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transforming DVA

Provider Procedural Guidelines (PPGs) Manual

The DVA Rehabilitation Program

Version 1.0

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1. The DVA Rehabilitation Program

DVA rehabilitation aims to assist clients to build skills to enable them to maximise their wellbeing.

Wellbeing is underpinned by a combination of factors relating to a person's physical, mental, emotional and social health. DVA rehabilitation provides clients with the skills to maximise their capacity and functioning in all of those areas so that the client can optimise their wellbeing.

DVA provides assistance with skill and capacity development in multiple areas of a client's life, which may be impacting on a client's ability to achieve their rehabilitation goals, not just factors relating to their accepted conditions. Support under DVA rehabilitation is broken down into psychosocial, medical management and vocational.

Whilst rehabilitation can provide assistance with whole of person factors, this does not extend to the client being able to access:

- A rehabilitation program where they have no injury, illness or condition/s that has been accepted as related to their ADF service that is also impacting on their capacity and functioning, and therefore creating a rehabilitation 'need'.
- Treatment and other DVA benefits in relation to all of their conditions and aspects of their life.

Clients can only access support in the areas where they have a genuine need.

Needs based program

A client must have a need/s that can be met by the rehabilitation program in order for participation in the rehabilitation program to be recommended by the consultant. The need/s must be arising from and/or contributed to, at least in part, by a condition that has been accepted as related to their ADF service.

Where the client does not have any genuine needs that can be met by the rehabilitation program the consultant must advise this in the assessment report they complete, a plan must not be developed, and the 'case' closed.

Where a plan is created due to genuine 'in scope' needs, additional goals that do not reflect a genuine need of the client cannot be added to the plan for the purpose of accessing funding available under the program.

Meaningful, clinical opinion must be provided to support all goals and activities included on a plan.

What is a 'need'?

- A client need is a skill, information or capability that the client does not yet have, and that is key to them achieving the maximisation of their wellbeing.
    - Client needs underpin their goals. Goals must reflect the client's needs.
    - For example, the client does not have the skills to independently seek information and services. The ability to do this is a key life skill that will lead to empowerment and self-sufficiency which are core to the program purpose. A goal and activity to teach the client these skills would be meeting a 'need' and would be appropriate.
- As distinct from a 'want' which is something that the client wants to do but will not have an outcome that has any significant bearing on the maximisation of their wellbeing.
    - For example, the client wants to participate in a wood working course. The client is currently socially competent and connected, confident, and has other meaningful ways in which they engage in their community. Therefore they do not have a need that would be met by that activity.

- Client needs must be clearly articulated in the assessment report, and/or where they emerge at a later stage in the life of the plan in the progress reporting section of the Rehabilitation Plan Management (RPM) form.
    - Where an activity is included without a clear and relevant need being articulated (written) in the relevant report this will be considered non-compliance.

Purpose of the DVA Rehabilitation Program

DVA rehabilitation focuses on creating sustainable outcomes.

A key way to achieve this is to build capacity, skill, self-sufficiency and independence in clients.

Sustainable outcomes and building self-sufficiency must be the core focus of all goal and activity development.

'Types' of rehabilitation provided

Under the DVA rehabilitation program whole of person rehabilitation is provided. This means that the rehabilitation program seeks to enable the client to optimise all aspects of their life that are impacting on their wellbeing.

Wellbeing

There are many factors that impact on a person's wellbeing including health, social support and connection, employment, income and finance, housing, education and skills, justice and safety and recognition and respect.

It is not the role of the rehabilitation program to provide direct support and assistance with all of these 'domains' of wellbeing. However it is the role of DVA to provide the client with the capacity and self-sufficiency to enable them to achieve their desired outcome in all these areas.

'Whole of person' rehabilitation

Whilst a client must have a need related to an accepted condition to be able to participate in a rehabilitation plan:

- not all of their needs need to be related to an accepted condition.
- once the client is on a rehabilitation plan the support provided will not be apportioned based on what aspect of their need/s relate to an accepted condition/s and a non-accepted condition/s.

Once they are on a plan the client's needs must be addressed from a whole of person approach in acknowledgement of the interrelationship between various needs and the impracticality of trying to apportion aspects of their need/s to specific conditions.

'Types' of rehabilitation

The support provided under the DVA Rehabilitation program is broken down into three types of support- Psychosocial, Medical Management and Vocational.

- Psychosocial rehabilitation is to assist with overcoming barriers that may be impacting upon a client's wellbeing or ability to function independently. The aim of psychosocial rehabilitation is to provide a sustainable outcome to remove the barrier long term.

Barriers may arise due to a client's perception of their injury or illness, changes in their life, their self-identify, and place in the community. Psychosocial rehabilitation can assist with changing these perceptions by providing education and experiences to the client to challenge these perceptions and develop new skills and thinking in relation to their barriers.

- Medical management supports clients to acquire the skills and knowledge required to be able to access the civilian health system and in turn enable them to manage their health needs independently.
- Vocational rehabilitation aims to assist the client to obtain or sustain suitable "good work" in the civilian workforce. Good work is defined as work that is safe, enables a person to be productive and engaged, and contributes to financial stability, independence and personal interaction.

  The DVA Rehabilitation Program can support clients to translate their values, skills, qualifications and work history into a civilian setting, assist with necessary upskilling to match current job requirements and create employability, and help with understanding and navigating the labour market. Clients will be assessed on their level of need to determine the amount of support required.

Inclusions under the Rehabilitation Program

The Baseline Financial Package includes the activities that are considered core to delivering the scope and purpose of the DVA Rehabilitation Program.

Exclusions from the Rehabilitation Program

The DVA Rehabilitation Program cannot provide support for aspects of a client's life that do not align with the purpose of rehabilitation.

It is imperative that consultants utilise their knowledge of the program and their skills relating to expectation management to ensure that the client has a clear and realistic view of the support that is provided under the program.

Requesting or including goals and activities that do not align with the program purpose is not allowed.

Examples of activities and items that cannot be funded:

- Any activities that do not relate directly to the delivery of the rehabilitation plan, such as invoice preparation or upload.
- Treatment, including activities that are not provided by a health practitioner but are for the purpose of reducing a client's symptoms.
- Equipment not for a vocational purpose
- Any activity that would not be considered appropriate by community standards – this includes appropriateness relating to the cost of activity, as well as the nature of the activity.
- Facilitation of other DVA programs.
- Courses already offered under Open Arms.
- Client travel, meals, and accommodation expenses related to participating in the rehabilitation program, unless excessive travel costs are required to attend the rehabilitation assessment
- Child care unless in circumstances where the lack of child care support is creating barriers to being able to access treatment programs (e.g. hospitalisation caused by mental health flare in symptoms; urgent surgery or hospitalisation; short term treatment not anticipated as part of regular treatment regime; intervention counselling)
- Activities that have previously been paid for on a Rehabilitation plan.
- Any costs for an activity the client is already actively self-engaged in.

Interaction between rehabilitation and income replacement (incapacity) payments

A significant percentage of clients who access the DVA Rehabilitation Program are in receipt of income replacement payments, referred to as incapacity payments. The 'incapacity' refers to their incapacity to be able to undertake their previous employment. Their 'previous employment' is commonly their employment with the Australian Defence Force (ADF). It does not imply a total incapacity.

Clients in receipt of incapacity payments are required to participate in rehabilitation where they have the capacity to do so, and have a need/s that can be supported within the scope of the rehabilitation program. If a client is considered not medically fit to participate in rehabilitation they can receive incapacity payments without participating in rehabilitation.

Rehabilitation clients in receipt of incapacity payments are referred to as 'involuntary' clients as they did not voluntarily seek out support under the rehabilitation program.

Failure of a client who is in receipt of incapacity payments to appropriately engage in the rehabilitation program may have an impact on their incapacity payments due to their requirement to participate. The decision as to whether incapacity payments continue is not made by the Rehabilitation section of DVA, it is made by the incapacity payments section.

Clients must be advised to communicate directly with the incapacity payments section regarding any changes to their income, employment or level of capacity.

The calculation of the incapacity payment amount may be impacted favourably where a client is participating in a work trial.

Veteran Payment

The Rehabilitation section of DVA also administers the delivery of rehabilitation for clients in receipt of the Veteran Payment. Clients in receipt of Veteran Payment are awaiting the outcome of their mental health condition claim pending with DVA and are unable to work for more than 8 hours per week.

Rehabilitation for these clients is different. Rehabilitation for Veteran Payment clients is focused on addressing urgent and immediate needs. It is short term support. Rehabilitation for Veteran payment clients does not remain in place until the outcome of their mental health condition claim is determined.

DVA will specify in the referral where a client is accessing rehabilitation as a Veteran Payment client.

A different funding allocation applies for rehabilitation plans for Veteran Payment clients.

Veteran's Vocational Rehabilitation Scheme (VVRS)

The Veterans' Vocational Rehabilitation Scheme (VVRS) provides support to clients under the *Veterans' Entitlements Act 1986* (VEA) to assist them to return to work or increase or sustain their capacity for work.

A client cannot access VVRS at the same time as they are accessing rehabilitation support under the *Military Rehabilitation and Compensation Act 2004* (MRCA) or *Safety, Rehabilitation and Compensation (Defence-Related Claims) Act 1988* (DRCA).

DVA will specify in the referral where a client is accessing rehabilitation under the VVRS.

VVRS plans are not funded according to the Baseline Financial Package. All funding for VVRS plans must be pre-approved.

International clients

Clients residing outside of Australia are eligible for support under the DVA rehabilitation program. The purpose of the program is the same for clients living overseas.

Services to international clients are facilitated by consultants based in Australia.

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4. Consultant role and responsibilities

The consultant has primary responsibility for the delivery to the client of the relevant and required supports under the DVA Rehabilitation Program. This includes providing proactive, ongoing support to the client, management and facilitation of appropriate needs based goals and activities, and the close monitoring of the client's responses and progress towards achieving objectives in their plan.

They must be aware of, and apply, all information in this manual, with the exception of some information that is specifically for the Contract and Relationship Managers appointed by the provider.

This chapter will outline the role and responsibilities of the consultant that do not apply to a specific part of the plan development and delivery – rather they apply to all aspects of plan delivery.

Consultant training and registration requirements

All consultants delivering services to DVA clients as part of the DVA Rehabilitation Program, including consultants sub-contracting to a provider organisation, must meet DVA's registration requirements. These requirements include:

- Being a member of one of the applicable professions
- Having the required experience
- Undertaking ALL required DVA training and education, including the successful completion of the assessment module (the Knowledge Check) to confirm your knowledge of the DVA Rehabilitation Program.

Please refer to the DVA registration requirements chapter for more information about these requirements.

Assessment of capacity

DVA recognises the clinical expertise and knowledge of consultants delivering services under the rehabilitation program. The consultant registration requirements regarding qualifications, industry experience, and DVA Rehabilitation Program knowledge, create a strong foundation from which consultants are well placed to deliver effective and meaningful rehabilitation services.

In recognition of the clinical skills of the consultants, and their first-hand knowledge of the client, consultants will be required to make an assessment of client capacity. This includes:

- Capacity to participate in a rehabilitation program
- Capacity to participate in psychosocial and medical management goals and activities.

This means that a medical certificate, or other medical evidence, from an independent third party is not required in these scenarios.

Note: Medical evidence of capacity for vocational goals and activities is required.

Where a client provides medical evidence relating to their capacity, despite it not being required or requested, the medical evidence must be used.

- Where the independent assessment of capacity means that the client cannot participate in any meaningful or appropriate goals, the plan can be recommended for closure.

Comment by the consultant on client capacity must be made in the assessment report or progress reporting section of the Rehabilitation Plan Management (RPM) form, depending on whether it relates to client capacity

to participate in a rehabilitation program (Assessment form) or client capacity to participate in an activity (Progress reporting).

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- The types of activities the client can access – must address a genuine need, be time and cost effective, and be effective in their achievement of the goal.
- The likely timeframe of the program, including the factors that would lead to plan closure.

Failure to provide information to the client about the program scope, purpose, or other guidelines impacting on goals and activities, for the purpose of not upsetting the client or not damaging the rapport between the client and consultant, is not acceptable.

It is expected that consultants working with DVA clients have the skills to deliver information that will not be well received, and hold boundaries regarding program guidelines, without fracturing rapport in the majority of scenarios.

Where rapport is impacted to the extent that ongoing plan management is negatively affected the consultant must advise DVA immediately via the relevant standard email template.

Engagement with the client

Consultants must use their professional skills to build rapport with the client to enable them to collaborate and engage effectively with them.

Method of engagement

DVA expects that consultant will utilise video and other technology to engage with clients unless a strong, clinical need exists for the consultant and client to meet in person.

Where an in person meeting is required consultants must submit a request for approval for travel prior to finalising or undertaking the meeting.

Frequency of contact

DVA does not require a particular frequency of contact with clients. Frequency of contact must be based on client needs and motivation, as well as responsible use of funds allocated for plan facilitation.

Liaising with Stakeholders

The Privacy Collection Notice (PCN) between the provider and the client provides consent for providers to collect information from the client and DVA, and to disclose information to DVA, relevant health practitioners and other support and service providers where necessary.

A signed PCN must always be obtained from the client prior to undertaking the assessment or obtaining any information from the client as this demonstrates their consent for their information to be shared.

- It is best practice to advise the client of your intent to contact the person/s in question to obtain information about their rehabilitation needs.
    - Even where the client has signed the PCN if they object to the consultant contacting the person/s it is best practice to comply with the client's preference. Where this presents an issue with obtaining required information please advise DVA.

Rehabilitation section of DVA

The processes outlined in this manual explain when the consultant should engage with the rehabilitation team. The standard email templates on SharePoint will also provide an indication of appropriate reasons for contact.

Consultants must ensure they understand the points at which they are required to liaise with DVA throughout the assessment, plan facilitation, and plan closure phases of the plan delivery.

The standard email templates, report templates and forms in the Rehabilitation provider SharePoint page must be used when liaising with DVA.

Coordinated Client Support section of DVA

The Coordinated Client Support (CCS) section of DVA provides time limited support to clients with specific needs.

Some rehabilitation clients will have a CCS case manager supporting them with specific needs. There may be circumstances in which information needs to be shared between CCS and the rehabilitation program.

Consultants must not engage directly with the CCS team without the approval of the DVA Rehabilitation team, unless the contact relates to a situation where the client is at risk. Nor should the consultant accept engagement, or instruction, from the CCS team without approval from a member of the rehabilitation section of DVA.

Where the CCS case manager, or any officer of DVA outside of the Rehabilitation team, contacts you to discuss the client, please advise them to contact the rehabilitation team at rehabilitation@dva.gov.au.

Where you require information from the CCS case manager please email DVA using the applicable email template.

Incapacity payments section of DVA

The majority of clients participating in the DVA Rehabilitation Program are in receipt of incapacity payments.

Consultants must not liaise with the incapacity payments section, this is not within the scope of the program.

Consultants must advise clients to engage directly with the incapacity payments section.

Where the client is not able to develop the skills to engage directly with the incapacity payments section, the consultant must advise DVA so that they can organise a referral for the client to CCS so that CCS can provide support to the client to engage with other areas of DVA.

Other areas of DVA

Consultants must not engage with other areas of DVA on behalf of the client, or to obtain information for the client.

However DVA recognises that in some instances failure to address the client's pursuit of other DVA benefits and programs can represent a barrier, or distraction, to their participation in the rehabilitation plan.

Therefore DVA has provided for the ability for consultants to provide some limited support to clients to show them where to find information and where to access other DVA programs.

Refer to Ancillary supports for further information about the scope of the consultant's role in providing information to clients about other DVA programs.

Other service providers

Consultants may have cause to engage with health providers, activity and service providers, training providers, community based organisations, employers.

Consultants should support the client to research and contact providers wherever appropriate to ensure the client builds the skills to engage with other stakeholders, rather than having the consultant liaise with service providers on their behalf.

An exception applies where the consultant is confirming medical evidence, undertaking due diligence on the activity provider or making contact with stakeholders on matters relating to the client's welfare. This is the responsibility of the consultant.

