Australian Government

Department of Veterans' Affairs

Education and Training Guideline (Vocational and Non-Vocational)

In this Section:

In this Section:....1

1. Policy statement 2

2. Process for submitting an application for Vocational education and training 2

2.1. Requested Course Details: Level of Study 3

2.2. Evidence supporting the proposed education and training application....4

2.2.1. Has medical clearance for the job role and education / training been obtained? 4

2.2.2. Does the proposed training meet DVA's criteria for reasonableness?....4

2.2.3. Has the client's existing Transferable Skills been considered?....4

3. Considerations for University-level study:....6

3.1. Requests for Level 8-10 study (Honours, Masters and Doctoral Degrees)....7

4. The Client Agreement (D9303 Part F) 7

s 47E

5.3. Assistance when studying is difficult 10

5.4. Changing courses 10

5.5. Postponing and withdrawing from study periods and courses 10

5.6. Managing failed or repeated units of study 10

6. Process for submitting an application for Non-Vocational education and training 13

6.1. Determining "reasonableness":....13

1. Policy statement

For veterans undertaking vocational rehabilitation through DVA:

- Access to education and training can only be considered where the client has a DVA Rehabilitation Plan with an appropriate vocational goal, and where the study is considered a reasonable activity towards achieving this goal.
- Education and training is supported in order to optimise a veteran's ability to achieve suitable and sustainable employment. The need for further education and/or training must have been identified through appropriate assessments e.g. Vocational Assessment (reference CLIK Rehabilitation Policy Library 9.8). All other avenues to secure suitable employment, such as job seeking with transferable skills, job placements and work trials, must be explored thoroughly with the client before amending the vocational goal to one that requires further education and training.
- Recognition of Prior Learning (RPL) should be considered as part of a Vocational Assessment where the destination qualification is consistent with the veteran's vocational rehabilitation and future employment goals (reference CLIK 9.5.1).

For veterans participating in a non-vocational rehabilitation program through DVA:

- There is scope to consider education and training as a psychosocial activity (reference CLIK Rehabilitation Policy Library 6.9), where:
  - the education/training course is being undertaken for the purposes of achieving a psychosocial goal;
  - this goal is consistent with the intent of DVA's psychosocial rehabilitation approach (reference CLIK Rehabilitation Policy Library 6.2); and
  - where the course meets reasonableness criteria (reference CLIK Rehabilitation Policy Library 6.6)

2. Process for submitting an application for Vocational education and training

The aim of rehabilitation is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease (reference CLIK Rehabilitation Policy Library 1.2).

In this context DVA's Vocational Rehabilitation Program supports a client to undertake further education and training where:

- the existing qualifications/experience/vocation undertaken in the ADF do not translate into suitable/sustainable employment outside of the ADF; or
- the existing qualifications/experience for a particular vocation is no longer appropriate because of the person's accepted condition/s (for example, a qualified tradesperson in the ADF can no longer do manual labour because of an accepted physical condition/s).

Rehabilitation Providers must contact the DVA Delegate to discuss the client's circumstances and gain agreement that further education and training is required **prior to** completing the Vocational Education and Training Application Form (D9303). This step must be taken before any discussion takes place with the client or their treating doctor regarding the nature of the proposed training.

Note, in determining the reasonableness of further education and training for an individual, the cost-effectiveness of the training options available to the client, and their relative merits, would need to be considered. Where there are several options for education and training to consider, the Rehabilitation Provider is expected to work with the client to preference the lower cost option, unless there is compelling and supporting evidence that the client will only gain benefit from more expensive alternatives.

For clients undertaking Vocational Rehabilitation through DVA, the Rehabilitation Provider must have completed a Vocational Assessment identifying that further education and/or training is needed for a client to be able to return to the workforce in suitable and sustainable employment (reference CLIK Rehabilitation Policy Library 9.8).

Applications must be submitted using the Vocational Education and Training Application Form (D9303). The client's appointed Rehabilitation Provider is responsible for completing all relevant sections of the form and both the client's and the Rehabilitation Consultant's signatures are required.

The DVA Delegate should ensure that all relevant supporting documentation has been received from the client's Rehabilitation Provider at the time of application. Relevant reports include but are not limited to:

- Vocational Assessment
- Rehabilitation Assessment and/or Plan
- Medical Clearance

2.1. Requested Course Details: Level of Study

Given the range of further education options available to assist clients reach their rehabilitation goals, applications for qualifications at level 7 on the Australian Qualifications Framework (AQF) will attract a greater degree of scrutiny from DVA Delegates.

DVA will only fund a university qualification up to the Bachelor Degree level. In most cases, Bachelor-level degrees are sufficient to enable individuals to obtain "suitable and sustainable employment". In such instances, funding would be considered where:

- The client does not already possess a Bachelor degree; and
- The proposed course will be undertaken as a Commonwealth-supported place at an Australian University.

Qualifications at level 8 – 10 of the AQF are not in scope for DVA clients undertaking further education, as clients with existing Bachelor Degrees are considered to be competitive in the civilian employment sector. Refer to CLIK Rehabilitation Policy Library Section 9.8.1.1 for frequently asked questions about higher education.

2.2. Evidence supporting the proposed education and training application

2.2.1. Has medical clearance for the job role and education / training been obtained?

Prior to submitting the application for Vocational education and training, the Rehabilitation Provider must obtain medical clearance from the client's General Practitioner (GP) or treating specialist, affirming that given the client's accepted condition/s:

- The client is likely to cope with the demands of the target job, and
- The client is capable of studying for the period required

2.2.2. Does the proposed training meet DVA's criteria for reasonableness?

A Vocational Assessment must identify that further training and/or education is needed for a client to be able to return to the workforce in suitable and sustainable employment (reference CLIK Rehabilitation Policy Library 9.8).

- If a Vocational Assessment has been completed within the last two (2) years it will remain valid, unless the client's situation has changed.
- Assessments more than two years old must be reviewed for appropriateness and, if the client's circumstances have changed, approval must be sought to reassess the client.

2.2.3. Has the client's existing Transferable Skills been considered?

When completing the Vocational Education and Training Application Form (D9303) for clients undergoing Vocational Rehabilitation, Rehabilitation Providers are required to provide evidence of the following:

a) <u>Does the client have existing employable skills? (refer Q16):</u>

If the Vocational Assessment has identified that the client possesses skills that could be utilised to finds suitable employment, the Rehabilitation Provider must demonstrate that substantial barriers exist that are likely to prevent the client from obtaining employment in that area of work.

The Rehabilitation Provider must supply evidence outlining:

- ***Medical reasons***: medical advice (either existing or new advice) precludes the client from participating in work where the physical and/or psychological demands are similar to their former job
- ***Labour market***: A labour market analysis specific to the client's location has identified a lack of job vacancies for the client's existing skill set
- ***Other reasons***: Justification for education and training must meet DVA's reasonableness criteria

b) <u>How will this course assist the client to reach their rehabilitation goals(s)? (refer Q17):</u>

The Rehabilitation Provider must utilise evidence drawn from elements of the Vocational Assessment that the proposed education is aligned with the identified rehabilitation goal. For clients undertaking Vocational Rehabilitation the proposed education must specifically link with the

employment goal identified in the Rehabilitation Plan. The identification of "suitable work" must have regard to the following:

- the person's age, experience, training, language and other skills;
- the person's suitability for rehabilitation or vocational retraining;
- if work is available in a place that would require the person to change his or her place of residence, whether it is reasonable to expect the person to change his or her place of residence; and
- any other relevant matter.

c) <u>Are there any alternatives to achieve employment in the target job or similar job? (refer Q18):</u>

The Rehabilitation Provider must supply evidence through the Vocational Assessment and Rehabilitation Plan that the client has been actively participating in their rehabilitation, and that all reasonable avenues for obtaining suitable employment, without the need for additional training, have been explored. The Rehabilitation Plan progress reports must be submitted in a timely manner and reflect the client's efforts to secure work through participation in work trials, placements and employment opportunities.

When applying for further education it is expected that the Rehabilitation Provider has taken into account the client's individual circumstances including:

- their transferrable skills from employment they undertook prior to their injury or disease;
- their general employment background including any training and other skills;
- their suitability to undertake vocational education or training;
- the labour market in the location where the person resides; and
- any restrictions or limitations imposed by any medical condition, not just those which have been accepted as service related, from which the person suffers; and
- any other barriers to the client being able to undertake employment in their chosen field, such as their ability to pass a security clearance, or working with vulnerable people check.

In the case where an application is being made for a University degree (AQF level 7 or above), the client must have completed previous study to show the client has the ability to complete the proposed course requirements. A bridging course should be considered in situations where study has not yet been undertaken.

The Rehabilitation Provider must demonstrate that the most cost-effective training is proposed. Situations may arise where education is requested that is outside the scope of what DVA will support. In these circumstances, the Rehabilitation Provider is expected to manage the client's expectations by understanding and communicating what can reasonably be considered for funding through DVA.

Example:

A Diploma in Financial Management, will take two years full time, and will help the client gain a role in specialist financial advice and paralegal skills, credit and debt issues, rights and obligations.

Alternatively, a Certificate III in Financial Services is six months full time, and will help clients gain a role in customer service, credit management, insurance and retail financial services.

In the second option, the client could potentially be employed in six months, and if they still wanted to increase their skills, could independently self-fund study part time while working to complete a Diploma.

d) Has the client agreed with the employment goal and do they have a good understanding of the target job? (refer Q19):

Once a job, or range of jobs have been identified, the Rehabilitation Provider and client need to gain in-depth knowledge of the role, the study requirements, medical restrictions and alternatives available. This will ensure there are no surprises during training or employment, and any issues can be prepared for.

The Rehabilitation Provider is expected to have discussed the following points with the client and documented the outcomes of the discussion by way of progress reports during the plan management period prior to submitting the application for education and training:

Industry/role knowledge:

A sound understanding of the job requirements will ensure the client clearly understands the role and what will be expected of them. It is recommended they complete one of the following options, where possible:

- ***work trial/hardening***: complete a short term trial in a similar role/ environment
- ***"shadow" day***: following someone in the role for a part/full day, if appropriate
- ***industry contact discussion***: the client can have a discussion with someone working in the role

Job requirements:

Identify the specific requirements for this job. These could include:

- Are there any ***licences*** needed and would the client have issues meeting these requirements?
- Does the job require particular ***travel or out of hours work*** that will be difficult to manage?
- Will there be ***ongoing education and training*** or ***accreditation*** requirements?

Home Situation

In addition, Rehabilitation Providers need to discuss with clients how they will manage the ***changes to their home life***, which might include:

- Will they be able to manage their household duties?
- Does the client have child-care needs?
- Is there a set place to study at home?

3. Considerations for University-level study:

The following also needs to be considered for all University-level study (level 7 and above, as defined in CLIK Rehabilitation Policy Library 9.8.1 – Tertiary Education).

