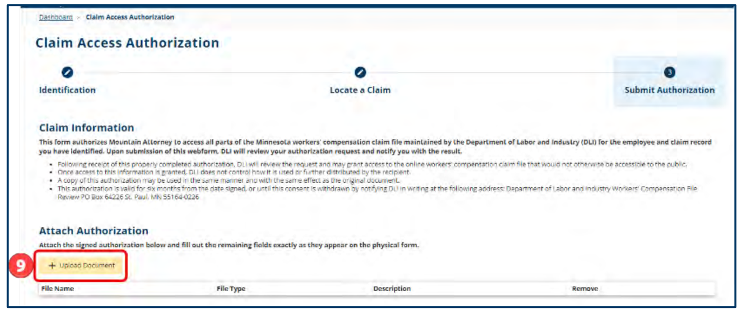
Note: If you are unsure of the WID number, there are instructions in the *Locating a worker identification number* section.

8. Click the yellow **Submit** button after the information has been entered.

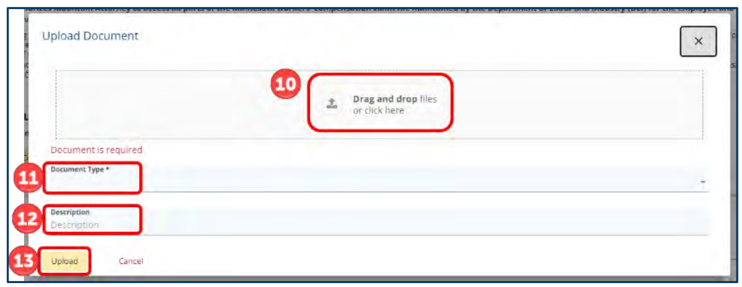


9. The third step is **Submit Authorization**. Upload the physical authorization form by clicking on the **+ Upload Document** button.

Note: The Department of Labor and Industry has a Authorization for File Review or Release of Copies of Workers' Compensation Claim File form that can be used.



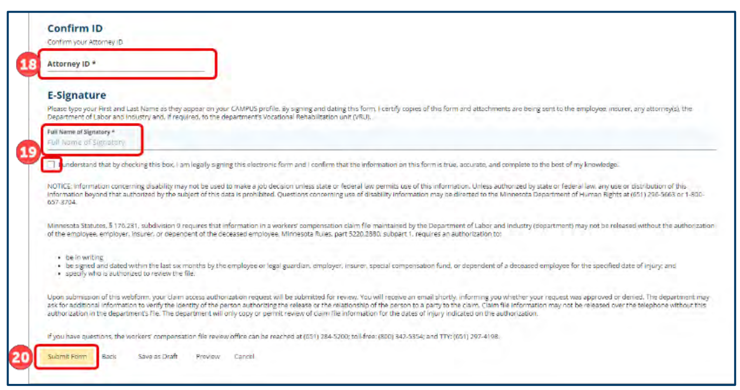
10. In the **Upload Document** pop-up window, select the files by dragging and dropping them in the box or by clicking to upload them.
11. Select the **Document Type** from the drop-down menu.
12. Enter a brief **Description**.
13. Click **Upload** to continue.



14. Under the **Authorizing Individual Information** section, fill in the **Name of the Authorizing Individual** field.
15. Fill in the **Date Signed** field.
16. Select the reason why the signing individual is authorized to access the files.
17. Attach any additional supporting documentation by clicking the yellow **+ Upload Document** button.

Note: See steps 10 through 13 to upload documents.

18. Under the **Confirm ID** section, fill in the **Attorney ID** field.
19. Type your full name in the **Full Name of Signatory** field (this must match your Campus user profile name) to sign electronically and click the checkbox to attest you are legally signing and confirming the accuracy.
20. Click the **Submit Form** button to save and continue.

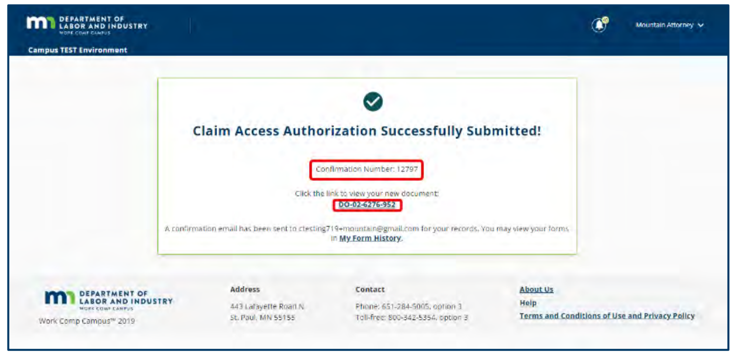


21. Upon submission, you will see a confirmation screen showing a **Confirmation Number** and the **Associated ID**. You will also receive a confirmation email message to the email address you have on file.

A DLI representative will then review your submission and either accept or reject it.

If **approved**, you will receive an email message to the account on file informing you of the access approval and you will now see the claim displayed on your **My Claims** tab.

If **denied**, you will receive an email message to the account on file informing you of the access denial and providing you with the Campus support contact information.



Law firm filing functions

Filing a Notice of Appearance or Notice of Representation

As an attorney trying to gain access to a claim, you will need to file a Notice of Appearance or Notice of Representation.

Note: You will need to be associated to a law firm group within Work Comp Campus to proceed.

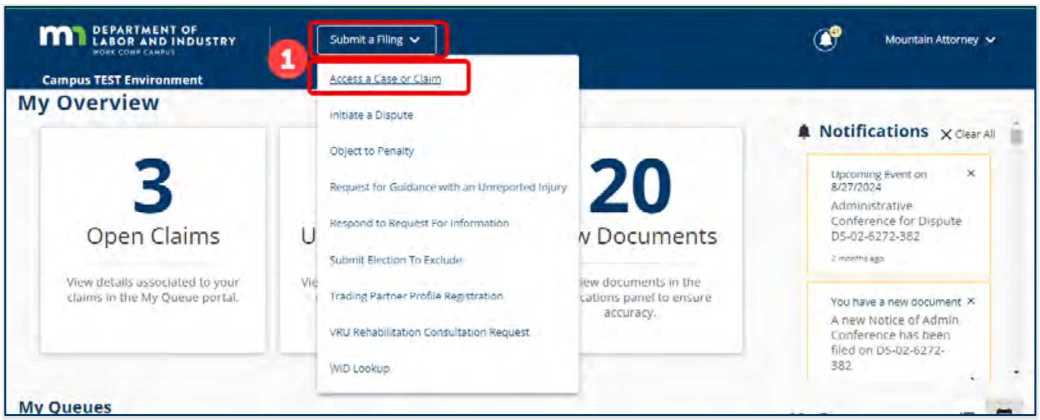
<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.

2. In the **Access a Claim or Case** pop-up window, select **File Notice of Appearance or Representation** from the drop-down menu.

3. Click **Next** to continue.

</td><td>



</td></tr>
<tr><td>

4. On the **Notice of Appearance or Representation** page, step 1 is to **Locate a Claim.**

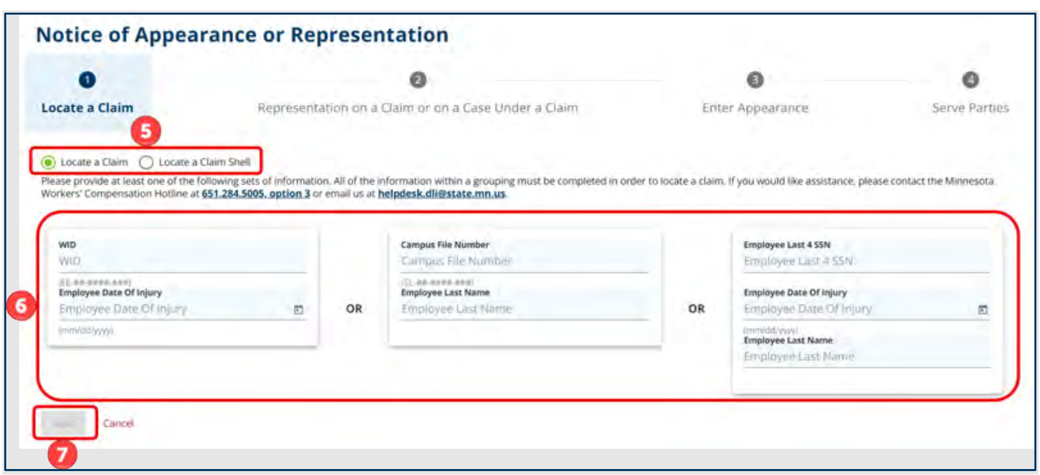
5. Select **Locate a Claim**.

6. Pick one of the groups of information and enter it for the injured worker authorization that is being requested.

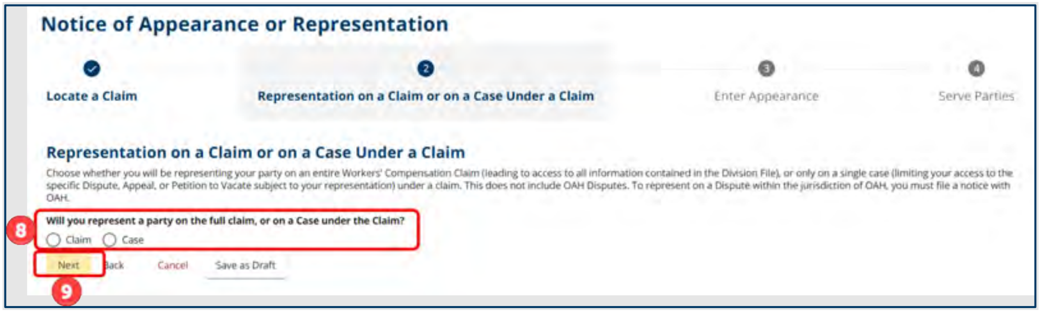
Note: If you are unsure of the WID number, you can find instructions on the DLI website section.

7. Click **Next** to proceed to the webform.

</td><td>

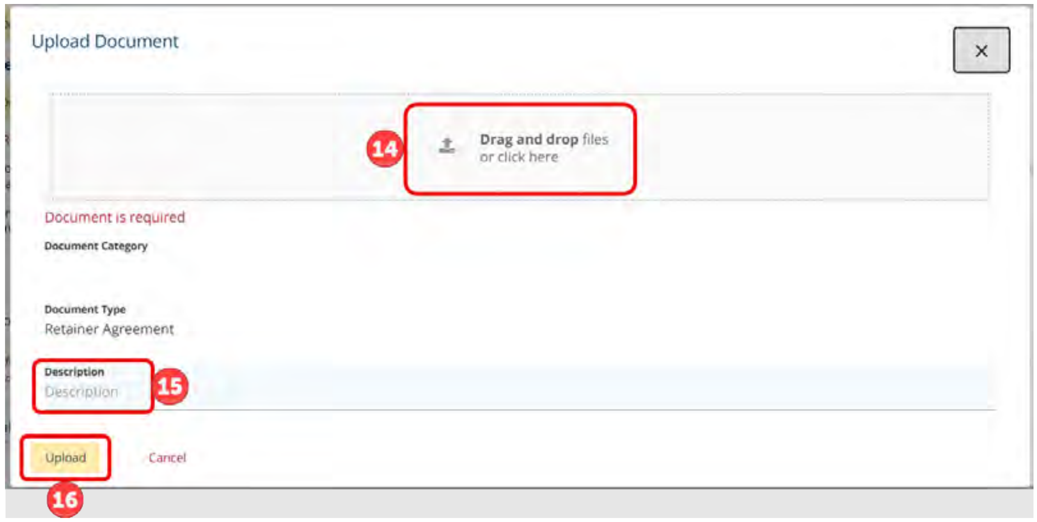


</td></tr>
</table>

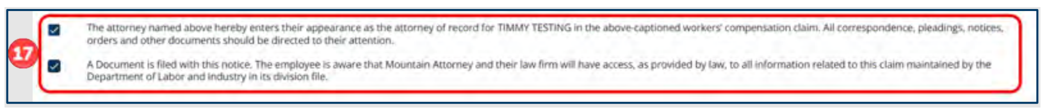
8. Step 2 is to select **Representation on a Claim or on a Case under a Claim**. a) Select **Claim** for all the information contained in the Workers' Compensation Division file. b) Select **Case** for access to a specific dispute, appeal or petition to vacate information for a claim. 9. Click the yellow **Next** button to continue.	
10. Step 3 is to **Enter Appearance**. In the **Representation** section, under the **Who do you represent** area, select the party you are representing. The options are: a) Employee; b) Employer; c) Insurer; d) Other 11. Under the **What party do you represent** area, select the party.	 **Note:** You will need to select both the type of representation and at least one party to continue.
12. Under the **Are there limitations regarding your representation** area select the option from the drop-down menu that best applies. The options are: a) None; b) Yes, Duration – you will need to specify the date when representation will expire; and c) Yes, Other.	 If you answer "**Yes/Other**" to the question "**Are there limitations regarding your representation**", you will need to wait for access approval/denial from DLI.

13. Under the **Verification** section, attach either a **Retainer Agreement** or **Notice of Representation** signed by the employee.

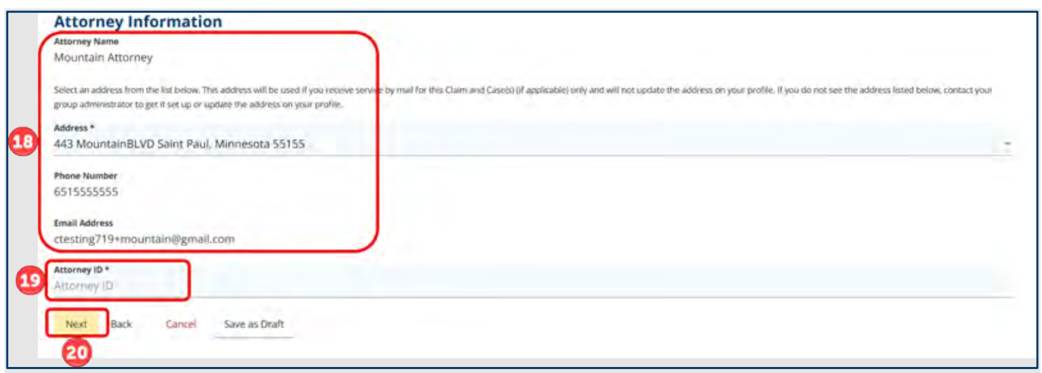
14. In the **Upload Document** pop-up window, select the files by dragging and dropping them in the box or by clicking to upload them.
15. Enter a brief **Description**.
16. Click **Upload** to continue.



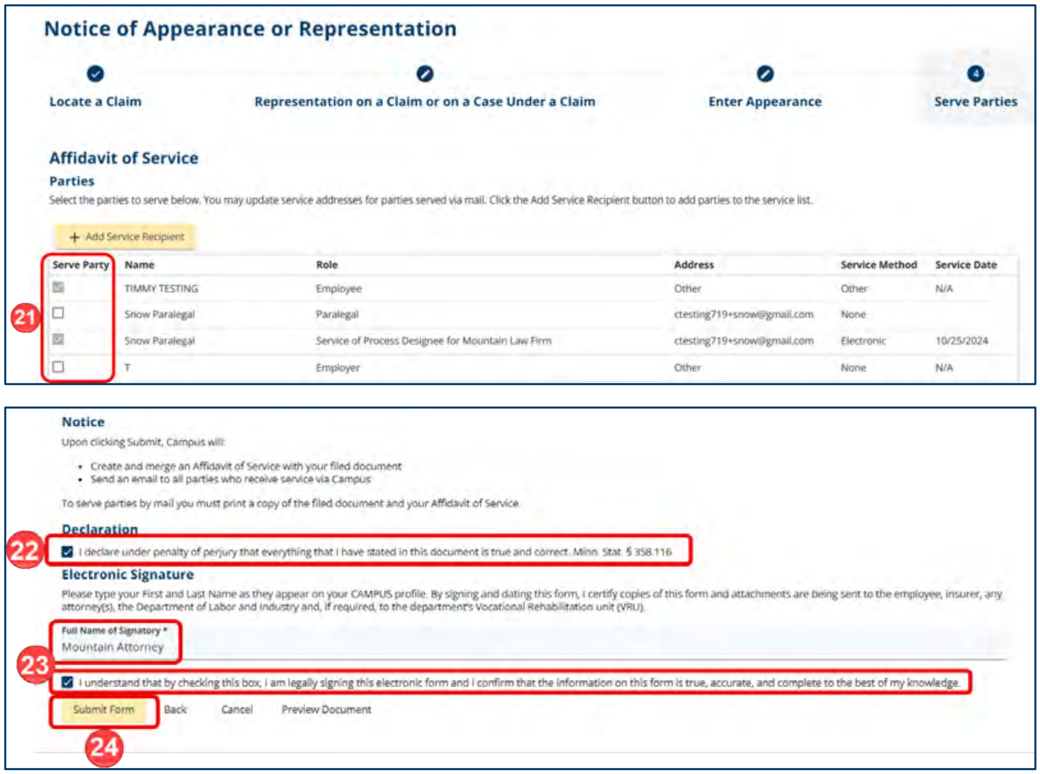
17. Click both **checkboxes** to acknowledge and confirm representation.



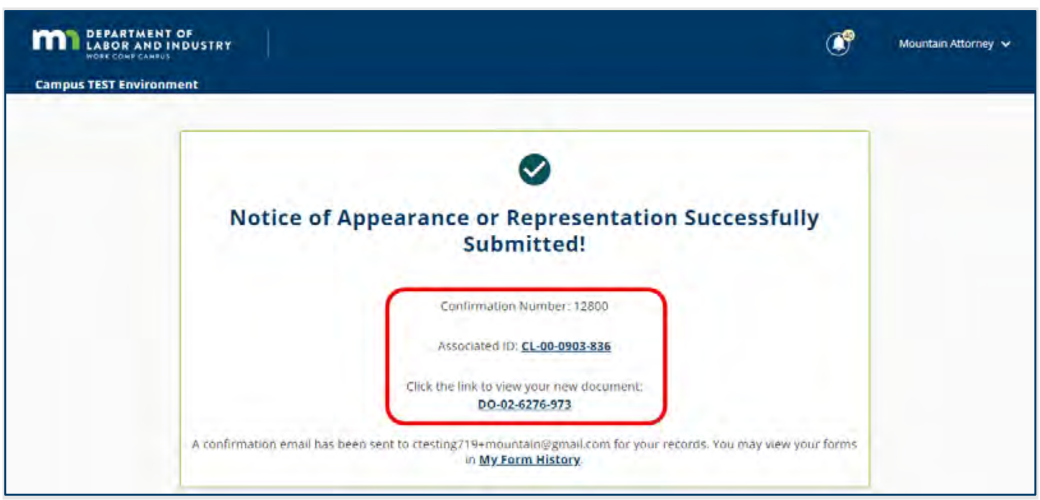
18. Under the **Attorney Information** section, verify the information is correct.
19. In the **Attorney ID** field, enter the filing attorney's ID.
20. Click the yellow **Next** button.



21. Step 4 is **Serve Parties**. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking on the applicable checkboxes.
22. Check the **Declaration** to confirm the accuracy.
23. Type your full name in the **Full Name of Signatory** field and click the **checkbox** to legally sign electronically.
24. Click the yellow **Submit Form** button. [The button is gray in the image used.]



25. The parties selected will be served and you will be taken to a submission confirmation page showing the **Confirmation Number**, **Associated ID** and **document number**.



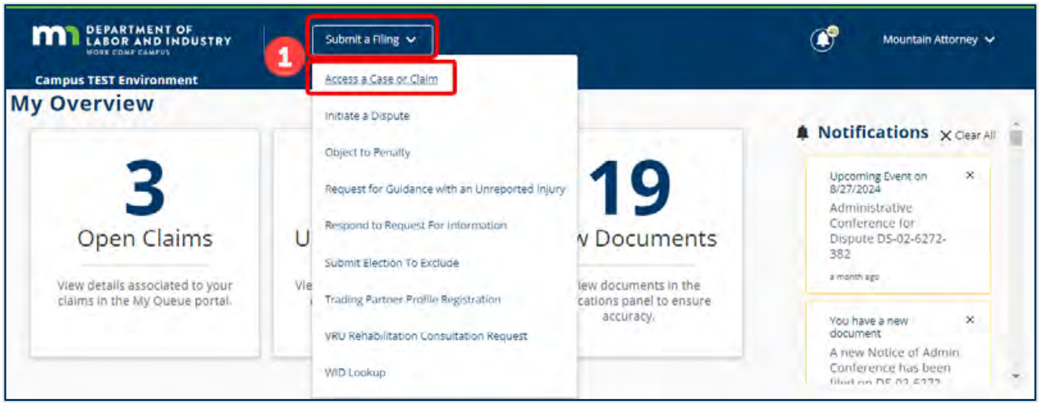
Filing a Motion to Intervene

As a potential intervenor looking to gain access to a dispute, you will need to file a Motion to Intervene.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.
2. Select **Motion to Intervene** from the drop-down menu and then click the yellow **Next** button.

</td><td>



</td></tr>
<tr><td>

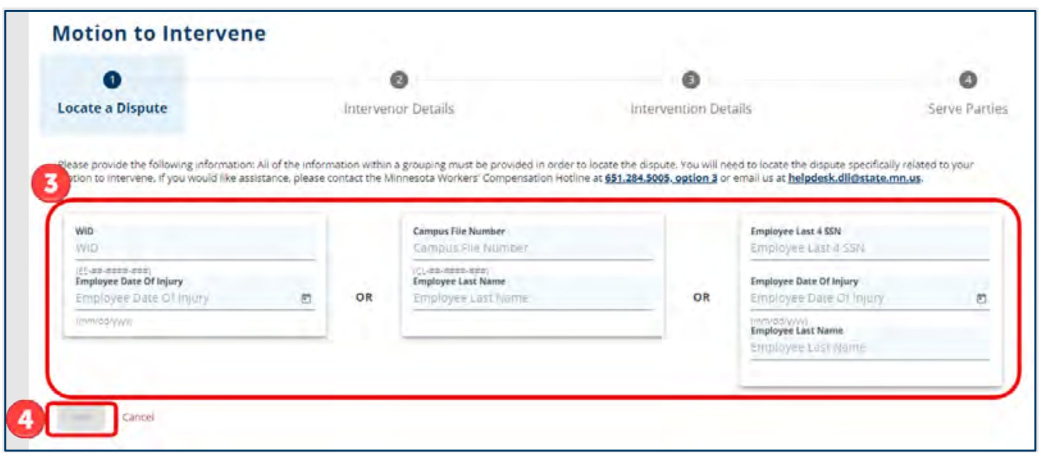
3. On the **Motion to Intervene** page, step 1 is **Locate a Dispute**. Pick one of the groups of information and enter it for the injured worker authorization that is being requested.

Note: If you are unsure of the WID number, there are instructions on the DLI website.

4. Click **Next** to proceed to the webform.

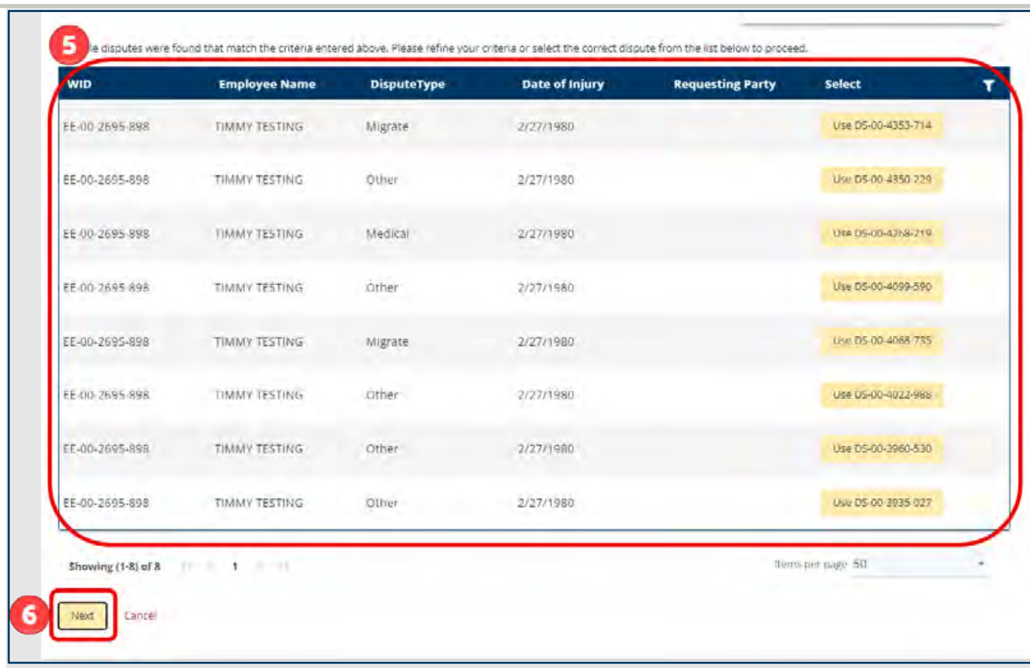
5. Select the applicable dispute.

</td><td>

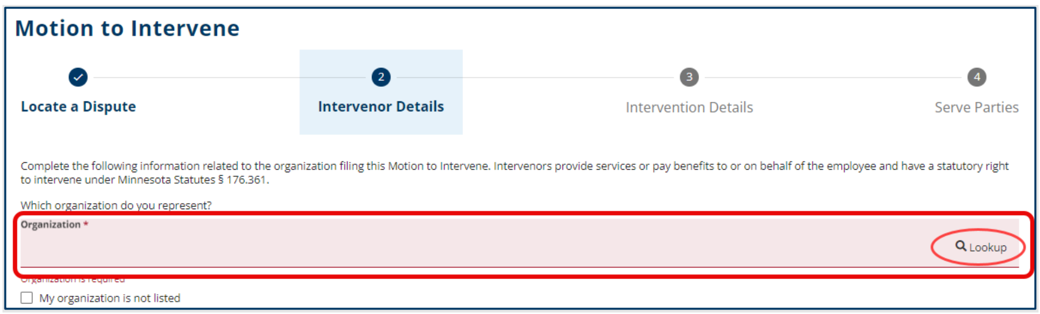


</td></tr>
</table>

6. Click **Next** to continue.



7. Step 2 is **Intervenor Details**. Under the **Organization** field, click on **Lookup**.



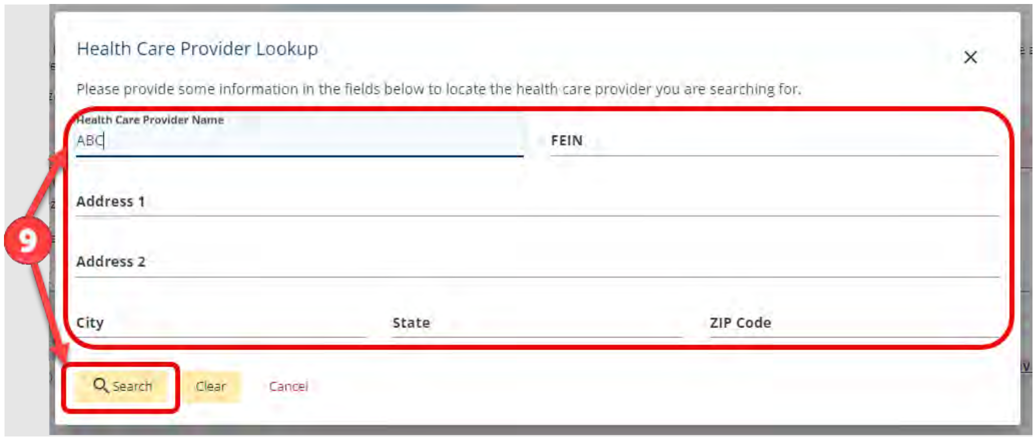
8. Select the option that aligns with the type of intervenor.

   The options are:

   a) Employer;
   b) Insurer;
   c) Rehab Provider Group;
   d) Health Care Provider; and
   e) Supplemental Entity.

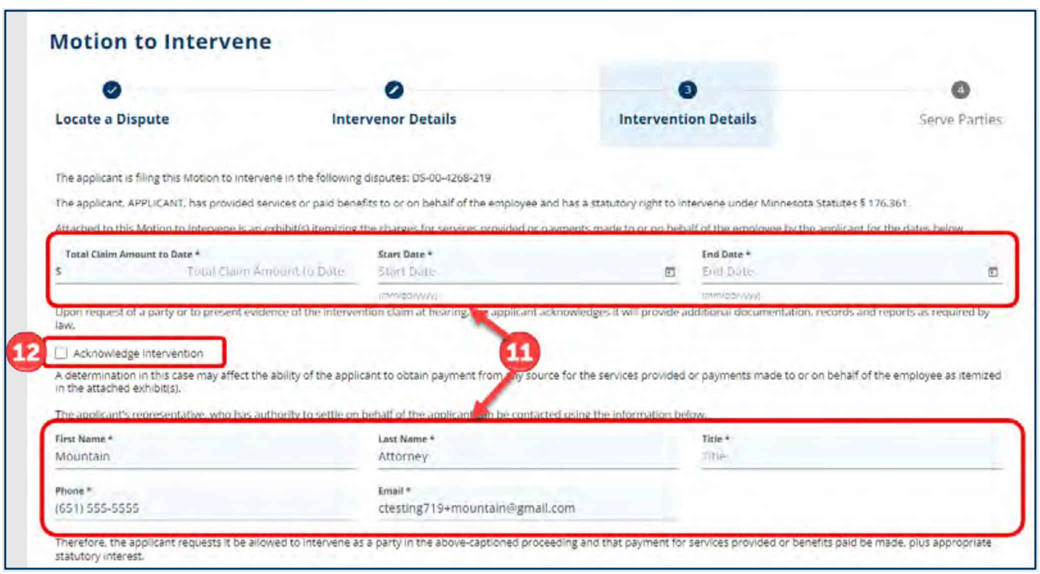
9. A pop-up window will display. Fill in the intervenor's information and click the yellow **Search** button.

Note: The more information provided, the easier it will be to locate the intervenor information.

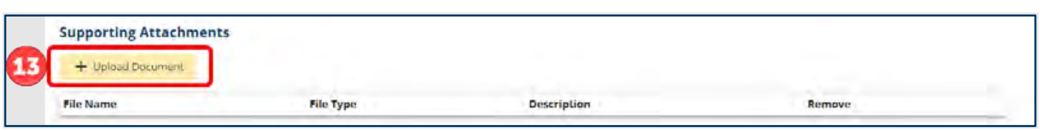


10. After the information is selected, click the yellow **Next** button.

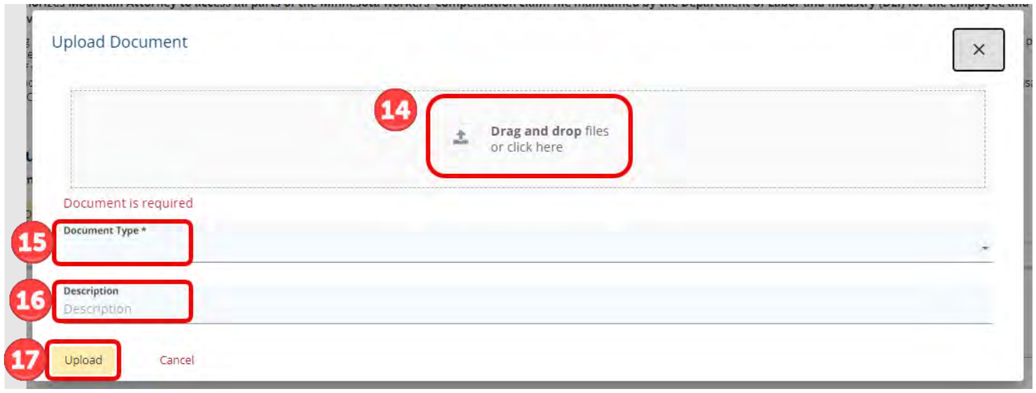
11. Step 3 is **Intervention Details**. Fill in the required fields.
12. Select the **Acknowledge Intervention** checkbox.



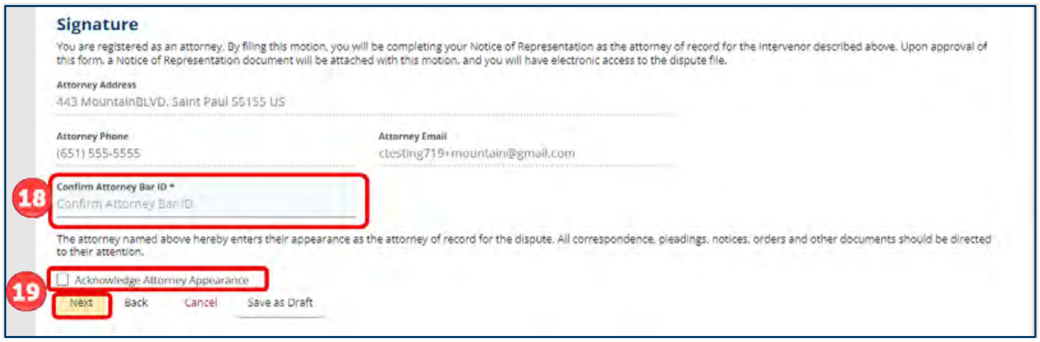
13. Click the **+ Upload Document** button to attach supporting documentation.



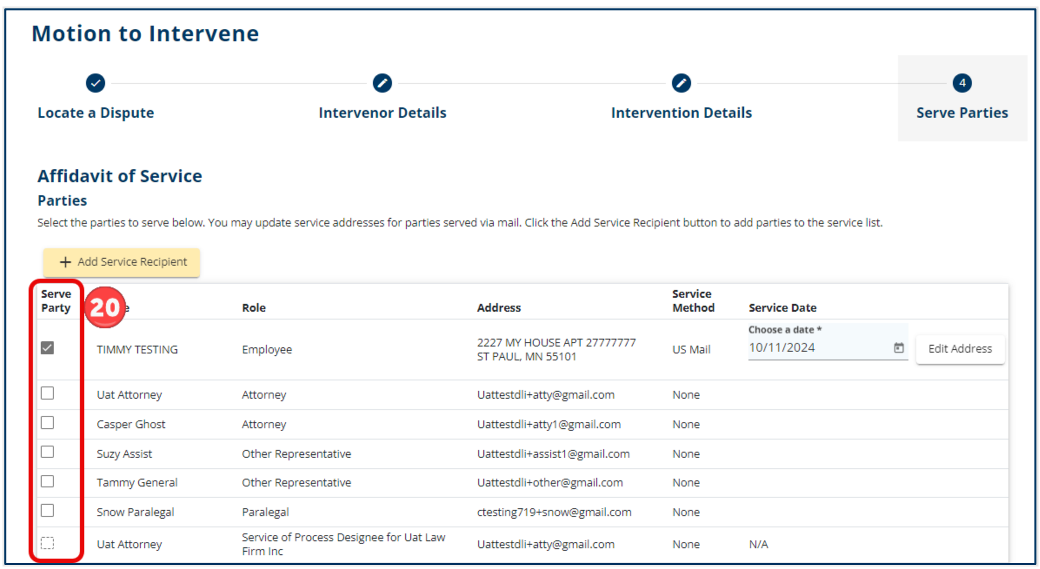
14. In the **Upload Document** pop-up window, select the files by dragging and dropping them in the box or by clicking to upload them.
15. Select the **Document Type** from the drop-down menu.
16. Enter a brief **Description**.
17. Click **Upload** to continue.

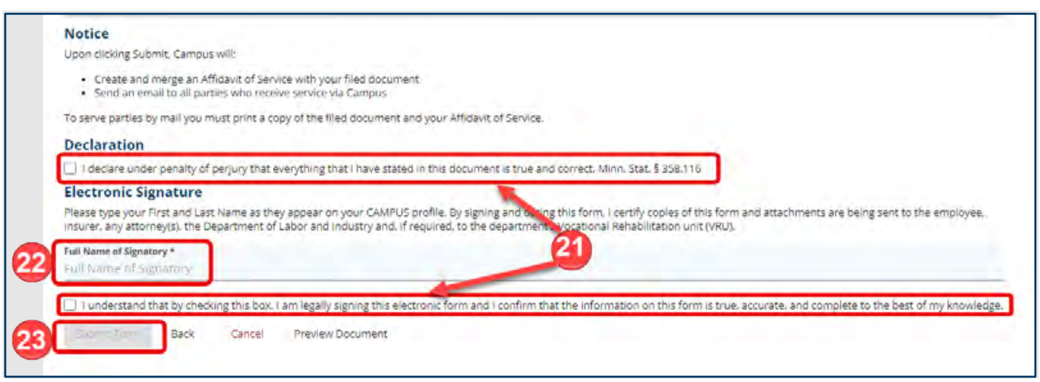


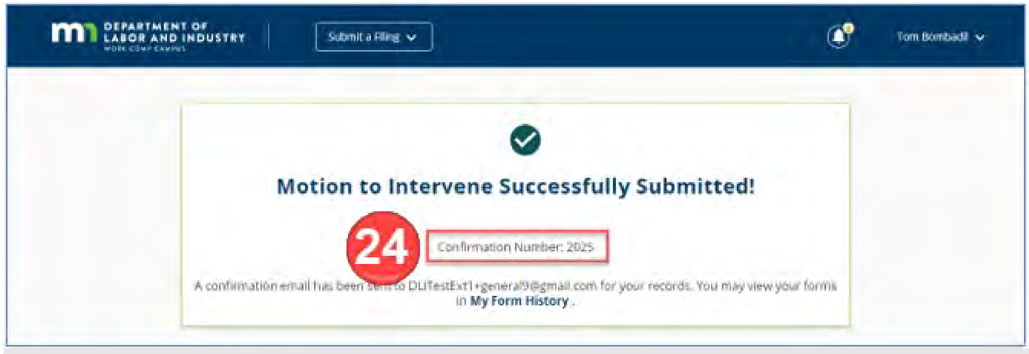
18. In the **Confirm Attorney Bar ID** field, enter the filing attorney's bar ID number.
19. Mark the checkbox to acknowledge attorney appearance and click the yellow **Next** button.



20. The final step is **Serve Parties**. Select the parties to serve by clicking on the applicable checkboxes.
21. Check the **Declaration** box.
22. Type your full name and click the checkbox to confirm your electronic signature.
23. Click **Submit Form**.



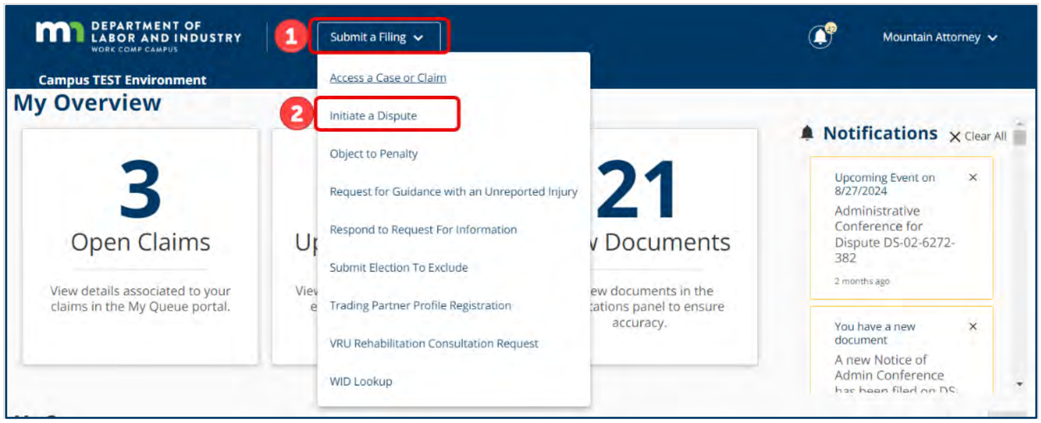
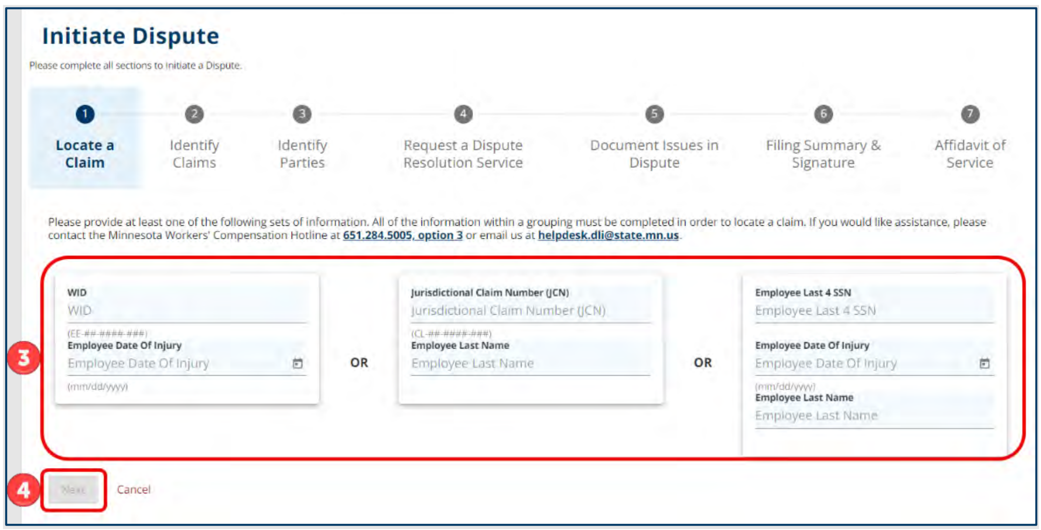


24. The confirmation page appears indicating your request has been sent to DLI for processing. A **Confirmation Number** will display on the screen and you will also receive a confirmation to your email address on file. Once approved, the form will appear on your dashboard under the **My Disputes** tab.	

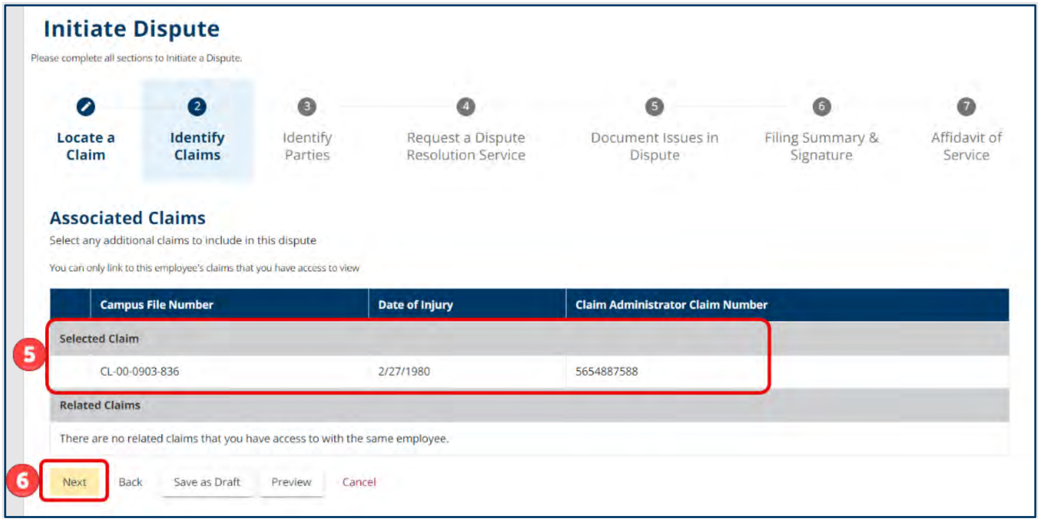
Filing a Request for Assistance

From the dashboard

External users can file a Request for Assistance (RFA) in Campus.

Instructions	Visual aids
1. From the dashboard, click on **Submit a Filing**. 2. In the drop-down menu, select **Initiate a Dispute**.	
3. On the **Initiate a Dispute** page, Step 1 is **Locate a Claim**. Pick one of the groups of information and enter it for the injured worker claim that is being requested. **Note:** If you are unsure of the WID number, there are instructions on the DLI website. 4. Click **Next** to proceed to the webform.	

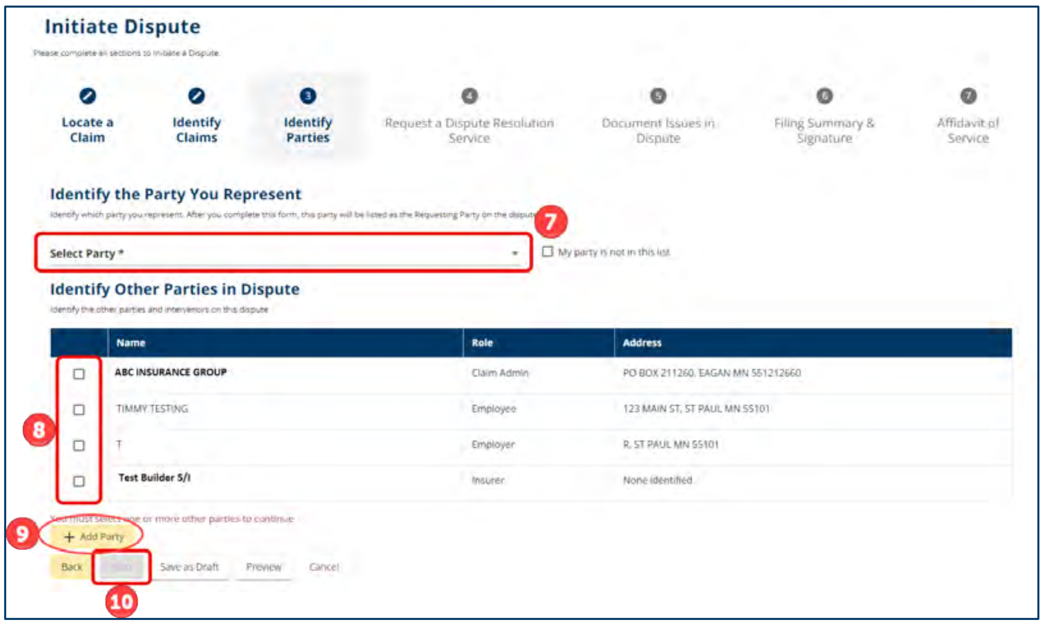
5. Step 2 is **identify Claims**. The associated claim will already be selected.
6. Click **Next**.



7. Step 3 is **Identify Parties**. Under the **Select Party** drop-down menu, select the primary parties being represented.
8. In the **Identify Other Parties in Dispute** section, select the parties that will need to be served later in the process.
9. If any parties are not listed and need to be added, such as an employer or insurer, click the yellow **+ Add Party**.

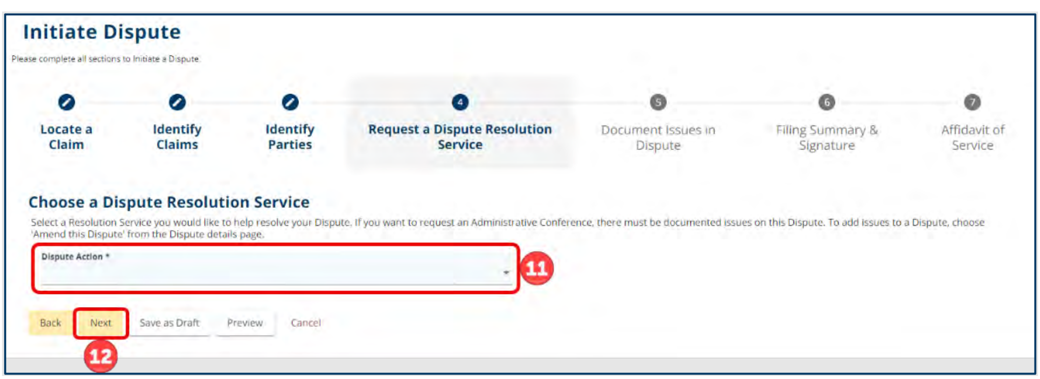
   Do not add attorneys or intervenors here.

10. Click the yellow **Next** button.



11. Step 4 is **Request a Dispute Resolution Service**. Select one of the following dispute actions from the drop-down menu:
    a) Certify this Dispute;
    b) Request a Mediation;
    c) Request an Administrative Conference; or
    d) Request no service now, only initiate the dispute – **not a valid choice.**
12. Click the yellow **Next** button.

Note: For this example, an administrative conference will be requested.



13. Step 5 is **Document Issues in a Dispute**. In the drop-down menu, select whether the dispute is medical or rehabilitation.

Note: For this example, **Medical** is selected.

14. Under the **Disputed Issues** section, click **+ Add Issue** to add at least one disputed issue.

15. In the **Open Issue** pop-up window, under the **Are you requesting a service or seeing reimbursement** field, select the appropriate option:
    a) Service; or
    b) Seeking Reimbursement.