Engaging with health providers

Where the consultant is intending to liaise with a client's treating health practitioner/s the medical disclosure authority form must be completed, and signed by the client, in addition to the PCN. This ensures the health practitioner has evidence of the client's permission for information about them to be released to the provider.

It is important to note that there is no funding under the rehabilitation program for health providers, this includes costs associated with obtaining medical evidence. Health practitioners are paid under the DVA Health Card arrangements.

- The DVA Health Card (sometimes referred to as a Gold or White card) is held by the client and can be used to pay for treatment including visits to the GP.
- Where a report or case conferencing is required you must enquire with the health provider if this is covered under the Health card. Where it is not the funding associated with the doctor's costs must be requested from DVA prior to utilising the doctor's services.

Case conferencing

Case conferencing should only be utilised to jointly review and discuss a case in detail to overcome a particular barrier or obstacle in the development or progress of the client's rehabilitation goals and activities. This can be beneficial early in the plan development stage where complexity exists in the case, or where it becomes apparent that mismatched expectations among key stakeholders are emerging.

Case conferencing involving relevant stakeholders can be an extremely efficient and cost effective mechanism for reaching agreement on moving matters forward, confirming goals or objectives for all players, improving engagement with the plan.

- A clear purpose and/or agenda must be formulated and communicated for the case conference prior to the conference taking place.
- Teleconferencing or video technology must be utilised unless a strong justification exists for an in-person meeting.
- The outcomes of the case conference must be reported in the relevant report (assessment report or rehabilitation plan management form).

Due diligence - Checking qualifications, insurance etc. of activity providers

Consultants are responsible for ensuring that any service, activity, training or support provider has the appropriate qualifications, skills, experience and insurance to effectively and safely deliver services to the client.

Documenting evidence of these checks is required as DVA may ask consultants to produce evidence of their checking where an issue arises.

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Client Welfare

Consultants are responsible for leading and managing client welfare events which present in the scope of their work or of which they are notified first.

- The consultant is responsible for the risk assessment and risk mitigation of the client and the event and implementation of ongoing supports to contain the risk.
    - Consultants must liaise with treating doctors and other appropriate services, including Emergency Services, where required.
    - Consultants must communicate clearly with all parties so that it is clear who has carriage of the client's welfare.
- Consultants must use their skills to determine the best course of action to manage the event.
    - A cautious and thorough approach must be taken.
- DVA will not 'take over' management of a welfare event that has been managed by the consultant.
    - Where the event is managed by the consultant DVA will not contact the client
- DVA must be advised of the event by phone within one (1) hour after the event has been deescalated.
    - Where the event occurs after hours, contact should be made with the delegate no later than 9am the following business day.
    - A full written summary of the incident must be provided to DVA within one (1) business day.
    - DVA, specifically the Emerging Welfare Events team, may contact the consultant to obtain additional information about the event, where they require additional information to what was provided to DVA by the consultant.
- Consultants are responsible for monitoring the client to ensure they continue to engage with the supports put in place following the welfare event.
    - This also applies where DVA managed the initial welfare event.

Consultants are not responsible for managing welfare events that have arisen directly with DVA or with the client's health professionals.

- Where DVA, specifically the Emerging Welfare Events team within DVA, manage the welfare event DVA will advise the consultant of any relevant details of the event, where known.

Scope of consultant responsibilities

Whilst consultants are expected to support clients they must ensure they set appropriate boundaries and manage the client's expectations of their role versus the role of other services. The safety plan may be a useful way to establish and maintain boundaries in relation to the consultant's role in welfare events.

- Consultants are not expected to act or advise outside of their professional scope or outside the scope of the rehabilitation program. Consultants must utilise other services where required.
- If the client's rehabilitation plan has closed and the client contacts the consultant, DVA must be advised ASAP once the immediate risk has been referred to Emergency Services.

Where a consultant observes that a client is chronically at risk, and/or has repeated welfare events, the client may be referred to the Wellbeing and Support Program (WASP). This is actioned by DVA based on information received via the standard email template from the consultant. Where the client is assessed as eligible for the WASP program, they will be provided short term support to remove or stabilise their significant issues and barriers after which they will return to the rehabilitation program, where the client has ongoing rehabilitation needs/goals.

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Transferring case to another consultant

Rehabilitation clients may need to change consultants for a variety of reasons. The new consultant may be within the same provider, or may be with a new provider.

- The outgoing consultant, or their provider organisation where the consultant is unable to, must always advise DVA of the change of consultant prior to advising the client.
- Where the new consultant is within the same provider, the outgoing consultant will advise the client of the change in consultant.
- Where the new consultant is with a new provider, DVA will advise the client.

Further information about the consultant's responsibilities when transferring a client to a new consultant can be found in the referral chapter.

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7. Warm handover

The warm handover process is a specific type of referral where the client is referred to DVA whilst they are still finalising their ADF rehabilitation program (ADFRP). It creates an extended period of time between the referral and the assessment of the client by the DVA consultant.

Clients separating from the Australian Defence Force (ADF) due to medical reasons, who have a condition/s accepted as related to their military service may participate in the warm handover process.

Clients must consent to participate in the warm handover process so not all clients who meet the eligibility for warm handover will participate.

Purpose

The warm handover process is to assist eligible clients to have a smooth transition from the ADFRP to the DVA rehabilitation program.

During the warm handover the ADFRP rehabilitation consultant (RC) will liaise with the DVA rehabilitation consultant to share information, and to 'introduce' the client to the DVA consultant where this is beneficial.

Warm handover is a 'pre-assessment' activity that will enable the DVA consultant to go into the assessment with some knowledge of the client.

Identifying a warm handover case

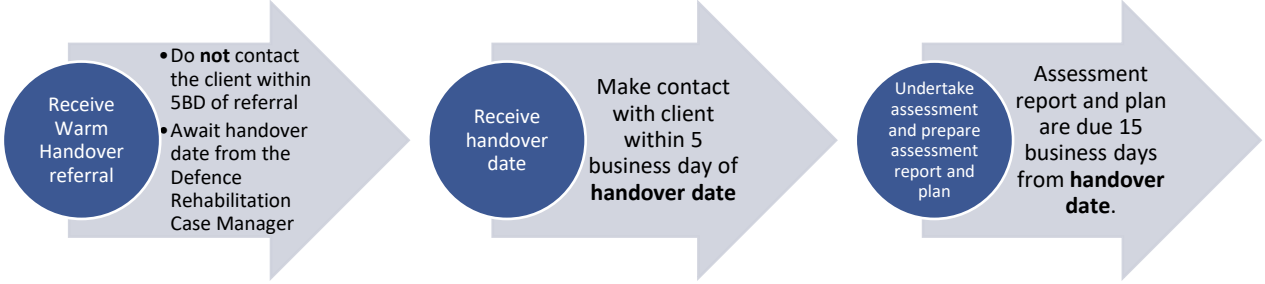
Where a referral with the type 'Time engagement' is received by a consultant this means that it is for a warm handover client.

Timeframes

For warm handover clients the consultant does NOT need to contact the client within five (5) business days of accepting the referral, as is the practice for a non-warm handover referral. (Refer to the Assessment chapter for more information about the timeframes following a non-warm handover referral) The consultant must not contact the client directly at all, following referral, until they are advised of the handover date by the Defence Rehabilitation Case Manager (RCM).

The consultant must make contact with the client within five (5) business days of the nominated handover date.

The handover date acts as the referral acceptance date for timeframes which would ordinarily use the referral acceptance date. For example, for a warm handover client the assessment report and plan are due 15 business days from the handover date, rather than 15 days from the referral acceptance date.



Funding

At the time of receiving the referral the consultant will be allocated funding to undertake activities relating to the assessment of the client and the development of the client plan.

Activities associated with the warm handover process are to be charged against the funds allocated for assessment of the client.

Handover date

The handover date will generally be the date that the client separates from Defence which is called their transition or separation date. However where an earlier handover date is required this will be discussed and agreed between Defence, DVA and the consultant and confirmed in writing.

The consultant will receive the referral for the warm handover client before the handover date to allow an overlap of time where the ADFRP and the DVA rehabilitation program are both open to allow the two consultants to share information.

The length of time between when the referral is received and the handover date will vary depending on the circumstances associated with the client's separation from the ADF.

The RCM will email the DVA consultant, and DVA, with the handover date.

The ADFRP rehabilitation consultant (RC) is responsible for telling the client the handover date for their rehabilitation.

Information to be shared between ADFRP RC and DVA rehabilitation consultant

The conversation between the ADFRP rehabilitation consultant (RC) and the DVA consultant is to ensure important and sensitive information about the client's circumstances, that is relevant to their rehabilitation, is shared. Topics that may be discussed include:

- safety/welfare issues
- adding context and detail to information that is shared in the transfer report (see below for types of information that would be shared/discussed)
- other factors/barriers to the client's transition and rehabilitation
- requirement for meeting between the client and the two consultants
- Clients who are high functioning and have capacity to self-manage can receive information/DVA consultant contact details from the ADFRP RC.
- Clients who may require additional support, have urgent needs post discharge, or have activities transferring to post discharge should participate in a video or phone meeting where they are introduced to their incoming DVA consultant.

The below topics will be covered in the transfer report:

- Claims/incapacity status, and other DVA benefits being accessed e.g. household services/attendant care
- Any relevant non-compensable conditions
- Current level of function/limitations
- Recommendations in terms of the type of rehab support the client will require after separation: medical management/psychosocial/vocational - initial priorities and goals

- Social situation
- Biopsychosocial flags (i.e.: mental health, interpersonal relationships, social skills, family circumstances, lifestyle, coping skills, attitudes, self-esteem, etc.)

Consultants must be aware that the ADFRP RC is unlikely to have obtained all information that is relevant to the DVA consultant. This is because the scope and purpose of the ADFRP is different to the scope and purpose of the DVA Rehabilitation program.

Warm handover process

Step 1. Upon receipt of referral the DVA consultant will be advised that the client will be involved in a warm handover process. The Warm Handover factsheet and the ADF Notification of separation will be provided with the referral.

Step 2. Following acceptance of the referral, DVA will share the DVA consultant's details with the ADFRP RC.

Step 3. The DVA consultant will receive copies of relevant reports via email directly from the ADFRP RC. A copy will also be sent to the DVA rehabilitation team. This will include the transfer handover report where it has already been completed.

a. Where the transfer report is not yet finalised, other available ADFRP documentation such as the initial assessment report and case reports may be provided.

b. The DVA consultant must read available report/s prior to the meeting with the ADFRP RC as this information will underpin the discussion.

Step 4. The ADFRP RC will liaise with the DVA consultant to organise a meeting time for them to discuss the client's case.

Step 5. The ADFRP RC and DVA consultant will meet, via video or phone call, to share information.

Step 6. The DVA consultant must make detailed notes regarding information shared in the discussion and record these on their client file to use when preparing the Rehabilitation Assessment report.

a. The client should not be required to 're-tell' information that they have already provided to the ADFRP RC and that the DVA consultant has obtained through the handover process.

Step 7. Where a meeting between the client and consultants is required, the ADFRP RC will work with the client and DVA consultant to schedule a meeting.

Step 8. At the meeting between the client and the two consultants, the ADFRP RC will lead the meeting to 'introduce' the DVA consultant. The objectives of the meeting are to:

a. introduce the DVA consultant to the client

b. explain to the client when they will transition over from ADF Rehabilitation to DVA Rehabilitation

c. assure the client that information already known about the client's circumstance has been shared so they will not need to 're-tell' parts of their story

d. identify urgent and immediate needs post separation

e. discuss any activities established with Defence which will continue e.g. Transition For Employment (T4E) or other Defence Force Transition Programs

Step 9. The RCM will advise the DVA consultant, and DVA, of the handover date via a joint email which will include a copy of the transfer report, if it has not already been provided (at Step 3).

a. The ADFRP RC will advise the client of the handover date for their rehabilitation.

Process when handover date changes after the warm handover process has commenced

Where the client's separation date, and hence handover date, is changed after the warm handover process has commenced:

- The ADFRP RC will advise the DVA consultant and DVA that the separation date has been extended.
- The warm handover process will be paused. The ADFRP RC will be responsible responsible for ensuring the client understands that engagement with the DVA rehabilitation program has been paused whilst awaiting their separation date, and that they will not be contacted by the DVA consultant until their separation.
- The ADFRP RC will contact the DVA consultant again closer to the revised separation date to advise any new information that may have arisen in relation to the client's rehabilitation needs.

Reporting information from warm handover in the assessment report

After the handover date and assessment, when completing the rehabilitation assessment report the DVA consultant must include any relevant information obtained during the handover, and from the documents shared by the Defence consultant, in the assessment report.

The dates that the DVA consultant met with the Defence consultant and client (if applicable) must be recorded in the assessment report.

8. Assessment

Once a consultant has been allocated a DVA rehabilitation client they are required to assess:

1) the client's capacity to effectively participate in the DVA rehabilitation program, and
2) the needs of the client that can be met by the DVA rehabilitation program.

Purpose of assessment

The purpose of the assessment is provide information and recommendations to DVA on:

- Client capacity to participate in DVA rehabilitation based on the consultant's clinical assessment of the client.
- Any client needs that can feasibly be met by the DVA Rehabilitation program.
    - Relevant information to explain their needs.
    - Whether their needs are related to a condition that has been accepted by DVA as caused by their ADF service.
- The client's goals, including any barriers or other factors that may impact on these goals.

The information from the assessment is used to develop goals and activities, in collaboration with the client, to achieve the client's goals and meet their needs.

The assessment report is the documentation of the assessment information and must provide clear, relevant information and reasoning for the goals and activities that are developed in the plan.

The assessment report and the resulting plan are used by DVA to make a decision regarding the consent to proceed. This consent to proceed decision, which enable access to the rest of the baseline financial package, cannot be made without these documents.

The assessment stage, as the first stage of client engagement (unless the client is involved in a Warm Handover from Defence), is the stage at which the consultant must provide information to the client about the rehabilitation program including its purpose, the process associated with participating in the program and the scope of the program (expectation management).

Assessment timeframes

The consultant must make contact with the client within five (5) business days of accepting the referral.

The assessment report must be submitted within 15 business days of acceptance of the referral. Please note this is different for a Veteran Payment client. Refer to the Veteran Payment chapter.

- Where the client has capacity to participate in rehabilitation the assessment report must be submitted along with the plan.
- Where the consultant recommendation is that the client does not have capacity and/or is unsuitable for the DVA rehabilitation program the assessment report can be submitted on its own.

For warm handover clients the timeframes are the same but the point at which the timeframes commence is different. The timeframes commence from handover of the client from the ADF which is generally, but not always, the client's separation date. The handover date will be advised by the Defence Rehabilitation case manager.

Where the consultant will be unable to submit the assessment report within the 15 day timeframe due to client circumstances the consultant must email DVA using the applicable email template. There is no other applicable reason for an extension of the above timeframes.

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Client goals vs client needs

Goals and needs are referred to separately as they may be different. The client may have a need that must be addressed to improve their life, however they may not have the self-awareness to recognise that need, and therefore do not express it as one of their goals.

Likewise clients may have a goal but there are barriers present that need to be addressed to enable them to meet that goal.

Consultants must use their clinical skills to both identify client needs, and also highlight these needs with the client so that goals and activities can be developed to address them.

Needs related to accepted condition

When undertaking an assessment of the client's goals and needs, this must be done with consideration of the client's accepted conditions.

An accepted condition is a condition that the client has that has been accepted as caused, or contributed to, by their ADF service. Clients submit a claim for the conditions that they think are or may be related to their service, called a liability claim, which is investigated and determined by DVA.

A list of a client's accepted conditions will be provided by DVA when the referral is issued.