DVA will only consider funding a client's first degree

Clients must choose to apply for a Commonwealth Supported place

Only Australian Universities will be considered

Level 8-10 (Honours, Masters and Doctoral) are considered academic and will not be approved

Previous study must have been undertaken to show the client has the ability to complete study. A bridging course should be considered in situations where study has not yet been undertaken

3.1. Requests for Level 8-10 study (Honours, Masters and Doctoral Degrees)

DVA generally will not consider a level of education and training that is over and above what is required for the types of roles the Vocational Assessment has indicated is appropriate for the client. This includes study which is considered an academic achievement, rather than vocational. (Reference CLIK Rehabilitation Policy Library 9.8.1)

4. The Client Agreement (D9303 Part F)

The Client Agreement must be signed by the client in order for the application to be processed. In signing the agreement the client must demonstrate;

- An understanding of the requirements of the course (including the number of contact hours, additional study hours to complete course requirements, work placements, assessment process);
- An awareness of and expectations of their ability to meet the course requirements within the context of managing competing demands on their time (such as regular appointments or child care commitments; and
- Capacity to balance competing demands while meeting the requirements of the course.

The client must be aware of their responsibilities in terms of self-managing the enrolment process, interactions with student support services, and self-guided study.

The Rehabilitation Provider must have explained the client's responsibilities in relation to potential course failure, withdrawal, and DVA's right to suspend, withdraw or terminate funding for the requested course if the client fails to maintain satisfactory progress or is subject to university disciplinary proceedings.

Where a client is expected to be studying full-time and in receipt of incapacity payments at a rate of 100% of their former earnings, the client must acknowledge that they understand their requirement to:

- advise their DVA Delegate or Rehabilitation Provider within fourteen (14) days of any changes to their circumstances which results in them no longer being eligible for the stepped-up rate of incapacity payments. That is, they cease to be studying an approved course full-time.
- repay any overpayments to DVA if they do not meet this requirement; and
- acknowledge that not notifying DVA of a change in their circumstances may impact future eligibility of funding for education and training through DVA.

Refer to CLIK Rehabilitation Policy Library 9.8.3 for further information.

The Rehabilitation Provider must ensure the following points have been covered with the client:

- DVA will not refund any costs incurred for education or training unless prior agreement has been provided;
- DVA will fund course enrolment on a study period by study period basis;
- DVA will fund units for which a pass grade or above is achieved;
- DVA will not fund failed, incomplete, deferred, withdrawn or repeated units without considering evidence which justifies why education and training support should continue. DVA will consider any unexpected or extenuating circumstances that may have impacted on the client's ability to successfully meet course requirements, as well as efforts made to seek support or negotiate options through student support services offered by the Education Provider;
- DVA may suspend, withdraw or terminate funding for the approved course if the client fails to maintain satisfactory progress, there is evidence that the client has not made clear commitment to successfully meeting course requirements, or where they are subject to university disciplinary proceedings;
- If the client withdraws or fails to complete course unit(s), without extenuating circumstances, DVA has the discretion to choose not to fund further units;
- It is the client's responsibility to notify the Rehabilitation Provider of any circumstances impacting on enrolment, or the client's ability to successfully complete studies;
- The client will submit an academic transcript to the Rehabilitation Provider for forwarding to DVA at the conclusion of each period of study (semester, trimester or quarterly period);
- It is the client's responsibility to notify the Rehabilitation Provider immediately if they withdraw from a unit or the course;
- It is the client's responsibility to be aware of Education Provider census dates and plan their enrolment accordingly;
- It is the client's responsibility to take full advantage of the student support services offered by the Education Provider. Support services may include, but are not limited to:
    - Academic support;

  - Administrative and Enrolment support;
  - Child care; and
  - Disability support;
- The client agrees to continue with any medical/physical rehabilitation and treatment, while completing education or training. DVA may suspend, withdraw or terminate funding for this course if the client fails to maintain satisfactory participation in the Rehabilitation Plan and treatment; and
- The client commits to engaging with potential new employers where possible with the aim to undertake work experience in their chosen field.

Reference CLIK Rehabilitation Policy Library 9.8.3

s 47E

5.3. Assistance when studying is difficult

The client may seek assistance with education and training if they are having difficulty. The aim is to assist the client in achieving their education and training goals.

If a client contacts the Rehabilitation Provider for assistance, the first step is to identify the issue then discuss the issue with the DVA Delegate so as to identify the options available to the client.

In order for DVA Delegates to consider approving additional support such as tutoring as a part of the client's Rehabilitation Plan, the Rehabilitation Provider must provide evidence that the client has accessed all available resources through the Education Provider, and detail the assistance needed to help the client complete their course.

5.4. Changing courses

Approval for education and training is only valid for the course specified in the Vocational Education and Training Application Form (D9303) or, for non-vocational Rehabilitation Plans, the course specified in the Plan.

If the client wishes to change courses, the Rehabilitation Provider must discuss the implications with the client and supply their recommendation to the DVA Delegate as to why the course change may be supported.

If the DVA Delegate agrees with the recommendation to change courses, the Rehabilitation Provider must submit a new application. Commonly, the original Vocational Assessment is still valid and will not need to be conducted again.

5.5. Postponing and withdrawing from study periods and courses

Clients are required to advise their Rehabilitation Provider of any periods of absence (generally longer than two (2) weeks) and when they withdraw from any course or subject. This information must be passed on to the DVA Delegate as a matter of priority, in order that any impact on the client's Incapacity payments can be processed.

When a client is withdrawing from study, either the whole course or a subject/study period, Rehabilitation Providers must work with the client to ensure they are aware of any impact on their claim in accordance with the Client Agreement (D9303 part F).

5.6. Managing failed or repeated units of study

Where clients are experiencing difficulties with their studies, they are expected to take full advantage of support services offered through their Education Provider. This may include, though is not necessarily limited to:

- Academic support services – services such as tutoring, extensions on assignments, re-sitting exams etc.
- Administrative support – assistance to enrol in units, withdrawing from units before the census date, appealing failed units etc.

- Child support services – some institutions offer child care for students and these options should be investigated where the client has child care responsibilities.
- Disability support services - providing services like disability parking stickers and organising a scribe for an exam.

Clients must notify their Rehabilitation Provider as soon as possible of any circumstances which may impact their ability to successfully complete their studies. Where a client is showing signs that they are struggling to successfully complete their course requirements, it is expected that the Rehabilitation Provider will be proactive in assisting the client to put strategies in place to address these issues. Rehabilitation Providers have a responsibility to be aware of the student support services offered by the university at which the client is studying and ensure the client is accessing these as required. It is the Rehabilitation Provider's responsibility to ensure the DVA Delegate is kept informed of the client's progress, especially where the client's status has changed or they appear to be experiencing difficulty completing the course requirements.

Clients are expected to take a proactive approach in managing any challenges that arise which may impact their ability to meet the requirements of their course of study. For example, seeking extensions for assessment due dates, withdrawing prior to the university census date, or other alternatives in order to avoid failing a unit could be pursued by the client.

If a client fails a unit, does not complete a unit, needs to defer a unit, or withdraws after the census date, this does not mean that DVA will immediately cease supporting the client's study. DVA will consider any unexpected or extenuating circumstances that may have impacted on a person's ability to successfully meet course requirements, as well as the efforts made to seek support or negotiate options through student support services offered by the education institutions, and the client's Rehabilitation Provider.

If a client fails or withdraws from a unit, they will be expected to:

- research their institution's appeal policy to explore the possibility of re-sitting an exam, completing a supplementary assessment or having the fail grade amended to a withdrawal (if they failed);
- liaise with their institution to understand the academic implications of the fail or withdrawal on their ability to continue with their course; and
- explore the university support services available for use in the future.

If the client has not shown a clear commitment to meeting the course requirements or sought additional support, and there are no extenuating circumstances, the Rehabilitation Provider must provide feedback to the DVA Delegate in order that a decision can be made about ongoing support for the client's studies. **It is the role of the DVA Delegate, and not the Rehabilitation Provider, to inform the client of any decisions regarding cessation of support for their education/training.**

As a general rule, DVA will only accept two (2) failed subjects before ceasing to support a client's ongoing study. If a client fails or withdraws from a second unit after the census date in any subsequent study period, DVA will consider evidence from the client's Rehabilitation Provider before making a determination. It is important to note that DVA is under no obligation to continue to

support the client's education however, the circumstances of each case are different and this must be managed on a case-by-case basis.

6. Process for submitting an application for Non-Vocational education and training

For veterans participating in non-vocational rehabilitation:

Where education and training is proposed as a psychosocial activity, the Rehabilitation Provider is expected to work with the client to preference lower cost and lower risk options, unless there is compelling and supporting evidence that the client will only gain benefit from higher risk alternatives.

The Rehabilitation Provider must ensure the relevant supporting documentation has been provided:

- Rehabilitation Assessment and/or Plan
- Supporting correspondence from the client's treating doctor or specialist endorsing education and training as an appropriate activity
- Any documents required in order to meet the "reasonableness" criteria outlined below

6.1. Determining "reasonableness":

In order to determine if the proposed education and training is reasonable to fund, the activity must have been identified and documented in the client's Rehabilitation Plan.

In addition, the Rehabilitation Provider must assess the proposed education and training against each of the criteria outlined in the framework for determining "Reasonableness" (Reference CLK Rehabilitation Policy Library 6.6):

s 47E

s 47E

s 47E

s 47E

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline: Client and Consultant Welfare

In this guideline:

Provider Procedural Guideline: Client and Consultant Welfare 1

1. Overview 3

2. Welfare Requirements 4

2.1 Client Welfare requirements 4

2.2 Consultant Welfare requirements 5

s 47E

3.2 Welfare event 6

3.3 Consultant role in client welfare 6

3.4 Consultant action in response to a welfare event 7

3.5 Advising DVA of a welfare event 8

3.5.1 Timeframe to notify DVA 8

3.5.2 What information should be provided 9

3.5.3 Action taken by DVA in response to a welfare event 9

3.6 Following a welfare event 10

4. Welfare of other parties 10

5. Preventative measures 11

5.1 Awareness of relevant information provided with the referral 11

5.2 Regular contact and rapport with client 11

5.3 Liaison with treating doctors 11

5.4 Rehabilitation interventions arising from proactive identification of risk factors 12

5.5 Safety Plan 12

s 47E

s 47E

Appendix 1 – DVA Case Coordination 19

1. Overview

Provider Procedural Guidelines (PPGs) outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Providers are expected to follow this guideline when managing situations in which the client or consultant's welfare is at risk. Consultants are expected to follow this guideline to ensure they understand their responsibilities in managing client welfare situations. Providers are responsible for ensuring that DVA requirements are followed by their consultants.

The safety and welfare of the DVA clients and contracted rehabilitation consultants that participate in the Rehabilitation Program is paramount. This PPG outlines the specific considerations and processes that apply to maximise the safety of clients and consultants.

DVA has a low risk threshold for client and consultant welfare.

DVA expects, when consultants are dealing with at-risk clients, that thorough and proactive actions are taken to understand and assess the risk, undertake or update safety planning, and ensure linkages and supports are in place for the client. There should never be an assumption that someone else is undertaking those tasks unless someone specifically advises the consultant they are taking carriage of them.

Clarification on the meaning of at risk clients, welfare events, and risk factors are detailed further in this PPG.