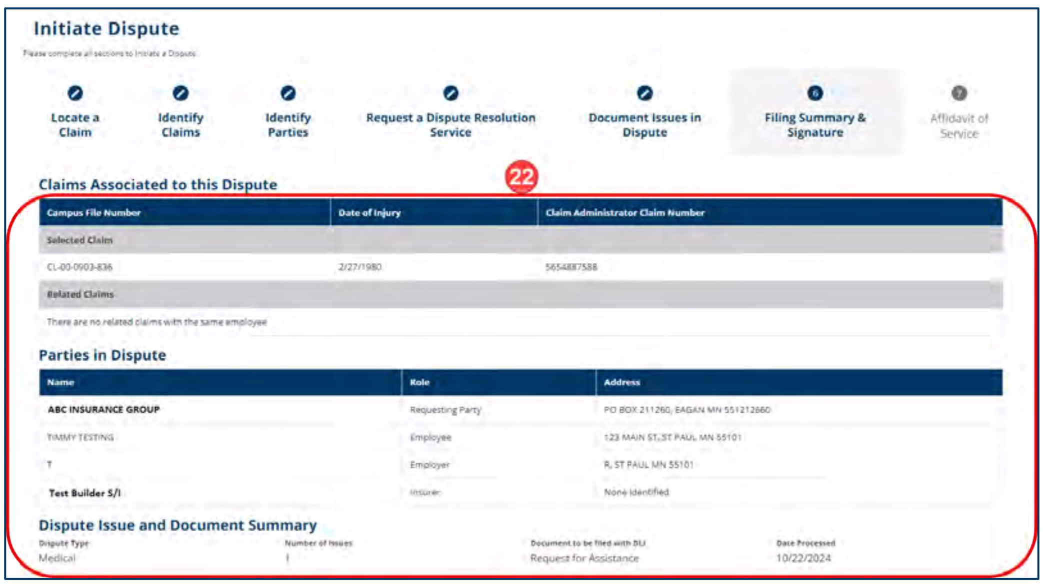
16. In the **Which of the following applies to the service you are requesting or seeking reimbursement for** field, select the appropriate option:
    a) Change of doctor;
    b) Equipment;
    c) Medical Prescriptions
    d) Second opinion/Consultation;
    e) Surgery;
    f) Treatment;
    g) Change of Rehab Provider;
    h) Plan Content;
    i) Plan Duration;
    j) Rehab Consultation/Eligibility;
    k) Retraining;
    l) Other;
    m) Other – Medical; or
    n) Other – Rehab.

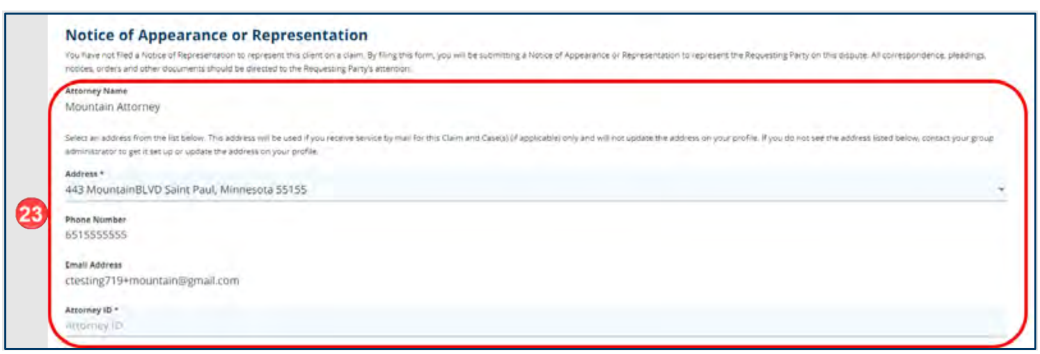
17. In the **Specify any details about the issue** field, enter a description of the issue.

<table>
<tr>
<td>18. When completed, click the yellow Save button.</td>
<td></td>
</tr>
<tr>
<td>
19. Under the Supporting Attachments section, click Upload Document to add any supporting documentation. Examples include:
a) itemized bills;
b) medical reports; and
c) mileage or parking expenses.

20. In the Explain the details of your request field, enter a detailed narrative in support of the claim.

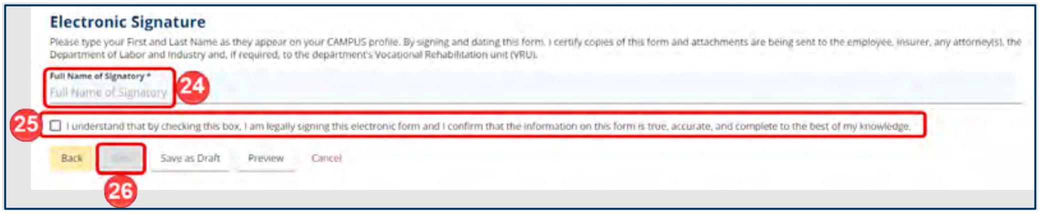
21. When completed, click the yellow Next button.
</td>
<td>


</td>
</tr>
<tr>
<td>22. Step 6 is Filing Summary and Signature. This section provides a summary of all the information entered as a final review prior to submission.</td>
<td>


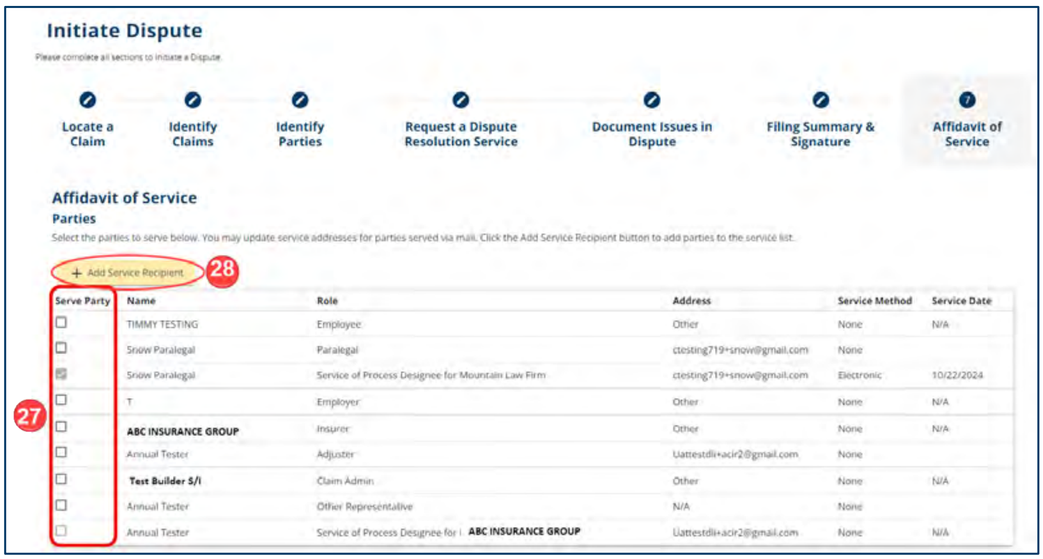
</td>
</tr>
<tr>
<td>23. If a Notice of Appearance has not been filed in the claim, the Notice of Appearance or Representation section will display and allows for this to be completed during this step.</td>
<td>


</td>
</tr>
</table>

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically.
25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
26. When complete, click the yellow **Next** button.

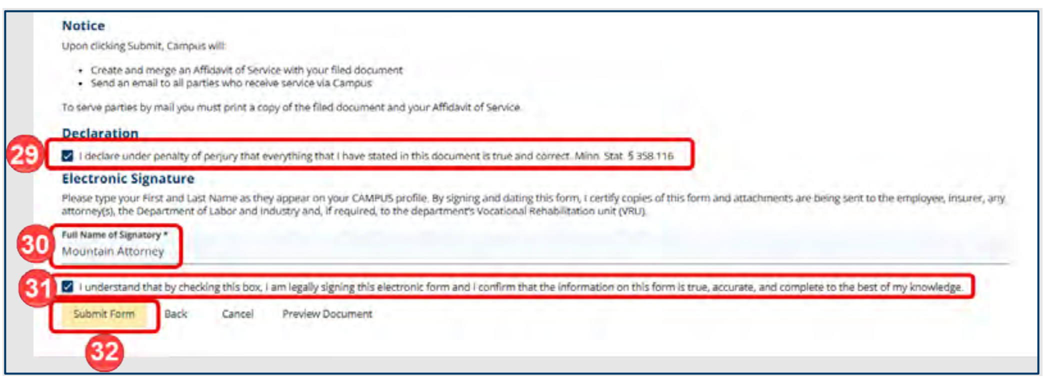


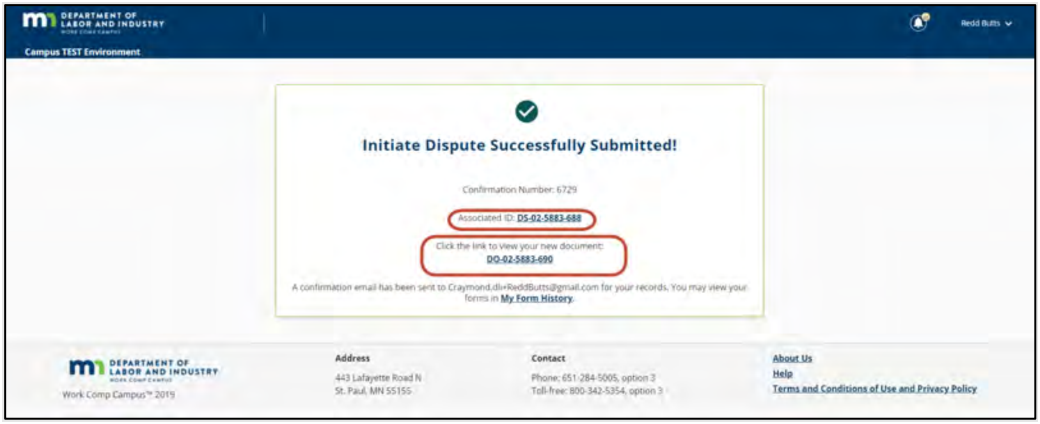
27. Step 7 is **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.
28. Click the yellow **+ Add Service Recipient** button to add any parties not listed or additional parties that require service.



29. Under the **Declaration** section, click the box to confirm the document is true and correct.

30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically.
31. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.



32. Once complete, click the yellow **Submit Form** button [this is gray in the image].	
33. If the submission is successful, a confirmation page will display. This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user's Campus dashboard.	

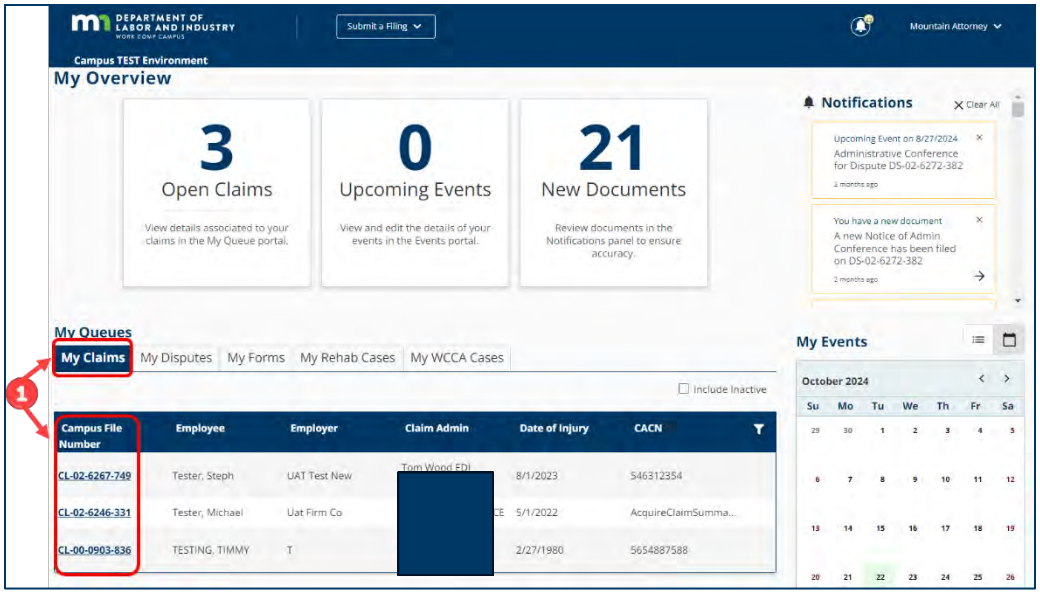
From the Claims Details page

External users can file a Request for Assistance (RFA) in Campus from the **Claims Details** page.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the dashboard, locate the **My Claims** tab and, under the **Campus File Number** column, select the claim number to file the RFA.

</td><td>



</td></tr>
<tr><td>

2. From the **Claims Details** page, click on the yellow **+ Submit Filing** button.

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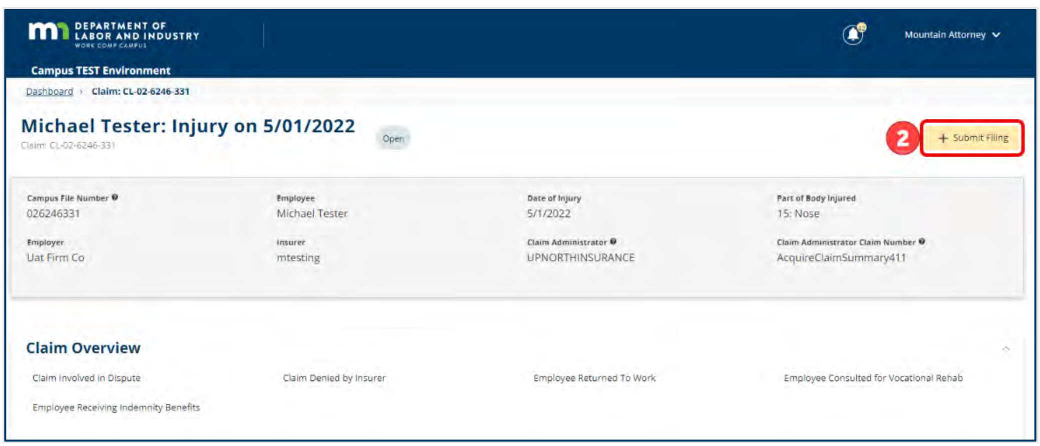
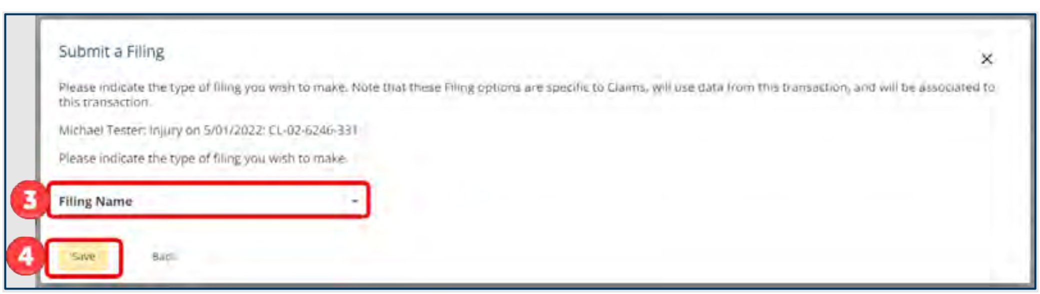


</td></tr>
<tr><td>

3. In the **Submit a Filing** pop-up window, click on the **Filing Name** drop-down menu and select the **Initiate a Dispute** option.
4. Click the yellow **Save** button.

</td><td>



</td></tr>
</table>

5. On the **Initiate Dispute** page, Step 1 is **Identify Claims**. The associated claim will already be selected.
6. Click the yellow **Next** button to proceed to the webform.

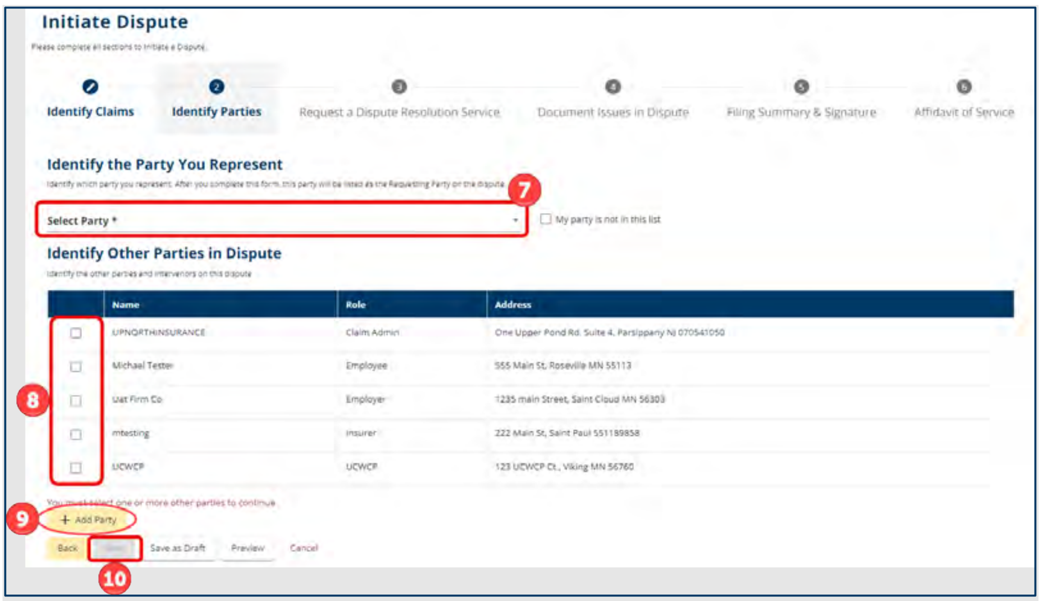
7. Step 2 is **Identify Parties**. Under the **Select Party** drop-down menu, select the primary parties being represented.

8. In the **Identify Other Parties in Dispute** section, select the parties that will need to be served later in the process.

9. If any parties are not listed and need to be added, such as an employer or insurer, click the yellow **+ Add Party** option to add additional parties.

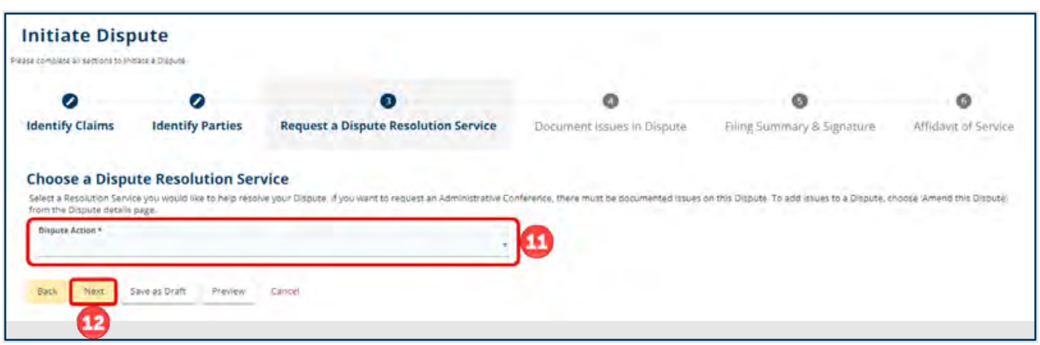
   Do not add attorneys or intervenors here.

10. Click the yellow **Next** button**.**



11. Step 3 is **Request a Dispute Resolution Service**. Select one of the following dispute actions from the drop-down menu:
    a) Certify this Dispute;
    b) Request a Mediation;
    c) Request an Administrative Conference; or
    d) Request no service now, only initiate the dispute – **not a valid choice**.
12. Click the yellow **Next** button.

Note: For this example, an administrative conference will be requested.



13. Step 4 is **Document Issues in Dispute**. In the drop-down menu, select whether the dispute is medical or rehabilitation.

Note: For this example, medical will be selected.

14. Under the **Disputed Issues** section, click **+ Add Issue** to add at least one disputed issue.

15. In the **Open Issue** pop-up window, under the **Are you requesting a service or seeing reimbursement** field, select the appropriate option:
    a) Service; or
    b) Seeking Reimbursement.

16. In the **Which of the following applies to the service you are requesting or seeking reimbursement for** field, select the appropriate option:
    a) Change of doctor;
    b) Equipment;
    c) Medical Prescriptions;
    d) Second opinion/Consultation;
    e) Surgery;
    f) Treatment ;
    g) Change of Rehab Provider;
    h) Plan content ;
    i) Plan duration;
    j) Rehab consultation/Eligibility;
    k) Retraining;
    l) Other;
    m) Other – Medical; or
    n) Other – Rehab.

17. In the **Specify any details about the issue** field, enter a description about the issue.

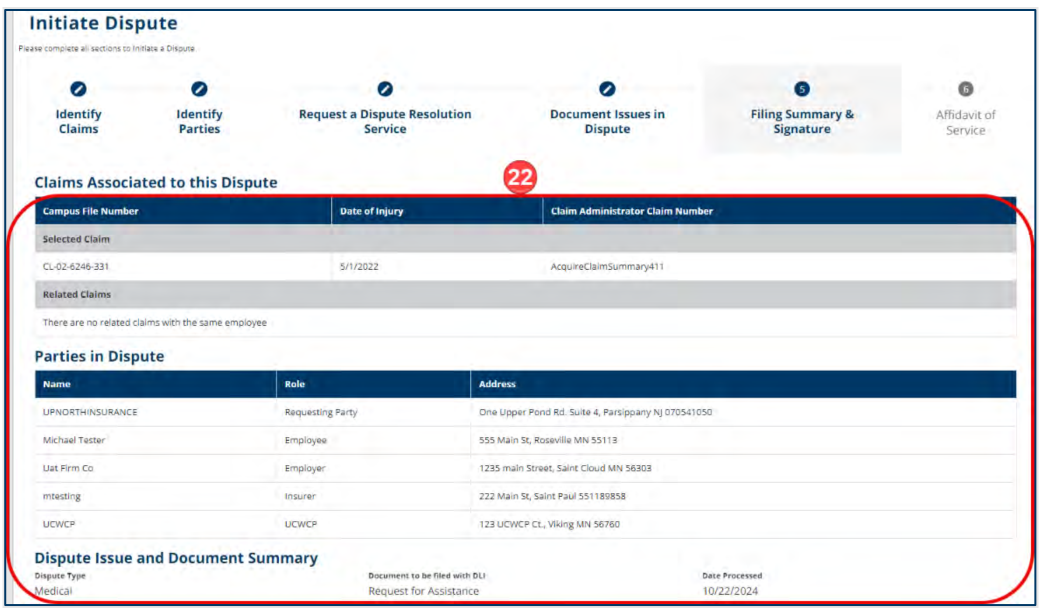
18. When completed, click the yellow **Save** button.

19. Under the **Supporting Attachments** section, click **+ Upload Document** to add any supporting documentation. Examples include:
    a) itemized bills;
    b) medical reports; and
    c) mileage or parking expenses.

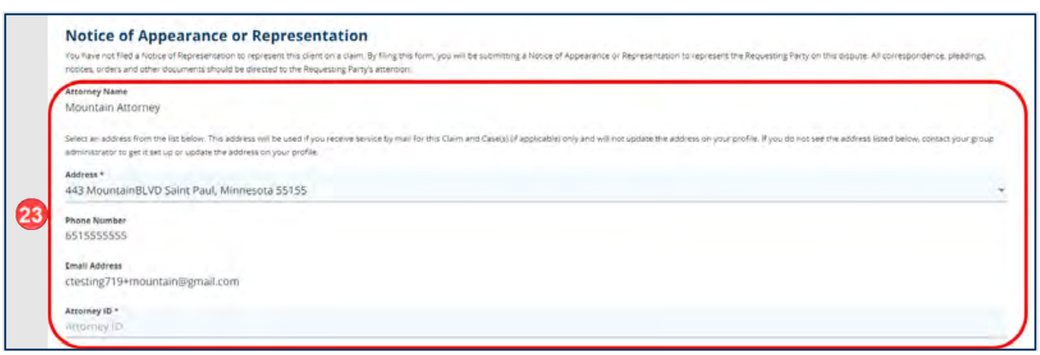
20. In the **Explain the details of your request** field, enter a detailed narrative in support of the claim.

21. When completed, click the yellow **Next** button.

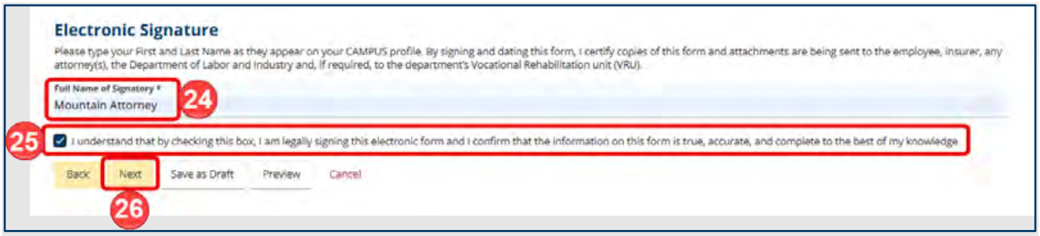
22. Step 5 is **Filing Summary and Signature**. This section provides a summary of all the information entered for final review prior to submitting.



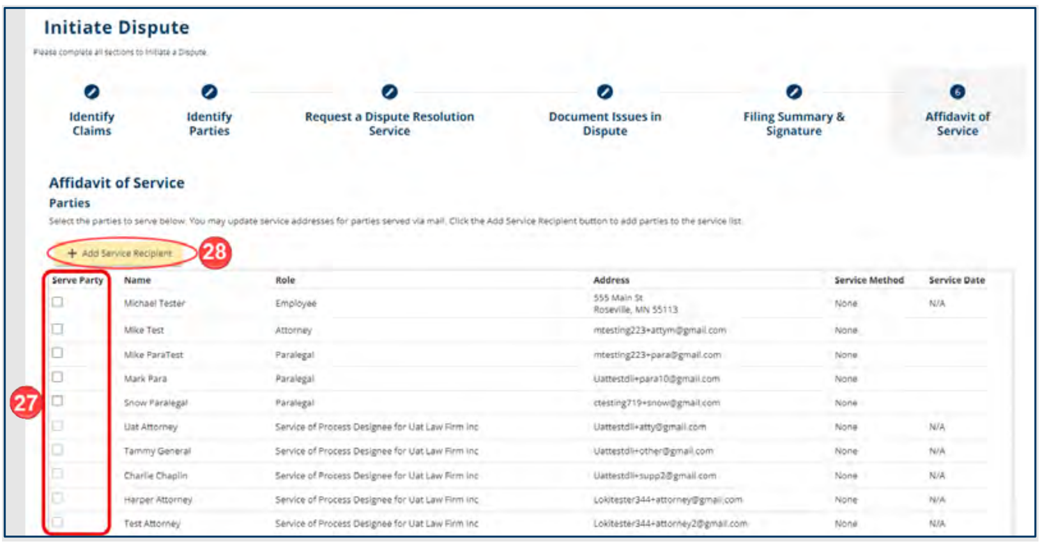
23. If a Notice of Appearance has not been filed in the claim, the **Notice of Appearance or Representation** section will display and allow for this to be completed during this step.



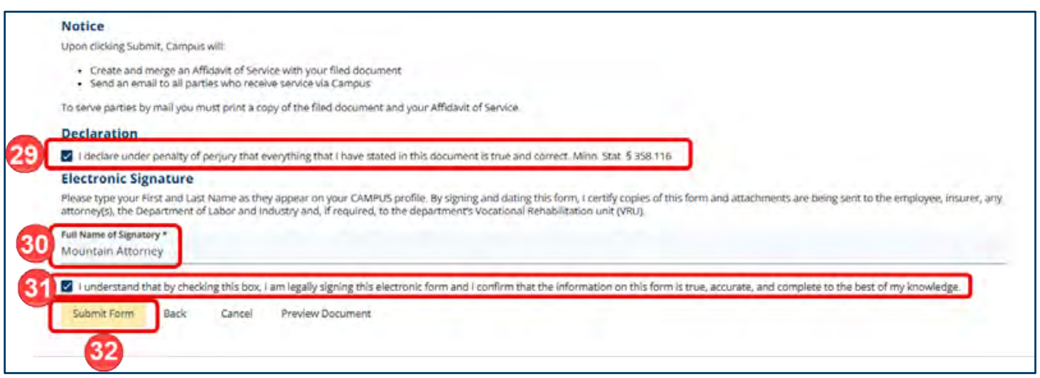
24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically.
25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
26. When complete, click the yellow **Next** button.

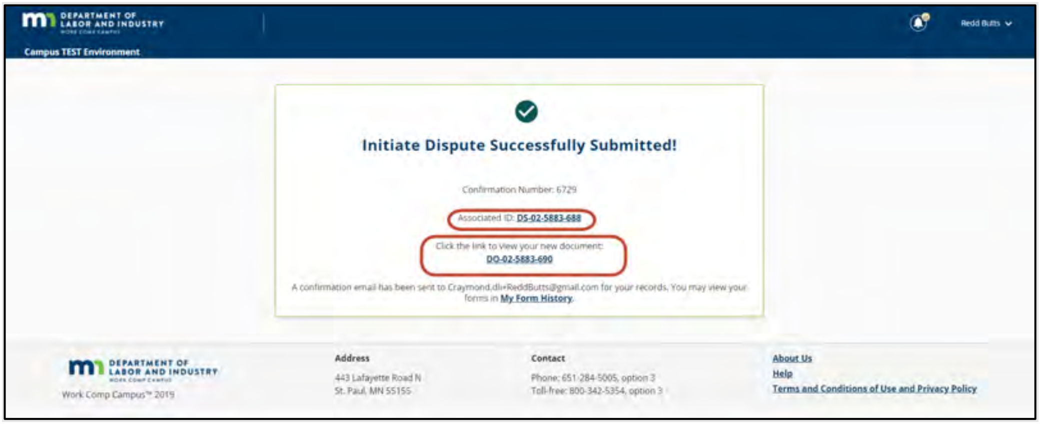


27. Step 6 is **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.
28. Click the yellow **+ Add Service Recipient** button to add any parties not listed or additional parties that require service.



29. Under the **Declaration** section, click the box to confirm the document is true and correct.
30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically.
31. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
32. When complete, click the yellow **Submit Form** button.



33. If the submission is successful, a confirmation page will display. This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user’s Campus dashboard.	

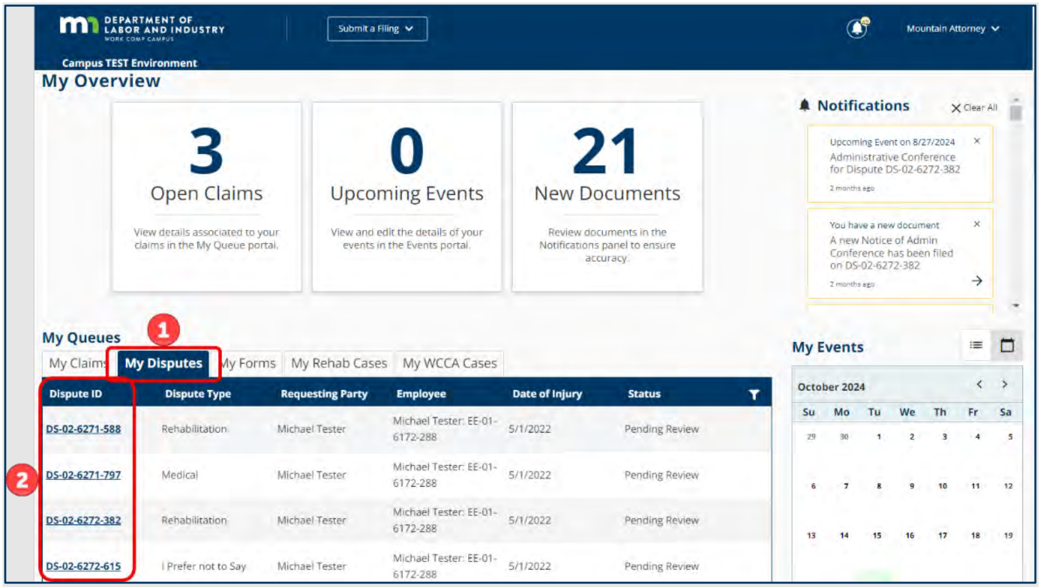
Amending a Request for Assistance

Through this process, you can add or remove parties, add or remove issues, and add documents to the dispute. Here are different amendments that can be made.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the dashboard, click on the **My Disputes** tab.
2. Under the **Dispute ID** column, click on the Dispute ID that requires edits.

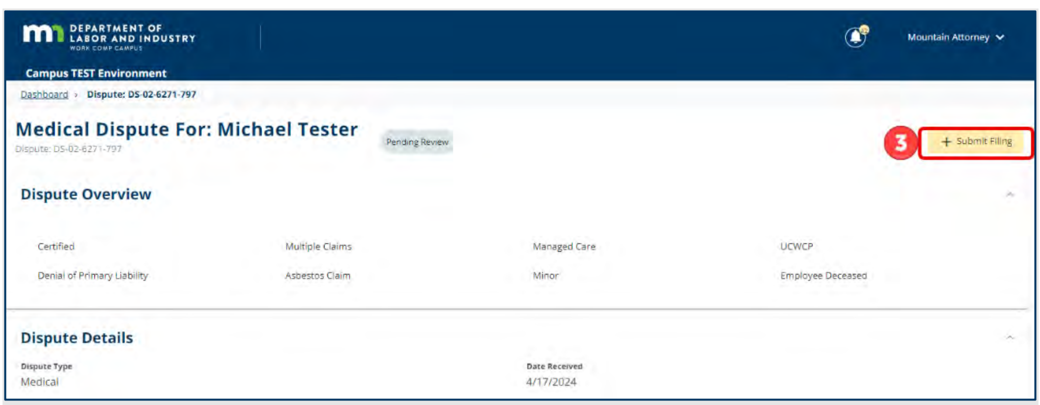
</td><td>



</td></tr>
<tr><td>

3. On the **Claim Details** page, click on the yellow **+ Submit Filing** button.

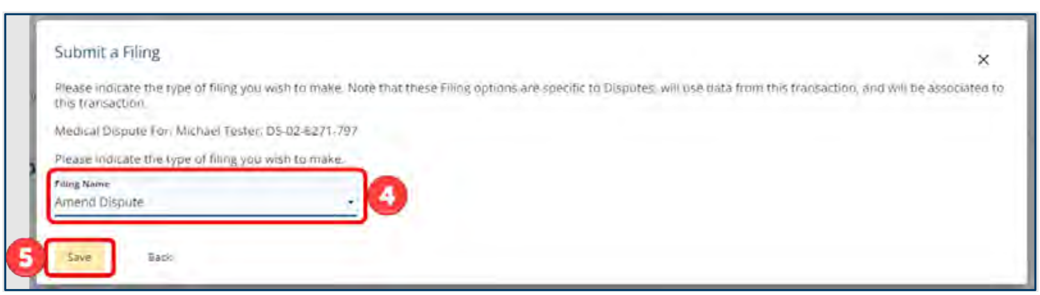
</td><td>



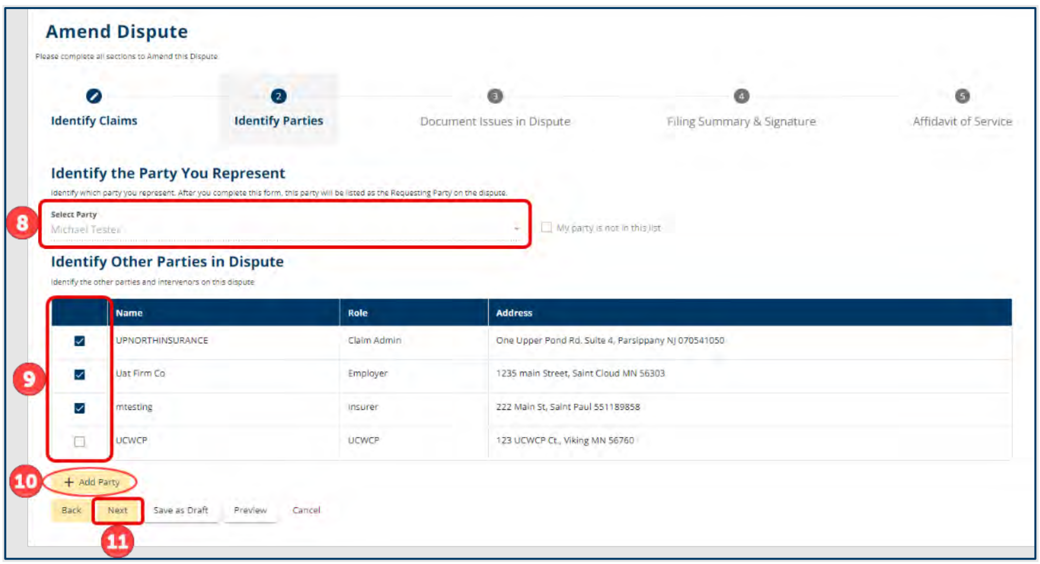
</td></tr>
<tr><td>

4. In the **Submit a Filing** pop-up window, select **Amend Dispute** from the drop-down menu.
5. Click the yellow **Save** button.

</td><td>



</td></tr>
</table>

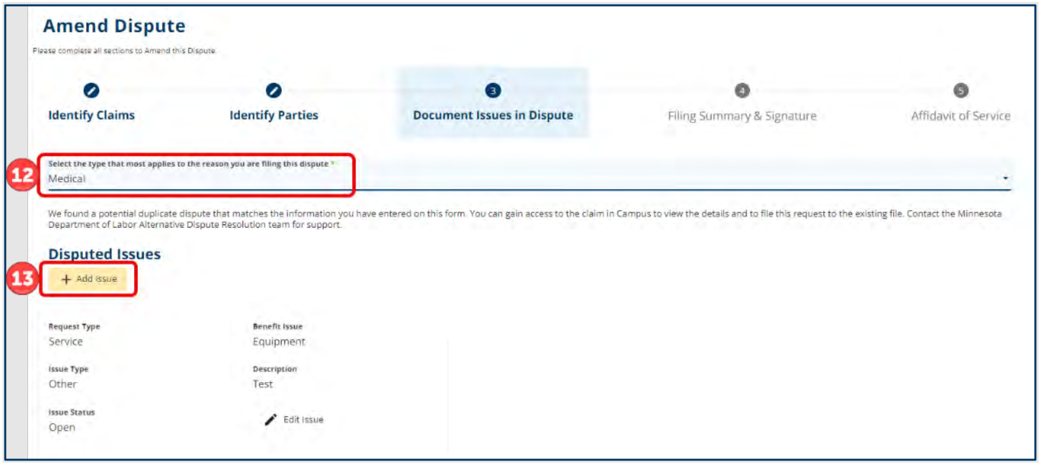
6. On the **Amend a Dispute** page, Step 1 is **Identify Claims**. The associated claim will already be selected. 7. Click the yellow **Next** button to proceed to the webform.	
8. Step 2 is **Identify Parties**. Under the **Select Party** option the primary party being represented is populated. 9. In the **Identify Other Parties in Dispute** section, select or remove the parties that will need to be served later in the process. 10. If any parties aren't listed and need to be added, such as an employer or insurer, click the yellow **+ Add Party** to add additional parties. **Do not** add attorneys or intervenors here. 11. Click the yellow **Next** button**.**	

<table>
<tr>
<td>

12. Step 3 is **Document Issues in Dispute**. In the drop-down menu, change whether the dispute is medical or rehabilitation.

13. Click **+ Add Issues** to add any missed or new issues.

</td>
<td>



</td>
</tr>
<tr>
<td>

14. Under the **Supporting Attachments** section, click **+ Upload Document** to add any additional supporting documentation.
Examples include:
a) itemized bills;
b) medical reports; and
c) mileage or parking expenses.

15. In the **Explain the details of your request** field, update the detailed narrative in support of the claim.

16. When completed, click the yellow **Next** button.

</td>
<td>

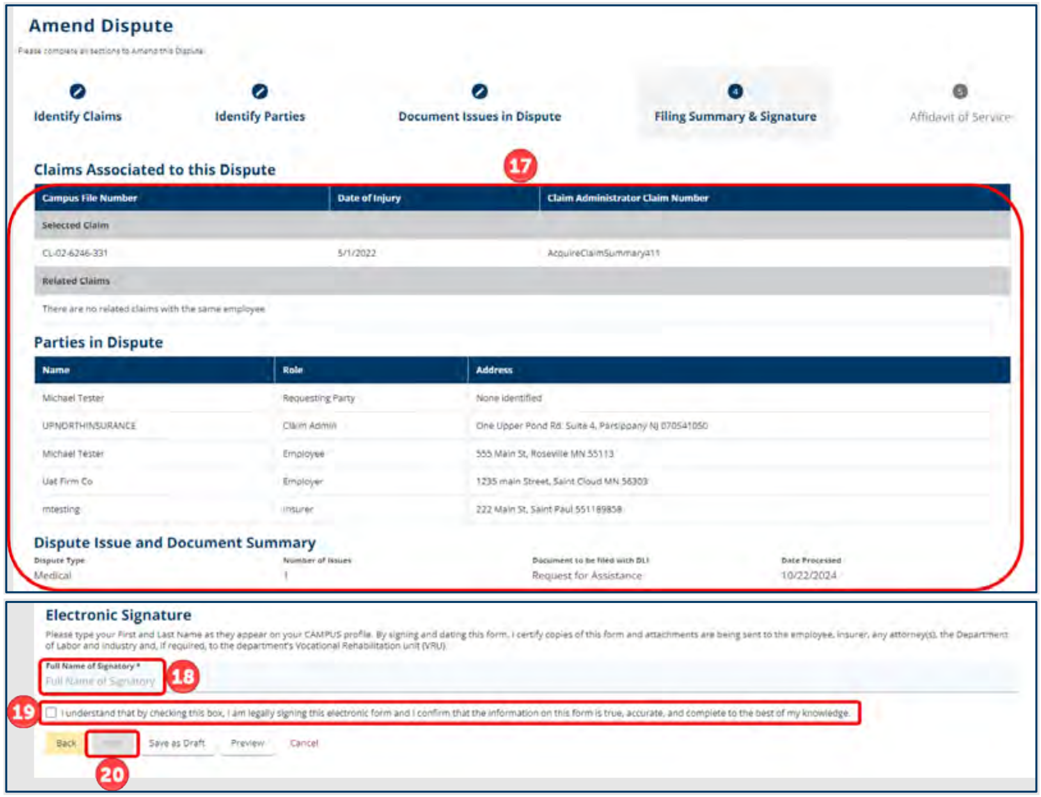
</td>
</tr>
</table>

17. Step 4 is **Filing Summary and Signature**. This will provide a summary of all the information entered for final review prior to submitting.

18. Provide an electronic signature.

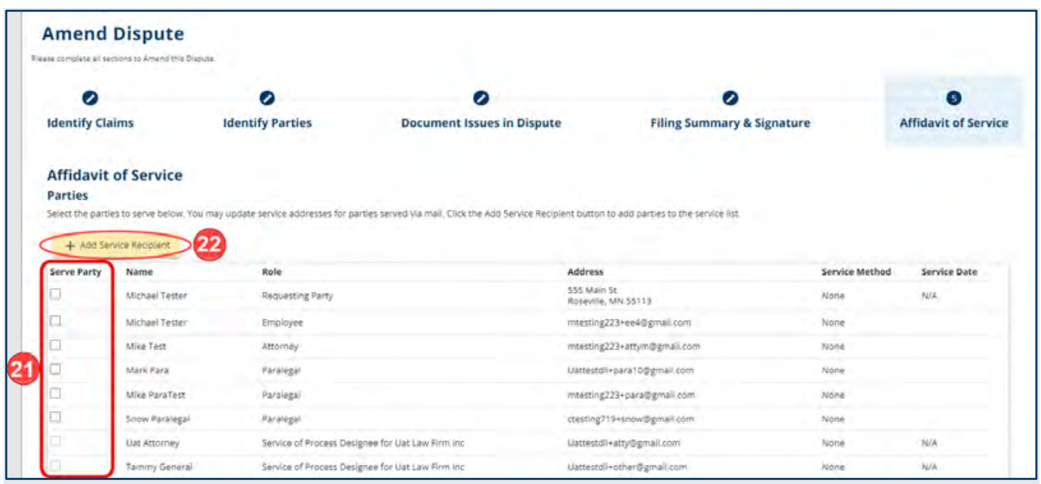
19. Check the attestation box.

20. Click **Next**.



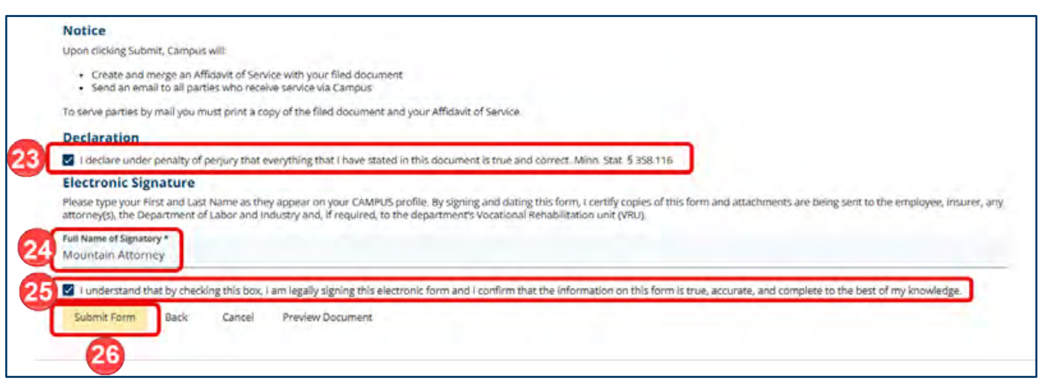
21. Step 5 is **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.

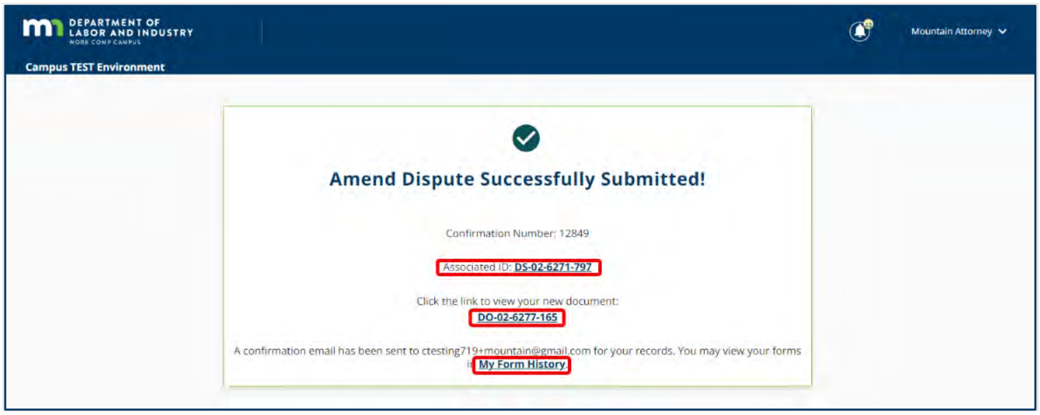
22. Click the yellow **+ Add Service Recipient** button to add any parties not listed or additional parties that require service.