- If a client has a need/s that relate, at least in part, to one or more accepted conditions then they are able to proceed to plan.
    - For example, the client has a back condition accepted, it is impacting on their ability to work in their current employment. As they have a need that is in scope of the program and is related to an accepted condition they may proceed to plan, where there are no other factors that impact on their capacity/suitability for rehabilitation.
- Where a client has no needs that relate to any of their accepted conditions then they are not able to proceed to plan.
    - For example, the client has an aggravation of an ankle sprain accepted, it is not causing them any issues. The client also has a knee and shoulder condition that are not accepted as related to their service. The knee and shoulder condition are impacting on their psychosocial wellbeing and employment. As the client has no needs that related in any part to their accepted condition they are not eligible for a DVA rehabilitation program.

Medical certification to support assessment

DVA does not require medical evidence demonstrating client capacity to participate in the DVA rehabilitation program. Consultants are required to use their clinical and professional skills and experience to make an assessment of the client's capacity to participate. See Capacity vs suitability for rehabilitation section.

The assessment report can be submitted without medical certification.

DVA does require medical evidence for the client to access vocational activities. See Vocational goals and capacity section.

Assessment outcomes

Through the assessment the consultant must:

- Assess the client's capacity to participate in the DVA rehabilitation program
- Identify issues that might impact on the client's suitability for rehabilitation

- Consider and identify client needs against types of rehabilitation – medical management, psychosocial and vocational.
- Consider and identify client goals based on the information obtained
- Set, reiterate and manage client expectations about the DVA rehabilitation program.

From the assessment the rehabilitation plan must be developed, where the client is proceeding to plan. Where the client has no capacity, is not suitable for participation, and/or has no needs that can be met by the rehabilitation program they cannot proceed to plan.

- Where urgent needs are identified during the assessment the report and associated plan must be submitted within 3 business days of the assessment to enable the plan to commence promptly.
- Refer to the Client Welfare section and the Identifying client welfare issues at assessment section below for information regarding where a welfare event occurs during the assessment stage.

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Prior participation in rehabilitation activities

Clients may have previously participated in, or may be participating in, rehabilitation activities or other activities that have an 'overlap' with what can be offered under DVA rehabilitation. This may be because they have participated in this activity independently, through a previous DVA rehabilitation plan or because they have, or are, participating in activities offered by The Department of Defence (Defence).

Defence offers a range of supports to people who are leaving Defence. What is offered and accessed will depend on the needs of the client. Information about support available through Defence can be found at Transition | ADF Members & Families | Defence Consultants must familiarise themselves with what is offered by Defence so that they are aware of the types of activities the client may have previously participated in.

Consultants must ensure that they identify what activities the client has previously, or is currently, participating in with Defence that may impact on the goals and activities being developed and selected for their DVA rehabilitation plan. Where a need has already been met through an activity provided through Defence it cannot be included again on their DVA rehabilitation plan. .

As a general rule, DVA does not fund activities that the client has already participated in previously whether it be self-funded activities, DVA funded activities or Defence provided activities.

Accessing Defence support at the same time as DVA rehabilitation

The Defence Transition for Employment (T4E) program can be accessed for up to two (2) years after the client leaves Defence. This means the client may be on this program when they are accessing the DVA Rehabilitation Program.

Clients can be on both programs at the same time. Clients must **not** be encouraged, or told, to cease participation in their T4E program in favour of the DVA Rehabilitation Program.

Where a client need has been identified by the consultant, and that need is already being met by activities provided under T4E, this must be noted in the assessment report, or progress reporting depending on when this is identified.

Where the client's activities, progress and outcomes from their T4E program impacts on their DVA rehabilitation plan goals, comment about their T4E activities must be provided in the progress reporting.

- For example, the client has participated in job readiness activities such as identifying transferrable skills and alternative suitable job. This must be noted in the Rehabilitation Plan Management form so that it is clear why they are not undertaking these activities with DVA and how the activity with Defence has contributed to their DVA rehabilitation plan goal.

Goals

Goal development requirements

Goals must:

- Reflect a genuine need and/or goal of the client identified in the assessment, or during ongoing management, of the client.
- There must be a clear and logical flow from the identified circumstances to the goals created.
- A goal is NOT required for all goal types.
- Articulate why the goal is being undertaken - what outcome is being achieved.
- Focus on the development of an ongoing and sustainable skill, improvement in level of functioning and/or capability.
- Comply with the purpose and guidelines of the rehabilitation program.
- Be written under the SMART goal model of Specific, Measurable, Attainable, Realistic and Time-based.
- Not be so specific that they are an activity.
- Use meaningful, positive, outcomes oriented language.

See further information below about how goals can be developed, articulated and expressed to achieve these requirements.

Goal setting tools

The creation of quality goals is key to the achievement of meaningful client outcomes. There are many goal setting methodologies that can be utilised.

The GROW model has an approach that is relevant to our client group and program, and would be an effective way to facilitate the creation of meaningful, realistic goals and activities by encouraging reflection on both the goals and the realities associated with achieving them.

Use of the GROW model is not mandatory. Consultants must select the goal setting methodology that will be most effective to develop quality goals with the client.

G	Goal	The Goal is the end point, where the client wants to be. The goal has to be defined in such a way that it is very clear to the client when they have achieved it.
R	Reality	The current Reality is where the client is now. What are the issues, the challenges, how far are they away from their goal?
O	Obstacles	There will be Obstacles stopping the client getting from where they are now to where they want to go. If there were no Obstacles the client would already have reached their goal.
	Options	Once Obstacles have been identified, the client needs to find ways of dealing with them if they are to make progress. These are the Options.
W	Way Forward	The Options then need to be converted into action steps which will take the client to their goal. These are the Way Forward. The "W" of GROW can also include When and by Whom and the Will (or intention or commitment) to do it.

Questions that would assist to unpack the stages of the GROW goal setting model include:

Goal: What do you want to achieve? What time frame are you aiming for? What are the benefits of achieving the goal? Is the goal Specific, Measurable, Attainable and Relevant/within scope?

Reality: What is happening in your world right now that might impact on your goal? Who else does your goal impact? What steps have you taken previously to try and reach this goal? What challenges could impact your ability to reach your goal?

Obstacles: What are the obstacles (or barriers) stopping you from reaching your goal?

Options: What options do you have to achieve your goal? What options will allow you to deal with the obstacles identified and make progress towards your goal? What types of assistance could help you and who can provide you with this assistance? Where can you find more information or help to analyse and develop options?

Way forward or **W**ill: What is your role in achieving this goal? What actions do you need to take, and what can you do to keep motivated? Are there any challenges that will prevent you from performing identified actions, and how can you overcome them?

DVA does not require the consultant to provide the questions and answers discussed during the goal setting process.

Recording client goal in their own words

The client's goal must be recorded in their own words in the relevant section of the plan (Rehabilitation Plan Management form). Having the goal in the client's words provides a point of reference that the client can connect with to create ownership of the goal.

This is important as the development of the client's goal into the SMART goal format may make the client's goal feel less like their own.

SMART goals are required

SMART goals are specific, measurable, attainable, relevant and time-based.

Goals must be written in line with the SMART goal model. This ensures:

- the goal is meaningful
- the outcome of the goal can effectively be mapped and assessed on the Goal Attainment Scale (GAS).

<u>The Rehabilitation Plan Management (RPMF) will have separate fields for the client goal and the SMART goal. Both must be recorded</u>.

A SMART goal must:

- Have only one outcome it is aiming to achieve. This means a single goal should not be trying to achieve change to various aspects of the client's functioning or life. For example, a goal should not be aiming to both adjust to their conditions and establish support networks. These should be separate goals.
    - Having only one outcome makes setting a timeframe and measuring the 'outcome' more straight forward.

- Include an outcome that can be objectively measured. For example, a goal should not have an outcome of 'to successfully engage' in something, or 'adopt a healthy lifestyle,' as it is hard to objectively assess progress towards the successful completion of the outcome, and when or if the goal is achieved.
- Be specific to ensure it is clear what the client is hoping to attain, and how it is relevant. It will also make it easier to measure and set a timeframe.
- Have a specific timeframe tailored to the goal. The timeframe should be expressed as a date (Month, Year) rather than a period of time.

How to capture the 'real goal' and use SMART goals

The outcome (goal) the client is working towards may have multiple factors or stages that impact on its achievement. As SMART goals cannot have multiple factors (they must be specific) the 'big picture' outcome will need to be broken down into multiple SMART goals.

It is important that we capture both the 'big picture' outcome that is being sought, and the SMART goals that will lead to the achievement of the outcome, as this information, together with the activities, tell the 'story' of the what the client is seeking to achieve and how they will achieve it.

For example, the client wants to get a job that is sustainable and that they enjoy within the next 6 months. This is the 'big picture' outcome the client is seeking.

The big picture outcome:

- Will be written in the clients words. (In the Client Identified Goal section of the Rehabilitation Plan Management (RPMF).
- Does not have to be SMART in format.
- Will provide the 'reference point' and the 'why' for the SMART goals and activities that are identified to achieve this outcome.

The consultant must use their expertise to unpack what is required to achieve this 'big picture' outcome. The result of this analysis will need to be sorted into goals and activities.

- The goals will be the skills, capabilities and barriers that must be obtained and addressed to achieve the outcome.
- The activities will be the specific actions that are undertaken to achieve those skills and capabilities, and remove barriers.

For example, it may be that the client needs job seeking skills as well as improved self-confidence to achieve their 'big picture' goal of getting a job that they enjoy and can do. This is two specific needs that will have their own SMART goals. Goal 1, Obtain job seeking skills to be competitive in my job seeking ability within 3 months. Goal 2, Build confidence to assist me when attending interview for a new job within 3 months.

Once the SMART goals have been developed specific activities must be developed. Multiple activities may be used to achieve the goal.

	Goal One
Client identified goal Goal 1	To get a new job that I enjoy and can do well.
SMART Goal 1.1	Obtain job seeking skills to be competitive in my job seeking ability within 3 months
Goal Type	Vocational

Goal One	
Client identified goal Goal 1	To get a new job that I enjoy and can do well.
SMART Goal 1.2	Build confidence within 3 months to assist me when job seeking/attending interviews for a new job
Goal Type	Psychosocial

Recording 'related' goals on the plan

As discussed in the How to capture the 'real' goal and use SMART goals section above some client goals will need to be broken down into multiple SMART goals. This is required when the client goal has multiple components. In order to show that SMART goals are 'linked' or related to achieving the same big picture client goal on the plan each SMART goal should be given a number as per the example below.

> Goal 1 – Client goal – To get a job that is sustainable and that I enjoy within the next 6 months.
>
> Goal 1.1 SMART goal - Obtain job seeking skills to be competitive in my job seeking ability within 3 months
>
> Goal 1.2 SMART goal - Build confidence to assist me when attending an interview for a new job within 3 months

For each SMART goal all the remainder of the fields on the form must be completed.

'Evolving' the plan by editing and refining goals and activities

DVA recognises that in rare circumstances at the time the initial plan is submitted (15 business days after receiving the referral), the client and consultant may not have identified and established the full extent of the client's needs, as well as their corresponding goals and activities.

While you may not have fully developed goals at this stage:

- Do not 'manufacture' goals and activities that are not meaningful for the sake of completing the plan at the time of initial plan submission. At a minimum, document the 'big picture' outcome that the client is to achieve and continue to work on refining this into SMART goals and activities.
- You cannot submit a plan with no useful information. It is expected that in the time from referral to plan submission that meaningful progress is made towards identifying and articulating goals and activities.

As further information comes to light this must be captured in the plan by updating the goals and activities.

For example, at plan development, where the client has articulated a goal of building a new social network, it may not yet be apparent what, if any, barriers may exist to achieve this goal. Furthermore it may emerge that there are 'deeper' reasons for wanting to build a social network that has not yet emerged.

Consultants must charge against the plan facilitation plan item for the ongoing development of the plan NOT the plan development plan item.

The plan is a living document

The plan document (RPMF) has been designed to capture information across the life of the plan. The one document (form) will be used for the articulating the plan's goals and activities, plan progress reporting and plan closure reporting. Information must not be deleted from the RPMF, only added, over the life of the plan.

Essentially the one document will be submitted 5 times over the life of the plan – at initial plan submission, 3 month plan progress reporting, 6 month progress, 9 month progress and closure. This means that at plan closure the entire 'story' of the plan will be in one document where we can see the 'big picture' and what has been achieved.

As additional information about goals, needs, or activities emerges the plan must continue to be updated with this new information. This includes editing and refining goals and activities with new details.

Consultants are able to add goals and activities on the plan autonomously (in certain circumstances) as well as recorded activities approved via an AIR on the plan once they have been approved.

This new information can then be viewed by DVA at the progress reporting milestones.

Where a goal is edited the attainment scale must also be edited.

When is a goal changed to the extent that it should be a new goal?

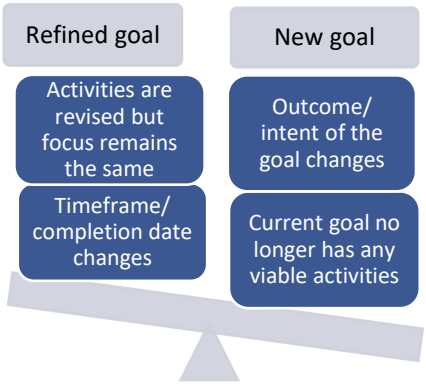
As mentioned above goals can be edited where the goal is being refined as a result of further information.

- Where these edits change the focus or core outcome of the goal it should be treated as a new goal. In this instance the previous goal would be closed where it is no longer relevant. Refer to section on How to use the GAS when the goal changes or can no longer be pursued for information on what information to record when a goal is being closed under these circumstances.
- Where an activity that will be required under the refined goal requires approval via an AIR then the goal should not be adjusted until after the AIR has been approved.

Additional ways to determine if the goal should be 'refined'/edited or a new goal is required would be to assess whether there are any remaining viable activities under the goal. If all the existing activities are no longer viable it may indicate that the goal should be closed and a new goal created.

Conversely, a new goal is not required where:

- Activities under a goal need revising. For example, revisiting the training aspect of a job attainment goal does not necessitate a new goal.
- The timeframe of the goal is no longer going to be met.
- Where the original date of goal completion written in the SMART goal will not be met the goal can be edited, rather than the original goal closed and a new goal opened.
    - Change the date as soon as you aware that the original goal complete date will not be met.
    - An explanation must be given for the change in goal timeframe in the progress reporting section of the RPMF relating to the revised goal.



Number of goals on the plan

The DVA rehabilitation plan must have a maximum of 4 active SMART goals at any one time.

This will enable the client to focus on a reasonable number of goals.

We acknowledge that once the big picture goals are broken down into SMART goals there may be more than 4 goals that need to be achieved over the life of the plan.

- Goals that have been completed, or are yet to be commenced are not considered 'active' goals and do not count towards the 4 goals.
- The 4 goal maximum will encourage the progress and achievement of goals so that the next goal can be commenced and addressed.

Vocational goals and capacity

Medical evidence of vocational capacity must be obtained before the client can access the vocational items in the BFP. This means that vocational goals and activities cannot be added to the plan prior to obtaining an appropriate medical certificate.

Vocational capacity means the capacity to participate in vocational activities AND either work capacity or imminent work capacity. Where it is not likely the client will have capacity for work in the coming 6 to 12 months vocational activities should not be pursued.

A plan cannot be kept open awaiting the development of vocational capacity where there are no other outstanding goals and activities.

- Work trial and Employer Incentive Scheme (EIS) plan items will require work capacity, not just vocational activity capacity, to enable access.
- Vocationally focused assessments, retraining and job readiness/seeking items can be accessed with just vocational activity capacity and imminent work capacity.
- Medical evidence for specific vocational activities is not required. Capacity for specific vocational activities can be determined by the consultant.
- This means a medical certificate is required to show that they have 'overarching' vocational rehabilitation and/or work capacity but the medical certificate does not need to specify the exact activities they are capable of participating in.
- The 'factors that may impact the client participation' must be used by the consultant, along with their knowledge of the client's capacity, to determine if a specific activity is suitable.
    - Refer to the edical certificate template for additional context on how the medical evidence for vocational activities will be presented.