The key considerations for maximising client welfare for at-risk clients are:

- Where the client is known to have risk factors that could result in welfare concerns a safety and crisis plan must be in place, and other proactive, preventative measures established to support the client. *Refer to Section 6 of this PPG for risk factors.*
- Providers must have a procedure in place within their organisation that is followed by all consultants to manage clients who are at risk or have emerging concerns.
- Consultants must be appropriately skilled and experienced to be able to support clients who are at risk.
- Consultants are responsible for contacting emergency services (police, fire, ambulance), where appropriate.
- Consultants are responsible for ongoing client support, in conjunction with client's health practitioners and support persons, after the immediate threat is managed.
- DVA must be notified, and provided relevant information, within 1 business day of the welfare event.

It is also imperative that the safety of consultants, and other third parties who may be providing services and supports to clients, is maintained. DVA will do this by:

- Providing consultants with relevant information, where known, to enable the consultant and other service providers to make informed decisions about how they interact with the client.
- Providing information to the client to set expectations around appropriate behaviour.
- Requiring that initial assessments, and subsequent in person contact if required, with clients will be undertaken in the provider's offices or another suitable public location to minimize risk to the consultant.
- Supporting providers to address instances of inappropriate behaviour by clients.

Consultants must adhere to the procedures their organisation has in place relating to safe work practices.

2. Welfare Requirements

2.1 Client Welfare requirements

Table 1: Client welfare topics and requirements

Topic	Requirement
Consultant role in client welfare events	• 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. o Consultants are not responsible for managing welfare events that have arisen directly with DVA or with the client's health professionals. o Consultants are responsible for monitoring the client, within the scope of their role, after an event regardless of whether they managed the welfare event. • Consultants must use their skills to determine the best course of action to manage the event. o A cautious and thorough approach should be taken. • DVA will not 'take over' management of a welfare event that has been managed by the consultant. o 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. o DVA, via the delegate, must be advised of the event by phone within 1 hour after the event has been deescalated.
DVA's role in client welfare events	• Where DVA is advised of the event it will be managed by the Emerging Welfare Events team within DVA. o The delegate will advise the consultant of the relevant details of the event. • Where the event is managed by the consultant DVA will not contact the client. o 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.
Preventative measures	• DVA expects that rehabilitation consultants must utilise their skills and experience to proactively recognise and monitor risk indicators to identify at risk clients and the potential for welfare events. o Consultants must ensure they review background information provided, and liaise with treating health professionals to ensure they are aware of any potential risks. • Consultants must ensure safety planning is in place so that should an escalation occur the risk can be minimised. • Consultants must, wherever possible, ensure preventative rehabilitation activities are in place to minimise the chance of a welfare event occurring or escalating.
After a welfare event	• Consultants must monitor the client to ensure they continue to engage with the supports put in place following the welfare event.

Topic	Requirement
	• Consultants must obtain medical certification that the client is able to safely return to participation in their rehabilitation plan.
Provider and consultant requirements	• Providers must have their own internal procedures in place for high-risk situations. These procedures must apply to both client welfare and consultant welfare. • Providers must ensure all consultants are aware of, are trained in, and comply with these procedures in relation to high-risk situations. • It is recommended that consultants undertake training in mental health first aid to ensure they are adequately skilled to effectively support at risk clients. *Refer to the Consultant Registration PPG for further information on this requirement*. • Clients who present with risk indicators must be allocated to a consultant with the required skills and experience to effectively manage a client with these vulnerabilities.

s 47E

The Australian Government Open Arms – Veterans and Families Counselling website offers assessment tools and treatment advice for common mental health issues amongst the veteran community; these tools may assist in identifying at-risk clients.

At-risk clients must be monitored more frequently and more carefully by consultants due to their increased risk of a welfare event.

3.2 Welfare event

A welfare event is where the client's safety and welfare or the safety and welfare of others is at risk. This includes:

- threats of self-harm and/or
- threat of suicide
- serious concern regarding a client's safety or wellbeing, including where risk indicators have been present and the client is uncontactable
- threat of harm to others

In these instances the consultant must contact the emergency services to organise a welfare check.

There will be other events and scenarios involving lower risk to welfare that must also be addressed and acted on. However the key focus of this guideline is focusing on events involving significant safety risks for the client or others.

3.3 Consultant role in client welfare

DVA expects that consultants will provide support and risk mitigation for clients who are, or may be, at risk.

In a preventative capacity, consultants must in their role as front line support providers mitigate risk by utilising their skills in earning the trust and confidence of their clients to identify changes or deterioration in client behaviour that could indicate a potential client welfare issue.

- Consultants, through their professional registrations and industry practices, have a duty of care to their clients to provide appropriate supports so risks present with their clients are managed.
- Providers are responsible for ensuring all consultants are adequately trained and experienced to manage client welfare events.
  - Providers must ensure that clients who present with indicators that they may be at risk are allocated to consultants with the required skills and experience to best manage this client.
  - Providers must have organisational policies and processes to address client and consultant welfare events.
  - It is recommended that consultants undertake training in mental health first aid. *Refer to the Consultant Registration PPG for more information on this requirement.*
- Consultants must, through assessment and monitoring, have awareness of the client's risk indicators and implement preventative measures to minimise the risk of a client welfare event and maximise consultant welfare.

In a responsive capacity, consultants are responsible for leading and coordinating a response to welfare events that present in the scope of their work. This means where the consultant is directly involved in the event they are

responsible for managing the event. Where the event presents in another environment the consultant does not have primary responsibility.

- As a guide, if the consultant is telling DVA about the incident then they are responsible for managing the event.
  - Consultants must use their clinical judgement and skills when addressing welfare events to determine the appropriate course of action.
  - Consultants must perform a risk assessment, risk management and liaison role in relation to client welfare and risk including liaising with treating doctors and other appropriate services.
  - DVA needs to be made aware of incidents relating to client welfare events, however DVA will not 'take over' responsibility for the event or the client.
- If DVA is telling the consultant about the event then the consultant is not the primary responsible party. Client welfare events advised to DVA through another channel are the responsibility of DVA to manage.
  - In this scenario DVA will advise the consultant of the event and what actions have been undertaken following the action.
  - The consultant will be responsible for ongoing monitoring of the client for future escalations or risk indicators, as well as supporting the client to access the supports established during the risk management of the welfare event.

After the welfare event the consultant has responsibility for coordinating, or continuing, the appropriate supports to maximise client safety. This is irrespective of whether the consultant led the response to the welfare event. 'Continuing' applies where the initial supports were put in place by DVA, or other parties, as they were managing the welfare event.

- Appropriate supports may include:
  - Ensuring the client continues to access support from their treating team.
  - Linking the client with Open Arms and or a community based Mental Health service.
  - Ensuring a safety plan is in place and being utilised. This plan may be established with their treating mental health practitioner, or the consultant.
  - Monitoring client behaviour and risk indicators.
- 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.
  - Further to this, 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 the emergency services.

3.4 Consultant action in response to a welfare event

There is no one size fits all process that must be followed during a welfare event. Consultants have both the clinical and industry expertise, and knowledge of the client to be best placed to make decisions about the actions that should be taken where a welfare event occurs or is emerging.

Where the consultant is leading the response to the welfare event the key outcomes of the consultant response should be:

- Risk assessment
- Risk mitigation
- Ongoing supports established following the event

Consultants should be mindful of the following considerations:

- Ensure the safety of the client and/or others is the first priority.
- Be proactive and ensure all parties involved in the care are clear on who has carriage of the client's welfare.
- Refer to safety plan where one is in place.
- Follow provider organisational procedures
- Take a cautious approach. It is better to provide extra support, rather than not enough.
- Utilise emergency services.
- Contact other support persons and/or treating health practitioners to ensure the client is getting support from those best qualified to provide it.
    - Ensure appropriate consents are in place from the beginning of the plan to enable the consultant to contact the client's emergency contact, treating health providers where required.
- Notify DVA as a secondary priority. This should only occur once the threat/s from the incident have been contained.
- Utilise existing, appropriate supports such as Open Arms or Mental Health services.

3.5 Advising DVA of a welfare event

In the event that the welfare of the client or others is at risk, the first priority is the safety of the client and others. Once the risk has been de-escalated then DVA must be advised in writing about the event.

Consultants must ensure that they have obtained the appropriate client consent to share information of this nature with DVA.

The initial point of contact should be a rehabilitation delegate (delegate).

- To contact the delegate call 1800 VETERAN (1800 838 372) and ask to speak with Rehabilitation Services.
- If the delegate is unavailable the delegate's team leader will be the point of contact.
- The delegate (or team leader) will escalate internally within DVA. This includes in scenarios where the client has a case coordinator under the Coordinated Client Support area of DVA. *Refer to Appendix 1 for further information about internal programs within DVA.*

3.5.1 Timeframe to notify DVA

The consultant must initially advise DVA by phone within one hour where a welfare event has occurred. Where the consultant is supporting the client during the welfare event contact with the delegate must be made within one hour following the consultant ceasing contact with the client. Where the event is after hours contact should be made with

the delegate no later than 9am the following business day. This is consistent with KPI 7, although this timeframe requirement applies to a wider scope of incidents than is referenced in the KPI.

This initial notification of the event is not required to include all the information referenced below.

The full summary, detailed below, including relevant documentation must be provided within one business day of the event being resolved.

3.5.2 What information should be provided

Information provided to DVA following a welfare event is used to:

- Confirm all appropriate action has been taken in line with DVA's low risk threshold.
- Ensure DVA has knowledge and oversight of incidents that occur.

Information provided by consultants to the delegate will be shared with the DVA Emerging Welfare Events team for their awareness.

The following information must be provided to the delegate within 1 business day of the incident:

- Date, time, location and description of incident or contact with client
- Where applicable, all details communicated by client in relation to specific plan to self-harm or suicide
    - client access to lethal means
    - whether client had already taken steps to harm themselves
- Whether something specific has happened to the client today (or recently) that may have triggered the event
- Action taken by the consultant, or others in response to incident, including if emergency services or other parties have been contacted. If emergency services have been contacted please provide date, time, job/reference number.
- Whether the client has been hospitalized.
- Whether other parties are now involved in care/management of the client such as treating health providers, family, friends.
- Emergency contact for the client, including relationship to the client and contact details
- A copy of any existing safety plan, whether this has been generated by the consultant or by a treating mental health professional.

Where the client has been identified as chronically at risk of a welfare event by a treating health professional this information should be provided to the delegate whether this arises from a welfare event or separately. This information may form the basis for a referral to the Wellbeing and Support Program (WASP). Any referral to WASP is done by the delegate using information from the consultant.

3.5.3 Action taken by DVA in response to a welfare event

DVA will not contact the client in response to a welfare event that has been managed and reported by the consultant.

DVA, specifically a clinician from the Emerging Welfare Events (EWE) team, may contact the consultant to confirm the actions that have been undertaken. This is to enable DVA to assess that the risk has been mitigated to the extent that DVA expects in keeping with its low risk threshold. This contact is also for information gathering for record keeping and oversight purposes.