23. Under the **Declaration** section, click the box to confirm the document is true and correct.

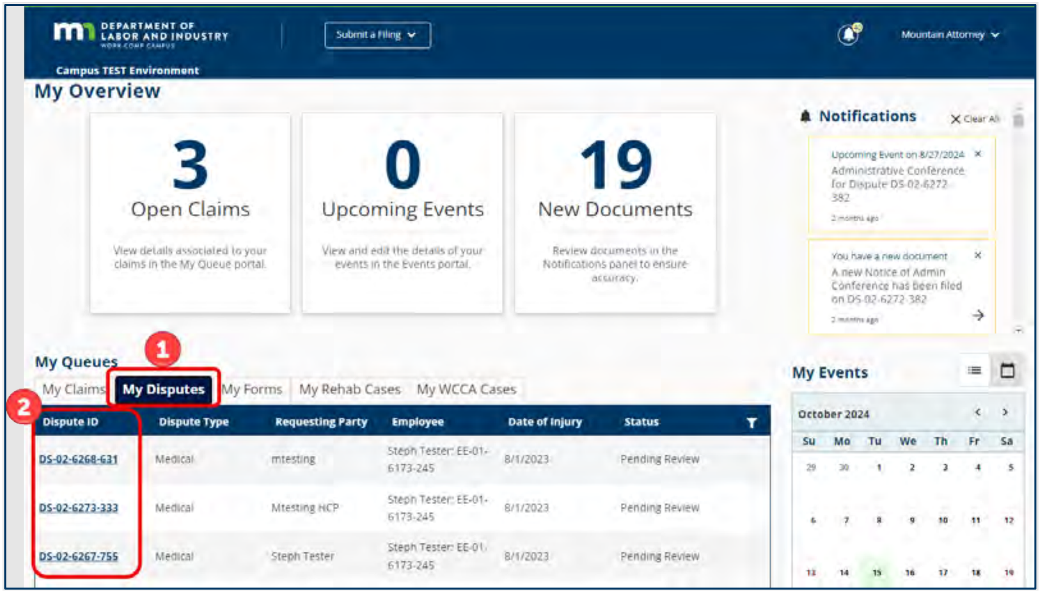
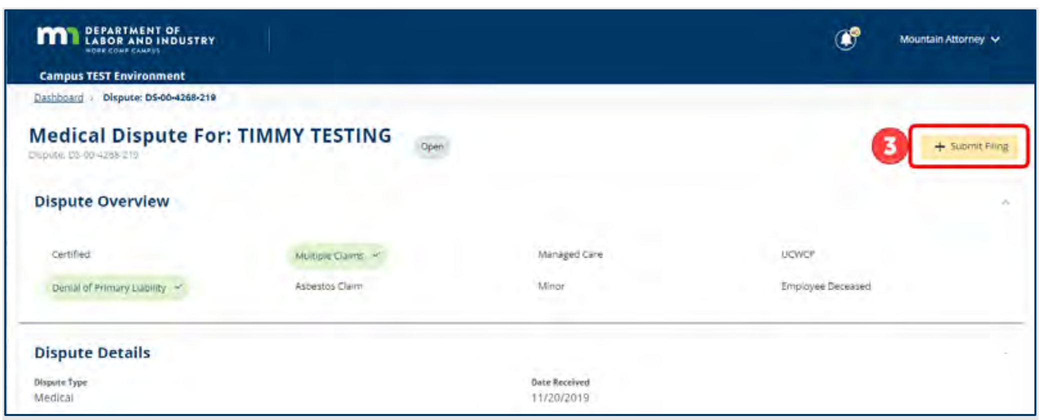
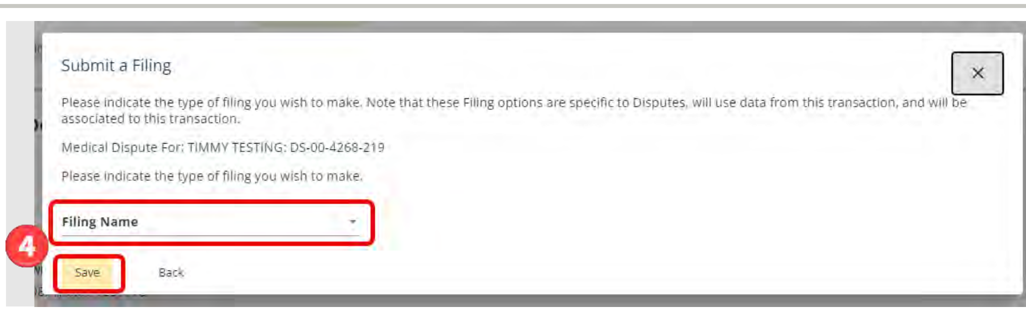
24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically.

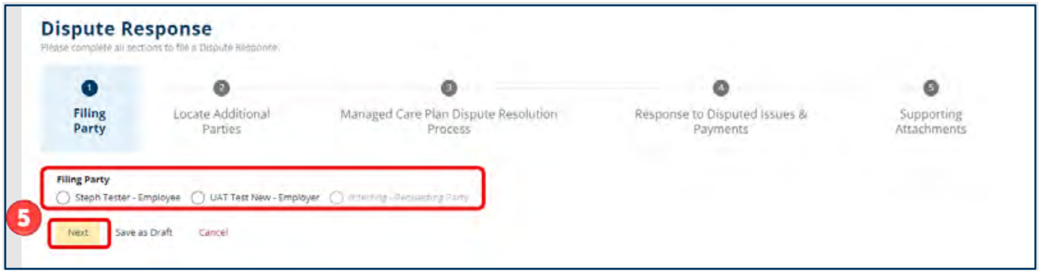
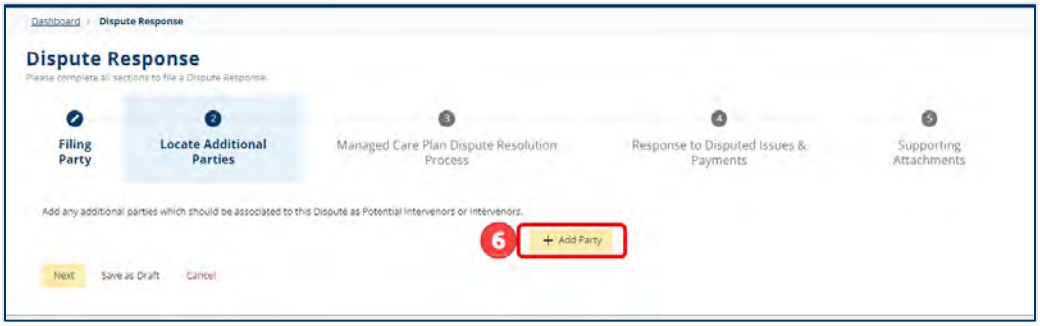
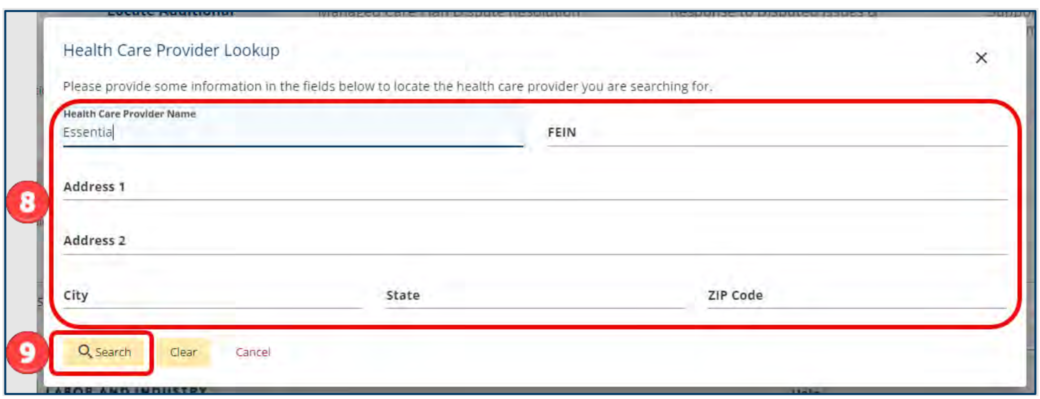


25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document. 26. When completed, click the yellow **Submit Form** button.	
27. If the submission is successful, a confirmation page will display. This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user's Campus dashboard.	

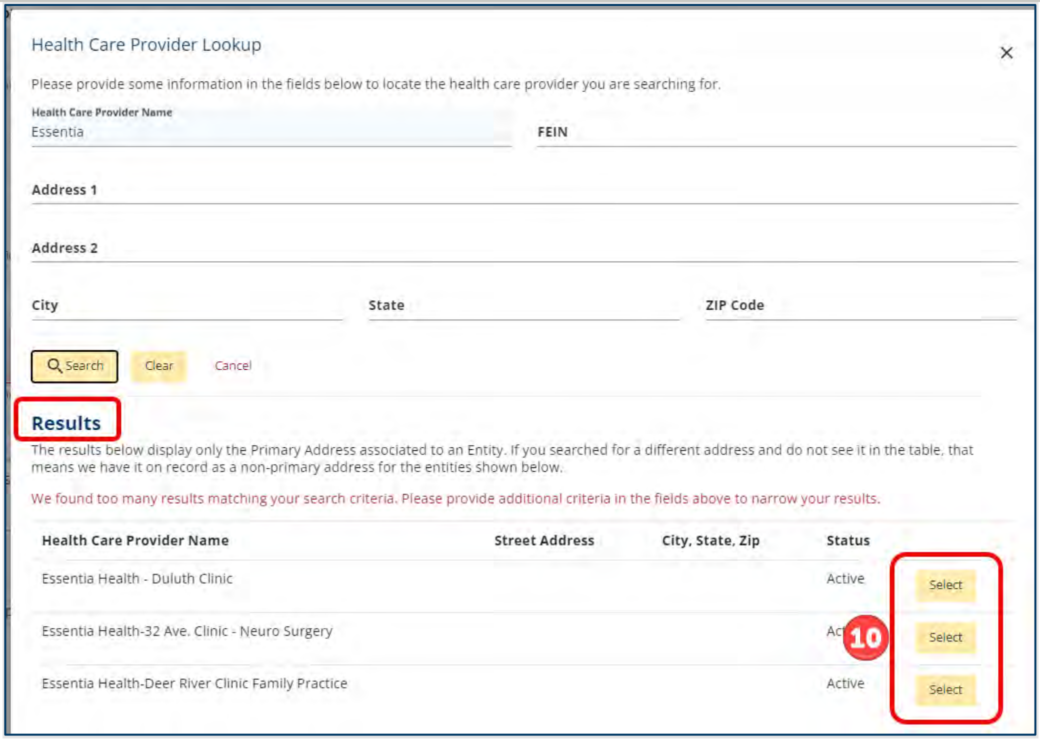
Rehabilitation or Medical Response

The **Rehab/Medical Response** webform can only be filed after an RFA has been filed and an administrative conference is scheduled but has not yet taken place. The form cannot be submitted by the user who initiated the dispute.

Instructions	Visual aids
1. On the main dashboard, click on the **My Disputes** tab. 2. Click on the **Dispute ID** that requires edits.	
3. On the dispute's page, click on the yellow **+ Submit Filing** button.	
4. In the **Submit a Filing** pop-up window, select **Rehab/Medical Response** from the drop-down menu and click the yellow **Save** button to continue. The options are: a) Motion to Intervene; b) Other Filing; and c) Rehab/Medical Response.	

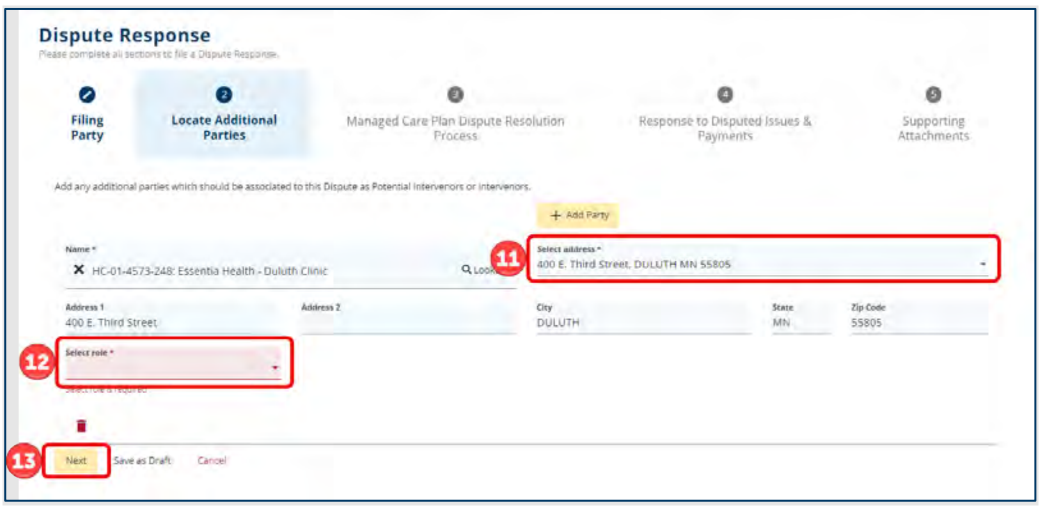
5. On the **Dispute Response** page, step 1 is **Filing Party**. Select the party being represented and click the yellow **Next** button to continue.	
6. Step 2 is **Locate Additional Parties**. This is where intervenors or potential intervenors are added as parties on the dispute. To add one or more parties, click the yellow **+ Add Party** button. 7. In the **Name** field, click the **Lookup** tool to select the type of entity that needs to be added. The options are: a) Employer; b) Insurer; c) TPA; and d) Health Care Provider. 8. In the **Lookup** window, a search can be done with any of the following information: a) entity name; b) federal employer identification number (FEIN); or c) address. 9. Click the yellow **Search** button.	  

10. In the **Results** under the **Lookup** fields, click the yellow **Select** button next to the correct entity name.



11. The pop-up window will close and you will return to Step 2, **Locate Additional Parties**. Under the **Select Address** drop-down menu, select the correct address for the entity.

Note: This will auto-populate the address information in the appropriate fields.

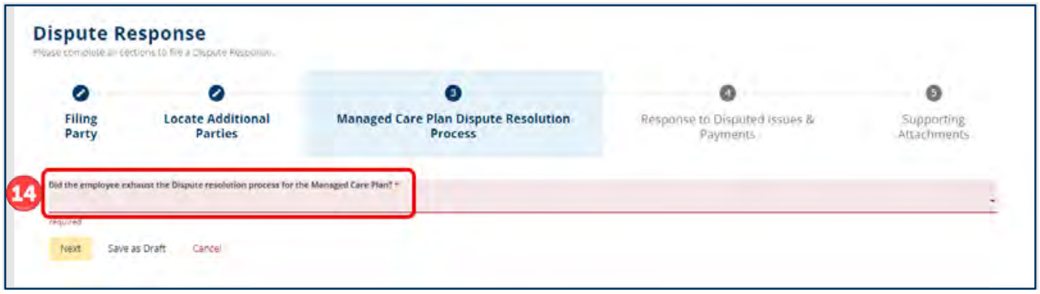


12. In the **Select Role** drop-down menu, select the role of the entity. The options are:
    a) Intervenor; and
    b) Potential Intervenor.

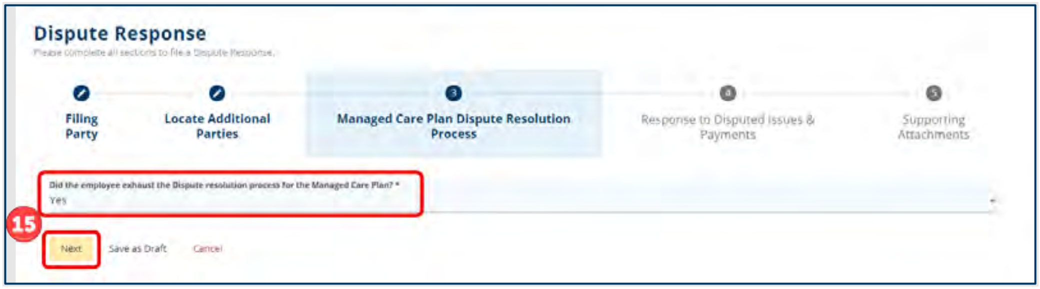
Note: If more than one party needs to be added, repeat steps 6 through 13.

13. When complete, click the yellow **Next** button.

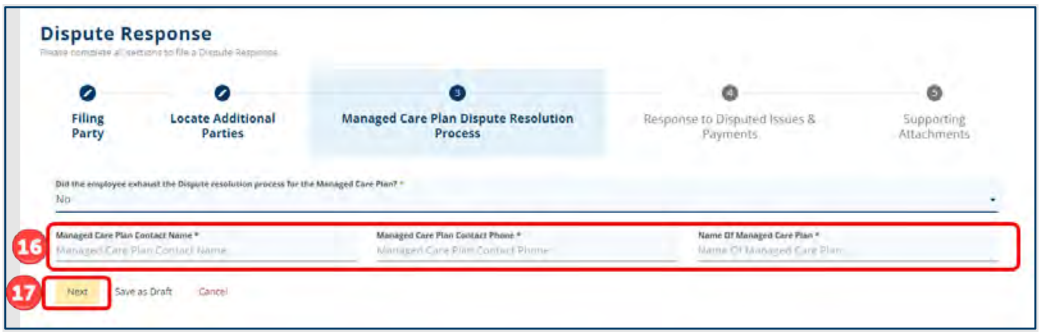
14. In the **Did the employee exhaust the Dispute resolution process for the Managed Care Plan** field, select the answer that fits best.
    a) If **Yes** – go to step 15.
    b) If **No** – move to step 16.



15. If **Yes**, click the yellow **Next** button.

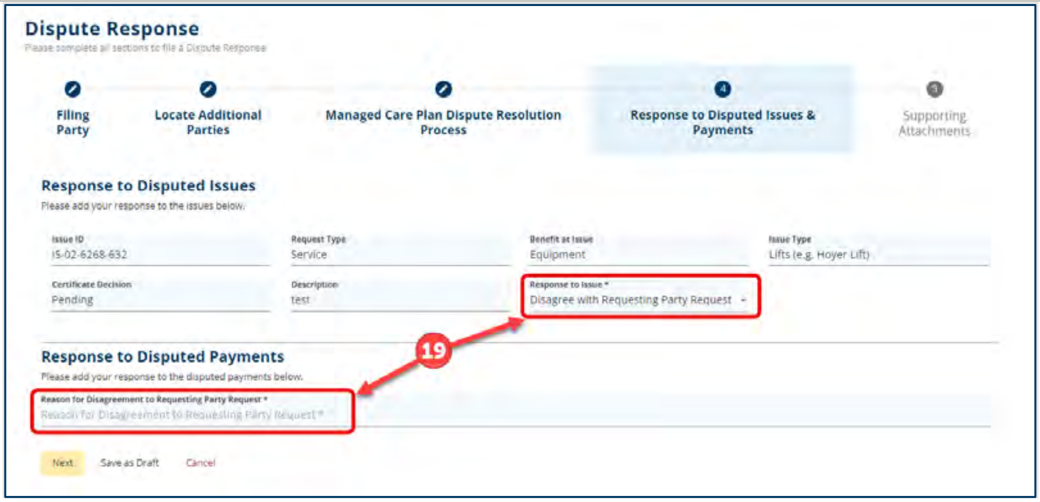


16. Enter the information in the following fields:
    a) Managed Care Plan Contact Date;
    b) Managed Care Plan Contact Phone; and
    c) Name of Managed Care Plan.
17. When complete, click the yellow **Next** button.



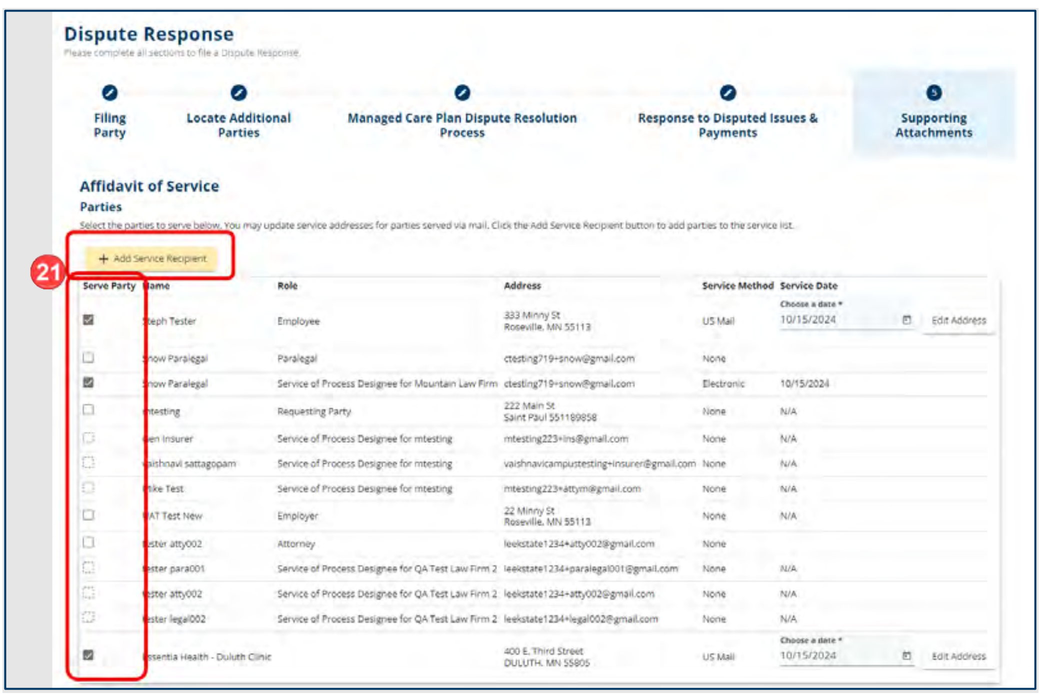
18. Step 3 is **Response to Disputed Issues and Payments**. In the **Response to Issue** field, select the appropriate response.
    a) If **Agree to Requesting Party Request** – go to step 20.
    b) If **Disagree with Requesting Party Request** – go to step 19.

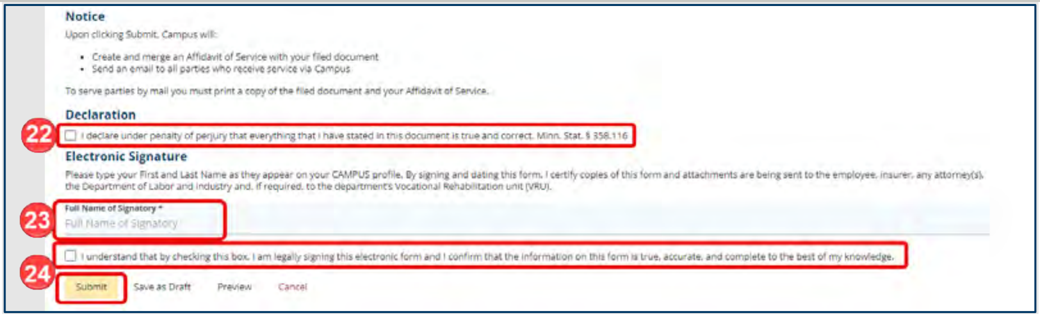
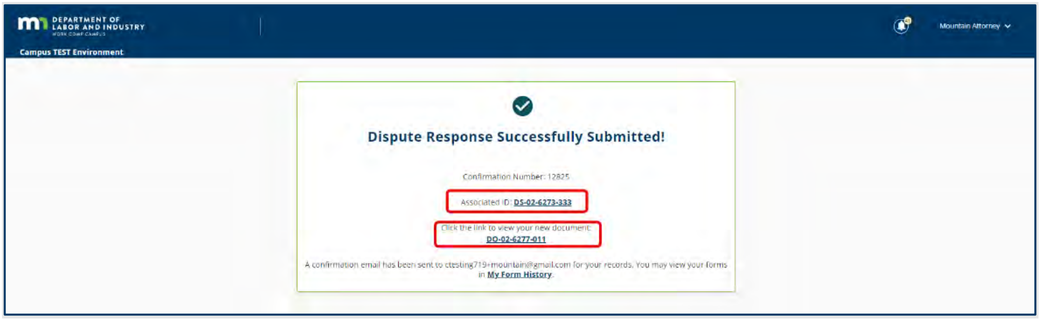
19. If the response to the issue is **Disagree with Requesting Party Request**, enter a detailed reason for the disagreement in the **Reason for Disagreement to Requesting Party Request** field.



20. When complete, click the yellow **Next** button.

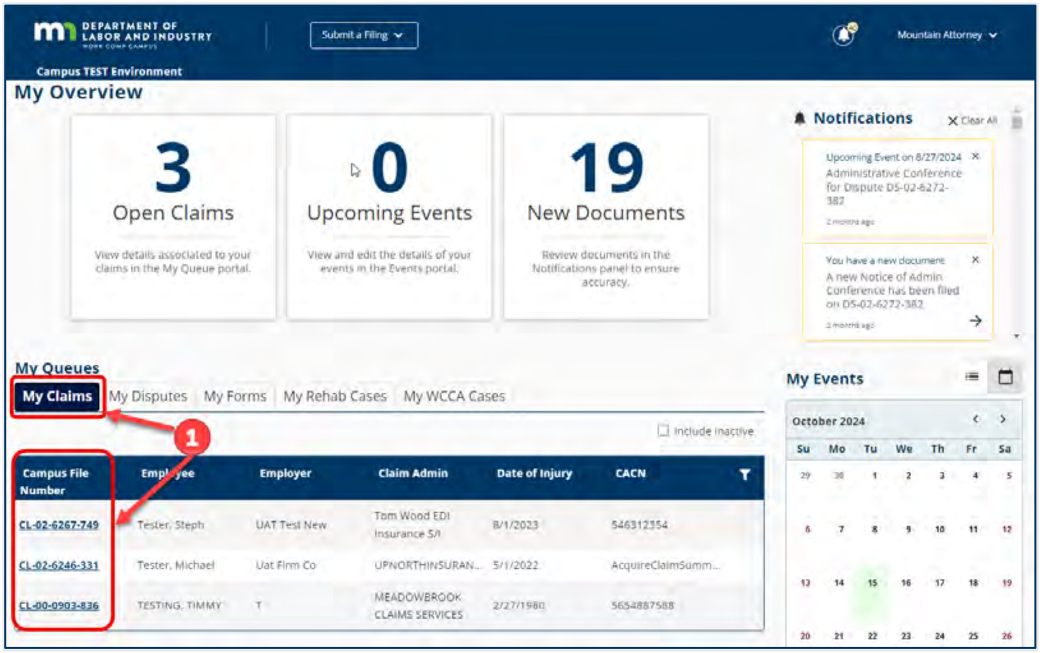
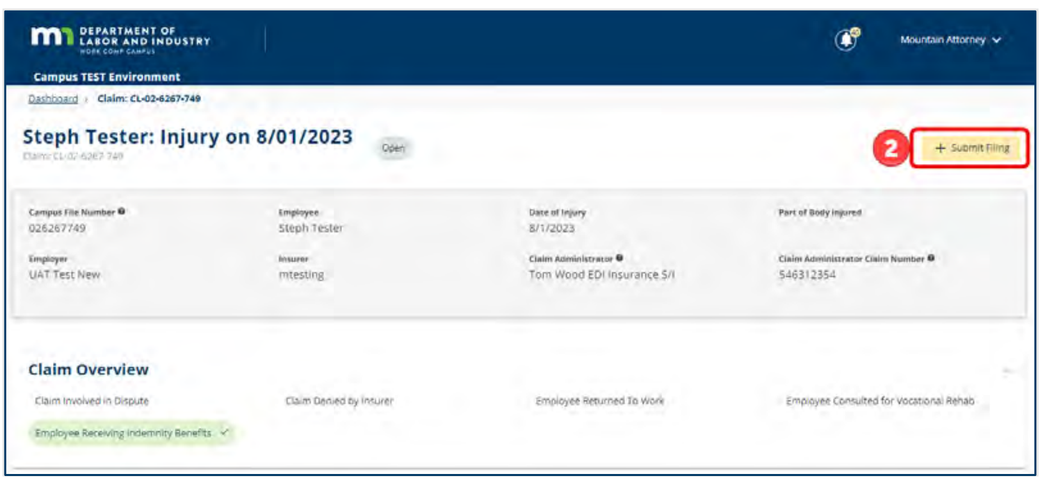
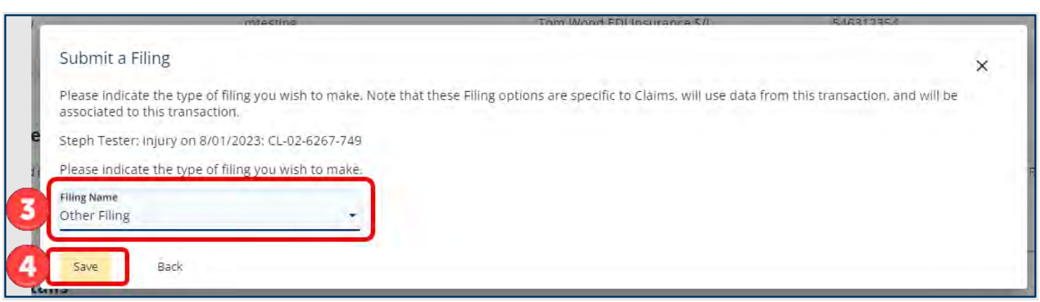
21. Step 5 is **Supporting Attachments**. Select the parties that will need to be added to the affidavit of service. If any parties are missing, click on the yellow **+ Add Service Recipient** button to add a missing party.



22. Click the **Declaration** box. 23. Provide an electronic signature. 24. Check the attestation box, then click the yellow **Submit** button.	
25. If the submission is **successful**, a confirmation page will display. This includes links to the dispute and the document number (DO) that was created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab.	

Other filing

The **Other Filing** option should be chosen when you want to upload a document to the dispute that does not fit any of the filing options or when additional documents need to be uploaded.

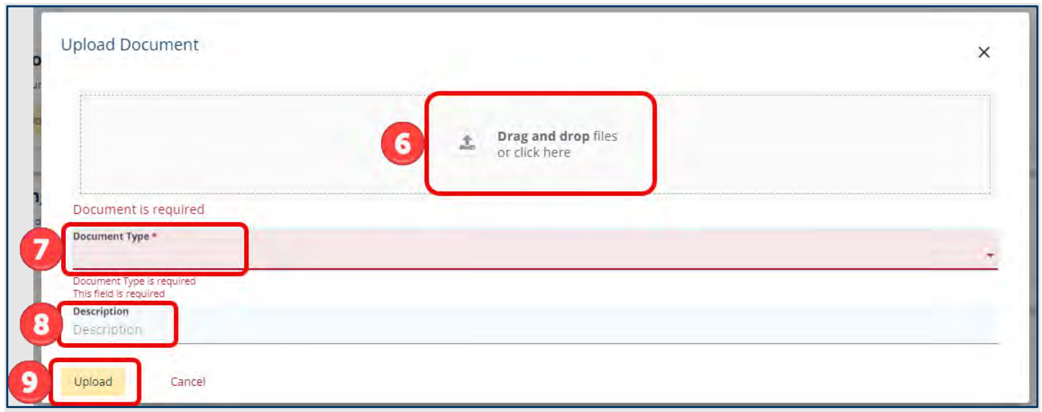
Instructions	Visual aids
1. From the main dashboard, under the **My Claims** tab, click on the needed file in the **Campus File Number** column.	
2. From the **Claim Details** page, click on the yellow **+ Submit Filing** button.	
3. In the **Submit a Filing** pop-up window, under the **Filing Name** drop-down menu, select **Other Filing**. 4. Click the yellow **Save** button.	

5. On the **Submit Other Filing** page, under the **Upload Your Filing** section, click on the yellow **+ Upload Document** button.

6. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.
7. Select the **Document Type** from the drop-down menu; select the option that best fits.

Note: If there is not an option that fits, select any option, then go to step 8.

8. Enter a brief **Description**.
9. Click **Upload** to continue.

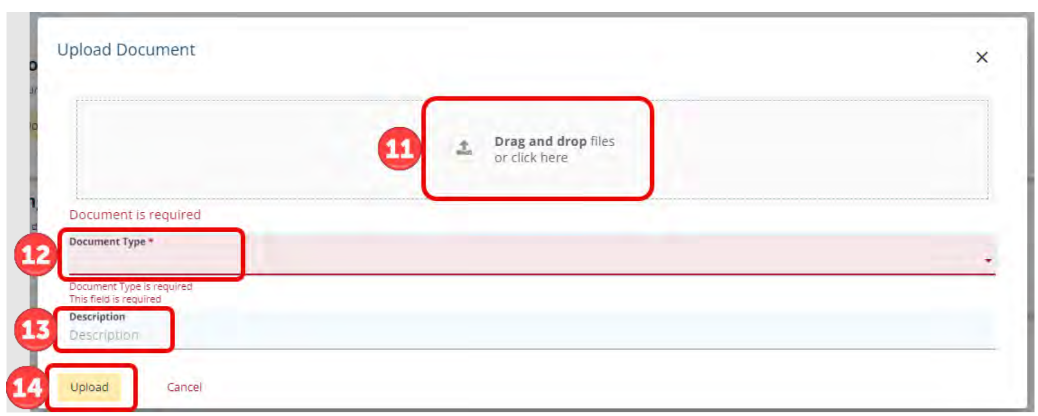


10. Under the **Supporting Attachments** section, click on the yellow **+ Upload Document** button.

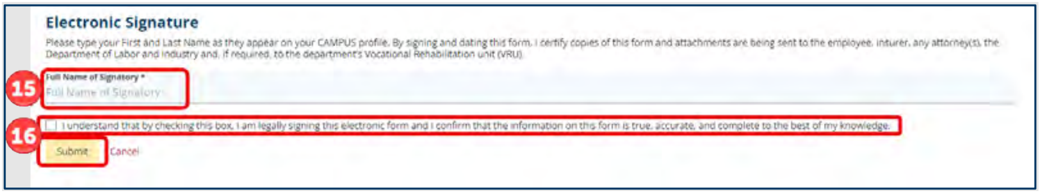
11. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.
12. Select the **Document Type** from the drop-down menu; select the option that best fits.

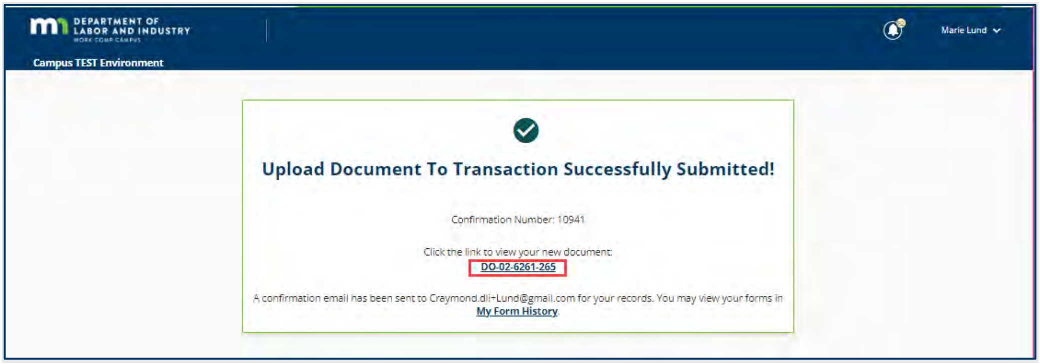
Note: If there is not an option that fits, select any option, then go to step 8.

13. Enter a brief **Description**.
14. Click **Upload** to continue.



<table>
<tr>
<td>15. After all the documents are uploaded, fill in the Full Name of Signatory field.

16. Check the attestation box and click the yellow Submit button.</td>
<td>
</td>
</tr>
<tr>
<td>17. If the submission is successful, a confirmation page will display.

This includes a link to the document number (DO) created within Campus. This will also be visible on the user’s Campus dashboard.</td>
<td>
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</table>

Qualified Rehabilitation Consultant filing functions

Rehabilitation firm and provider functions

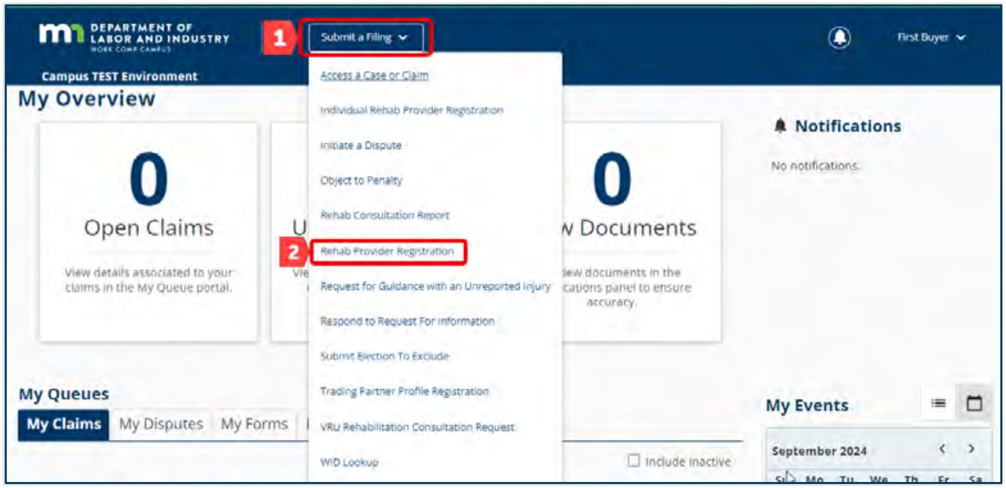
Rehabilitation provider registration

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. Click **Submit a Filing** in the header of the dashboard.

2. Select **Rehab Provider Registration**.

</td><td>

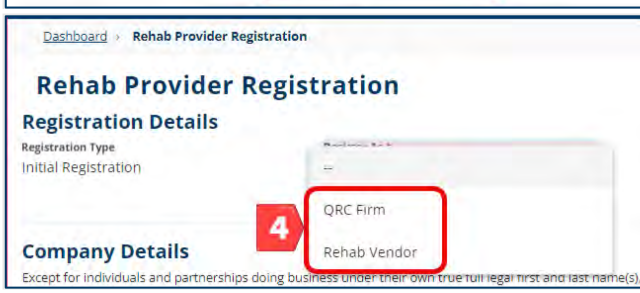


</td></tr>
<tr><td>

3. On the next screen, click on the **Register As** drop-down menu.

4. Select the appropriate rehabilitation provider group type to register.
   The options are:
   a) QRC Firm; and
   b) Rehab Vendor.

</td><td>



<u>Note</u>: This form can be used for both the qualified rehabilitation consultant (QRC) firms and rehabilitation vendors.

</td></tr>
<tr><td>

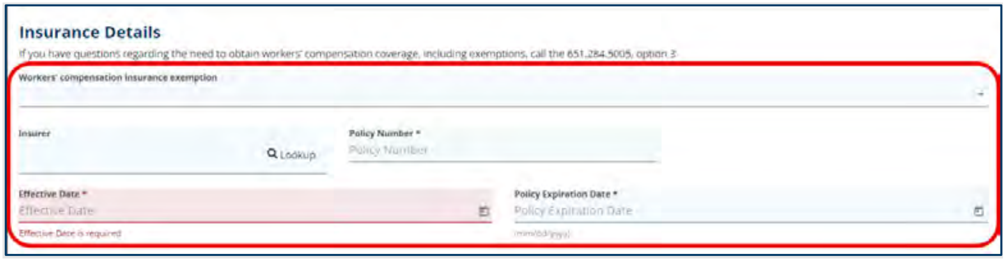
5. Fill in the **Company Details** section for your rehabilitation provider.

</td><td>

<u>Note</u>: If an existing rehabilitation provider is found with the same FEIN or Minnesota tax ID number, you will not be able to submit the form.

</td></tr>
</table>

6. Fill in the **Insurance Details** section for your rehabilitation provider.

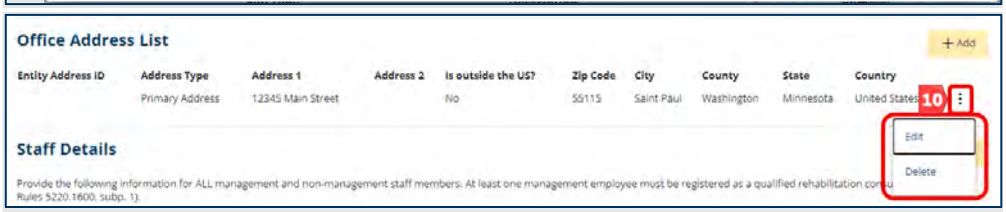


7. Under the **Office Address List** section, add the address by clicking on the yellow **+ Add** button.

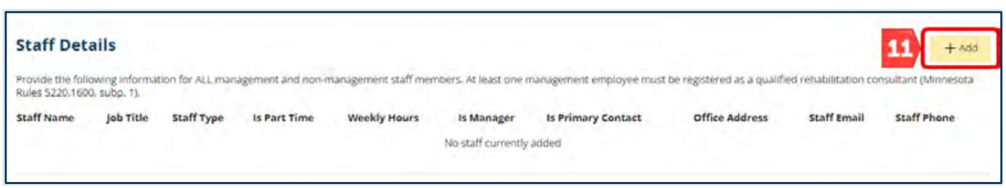
8. In the **Office Address** pop-up window, enter the address information.

9. Click the yellow **Save** button to add the information to the form.

10. The pop-up window will close and the address will appear in the form. If you need to edit the address, click on the kebab menu (three vertical dots) in the upper right to **Edit** or **Delete**.

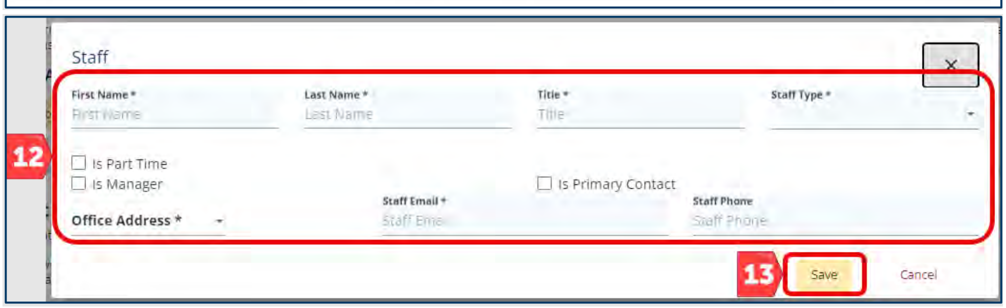


11. Under the **Staff Details** section, add staff members by clicking on the yellow **+ Add** button.



12. In the **Staff** pop-up window, enter at least one primary contact, one manager and one qualified rehabilitation consultant (QRC).

13. Click the yellow **Save** button to add the staff to the form.



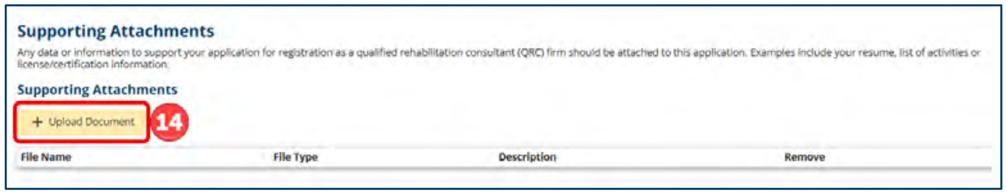
14. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
    a) a resume;
    b) a list of activities; or
    c) license or certification information.

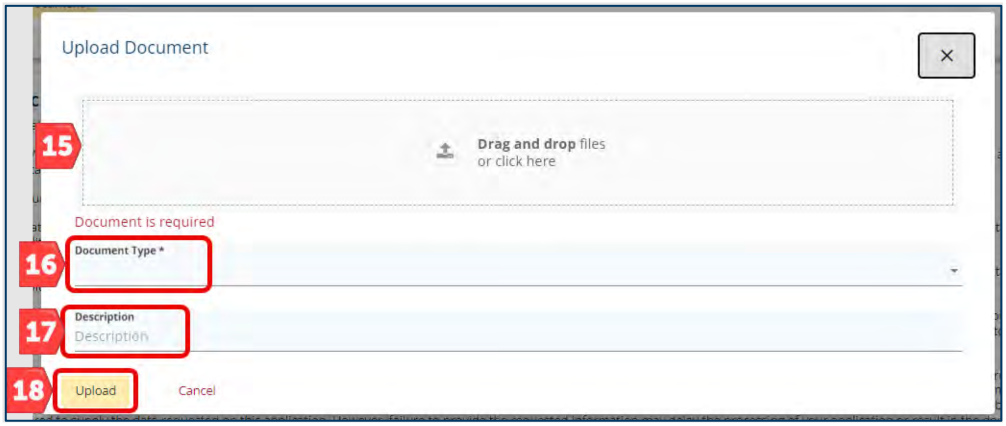
15. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

16. Under the **Document Type** drop-down menu, select the appropriate option.

17. Enter a detailed description of the document or any information you need to share with DLI.

18. Click the yellow **Upload** document to add the information to the form.

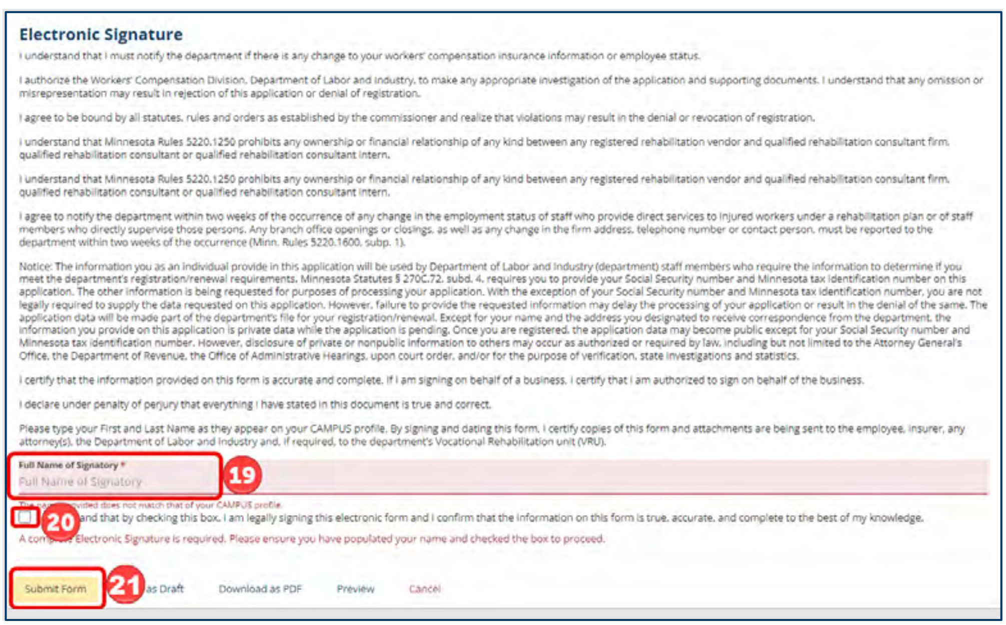




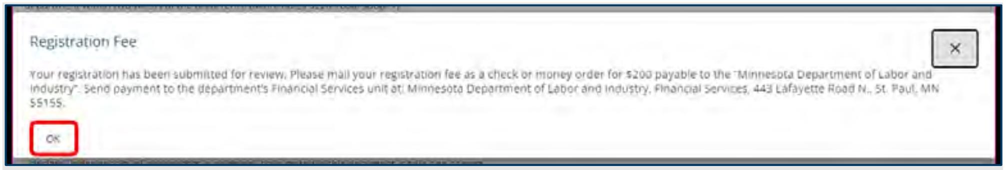
19. Type your full name in the **Full Name of Signatory** field (this must match your Campus user profile name) to sign electronically.

20. Click the checkbox attesting to the legal signature and confirming the accuracy of the document.

21. Click the **Submit Form** button to save and continue.



22. After the form is submitted, mail your registration fee payment to the address provided.

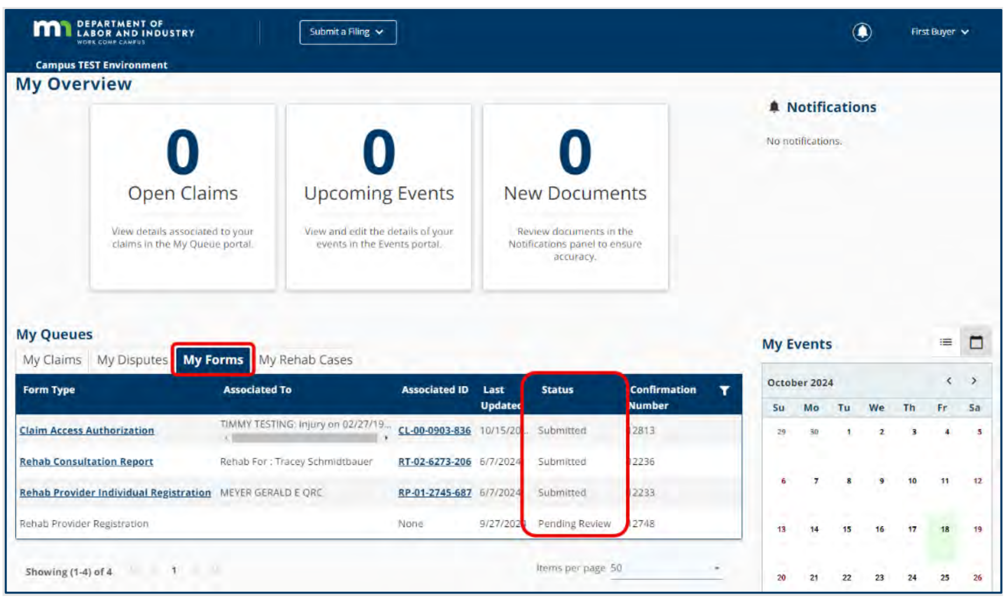


Send registration fees as a check or money order for $200 payable to "Minnesota Department of Labor and Industry" at:

Minnesota Department of Labor and Industry
Financial Services
443 Lafayette Road N.
St. Paul, MN 55155

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.

24. To view the status of the submission, go to the **My Forms** tab on the dashboard. After a form has been approved, its status will change from **Pending Review** to **Submitted**.



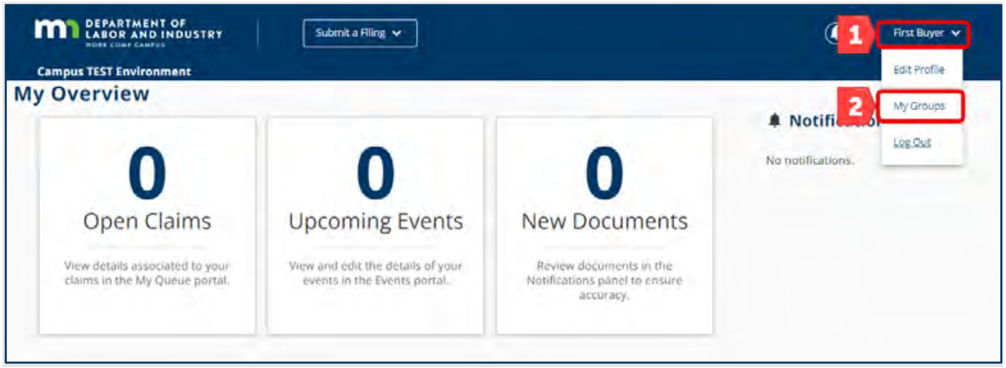
Rehabilitation provider registration renewal

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the dashboard, click on the user’s name in the top right.