Where vocational capacity changes an updated medical certificate must be obtained before accessing activities applicable to the new capacity. For example, the client has a medical certificate for vocational activity capacity and is participating in job readiness activities. They then want to pursue a work trial. A new certificate confirming they have work capacity must be obtained.

The medical certificate must be submitted to DVA via the PUP with the next applicable 'report'. This may be:

- At the plan development submission of the RPMF where vocational capacity is present at the commencement of the plan.
- With a progress report submission where vocational capacity is developed during the life of the plan.

- With a report arising from a vocationally based assessment, such as a vocational assessment, where this report is submitted prior to the next progress report being due.

Please note, the BFP will still indicate that the vocational items are available even where there is no vocational capacity. This is because vocational activities are included 'as standard' in the BFP. However these items should be considered provisional, or 'locked', until such time as medical evidence of vocational capacity has been obtained.

Activities

How to document activities on the plan

Activities on a plan must articulate the specific actions being undertaken by the client to achieve the goal, including a timeframe for when the activity will be completed.

- There must be at least one activity under each active goal.
- The 'link' between the activity and the desired outcome under the goal must be clear – it must be evident to a 'reasonable person' that the activity would achieve the desired goal outcome.
- The plan must focus on activities that are being completed by the client. It is their plan. They are the ones that need to be building skills, capacity, etc.
- Consultant actions/activities should be recorded in the progress reporting section of the RPMF, not in the activities.
- The timeframe for the activity must be articulated as a date by which it is aimed that the activity will be done. This must be noted in the Planned Activities and Activities undertaken sections, depending on when the activity is identified. See the Duration of activities and Activity dates sections for additional information.
- Activities with no cost that are being used to achieve the client's goals must be recorded on the plan.

Examples of client focused activities:

- Under a goal relating to building self-sufficiency the activities might include 'Joe will research and identify GPs in their area and call the GP clinic to make an appointment, with support of the consultant where required by 15 May 2024'.
    - The consultant action, recorded in the progress reporting, might be 'Showed Joe the Health Direct website and how to use it, and worked with him on a script to use to call the GP.'
- Under a goal relating to building productive routines and habits the activities might include 'Joe to join a gym and attend the gym 3 times per week by 30 May 2024.'
    - The consultant action, recorded in the progress reporting, might be 'Talked with Joe to help him identify what kind of gym he wanted to attend, how to find a gym to approach, and a script for him to use to approach the gym about membership.'
- Under a goal relating to finding suitable employment the activities might include 'Joe to participate in a vocational assessment to identify suitable job options by 30 June 2024.'
    - The consultant action, recorded in the progress reporting, might be 'Booked a vocational assessment for Joe for 12 June 2024 with X company'.

Noting in the examples above the activity is forward looking, and the progress reporting will be 'after the fact'.

See Medical evidence section for information on medical evidence to support the inclusion of activities.

Activity guidelines

Guidelines on activities

For each item of the baseline financial package (BFP) there are associated guidelines to support consultants and clients to identify activities that meet DVA standards and expectations. These guidelines are contained within the BFP itself and this PPG manual. Consultants must use these guidelines when identifying and selecting activities to ensure all activities included on the plan are appropriate.

The BFP specifies activity 'categories', for example Life Skills courses, under which a range of activities that can be tailored to the client can apply. Whilst the BFP does provide examples of activities under each activity category these are not intended to be 'suggestions' or an exhaustive list.

There are specific factors or considerations that may apply to particular types of activities. Please ensure you are aware of and comply with all guidelines associated with all types of activities.

Questions to consider when identifying activities

Further to the parameters set under the BFP and in the guidelines, activities must be assessed by the consultant against the Activity Threshold Questions (ATQ).

The ATQs:

- Guide the consultant to consider and evaluate activities against the factors relevant to meeting the DVA rehabilitation program purpose and guidelines.
- Document the link between a relevant client need and the activities being provided.
- Enable DVA to see why the activity has been selected, including demonstrating the clinical justification for how the activity is likely to achieve, or support the achievement of, the required outcome for the client.

The ATQs are answered either as part of the AIR form, or as a standalone form where an AIR is not required. Both the AIR form and the standalone ATQ form are accessed on SharePoint.

- The ATQs must be answered, and documented, for all activities whether added autonomously by the consultant or via an Additional Item request (AIR).
    - The exception to this is consultant plan delivery funds.
        - Where plan delivery funds are being used without being requested through an AIR the standalone ATQ form does not need to be completed.
        - Where plan delivery funds are being requested via an AIR there are specific fields that must be addressed in the AIR form for requests relating to these funds.
- The documented answers must be submitted to DVA either with the next progress reporting submission of the RPMF, where the activity is added autonomously, or with the AIR.

The Activity Threshold Questions assess each activity against:

- alignment with client need
- likelihood of achieving required outcome
- cost effectiveness, particularly when compared to other suitable activities
- appropriateness of the duration of the activity

The questions are:

1. What are the details/description of the activity?

2. What client need/goal does the activity address?

3. How will the activity address the client need and what clinical justification/credible evidence did you use to support the efficacy of the activity to meet the need?

4. What sustained outcome will the activity achieve, and how will the outcome be measured (this must be reflected in the GAS)?

5. Where the activity or a similar activity has previously been undertaken explain why is it being requested again, including how and why will it meet the need when it previously did not?

6. Why was the selected activity chosen? e.g. most benefit to client, cost effectiveness, activity location

7. Where the activity is not within the funding allocation and/or allowable activity duration, and/or within other applicable guidelines, what other activities have been considered to address the need, and why has an activity within the funding/time/other guidelines not been chosen?

- This question is to demonstrate other considered and discounted activities. Reasons for discounting them must be documented.
- Client preference cannot be given as the sole reason.

8. For vocationally natured assessments – what is the information we are seeking from this assessment and why is a more cost effective, practical means of obtaining this information not appropriate?

Consultants must be honest with themselves when completing the questions for activities that can be added without an AIR as to whether the answers are honest and/or robust enough to justify including the activity.

DVA will review the ATQs submitted with progress reports and where it is found activities are being included where the ATQs are not answered honestly or rigorously resulting in an inappropriate activity being included non-compliance action will be investigated.

Additional factors that must be assessed, but are not required to be documented in the ATQS are:

1. Is the activity inappropriate for the client's conditions and/or may exacerbate their conditions?

2. Could the activity compromise the client's personal safety, including psychological safety, and/or the safety of the community?

3. Would participation in the activity cause offense to other members of the community?

4. Is client preference the sole reason for the selection of an activity that is above time and cost limits?

5. Is the activity delivered by the Contractor as an in house program?

6. Is there a suitable cost neutral or low cost activity that will meet the need?

   a. Consultants must consider courses available through Open Arms, Government provided resources and other well established, effective low cost resources.

7. Does the activity fit within the appropriate time frame for the activity? (3 months maximum timeframe exists for most activities).

8. Has the activity, or a fundamentally similar activity, previously been undertaken?

   a. Where a similar activity has already been undertaken, either privately or DVA funded, unless it can be clearly demonstrated why a further similar activity would meet the client need when the previous activity did not then it cannot be included. Justification for why a new similar activity would meet the client need when it previously did not must be demonstrated through completing and retaining the threshold questions.

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Activity duration

For most activities on the plan the duration of the activity should not exceed 3 months. This is to ensure:

- Progress through activities towards the achievement of goals.
- Clients do not become dependent on a DVA funded activity.
  - The aim of activity participation is to learn sustainable skills from the activity that the client can continue to utilise after the plan funding has ceased.
  - Where a client wishes to continue the activity after DVA funding is utilised they must self-fund the activity.

Some activities may not have an option for a 3 month timeframe due to the nature of the activity.

- For example a sports team or hobby club membership may be annual. In this instance, where it fits within the cost limit, this activity can be funded even though it is longer than 3 months.

However the goal and activity relating to a 12 month membership must not remain open for the duration of the membership. The goal should be closed when the goal/need to which the activity relates has been met – this should be 3 months or less.

Activity dates

Activity dates relates to the actual dates that the client will be undertaking the activity. It must be expressed as a date by which the activity will be completed. See examples in how to document activities on the plan of how to express activity dates.

Where the activity is not commencing until a certain point in time, or until a certain capacity has been reached, and/or until another activity etc. has been completed:

- This should be evident in the order of the activities and the completion dates of the earlier activities.
- Where it is not evident from the wording of the activity as to why an activity may commence at a particular time, information to explain the commencement of activities at a future date must be provided in the progress reporting section of the RPMF.

Activity dates:

- allow all parties to keep a track of whether the client is tracking as planned with their activities.
- can be forward dated.
- Are a guide. The activity may start or finish slightly earlier or later than stated.
  - An activity cannot start before consent to proceed is given or an AIR is approved (where an AIR is required).
  - Where an activity is not undertaken within the planned dates this may indicate issues with progress and participation which the consultant must proactively address.

Activity status

It must be clear from the information provided in the progress reporting what the ‘status’ of an activity is. The possible ‘statuses’ for an activity are:

- yet to commence
- started

- paused
- on-going
- no longer applicable
- completed

There is no specific field on the RPMF for activity status. The comments in the 'Activities being undertaken to achieve goal during reporting period" field must make the status clear. For example if an activity is on hold due to client circumstances, such as unforeseen medical treatment. This information must be provided in the progress reporting.

Including Assessments as an activity on the plan

Assessments must only be used, and included as an activity on a plan, where they are required and justifiable. Over utilisation of formal assessments, where a common sense approach can be taken to obtain information or provide advice will constitute a provider compliance matter.

The client must have vocational capacity in order to participate in assessments. Refer to the Vocational goals and capacity section.

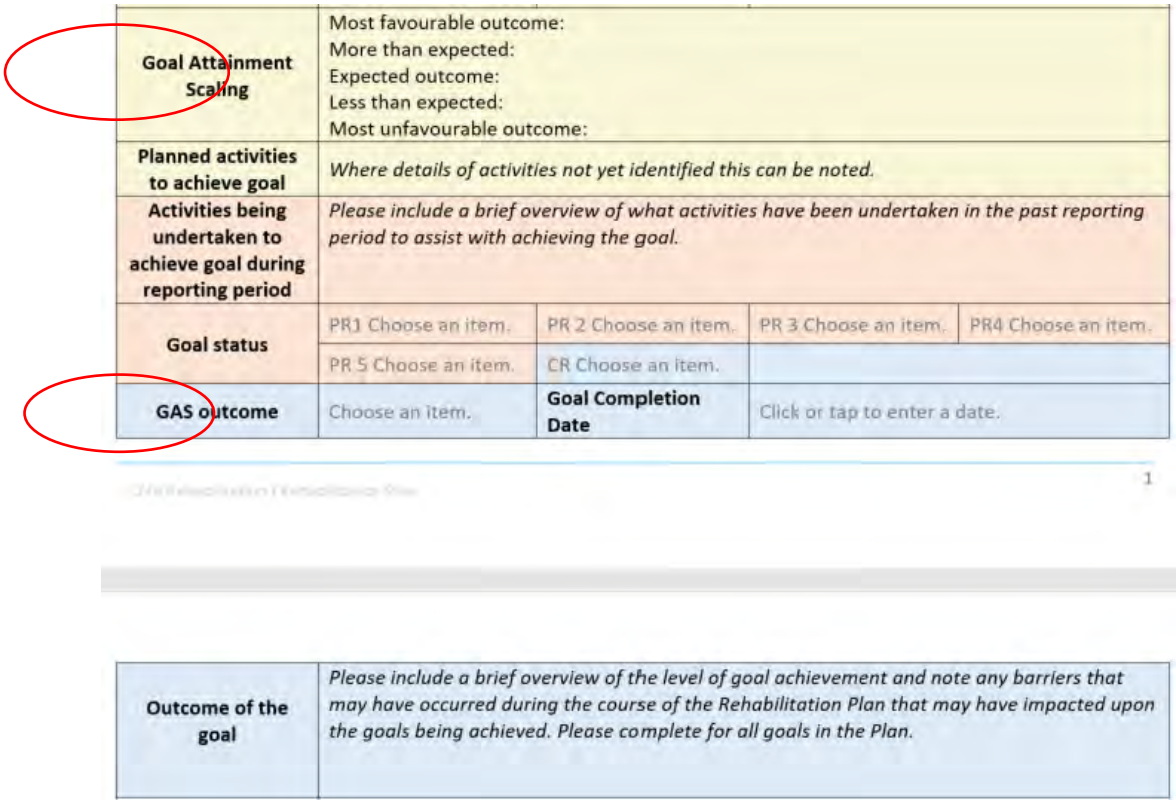
Goal Outcomes

Using the Goal Attainment Scale to map and measure goal outcomes

All SMART goals must be mapped against the Goal Attainment Scale (GAS). This is a 5 point scale that articulates the degree to which a goal may be, and then is, met.

- During plan development the consultant and client must forecast the extent to which the goal may or may not be met.
- At goal closure the consultant and client must assess the extent to which the goal was met and report the corresponding GAS outcome to DVA.
    - This is not necessarily at plan closure. Where the goal is finalised during the life of the plan the GAS outcome must be reported in the next applicable progress reporting.

The scale and the scale outcome must be documented in the relevant sections of the Rehabilitation Plan Management Form (RPMF).



Goal Attainment Scaling	Most favourable outcome: More than expected: Expected outcome: Less than expected: Most unfavourable outcome:			
Planned activities to achieve goal	*Where details of activities not yet identified this can be noted.*			
Activities being undertaken to achieve goal during reporting period	*Please include a brief overview of what activities have been undertaken in the past reporting period to assist with achieving the goal.*			
Goal status	PR1 Choose an item.	PR 2 Choose an item.	PR 3 Choose an item.	PR4 Choose an item.
	PR 5 Choose an item.	CR Choose an item.		
GAS outcome	Choose an item.	**Goal Completion Date**	Click or tap to enter a date.	

Outcome of the goal	*Please include a brief overview of the level of goal achievement and note any barriers that may have occurred during the course of the Rehabilitation Plan that may have impacted upon the goals being achieved. Please complete for all goals in the Plan.*

Consultants must be proficient in using the GAS.

The GAS describes both expected and other possible outcomes for each of the client's goals. Possible outcomes must be identified for:

- The least favourable outcome - where very little progress has been made towards the goal.
- An outcome that was less than what was expected - where the goal has not been met, but some progress was made towards the goal.
- The expected outcome of the goal - what the client aims to achieve after completing the activities associated with the goal.
- A better than expected outcome - where the client has made additional achievements and/or progress beyond the expected outcome of the goal.
- Where the outcome significantly exceeds the expected outcome - where the client has achieved significant additional achievements and/or progress beyond the expected outcome for the goal.

Developing the GAS

The GAS must:

- Be created, in collaboration with the client, as it provides a useful mechanism for the client to consider what 'successfully achieving' each goal looks like.
    - The role of the GAS - to map and measure goal outcomes - must be explained to the client by the consultant.
- Contain outcomes that are personalised to the client's goals and circumstances. In other words, clients may have similar goals but their GAS can be different to reflect their individual circumstances.
- Ensure each point on the outcome scale:

  - Is specific so that it is easy to identify a measurable difference between each point on the scale.
  - Uses clear, objective language to describe each outcome 'level' so it is clear which point on the scale has been achieved.
  - Includes only one outcome/variable.
    - For example, a GAS outcome of 'Improves confidence and expands social network' includes two outcomes so where one is met and the other is not it is not feasible to pick the appropriate point on the scale.

- Not include an expected outcome that is what the client can currently achieve.
  - The expected outcome is what they are expected to achieve AFTER the completion of the identified activities.
  - Where a client is at risk of a reduction in functioning, maintaining current functioning is an appropriate expected outcome.
- Include outcomes that are within the client's control. For example, where the outcome may be impacted by things outside of the client's control, like the labour market, this should be factored into the outcome development. This may mean developing outcomes focused on changes in the client's skills/capability/behaviour, rather than a specific outcome like obtaining a job.
- Include language that is positive and relates to sustainable, positive outcomes for the client.