Where DVA is managing a welfare event they will undertake the same risk assessment and mitigation role that the consultant would otherwise perform. DVA will then advise the consultant of the event and what action has been taken. This information will come from the delegate within the DVA Rehabilitation Services team. The delegate is the pathway to provide information from consultants to other relevant areas of DVA, or to provide information from DVA to the consultant.

Where the event has arisen from frustration or anger relating to DVA claims, entitlements or processes the delegate can refer this aspect of the client's circumstances to the DVA Triage and Connect team who will then undertake an assessment of the client's circumstances to identify what support they can provide the client in relation to their DVA interactions.

3.6 Following a welfare event

After a welfare event has stabilised, the consultant must:

- Continue to execute their duty of care by proactively monitoring the client to ensure that they remain safe and the situation remains stabilised. This includes checking in with the client that they are liaising with and utilising the health professionals, other support organisations and tools that were established for the client's care during and after the welfare event.
- Obtain medical advice to confirm that the client is able to return to their rehabilitation plan.
    - Where returning to their plan is not suitable the consultant should request information from the treating mental health professionals on alternative treatment pathways and supports suited to the client's circumstances and recovery.
    - The advice must include a timeframe/s, or indicative timeframe/s, for when the client would be able to return to their rehabilitation plan, and/or the expected duration of the alternative pathway.

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) by the delegate, based on information from the consultant, for assessment of eligibility for that program. Clients in the WASP are still managed by contracted rehabilitation providers.

- The WASP has a different focus to the rehabilitation program however it is intended to be short term. Once the significant issues and barriers have been removed or stabilized the client will return to the rehabilitation program where the client has ongoing rehabilitation needs/goals.

4. Welfare of other parties

Consultants must consider, and monitor, whether the client's health, behavior or circumstances may be, or is, impacting on the client's family members. If other individuals are being impacted appropriate action must be taken. This may include:

- Reporting observations of affected parties to relevant government bodies where appropriate
- Ensuring that suitable social welfare and community organisations are linked in to the persons being affected.
- Accessing supports available under the Family Support Package. *Refer to the Psychosocial Rehabilitation PPG for more information on this package. Note this package provides counselling and short term child care assistance in eligible scenarios. It does not provide support relating to child safety.*

Consultants are unable to provide services directly to the affected persons under the rehabilitation program.

5. Preventative measures

Consultants must proactively identify client risk indicators, not just through formal assessments, but through quality engagement and interaction with clients.

Following identification of an at-risk client, preventative rehabilitation interventions must be implemented by the consultant to help address the issues identified.

- Whilst preventative measures do not entirely eliminate the risk of welfare events, consultants are expected to take a proactive and thorough approach to preventative measures to reduce the risk of a client situation escalating and/or be well prepared should an event occur.

DVA expects that consultants would have in place the following preventative measures for clients who demonstrate risk factors for a welfare event.

5.1 Awareness of relevant information provided with the referral

Providers must ensure that the referral material sent to them by DVA is reviewed carefully prior to the case being allocated to a consultant:

- To ensure an appropriately skilled and qualified consultant is allocated to manage any complexities that have been raised in relation to the client
- To identify any potential safety or welfare risks for the client or consultant prior to organising an initial assessment.
    - Initial assessments must always be undertaken in a public place, or if the client is unable to attend a public place via technology.

5.2 Regular contact and rapport with client

Consultants are required to maintain regular contact with DVA clients. For clients that are at risk (vulnerable) the contact must be weekly. During this contact the consultant must utilize quality engagement techniques to:

- maintain or develop rapport to ensure the client trusts the consultant and will share information about their circumstances with the consultant
- effectively manage challenging conversations about the clients welfare and risk indicators
- monitor the client's functioning and state of mind
- identify any risk factors that could lead to a welfare event

5.3 Liaison with treating doctors

Consultants must maintain open lines of communication with the treating doctors and other health providers who are treating clients who have been identified as at risk. This means consultants must:

- make themselves known to relevant doctors and explain their role,
- provide information on scenarios when they may contact the health provider for advice and support and when the health provider should contact the consultant
- provide, and receive, information on interventions that have been developed, implemented or tried for the client.

5.4 Rehabilitation interventions arising from proactive identification of risk factors

Consultants must ensure that rehabilitation interventions are develop to address risk factors that are identified.

Noting that consultants may not have the appropriate qualifications, or it may be outside of the scope of the rehabilitation program, the consultants role may include liaising with treating doctors and health providers, social workers and ex-service organisations to ensure that the client has a multifaceted system of support to mitigate risk factors that may lead to a welfare event.

Open Arms counselling service is a valuable resource for information, tools and support relating to DVA client welfare. DVA encourages consultants to utilise this service via Open Arms - Veterans & Families Counselling or by calling 1800 011 046.

5.5 Safety Plan

All clients identified as at risk must have a safety plan in place. A safety plan articulates the steps/actions that are to be taken if the client is at risk, including identifying coping and assistance-seeking strategies that are tailored for their needs and situation.

A safety plan may be developed by the client's treating mental health professional. Alternatively the consultant can develop one for the client. The consultant should support and follow this safety plan.

Alternatively if one is not already in place the consultant must put one in place.

The safety plan is to be reviewed regularly with the client to ensure it is still the best approach for the client's circumstances.

Examples of steps that may be included in a safety plan are:

- Recognising warning signs
- Reasons to live
- Creating a safe environment
- Internal coping strategies
- Trusted personal contacts for assisting with a crisis
- Professional contacts for assisting with a crisis (e.g. the client's GP or treating psychologist/psychiatrist)

Further information regarding Safety Planning can be found on the Open Arms – Veterans and Families Counselling website.

s 47E

s 47E

S 47E

s 47E

s 47E

s 47E

Appendix 1 – DVA Case Coordination

What is the Coordinated Client Support (CCS) Program?

The Coordinated Client Support (CCS) program is a specialised, time-limited program aimed at streamlining communication between clients, their families and DVA. The program supports clients and their dependents who have multiple complex needs including client groups that have been identified as presenting with additional risk factors or needs. For example, clients under 30 who are discharging involuntarily.

Clients are referred into the CCS program by the delegate. Delegates will utilise information provided by external parties, where relevant, when referring the client to CCS. The delegate will be advised of the outcome of the assessment with regards to what support will be provided through CCS to the client. It's important that the client's consent has been obtained prior to requesting the referral.

Clients are assessed and an appropriate level of support, based on a 3 level system, is allocated. Where a client requires management at Level 2 or Level 3, a Coordinator is appointed for a limited time period to assist that client to navigate their DVA entitlements and access other critical support services. The intent of the service is to assist with identified needs, with a view to transitioning back to 'business as usual' arrangements.

CCS does not:

- Provide a crisis management service
- Undertake any processing role or investigate or determine a client's entitlements/claims, nor does participation provide prioritisation of claims
- Provide clinical case management services or counselling
- Provide advocacy

Emerging Welfare Events team

One of the functions performed within the Coordinated Client Support program is management of Emerging Welfare Events. This team plays a similar role to consultants in responding to welfare events. The events that this team manages are those that do not come via the rehabilitation program.

The Emerging Welfare Events (EWE) team will:

- Contact the client and assess their risk
- Provide 'brief intervention' risk mitigation support
- Provide a wellbeing check and follow-up support to the client after the immediate threat has been managed.

This team also maintains visibility and undertakes reviews of welfare events managed outside of their team. Consultants may be contacted by an EWE team member about a welfare event they have managed.

Appendix 2 – PPG amendments

Version control

Version number	Date released	Changes to this version
1.1	June 2022	• Amended mental health first aid training requirement to make it recommended rather than required. • Added clarification about responsibilities for advising client and obtaining medical certification where the plan is closing due to inappropriate client behaviour.
1.0	June 2022	Original version

Australian Government

Department of Veterans' Affairs

Procedural Guideline
Medical Management Rehabilitation

In this Section:

1. Overview 2
2. Medical Management Requirements 3
3. Objectives of medical management rehabilitation 4
4. Role of consultants in medical management rehabilitation 5
5. Indicators of medical management need 6
6. Medical Management Goals 7
7. Medical management activities 8

s 47E

7.4. Allied health practitioners involvement in case management 11

8. Reviewing and reporting on medical management 11
9. Closing Medical management rehabilitation goals 12

9.1. Closing medical management rehabilitation goals 12

s 47E

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline when providing medical management rehabilitation services for DVA clients, including the setting, monitoring and reviewing of medical management goals and activities. Providers are responsible for ensuring DVA requirements are followed by their consultants. Providers must also consult the Psychosocial Rehabilitation Guideline, and any other relevant guidelines, where appropriate.

The aim of medical management in the DVA rehabilitation program is to assist a client to develop skills to effectively self-manage their physical and or mental health needs and achieve the highest possible level of functioning in light of their health conditions. The role of the rehabilitation provider is to support clients to achieve these outcomes.

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 are still NOT funded by DVA.

The client's treating doctors, and other health professionals such as physiotherapists, psychologists, etc., are central to the management of the client's health conditions. These treating professionals inform the medical management rehabilitation that is undertaken as they formulate the appointment schedules, medication regimes, and other prescribed activities that the client should be undertaking to improve and maximise their health. The role of medical management rehabilitation is to provide additional support, to those clients that have difficulty adhering to the schedules, regimes and activities prescribed by their treating health professionals.

Medical management rehabilitation in not intended to replace the role of treating professionals. Its role is to maximise the effectiveness of the prescribed treatment by supporting clients to better manage their prescribed health arrangements. An example of this would be assisting the client to develop organisational skills to manage attending appointments, taking medication, and undertaking prescribed exercises or other activities.

Medical management rehabilitation is also used to assist clients to identify and create a relationship with a regular general practitioner (GP) where they do not have one. Creating this relationship enables the client to establish a treatment plan with their treating GP, and as a consequence maximise their health.

Medical management does not include:

- The provision of treatment. It is about supporting the client to undertake medical treatment. No treatment costs are funded through the DVA rehabilitation program. Where the client is eligible treatment is funded through the DVA Health Card arrangements.
- Household services, attendant care, nursing care etc. If the client is eligible for these services they are administered separately to the DVA rehabilitation program.

2. Medical Management Requirements

The table below provides summary information about requirements that must be included as part of managing a client's medical management rehabilitation

Topic	Requirement
Medical management	Medical management: • is aimed at improving and maximising the client's functioning in light of their health conditions. • is intended to help clients develop the skills to self-manage their physical and /or mental health. • can be used to help support clients to access treatment and other support/services/programs. • it is NOT the provision of treatment, or funding for treatment or health care costs (eg, medicine). • it is NOT inclusive of funding for supplementary services like household services, attendant care, aids and appliances.
Identifying Medical Management Needs	Consultants may identify a client's medical management needs through: • the client's initial rehabilitation assessment. • ongoing observation of the client in relation to their ability to effectively manage their medical conditions and treatment regimes (including identifying an absence of a coordinated treatment regime). • self-reporting from the client, their family or support network, and/or the client's treating health professionals.
Developing medical management goals and activities	When developing medical management goals and activities, consultants must: • ensure they have consent to communicate with/ request information from a client's treating practitioners. - Requires the completion of the D9290 or D9291 Medical Disclosure Authority form. • assess how well the clients health and medical conditions/needs are being managed. • assess how the client's physical and cognitive abilities and limitations are impacting self-management of their health and well-being. • obtain details of current treatment regimes the client has in place, and establish what medical management assistance is required, and if additional treatment may also be required. • factor all treatment regimes, and other prescribed activities, into the development of goals and activities.