2. From the drop-down menu, select the **My Groups** option.

</td><td>



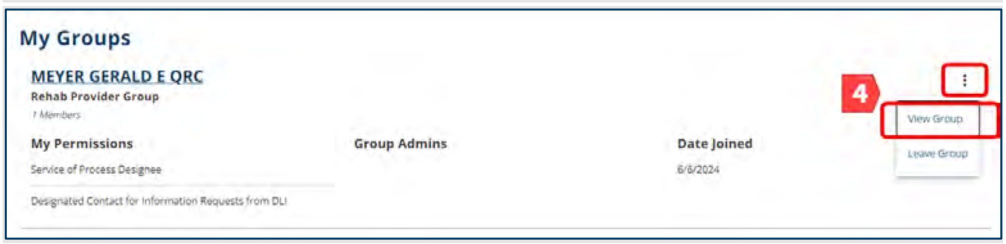
</td></tr>
<tr><td>

There are two ways to access the rehabilitation provider group.

3. From the **My Groups** page, click on the name of the rehabilitation provider group.

4. From the **My Groups** page, click on the kebab menu (three vertical dots) in the upper right and select **View Group.**

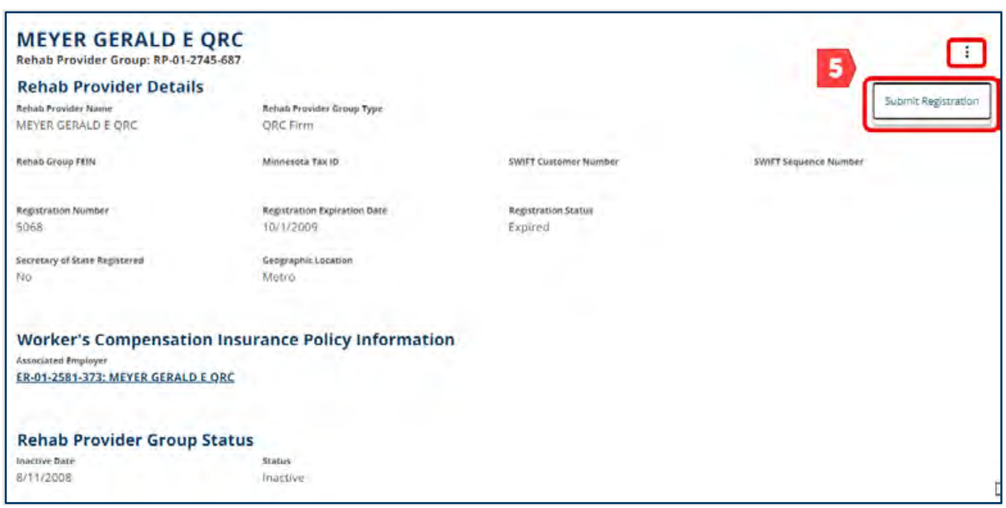
</td><td>



</td></tr>
<tr><td>

5. From the **Rehabilitation Provider Group** page, click on the kebab menu (three vertical dots) in the upper right and select **Submit Registration**.

</td><td>



</td></tr>
</table>

6. On the **Rehab Provider Registration** page, under the **Registration Details**, the **Registration Type** will automatically populate as a renewal.

Note: Some fields will populate based on the rehabilitation provider's profile and that information is not editable.

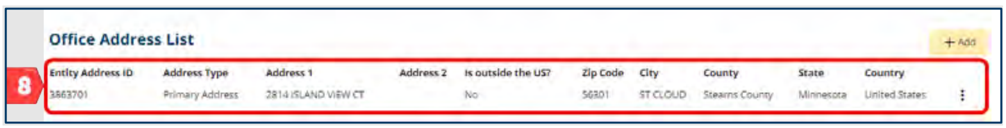
7. Under the **Company Details** section, verify and ensure all the fields with an * have information entered.

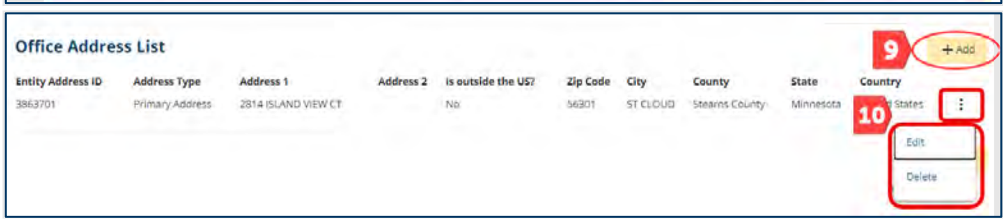
If any populated information is not accurate, it can be changed by going into the **Amend My Profile** functions.

8. Under the **Office Address List** section, verify the information.

9. If any additional office locations need to be added, do so by clicking on the yellow **+ Add** button.

10. If any office information needs to be edited or deleted, click on the kebab menu (three vertical dots) in the upper right and select **Edit** or **Delete**.

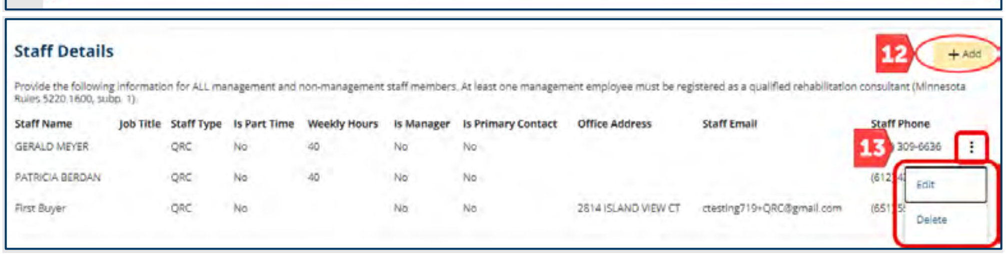




11. Under the **Staff Details** section, verify the information.

12. If any staff members need to be added click on the yellow **+ Add** button.

13. If any staff member information needs to be edited or deleted, click on the kebab menu (three vertical dots) in the upper right and select **Edit** or **Delete**.



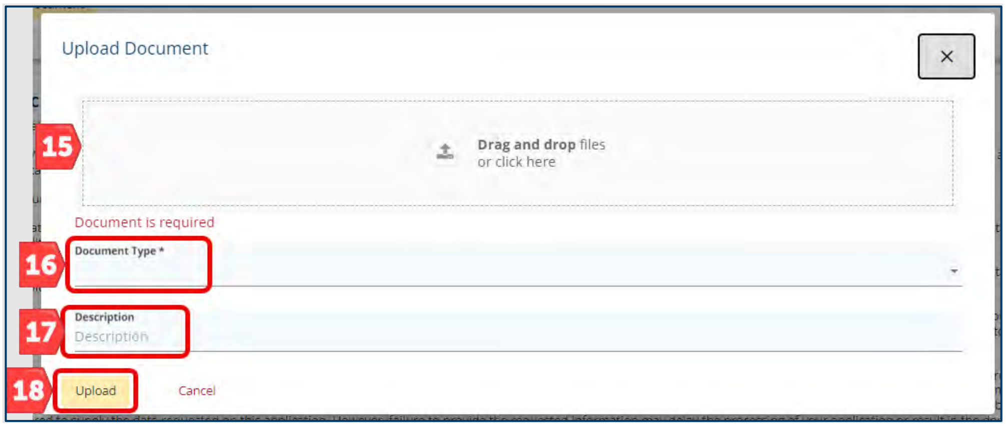
14. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
    a) a resume;
    b) a list of activities; or
    c) license or certification information.

15. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

16. Under the **Document Type** drop-down menu, select the appropriate option.

17. Enter a detailed description of the document or any information you need to share with DLI.

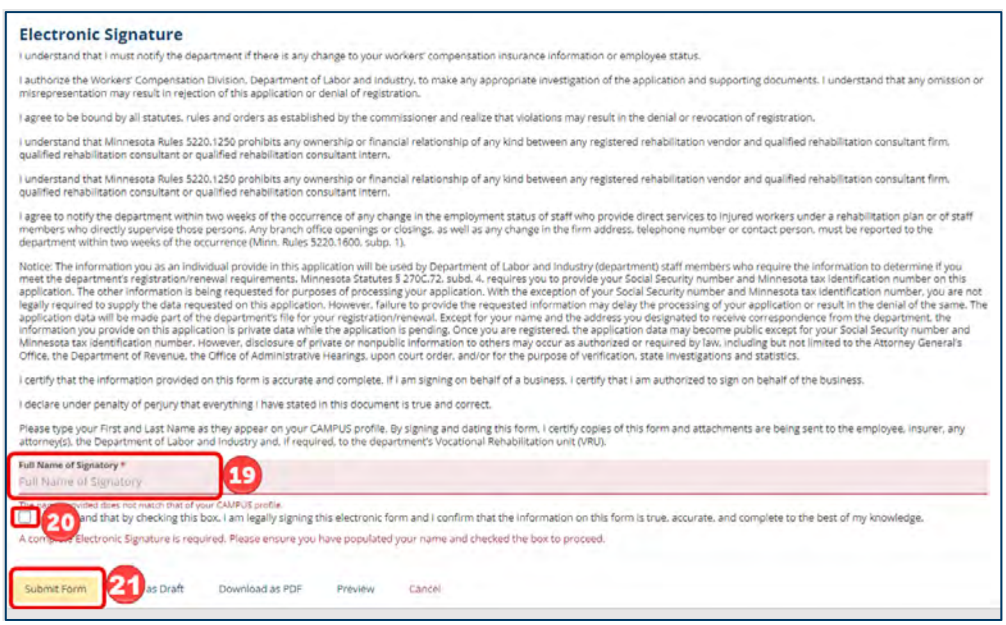
18. Click the yellow **Upload** document to add the information to the form.



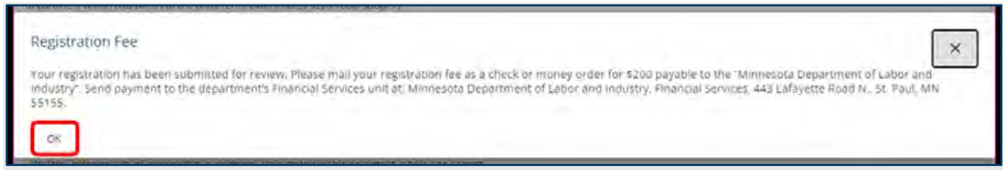
19. Type your full name in the **Full Name of Signatory** field (this must match your Campus user profile name) to sign electronically.

20. Click the checkbox attesting to the legal signature and confirming the accuracy of the document.

21. Click the **Submit Form** button to save and continue.



22. After the form is submitted, mail your registration fee payment to the address provided.



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St. Paul, MN 55155

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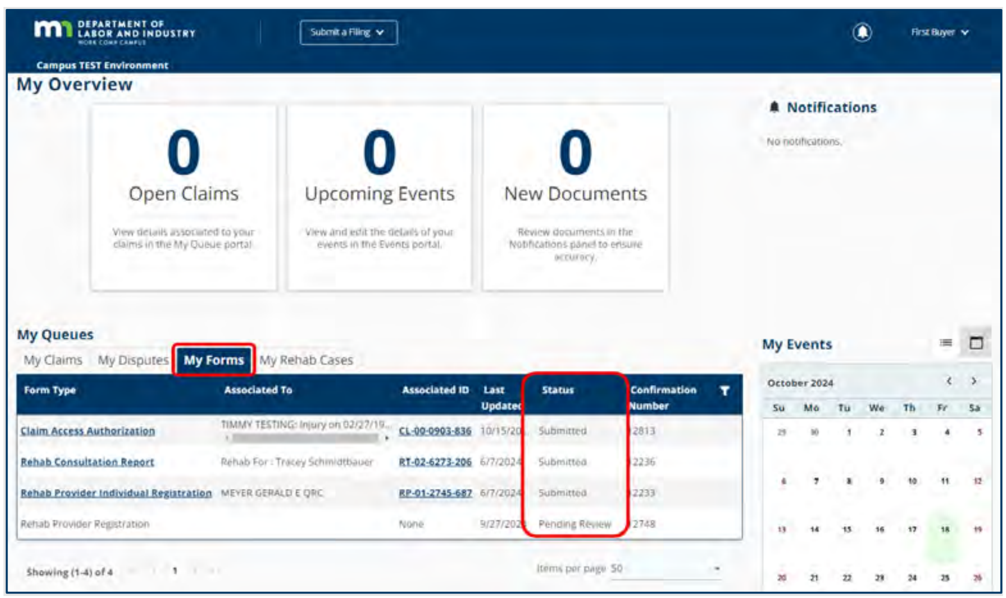
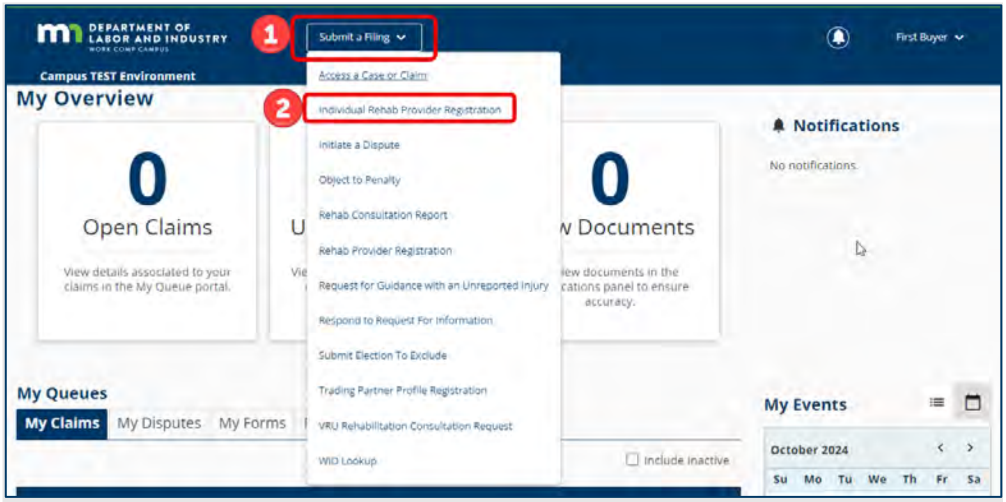
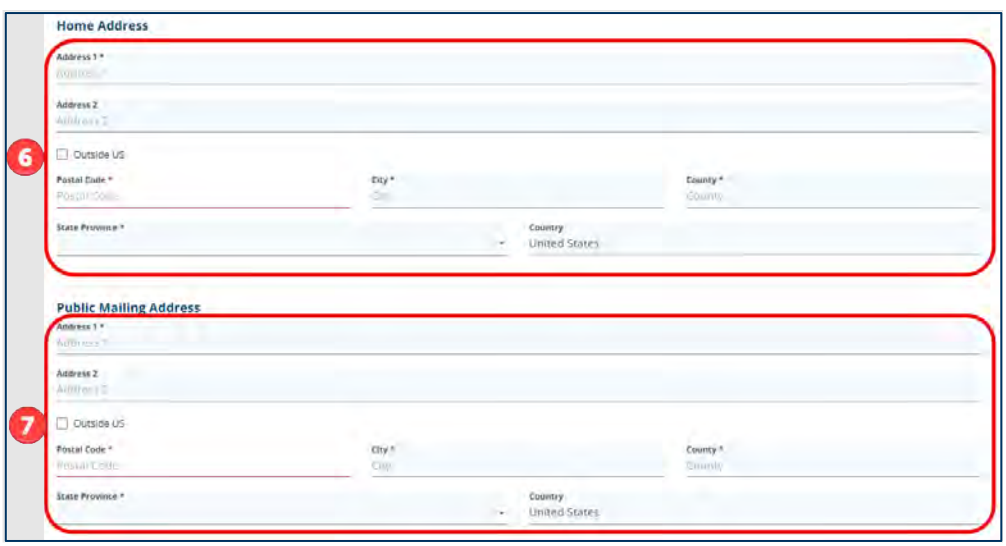


Individual rehabilitation provider functions

QRC and QRC intern initial registration

Instructions	Visual aids
1. From the dashboard, click on **Submit a Filing**. 2. In the drop-down menu, select **Individual Rehab Provider Registration**.	
3. On the **Rehab Provider Individual Registration** page, in the **Register As** field, select the **QRC** or **QRC Intern** option. 4. In the **Register Type** field, select the **Initial** option. 5. Under the **Applicant Details** section, ensure all fields with an * have information entered.	
6. Under the **Home Address** section, verify personal information and ensure all fields with an * have information entered. 7. Under the **Public Mailing Address** section, enter the QRC firm's business address.	

8. Verify the pre-filled information and ensure all fields with an * have information entered.

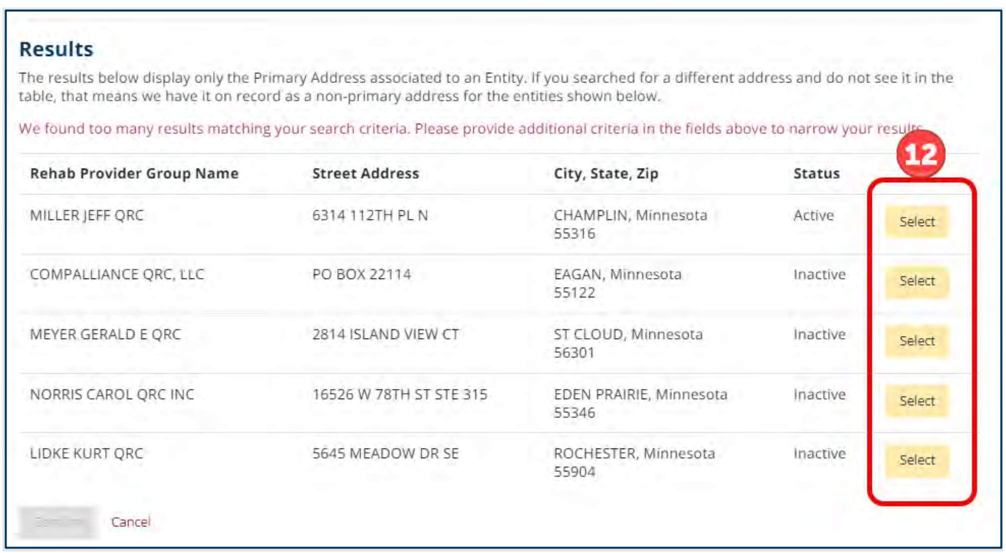
9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, use the **Lookup** tool to locate the firm.

10. In the **Rehab Provider Group Lookup**, the fields that can be searched are:
    a) **Rehab Provider Group Name**;
    b) **FEIN**; or
    c) **Address.**

11. After the information is entered click the **Search** button.

12. The results will display under the **Search** button. Locate the appropriate **Rehab Provider Group Name** and select it by clicking on the **Select** button.

    This will close the search window and bring you back to the registration form.



13. The selected firm information will populate. Prior to moving forward, ensure all fields with an* have information entered.

14. Under the **Certifications** section, check all the boxes that apply.

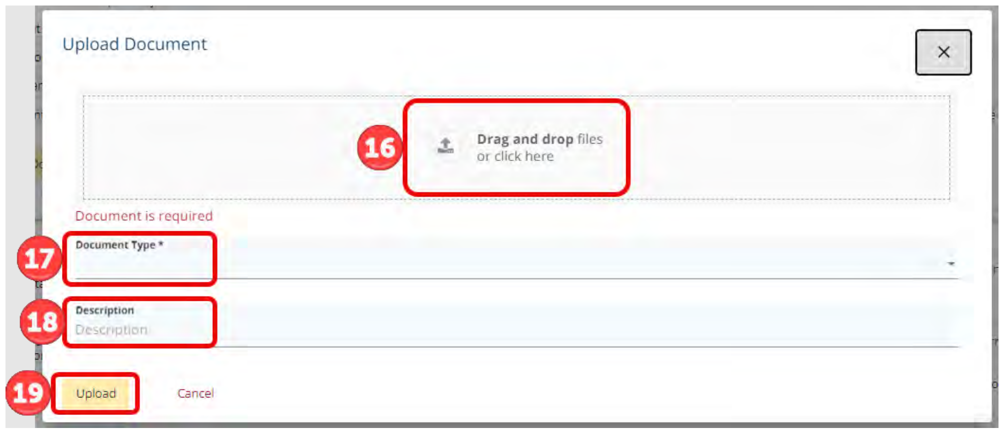
15. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
    a) a resume;
    b) a list of activities; or
    c) licensor certification information.

16. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

17. Select the **Document Type** from the drop-down menu.

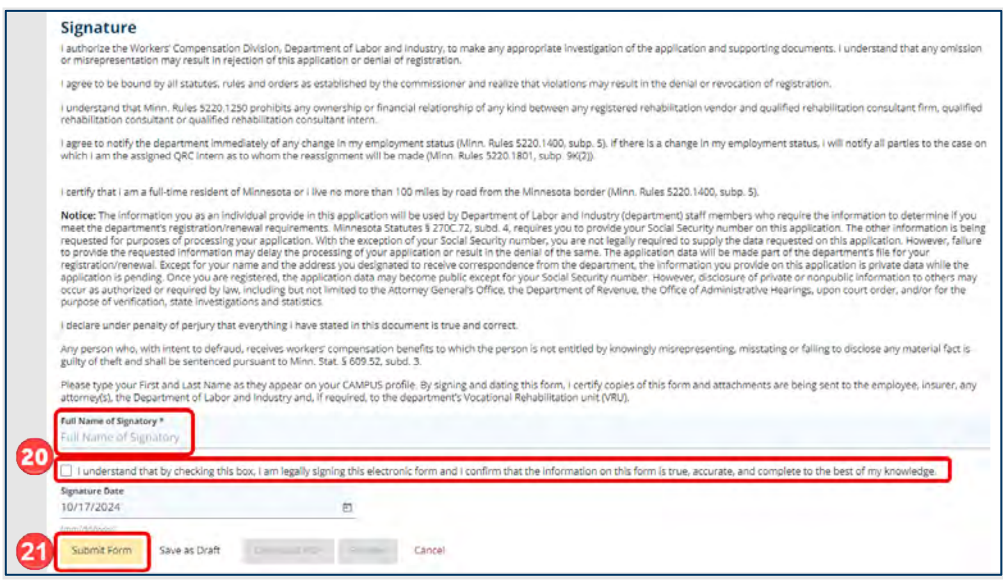
18. Enter a brief **Description**.

19. Click **Upload** to continue.

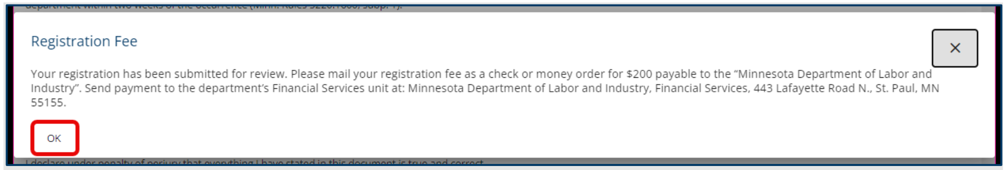


20. Type the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Click the checkbox attesting to the legal signature and confirming the accuracy of the document.

21. Click the yellow **Submit** button.



22. After the form is submitted, mail your registration fee payment to the address provided.



Send registration fees as a check or money order for $200 payable to "Minnesota Department of Labor and Industry" at:

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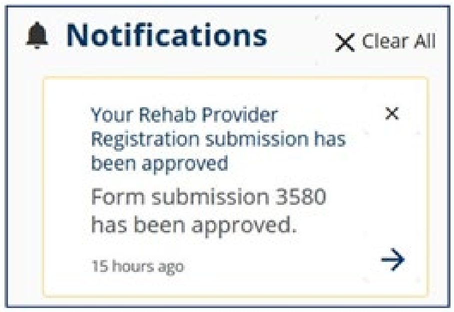
St. Paul, MN 55155

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications.**



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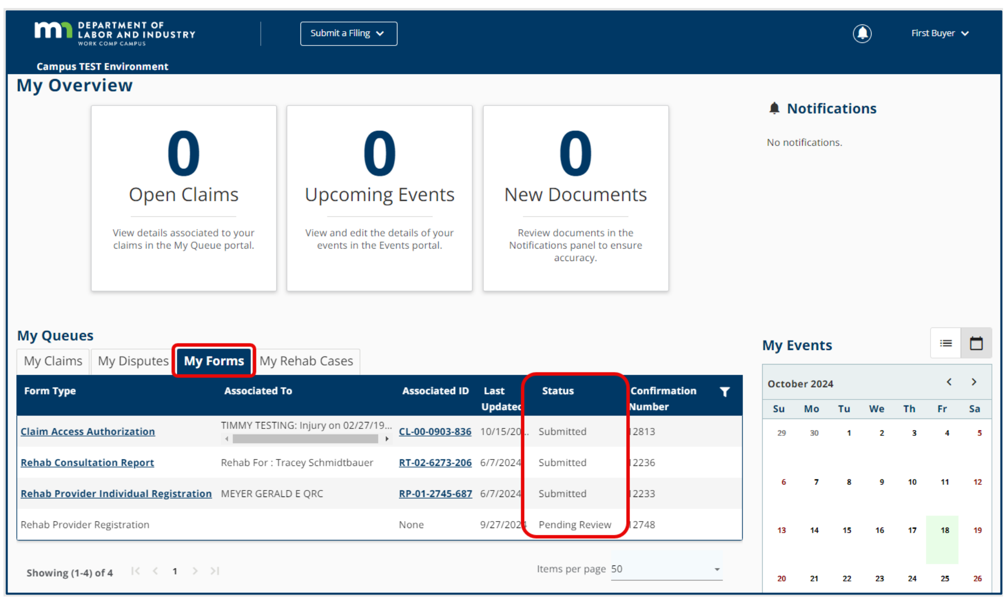
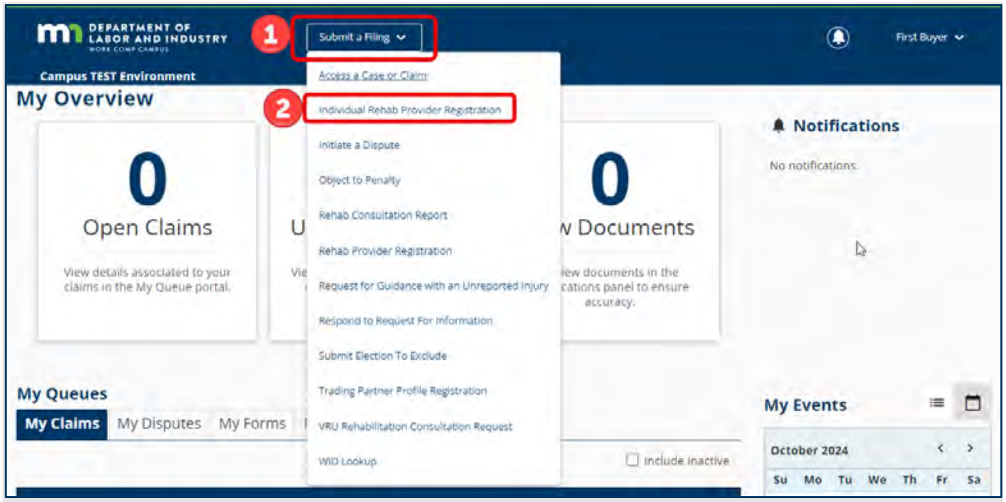
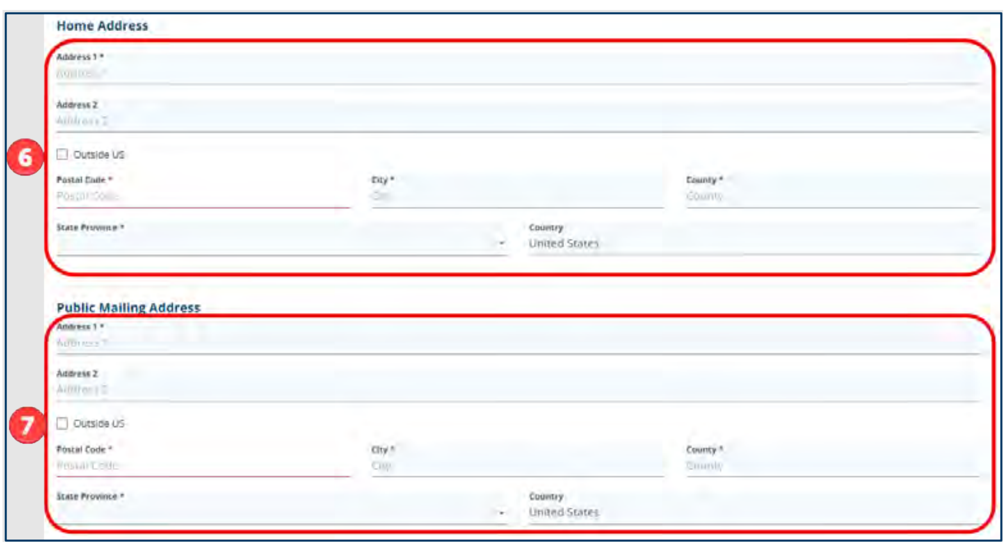
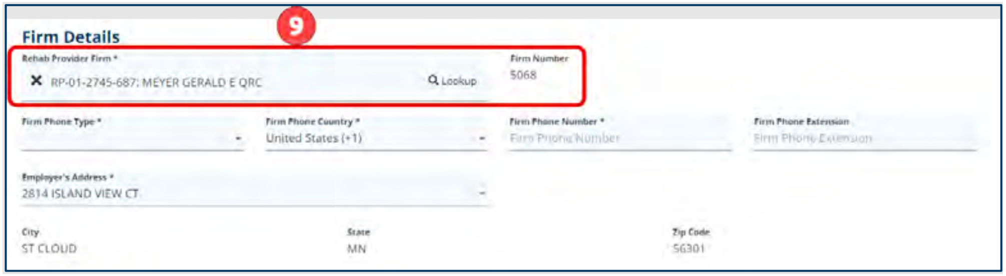


QRC and QRC intern registration renewal

Instructions	Visual aids
1. From the dashboard, click on **Submit a Filing**. 2. In the drop-down menu, select **Individual Rehab Provider Registration**.	
3. On the **Rehab Provider Individual Registration** page, in the **Register As** field, select the **QRC** or **QRC Intern** option. 4. In the **Register Type** field, select the **Renewal** option. 5. Under the **Applicant Details**, ensure all fields with an * have information entered.	
6. Under the **Applicant Details** section, verify personal information and ensure all fields with an * have information entered. 7. Under the **Public Mailing Address** section, enter the QRC firm's business address.	

8. Verify the pre-filled information and ensure all fields with an * have information entered.

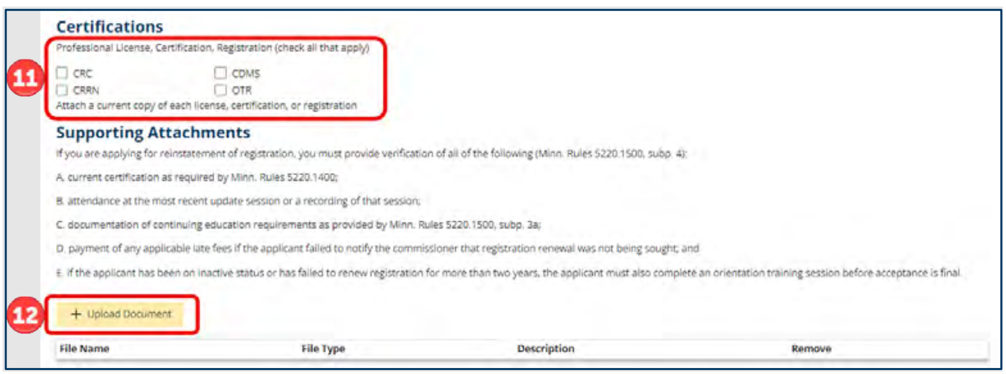
9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, the current firm information will populate.



10. Prior to moving forward, verify and ensure all fields with an * have information entered.

11. Under the **Certifications** section, check all the boxes that apply.

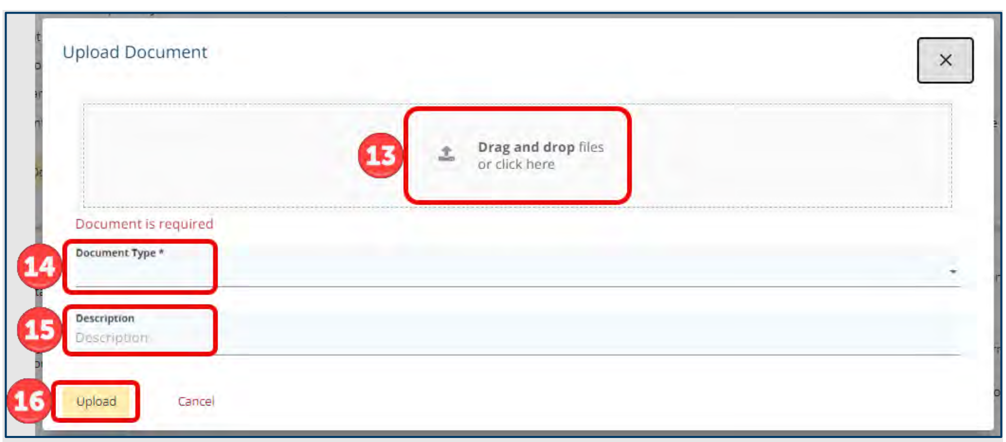
12. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
    a) a resume;
    b) a list of activities; or
    c) licensor certification information.



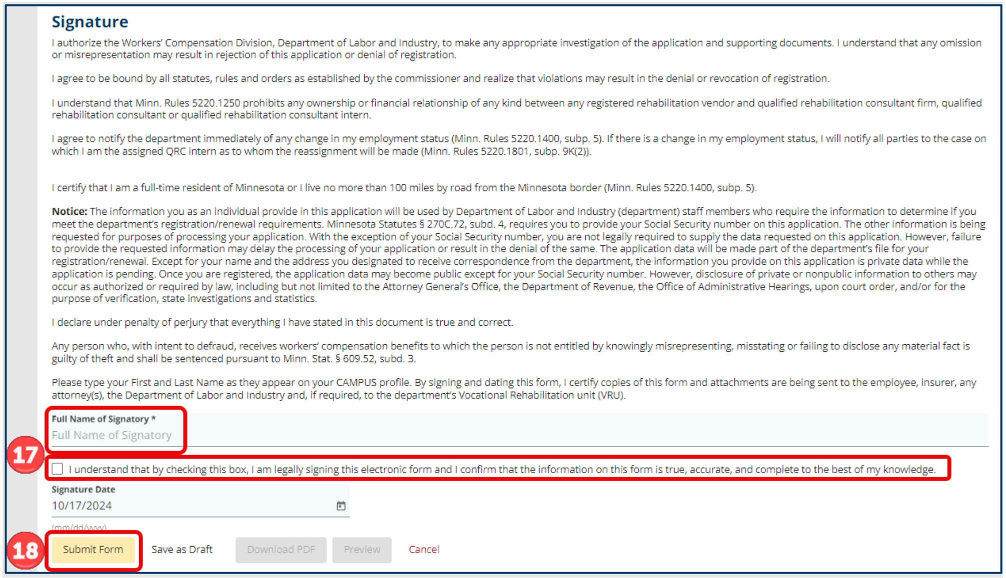
13. In the **Upload** Document pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

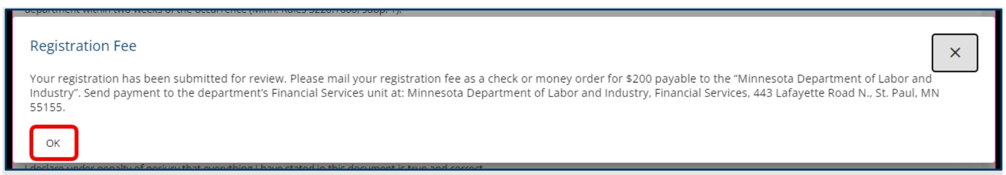
14. Select the **Document Type** from the drop-down menu.

15. Enter a brief **Description**.



<table>
<tr>
<td>16. Click Upload to continue.</td>
<td></td>
</tr>
<tr>
<td>17. Type the QRC’s full name in the Full Name of Signatory field (this must match the Campus user profile name) to sign electronically. Click the checkbox to attest the legal signature and confirm the accuracy of the document.

18. Click the yellow Submit button.</td>
<td>


</td>
</tr>
<tr>
<td>19. After the form is submitted, mail your registration fee payment to the address provided.</td>
<td>


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</td>
</tr>
</table>

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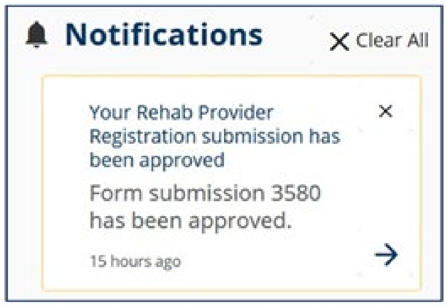
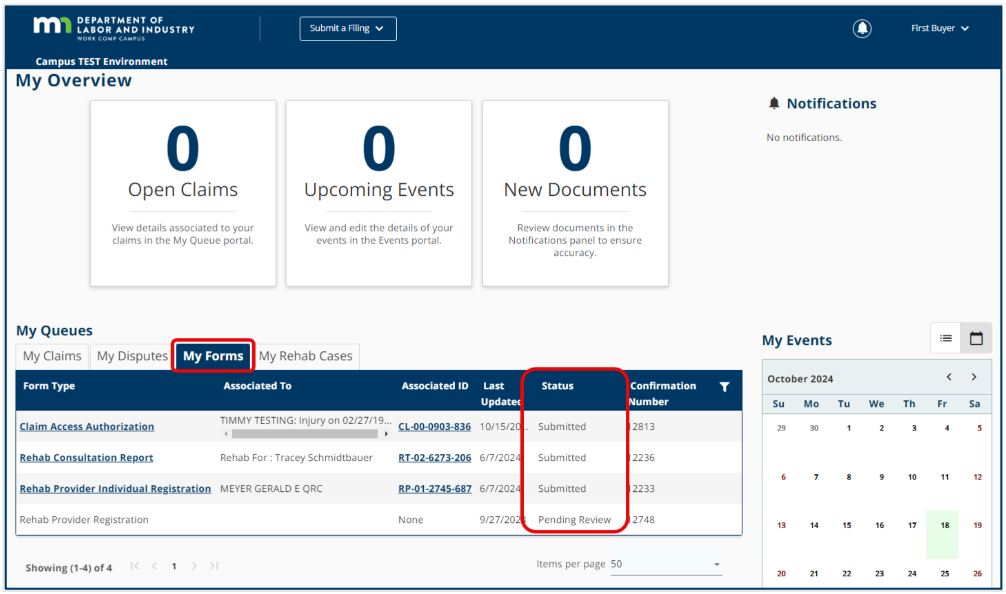




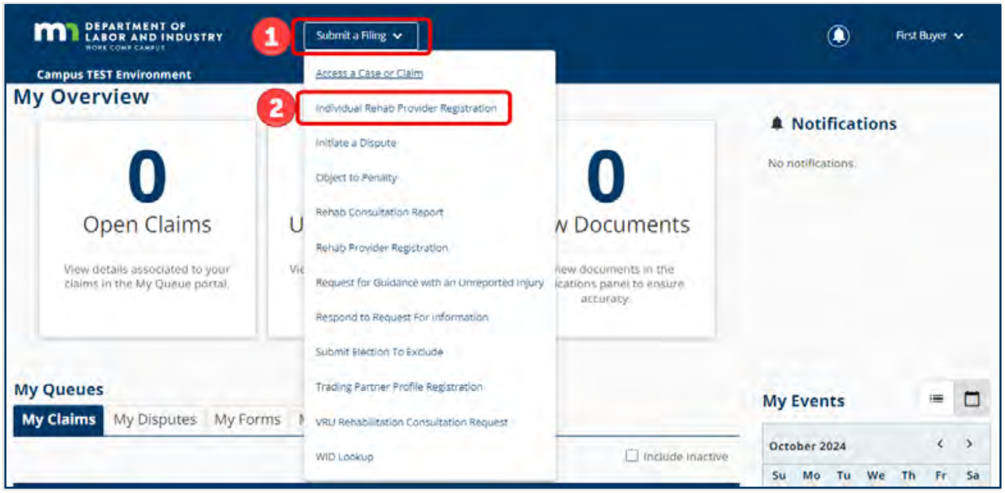
QRC and QRC intern change of employment (This process has been updated as of Feb. 26, 2025. See Amendment A for current instructions.)

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the dashboard, click on **Submit a Filing**.

2. In the drop-down menu, select **Individual Rehab Provider Registration**.

</td><td>



</td></tr>
<tr><td>

3. On the **Rehab Provider Individual Registration** page, in the **Register As** field, select the **QRC** or **QRC Intern** option.

4. In the **Register Type** field, select the **Change of Employment** option.

5. Under the **Applicant Details**, ensure all fields with an * have information entered.

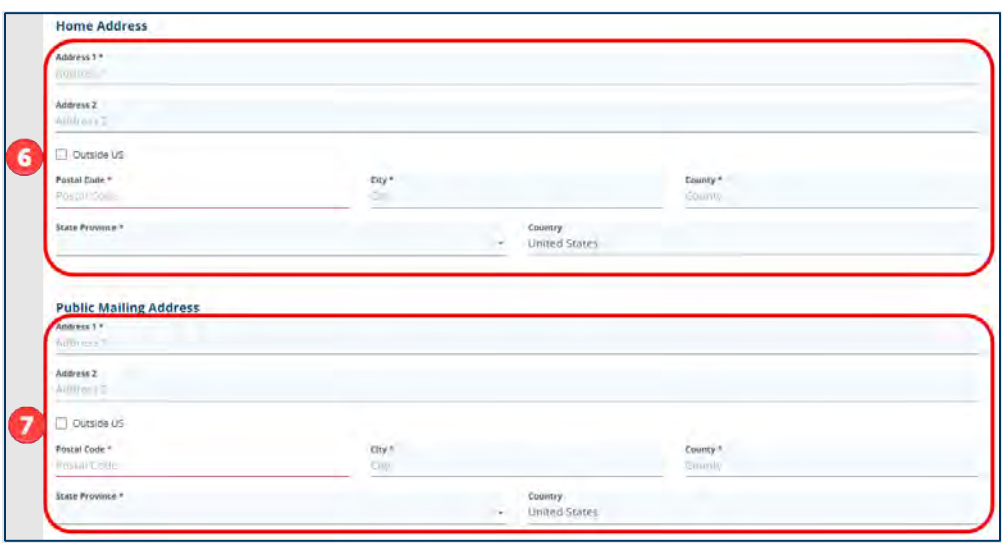
</td><td>

</td></tr>
<tr><td>

6. Under the **Home Address** section, verify personal information and ensure all fields with an * have information entered.

7. Under the **Public Mailing Address** section, enter the QRC firm's business address.

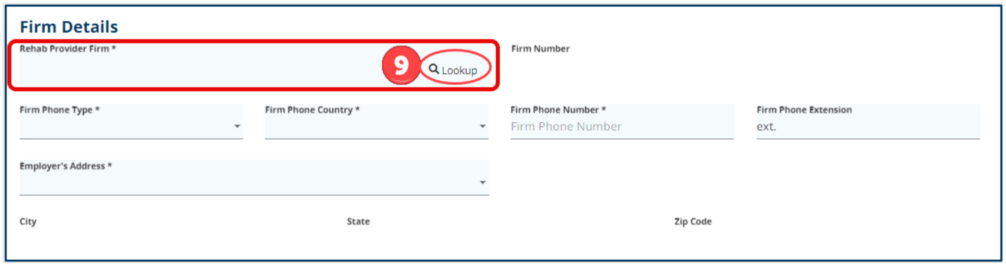
</td><td>



</td></tr>
</table>

8. Verify the pre-filled information and ensure all fields with an * have information entered.

9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, use the **Lookup** tool to locate the new firm.

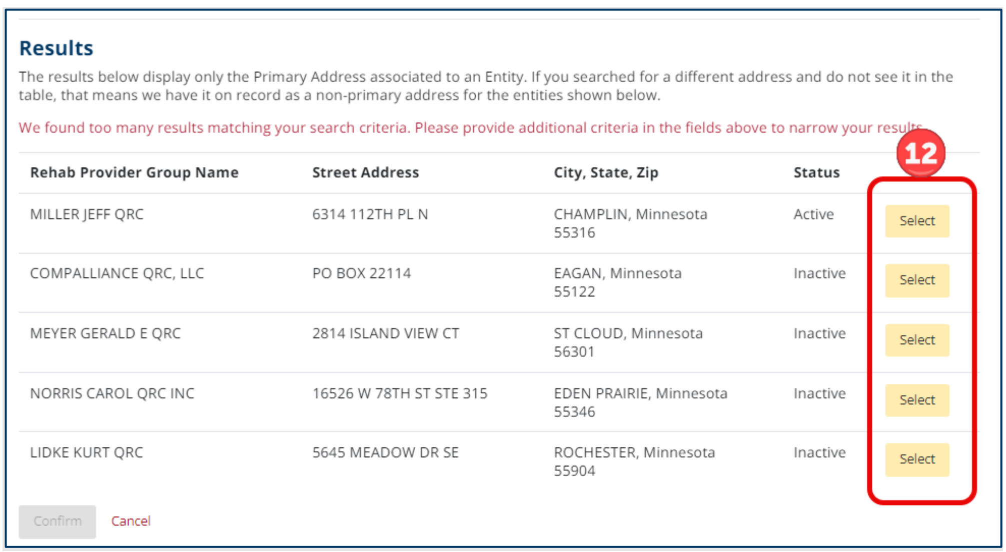


10. In the **Rehab Provider Group Lookup**, the fields that can be searched are:
    a) **Rehab Provider Group Name**;
    b) **FEIN**; and
    c) **Address**.

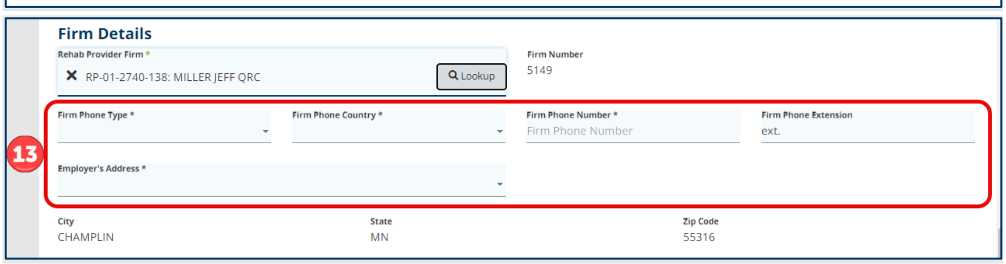
11. After the information is entered, click the **Search** button.

12. The results will display under the **Search** button. Locate the appropriate **Rehab Provider Group** name and select it by clicking on the **Select** button.

    This will close the search window and bring you back to the registration form.



13. The selected firm information will populate. Prior to moving forward, ensure all fields with an * have information entered.



14. Under the **Certifications** section, check all the boxes that apply.

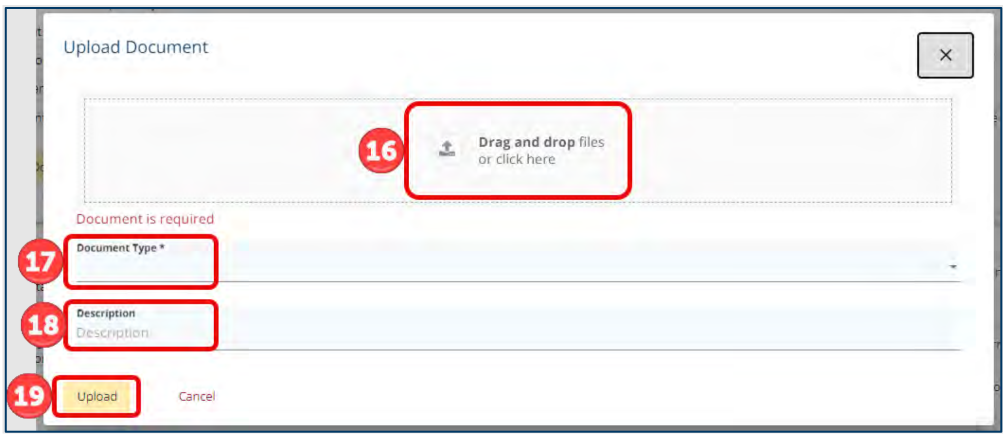
15. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
    a) a resume;
    b) a list of activities;
    c) license or certification information; or
    d) change of employment documentation.

16. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

17. Select the **Document Type** from the drop-down menu.

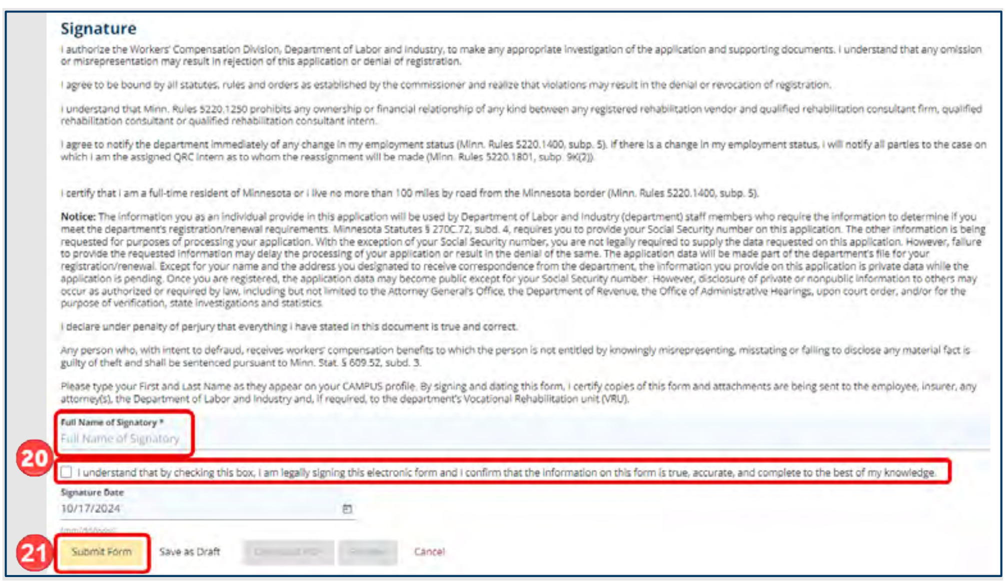
18. Enter a brief **Description**.

19. Click **Upload** to continue.



20. Type the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Click the checkbox attesting to the legal signature and confirming the accuracy of the document.

21. Click the yellow **Submit** button.



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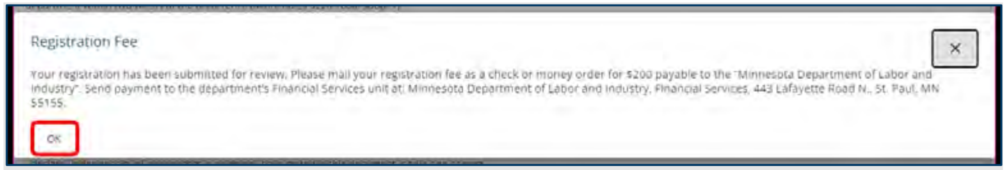

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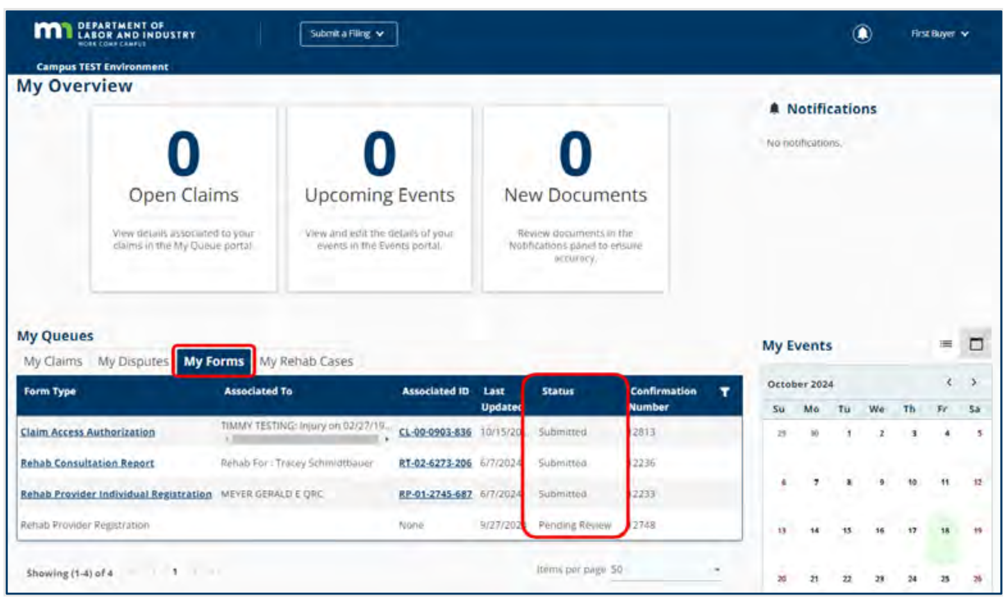


Rehabilitation forms

Rehabilitation Consultation Reports

The purpose of the rehabilitation consultation is for a QRC to determine an injured worker's eligibility for statutory rehabilitation services. The QRC files the Rehabilitation Consultation Report (RCR) with DLI and distributes it to the parties within 14 days of the initial meeting.

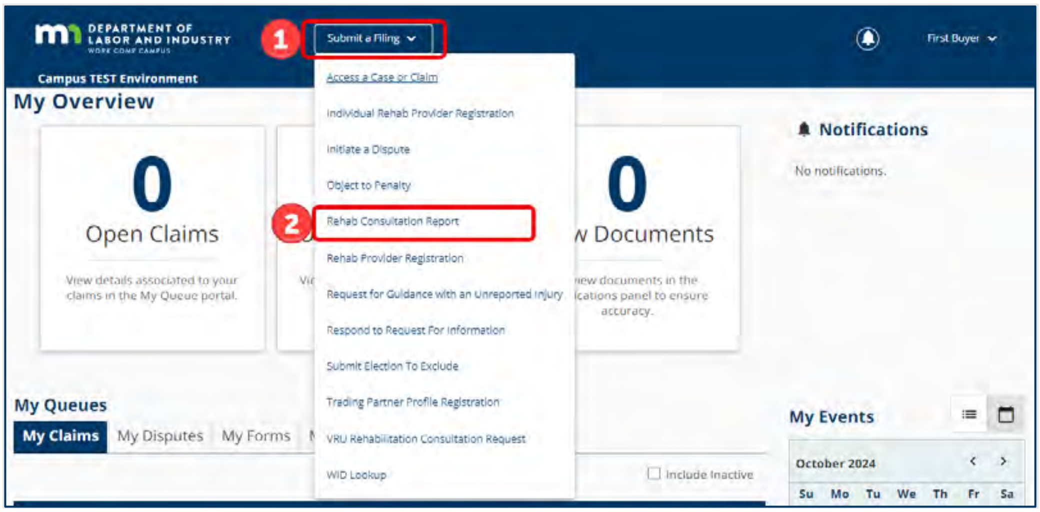
Filing an RCR

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the dashboard, click **Submit a Filing** in the drop-down menu.

2. In the drop-down menu, select **Rehab Consultation Report**.

</td><td>



</td></tr>
<tr><td>

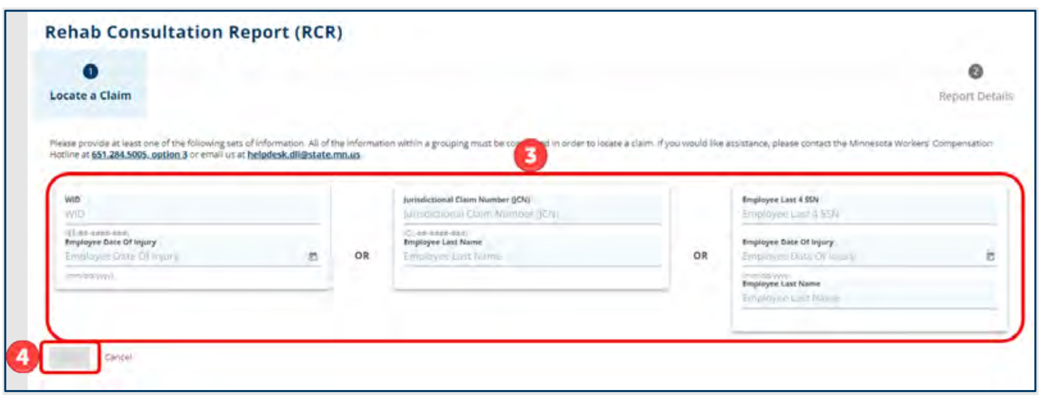
3. On the **Rehab Consultation Report (RCR)** page, step 1 is **Locate a Claim**. Pick one of the groups of information and enter it for the injured worker authorization being requested.

Note: If you are unsure of the WID number, there are instructions on the DLI website.

4. Click **Next** to proceed to the webform. *(The button will highlight after information is entered.)*

If a matching claim is not found, you will be prompted to enter additional information about the claim to proceed with the RCR filing.

</td><td>



</td></tr>
</table>

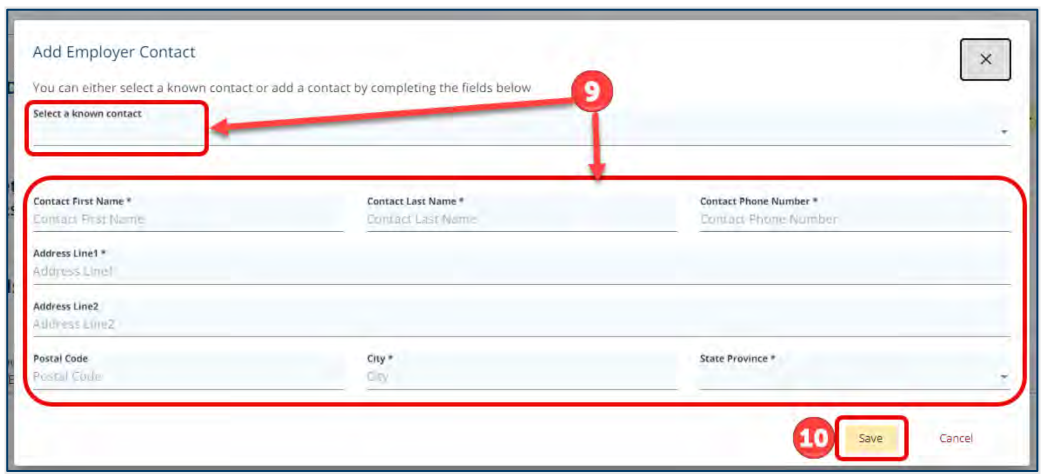
5. Step 2 is **Report Details**. The associated claim information will automatically populate.
6. Enter the information for the **Claim Representative**. Ensure all fields with an *have information entered.

7. Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.

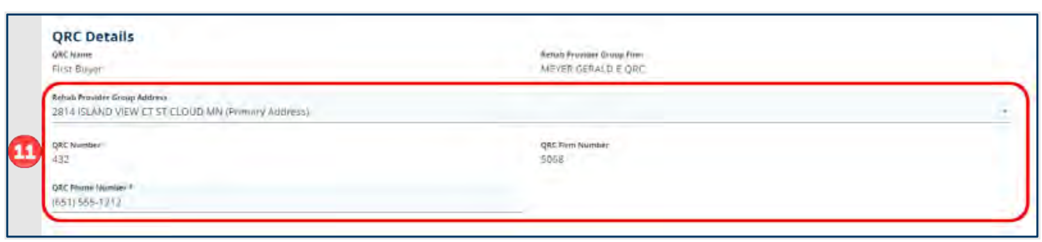
8. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.

9. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down menu field or by entering information in all the fields with an *.

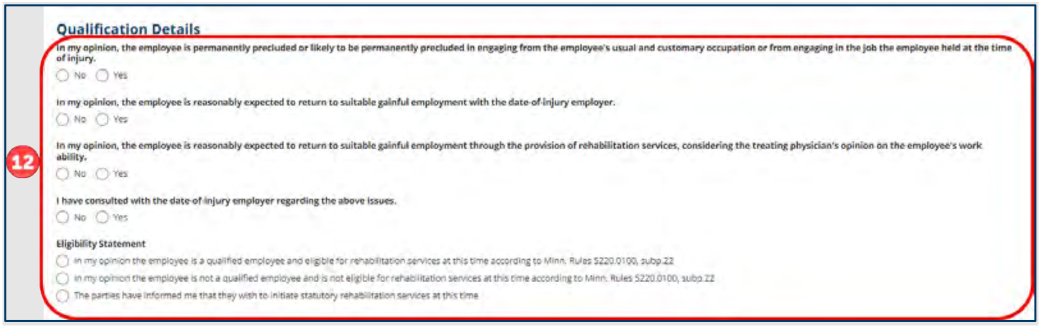
10. Click the yellow **Save** button to add the information to the form.



11. Under the **QRC Details** section, verify the information shown is correct.



12. Under the **Qualification Details** section, answer all the questions and select an option under the eligibility statement.



13. Under the **Narrative Report** section, provide a narrative in the **Narrative Report** field or by attaching a document in the attachment section.

Note: A narrative report must be entered to submit the form.

14. Under the **Rights and Responsibilities** section, click the yellow **+ Upload Document** button to upload the rights and responsibilities document.

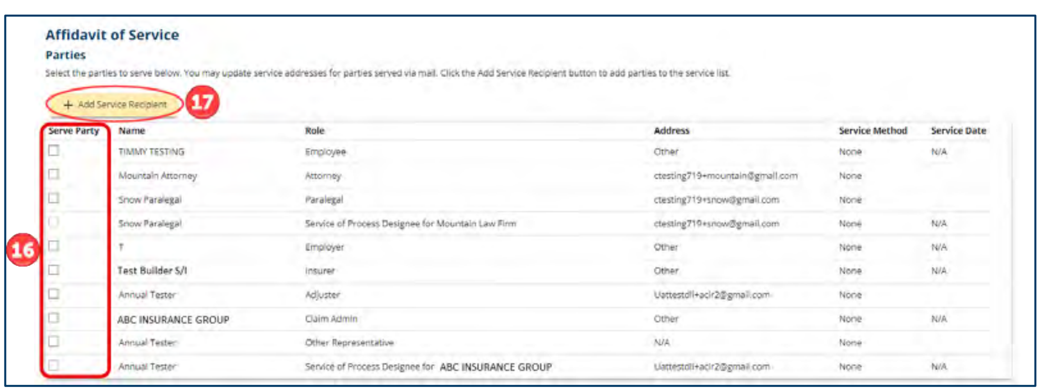
The Department of Labor and Industry has a [Rehabilitation Rights and Responsibilities of the Injured Worker]() form that can be used.

Note: This document must be received by the Department of Labor and Industry prior to closing the rehab case.

15. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to attach any additional documentation.

16. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking the applicable checkboxes.

17. If any parties are missing, click the yellow **+ Add Service Recipient** button to add parties.



18. Under the **Declaration** section, check the box attesting to the accuracy of the document.

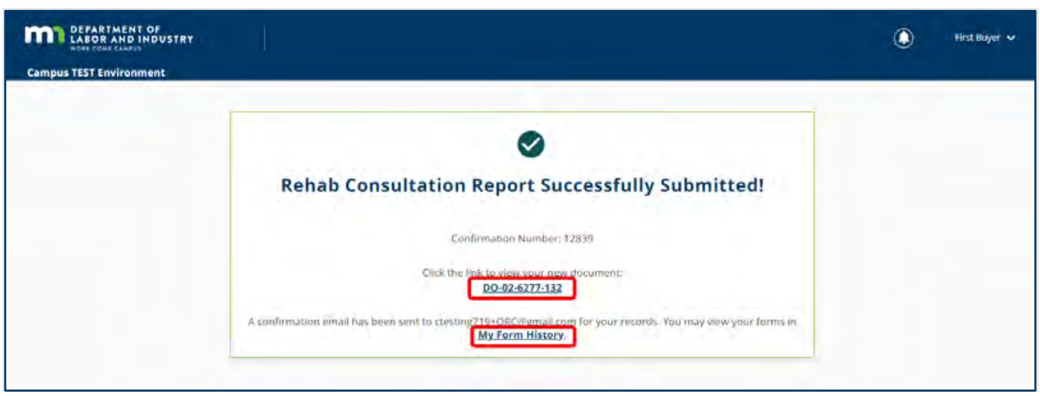
19. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

20. In the **Initial Rehab Consultation Date**, enter the date of the initial consultation.

21. When completed, click the yellow **Submit Form** button.

22. If the submission is **successful**, a confirmation page will display.

This includes links to the document number (DO) that was created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



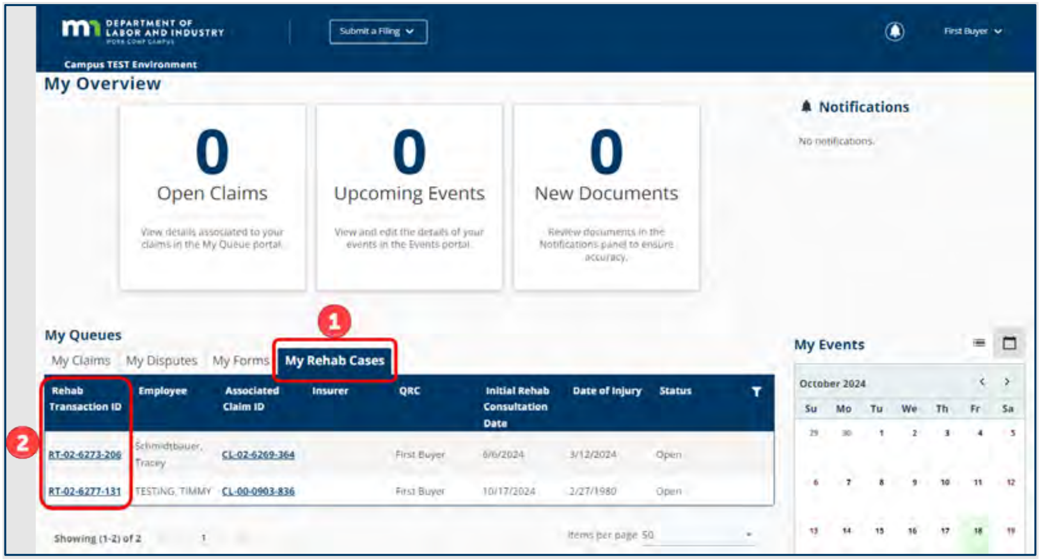
Filing an amended RCR

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

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, which is the originally filed RCR.

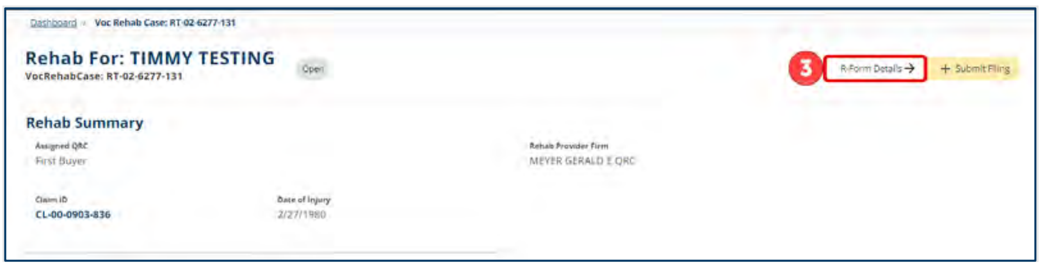
</td><td>



</td></tr>
<tr><td>

3. In the **Rehab Summary** page, click on **R-Form Details→**.

</td><td>

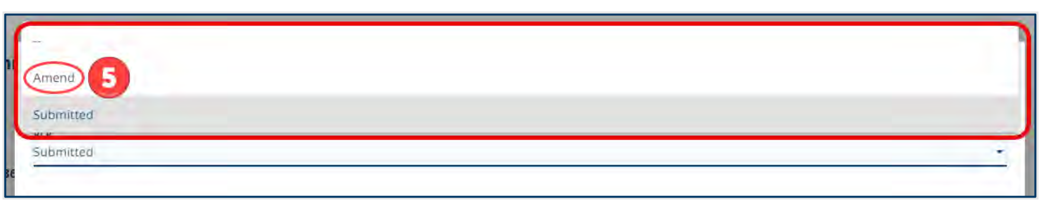


</td></tr>
<tr><td>

4. In the **R-Form Details** pop-up window, click the **RCR** drop-down menu.

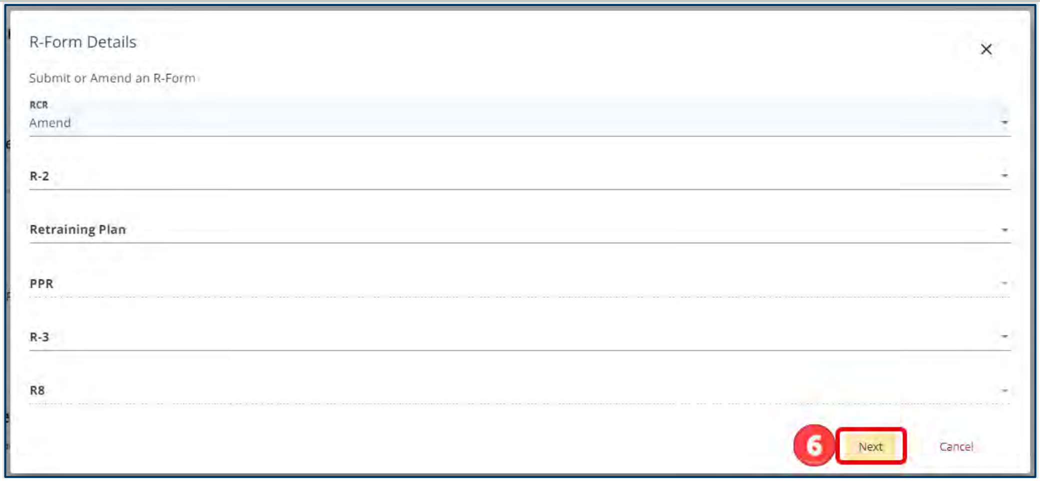
5. In the drop-down menu, select the **Amend** option.

</td><td>



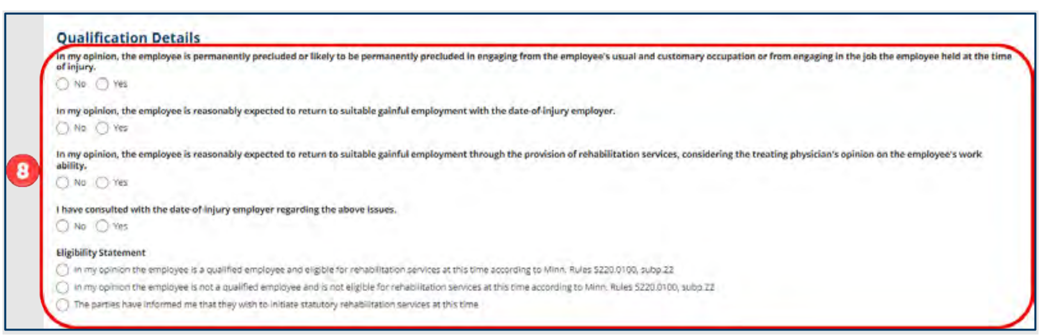
</td></tr>
</table>

6. When selected, click the yellow **Next** button.



7. On the **Amend Rehab Consultation Report (RCR)** page, the information from the original filing will be automatically populated.

8. Under the **Qualification Details** section, answer all the questions and select an option under the eligibility statement.



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<tr>
<td>

9. Under the **Narrative Report** section, provide a narrative in the **Narrative Report** field or by attaching a document in the attachment section.

Note: An updated narrative report must be added.

</td>
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</td>
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<td>

10. Under the **Rights and Responsibilities** section, click the yellow **+ Upload Document** button to upload the rights and responsibilities document.

If this was previously uploaded, go to step 11.

</td>
<td>

Note: This document must be received by the Department of Labor and Industry prior to closing the rehab case.

The Department of Labor and Industry has [Rehabilitation Rights and Responsibilities of the Injured Worker]() form that can be used.

</td>
</tr>
<tr>
<td>

11. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to attach any additional documentation.

12. In the **Do you want to distribute this document** field, select the answer that fits best.
 a) If **Yes** – go to step 13.
 b) If **No** – move to step 16.

13. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

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

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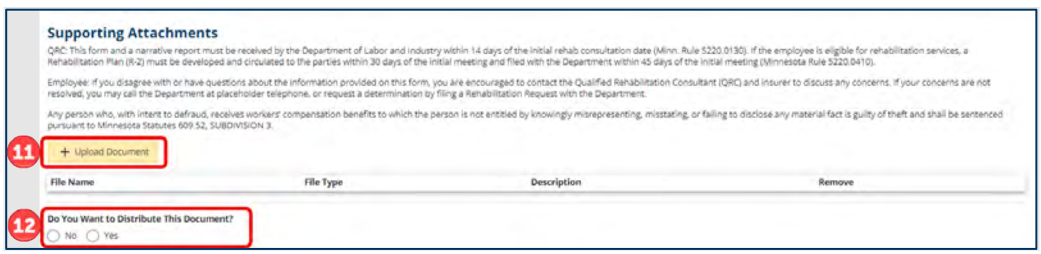
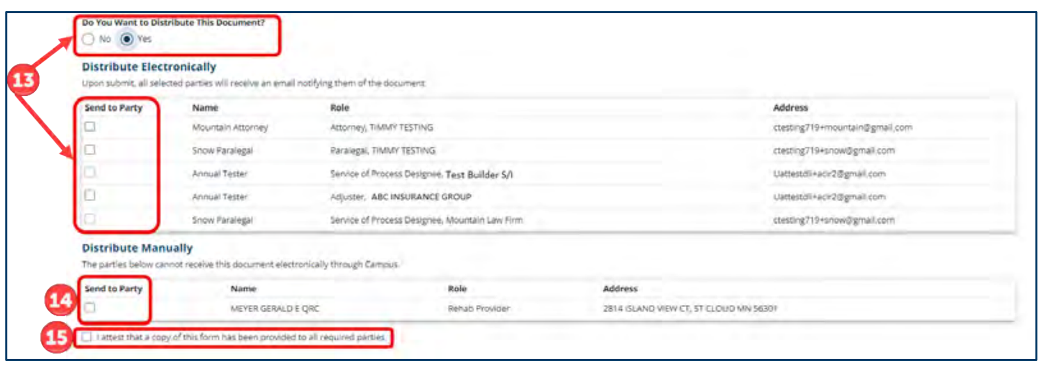
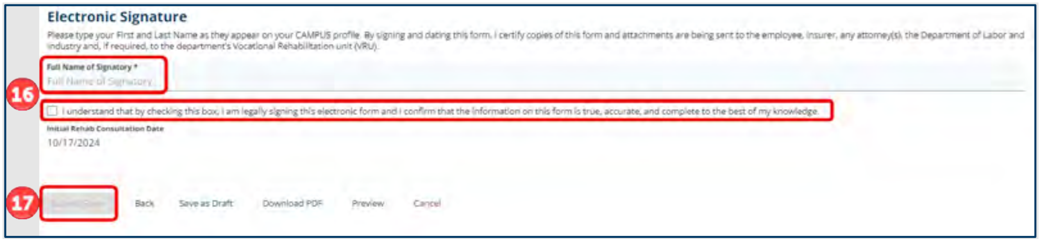
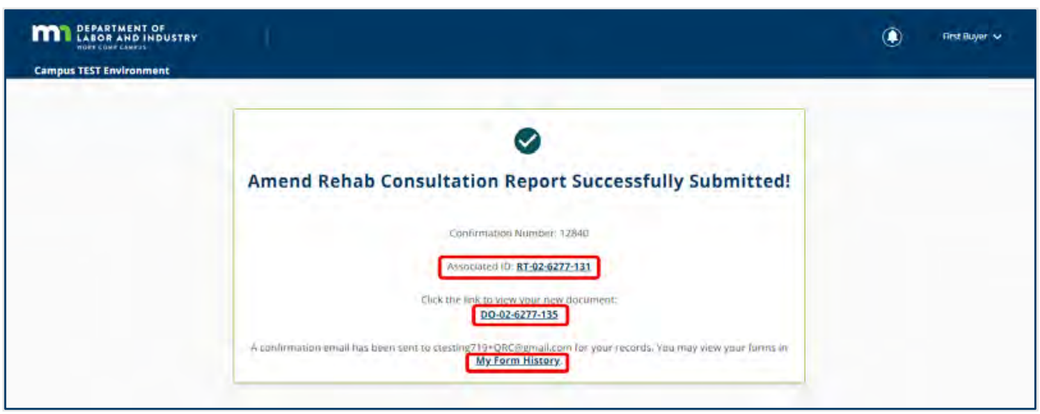




</td>
</tr>
</table>

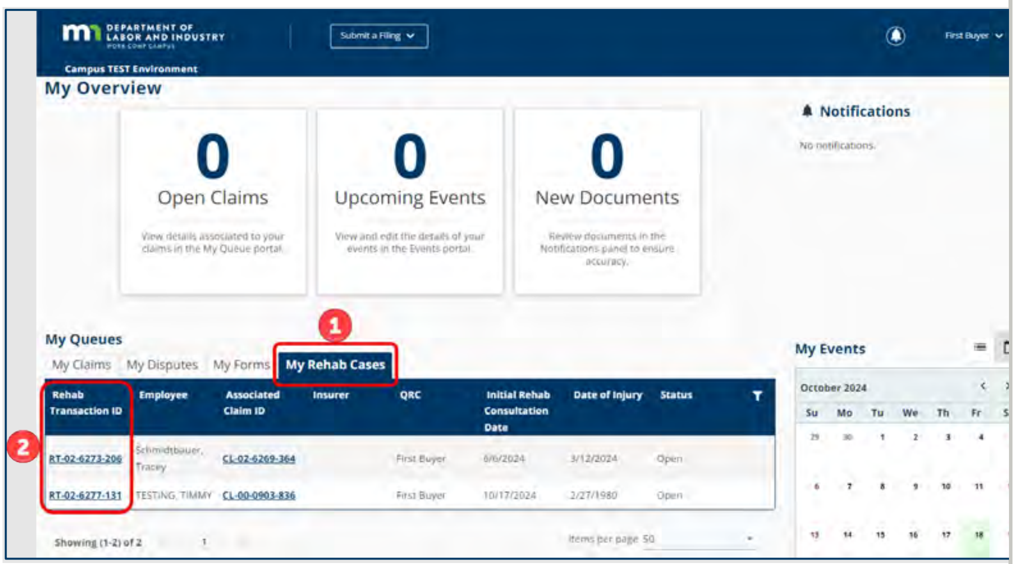
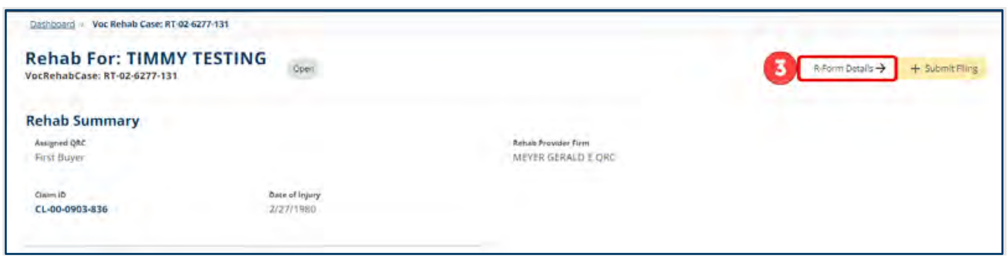
<table>
<tr>
<td>15. Mark the box attesting the form has been provided to all required parties.</td>
<td></td>
</tr>
<tr>
<td>16. Under the Electronic Signature section, enter the QRC’s full name in the Full Name of Signatory field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

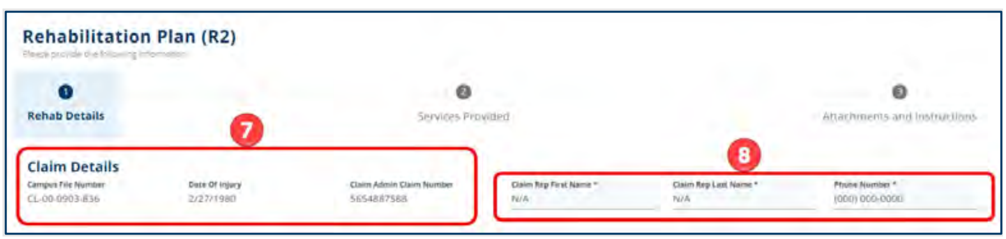
17. When completed, click the yellow Submit Form button.</td>
<td>
</td>
</tr>
<tr>
<td>18. If the submission is successful, a confirmation page will display.

This includes links to the Associated ID (RT) and document number (DO) that were created within Campus. This will also be visible on the user’s Campus dashboard under the My Forms tab and the new file will display under the My Rehab Cases tab.</td>
<td>
</td>
</tr>
</table>

R-2 Rehabilitation Plan

After filing the Rehabilitation Consultation Report determining an employee is eligible for vocational rehabilitation services, the QRC will use the information obtained to develop the R-2 Rehabilitation Plan with the injured worker. the rehabilitation plan must be developed with the employee within 30 days and filed within 45 days of finding them eligible, as required by [Minnesota Rules part 5220.0410](). The employee's signature is requested on this form.

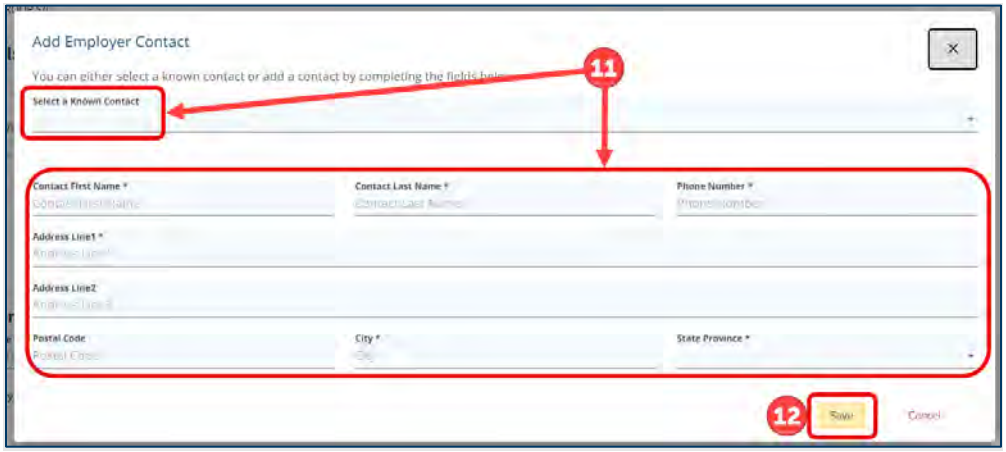
Instructions	Visual aids
1. From the dashboard, click on the **My Rehab Cases** tab. 2. Under the **Rehab Transaction ID** column, locate and click on the RT file, which is the RCR originally filed.	
3. On the **Rehab Summary** page, click on **R-Form Details→**.	
4. In the **R-Form Details** pop-up window, click the **R-2** drop-down menu.	

5. In the drop-down menu, select the **Submit** option. 6. When selected, click the yellow **Next** button.	 
7. On the **Rehabilitation Plan (R2)** page, step 1 is **Rehab Details**. The associated claim information will automatically populate. 8. Enter the information for the **Claim Representative**. Ensure all fields with an *have information entered.	
9. Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.	

10. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.

11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down menu field or by entering information in all the fields with an *.

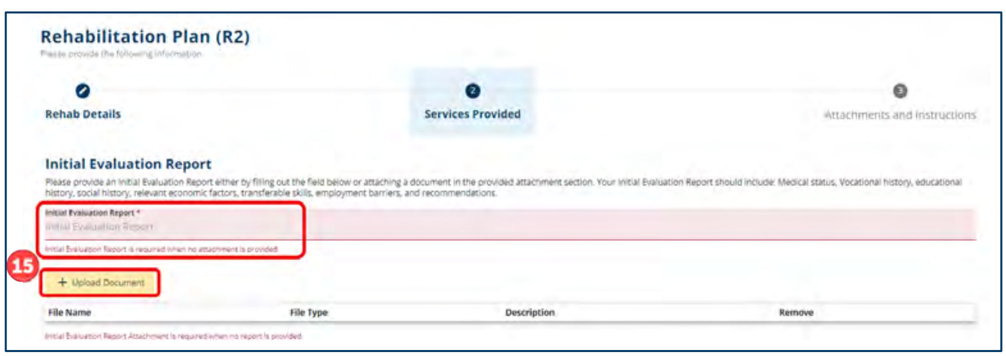
12. Click the yellow **Save** button to add the information to the form.



13. Under the **Occupation Details** section, ensure all fields with an * have information entered.

14. After all the information is entered, click the yellow **Next** button.

15. Step 2 is **Services Provided**. Under the **Initial Evaluation Report** section, provide a narrative in the **Initial Evaluation Report** field or by attaching a document by clicking the yellow **+ Upload Document** button.



Note: An initial evaluation report must be entered to submit the form.

16. Under the **Services Provided** section, ensure all fields with an * have information entered.

17. If needed, additional service categories can be added by clicking the yellow **+ Add**

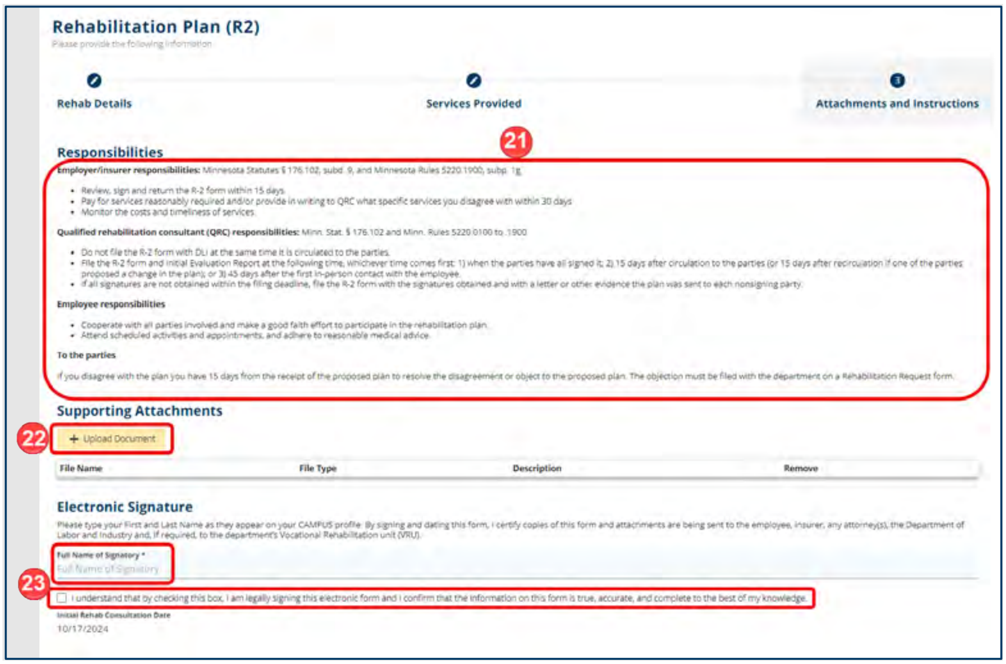
button.

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

19. In the **Employee Comments** field, enter any comments by the injured worker.

20. After all the information is entered, click the yellow **Next** button.

21. Step 3 is **Attachments and Instructions**. Under the **Responsibilities** section, review the information listed.



22. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.

23. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

24. Read through the information under: **R-2 Rehabilitation Form Information**; **Instructions to QRC completing the R-2 Rehabilitation Plan form**; and **From the Dictionary of Occupational Titles – Definition Trailer Abridged** sections.

25. Under the **Do you want to distribute this document** field, select the answer that fits best.
   a) If **Yes** – go to step 26.
   b) If **No** – move to step 29.

26. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

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

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

29. If **No,** click the yellow **Submit Form** button.

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

R-2 Rehabilitation Form Information

Rehabilitation plan privacy and confidentiality

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

Rehabilitation form availability

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

Intent to commit fraud

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

Instructions to QRC completing the R-2 Rehabilitation Plan form

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

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

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

- Service code 10A: "Job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after October 1, 2013.
- Service code 10B: "Job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

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

Responsibility section: Review these instructions with the employee.

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

From the Dictionary of Occupational Titles - Definition Trailer Abridged

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

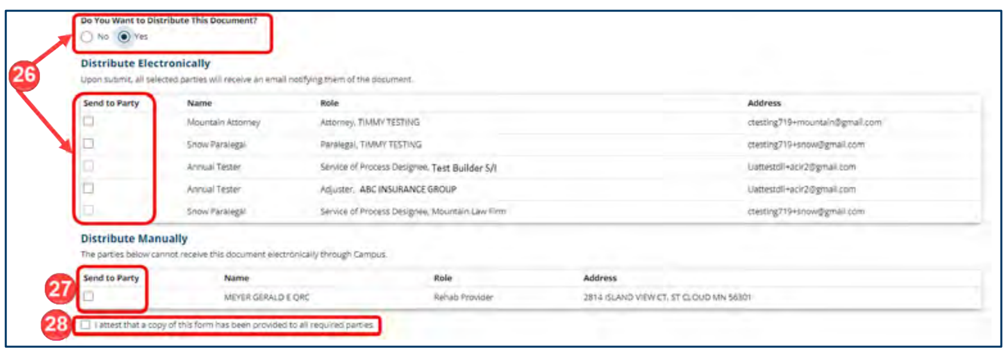
S-sedentary work -- Exerting up to 10 pounds of force occasionally (occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects,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

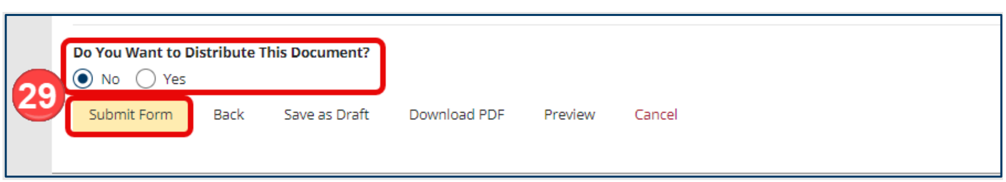
L-light work -- Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for sedentary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

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

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

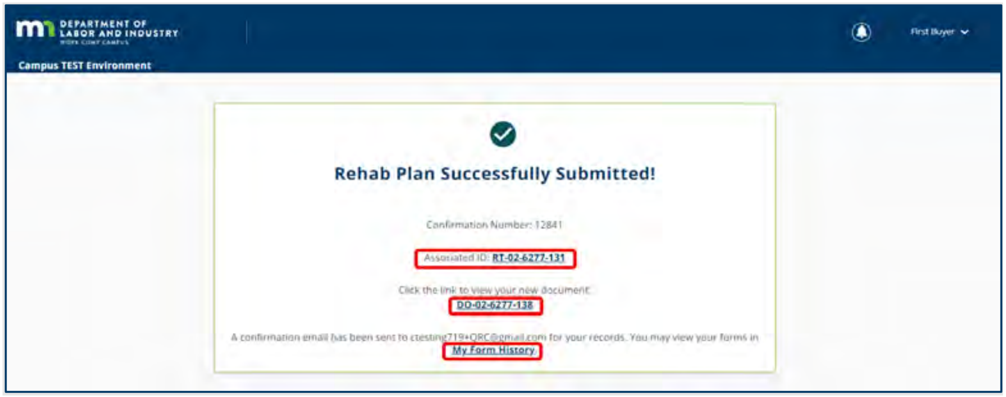
V-very heavy work -- Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work. (See www.occupationalinfo.org/appendxc_1.html#STRENGTH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





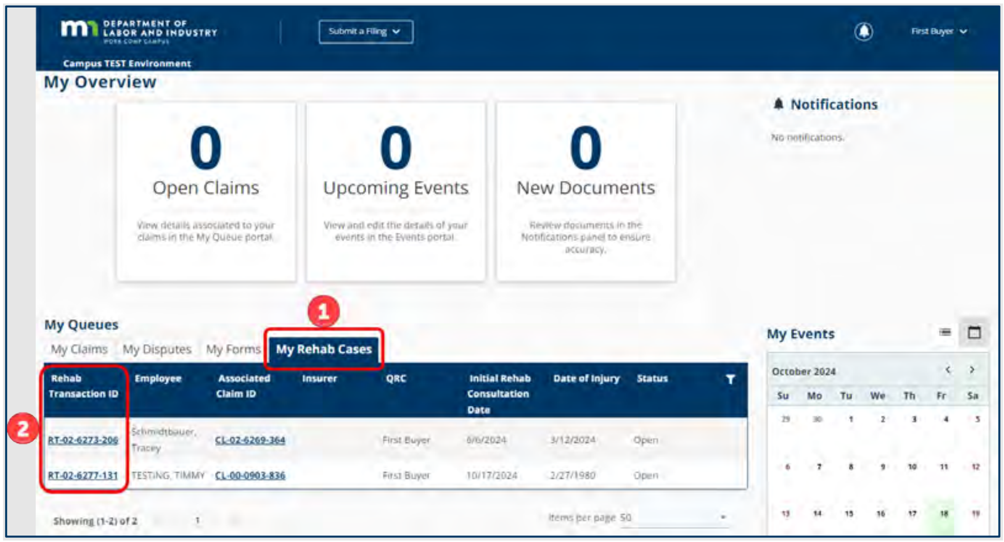
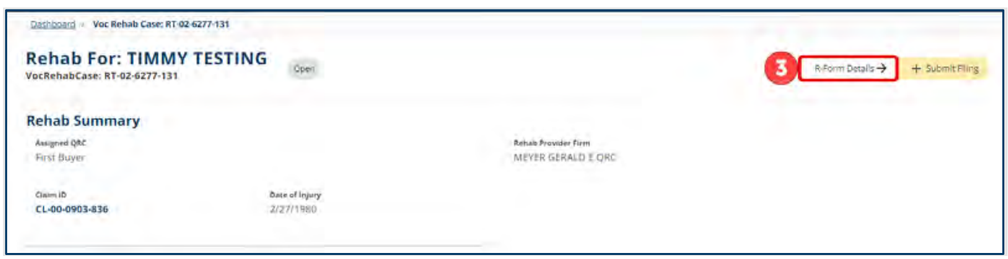
30. If the submission is **successful**, a confirmation page will display.

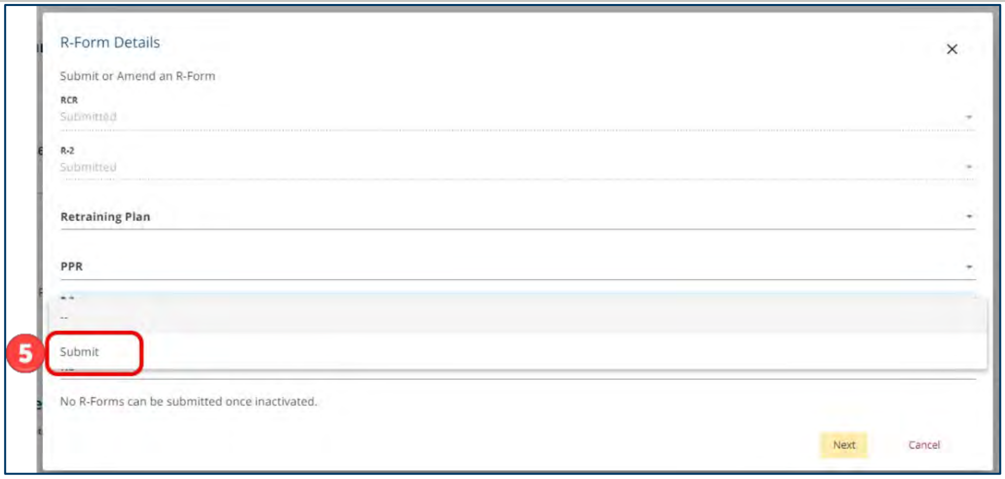
This includes links to the **Associated ID** (RT)and the document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



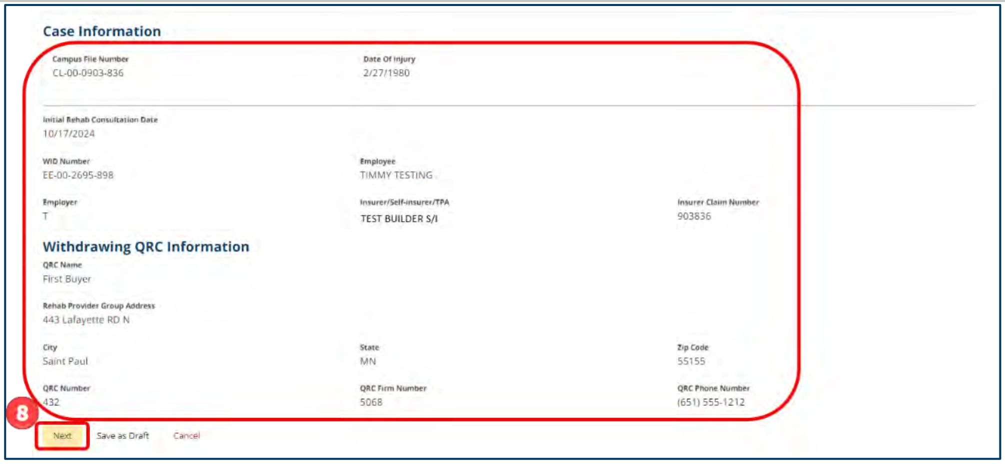
R-3 Rehabilitation Plan Amendment (This process has been updated as of March 11, 2025. See Amendment B for current instructions.)