Using the GAS to measure and report goal outcomes

The GAS is the formal mechanism for recording what the client achieved from participating in the plan, along with the written details of the goal outcome provided in the Rehabilitation Plan Management form (RPMF).

The goal outcome must be reported in the 'GAS outcome' and 'Outcome of the goal' fields in the RPMF.

Where the goal and GAS are well written, selecting the outcome that most accurately reflects the client's outcome will be straightforward.

When assigning an outcome level for the goal the consultant must:

- Consult with the client. When discussing the outcome with the client please discuss the steps the client can take to continue progressing towards, or maintaining, the best possible outcome.
- Advise the GAS outcome at the time the goal is completed, not in bulk at plan closure. This ensures accurate recollection of the outcome achieved.
  - The GAS outcome will be used in conjunction with comments in the progress and/or closure reporting to understand the goal outcome. Consultants must provide information in the reporting sections about the goal outcome.

<u>How to use the GAS when the goal changes or can no longer be pursued</u>

Where a goal is closed without being fully attempted because the goal changed to a significant extent or could no longer be pursued, the GAS status must be reported as 'No longer applicable'. No GAS outcome should be given. Not applicable must be selected in the GAS outcome field.

Please note, this only refers to where the goal was not able to be fully attempted as the goal changed or could no longer be pursued due to a change in circumstances (E.g plan closed as the client was medically unfit or participation is no longer suitable). It does not refer to circumstances in which the goal was not fully attempted due to client participation and engagement factors.

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Where someone in the consultant's organisation, other than the managing consultant, is providing the service under a client facing activity plan item this must be detailed in the progress reporting.

- For example, a colleague is providing vocational counselling as it is within their scope of practice and is not within the managing consultant's scope of practice. This may be charged against the vocational counselling plan item and a note made in the progress reporting - "Client undertook vocational counselling on 23 May to help them to identify their professional strengths and weaknesses and the kind of jobs that would be suitable. My colleague Ms Colleen Smith, as an experienced vocational counsellor, provided the vocational counselling."

As always, provision of a service without a genuine, justifiable client need will constitute a provider non-compliance issue and be addressed accordingly.

Funding 'outside' of the Baseline Financial Package

There will be circumstances in which funds in addition to the BFP are required and can be approved. These must be requested via an Additional Item Request (AIR).

Refer to the Additional Item Request chapter for further information.

Consultant responsibilities during plan facilitation

During the delivery and facilitation phase of the plan the consultant is empowered to facilitate the plan within these guidelines (the PPG Manual) without seeking approval for each goal and activity included and undertaken.

The consultant is responsible for ensuring that:

- The client is making progress with their goals.
- The client's goals are refined where required based on client capability/need.
- The client is aware of all goals and activities on the plan and agrees to their inclusion.
- The client is participating in activities that are meaningful in achieving their goals
- The client is building skills and capacity.
- The client is not disengaging or losing motivation, and any non-participation is acted upon promptly.
- All supports required are offered prior to proceeding to plan closure.
- Concise, meaningful information is shared via the progress reporting, or via email where the urgency of the information requires.
- AIRs are utilised correctly and appropriately for funding and activities that do not fit within the BFP or guidelines.

What can the consultant do without approval?

Following 'consent to proceed', consultants are able to deliver the plan within the rehabilitation program guidelines without approval from DVA.

Guidelines are provided on:

- The scope and purpose of the program which guides the goals and activities that can be pursued.
- The funding that is allocated for certain functions and activities – this is also referred to as the Baseline Financial Package (BFP) - and specific guidance on how that funding can be utilised.
- Timeframes for undertaking certain activities including reporting and the finalisation of the plan.

Consultants must be aware of the guidelines and operate within them. Failure to do so will result in non-compliance action and possible failure of program KPIs.

Adding and/or modifying goals and activities within guidelines/program scope

Consultants can add, modify and finalise goals and activities within the guidelines without approval and advise DVA of these 'changes' in the next progress report.

Consultants must proactively take these actions in response to changes in client circumstances, capacity changes and/or goal completion.

See the plan development chapter for more information on modifying goals, and the progress report section for more information on how to report information on adding, modifying and closing goals.

What can the consultant not do without approval?

Consultants require approval to:

- Recommend or undertake activities that do not fit within the funding allocation and/or other guidelines.
- Continue the program beyond the financial approval date – Approval for extension must be requested at least 8 weeks prior to the financial approval date that has previously been given.
- Undertake travel (other than 2 hours allowed for the assessment and plan development stage).
- Include study as an activity for the client unless the study fits within the Short vocational course plan item guidelines.
- Liaise with DVA Client Coordinated Support (CCS) unless it is related to a client welfare emergency, in which case approval can be obtained retrospectively.
- Commence the client on a work trial. DVA, as the provider of the insurance for the work trial, must have oversight of the details of the work trial being undertaken.
- Offer the Employer Incentive Scheme (EIS) to an employer of a rehabilitation program client.

Facilitating and Monitoring

The consultant must support the client to undertake their plan (facilitating), and monitor the client's undertaking of their plan.

Facilitating involves consultants actively supporting, teaching and linking clients to access the activities they require to achieve their goals.

Monitoring is observing, encouraging and motivating clients to engage and make progress with their activities and goals. This includes ensuring the client is reflecting on the 'reason' the activity is being undertaken.

- For example, if the client is undertaking an activity to build resilience the consultant and client must discuss the development/improvement in the client's resilience as a direct result of participation in the activity.

Meaningful contact with the client must be regular enough to ensure that the consultant is able to effectively monitor the client's progress, engagement and any changed needs or circumstance relevant to their rehabilitation plan. Refer to When to contact key stakeholders for more information.

Facilitating does not equal doing things for the client

The aim of rehabilitation is for clients to build skills to continue to use after the rehabilitation plan. Doing tasks for clients, rather than teaching and supporting them to do tasks themselves, is not supporting this objective. For example, the consultant should not organise for the client to participate in a course, they should teach the client how to find and enrol in a course.

Doing it for them creates a pattern of behaviour, expectation and reliance that is not sustainable or productive.

Consultants who consistently undertake tasks for clients that the clients should be completing themselves will be removed from the client's case.

Active monitoring

When monitoring the client and their plan the consultants must critically examine the information they are obtaining through their monitoring and take the appropriate steps. Sometimes the steps taken in response to active monitoring will then shift the consultant's role back into facilitating/supporting the client.

Identifying closure is required as a result of monitoring.

For example, where in the process of monitoring the client's progress the consultant observes certain circumstances that indicate the plan should be progressed to closure. Examples of circumstances that should prompt closure include:

- All activities and goals have been completed and there is no remaining client need to be addressed.
- Activities are unable to be completed due to the client's medical capacity.
- Progress has stalled – demonstrated through minimal changes from one progress report to the next.
- Client is unresponsive to contact and/or not participating meaningfully in the plan.

Plans must proceed to closure promptly in response to the above scenarios.

Where consultants fail to respond to the above scenarios by progressing to closure they will be contacted by DVA, following receipt of the progress reporting, to query why the plan is not closing and the reasons it should continue.

- Goals cannot be changed from completed to active where the client's capacity remains constant and they have completed the activities within that goal.

Refer to the Plan Closure chapter for further information.

Identifying need to modify the plan

Another example is ensuring that the client's capability, capacity and circumstances are closely monitored by the consultant so that goals and activities are continuing to best meet the client's needs. Where they are not, consultants must modify, add or close goals or activities promptly to maximise client outcomes.

Some monitoring activities will be specific to the activity to which they relate, such as monitoring a work trials or employment monitoring that has been obtained. Information relating to specific activities such as these will be found in the relevant chapters.

Extensive plan management

Some clients may require more extensive management than others to ensure they engage in and progress with their plan and get the supports that they need.

However it is important to identify the difference between appropriate high level support and client lack of capacity or suitability for rehabilitation.

Extensive plan management must result in appropriate progress.

The baseline financial package plan item for plan management is not funded to enable extensive plan management for a prolonged period. In some instances the amount of plan management time may 'average out' over the life of the plan. However, in some cases an AIR may be required to request additional plan management funds.

- For example, a client may need a higher level of support for a short period but then once they have an understanding of their role and responsibilities may require less support. In this instance the available funding allocation would 'even out' over the life of the plan.
- Alternatively, an event or circumstance may arise that requires the consultant to utilise a large number of hours of plan management funds where an 'averaging out' of the remaining plan management hours and funds is very unlikely.
    - In this instance an AIR must be submitted 4 weeks prior to the forecasted date that the current plan management funding allocation would be exhausted.
    - Strong justification and detail must be provided to support the request for additional plan management funds, including information about how and why the original allocation of funds has been exhausted.

Failure to manage the plan within the allocated budget, and without justifiable reason for the additional expenditure, will result in the failure of the related KPI and where applicable, non-compliance action.

Ancillary support

DVA has provided for a particular 'type' of facilitation relating to providing information to clients about how to access other DVA and external programs and benefits that the client may require.

This is funded under a specific plan item called 'Ancillary Support'.

This is in recognition that failure to address the client's questions about other DVA benefits and programs can represent a barrier, or distraction, to their participation in the rehabilitation plan. It also recognises the client behaviour where they seek information about, and support to access, other DVA programs and benefits from their rehabilitation consultant because of a perception that the consultant is working 'on behalf of' DVA.

However it is very important that consultants limit their role in this type of facilitation to the following:

- Show clients where they can find information about other programs, their eligibility and what they offer.
- Show and explain to clients how to find information about accessing other DVA and non DVA programs.

Consultants cannot:

- Offer to provide this information to the client where it is not being sought by the client or where they have the capacity to seek information themselves.
- Complete or submit paperwork on behalf of the client.

- Contact other programs on behalf of the client.
- Provide an advocacy role or act as a representative for the client to access other programs.
- Provide their clinical expertise or opinion as ‘evidence’ to support a claim for another program or benefit, unless separately funded for their opinion by the other program.

Funding under the ancillary plan item is $500.00.

Use of this funding must relate to a goal, which can include the removal of a barrier to enable the client to address other goals.

- For example, the client is focused on incapacity payment and lump sum payment claims and this is impacting on their engagement with rehabilitation. The consultant can support the client to find information about how to claim for these payment to lessen the ‘distraction’ that accessing these payments is causing.

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12. Plan closure

The plan must be closed promptly once the client's goals have been achieved, or where no further gains towards the achievement of goals is likely to be reached.

Rehabilitation plans are funded for up to 12 months as 'standard', however may close earlier than this timeframe, or later with strong justification, depending on the needs of the client.

Purpose of plan closure

The purpose of plan closure is to:

- Discuss with the client their achievements and the sustainable skills they have developed that they will use to self-manage their wellbeing and quality of life after the closure of the plan.
- Report to DVA about the circumstances leading to plan closure and a final summary of what was achieved throughout the rehabilitation plan.

Consultants must:

- Work with the client so that they are aware their plan is closing and have the necessary knowledge, skills, and supports in place for after the closure of their plan.
  - This includes providing information to the client at the establishment and during the delivery of the plan about the 'general' timeframes and milestones for the program, so that the client has an awareness of when their plan would be coming to a close.
- Proactively manage timeframes relating to plan closure, and where applicable plan extension.

Timeframes

Plan closure is expected to occur 12 months after the consent to proceed (plan start) date unless an earlier closure date is appropriate, or an extension of time is justified, requested and approved. Plans must not be kept open where there are no meaningful goals, activities or progress remaining.

Scenario A

Plan is closing at the 12 month point – the Authorised End date (End of financial approval). Consultant does not need to contact DVA prior to closure. However DVA may contact the consultant as part of their pre-closure activities which will occur one (1) month prior to the Authorised end date.

Scenario B

Where the plan is closing earlier than the 12 month point, the consultant must advise DVA at least 20 business days prior to the earlier plan close date of 'intent to close' the plan. This is to enable DVA to undertake its pre-closure activities prior to closure.

- Consultants must use the DVA standard email template for intent to close early.
- The closure report must be submitted at least 10 business days after the intent to close email has been submitted.

Scenario C

Where the consultant intends to extend the plan beyond the original 12 month timeframe this must be requested at least eight (8) weeks prior to the plan closure date.

(insert graphic of timeline)

In all scenarios the closure report must be submitted on or before the agreed closure date.

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- Where the client is not appropriately participating in their rehabilitation plan – in this scenario DVA will engage with the client and advise the consultant regarding closure.
- Where the client engages with DVA regarding closing their plan and hence DVA notifies the consultant regarding closure.

Notifying DVA of Intent to close plan prior to scheduled plan end date

Consultants must use the standard email template – 'Intent to close rehabilitation plan prior to authorised end date' - in SharePoint.

The email template will guide you to provide:

- A clear and succinct explanation of the reason the plan is proceeding to close.
- The plan closure date – which will be at least 20 business days from the date the email is sent.

DVA will respond to the 'intent to close' where there is information that would indicate that the plan should not close. A final 'response' regarding information impacting on intent to close may be up to 10 business days after the intent to close was sent. This is to allow for the DVA pre-closure check in process.

Where DVA has no information indicating that that the plan should remain open, hence it should proceed to closure, they will not respond to the 'intent to close' notification. If you do not hear from DVA within 10 business days from when the intent to close email was sent, you can proceed with preparing the closure reporting and finalising engagement with the client.

DVA contact with client during closure process

DVA 'pre-closure' client check in

DVA will contact the client via email one (1) month prior to their plan closure date, or following receipt of intent to close early, to obtain client input on:

- Any compelling reason/s why the plan should not proceed to close.
- Progress in certain areas of their life/functioning. This will done by asking the client the same questions at the beginning and end of their plan.

Note: Where the consultant and client are intending for the plan to be extended this must be requested via an AIR at least eight (8) weeks prior to the plan closure date. This is to avoid confusion for the client by receiving correspondence from DVA advising their plan will be closing, when they have discussed with their consultant that it will continue.

Consultant involvement in client check in process

Where relevant information is received from the client DVA will seek input from the consultant, via the 'Client request to extend plan' email, to obtain their perspective on the client information relating to plan closure.

- The outcome of the information from the client and consultant will determine whether DVA recommends that the plan should not proceed to close.

Where no relevant information is received from the client DVA will not engage the consultant in the pre-closure check in process. The consultant should continue with the closure process where they do not hear from DVA in relation to input. Noting that the consultant should not commence closure reporting and final closure discussion until 10 business days out from the closure date, so as to allow time for input to be received from the client and sent to the consultant.

Client check in process

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13. Medical management

Purpose of medical management

The purpose of medical management as a 'type' of rehabilitation support is to assist clients, where needed, to understand and learn to utilise the civilian health system so that they are able to independently access treatment and other supports provided by the health system.

The key aim is to ensure clients develop the skills to be self-sufficient in managing their health and treatment needs.

Medical management does not include coordinating the client's treatment needs for them, or ongoing support to access medical certificates where or if they are needed.

Timeframes

It is expected that medical management goals and activities would be completed within the first two (2) months of the plan.

Funding

There is no plan item under the Baseline Financial Package (BFP) specifically for medical management. This reflects the scope and purpose of medical management.

Consultant actions undertaken to educate and support the client in relation to medical management are funded under the plan facilitation plan item.

Examples of support provided under medical management

Medical management rehabilitation can include:

- assisting clients to develop skills and strategies to find and access health professionals in their geographic area,
- encouraging and assisting clients to find and independently access veteran and family specific assistance programs such as those provided by DVA and Open Arms,
- supporting clients with chronic or complex health conditions to develop skills in building their health literacy to proactively manage their health and wellbeing, and/or
- working with clients to find resources and programs in their community that promote a focus on recovery and effective health self-management – these may include Veterans' and Families' Hubs.

What is included under medical management support?

Medical management of non-compensable conditions can be included under the rehabilitation plan where the non-compensable condition is a barrier to achieving the client's rehabilitation goals.

However the treatment costs of the non-compensable condition will NOT be funded by DVA.