<table>
<tr><th>Topic</th><th>Requirement</th></tr>
<tr><td>Medical management on the rehabilitation plan</td><td>Consultants must ensure that:
the client’s prescribed treatment, from all the client’s treating professionals, and/or required treatment is documented into a single plan (see example in Appendix 1). This must be included as an attachment to the rehabilitation plan.
effective communication and consultation with the client is maintained so that participation in prescribed treatment can be effectively monitored.
all costs of medical management activities, including third party costs, are included in the plan.
all proposed goals and activities are submitted to DVA for approval before any activities commence.
all third party providers are appropriately qualified and insured to provide the proposed service.
they manage disengagement from medical management goals and activities through consultation with the client’s treating health professionals and persistent attempts to engage with the client.</td></tr>
<tr><td>DVA Health Cards</td><td>All DVA funded treatment is to occur via DVA Health card arrangements only.
Treatment is not to be funded through a DVA rehabilitation plan under any circumstances.
Some treatments will require prior approval from DVA. This must be requested from the Health Approvals team within DVA before the treatment is undertaken.
If clients are unsure about the DVA funded treatment they are entitled to, or which treatments require prior approval, they can contact DVA on 1800 555 254.</td></tr>
<tr><td>Closing rehabilitation plan</td><td>Consultants must:
avoid closing the plan due to client disengagement, unless all attempts at re-engagement have been unsuccessful.
monitor the client’s ability to maintain self-management of their treatment and conditions before closing the plan.
discuss with clients, at plan closure, the behaviours and strategies the client will utilise to continue to self-manage their conditions.</td></tr>
</table>

3. Objectives of medical management rehabilitation

The client sustaining self-management of their treatment needs, where that is possible, is the ultimate goal of medical management rehabilitation.

Other objectives of medical management may include:

- reintroducing critical structure back into the client's life and/or helping them to effectively engage with medical treatment;
- helping to alleviate anxiety and confusion which is often associated with being on the 'medical treadmill';
- connecting the client to services and people who provide critical support, and assisting them to establishing and maintaining positive relationships with these providers;
- developing confidence for the client to set goals, plan ahead and focus on recovery;
- accessing information about an illness or health conditions and promote better management and acceptance of health conditions;
- teaching the client ways in which to disclose their health information (especially mental health matters) in a way that is appropriate and comfortable for the client, and in doing so provide a 'sense of permission' to the client to have an illness or injury;
- developing new expectations; and/or
- fostering a sense of hope rather than a negative, passive illness status.

4. Role of consultants in medical management rehabilitation

The consultant's role is to support the client to maximise their physical and/or mental health by assisting the client to:

- remain on-track with, and fully engaged in, their prescribed treatment,
- learn skills to effectively manage their health and treatment needs independently.

<u>Consultants are not to provide medical advice or treatment</u>.

The consultant's role in medical management rehabilitation may include any or all of the following actions:

- considering the client's health and medical conditions/needs, and how well they are being managed. This includes:
  - gaining a baseline understanding of the clients current level of functioning from existing medical documentation, the client and/or treating practitioners
  - establishing how the client currently manages primary health care needs - do they have a regular GP / or attend a single General Practice?
  - identifying whether clients are seeing any specialists for current accepted or non-accepted DVA conditions, or taking regular medications
- assessing how the client's physical and cognitive abilities and limitations are impacting self-management of their health and well-being
- obtaining details of current treatment regimes the client has been prescribed, and establishing what medical management of this treatment is required.
- identifying if the client may have need for further treatment interventions that have not yet been prescribed and supporting the client to engage with medical professionals to obtain this treatment.
- engaging with the clients current treating medical professionals to understand treatment regimes, help inform appropriate medical management rehabilitation goals and potentially address unmet medical management needs

- identifying need for supports offered outside of the rehabilitation program, and promote early intervention and help facilitate timely access to these relevant supports/programs.
- where required, supporting the clients to access the treatment they have been prescribed.
- providing proactive support to the client to help them establish, engage with, and adhere to, their prescribed treatment including:
    - discussing with clients their attendance and participation in medical and allied health treatment to confirm and/or encourage participation as required
    - assisting clients to organise and attend appointments with treating professionals to have their treatment needs reviewed, and monitor the progress of their health conditions
- ongoing monitoring and discussion with the client regarding their progress towards achieving medical management goals.
- monitoring and helping client's to manage participation in their medical treatment, through implementing rehabilitation activities relating to medical management goals
- reporting back to DVA on the progress and outcomes achieved through client's participation in their treatment plan/s and medical management activities, including monitoring and reporting on the effect treatment is having on the client's conditions and functioning.
- where a client has treating medical professionals (eg, regular GP), keeping them appropriately informed of the clients medical management progress and needs

5. Indicators of medical management need

Medical management is provided where a client is struggling to pursue treatment in a consistent and productive way because of their conditions or other factors.

Consultants should be alert to the following indicators that a client may require medical management support. This list is not exhaustive, but highlights common examples of indicators.

- Client reports significant frustration / difficulty in managing their treatment
- Client reports significant frustration / difficulty in managing conditions/ symptoms
- Client reports needing more assistance from their health or medical professionals
- Client's health professional reports that the client needs additional assistance
- Client has had limited experience engaging with the civilian public health system and this is impacting their ability to effectively manage their health and/or treatment needs
- Client presents with multiple injuries and/or health conditions with high support needs
- Client is struggling to pursue treatment in a consistent and productive way and requires support to access and coordinate medical treatment
- Client is not complying/ adhering to medical treatment regimes
- Client is experiencing severe mental health issues, which they are not accessing treatment or any other forms of assistance for (including lack of constructive coping mechanisms)
- Client has permanent functional limitations they need to develop strategies to manage
- Client presents as managing their medical treatment needs but is at risk of negative outcomes without medical management intervention (medical relapse/ hospitalisation/ loss of employment/ poor family function)
- Consultant observes at any point in the rehabilitation process that the client is experiencing difficulties managing their medical treatment and/ or health care needs.

Where a need for medical management assistance is identified, a corresponding goal and activities **must** be developed and implemented as part of the rehabilitation plan. The goals and activities must be created in consultation with the client and any other relevant parties who will inform or support the goal such as the client's support persons and treating health professionals.

6. Medical Management Goals

Medical management goals must focus on developing the client's skills to self-manage medical conditions and associated prescribed treatments. Consultants must establish and maintain realistic expectations with clients about developing skills for self-management of their health and well-being.

The client's plan can contain only medical management goals, or can also include goals that address the client's psychosocial and vocational needs as well. This is dependent on the client's need and level of functioning. It is common that once the client has improved their functioning as a result of their medical management activities that the focus moves to their other goals. Goals and activities can be added to the plan as the client's functioning and capability changes.

Consultants must include a medical management rehabilitation goal if there are any indicators that medical management assistance is required. A common, broad medical management goal is to support clients to attend appointments and participate fully in activities prescribed by medical and other health professionals. A client's actual goal on their plan would need to ensure it is in the SMART format. *See the Plan Development PPG for more information on SMART goals.*

All medical management goals and activities must be developed in consultation with the treating health professional and any other relevant support persons/networks of the client. This is to ensure that the client has appropriate medical and personal support to optimise their medical outcomes. Support persons could include for example a partner, family member, friend, or trusted professional.

Where beneficial, case conferencing can be undertaken to confirm medical management goals and identify activities align with treatment plans and the client's needs. This can also provide an opportunity to discuss other ways in which the client's support network can assist with their rehabilitation.

When developing medical management goals and recommending suitable activities, the consultant must:

- ensure they have consent from the client to communicate with/ request information from a client's treating practitioners. Consent is provided using the D9290 or D9291 Medical Disclosure Authority form. (D9290 is for a single practitioner, D9291 is for multiple practitioners)
- consider the client's health and medical conditions and needs, and how well they are being managed. This includes:
  - gaining an understanding of the client's current level of functioning (from existing medical documentation, the client and/or treating practitioners)
  - establishing how the client currently manages primary health care needs (do they have a regular General Practitioner / or attend a single General Practice)
  - identifying whether clients are seeing any specialists for current accepted or non-accepted DVA conditions, or taking regular medications

  - considering how the client's physical and cognitive abilities and limitations are impacting self-management of their health and well-being
- obtain details of current treatment regimes the client has been prescribed, and establish what medical management is required to support the client's adherence to these regimes.
- identify if there may be treatment needs that are not currently being met, and if so support the client to attend a medical professional to obtain suitable treatment.
- document details of all treatment prescribed, and/or required for the client in a single comprehensive document that outlines client's medical treatment needs and what role medical management is playing in each aspect of the treatment (see Appendix 1 for an example).
- ensure all treatment regimes are considered as to whether they need to be factored into the development of goals and activities.
- ensure clients are aware that treatment is not funded as part of the rehabilitation program. The role of rehabilitation is to help the client's manage participation and engagement in medical treatment, and monitor the effect the treatment is having on the client's conditions and functioning.

7. Medical management activities

Consultants must ensure all medical management activities delivered to a client are for the purpose of addressing an identified medical management need.

Consultants must clearly stipulate all medical management activities recommended for inclusion in a client's rehabilitation plan for DVA consideration/approval. If new medical management activities are recommended throughout the life of a rehabilitation plan, these must be included in a plan amendment, for DVA consideration/approval. The request for inclusion of any activity must include the rationale and any accompanying evidence supporting the request.

Costs incurred by third parties for activities recommended under a rehabilitation plan must be identified and included during the rehabilitation plan development. Proposed activities must not commence unless approval from the rehabilitation delegate (delegate) has been obtained.

S 47E

s 47E

s 47E

s 47E

7.4. Allied health practitioners involvement in case management

Where consultants request the involvement of allied health practitioners in the medical management of a client it is important to be aware that these practitioners cannot automatically charge DVA for the provision of their services in support of the client's medical management. They have to request approval from DVA to charge for services such as case conferencing, case management and liaison with the client's other treating health professionals or the client's support person, and the provision of ad hoc written information in support of the management of the client.

Please be mindful of the impact that this request process will have on the timing of the provision of these services when you are requesting the involvement of allied health practitioners in medical management activities.

Allied health practitioners can find further information about obtaining prior approval from DVA in the DVA Provider Notes.

8. Reviewing and reporting on medical management

Consultants must monitor, and regularly review, the client's engagement and participation in their medical management activities.

Consultants must provide DVA with updates on the client's progress towards achieving their medical management goals, through a progress report. This reporting must include:

- the client's level of engagement with activities
- the clients progress towards achieving the goal
- details of any barriers to achieving goals
- if additional supports and or actions are required to assist in the achievement of the goal/s.

When delivering medical management assistance, consultants must consider and proactively manage the longer term implications and risks for the client. For example, consultants should consider the level of support being accessed by the client, how the client will manage the transition

off of DVA funded supports in future, and the support a consultant can offer to make this process as smooth as possible for the client.