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, including if a new QRC is taking over the case. Multiple R3s can be filed over the lifetime of a case. The employee's signature is requested on this form.

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, which is the RCR originally filed.	
3. In the **Rehab Summary** page, click on **R-Form Details→**.	
4. In the **R-Form Details** pop-up window, click the **R-3** drop-down menu.	

5. In the drop-down menu, select the **Submit** option.	
6. When selected, click the yellow **Next** button.	
7. On the **Rehab Plan Amendment (R3)** page, step 1 is **Assigned QRC**. Under the **Assigned QRC** section, select the appropriate option. a) **Continue as assigned QRC** – no change to the assigned QRC. Go to step 8. b) **Change of QRC** – filing as a QRC who will be taking over the case. Go to step 26. c.) **Withdrawal of QRC** – withdrawing as the QRC on this case. Go to step 43.	

8. If filing **Continue as Assigned QRC**, verify the populated information and click the yellow **Next** button.

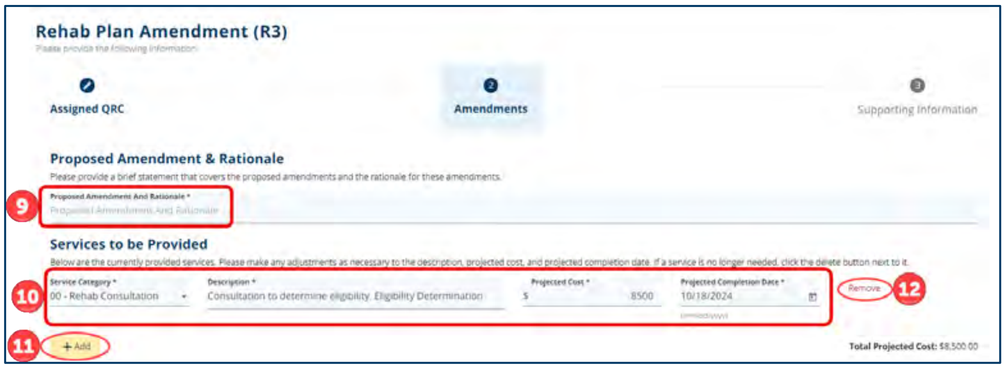


9. Step 2 is **Amendments**. Under the **Proposed Amendment and Rational** section, enter a brief statement that covers the proposed amendments and rational in the **Proposed Amendment and Rational** field.

10. Under the **Services to be Provided** section, ensure all fields with an *have information entered.

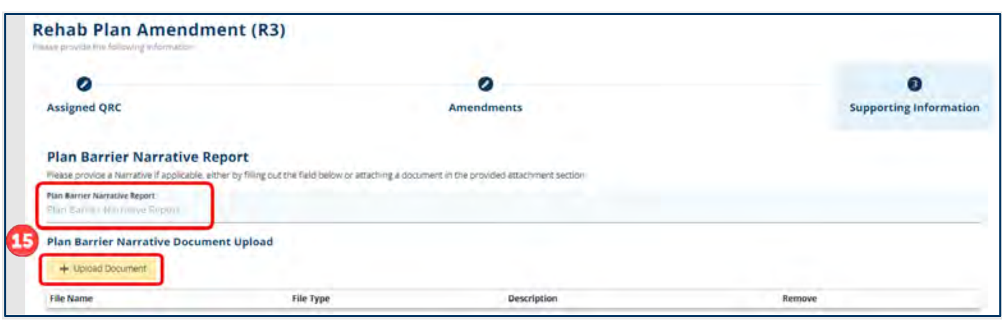
11. If needed, additional service categories can be added by clicking the yellow **+ Add** button.

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



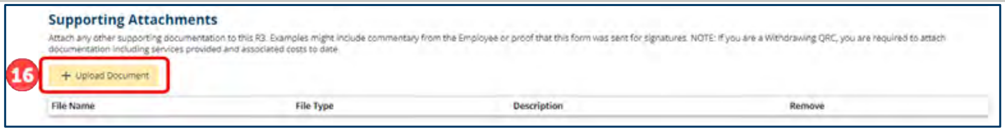
13. Under the **Projected Cost and Duration** section, verify the information for accuracy.
14. When complete, click the yellow **Next** button.

15. Step 3 is **Supporting Information**. Under the **Plan Barrier Narrative Report**, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

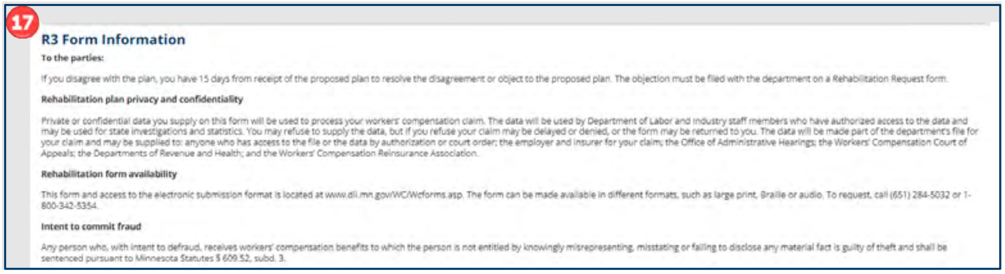


Note: A plan barrier narrative report must be entered to submit the form.

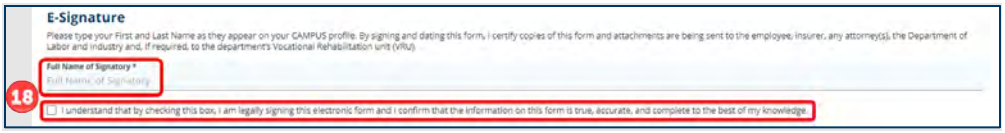
16. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.



17. Review the information in the **R-3 Form Information** section.



18. Under the **E- Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

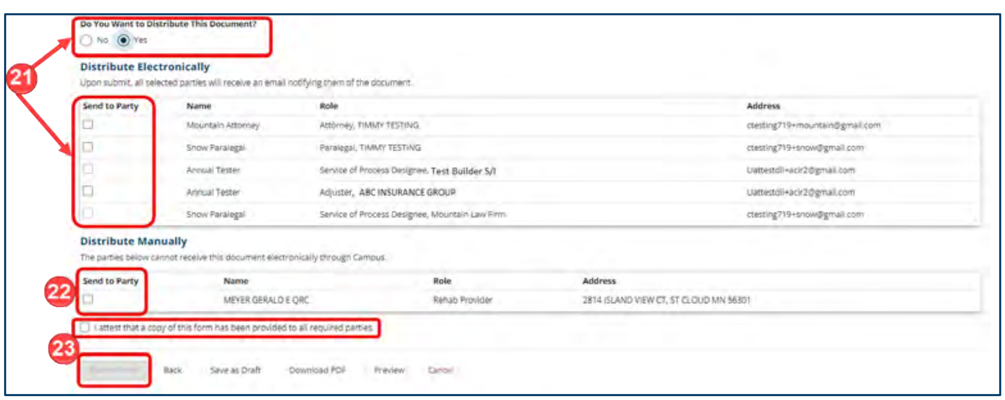


19. Review the information under the **Instructions to QRC** section.

20. In the **Do you want to distribute this document** field, select the answer that fits best.
    a) If **Yes** – go to step 21.
    b) If **No** – move to step 24.

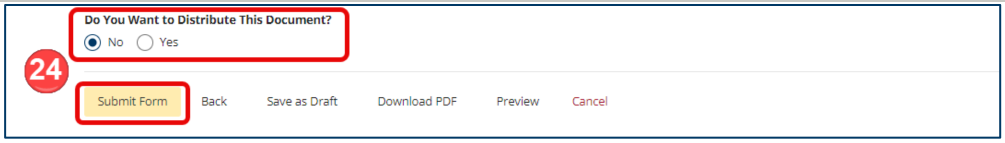
21. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

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



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

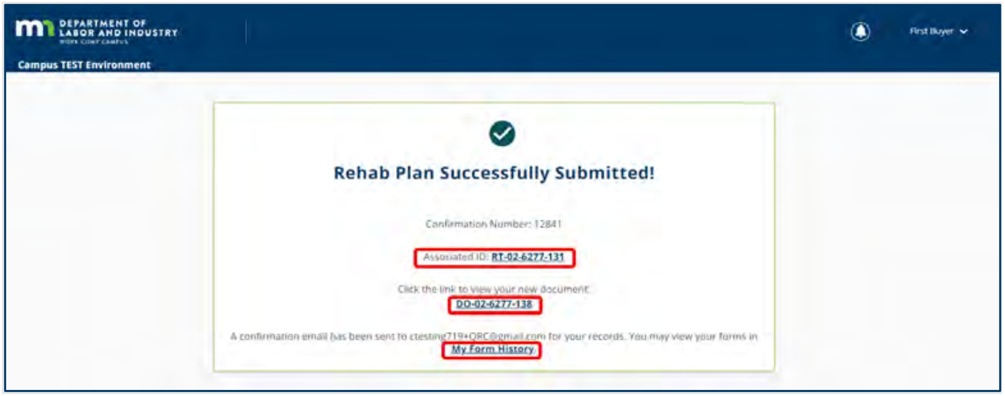
24. If **No,** click the yellow **Submit Form** button.



Note: There is a **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.

25. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID** (RT) **and** document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

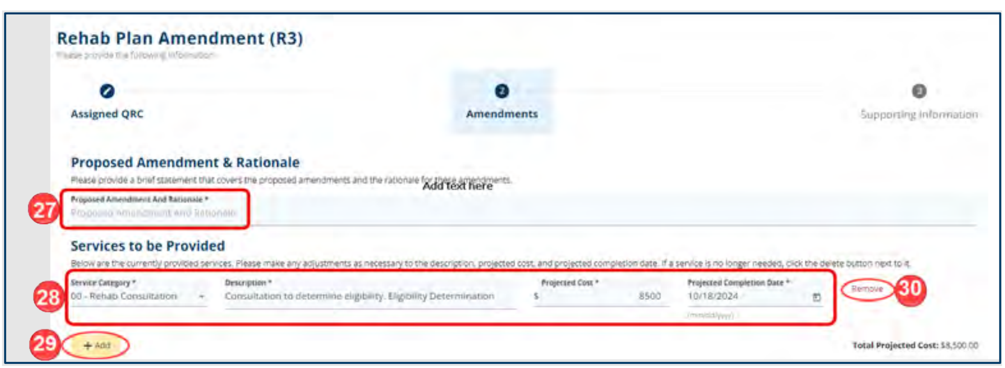


26. If filing a **Change of QRC**, verify the populated information, which includes the **New Assigned QRC Information** and **Previous QRC Information**, then click the yellow **Next** button.

27. Step 2 is **Amendments.** Under the **Proposed Amendment and Rational** section, enter a brief statement that covers the proposed amendments and rational in the **Proposed Amendment and Rational** field.

28. Under the **Services Provided** section, ensure all fields with an *have information entered.

29. If needed, additional service categories can be added by clicking the yellow **+ Add**

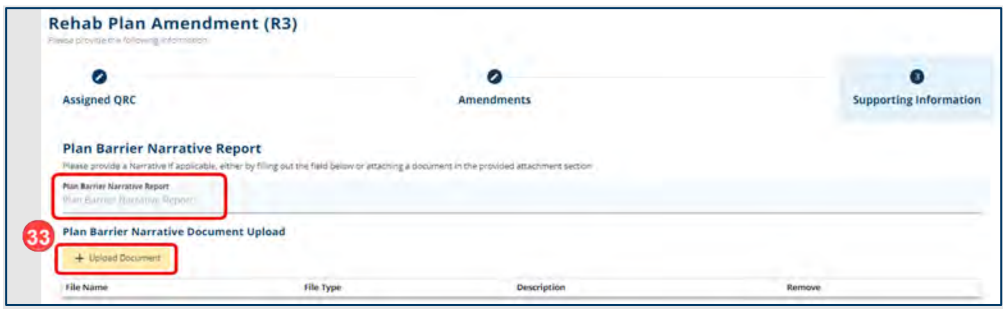


button.

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

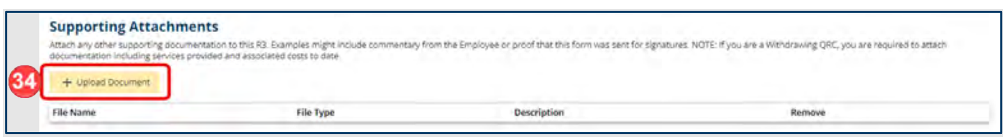
31. Under the **Projected Cost and Duration** section, verify the information for accuracy.
32. When complete, click the yellow **Next** button.

33. Step 3 is **Supporting Information**. Under the **Plan Barrier Narrative Report**, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

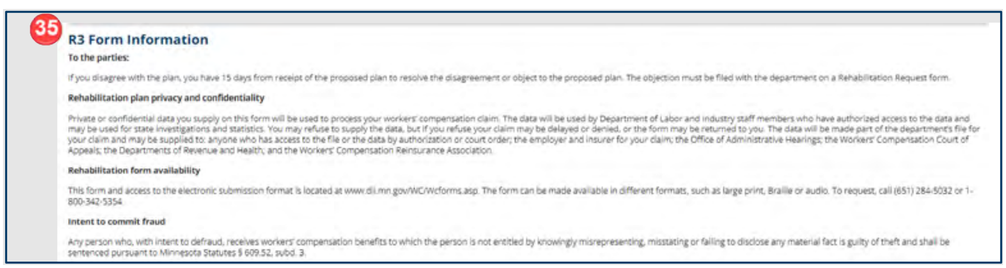


Note: A plan barrier narrative report must be entered to submit the form.

34. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.

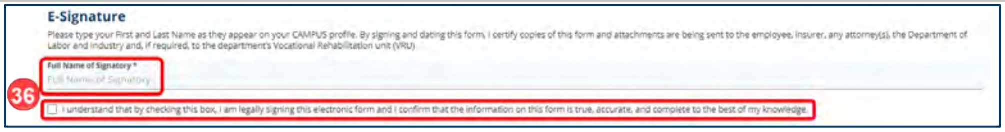


35. Review the information in the **R-3 Form Information** section.

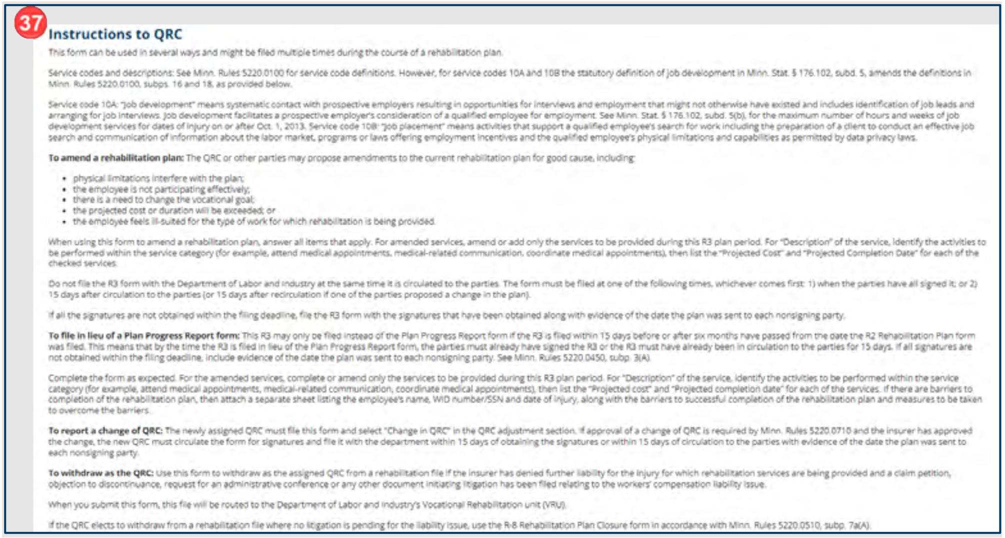


36. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the

document.



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

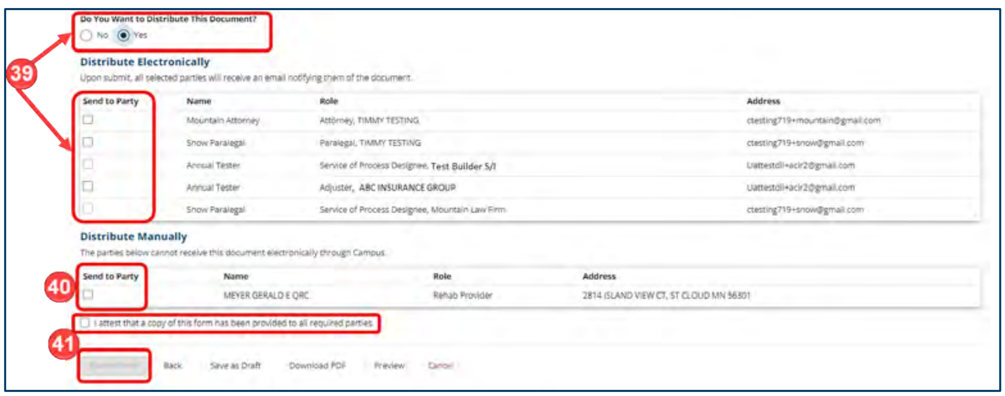


38. In the **Do you want to distribute this document** field, select the answer that fits best.
    a) If **Yes** – go to step 39.
    b) If **No** – move to step 42.

39. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

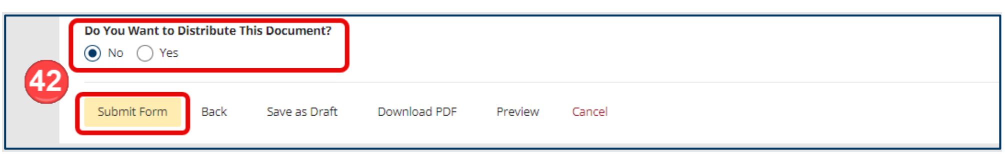
40. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

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



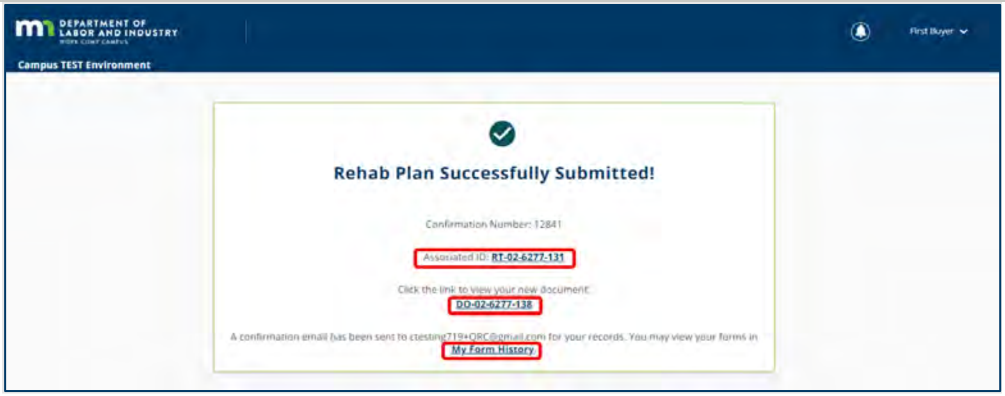
42. If **No,** click the yellow **Submit Form** button.

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

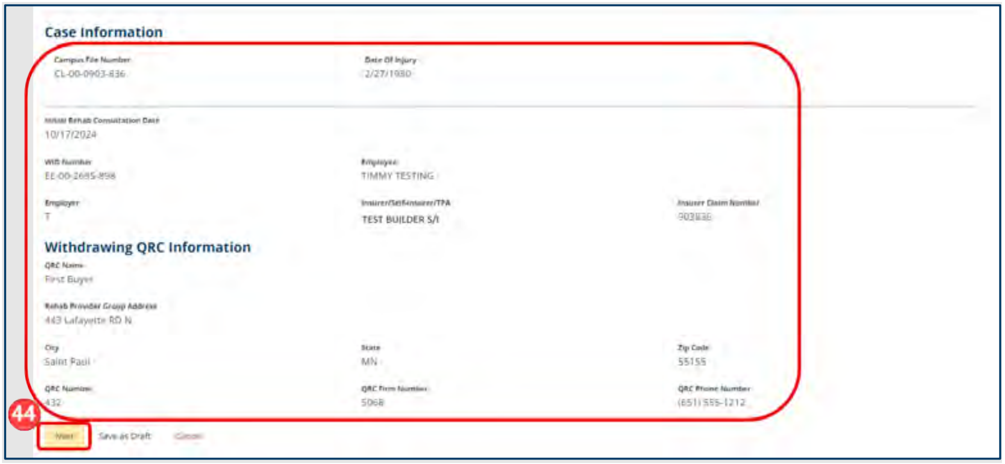


43. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID** (RT) and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



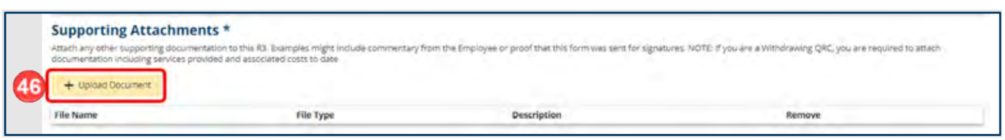
44. If filing a **Withdrawal of QRC**, verify the populated information and click the yellow **Next** button.



45. Step 2 is **Supporting Information**. Under the **Plan Barrier Narrative Report** section, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

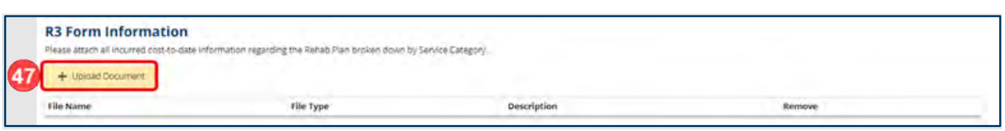
Note: A plan barrier narrative report must be entered to submit the form.

46. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form. Examples include:
    a) commentary from the employee; or
    b) proof this form was sent for signature.



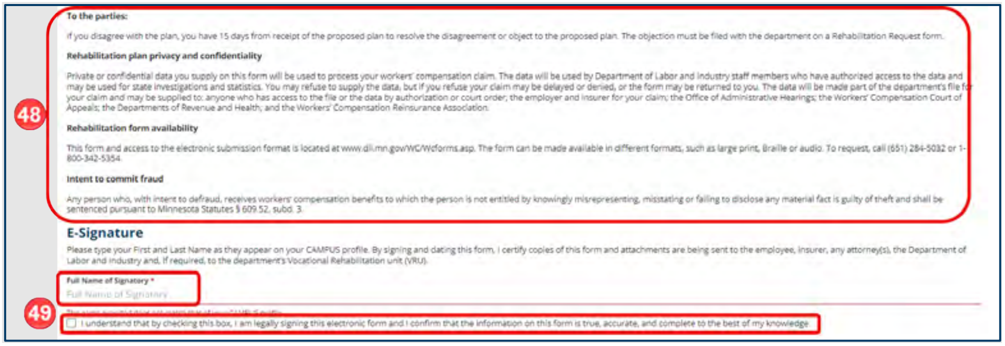
Note: If you are a withdrawing QRC, you are **required** to attach documentation including services provided and associated costs to date.

47. Under the **R3 Form Information** section, click the yellow **+ Upload Document** button to add all incurred cost-

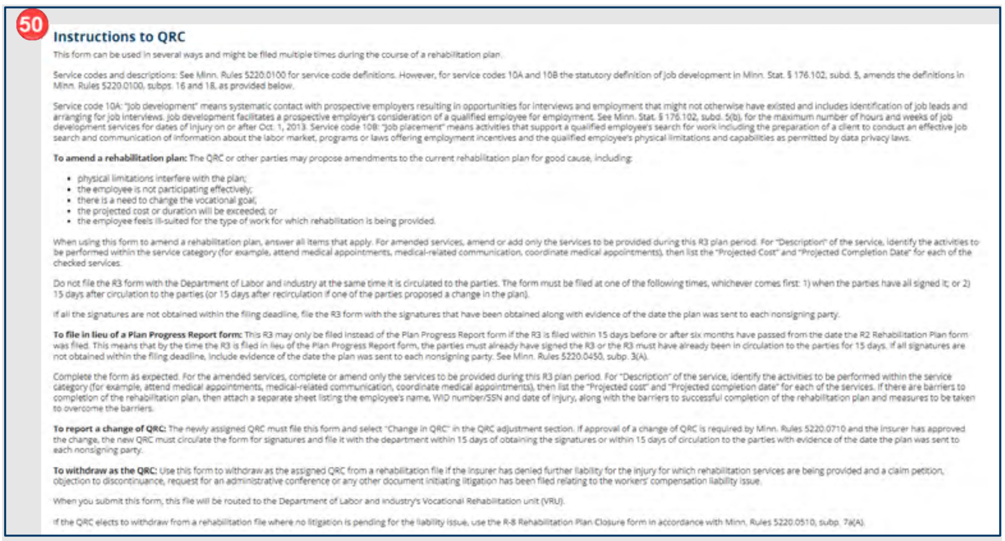


to-date information for the rehabilitation plan.

48. Review the information in this section.
49. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document



50. Review the information in the **Instructions to QRC** section.



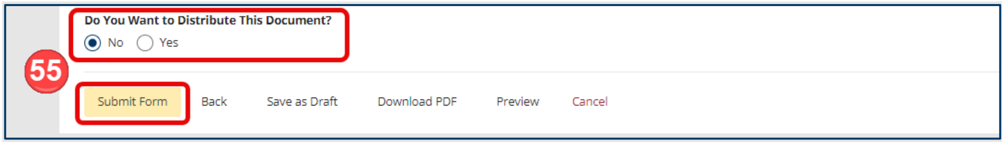
51. In the **Do you want to distribute this document** field, select the answer that fits best.
    a) If **Yes** – go to step 52.
    b) If **No** – move to step 55.

52. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.
53. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.
54. Mark the box attesting that the form has been provided to all required parties and click

the yellow **Submit Form** button.

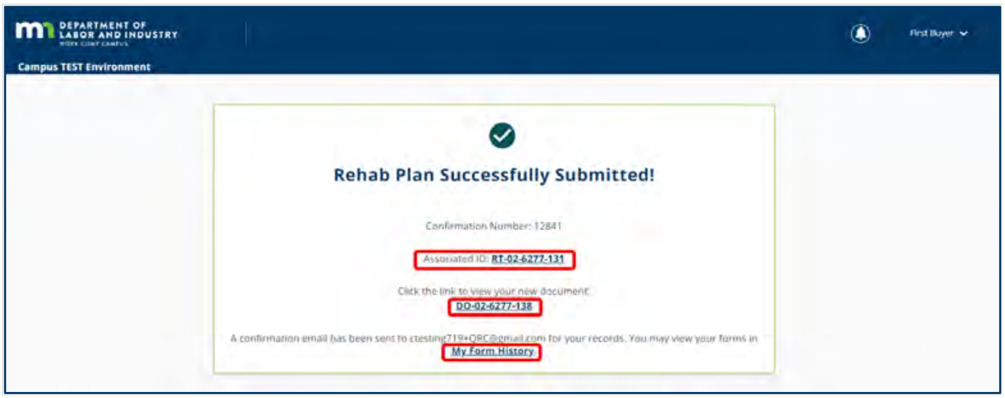
55. If **No,** click the yellow **Submit Form** button.

Note: There is a **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.



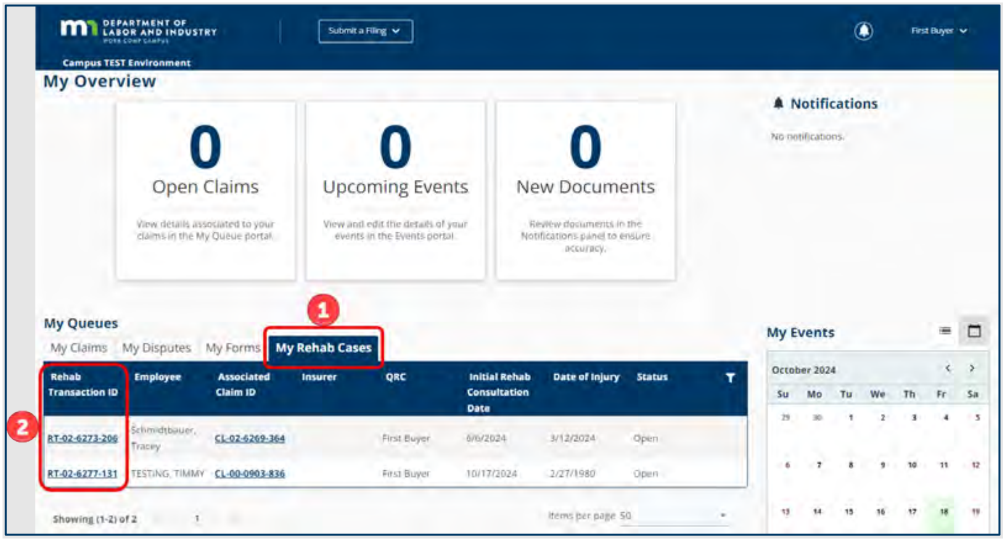
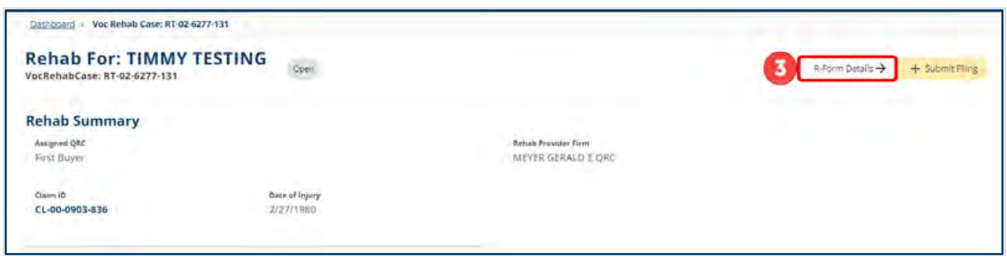
56. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID** (RT) and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



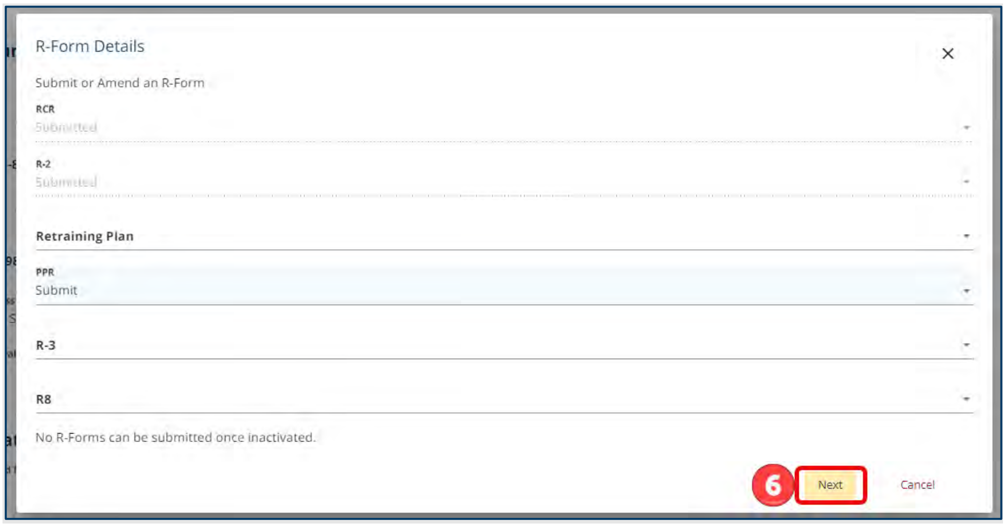
Plan Progress Report

A Plan Progress Report (PPR) must be filed with the Department of Labor and Industry and distributed to parties six months after the R-2 Rehabilitation Plan is filed, to update them on the case status and what is being done to assist the injured worker in finding suitable employment.

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, which is the RCR originally filed.	
3. In the **Rehab Summary** page, click on **R-Form Details→**.	
4. In the **R-Form Details** pop-up window, click the **PPR** drop-down menu.	

5. In the drop-down menu, select the **Submit** option.

6. When selected, click the yellow **Next** button.



7. On the **Plan Progress Report** page, under the **Claim Details** section, the associated claim information will automatically populate.
8. Enter the information for the **Claim Representative**. Ensure all fields with an *have information entered.

<table>
<tr>
<td>

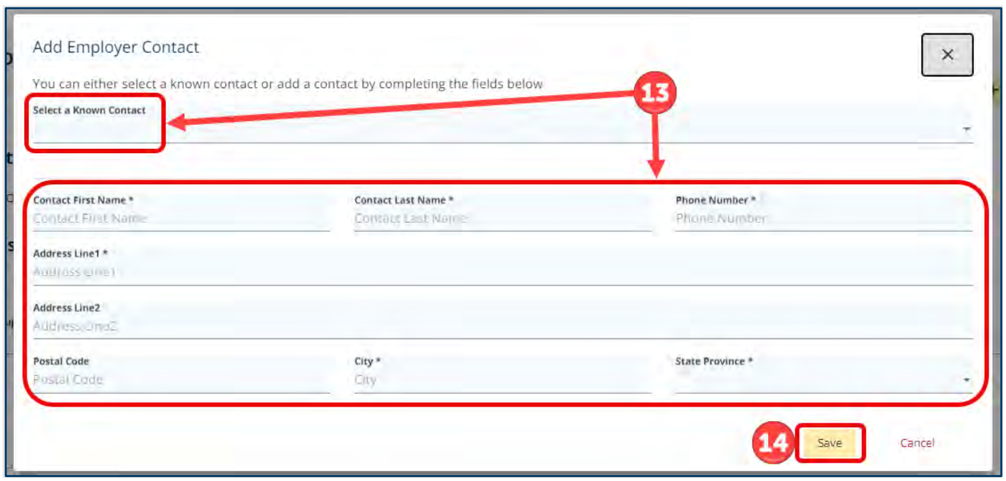
9. Under the **Employee Details** section, verify the date populated in the **Date of Report** field.
10. Enter the injured worker's phone number in the **Phone Number** field.
11. Verify the populated date of birth for the injured worker in the **Date of Birth** field.

</td>
<td>

</td>
</tr>
<tr>
<td>

12. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.
13. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with an *.
14. Click the yellow **Save** button to add the information to the form.

</td>
<td>



</td>
</tr>
<tr>
<td>

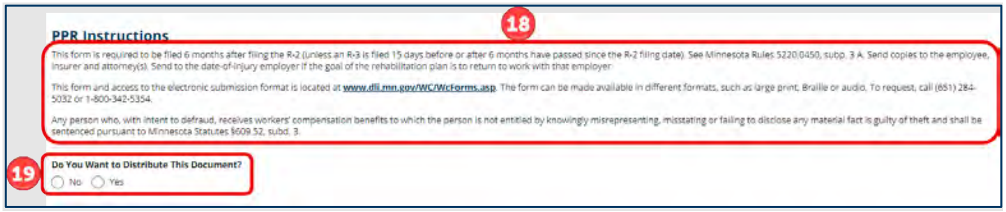
15. Under the **QRC Details** section, in the **Rehab Provider Group Address** field, click the drop-down menu and select the appropriate address for the QRC firm.
16. Verify the populated number in the **Phone Number** field.

</td>
<td>

</td>
</tr>
</table>

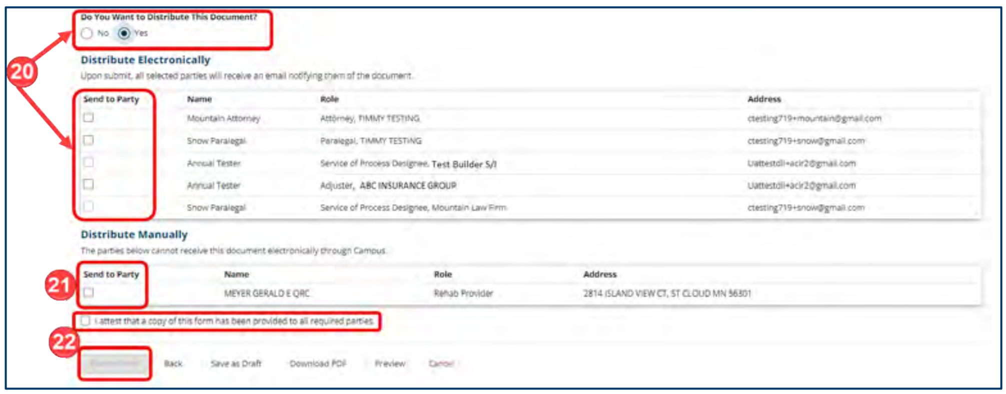
17. Under the **Rehabilitation Plan Details** section, ensure all fields with an * have information entered and mark the appropriate boxes.

18. In the **PPR Instructions** section, review the information.
19. In the **Do you want to distribute this document** field, select the answer that fits best.
    a) If **Yes** – go to step 20.
    b) If **No** – move to step 23.

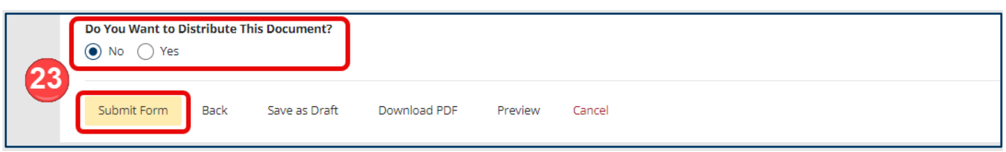


20. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

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

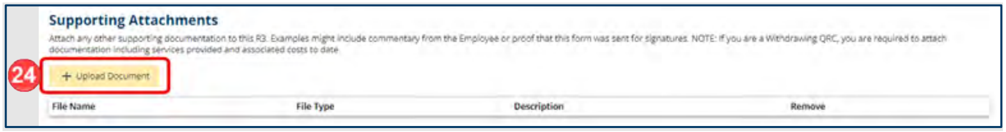


22. Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.
23. If **No,** click the yellow **Submit Form** button.

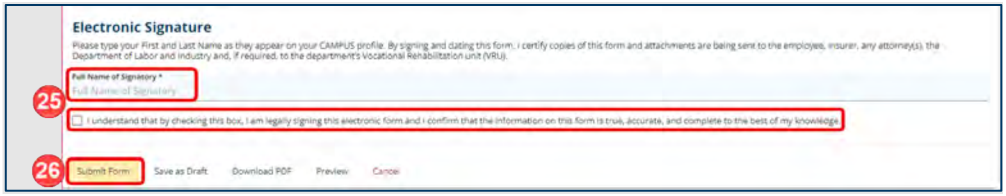


Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to be saved in the **My Forms** tab on the dashboard.

24. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.



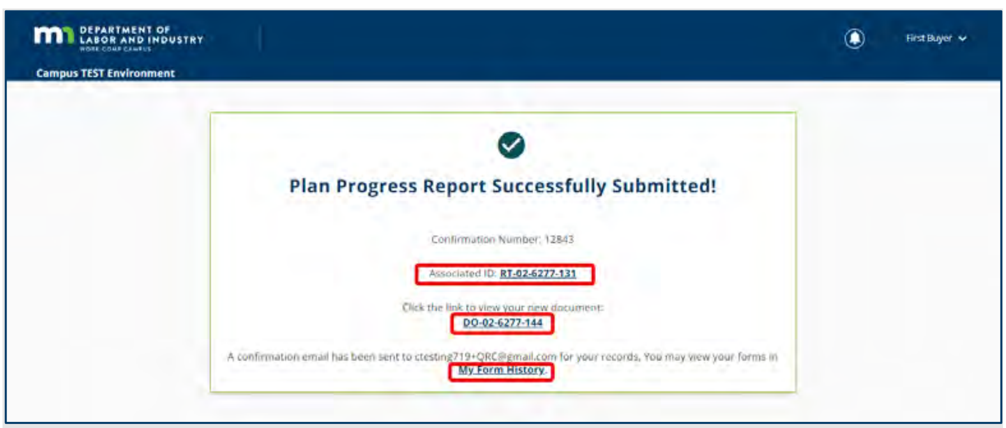
25. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.
26. When complete, click the yellow **Submit Form** button.



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

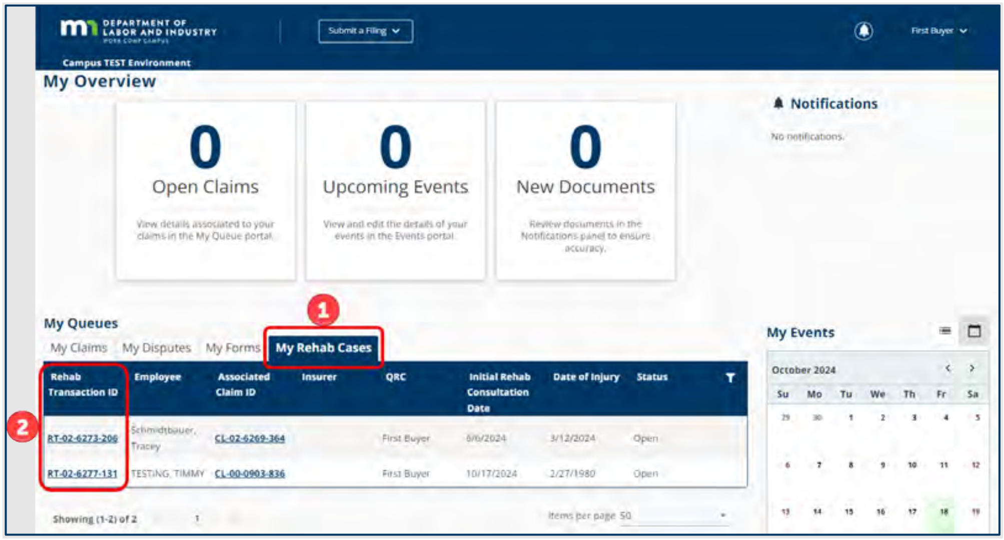
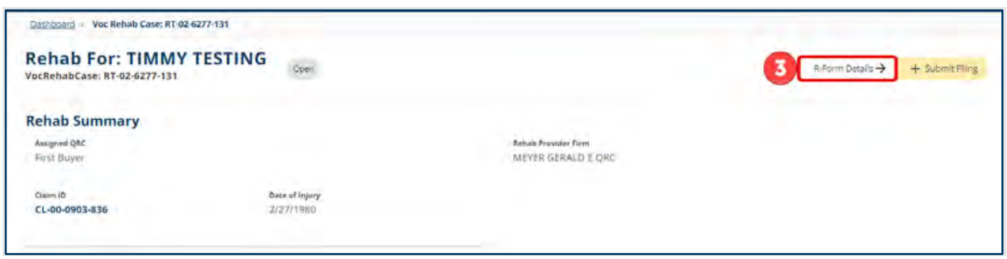
27. If the submission is **successful**, a confirmation page will display.

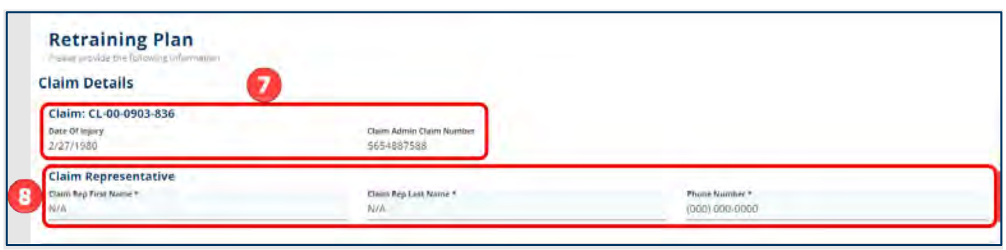
This includes links to the **Associated ID** (RT) and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



Retraining Plan

The Retraining Plan form is a request submitted to the Department of Labor and Industry for funds for schooling to assist the injured worker in finding suitable, gainful employment. The department will review the request and either approve or deny it.

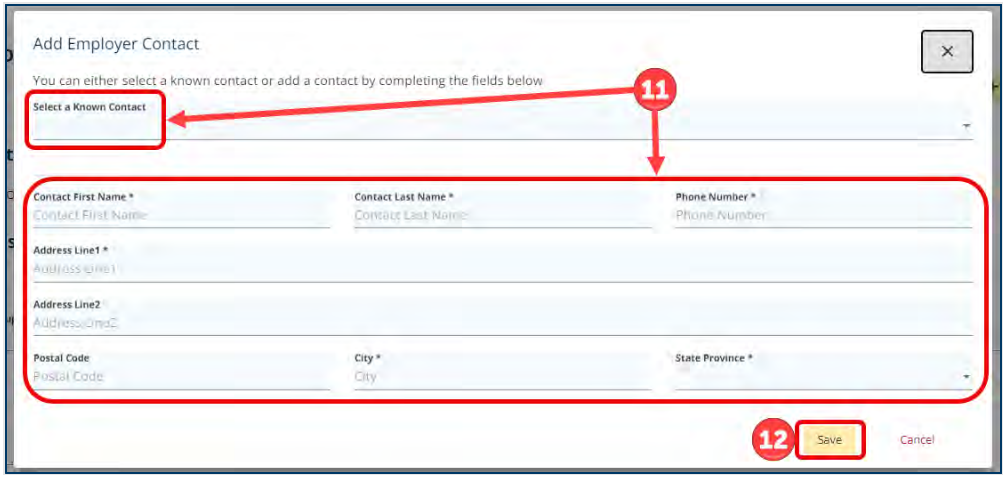
Instructions	Visual aids
1. From the dashboard, click on the **My Rehab Cases** tab. 2. Under the **Rehab Transaction ID** column, locate and click on the RT file, which is the RCR originally filed.	
3. In the **Rehab Summary** page, click on **R-Form Details→**.	
4. In the **R-Form Details** pop-up window, click the **Retraining Plan** drop-down menu.	

5. In the drop-down menu, select the **Submit** option.	
6. Click the yellow **Next** button.	
7. On the **Retraining Plan** page, under the **Claims Details** section, the associated claim information will automatically populate. 8. Enter the information for the **Claim Representative**. Ensure all fields with a * have information entered.	
9. Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.	

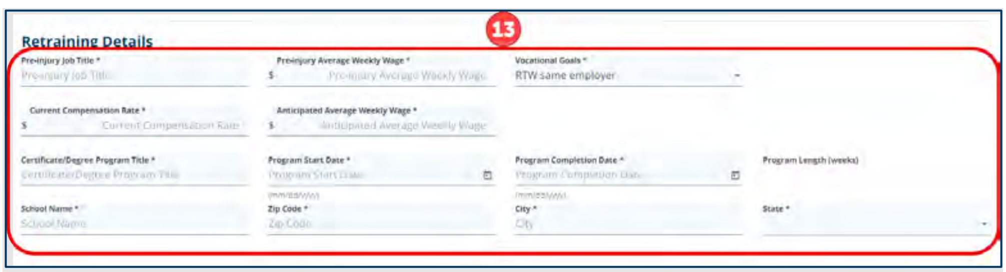
10. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.

11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down menu field or by entering information in all the all fields with an *.

12. Click the yellow **Save** button to add the information to the form.



13. Under the **Retraining Details** section, ensure all fields with an * have information entered.

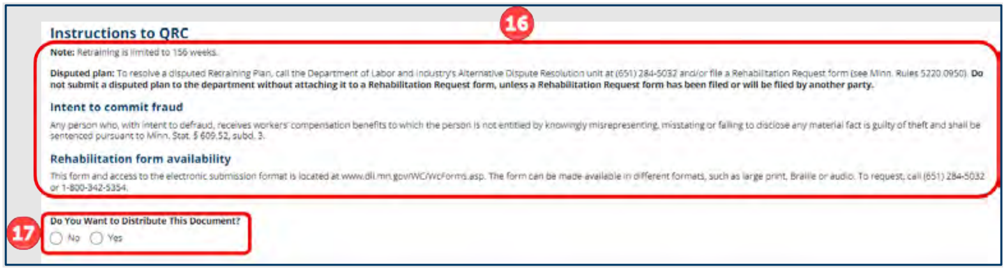


14. Under the **Itemized Cost Details** section, if applicable, enter as much information as possible in each field.

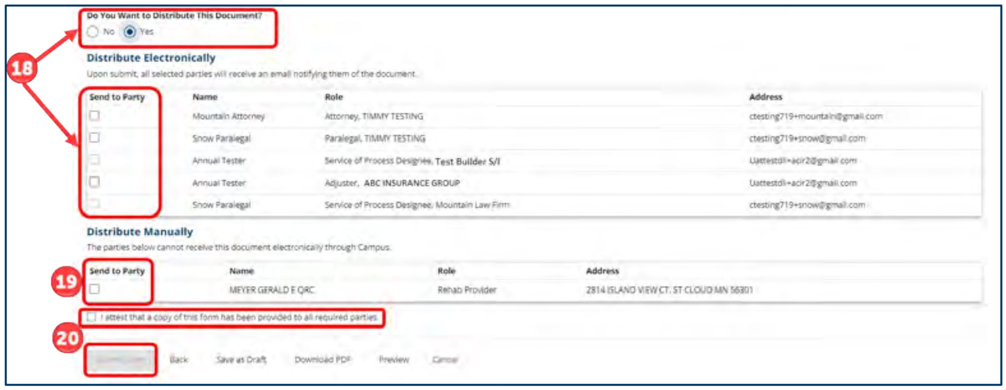
15. Under the **Retraining Rationale** section, provide a narrative in the **Retraining Rationale** field or by attaching a document by clicking the yellow **+ Upload Document** button.