Assisting clients to independently access veteran and family specific assistance programs such as those provided by DVA and Open Arms

DVA and Open Arms offer a range of services and support outside of the rehabilitation program which can support veterans to access treatment, or provide services to support them to more effectively manage their health and wellbeing needs.

Consultants can provide information to clients about the services available, and skill building support to enable them to access these services. They cannot submit claims, organise assessments, or fill out forms for the client to enable them to access these services. See Ancillary Support for further information about the role that consultants can play in helping clients to access other services.

- DVA offers Veteran Cards, assistance with travel for treatment, the Rehabilitation Appliances Program, the Coordinated Veterans Care Program, the Veterans' Affairs Pharmaceutical Advisory Centre, and Community Nursing for eligible persons.
- Open Arms offers mental health services, trauma recovery, pain management, and peer assistance programs.

Supporting clients with chronic or complex health conditions to develop skills in building their health literacy to proactively manage their health and wellbeing

- Whilst it is expected that clients with chronic or complex health conditions will be more likely to require support with their health literacy, this support can also be provided to clients without chronic or complex health conditions where the client has a genuine need that will be supported by improved health literacy.
  - It is expected that the amount of support offered would align with the degree of complexity of the client's health and their demonstrated need for improved health literacy.
- Health literacy is considered to be 'the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decision and actions for themselves'.
  - The consultant role is teaching the client the skills they need to build their health literacy.
  - The client's treating health professionals should also be working with the client in relation to their health literacy skills. This is particularly important where the client requires significant support as health professionals are best place to support the client with how to understand and use health specific information and services.
- The intended outcome of building health literacy skills is that this builds the client's capability to self-manage their health and wellbeing.

Organisational, self-motivation and self-regulation skills and strategies required to self-manage accessing the civilian health system and prescribed activities

Clients may have been linked to the civilian health system but are not engaging meaningfully with the services and prescribed activities available due to poor organisational, self-motivation and/or self-regulations skills.

The consultant can support the client with these skills where it enables the client to access the civilian health system to address their health needs. At no time should the consultant be providing reminders to clients about their prescribed activities. This is not skill building. The consultant can work with the client on strategies that will build these skills.

Again it is important to note that the client's treating health professionals should also be supporting the client with the skills they need to effectively engage in prescribed treatments.

Teaching the client ways in which to disclose their health information

Consultants can support clients with obtaining the skills to be comfortable and competent with disclosing their health information. This skill should include the ability to disclose this information in a vocational setting.

It is not expected that this support would take the form of a course. Where the client requires significant support with developing these skills this should be managed by the client's treating health professional such as a psychologist, or through assistance offered through Open Arms.

Supporting client with skills to be able to link into health related supports/programs

Consultants can assist clients with developing the skills and knowledge required to identify and link to supports and programs that are part of the civilian health system where the client does not have the skills to do this independently.

At no time should the consultant be submitting or facilitating claims under these programs on behalf of the client.

What is not included under medical management?

- The provision of treatment. This includes the provision of medical advice by the consultant.
- Ongoing support to access medical certificates.
- Identifying unmet treatment needs. This is the role of the treating health professionals with which the client has been linked.
- Support to access clinical assessments etc. required to obtain other services e.g. Household services, Rehabilitation Appliances Program (RAP).
- Supporting clients to adhere to treatment regimens. This is the role of the treating health practitioner.
- Exercise memberships or equipment for the purpose of participating in a prescribed exercise program.
- Any other activity that creates an unreasonable and/or unsustainable client expectation and level of dependence on the consultant or rehabilitation program.

Whilst monitoring a client's participation in treatment and the impact of that treatment on their symptoms and functioning is not the role of the consultant, consultants are required to take action where they observe behaviours that lead them to be concerned for the client's welfare.

How to gauge when medical management support is complete

Medical management support is considered successfully completed when the client is able to independently access the civilian health system and other information and resources available to self-manage their health condition/s. This is not the same as self-managing their health conditions. It is the role of their treating health practitioners to monitor and ensure that they are self-managing their health conditions.

- Where a client is not independently accessing the civilian health system because they are failing to engage with or adhere to the skills, knowledge and activities that they have been shown and recommended AND this is causing the client to be unfit for meaningful participation in the DVA rehabilitation program their plan should proceed to close. It does not mean the medical management goal should remain open.

- The consultant must be proactive in proceeding to closure where the client has been given appropriate opportunity to engage in recommended activities to lessen the symptoms of their health condition/s and has failed to do so resulting in the client being unfit to participate in rehabilitation.
- Refer to the plan closure chapter for the process to follow to close the plan due to the client being ‘medically unfit’.
    - The consultant must advise the client’s treating doctor about the supports that have been offered, their observations regarding the clients failure to access and adhere to supports, and the resulting outcomes regarding fitness for participation in rehabilitation.
- It is expected that the treating doctor will continue to work with the client about their adherence to recommended activities in order to improve their symptoms.
    - For consultant awareness – as part of the closure process the client may be referred by the DVA Rehabilitation team to other DVA case management programs to enable the client to continue to receive support to adhere to recommended activities.

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Medical evidence required to participate in psychosocial activities

A medical certificate to provide evidence of the client's capacity to participate in psychosocial activities is not required. The consultant must assess whether an activity is suitable based on their assessment and knowledge of the client's capacity.

Consultants can use their discretion and obtain a medical certificate where the nature of the activity and/or the nature of the client's condition/s means they require another opinion on capacity. For more information refer to medical evidence for activities.

Assessment of psychosocial need

The consultant must use their clinical and professional skills to assess the client's psychosocial needs and the activities that would best meet those needs. An independent medical opinion on the client's psychosocial needs is not required.

Information about the client's psychosocial needs may be present in existing medical reports, and this should be observed and acted on by the consultant.

More information on Psychosocial Rehabilitation purpose

'Barriers' that can be addressed by psychosocial rehabilitation

Psychosocial rehabilitation is to assist with overcoming barriers that may be impacting upon a client's wellbeing, ability to function independently and/or the achievement of their rehabilitation goals.

Barriers may arise due to a client's perception of their injury or illness, changes in their life, their self-identify and/or place in the community.

Psychosocial rehabilitation can assist with changing these perceptions by providing education and experiences to the client to challenge these perceptions and develop new skills and thinking in relation to their barriers.

Examples of psychosocial 'needs'

Psychosocial rehabilitation provides for a wide range of supports as the barriers it addresses do not need to relate specifically to an accepted condition, and because what presents as a challenge or barrier to each client will be unique.

Psychosocial rehabilitation includes support and referral, where needed, for:

- Counselling to assist with adjustment to their injury and new circumstances
- Building confidence and/or resilience
- Life management skills including those relating to family functioning
- Establishing healthy routines and habits
- Building skills and knowledge about how to independently access supports and services in their community
- Building a meaningful support network
- Creating social connections within the community

- Finding a valued role within the community
- Education on managing finances
- Linking clients to housing support organisations

Psychosocial activities must align with program purpose, psychosocial rehabilitation purpose and a client 'need'

Psychosocial activities cannot be included on the plan, or requested, where the activities will not result in an outcome that clearly aligns with the program purpose, the psychosocial rehabilitation purpose and a client need.

Aim of psychosocial activities

Psychosocial activities assist with overcoming barriers by supporting the client to:

- Identify their strengths and build confidence
- Engage proactively and productively with others
- Develop the skills, knowledge and capability to overcome barriers to achieving their DVA rehabilitation goals and/or outcomes
- Identify and learn strategies and techniques that they can use to sustain the skills that remove their barriers beyond the rehabilitation plan timeframe.
- Be able to identify and access resources that will support them to self-manage their barriers in the future, if required.

Activity Threshold Questions

The Activity Threshold Questions (ATQs) must be answered by the consultant to demonstrate how the psychosocial activity is likely to achieve the required outcome for the client to achieve their goal/s.

See Activity Guidelines for further information on how and when to utilise the ATQs.

Psychosocial activity selection

When selecting all psychosocial activities the following must be considered and adhered to:

- Existence of a genuine client need that will be met by the psychosocial activity.
- Alignment with program purpose and psychosocial rehabilitation purpose, including a focus on achieving a sustainable outcome.
- All guidelines related to psychosocial activities.
- The factors detailed in the Activity guidelines section of the Plan Development chapter.
- The costs are reasonable and within the funding allocation.
- There are an abundance of low or no cost activities to support clients with their psychosocial needs. These should be utilised in ALL applicable scenarios.
- The type and nature of the activity is appropriate for the client's condition/s and circumstances.

- Programs delivered by the provider organisation or any of the subsidiary or associated organisations cannot be utilised. More information on this can be found in the Contract Management PPG.
- Due diligence of activity providers qualifications, insurance etc. is undertaken.

Any activities that do not adhere to the above must not be included on a rehabilitation plan. Where activities that do not meet the above guidelines are included on a plan this will be considered non-compliance.

Psychosocial activity duration

Psychosocial activities funded by DVA must be short term. Short term is considered to be 3 months or less.

Refer to activity duration for more information.

What psychosocial activities require approval?

Psychosocial activities do not require approval where they meet DVA's guidelines. However the ATQs must still be completed for activities within the guidelines.

Where a psychosocial activity is required that does NOT meet DVA's guidelines an Additional Item Request (AIR) must be submitted.

- This should occur in very limited scenarios. DVA expects that in the vast majority of circumstances a suitable, effective activity that is within the guidelines can be identified.
  - Client preference cannot be given as a reason for why the activity is required.
  - Requests for approval of activities that are outside the guidelines, where suitable activities that are within the guidelines are available, will be considered non-compliance.

Information about the activity being used and/or requested must be provided with the ATQs or AIR. This information must be obtained from a credible source and must serve as 'evidence' to explain what the activity is, what the activity achieves, who provides the activity, etc.

Psychosocial activity categories

Psychosocial activities have been broken down into five (5) categories based on the type of activity:

- Sport/Exercise Membership and/or Registration fee
- Community Club Membership fee (not sport related)
- Short Wellbeing class or course
- Personal Finance Short course or class
- Life Skills course or class

Each category is a plan item in the BFP and has been allocated funding. There is also a maximum funding allocation of $1750.00 under the BFP for the combined total of all the categories.

The way in which these categories are accessed will depend on the client, their needs, and what types of activities will meet their needs.

Activities can only be accessed under a category where there is a clear need that will be met by the activity.

Psychosocial activities that are not funded under the BFP

In specific scenarios child care may be able to be funded on a rehabilitation plan. There is no BFP plan item to fund child care. ALL requests for support with child care must be requested via an Additional Item Request.

Sport and Exercise membership and/or registration fee

The membership and/or registration fee for a client to participate in sport and exercise can be funded under this item.

What cannot be funded under the sport and exercise item?

The following cannot be funded under the sport and exercise item:

- Activities that are for the purpose of treating a health condition, including an activity for the purpose of improving the symptoms of a health condition.
- Equipment required to participate in sport and exercise activities.
    - An exception applies where the equipment is provided as part of the membership, e.g. a team jersey, branded Pilates mat.
- Lessons or personal training for a sport or exercise activity.
- Activities that the client is already participating in, or has already participated in.
    - For example, if the client is already a member of a gym we cannot pay the next three (3) months of their membership. Similarly, if the client already casually plays golf we cannot fund their participation in golf.
    - This is because if they are already participating in the activity and it has not yet met their needs it cannot be demonstrated that continuance of the activity will then meet those needs.
- Activities where there is no clear link between the need and the activity.
    - For example, where the need is social connectedness but the activity is a solitary pursuit.

Examples of activities under this item

The activities accessed under this item will depend on the unique needs of the client and what works for them to meet those needs.

The below types of sport and exercise activities are provided for example purposes only; they are not suggestions or an exhaustive list:

- Team sport, such as netball, soccer, touch football
- Membership of a gym or other exercise provider (e.g. yoga studio)
- Pool membership
- Hiking or running club
- Dance class

Community club membership and/or registration fee

Community club membership means non-sport related clubs such as hobby clubs or clubs for people with similar interests and/or experiences, such as ex-service organisations.

Membership of clubs and organisations provides an effective way to be involved in something fulfilling whilst forming meaningful support networks.

Many community organisations and clubs have minimal or no cost associated with participating. No cost activities must still be listed on the plan where they are being used to achieve the client's goals.

What cannot be funded under the community club item?

The following cannot be funded under the community club item:

- Hobbies that are not undertaken as part of a club.
- Activities that are for the purpose of improving the symptoms of a health condition.
- Equipment required to participate in the club.

  - An exception applies where the equipment is provided as part of the membership, e.g. wood is provided by the wood working club.
- Activities that the client is already participating in, or has already participated in.
  - For example, if the client is already participating in a non-sporting club we cannot pay for the next 3 months of their club membership.
  - This is because if they are already participating in the activity and it has not yet met their needs it cannot be demonstrated that continuance of the activity will then meet those needs.
- Activities where there is no clear link between the need and the activity.
  - For example, the client wants to participate in Toastmasters, however they have no clear need or goal related to public speaking and leadership skills.

Examples of activities under this item

The activities accessed under this item will be depend on the unique needs of the client and what works for them to meet those needs.

The below activities are provided for example purposes only; they are not suggestions or an exhaustive list:

- Australian Men's Shed Association
- RSL, Mates 4 Mates or other ex-service organisations
- Hobby clubs e.g. card club, book club, art club
- Membership of a community via an 'app'. eg a Circle Community.
- Rotary Club, Lions Club, Freemasons
- Toastmasters
- Participation in peer support community

Some clubs, such as Toastmasters or peer support communities, may offer skill building/education type services as well as meetings/engagement based activities. Where a client is participating in the education type services this could go under the wellbeing courses item (below) or the vocational short courses item depending on the goal the client is aiming to meet through their participation in the course.

Short Psychosocial Wellbeing courses

Under this item a course, class, or similar activity can be accessed that will provide a meaningful and sustainable improvement to a client's psychosocial functioning.

- The client must have a need relating to their psychosocial wellbeing in order to access this item.
  - For example, the client is lacking in confidence which is presenting a barrier to their other rehabilitation goals. The completion of a course on confidence, or the completion of an activity where the successful completion would give the client confidence, would be appropriate.
- The purpose of psychosocial rehabilitation must be used to underpin decisions on whether the client need is within scope of this item.
- Where the need being addressed is social connection the activity must be outside the home environment, unless specific client circumstances prevent this.
- An activity may be funded for the purpose of the client acquiring the skills to teach/lead/participate in an activity for community engagement/wellbeing (not for income). E.g. Learn to lead meditation to run free meditations sessions in the community.

What cannot be funded under the short course item?

- Equipment associated with participation in these activities cannot be funded. An expectation applies where the course fee includes resources/materials.

- An activity that does not produce a sustainable outcome. A sustainable outcome is a skill, or capability, that the client can continue to utilise or benefit from after the completion of the course.
    - An example of an activity that does not produce a sustainable outcome is a massage or attending a float tank for relaxation. This does not teach the client how to relax themselves, rather they are being relaxed from a particular instance of an activity.

Examples of activities under this item

The activities accessed under this item will be depend on the unique needs of the client and what works for them to meet those needs.

The below examples of short wellbeing courses are provided for example purposes only; they are not suggestions or an exhaustive list:

- Mindset courses or programs to develop skills relating to wellbeing such as confidence, resilience, positive mindset, practicing gratitude, coping with stress.
    - Open Arms provides an extensive range of tools and resources.
- Courses related to relaxation, such as meditation and mindfulness courses.
- Courses related to a hobby that are not part of a club. E.g. art classes, language course, etc.
- Personal development course.
- Counselling to adjust to injury and/or new life circumstances (This does not include counselling that is for treatment, pain management, etc.).
- Short academic courses that are not for a vocational purpose eg. poetry course.

Personal Finance short courses

Courses, education and information relating to the client learning the skills to be able to self-manage their own finances can be accessed under the personal finance shorts courses item.

There is an abundance of courses relating to managing personal finances at low or no cost. These courses should be investigated and utilised in ALL applicable scenarios.

What cannot be funded under this item?

- Courses relating to wealth growth, such as financial advice or investment related courses.