Consultants must contact the relevant delegate if they become concerned about a client's disengagement with medical management rehabilitation, or the rehabilitation program overall.

If at any time the consultant is concerned for the welfare of the client, they must notify DVA immediately. If the consultant believes an imminent threat to the client's welfare exists, they must implement their company's escalation processes and then notify DVA.

9. Closing Medical management rehabilitation goals

9.1. Closing medical management rehabilitation goals

Closure of a medical management goal may occur in a number of scenarios:

- Where the client's medical management goals have been achieved. Indicators of the client's achievement of the ability to effectively self-manage their medical and health needs on an ongoing basis include that the client:
  - has consistently demonstrated capacity to effectively managing their medical condition/s and treatment,
  - has returned to an optimum level of functioning and sustained this over time,
  - demonstrates skills and competency to independently self-manage their conditions on an ongoing basis.
- Where activities in support of a medical management goal are being trialled but the client's treating health professional considers that no further gains are likely.
- Where medical management rehabilitation is no longer considered appropriate (i.e. it is unlikely to provide any further value to the recovery process, or has potential to be detrimental to the person's recovery). This must be supported and agreed to by the clients treating medical practitioners.

NB: *Disengagement with medical management and/ or the rehabilitation program is not an appropriate reason to cease medical management rehabilitation. See below for further information.*

Prior to closing an 'achieved' medical management goal, consultants must assess whether a client can maintain the required behaviours to be able to effectively self-manage their treatment and conditions on an ongoing basis. This should be done using a period of monitoring. The duration of the period of monitoring is to be determined through discussion between the consultant and client, and agreed to by DVA. The agreed end date for this monitoring period must be reflected in the rehabilitation plan against the relevant medical management goal/s.

If during the agreed period of monitoring the client, consultant and DVA agree that a lesser time than planned is appropriate, monitoring may cease earlier than originally planned. Where this occurs, the consultant must submit a plan amendment with the updated end date to DVA.

Following the period of monitoring, if it is confirmed that the client has maintained their planned medical management goal, the goal should be closed.

When closing a medical management rehabilitation goal it is paramount that consultants discuss with clients:

- the tools and strategies available to self-manage their medical conditions
- behavioural indicators that signal to the client that their health and/or the self-management of their treatment may be diminishing
- relevant treating professionals that the client can contact in various scenarios
- details of any relevant support services that may be beneficial, including crisis support available through Open Arms.
- that they may be eligible for further rehabilitation support in the future if their circumstances change.

Consultants must ensure that they are always operating within the scope of their expertise when discussing the above topics.

s 47E

s 47E

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline

Plan Management

1. Overview 2

1.1. Plan Management Activities 2

2. Plan management requirements 3

s 47E

s 47E

4.1.2 Progress reporting timing 11

4.2 Meaningful progress reporting 11

4.2.1 Progress report activity status 11

5. Plan amendments and variations 12

5.1 Situations giving rise to a plan amendment or variation 12

5.2 Process for plan amendments and variations 12

s 47E

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline throughout the management of Rehabilitation Plans for DVA clients. Providers are responsible for ensuring DVA requirements are followed by their consultants.

Rehabilitation Plan Management (or plan administration) incorporates all provider and consultant related management and administration activities necessary for the successful delivery of a client's Rehabilitation Plan (plan) from plan approval through to plan closure. Plan administration excludes clinical treatment.

Close support and regular communications among all relevant stakeholders such as the client, the consultant, the Rehabilitation Delegate (the delegate), treating practitioners and other activity providers will ensure effective plan delivery. The aim is to:

- provide timely implementation of the plan to maximise the client's outcomes
- minimise the potential development of chronic illness or injury
- establish a positive and supportive rehabilitation environment
- establish a professional relationship and appropriate rapport with the client, and
- monitor the client's progress and continued engagement with rehabilitation.

1.1. Plan Management Activities

Plan administration activities include:

- day-to-day management of the client's plan, including maintaining regular contact with all relevant parties, monitoring plan progress and case conferencing (where required)
- submitting regular progress reports (i.e. three monthly or as otherwise agreed with the delegate) to DVA, and
- making amendments and variations to the client's plan as needed.

Figure 1: Plan management overview

2. Plan management requirements

Table 1: Rehabilitation plan management requirements

<table>
<tr><th>Topic</th><th>Requirement</th></tr>
<tr><td>Day-to-day management</td><td>Throughout a client's plan, consultants must:
maintain regular communication necessary to ensure all parties (client, delegate and treating medical practitioners) are fully informed including, but not limited to:
letters, phone calls, emails, SMS or other indirect interactions
video or face-to-face meetings
case-conference calls or meeting attendances (where required)
notify DVA immediately if they become aware the client has urgent needs or is at risk
ensure no activities commence prior to formal approval
monitor the progress of the client in achieving plan objectives
gather updates from other treatment providers as part of the monitoring of a plan
ensure relevant documents, including invoices are uploaded via the Provider Upload Page in line with DVA required timeframes
ensure that only goals, activities and assessments specified in the approved plan are undertaken, and
ensure actual costs incurred throughout the plan are reasonable, reflect only the duration of work performed for the client and are within the amount and activity specified in the approved plan.</td></tr>
<tr><td>Progress reporting</td><td>Progress reports must:
be provided every three months from the start date of the plan, or as otherwise agreed with the delegate and specified in the plan
be submitted by the due date
use the D1330 Rehabilitation Plan Progress Report template, ensuring that the progress report template is fully completed
be of a professional standard and a quality consistent with this guideline, and
be uploaded using the Provider Upload Page.</td></tr>
<tr><td>Rehabilitation Plan Amendments</td><td>Plan amendments must:
be discussed with the delegate before being submitted where it is for a new, or amended, goal or activity
be submitted prior to the expiry of the current plan or plan amendment where the plan amendment is for a plan duration extension
be completed using the D1336 Rehabilitation Plan Amendment form, and
be uploaded using the Provider Upload Page.</td></tr>
<tr><td>Rehabilitation Plan Variations</td><td>Plan variations must:
be discussed with the delegate before being submitted
be completed using the D1347 Rehabilitation Plan form
comply with the Rehabilitation Plan Development and Rehabilitation Plan Closure Procedural Guidelines, and</td></tr>
</table>

Topic	Requirement
	• be uploaded using the Provider Upload Page.

s 47E

s 47E

s 47E

s 47E

s 47E

s 47E

s 47E

4.1.2 Progress reporting timing

Progress reports are due in three month intervals starting from the plan start date. For example, if the plan start date is 15 March, progress reports would be due on 15 June, 15 September and so on.

An alternative timeframe for submitting progress reports based on the client's circumstances, for example every six months instead of every three months where the client has a study only plan, may be established with the delegate. This timeframe must be agreed between the delegate and consultant and documented in the plan amendment.

Consultants may request an extension to the progress report's due date from the delegate where there are exceptional circumstances.

- Exceptional circumstances do not include where they have not met with the client recently, or where the consultant is on planned leave.
- Exceptional circumstances may include where a consultant has been required to attend to an at risk client or has had an unforeseen personal situation arise that has necessitated leave.

If the delegate approves the extension, this will not change the original schedule of progress report due dates. The due date for the progress reports is always determined using the plan start date, not three months from the date the previous report was submitted.

Where the progress report due date falls on a weekend or a public holiday, the report can be submitted on the next business day following the weekend or public holiday.

4.2 Meaningful progress reporting

In order to ensure meaningful progress reports, DVA requires providers to fully and honestly complete the D1330 Rehabilitation Plan Progress Report form. The progress report must:

- be succinct, and not contain background or historical information that is not relevant or currently impacting the client and their rehabilitation progress (eg. Accepted conditions, personal events that occurred that are no longer affecting the client such as moving)
- provide all new, relevant and topical information so that readers can determine progress since the last report. This includes developments and progress with goals and activities that occurred during the progress report timeframe, and where progress is not being made due to a particular barrier or issue
- not contain content copied and pasted from previous reports, rather, if there has been limited or steady progress, this should be stated concisely in the report
- re-state all goals identified in the client's plan or amendment that are current or recently completed (or closed off)
- be consecutively numbered
- be uploaded through the PUP.

If the progress report is not completed to a satisfactory standard, the delegate will send the report back to the consultant for revision. The consultant must return the revised report within 3 business days.

4.2.1 Progress report activity status

Activities in the progress report must be given a status so that the delegate can clearly see what is occurring under each goal and activity. The following information explains when each status should be used. Information on why the status has been selected must also be given.

- *Yet to commence* – used where the activity has a future start date, or where we are awaiting input form health practitioners, or where the client does not yet have capacity.

- *Started* – where an activity is newly commenced, since the last progress report.
- *Paused* – where an activity was commenced but has paused due to a chance in circumstances. Eg. Covid impacted on activity, change in client capacity due to health.
- *Ongoing* – where the activity is continuing from the previous reporting period.
- *No longer applicable* – where the activity (or goal) is no longer being undertaken due to a change in the client's circumstances.
- *Completed* – where the activity has been undertaken through to completion, and/or outcome achievement.

A date must also be provided in relation to the status where applicable. For example, if the status of *yet to commence* is used, the consultant must provide a date when they estimate the activity will commence. Another example, where a status of *paused* is used, dates for when the activity was paused and when it is estimated to recommence must be provided.

5. Plan amendments and variations

There are two types of changes that can be made to a plan:

1. A **plan amendment** for minor changes to goals, funding changes, to request a new activity, or to request a plan extension. This is completed using the D1336 Rehabilitation Plan Amendment form.
2. A **plan variation** for a change in plan focus i.e. a change from a non-return to work to a return to work plan or vice versa. This requires a new plan to be developed in line with the Rehabilitation Plan Development Procedural Guideline.

5.1 Situations giving rise to a plan amendment or variation

At times it may be necessary to amend a plan in response to changes to a client's circumstances, or where the plan is not progressing as expected.

A plan amendment is required:

- To extend the duration of a client's rehabilitation plan, and request the case management costs associated with the extended plan.
- To request a new or amended goal or activity and/or additional funding for an activity, where the focus (RTW or NRTW) remains unchanged
- To request additional funding for case management for an already approved plan duration.

A plan variation is required where:

- There is a significant change in the focus of the plan, from a non-return to work to a return to work plan or vice versa
- The provider delivering the rehabilitation plan changes. A plan variation is NOT required where the consultant is changing.
  Refer to the Work Allocation PPG for further information about the process regarding changes in providers and/or consultants.

5.2 Process for plan amendments and variations

Providers should discuss plan amendments and variations with the delegate before completing a plan amendment or new plan in line with a 'no surprises' approach. A client should never be asked to sign a plan amendment or new plan under a plan variation before the delegate has given signed approval of the amendment or variation.