Note: A retraining rationale must be entered to submit the form.

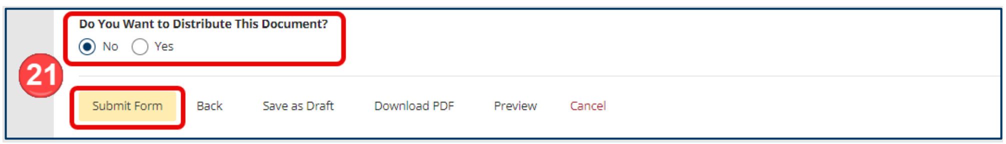
16. In the **Instructions to QRC** section, review the information.
17. In the **Do you want to distribute this document** field, select the answer that fits best.
    a) If **Yes** – go to step 18.
    b) If **No** – move to step 21.



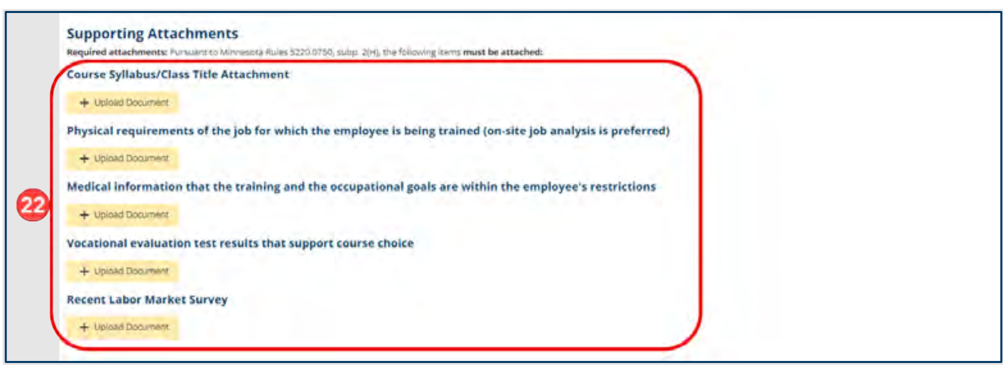
18. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.
19. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.
20. Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.



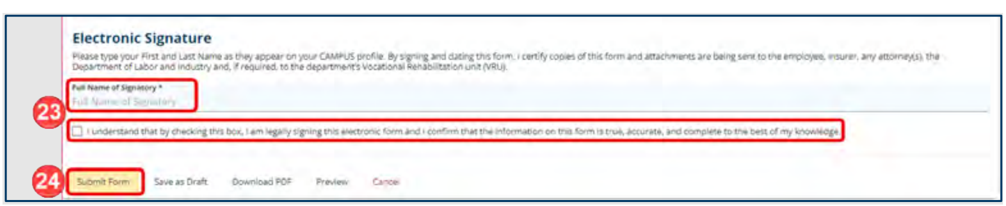
21. If **No,** click the yellow **Submit Form** button.

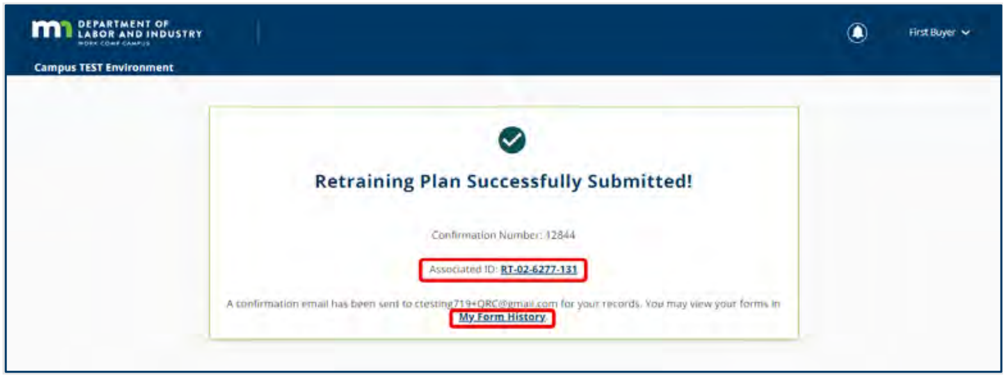


22. Under the **Supporting Attachments** section, attach documentation to each section.



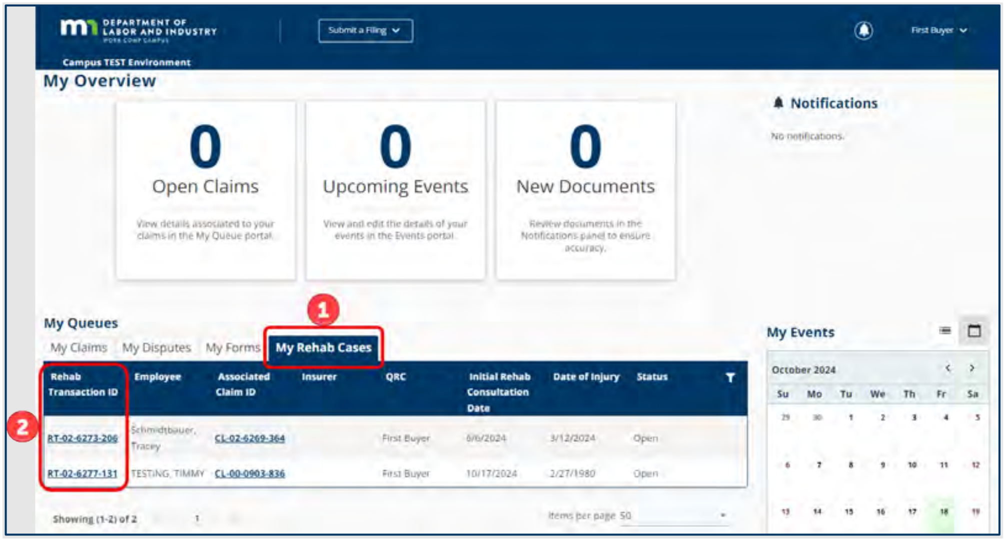
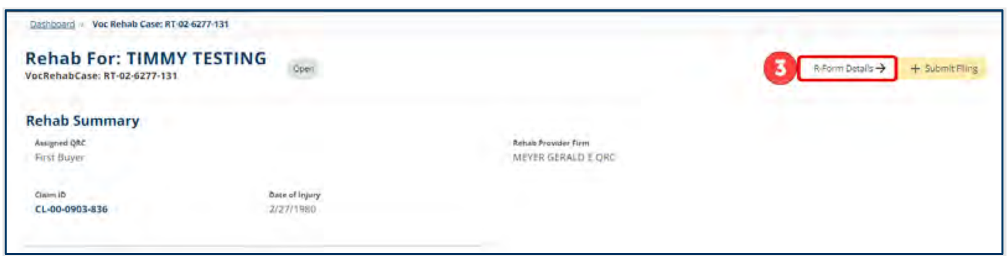
23. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature



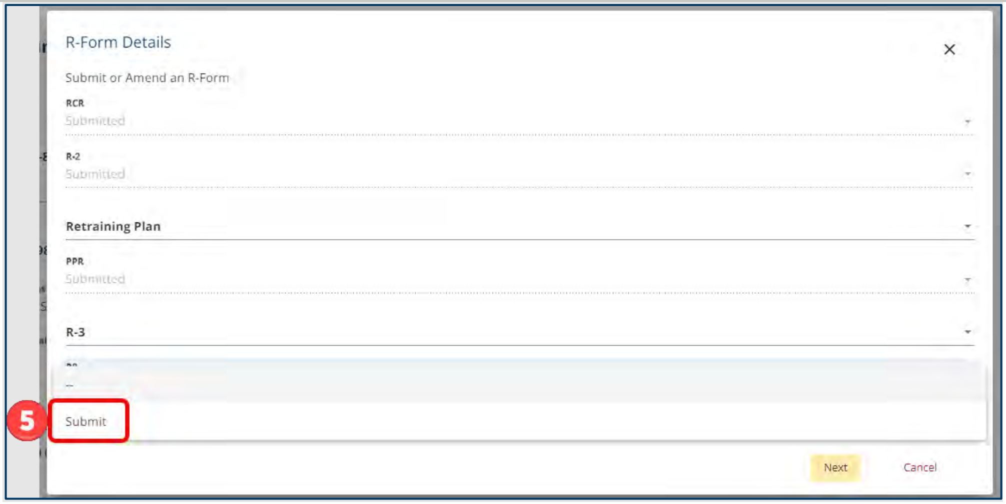
and confirming the accuracy of the document. 24. When complete, click the yellow **Submit Form** button.	
25. If the submission is **successful**, a confirmation page will display. This includes links to the **Associated ID** (RT) and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.	

R-8 Notice of Rehabilitation Plan Closure

QRCs develop, file and distribute an R-8 Notice of Rehabilitation Plan Closure to notify parties when vocational rehabilitation services are no longer being provided to an injured worker. This form will have all costs, from the beginning of the case to its closure, even if there were multiple QRCs who have worked with the injured worker during the case.

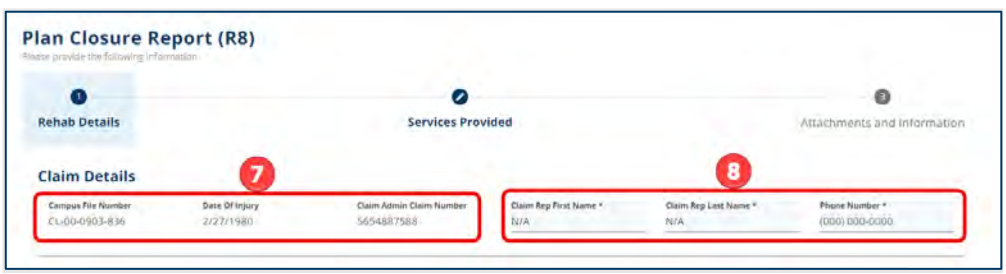
Instructions	Visual aids
1. From the dashboard, click on the **My Rehab Cases** tab. 2. Under the **Rehab Transaction ID** column, locate and click on the RT file, which is the RCR originally filed.	
3. In the **Rehab Summary** page, click on **R-Form Details→**.	
4. In the **R-Form Details** pop-up window, click the **R8** drop-down menu.	

5. In the drop-down menu, select the **Submit** option.



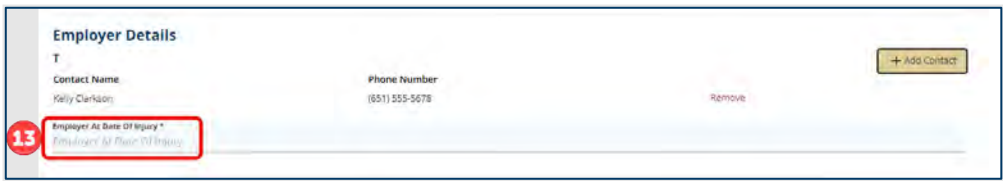
6. Click the yellow **Next** button.

7. In the **Plan Closure Report (R8)** page, step 1 is **Rehab Details**. Under the **Claims Details** section, the associated claim information will automatically populate.
8. Enter the information for the **Claim Representative**. Ensure all fields with an * have information entered.



9. Under the **Employee Details** section, verify the date in the **Rehab Consultation Date** field.

10. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.
11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down menu field or by entering information in all the fields with an *.
12. Click the yellow **Save** button to add the information to the form.
13. Back on the **Employer Details** section, ensure the **Employer at Date of Injury** field has information entered.

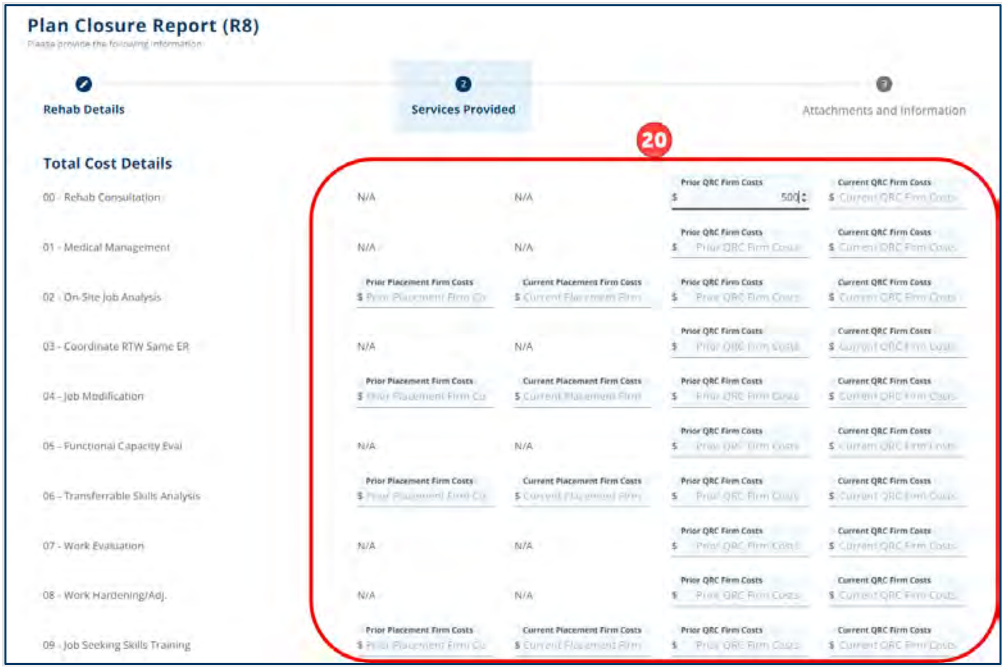


14. Under the **Insurer Details** section, verify the insurer information.

15. Under the **QRC Details** section, click on the drop-down menu in the **Rehab Provider Group Address** and select the appropriate address for the QRC firm.
16. Verify the number in the **Phone Number** field.
17. Enter information in the **Vendor Name** and **Vendor Number** fields.

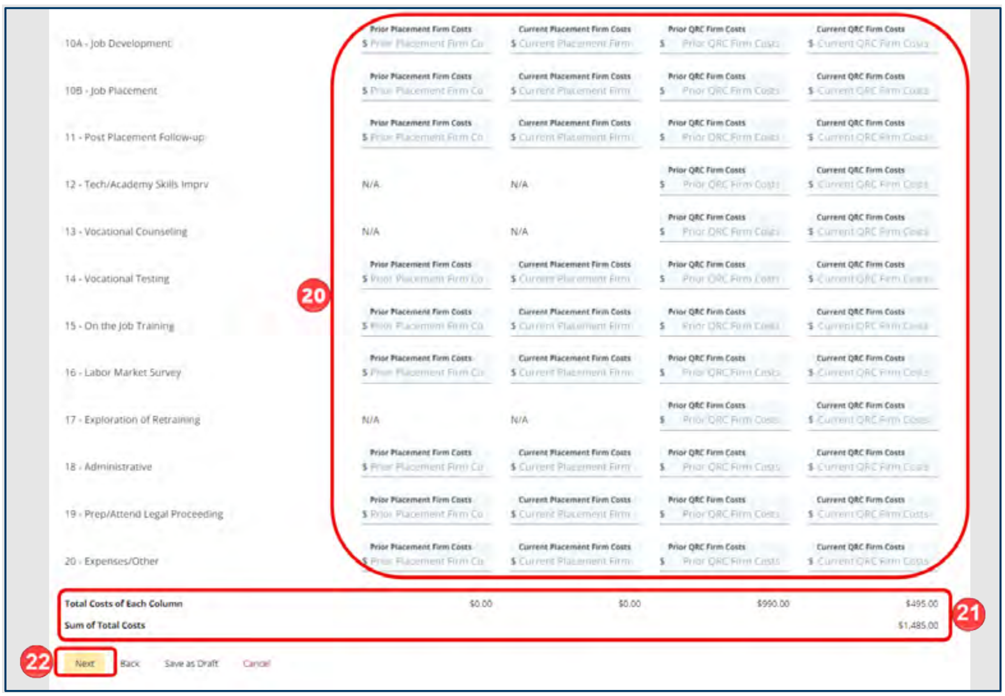
18. Under the **Closure Details** section, ensure all fields with an *have information entered. 19. Click the yellow **Next** button to continue.	

20. Step 2 is **Services Provided.** Enter all the costs incurred by both prior and current QRCs for all the applicable fields.

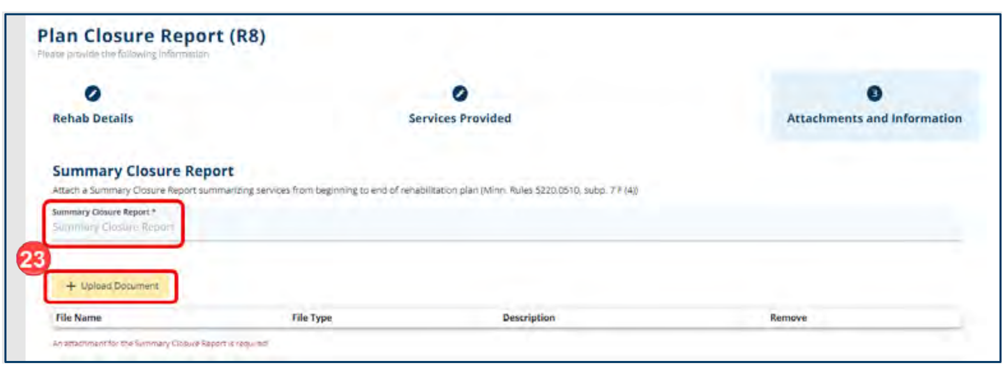


21. At the bottom, the amounts entered will be added up and a total will be displayed.
22. Click the yellow **Next** button to continue.

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



23. Step 3 is **Attachments and Information**. Under the **Summary Closure Report** section, provide a narrative in the **Summary Closure Report** field or by attaching a document by clicking the yellow **+ Upload Document** button.



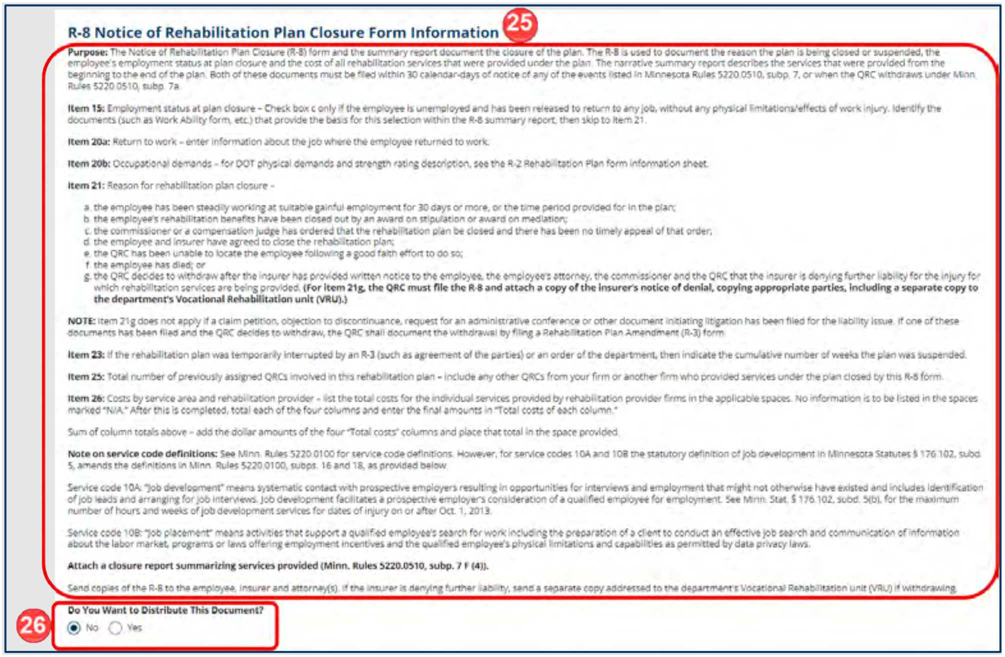
<table>
<tr><td>Note: A summary closure report must be entered to submit the form.</td><td></td></tr>
<tr><td>24. Under the Supporting Attachments section, add any additional documentation by clicking the yellow + Upload Document button.</td><td>
</td></tr>
<tr><td>25. In the R-8 Notice of Rehabilitation Plan Closure Form Information section, review the information.

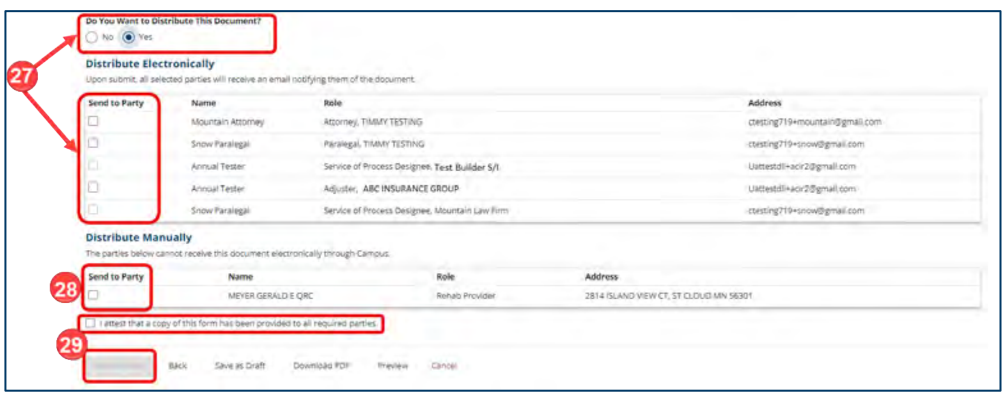
26. In the Do you want to distribute this document field, select the answer that fits best.
a) If Yes – go to step 27.
b) If No – move to step 30.

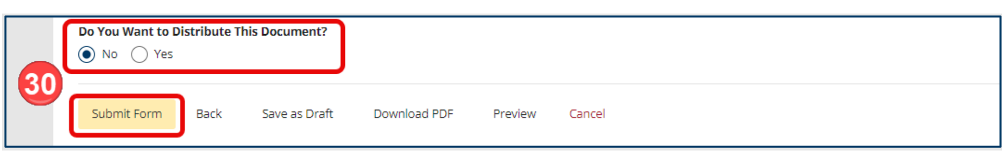
27. If Yes, the Distribute Electronically section will appear. Under the Send to Party column, select the parties that should be served electronically via email.

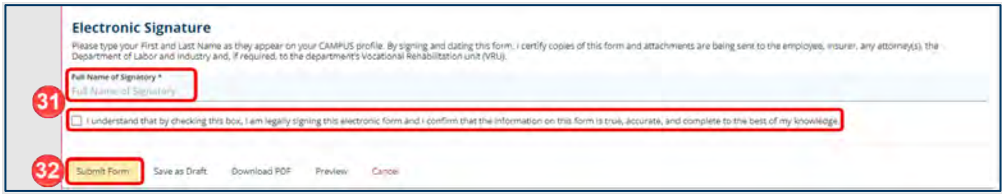
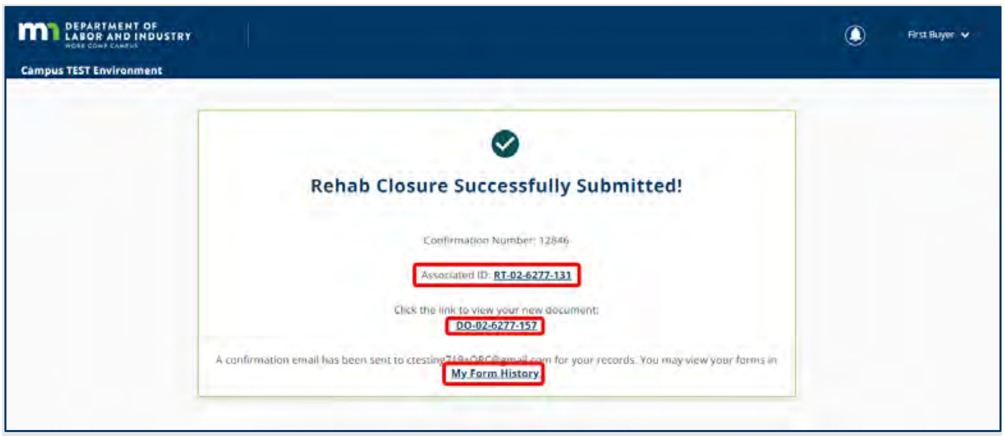
28. Under the Distribute Manually section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

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

30. If No, click the yellow Submit Form button.</td><td>




</td></tr>
</table>

31. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document. 32. When complete, click the yellow **Submit Form** button.	
33. If the submission is **successful**, a confirmation page will display. This includes links to the **Associated ID** (RT) and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.	

Document history

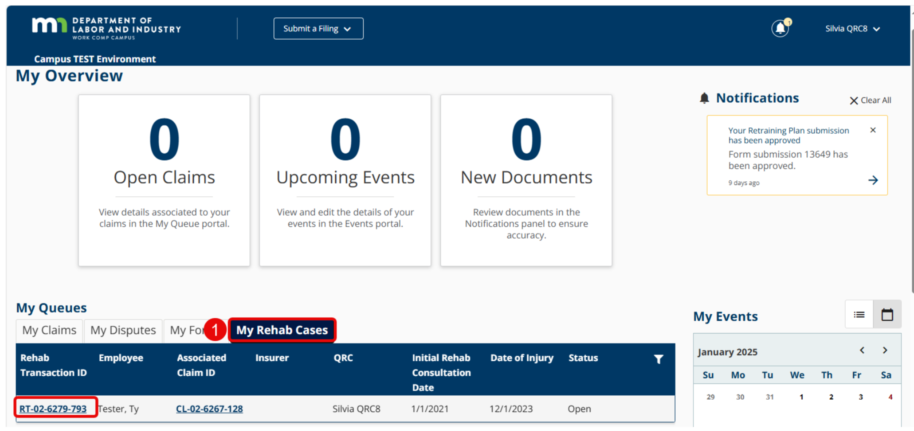
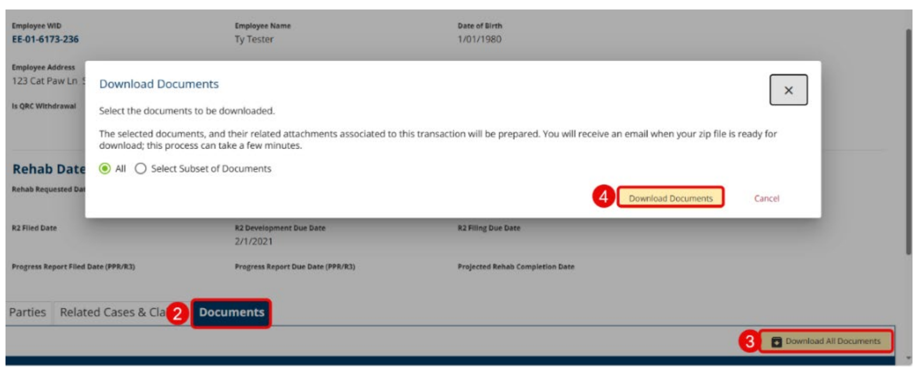
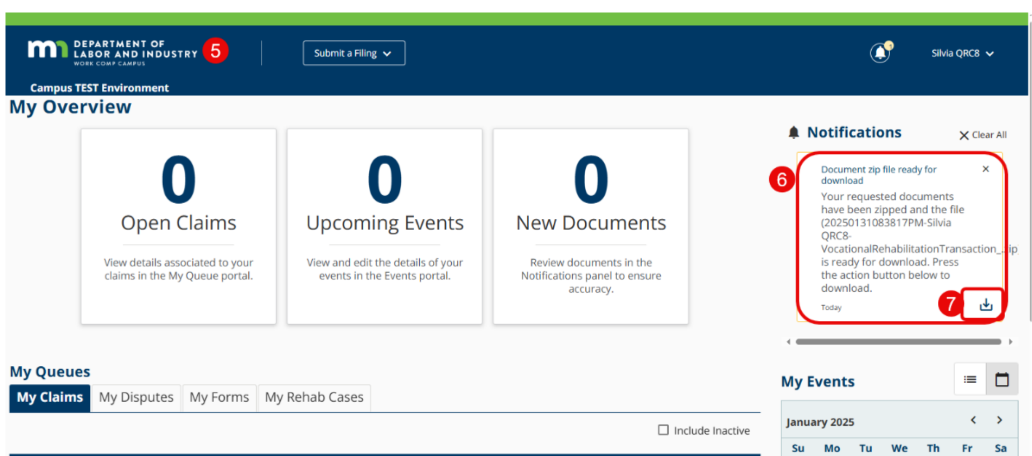
Version	Description	Date
1.0	Initial document	Oct. 22, 2024
2.0	Addition of Amendment A	Feb. 26, 2025
3.0	Addition of Amendment B	March 11, 2025

Amendment A: QRC and QRC intern change of employment

Updated Feb. 26, 2024

Download transactions

Before beginning the process, download any transactions you want to keep. It is important to note that access to transactions related to the previous employer will be removed upon submission of a new employer.

Instructions	Visual aids
1. Open the rehab transaction you would like to save. 2. Scroll down and select the **Documents** tab. 3. Select the **Download All Documents** button on the right side of the screen. 4. Select **All** and click on **Download Documents.**	
5. To complete the process, go back to the dashboard by clicking on the **DLI logo** 6. Look at the **notifications** section of the screen, you will see a message letting you know that documents are ready for download. 7. Click on the **download icon**. 8. Check your **downloads folder** to make sure you have all the requested documentation before proceeding to the steps to change employment.	

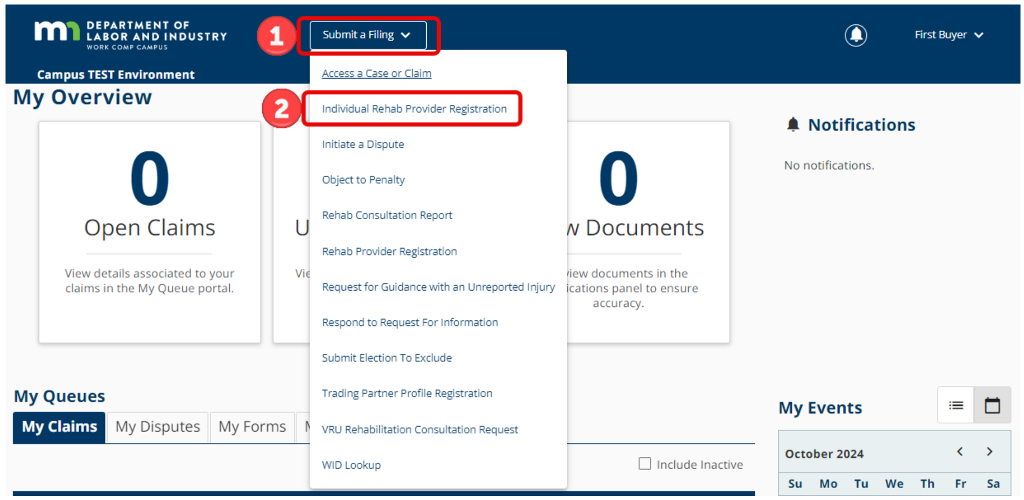
Change of Employment

To submit a Change of Employment, log in to Campus using your current email. Once the changes are submitted the contact info and employer will be automatically updated.

<table>
<tr><th>Instructions</th><th>Visual aids</th></tr>
<tr><td>

1. From the Dashboard, click on **Submit a Filing.**
2. In the drop-down menu, select **Individual Rehab Provider Registration.**

</td><td>

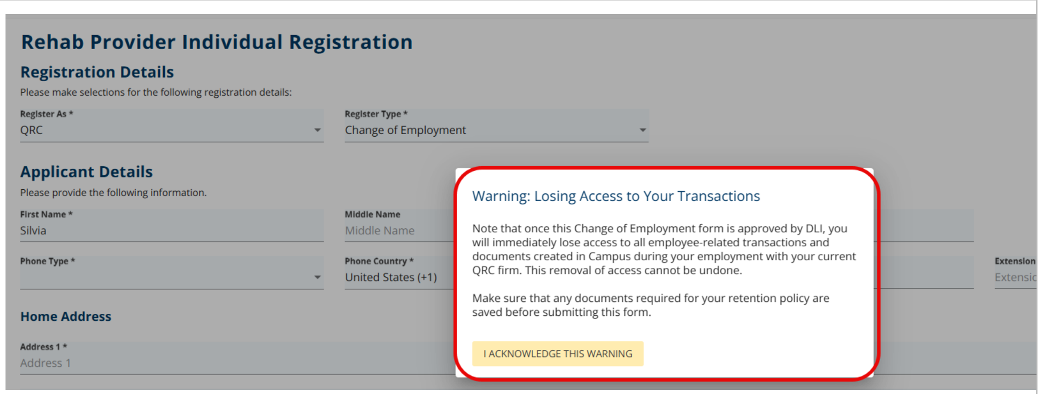


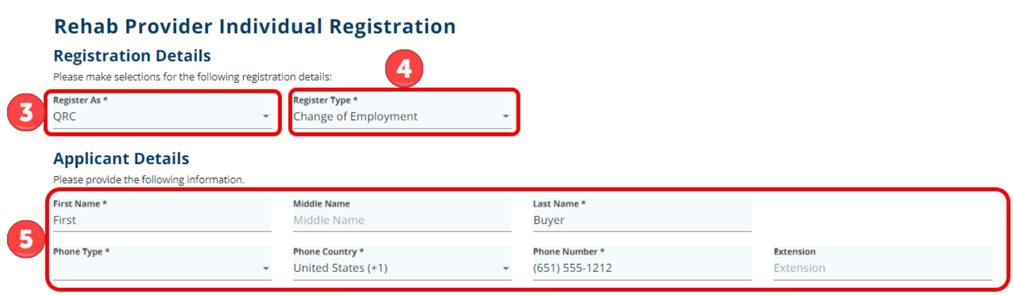
</td></tr>
<tr><td>

A warning will let you know transactions will not be accessible once this form is submitted. Before continuing see ***Download transactions*** *if necessary to save current information*

3. On the **Rehab Provider Individual Registration** page, in the **Register As** field, select the **QRC** or **QRC Intern** option.
4. In the **Register Type** field, select the **Change of Employment** option.
5. Under the **Applicant Details,** ensure that all fields with asterisks (*) have information entered.

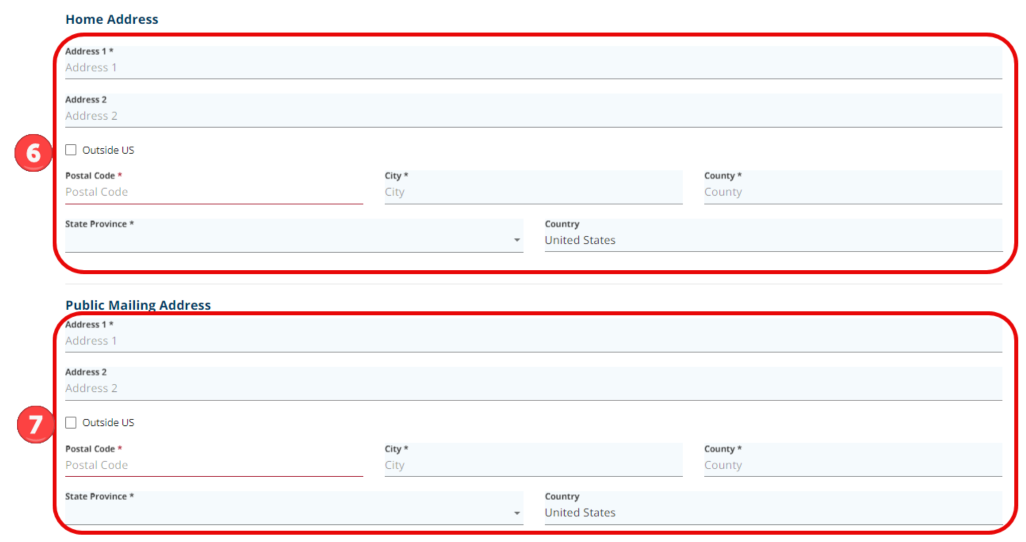
</td><td>





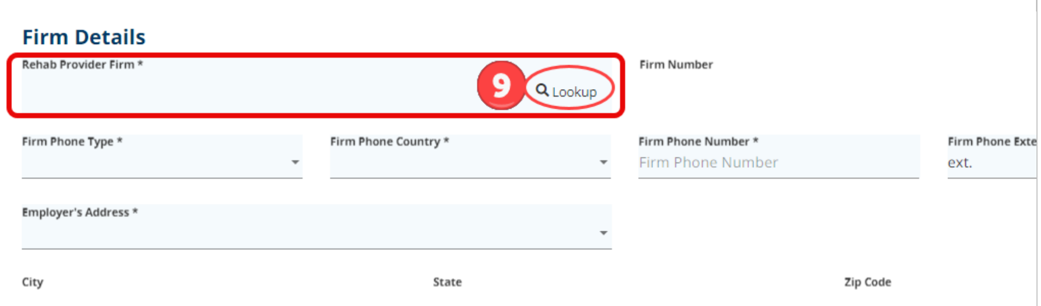
</td></tr>
</table>

6. Under the **Home Address** section, verify personal information and ensure that all fields with asterisks (*) have information entered.
7. Under the **Public Mailing Address** section, enter QRC firm's business address.

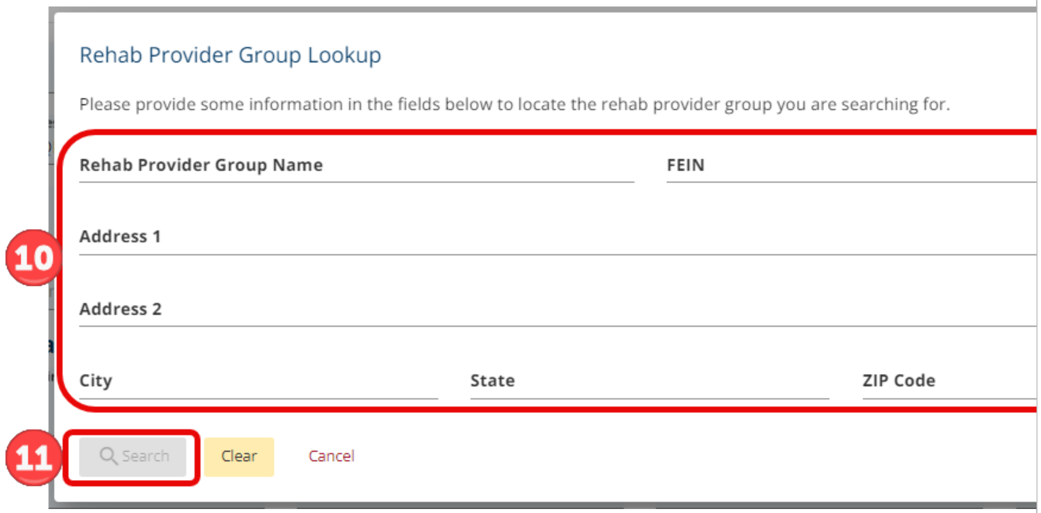


8. Verify the pre-filled information and ensure all fields with asterisks (*) have information entered.
   a) SSN: Social Security Number
   b) New Work email address
   c) QRC number
   d) If applicable, the applicant's Minnesota tax ID number

9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, use the **Lookup** tool to locate the new firm.

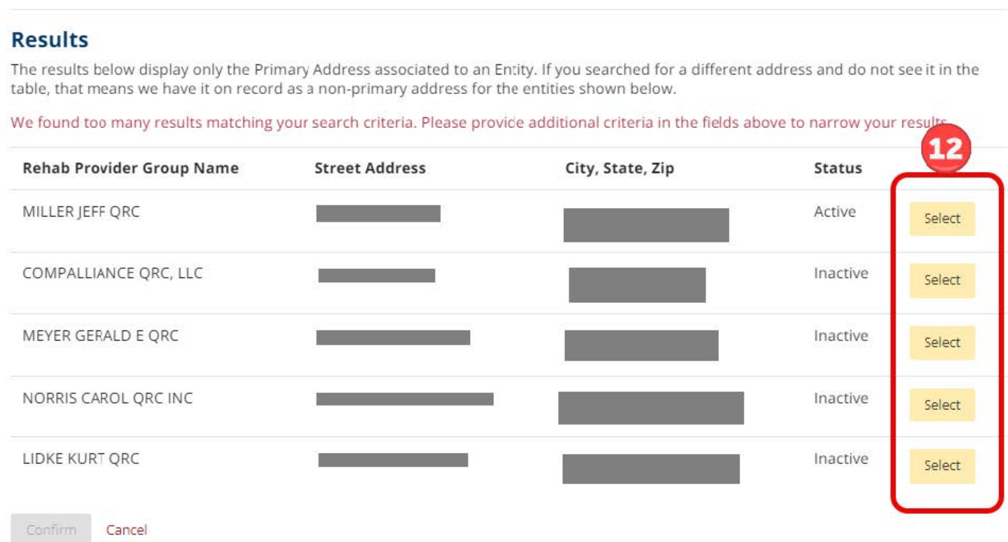


10. In the **Rehab Provider Group Lookup**, a search can be done by:
    a) **Rehab Provider Group Name -** entering the name of the firm
    b) **FEIN –** Federal Employer Identification Number
    c) **Address**
11. Once the information is entered click the **Search** button.

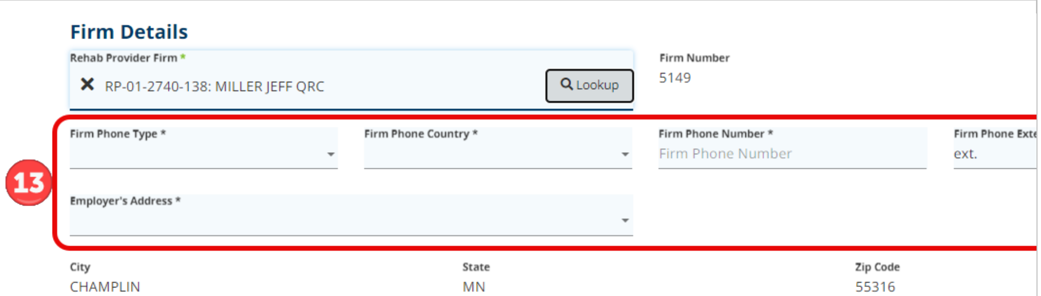


12. The results will be displayed under the **Search** button. Locate the appropriate Rehab Provider Group name and select it by clicking on the **Select** button.

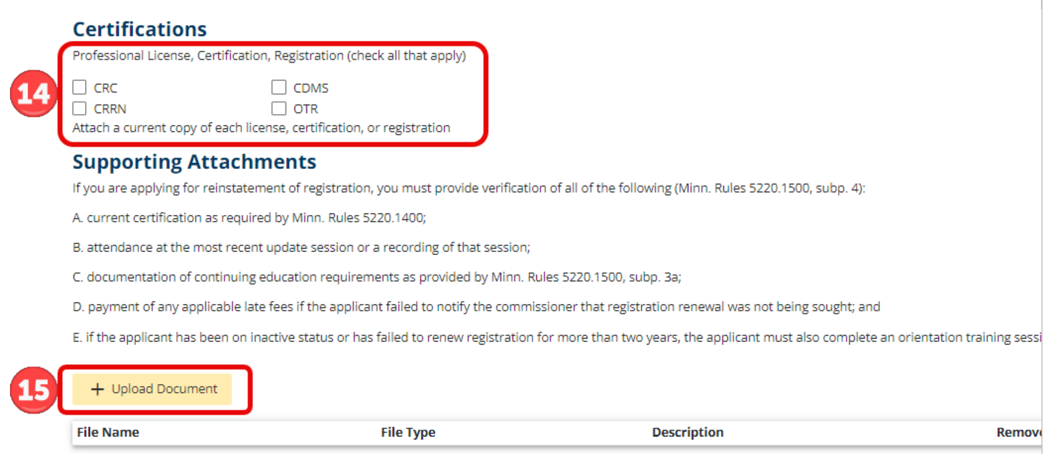
This will close out the search window and bring you back to the registration form.



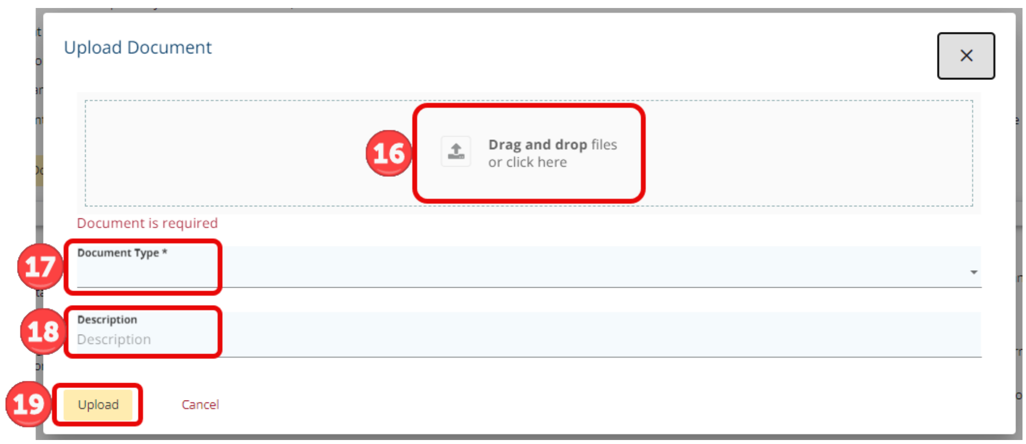
13. The selected firm information will populate. Before moving forward, ensure that all fields with asterisks (*) have information entered.



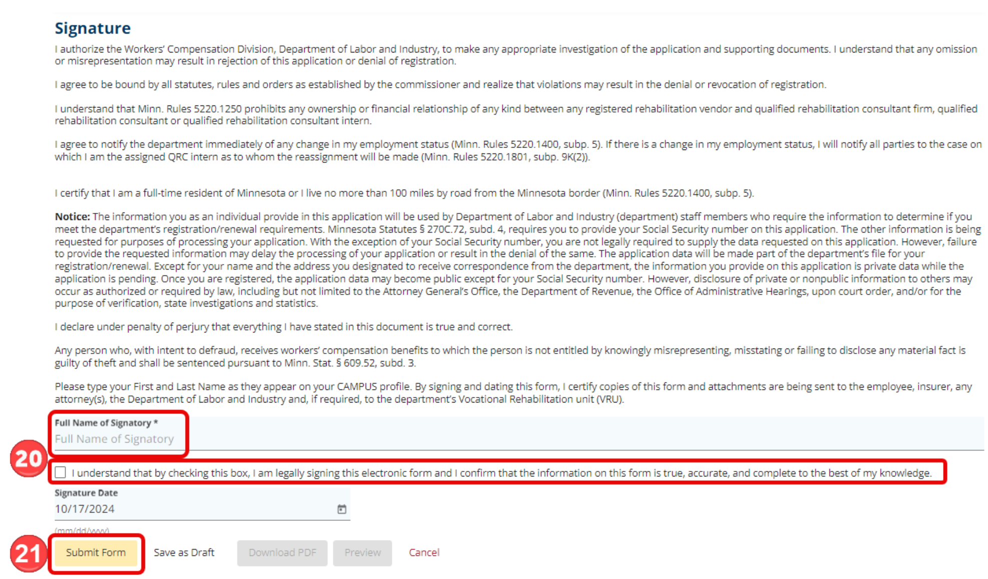
14. Under the **Certifications** section, check all the boxes that apply.
15. Under the **Supporting Attachments** section, add any documentation to support your application for registration.
    Examples include but are not limited to:
    a) Resume
    b) List of activities
    c) License/certification information



16. In the **Upload** Document pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.
17. Select the **Document Type** from the drop-down menu.
18. Enter a brief **Description**.
19. Click **Upload** to continue.