Examples of activities that can be funded under this item

- Budgeting education
- Understanding taxation
- Understanding superannuation

Life skills courses

Life skills are skills that assist the client to make the most out of their life. They provide the ability to use adaptive and positive behaviour to deal with the demands, challenges and opportunities that arise in life. They involve thinking and behavioural skills and processes.

The life skills are client requires will vary depending on their circumstances.

Examples of activities that can be funded under this item

Courses and/or education on the following life skills would be appropriate to remove barriers to optimal psychosocial functioning:

- Relationship management/Interpersonal skills

- Parenting skills
- Emotional regulation
- Anger management
- Conflict management
- Communication skills
- Problem solving skills
- Decision making skills
- Time management skills
- Critical thinking skills
- Self-awareness skills
- Understanding how to plan and pay bills
- Understanding how to shop for the right food and household items

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- Clients who reside overseas will not be unable to access child care provisions, because the child care provider has not been approved by the Australian Government.

15. Vocational rehabilitation

A client may participate in rehabilitation focused on a vocational outcome where they have a genuine vocational goal/need, and have capacity to participate in vocational activities as confirmed by a medical professional.

There are many different pathways to a vocational outcome. The pathway that a client takes will be impacted by the client's skills, experience and circumstances. The supports the client requires will depend on these factors.

Purpose of vocational rehabilitation

The purpose of vocational rehabilitation is to provide the client with the skills, knowledge, training and support to return to suitable and sustainable employment that is at least at the level that they undertook prior to their injury. This outcome must be achieved by the most cost and time effective means possible whilst ensuring that the outcome is suitable and sustainable.

Timeframes for vocational rehabilitation

Vocational items under the baseline financial package (BFP) cannot be accessed until medical evidence of vocational capacity is obtained. Refer to vocational goals and capacity for information about vocational capacity and the submission of medical evidence.

When vocational activities are accessed will be dependent on the client's circumstances. Some clients may have capacity at the beginning of the plan, some may develop capacity during the life of the plan.

From the time the client has vocational capacity, the consultant must work with the client to identify and commence the client in relevant vocational activities in a timely fashion to ensure that participation, progress and momentum of the plan is maintained.

- Where a client has vocational capacity at the commencement of the plan, DVA expects the consultant and client to work to a maximum 12 month timeframe.
    - Where a vocational outcome requires that the plan run for a longer period of time, approval must be sought from DVA.
- Where the client is building capacity to undertake vocational activities, and hence vocational capacity may not be achieved until some way into the 12 month duration, additional time may be approved for vocational activities beyond the initially approved 12 month duration.

DVA expects that up to 18 months would enable the successful achievement of a vocational outcome for the majority of clients.

Approval for:

- additional time to deliver vocational activities under the plan must be requested at least 8 weeks prior to the expiry of the initial 12 month duration.
- vocational activities requiring approval must be requested 4 weeks prior to when the activity is to commence.

Sufficient lead time ensures that plan engagement, progress, and activity commencement are not impacted by the approval process.

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Assessment of prospective employment

Where the client obtains employment the consultant must:

- Confirm the suitability of the employment for the client.
  - This must be done by a suitably qualified person. This can be the managing consultant or another person where the managing consultant is not appropriately qualified.
  - A work site assessment and/or a Functional Capacity Evaluation can be undertaken to confirm suitability.
    - It would be best practice to undertake the FCE prior to job seeking to understand what roles the client is capable of and hence should apply for.
    - As part of the work site assessment the need for any job redesign, work place alterations, and/or equipment must be considered, including the viability of the changes that would be required to ensure the job is suitable and sustainable for the client. For example, if substantial changes are required the job would not be considered suitable.
    - Where an FCE or worksite assessment is undertaken these must be charged against the FCE and worksite assessment plan items.
  - Where the consultant requires a second opinion on the suitability of the employment the opinion of a relevant treating health professionals can be sought. The consultant must provide information to the doctor on the role and its requirements to enable the doctor to assess the client against this job information.

Job seeking support

As part of job seeking support, In addition to supporting the client to learn the skills to obtain a job, the consultant can also support the client with:

- Ensure they communicate their condition and capabilities with their work supervisor
- Provide DVA with details of the offer of employment, including gross wages, hours, duties using the standard email template.
- Remind the client to contact the incapacity payments team to advise them that they are commencing employment so they can understand the impact of their new job on their payments.
- Where the employment is assessed as suitable the consultant can advise the employer about the Employer Incentive Scheme, however must advise the employer that DVA is required to make an assessment and decision on the approval of payments.
  - Any actions associated with EIS must be charged under the EIS plan item.

Employment monitoring

Employment monitoring is to ensure the employment in which the client has commenced is suitable and sustainable. The consultant involvement in monitoring the employment can vary depending on the client.

- Clients will be given a choice as to whether they wish to keep their plan open to enable the monitoring of their employment. It is not compulsory.

    - Where the consultant identifies that there may be potential issues that require monitoring they should encourage the client to remain on the plan for an appropriate period for monitoring.
- The consultant must be able to demonstrate the 'value' of the employment monitoring activities being undertaken. Where the monitoring activities have no demonstrable value the plan must proceed to closure.
    - Up to 1 month of monitoring would be considered appropriate.
    - A shorter period could also apply where the key activity in the period is a worksite assessment by the consultant.

Where no issues are identified following the monitoring activities the plan must proceed to closure.

Where the period of monitoring will take the plan beyond the original 12 month duration an AIR must be submitted to request additional time.

Worksite Assessment

A worksite assessment can be used to:

- Gain a better understanding of the nature of the client's work
- Assess the suitability of work duties and/or formulate suitable duties
- Create a return to work plan
- Devise safe work practices for the client
- Understand the need for workplace modifications and/or job re-design
- Assess prospective employment
- Assess work trial 'employment'.

The focus must be on ensuring a work environment that will maximise the client's ability to maintain suitable, sustainable employment.

A worksite assessment must:

- Only be undertaken where clearly required to support a planned vocational activity.
- Be undertaken by an appropriately qualified and skilled person.

A report of the outcome of the assessment must be provided. This report must provide appropriate clinical information and reasoning for all recommendations, including.

- The work duties and/or environment that are impacted by the client condition/s, how the conditions are impacting on the work duties and/or environment, and the changes required to the duties and/or environment to minimise or remove the effect on the conditions.
- The need for equipment and aids required by the client that the employer is unable to provide.
- The type and economic viability of any proposed modifications, changes and alterations to the work duties and environment.

Functional Capacity Evaluation

A functional capacity evaluation (FCE) is used to objectively determine the client's physical capabilities and limitations with regards to work performance and general functioning. This includes their physical capacity for sitting, standing, lifting and other movements and tasks.

When can an FCE be used?

For the purposes of the DVA rehabilitation program it should be used to provide comprehensive information about the client's capacity:

- When identifying suitable job options. It is not mandatory, but can be used where there is difficulty in identifying suitable job options because the client does not know their capacity.
- Where the client's self-reported capacity does not align with observations and/or medical evidence of capacity, including:
    - where the client reports difficulties with work tasks that are inconsistent with the current medical evidence of their vocational capacity.
    - Where the client's job preferences do not align with their capacity.
- To inform a return to work plan or work fitness/readiness plan where such a plan is required.
- To confirm suitability of prospective employment, where required.

The managing consultant cannot undertake the FCE.

Consultants must ensure that the referral to the professional undertaking the FCE clearly articulates the purpose and context of the FCE. This ensures the FCE produces information that is useful in supporting the decisions that need to be made.

Medical clearance required for FCE

Medical evidence of capacity to participate in a functional capacity evaluation is required before the activity can be accessed. The DVA rehabilitation program medical certificate template will specifically ask for a medical opinion on capacity to participate in an FCE.

Where a different medical certificate template was used to demonstrate initial vocational capacity and it does not specify whether the client has capacity to participate in an FCE then a separate medical certificate will need to be obtained that specifically addresses the client's capacity to undertake an FCE. This medical evidence must be obtained before the FCE is undertaken.

The medical evidence does not need to be provided to DVA prior to the FCE being undertaken, it must be provided with the next submission of the Rehabilitation Plan Management Form (RPMF).

FCE outcomes

A Functional Capacity Evaluation should report on the client's:

- Physical, psychological and cognitive functional abilities and limitations, with regard to employment and/or general functioning, including the duties they can and cannot perform and their capacity to undertake a particular job role where one has been identified
- their capacity for work, including the hours they can work
- an overview of the assessment processes utilised and the findings
- recommendations for strategies to implement to assist the client in achieving their vocational or functioning goals.

Work trials

A work trial is a valuable job readiness exercise to provide clients with experience and exposure to new employment, as well as development of work 'fitness'.

Duration of work trial

A work trial will usually be undertaken by the client for a maximum of 12 weeks.

A longer period may be appropriate where a continuation in the work trial will allow the client to obtain additional, valuable skills and experience that could make them more employable and/or where due to a graduated return to work requirement the client requires longer.

The consultant must assess the reasons for extension and only submit an extension request to DVA for approval where they deem that the extension of the work trial will be of real benefit to the client.

- Where it will not, the consultant can decline the extension without seeking input from DVA. They must report the extension request and decline in the next progress reporting.
- Where it will be of benefit the extension must be submitted on the Work Trial agreement form for approval. The original form can be amended with an updated 'completion date' and initialled changes, or a new form can be completed.

What actions can be undertaken in relation to a Work trial without DVA approval?

The consultant activities associated with the sourcing, arranging, monitoring and finalisation of a work trial do not require approval. These include:

- Identifying/sourcing host employer.
- Liaison with employer to explain the purpose and duration of the work trial, and determine details of work trial e.g. duties, hours.
- Worksite assessment, where required.
- Assessment and documentation of suitable duties in line with the client's capacity
- Medical evidence to support Work Trial and duties
- Provision of Work Trial insurance information to the host employer and client
- Completion of the Work Trial agreement
- Submission of the weekly Work Trial diaries via the PUP
- Liaison with the client during their participation to determine if any adjustments to duties, hours etc. are required. Engagement with the host employer about any adjustments required.
- Discussion with the client and host employer about the prospects of employment arising from the work trial.

What Work Trial actions cannot be undertaken without DVA approval?

The actual work trial the client is participating in requires approval. This approval is via the Work trial agreement.

- The details of the employer, duties, hours etc. require approval.
- Where additional time, and/or funding, is required to facilitate the work trial an Additional Item Request (AIR) must be submitted, in addition to the Work Trial agreement.
    - The AIR and Work Trial agreement do not need to be submitted together. The AIR should only be submitted when the additional time and funds are required.
    - The preparation of the AIR is funded under the AIR item on the BFP, not the Work Trial item.

Medical evidence to support work trial agreement

The medical evidence obtained to demonstrate work capacity, which is required prior to investigating a work trial, can be used to support participation in a work trial.

The DVA Rehabilitation Program medical certificate has been specifically formatted to ask for the doctor's opinion on the client's capacity to participate in a work trial and what, if any, limitations apply to the client's capability to undertake specific work related tasks. It is strongly recommended that this medical certificate template be used.

Where the doctor does not complete the DVA rehabilitation program medical certificate template the consultant must ensure that the information provided on the medical certificate is sufficient to determine the client's ability to participate in a work trial and any limitations that may apply to the duties they could perform as part of a work trial, and the hours they can work.

- Where it does not the consultant must obtain the required evidence to enable them to assess the suitability of the work trial duties.
- Where this evidence is obtained from the GP any associated costs cannot be charged to the rehabilitation plan.

Liaison with host employer to organise work trial

The consultant, in their liaison with the employer, must ensure the employer is:

- Aware of the purpose and duration of the work trial.
- Aware of the client's capabilities, and conditions that impact on their capabilities, and the requirement to devise suitable duties that reflect their capabilities.
- Encouraged to provide well considered on-the-job training to the client that enables them to acquire the skill and competencies for the job.
- Aware that a work environment assessment may be undertaken to confirm the work environment is suitable for the client based on their conditions.

Work environment assessment

A work environment assessment should be undertaken where the client has conditions that are likely to be impacted by the work trial environment. It is not required in all work trial scenarios.

Where a work environment assessment is required to assess the suitability of the work trial it should be undertaken before the work trial agreement is drafted.

Consultants must report on the findings of the assessment. They must also provide information and education to the client about safe work practices and advice on work restrictions based on the findings of the assessment.

Refer to the equipment eligibility and request process information where an outcome of the assessment is that equipment is required to enable the client to safely and sustainable participate in the work trial.

Suitable duties

The consultant must use the medical evidence of the client's capacity, information obtained from the work environment assessment (where one is required), and the duties discussed with the host employer to formulate and document 'suitable duties' that will be undertaken by the client during the work trial.

Duties would not be considered suitable if significant workplace modifications, equipment and/or aids were required in order for them to be performed. DVA will fund reasonable equipment required for participation in a work trial.

- An exception regarding significant workplace modifications, aids etc. may apply where the client has significant injuries that would prevent them from participating in a work trial unless the all modifications, aids etc. are provided.

The suitable duties formulated must be documented in the Work duties section of the Work trial agreement.

Work trial agreement form

The Work trial agreement (WTA) outlines the agreed work duties the client will be participating in, the responsibilities of the host employer, the client, the delegate and the consultant, and documents DVA's approval of the work trial. This form is completed by the consultant.

The WTA must be submitted at least 2 business days prior to the commencement of the work trial. It must be signed by the client, consultant and host employer when it is submitted.

Medical evidence, and other relevant information from assessments etc, regarding the client's capability that informed the suitable duties on the WTA must be attached to the WTA form.

Work trial insurance

Work trials are covered by insurance provided by DVA. If the work trial agreement is not approved prior to the commencement of the work trial it could impact on insurance coverage.

The consultant must provide the Work trial insurance manual to the client and host employer. This manual details the insurance that DVA provides and the process to follow where a claim needs to be made.

DVA insurance covers injury to the client, and insurance to cover injury or damage caused by the client's negligence.

Work trial attendance diary

For the duration of the work trial, the consultant must ensure that the client completes, and submits to the consultant, the fully signed Work Trial Attendance Diary.

The consultant must:

- Explain to the client and the host employer about the purpose and completion of the work trial diary.
- Upload the completed work trial diary via the PUP.

The rehabilitation delegate shares the work trial diary with the client's incapacity payments delegate who processes the updated payment amount

Impact of work trial on incapacity payments

Clients participating in a work trial who are in receipt of incapacity payments at less than 100% of their previous ADF earnings may be eligible for an increase in their incapacity payment percentage based on how many hours they participate in the work trial per week.

Where the client is in receipt of incapacity payments calculated at 100% of their previous ADF wage, their incapacity payments will not be affected by participation in a work trial as their payments are already being calculated on the maximum percentage.

The below table shows the correlation between hours of participation in a work trial and percentage of previous ADF salary used to calculate incapacity payments. It is based on a 37.5 hour week.

Hours worked	Percentage of previous military salary	The legislated rule that determines the hours
0 hours worked	75%	if the client is not working during that week
< 9.375	80%	if the client is working for 25% or less of their normal weekly hours during that week
< 18.740	85%	if the client is working for more than 25% but not more than 50% of their normal weekly hours during that week
< 28.124	90%	if the client is working for more than 50% but not more than 75% of their normal weekly hours during that week
< 37.490	95%	if the client is working for more than 75% but less than 100% of their normal weekly hours during that week
> 37.50	100%	if the client is working for 100% or more of their normal weekly hours during that week

The adjustment to the client's incapacity payments is done by their incapacity delegate. The adjusted amount is not paid in 'real time'. For more information about how long it will take for payment of the adjusted amount to be paid after receipt of the work trial diary, the client should speak with their incapacity payment delegate.

Monitoring a work trial

During the work trial the consultant must:

- monitor the client's work trial to ensure they are working within the suitable duties agreed, including visiting the work site.
- notify DVA immediately via the standard email template of any workplace injury or illness, or aggravation of an existing condition incurred by the client during participation in the work trial.
- advise DVA of any injury or incident that may lead to an insurance claim via the standard email template, noting that where medical attention was required following the incident an insurance claim must be lodged.
- ensure any issues that arise in the host workplace are addressed promptly.