The plan amendment or variation comes into effect when it is approved by the delegate. Additional costs must not be incurred until after delegate approval has been given via an approved, signed plan amendment or new plan (for a plan variation).

s 47E

S 47E

s 47E

s 47E

s 47E

s 47E

Australian Government

Department of Veterans' Affairs

Procedural Guideline
Psychosocial Rehabilitation

In this Section:

1. Overview ... 2
2. Psychosocial Rehabilitation requirements ... 3
3. Role of consultants in Psychosocial Rehabilitation ... 4
4. Identifying psychosocial rehabilitation needs ... 5
5. Psychosocial goals, activities and supporting evidence ... 5
5.1. Psychosocial activity guidelines ... 6
5.1.1. Types of psychosocial activities ... 7
5.1.2. Counselling to assist with adjustment to disability or injury and/or pain management 8
5.2. Psychosocial activity duration ... 8
5.3. Family focused psychosocial activities ... 9
5.3.1. Child care ... 9
5.4. Training and education as a psychosocial activity ... 11
5.5. Exclusions – activities that cannot be funded as psychosocial rehabilitation ... 11

s 47E

5.8.2. Home based exercise equipment ... 15
5.9. Equipment for Psychosocial Activities ... 15
6. Monitoring and reporting ... 16

s 47E

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline when providing psychosocial rehabilitation services for DVA clients, including the setting, monitoring and reviewing of psychosocial goals and activities. Providers are responsible for ensuring DVA requirements are followed by their consultants. Providers must also consult any other relevant guidelines, where appropriate.

Psychosocial rehabilitation activities are delivered as part of the DVA rehabilitation program to support the client to overcome barriers impacting their ability to successfully achieve other rehabilitation goals and outcomes.

These activities must be short term, cost effective, focus on learning and skill acquisition to remove barriers to rehabilitation, and create sustainable and effective tools for the client to manage their barriers and wellbeing beyond the rehabilitation program. Barriers are not limited to those related to a client's DVA accepted condition/s. Barriers may relate to:

- DVA non-accepted conditions
- confidence, self-esteem and/or resilience
- life management skills/capability
- interpersonal relationships and family functioning
- social connectedness and community engagement
- the ability to effectively manage the impacts of physical and/ or mental health conditions

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.

Psychosocial activities recommended for inclusion in a rehabilitation plan must be clearly linked to an identified need and be evidence based including objective professional advice. They must also satisfy DVA's 'Framework for determining reasonableness' criteria (see Appendix 1).

Consultants must manage the expectations of their clients with regards to psychosocial activities. This includes ensuring they are aware of:

- the types of activities that can and cannot be approved as psychosocial activities
- the reasonableness criteria that each activity must meet in order to be approved (see Appendix 1)
- the short term nature of psychosocial activities
- the requirement that psychosocial activities be self-managed and self-funded after the initial time limited intervention period.

2. Psychosocial Rehabilitation requirements

The table below provides key information about managing a client's psychosocial rehabilitation.

Topic	Requirement
Psychosocial Rehabilitation scope	Psychosocial rehabilitation: • involves activities to remove barriers to participation in, and achievement of, rehabilitation goals. • can be used to address issues not directly related to an accepted condition, where this other issue is creating a barrier to achieving rehabilitation goals/outcomes. • is aimed at improving and maximising the client's functioning and ability to manage their health conditions and other barriers. • is intended to be short term and delivered in order to meet an identified need. • does NOT include treatment.
Identifying Psychosocial Needs	Consultants must assess a client's needs through: • the client's initial rehabilitation assessment, • ongoing observation of the client in relation to their functioning, • self-reporting from the client, their family or support network, or the client's treating health professionals.
Developing Psychosocial goals and activities	When developing psychosocial goals and activities consultants must: • include a clear explanation of how the activity is removing a barrier to the client's rehabilitation goal/s, • consider the client's physical and cognitive abilities and limitations when proposing goals and activities, • ensure objective medical advice regarding the goal and activity is provided,

Topic	Requirement
	• provide all required information to demonstrate the reasonableness of the proposed activity as per the relevant framework (see Appendix 1). • ensure activities do not undermine or discourage the client from improving their capacity to self-manage their barriers. • ensure all psychosocial activities recommended in the plan are delivered by providers with appropriate qualifications and insurances. • effectively manage any (real or perceived) conflict of interest when proposing service providers of psychosocial activities (including in house services).
Managing Psychosocial goals and activities	• Establish clear and realistic expectations with clients about the types of psychosocial activities that DVA can fund, and the duration of this funding. • Regularly discuss with clients their participation, and outcomes, from the psychosocial activity. • Monitor and report on client's progress and outcomes while participating in psychosocial activities, and whether intended objectives are being met. • Assist clients to effectively transition off of DVA funded activities and supports leading up to the closure of the DVA plan.

3. Role of consultants in Psychosocial Rehabilitation

Consultants must:

- effectively manage the expectations of the client by ensuring they have a realistic understanding of the type of psychosocial activities that can be supported by DVA.
- explore available activity options relating to the client's need, and then work through these options with the client to identify the option that will best achieved the required outcome.
- consider the merits of each option relative to their cost. Consultants are expected to preference lower cost options unless there is compelling evidence that the client will only gain benefit from a higher cost option.
- assess all proposed activities against the criteria outlined in the reasonableness framework (see Appendix 1).
- submit supporting information for proposed psychosocial activities in conjunction with the rehabilitation plan.
- provide objective and professionally informed advice and assistance to clients when identifying suitable activities to help achieve psychosocial goals. All conflict of interest, real or perceived, must be avoided.
- ensure all providers of psychosocial activities are appropriately qualified and insured.
- regularly discuss the client's participation in their psychosocial activities, using the GAS scale for the related goal, to ensure the activity is progressing towards its expected outcome.

4. Identifying psychosocial rehabilitation needs

The client's **psychosocial needs** may be identified through:

- the initial rehabilitation assessment and report, or other assessments undertaken as part of the rehabilitation program
- existing health and medical records, including those from the Australian Defence Force
- reports from treating medical practitioners, allied health providers, family and/or other supports (including self-reporting from client),
- identifying psychosocial needs through working directly with the client.

Consultants must use their clinical expertise in identifying information that indicates psychosocial rehabilitation needs.

Where it is identified that the client has complex care needs that cannot be managed effectively within the scope of the DVA rehabilitation program these needs should be discussed with the DVA delegate (delegate). The consultant must work with the delegate to identify the best approach for managing the client's needs, and then the most appropriate program/s and funding mechanisms to assist the client to access the necessary supports and services.

5. Psychosocial goals, activities and supporting evidence

Psychosocial goals and activities incorporated within the rehabilitation program must assist and support clients to overcome genuine barriers that will enable them to achieve their rehabilitation plan SMART goals and/or overall rehabilitation outcomes.

Psychosocial goals can relate to barriers to rehabilitation that:

- arise from personal and/or environmental barriers. Early detection and minimisation of these types of barriers through appropriate strategies and the earliest return to function or reduction of the barrier is crucial to rehabilitation success.
- relate to conditions that are not accepted by DVA as related to service. DVA's whole-of-person approach means there is flexibility to incorporate psychosocial rehabilitation activities that address barriers arising from non-accepted conditions.

All activities must be based on substantiating evidence and objective professional advice, including medical certification. The reasonableness framework must be addressed when proposing psychosocial activities (see Appendix 1).

Consultants must work closely with clients to ensure expectations regarding the activities proposed to support psychosocial goals are in line with DVA's guidelines on appropriateness, duration, and cost effectiveness.

When establishing psychosocial goals and identifying appropriate activities, the following factors should be considered, including the extent to which these factors are creating barriers to achieving rehabilitation goals/outcomes.

- The client's understanding of and attitude towards their health and medical condition/s (including both DVA-accepted and non-accepted conditions).
- Other psychological factors, including attitude towards workforce participation, self-esteem, self-efficacy, and resilience.
- Existing family and community supports that are being utilised or are available to the client.
- Challenges impacting a client's ability to fulfil the roles, responsibilities, and tasks required in their day-to-day life.
- The client's immediate family/social environment and the general operations of the family/social unit.
- The client's level of engagement with society including their local community.
- The type/s and level of additional supports the client requires to assist with personal and family relationships, other life management skills and social engagement.
- How enduring current or future barriers are anticipated to be, and sustainable approaches to managing these issues. This includes ensuring wherever possible the benefits arising from interventions funded through DVA can reasonably be sustained by the client following closure of the rehabilitation program.

5.1. Psychosocial activity guidelines

Consultants must identify and recommend suitable activities to address client barriers to rehabilitation. In all cases, when requesting the inclusion of a psychosocial activity in a rehabilitation plan, consultants must clearly articulate how the proposed activity aims to remove identified barriers, and how the removal of this barrier will facilitate the client's participation in and achievement of their other rehabilitation goals/ rehabilitation objectives.

Psychosocial activities that are reasonable to include in a rehabilitation plan are those which:

- address the client's rehabilitation barriers by providing:
    - skills, knowledge and strategies to the client to enable them to reduce or overcome the barriers, and
    - strategies and techniques so that the client can sustain the use of acquired skills to support health and wellbeing beyond the intervention period
- align with a current SMART goal in a client's rehabilitation plan
- are delivered by suitably qualified and insured providers, with activity recommendations by consultants being free from conflict of interest
- are short term in nature – the duration of the activity should be articulated and explained, and be of an appropriate duration to support the achievement of the psychosocial goal
- represent value for money, with cost/benefit analysis having to be documented by consultants when requesting the activity**
- are in line with general community expectations and DVA's criteria for determining reasonableness (see Appendix 1)

Client participation in an activity must **not** commence prior to delegate approval being given.

** Where there is a fit for purpose service or program available in the community, or through DVA, that meets the client's needs and represents the most cost effective option it is expected that the consultant will link the client to that service. Consultants must not request the inclusion of high cost psychosocial activities that offer low value returns in a rehabilitation plan, as they will be rejected.

5.1.1. Types of psychosocial activities

Psychosocial activities centre on removing barriers to rehabilitation through promoting social engagement, learning and skill acquisition, and sustainable management of health and wellbeing. The following table details the types of activities and resources that can be used to support psychosocial goals:

	Example support services (available supports and services are not limited to those identified here)
Short courses, workshops & group programs	• Open Arms offers an extensive range of tools and resources, including group programs to assist with a range of common mental health issues such as anxiety; depression; sleep; anger. • Other short courses, workshops, or programs could include those intended to help manage issues such as relationships, gambling, addiction, finances, resilience.
Community groups/ recreational activities	Where clients are experiencing social isolation, or barriers related to community engagement, the rehabilitation program provides support to engage in activities of interest which clients can reasonably continue to engage in (self-funded) following cessation of the rehabilitation program
Digital tools/resources	• Online support groups / communities of interest • Smart phone applications may be useful to assist clients in managing physical /psychological health • Online tools and resources to overcome barriers (eg, gambling issues)
Counselling to assist with adjustment to disability and/or pain management	• Short term counselling to facilitate self-management of pain or the adjustment to a disability or injury. • This counselling is undertaken as a psychosocial activity and not treatment under the Health Card system where the client does not have an adjustment disorder or pain condition accepted by DVA. • See below for further information.
Other	• The Engage Portal managed by the Department of Defence can be a useful information resource to identify potential psychosocial activities. • Other tools/ techniques available to veterans to help them overcome barriers to rehabilitation.

