

Mail or fax to:  
 Department of Labor and Industry  
 Workers' Compensation Division  
 PO Box 64221  
 St. Paul, MN 55164-0221  
 (651) 284-5032 or 1-800-342-5354  
 Fax: (651) 284-5731

# R-3 Rehabilitation Plan Amendment



PRINT IN INK or TYPE  
 ENTER DATES in MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

1. WID 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 TO CHECK AND 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 - Coord RTW/Same ER			
04 - Job Modification			
05 - Functional Capacities Eval			
06 - Transf Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10 - Job Dev/Placement			
11 - Post Placement/Follow-up			
12 - Tech/Acad Skills Imp			
13 - Voc Counseling/Guidance			

SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
14 - Vocational Testing			
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore/Formal Retraining			
18 - Administrative			
19 - Prep/Attend Conf/Hearing			
20 - Expenses/Other			

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

20. Is this form being filed in lieu of a Plan Progress Report (Minn. Rule 5220.0450, subp. A)?  Yes (complete #21-23)  No

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?  Yes  No

**If YES: LIST the BARRIERS and MEASURES to be TAKEN to OVERCOME the BARRIERS on a SEPARATE SHEET and ATTACH 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 Statement

*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 (department) staff 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 Available

This form is located at [www.dli.mn.gov/WC/Wcforms.asp](http://www.dli.mn.gov/WC/Wcforms.asp) and can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354/Voice or TDD (651) 297-4198.

#### Intent to Commit Fraud Statement

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 Section 609.52, Subd. 3.

**INSTRUCTIONS TO QRC**  
**COMPLETING THE R-3 REHABILITATION PLAN AMENDMENT FORM**

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

**To amend a rehabilitation plan:**

The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including, but not limited to:

- 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,
- 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 1-20. 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 (e.g., 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 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 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 non-signing party.

**To file in lieu of a Plan Progress Report:**

This R-3 may only be filed instead of the Plan Progress Report if the R-3 is filed within 15 days before or after six months have passed from the date the R-2 rehabilitation plan was filed. This means that by the time the R-3 is filed in lieu of the Plan Progress Report, 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 non-signing party. See M. R. 5220.0540, subp. 3(A).

Complete items 1-23 on the form. 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 (e.g., attend medical appointments, medical related communication, coordinate medical appointments), then list the "Projected Cost" and "Projected Completion Date" for each of the checked services. If the answer to item 23 is Yes, then attach a "separate sheet" listing the employee's name, WID/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 new 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. Rule 5220.0710, and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with DLI within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date that the plan was sent to each non-signing 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 on the workers' compensation liability issue.

File this form with the Department and send copies to the parties, including the Department'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 rehab file where no litigation is pending on the liability issue, use the R-8 rehabilitation plan closure form in accordance with 5220.0510, subp. 7a(A).