At the completion of the work trial

As part of finalising the work trial, the consultant must support the client to negotiate ongoing paid employment after the trial as finished, if the opportunity exists.

The consultant may discuss the Employer Incentive Scheme (EIS) with the employer where it may provide an incentive to employ the client however they must make it very clear that the decision to approval EIS is made by DVA. (see below for further information).

If the client is offered employment, the consultant must:

- Support the client with learning how to identify and confirm the offer is in line with legislated pay rates and work conditions.
- notify DVA immediately of the details of the employment, including start date, hours, salary and duties of the role.
- remind the client to contact the incapacity payments team to understand the impact of commencing employment on their incapacity payments.
- consider any work environment modifications, aids or appliances that may be required to enable the client to safely perform the role in the long term.

If the client is not offered work from the work trial, the consultant must:

- promptly amend the activities in the client's rehabilitation plan to identify activities that can build on skills and experience gained during the trial.
- support the client to apply for jobs leveraging off the experience and skills gained during the work trial.

Employer Incentive scheme

The Employer Incentive Scheme (EIS) provides incentive payments to employers to encourage the engagement of DVA clients who are seeking new employment as part of a DVA rehabilitation plan. The payments are based on a percentage of the employed client's gross wages (excluding overtime, superannuation, allowances). The percentage that is paid steps down as the employment continues.

- reimbursement of 75% of gross wages for the first three months of employment;
- reimbursement of 40% of gross wages for the second three months of employment; and
- a one off retention bonus of 10% of annual gross wages (up to a maximum of $2000) if the employment is sustained beyond 12 months.

Generally EIS is offered where employment is obtained after the completion of a work trial, however it may be offered to an employer where the client has obtained employment through other activities undertaken as part of their rehabilitation program.

The employment must be likely to be sustainable and ongoing for EIS to be offered. An assessment and confirmation of this must be provided by the consultant, or other party where the consultant is not relevantly qualified to provide this opinion.

The following constraints and conditions apply to the EIS:

- the employment must be based within Australia
- the client must be eligible under the DRCA and/or the MRCA
- the client must be unable to return to their previous employer and be in receipt of incapacity payments at the time of their initial engagement by the employer
- the employer must not have previously employed the client, or received an EIS payment in relation to the client

- the employment must be either full time, regular part-time paid employment, an apprenticeship, or traineeship
- the employer must be paying the client full award wages at a salary/rate comparable to other employees doing similar work for the employer, and
- the employment must be safe and suitable, given the client's medical restrictions and the type of work.

The following is excluded from an EIS:

- the position is offered by an Australian Government or state/territory government entity
- the client will be self-employed or subcontracted
- the position offered is casual employment or irregular part-time employment
- the employer unreasonably dismisses other staff to create vacancies for workers that are linked to subsidy payments
- the workplace does not meet necessary work health and safety standards
- the employer is an immediate family member of the veteran (spouse, partner, child, parent, grandparent, grandchild or sibling).

EIS funding

The $500.00 allocated under the BFP for the Employer Incentive Scheme is for the consultant to facilitate the approval and payment of the EIS payments.

The funds paid to the employer are separate/additional to the BFP item funding allocation for EIS. These funds are approved via the Claim for Reimbursement form. An AIR is not required. Refer to the process below for how the incentive funds are claimed.

EIS approval and claiming process

Consultants should advise the employer that they could be eligible for the incentive if they meet the eligibility criteria above. However the decision about whether the employer can receive the incentive is made by DVA.

The consultant must facilitate the lodging of the EIS application by the employer. Where DVA approves the employer to be part of the EIS the employer will then engage directly with DVA for the remainder of the scheme.

An application for EIS must be made before the client commences in the employment using the EIS application form.

- The consultant, or a suitably qualified person, must have assessed the employment opportunity and determined that it is safe and suitable given the client's conditions, and is likely to be sustainable and ongoing, prior to facilitating the submission of the EIS approval form to DVA.
- The application form will collect the following information:
    - Consultant, or other appropriate party, opinion on the sustainability of the employment and likelihood that it will be ongoing.
    - The offer of employment including gross wages, hours of employment, duties and conditions of employment.
    - Their confirmation that the eligibility criteria has been discussed and they confirm it is being met.
    - A start date for the employment.

- Where DVA approves the employer for the EIS, the employer will be sent an approval letter and the EIS Claim for reimbursement form directly by the delegate.
- The employer must submit the claim for reimbursement form at three (3) months, six (6) months and 12 months after employing the client to DVA via Rehabilitation@dva.gov.au to access the incentive payment.
    - This claim form is not available on the DVA website or SharePoint page, so where the employer requires another copy this must be requested via DVA.

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16. Rehabilitation for Veteran Payment clients

What is the Veteran Payment?

The Veteran Payment (VP) is a payment made by DVA to provide interim financial support to clients who:

- Have lodged a mental health liability claim under either the *Military Rehabilitation and Compensation Act 2004* (MRCA) or the *Safety, Rehabilitation and Compensation Act (Defence-related Claims) Act 1988* (DRCA), and are awaiting determination of their claim, and
- Are incapable of working more than eight (8) hours per week and are below the Age Pension age, and
- Are below the income and asset test thresholds, and
- Are not in receipt of any other incapacity payments or government benefits.

Eligibility for VP is determined by the DVA Income Support section not the Rehabilitation section.

Link between Veteran Payment and Rehabilitation program

The VP is not a rehabilitation program. It is linked to rehabilitation, in a similar way to the incapacity payment benefit, in that participation in rehabilitation is compulsory whilst the client is receiving the payment.

Clients in receipt of the VP are required to participate in the DVA Rehabilitation Program where:

- They are capable of doing so,
- Where they are not already participating in a rehabilitation program external to DVA (e.g. ADF Rehabilitation Program).
    - Where the client has residual needs not being met by their external rehabilitation program, they will still need to participate in the DVA Rehabilitation Program.

The compulsory link to rehabilitation is in recognition of the fact that people with reduced work capacity and ongoing health conditions need assistance and support to optimise their functioning.

Purpose of a VP rehabilitation plan

The role of the DVA Rehabilitation Program for VP clients is to focus on the client's urgent and immediate needs rather than whole of person, long term goals, or vocational rehabilitation supports.

This scope reflects:

- the short term, interim nature of the VP
- the circumstances of the clients accessing VP who have both mental health condition/s and no or minimal income from employment so may have urgent needs relating to their treatment needs and/or financial hardship.

Due to mental health and financial hardship factors present with VP clients appropriate areas of support would include helping the client to:

- Find or maintain accommodation
- Create relationships and support networks
- Access required treatment
- Access support and services for substance abuse
- Identify where or how to access services.

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Differences between VP rehabilitation and standard rehabilitation

Referral and Assessment

The referral sent to the consultant will specify that the client is a VP client, and sets out the specific VP requirements above the standard rehabilitation requirements.

During the assessment process, consultants must:

- Use the Rehabilitation Assessment Report template, however due to the focus on urgent and immediate needs for VP clients, it would be appropriate for not all sections of the assessment report form to be completed and/or certain sections to be focused on.
- Make contact with the client within three (3) business days after accepting the referral to organise, and if possible undertake, an assessment.
- Submit a completed rehabilitation assessment report and, if applicable, a rehabilitation plan, to DVA within three (3) business days of meeting with the client.
- Email DVA to advise where the consultant and client are not able to meet within five (5) business days of the consultant making initial contact with the client. The consultant must advise the reason/s for this delay.

Refer to the What to do if challenges with making contacting, organising appointment section of the Assessment chapter for the process to follow where the client is not contactable, or where an aassessment appointment cannot be secured.

VP rehabilitation plans and progress reporting

Consultants must enact a VP plan quickly to support the client to address their urgent needs. This means commencing supports and activities promptly.

Due to the short nature of VP plans there is no progress reporting funded. The activities, actions and outcomes on a VP plan must be reported in the closure reporting submission of the Rehabilitation Plan Management form..

Rehabilitation Plan Management Form for VP clients

There is a specific Rehabilitation Plan Management form (RPMF) for Veteran Payment clients. This form must be used for all VP client rehabiliation plans. This form:

- Has an expenditure table tailored to the funding allocation for VP plans
- Does not have a goal type of vocational, or an employment outcome section, as VP plans do not have a vocational element.
- Has fields for progress reporting. Whilst progress reporting is not funded, in the uncommon instance where a VP plan needs to say open beyond 3 months, and an AIR is approved for progress report funding, these fields have been made available to record the necessary information.

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    - Alternative supports will depend on the type of assistance needed. For example, transferring support in identifying and coordinating housing may be available via an Ex-Service Organisation.
        - Alternative sources of support are detailed In the table below.
- Once the consultant has worked with the client to identify alternative supports the consultant must submit a closure report detailing the supports provided and those put in place for after closure, and close the plan.

The VP will continue for 42 days following the ceasing of eligibility or until another payment is in place (e.g. another Government payment through Services Australia), whichever occurs first.

- DVA may extend the VP if another payment option is organised but not yet approved, or if the client lodges an appeal against the mental health condition decision. The decision to extend the VP is made by the Income Support section of DVA.

Alternative sources of financial or rehabilitation support

In the event that the VP rehabilitation plan has closed, the consultant must provide information to the client on accessing financial support, or other services, through agencies external to DVA. The following table provides some options to consider.

Alternative sources of financial or rehabilitation support

Field	Description
Financial assistance	Supporting the client to seek employment - Services Australia, RSL, Legacy
Medical management, psychosocial, and vocational assistance	Job network services, Medical Practitioners, ex-service organisations and veteran community groups such as Mates4Mates, Open Arms and Soldier On, accessing existing support networks via the client's family/friends
Other services	Local councils, Services Australia, care agencies (i.e. Anglicare, Salvation Army)

17. International clients

Overview

DVA clients residing outside of Australia are able to access support under the DVA Rehabilitation Program. Client residing overseas who are in receipt of incapacity payments will be required to participate in rehabilitation unless they do not have capacity to do so.

The purpose of the DVA Rehabilitation Program is the same for clients living overseas as it is for clients based in Australia.

Delivery of rehabilitation to clients within Australia versus outside of Australia

This guideline will highlight the few aspects of the DVA rehabilitation program that are different for plans delivered to international clients.

Unless specifically stated in this chapter, all processes and expectations regarding the delivery of rehabilitation services are the same for clients residing overseas as they are for clients residing within Australia.

DVA recognises that there are challenges in delivering services to international clients relating to time differences, language barriers, client focus, and lack of 'local knowledge' about the services and supports that are available. We acknowledge that this may make contacting the client and developing suitable goals and activities more difficult. DVA's expectations reflect these realities of the delivery of rehabilitation services to international clients.

Provider and Consultant requirement for the delivery of DVA rehabilitation plans to international clients

DVA rehabilitation plans delivered to international clients must be:

- delivered by an Australian based consultant working for a contracted DVA rehabilitation provider.
    - This can also include consultants working for an organisation subcontracted to the provider.
        - For more information on engagement of subcontractors and what is required, refer to the Contract Management PPG.
    - Consultants delivering services to international clients must meet all of DVA's registration requirements as outlined in the Consultant role and responsibilities chapter.
- managed using the non in-person style of contact.

Activities on the rehabilitation plan can be delivered by a third party provider based overseas.

- As with domestic clients, consultants are responsible for ensuring that third party providers have appropriate insurances and qualifications to deliver the proposed activity.

Funding

Funding for activities must adhere to the same Baseline Financial Package guidelines as domestic plans.

Where an activity is unable to be provided with the funding allocation an Additional Item Request (AIR) must be submitted.

All expenditure recorded on the Rehabilitation Plan Management Form (RPMF) must be recorded in Australian dollars.

Costs unique to plans for international clients

DVA recognises that the delivery of services to international clients may incur some unique costs including the cost of:

- Translation services where documentation (e.g. medical certificate, information about a third party activity, third party provider invoice) needs to be translated.
    - This cost must be requested under an AIR.
- Additional research time, as the consultant does not have the benefit of local knowledge of the services and supports available.
    - This can be charged under the plan management plan item.

Provider Insurance

The provider must have and maintain the insurances required in the *Deed of Standing Offer* to cover services delivered to clients in all countries internationally, including services that are being delivered by Subcontractor/s.

- These insurances must include cover for the provision of services remotely (i.e. provision of services where the consultant is in one location and the client is in another location).
- Providers must provide evidence of updated coverage at the point of expiry/renewal.

The provider is responsible for insurance coverage, and must undertake their own investigations and due diligence, to ensure that any necessary cover is maintained by subcontractor/s engaged by the provider for the provision of rehabilitation services.

Third party activity provider insurance, qualifications

DVA recognises that different countries may have different standards and requirements than those that apply in Australia in relation to insurances and qualifications for the provision of services. However, the consultant still has the same responsibility to ensure that the client is accessing credible and safe services that are equitable to what would be offered in Australia. Consultants must ensure this by assessing the suitability of all third party providers being utilised under the rehabilitation plan.

Consultants must:

- Confirm appropriate insurances are held by the third party provider.
- Confirm the third party provider has the appropriate qualifications to deliver the service.
- Retain records and evidence of the above checks on insurance and qualifications, which may be requested by DVA.
- Decline to include an activity on a plan where, following their research, they assess that the insurances and/or qualifications are not equitable and hence the risk involved in participation in the activity is not acceptable.

Reasonable proximity

Where the client resides internationally, reasonable proximity guidelines do not apply. The consultant must manage international client plans using the non in-person style of contact.

Engaging with international clients and other parties

Consultants must consider time zone differences and methods of contact to ensure the greatest chance of success when contacting clients or other parties involved in the delivery of the rehabilitation plan.

Vocational goals and activities

Work trials

DVA holds insurance to cover the client's participation in work trials however this insurance does not provide cover outside of Australia, therefore work trials cannot be offered to international clients as they will not be covered by insurance should an incident occur during the work trial.

Suitable goals and activities

Clients residing overseas will be unable to obtain paid employment if they do not hold the required visa to work in the country in which they are living. Consultants must be mindful of this when developing vocational goals and activities.

For example, having a goal of obtaining employment would not be suitable where the client has no work visa. However a goal and activities to support the client to learn resume writing and interview skills may be appropriate if the client will be able to obtain employment in the near future.

Employer Incentive Scheme (EIS)

Access to the Employer Incentive Scheme (EIS) is not available to overseas employers, therefore this scheme cannot be utilised where the client obtains employment outside of Australia.

Retraining and Study

Tertiarty study is unlikely to be available to international clients becasue DVA will only approve tertiary study that is a Commonwealth Supported Place. Commonwealth Supported Places are not available to individuals residing outside of Australia.

Short courses and retraining activities do not need to be undertaken under a Commonwealth Supported Place, or with an RTO, or be recognised under the AQF. However short courses and retraining activities must be likely to be recognised by an Australia employer. An assessment must be made on a case by case basis as to whether this would be the case.

Medical management goals and activities

The purpose of medical management is to support clients to understand and navigate the civilian health system so that the client can access the medical services they require. Where the client is residing overseas this may involve working with the client to understand the health system of the country in which they are living.

- Some clients may wish to continue accessing services with their Australian based health care providers. Clients, wherever possible, should liaise with their health care provider/s to determine if the health care providers is willing to provide services remotely to clients overseas. Some providers may be unwilling to deliver services remotely. Additionally some providers may be unwilling due to the impact of the Medicare guidelines on billing for services provided outside of Australia.
    - Only where a client is having significant challenges confirming whether their existing health practitioner/s will be willing to continue treating them overseas, should the consultant become involved in confirming this with the health practitioner/s.
- Where a client requires a medical certificate of capacity this will need to be obtained from a treating doctor in the client's location, as it is unlikely that a treating doctor based in Australia would be willing to provide an assessment of capacity remotely. The client should identify medical services in their location that provide medical certificates.
    - Only where the client is having significant challenges organising a medical certificate should the consultant become involved in assisting.

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