20. Type the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and click the checkbox attesting to the legal signature and confirming the accuracy of the document.
21. Click the yellow **Submit** button.



Amendment B: R-3 Rehabilitation Plan Amendment

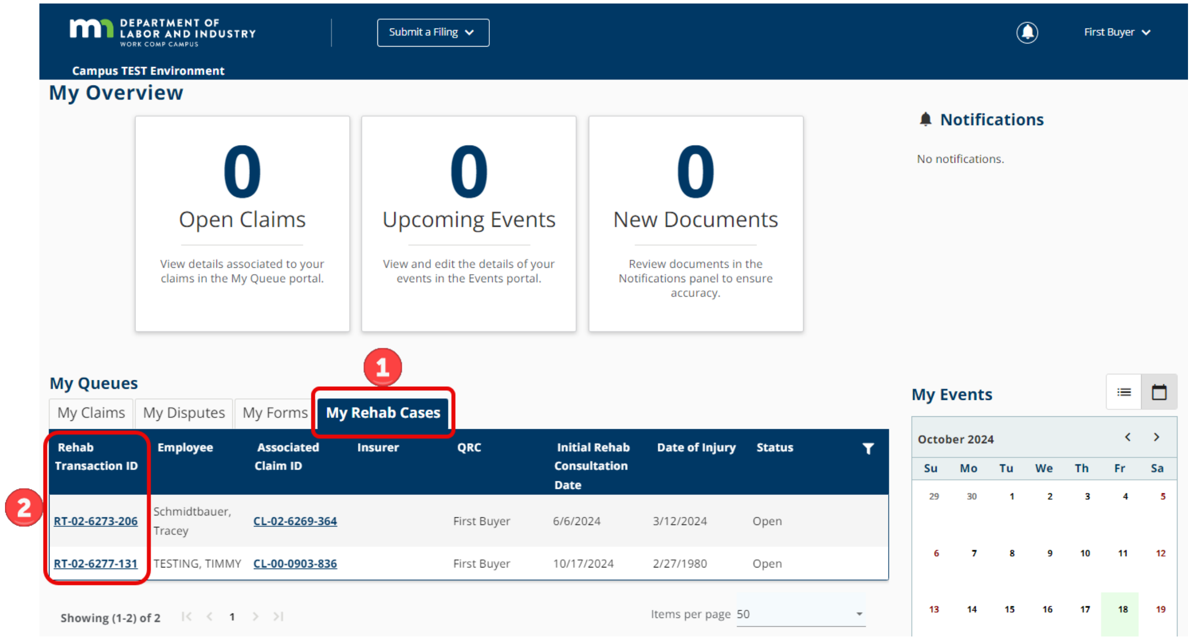
Updated March 11, 2025

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.

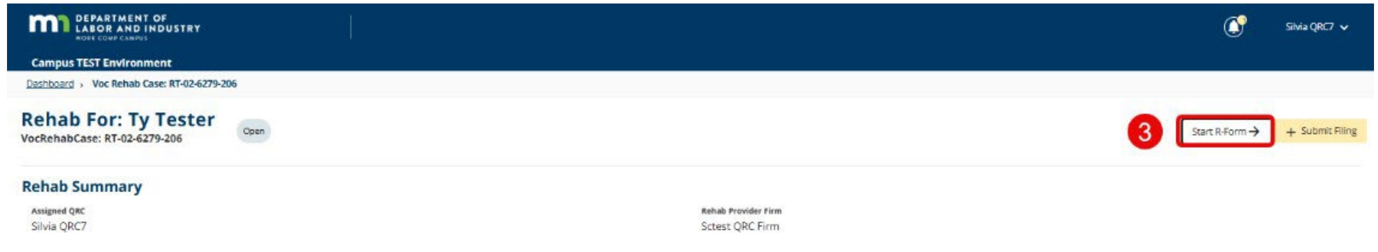
The three types of changes that may be made are:

1. continue as assigned QRC;
2. change of QRC; and
3. withdrawal of QRC.

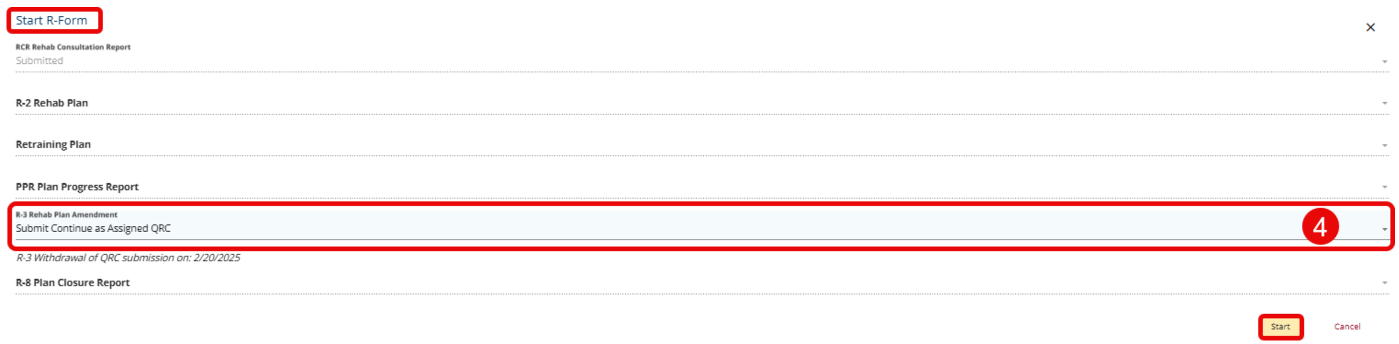
Continue as assigned QRC

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.	

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



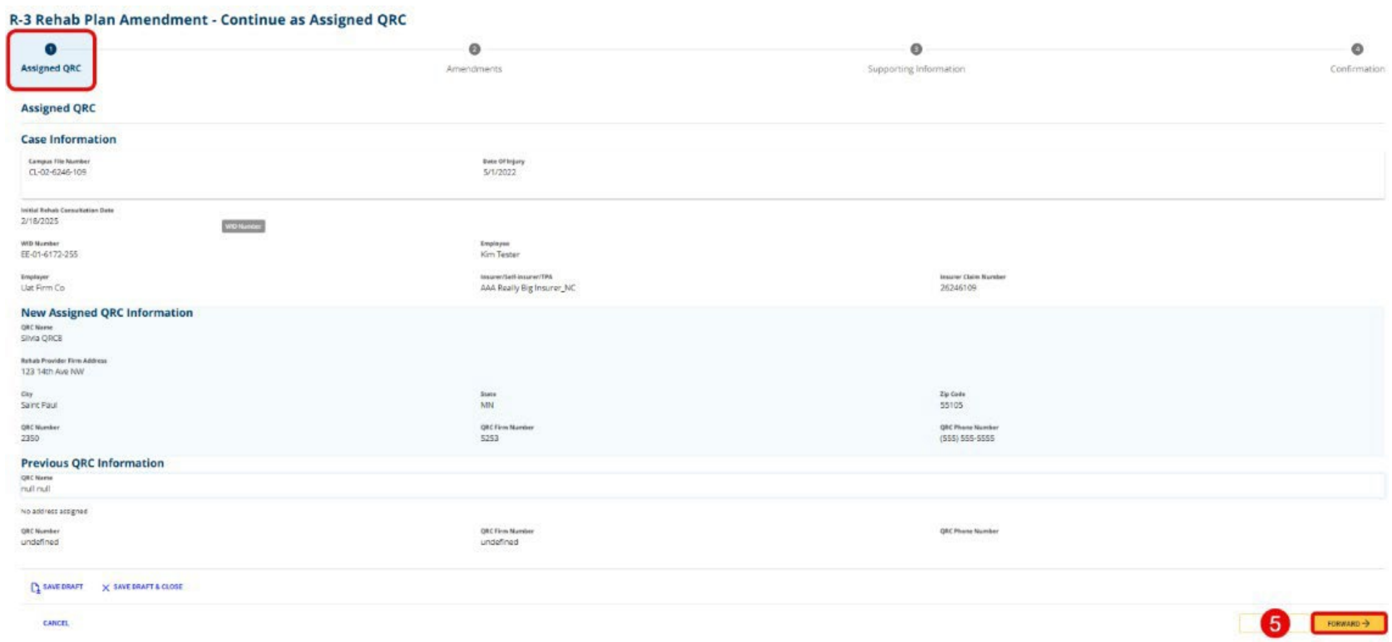
4. From the **Start R-Form** pop-up window, select Submit Continue as Assigned QRC from the **R-3 Rehab Plan Amendment** drop-down menu. Select **Start** to begin the process.



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.

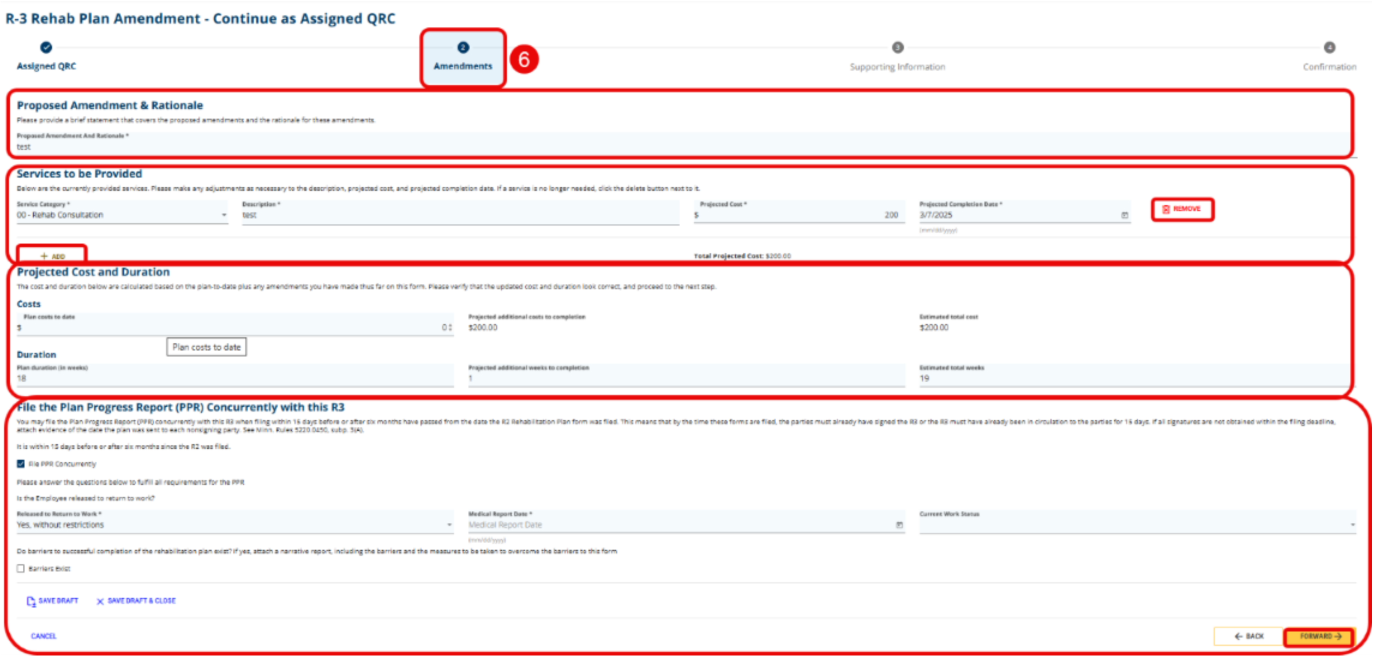
Projected Cost and Duration

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.



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.

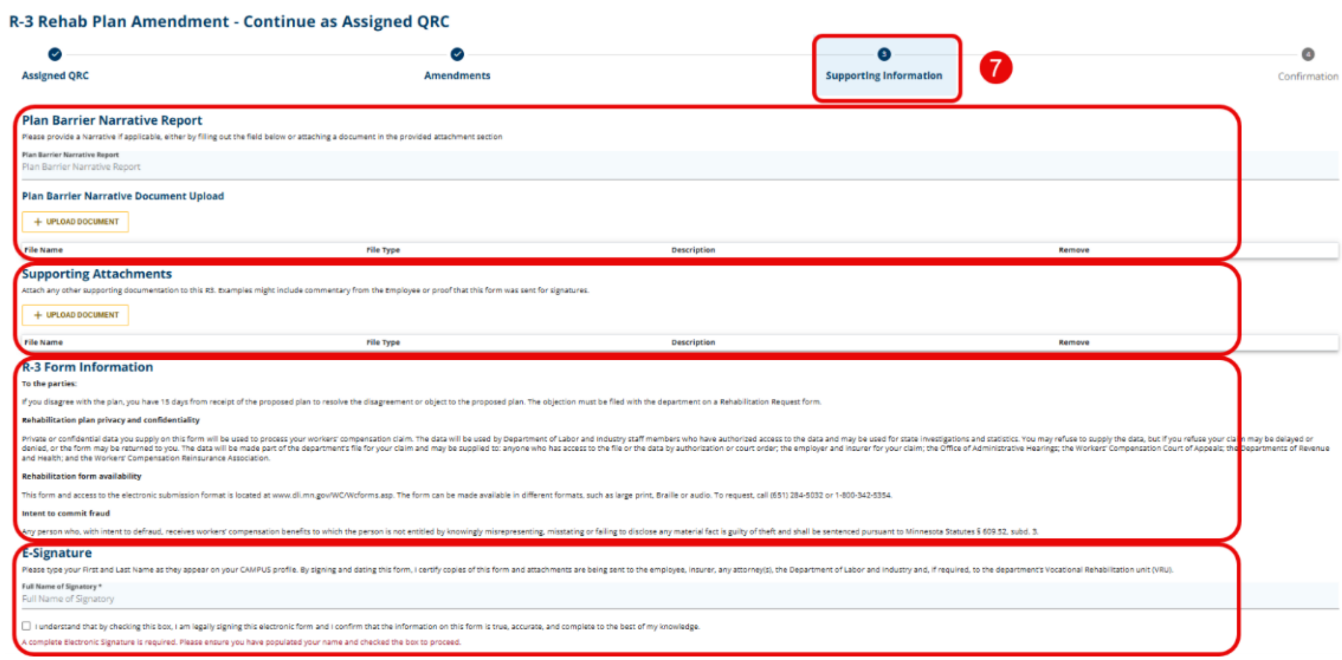
R-3 Form Information

Review the information in the section.

E-Signature

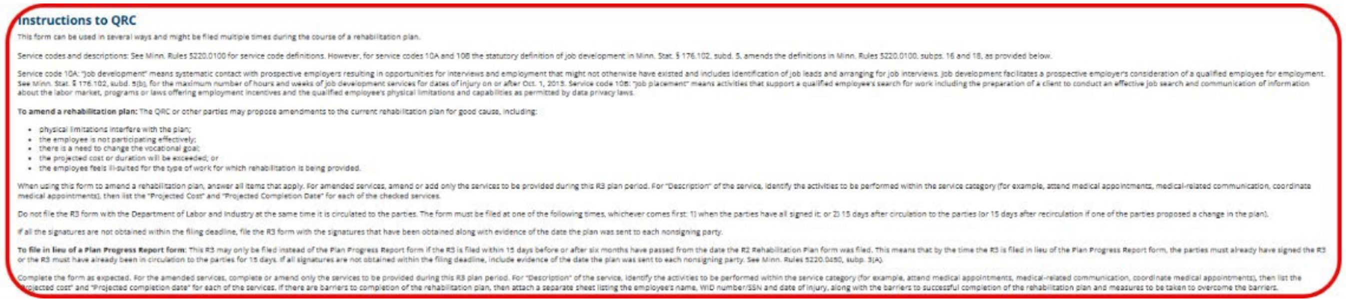
The signature must match the Campus user profile name.

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



Instructions to QRC

Review the information under the section.



Do you want to distribute this document?

Yes

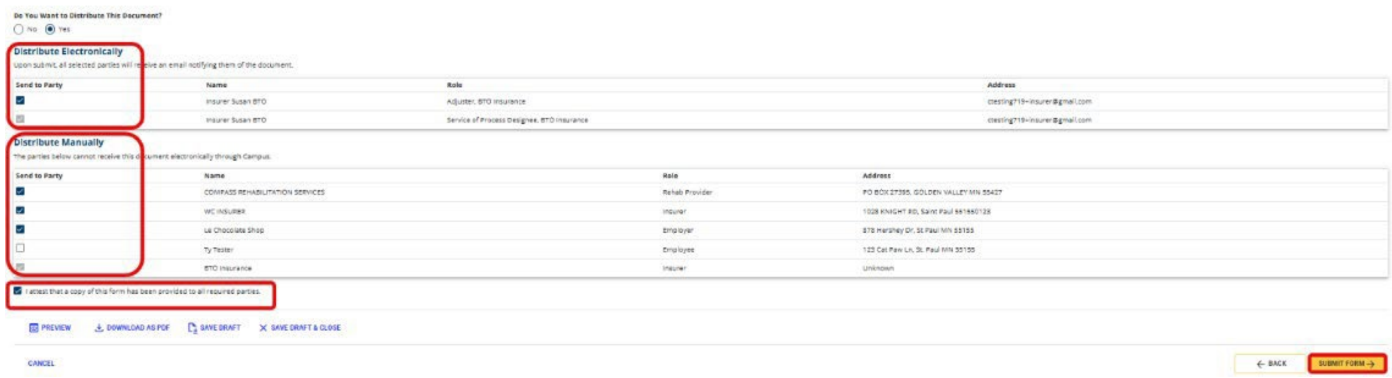
Distribute Electronically

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

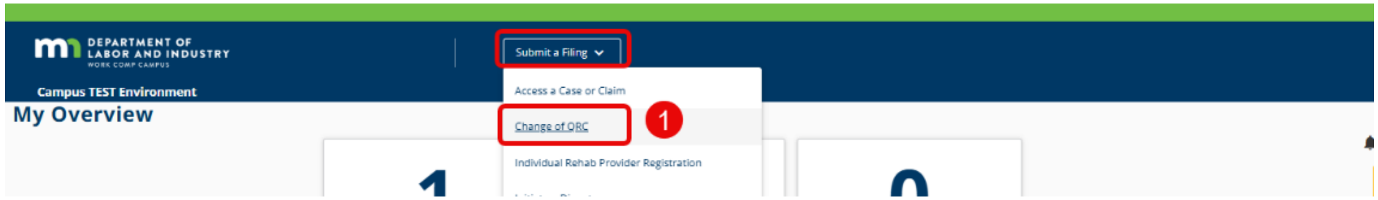
Click the **Submit Form** button.

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.	

Change of QRC

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



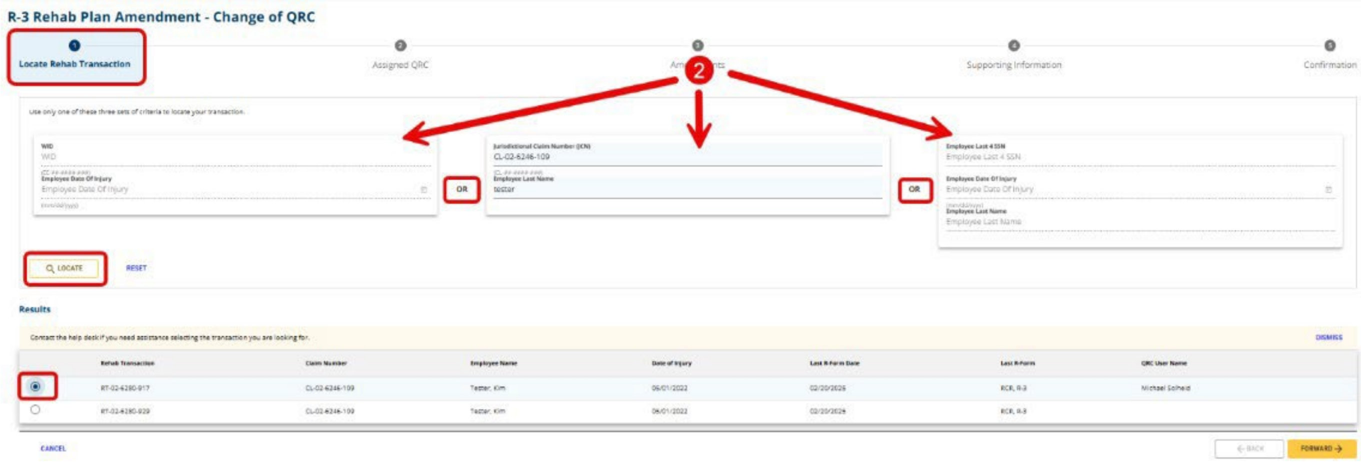
2. **Locate the Rehab Transaction**

   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.

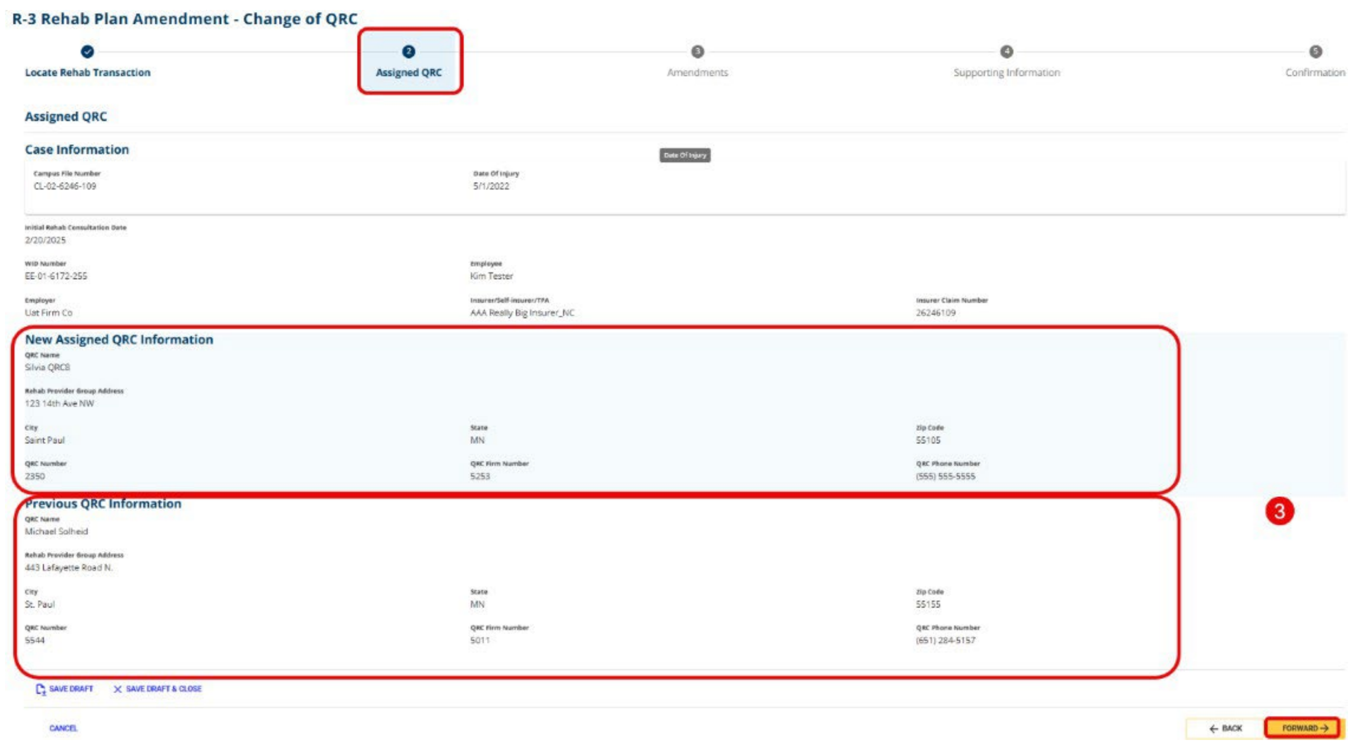
   Click **Forward** to continue.



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.



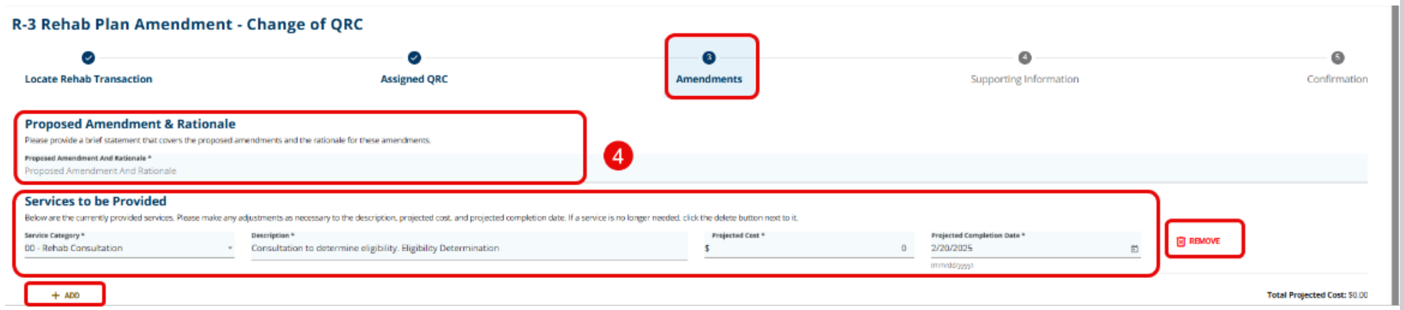
4. Step 3. **Amendments**

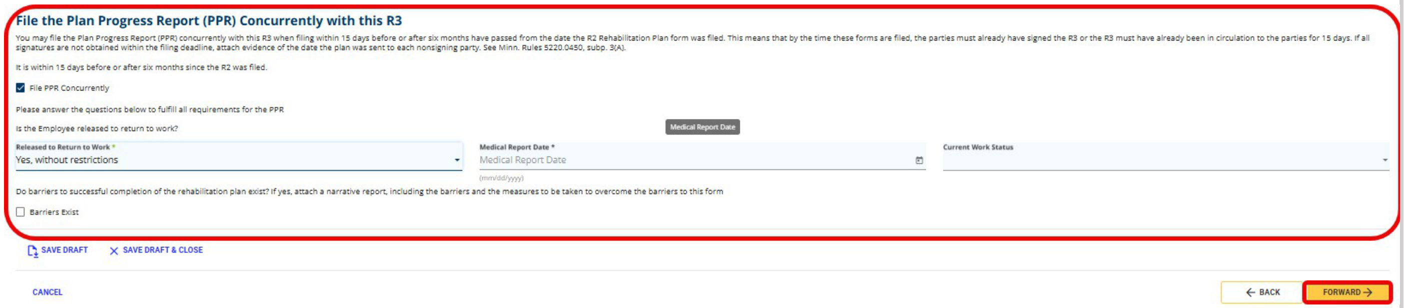
Proposed Amendment and Rationale

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

Services Provided

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



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.	

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

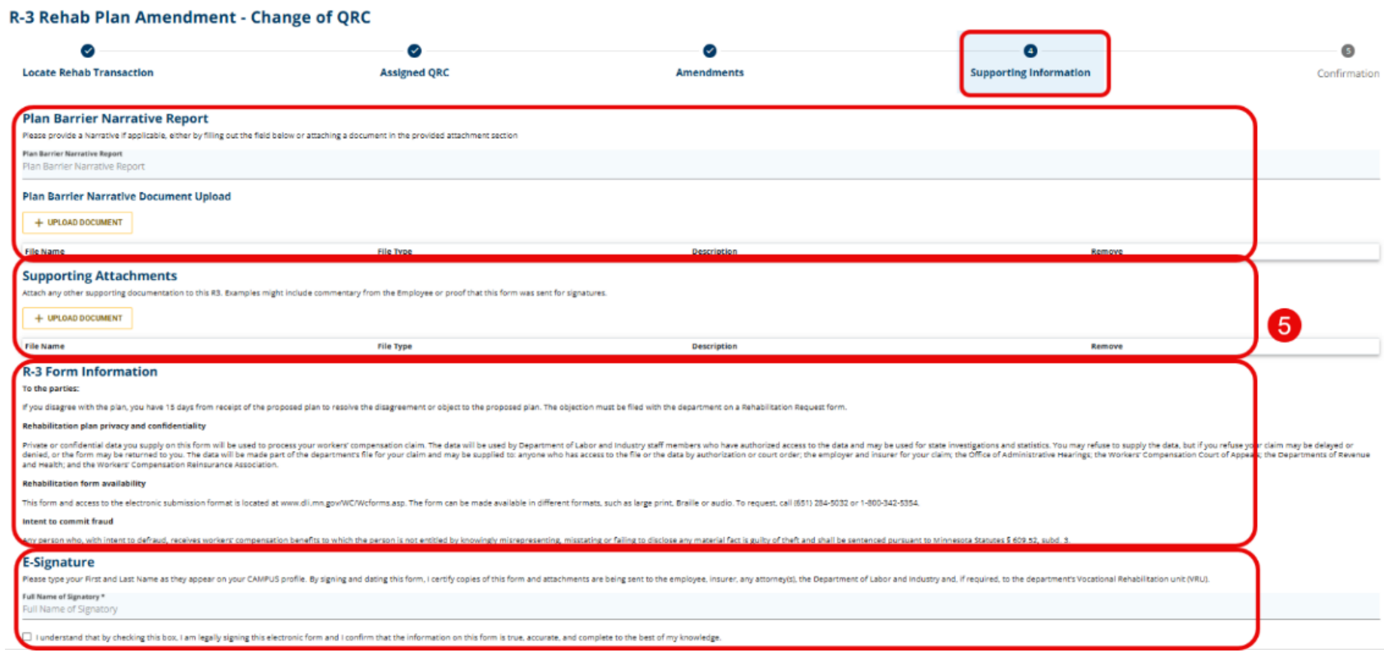
Click the **+ Upload Document** button to add documentation.

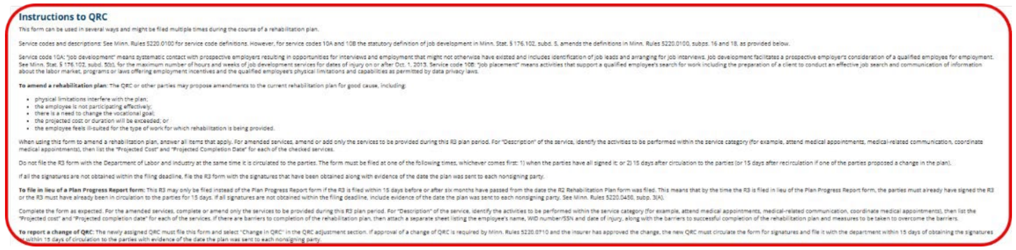
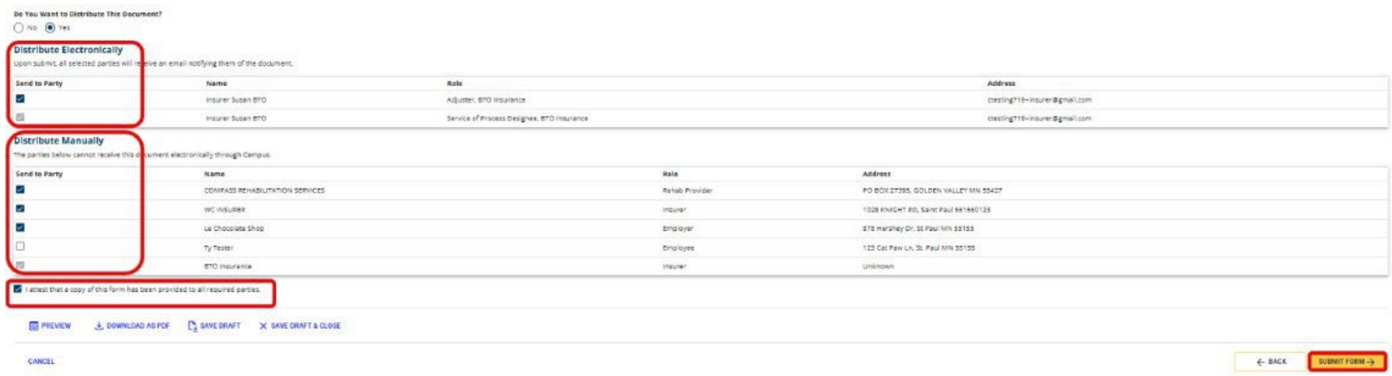
Review the information in the **R-3 Form Information** section.

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.



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

<table>
<tr>
<td>

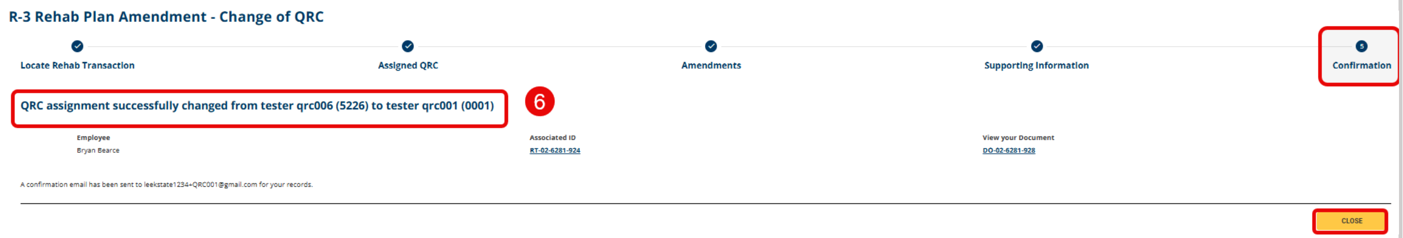
6. Step 4. **Confirmation**

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.

</td>
<td>

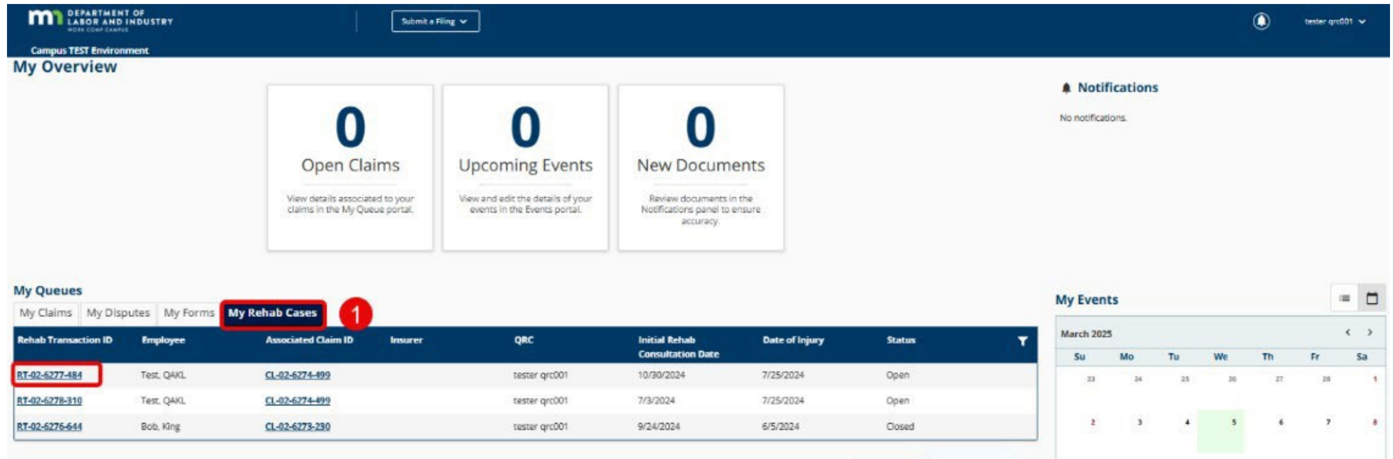


</td>
</tr>
</table>

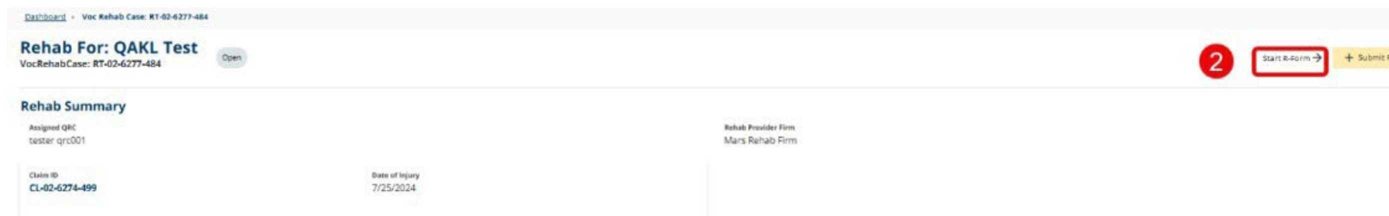
Filing a Withdrawal of QRC

1. From the dashboard:

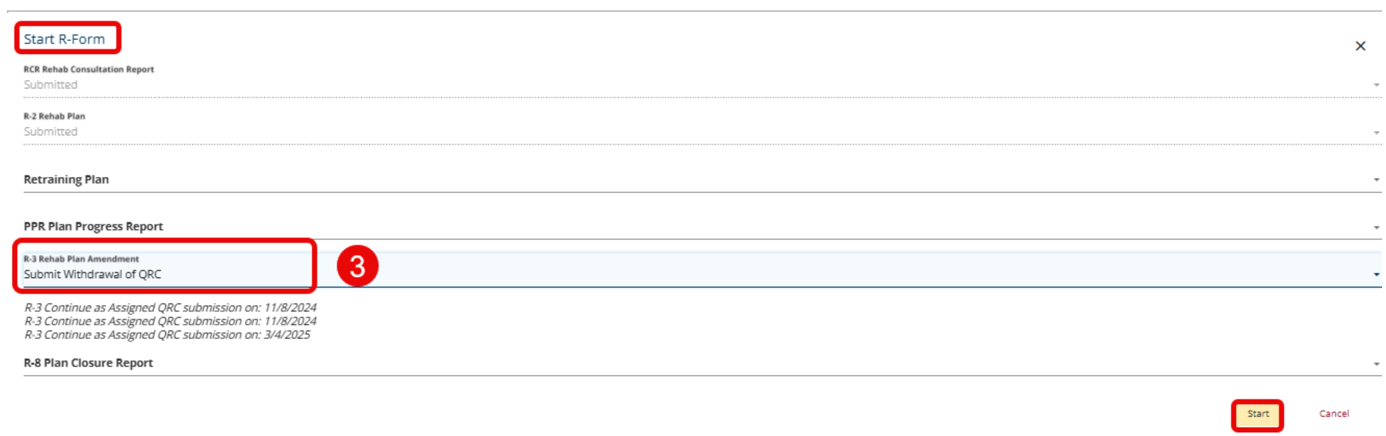
   Under the **Rehab Transaction ID** column, locate and click on the RT for the employee's case you wish to withdraw.

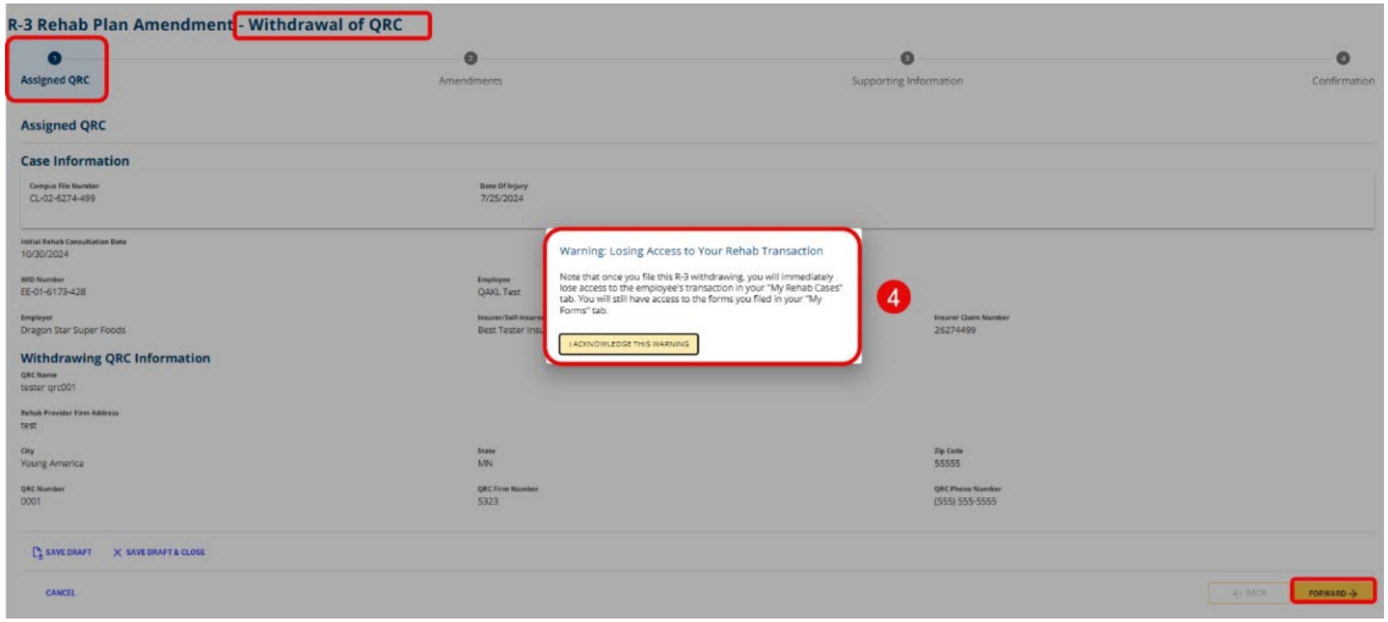
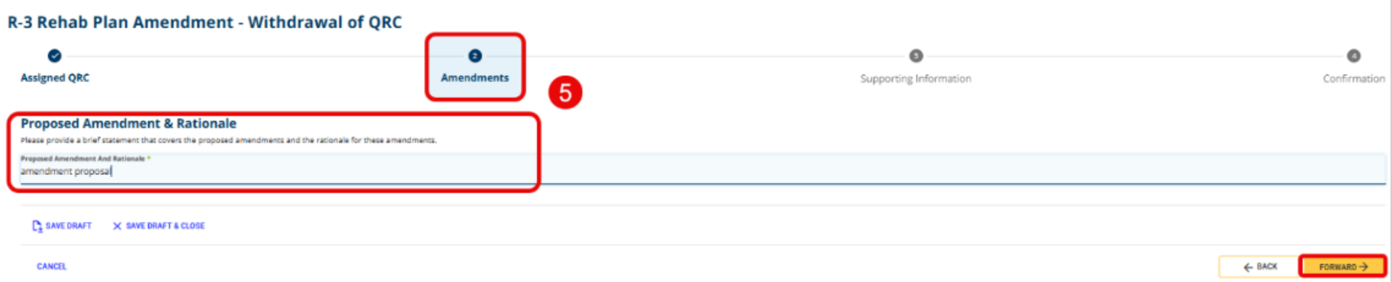


2. On the **Rehab Summary** page, click on the **Start R-Form→** button.



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.



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.	
5. Step 2. **Amendments** Enter the **Proposed Amendment & Rationale** and click **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.

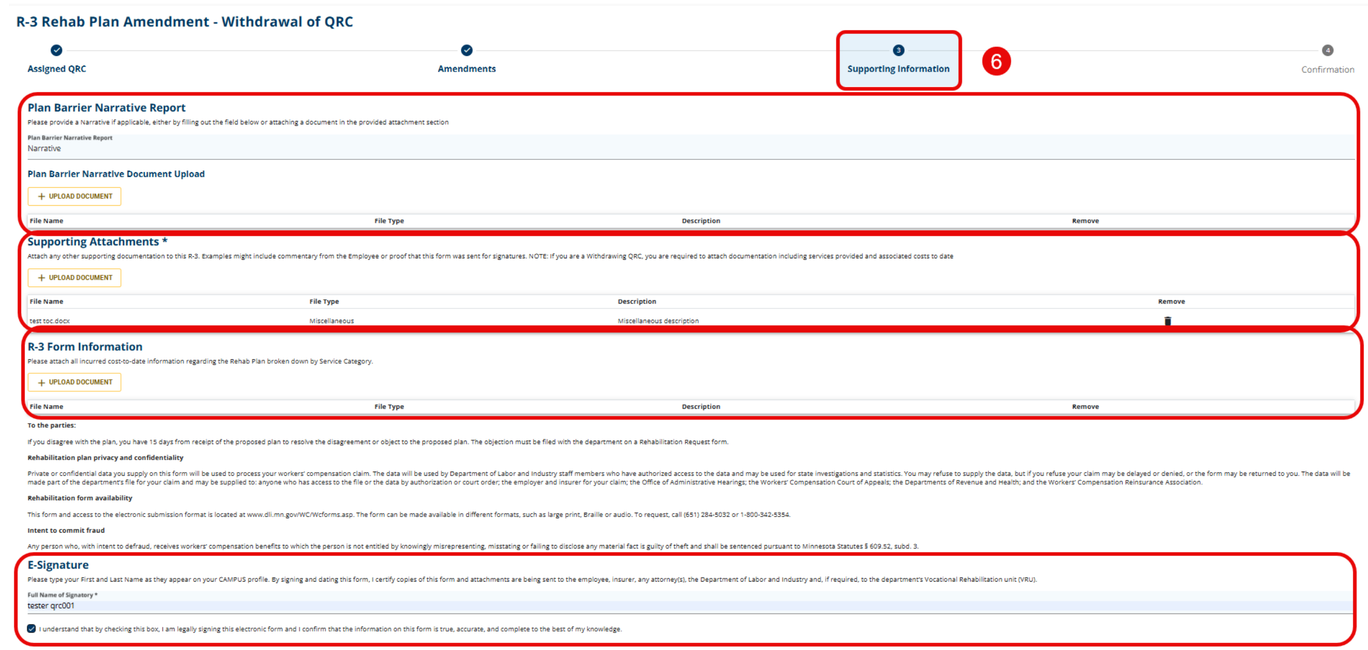
R-3 Form Information

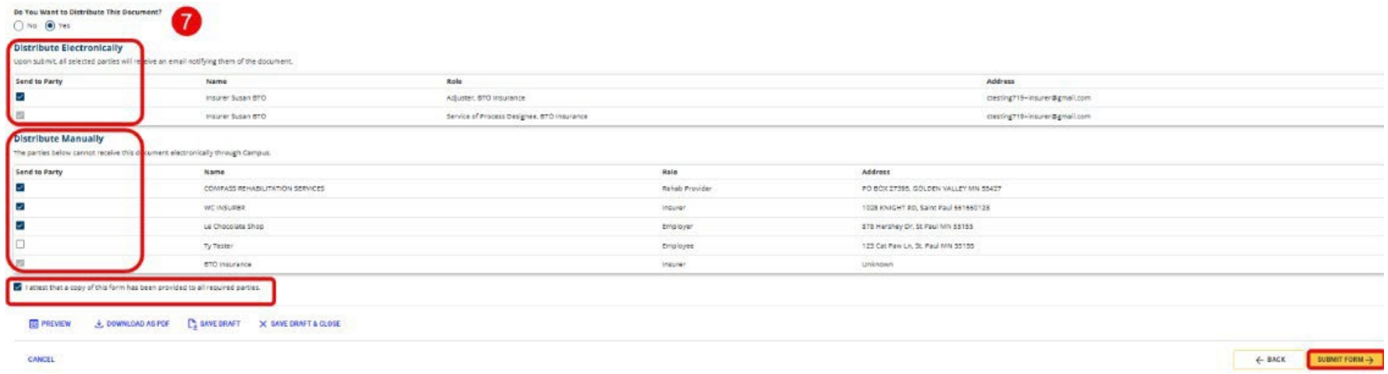
Add all incurred costs-to-date information for the rehabilitation plan.

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.



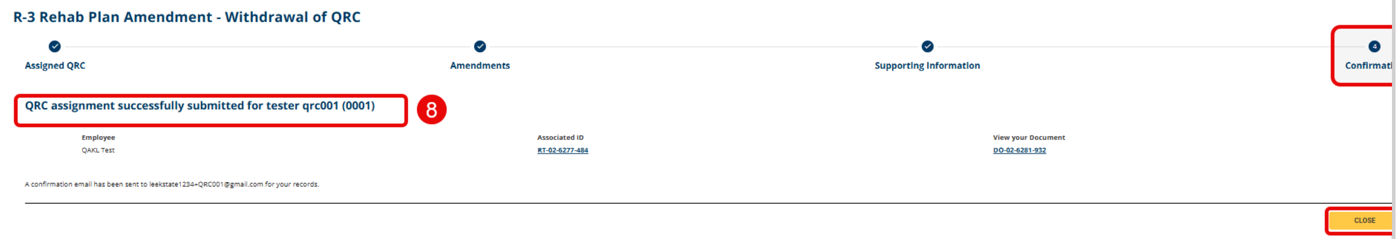
Review the information under the **Instructions to QRC** section.	 **Note**: If you are a withdrawing QRC, you are **required** to attach documentation including services provided and associated costs to date.
7. Do you want to distribute this document? **Yes** Under the **Send to Party** column, select 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. **No** Click the **Submit Form** button.	 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**

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.



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.