



RP81

DO NOT USE THIS SPACE

1. WID number or SSN	2. Date of injury				
3. Date of first consultation in person or telephone meeting (#29 on R-2)					
4. Employee name		8. QRC name			
5. Insurer/self-insurer/TPA		9. QRC address			
6. Insurer claim number		City	State	ZIP code	
7. Employer name		10. QRC #	11. QRC firm #	12. QRC phone number	
13. Change of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous QRC #	New QRC #				
15. Proposed amendment and rationale (attach separate sheet as necessary)					
16. Employee comments (if any)					
17. QRC is to complete all service areas to be provided during the period covered by this R-3					
Service category	Description			Projected cost	Projected completion date
01 - Medical Management					
02 - On-Site Job Analysis					
03 - Coordinate RTW/same ER					
04 - Job Modification					
05 - Functional Capacities Evaluation					
06 - Transferrable Skills Analysis					
07 - Work Evaluation					
08 - Work Hardening/ Adjustment					

Service category	Description	Projected cost	Projected completion date
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)			
10B - Job Placement (See instructions to QRC)			
11 - Post Placement/Follow-up			
12 - Technical/Academic Skills Improvement			
13 - Vocational Counseling/Guidance			
14 - Vocational Testing			
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore Retraining/Formal Retraining			
18 - Administrative			
19 - Preparation/Attend conference/hearing			
20 - Expenses/Other			

	Plan costs to date	Projected additional costs to completion	Estimated total cost
18. Costs	<input type="text"/>	<input type="text"/> + <input type="text"/>	<input type="text"/> = <input type="text"/>

19. Plan duration from plan filing date (in weeks)	Weeks to date	Projected additional weeks to completion	Estimated total weeks
	<input type="text"/>	<input type="text"/> + <input type="text"/>	<input type="text"/> = <input type="text"/>

20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(complete #21 to 23)		

21a. Is the employee released to return to work?	<input type="checkbox"/> Yes, with restrictions	<input type="checkbox"/> Yes, without restrictions	<input type="checkbox"/> No	21b. Medical report date
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22a. Current work status	<input type="checkbox"/> Not working	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	<input type="checkbox"/> Seasonal layoff	22b. If working, is this a temporary job?	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

23. Do barriers to successful completion of the rehabilitation plan exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes: List the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.

Employee signature	Date	Claim representative signature	Date
QRC signature	Date	QRC intern supervisor signature	Date

**To the parties:**

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

**Rehabilitation plan privacy and confidentiality**

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Court 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](http://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 (651) 284-5032 or 1-800-342-5354.

**Intent to commit fraud**

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

**Instructions to QRC**  
**R-3 Rehabilitation Plan Amendment Form information**

**This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.**

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

**To amend a rehabilitation plan:** The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:

- physical limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the vocational goal;
- the projected cost or duration will be exceeded; or
- the employee feels ill-suited for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer items 1 through 20. For item 17, check only the services to be provided during this R-3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments), then list the "Projected Cost" and "Projected Completion Date" for each of the checked services.

Do not file the R-3 form with the Department of Labor and Industry at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: 1) when the parties have all signed it; or 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan).

If all the signatures are not obtained within the filing deadline, file the R-3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each nonsigning party.

**To file in lieu of a Plan Progress Report form:** This R-3 may only be filed instead of the Plan Progress Report form if the R-3 is filed within 15 days before or after six months have passed from the date the R-2 Rehabilitation Plan form was filed. This means that by the time the R-3 is filed in lieu of the Plan Progress Report form, the parties must already have signed the R-3 or the R-3 must have already been in circulation to the parties for 15 days. If all signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each nonsigning party. See Minn. Rules 5220.0540, subp. 3(A).

Complete items 1 through 23 on the form. For item 17, complete only the services to be provided during this R-3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments), then list the "Projected cost" and "Projected completion date" for each of the services. If the answer to item 23 is yes, then attach a separate sheet listing the employee's name, WID number/SSN and date of injury,

along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

**To report a change of QRC:** The newly assigned QRC must file this form and fill in item 10 with their QRC number. Complete item 13 by indicating "Yes." If approval of a change of QRC is required by Minn. Rules 5220.0710 and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with the department within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date the plan was sent to each nonsigning party.

**To withdraw as the QRC:** Use this form to withdraw as the assigned QRC from a rehabilitation file if the insurer has denied further liability for the injury for which rehabilitation services are being provided and a claim petition, objection to discontinuance, request for an administrative conference or any other document initiating litigation has been filed relating to the workers' compensation liability issue.

File this form with the department and send copies to the parties, including Department of Labor and Industry's Vocational Rehabilitation unit (VRU). (Minn. Rules 5220.0510, subp. 3a(C) and 5220.0510, subp. 7a(C)).

If the QRC elects to withdraw from a rehabilitation file where no litigation is pending for the liability issue, use the R-8 Rehabilitation Plan Closure form in accordance with Minn. Rules 5220.0510, subp. 7a(A).