Consultants must not routinely request client participation in 'in-house' programs on a DVA rehabilitation plan as this would be perceived as a conflict of interest. Please refer to Section 5.6.1 for further information.

5.1.2. Counselling to assist with adjustment to disability or injury and/or pain management

Counselling to assist a client to adjust to disability or injury teaches the client a range of self-management strategies to cope with the life changes that a disability or injury can bring. This counselling can be an important psychosocial intervention where it removes a barrier to the client's rehabilitation goals.

If the client has an adjustment disorder or pain condition accepted then this counselling would be provided under the DVA health card arrangements. Where they do not, they can access a short period of counselling, normally 6 to 8 session, as a psychosocial activity.

Consultants must:

- use their professional skills to identify whether their client would benefit from this type of counselling. This includes looking for 'flags' that this need may exist in:
  - their communication with the client or the client's health care providers,
  - reports and other documentation about the client.
- identify the appropriate professional to provide the counselling depending on whether the flags are medical, mental health, psychosocial or work related, or a combination of behaviours.
- ensure the counselling is performed by an appropriated qualified, accredited and experienced professional.
- communicate with the client and the counsellor to ensure that the counselling is outcomes focused and involves a clear plan for how the client will continue to self-manage the strategies discussed in the counselling once the counselling is completed.
- ensure the counselling is detailed, and costed, as a psychosocial activity on the rehabilitation plan.
- ensure where the need for counselling is identified as urgent that they discuss with the delegate the best way forward to prevent the escalation of adjustment or pain disorder symptoms.
  - Where applicable, the assessment report and plan must be expedited so that the counselling can be approved on the plan, and then be commenced.

5.2. Psychosocial activity duration

Psychosocial activities are expected to be delivered on a 'short term' basis and include a discrete end date. It is expected that during this period the clients will develop skills, connections and/or outcomes that will continue beyond the end of the funded activity. Consultants must make the time-limited nature of psychosocial activities clear to clients. Short term is considered to be up to 3 months.

The duration of the activity will be based on the client's needs and circumstances and appropriate professional advice or information.

There is scope to extend the duration over which activities are delivered where the required outcome has not yet been achieved. All requests for extension must be accompanied by appropriate supporting information/evidence including:

- why outcome was not met in the originally proposed timeframe

- evidence outlining progress to date as a result of the activity
    - positive progress and active participation in the activity must be shown
    - GAS, which must be used to assist in demonstrating the effectiveness of the activity towards achievement of maximum outcome for the client
- the cost of extending the activity including evidence outlining any cost benefit of extension (i.e. cost effectiveness and value achieved through extended duration)
- the revised end date

There is no scope for DVA to continue funding psychosocial activities for clients on an ongoing basis.

Consultants must:

- manage client expectations regarding what DVA will fund and the duration of that funding
- ensure clients are aware that they are required to self-fund activities once the approved period under the rehabilitation plan has ended
- consider and proactively manage how the client will transition off DVA funded psychosocial activities.

5.3. Family focused psychosocial activities

DVA can provided limited family focused support under the rehabilitation program.

Note: ***The family support package previously delivered under the rehabilitation program has been replaced by the Defence, Veterans' and Families' Acute Support Package (Acute Support Package) which is being delivered by the Client Coordinated Support section. Participation in rehabilitation is not a requirement to access supports under the Acute Support Package (ASP). The supports under ASP are not part of the rehabilitation plan***.

Under the rehabilitation program the following support is available to family members of clients:

- A client's family has access to Open Arms' counselling and support services.
- Time limited child care can be provided as a short term intervention where a lack of child care is creating a specific barrier to the client being able to access treatment or programs that will help them to improve or manage their accepted conditions.
    - This only applies to unforeseen treatment or programs that were not anticipated as part of the client's regular treatment regime.

Strict criteria must be met before requesting these activities including:

- The client must be participating in an approved rehabilitation plan with genuine rehabilitation goals. A plan cannot be created for the sole purpose of accessing the family support provisions. Furthermore if the client is unfit to participate in rehabilitation, and hence does not have an active plan they cannot access these provisions.
- Consultants must identify a strong need for the support as a means to remove a barrier to the client's rehabilitation.

5.3.1. Child care

Time limited child care can be provided as a psychosocial intervention where the client is eligible.

A client is expected to self-manage their child care arrangements, both with regards to time and funding, where it is possible. Consultants should only seek DVA funding where the client is unable to self-manage their child care responsibilities and their child care responsibilities are creating a barrier to achieving their rehabilitation goals.

The following provisions apply to DVA funded short term child care:

- An eligible child is a child of the client within the meaning of the *Family Law Act 1975*.
- The provider of the child care must meet the Australian Government requirements for an approved child care provider, including having the required working with children checks.
- The client is responsible for selecting the child care provider.
- The child care provider is paid directly by DVA for any DVA funded childcare. The client cannot pay it and be reimbursed.
    - DVA will pay the out of pocket amount that would ordinarily be charged to the client after other Commonwealth benefits have been paid.
    - Where a client has eligibility to other Commonwealth child care benefits (CCS) the child care provider will need to invoice the client so that the benefit can be applied.
    - An invoice/statement showing the client name, the child's name, the benefit amount and the remaining gap payment needs to be provided to DVA for payment.
- 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.

Examples of scenarios where child care may be considered as a psychosocial intervention

Examples of where child care may be considered include where the client:

- is experiencing a flare in mental health symptoms which is placing them at risk, and they require urgent treatment, medical support or hospitalisation.
- requires urgent treatment or surgery for a physical health condition, due to an unexpected situation such as a fall or injury.
- requires short-term treatment that was not anticipated or part of their regular treatment regime or routine. For example:
    - counselling sessions
    - a PTSD treatment program; or
    - physiotherapy sessions.
- is participating in a short-term illness self-management program. For example:
    - brief intervention counselling to assist with adjustment to disability or injury
    - brief intervention counselling to assist with pain management; or
    - a self-management course specific to their condition.

Consultants must provide clear and detailed justification of how child care responsibilities are creating a barrier to required treatment.

5.4. Training and education as a psychosocial activity

Training and education can be considered as a psychosocial activity where, based on professional advice/evidence, it can clearly be shown that the training and education will remove a barrier to the client's participation in rehabilitation.

Other considerations that need to be taken into account when requesting training and education as a psychosocial activity are:

- The course must meet the reasonableness framework (in Appendix 1), align with community standards and expectations and be perceived as appropriate in removing a barrier to rehabilitation.
- The training and education course cannot be requested as 'vocational redirection' under a psychosocial goal.
- A course cannot be requested for the purposes of the client accessing the incapacity step up provisions. Consultants must carefully monitor and manage client behaviour in relation to requesting study to access increased benefits.
- University level courses are not funded as a psychosocial activity – this is in recognition that psychosocial activities are short term, and that cost effectiveness considerations must be met.
- Re-training and education related to non-accepted conditions can only be funded where it can clearly be shown that it is helping the client to manage the impact of the non-accepted condition which in turn will facilitate the achievement of a rehabilitation goal/s that is related to their accepted conditions.

Examples of when a short course may be an appropriate activity include where the training or education:

- is a way for the client to meaningfully occupy themselves whilst recovering from a physical injury or mental health issues.
- represents a tangible achievement that the client can use to feel a sense of successfully completing a challenge. This may help a client who is struggling with self-worth and confidence.

All requests for education and training as a psychosocial activity must be supported by documented justification against the reasonableness framework (See Appendix 1), as well as information/evidence from the client's relevant treating doctor on how the training or education will address the specific barrier it is aiming to improve.

Further information about guidelines for requesting education and training can be found in the Education and Training Provider Procedural Guideline. This guideline also provides additional information in relation to DVA's approach to the consideration and approval of training and education as part of the rehabilitation program.

5.5. Exclusions – activities that cannot be funded as psychosocial rehabilitation

The following will not be approved as psychosocial activities under the DVA rehabilitation program.

- Activities that a client would reasonably be expected to self-fund.
  - Psychosocial rehabilitation must be delivered in line with broader community expectations, and DVA's reasonableness framework (See Appendix 1).

- Activities that are inconsistent with the intent of psychosocial rehabilitation as outlined in this guide. This includes:
    - activities that do not remove barriers to the achievement of rehabilitation goals, and/or
    - do not support the client to acquire the capacity to self-manage these barriers, and/or
    - actively undermine removal of barriers and/or self-management of barriers
- Clinical treatment.
    - Where unmet clinical treatment needs exist, the consultant must work with the client to identify suitable treatment options and any support required to manage this treatment. This activity would be managed under medical management rehabilitation goals. *See the Medical Management Provider Procedural Guideline for further information.*
- Non-medical therapies such as acupuncture or massage therapy.
    - Such activities do not meet the intent of psychosocial rehabilitation in that the client is not actively engaged or acquiring the skills to sustainably self-manage the barriers to their rehabilitation.
- Activities or services for other persons other than the client with the exception of those persons eligible as a result of the family focused psychosocial activities detailed in this guide.

s 47E

s 47E

s 47E

s 47E

5.8.2. Home based exercise equipment

Home based exercise equipment recommended by the client's treating physiotherapist or exercise physiologist (or other appropriately qualified health professional) may be funded by DVA as a means of supporting the client to undertake prescribed activities to improve their condition/s.

The client must first approach the Rehabilitation Aids and Appliance Program (RAP) to determine if the equipment they require is available, and they are eligible, under RAP before requesting it through their Rehabilitation plan.

Small items of home based exercise equipment, such as hand weights and exercise mats, to support a home exercise program would be considered. Large, complex equipment will not be considered as this type of equipment requires supervision to avoid risk of further injury.

Home exercise equipment must only be requested where there is a prescribed exercise program in place that is being monitored by a treating health professional. It cannot be requested for broad fitness or weight loss goals.

5.9. Equipment for Psychosocial Activities

DVA can consider funding the cost of appropriate equipment required for the client to participate effectively in an approved psychosocial activity. The cost of this equipment must be considered in the assessment of the cost effectiveness of the activity.

Equipment does not include clinically required aids and appliances or equipment that relates to activities of daily living. These are assessed separately and differently to equipment for psychosocial activities. *Please see the Supplementary Services Provider Guideline – Due for release June 2020.*

The following guidelines apply in relation to funding of equipment in conjunction with a psychosocial activity:

- Equipment will only be provided for the duration that DVA funds the activity. All costs associated with the activity must be self-funded once the DVA funding of the activity ceases.
- Purchase of equipment is limited to small, consumable items not larger non-consumable items.
- Hiring of non-consumable equipment must be considered where it is cost effective and in line with community expectation regarding what would be provided.

Examples of equipment or resources that may be appropriate include:

- course materials for short courses of personal interest,
- sporting or fitness equipment
- equipment required for the learning of a new skill.

For example, if a client requires consumables such as paint, photography paper, canvases, etc. in order to participate in an approved activity, this can be provided for the duration of the course. Once the course is finished, if the client wishes to continue with the activity independently, they will be responsible for meeting these costs into the future. Clients should be made aware of this from the outset.

Hiring or leasing the equipment should be considered in the first instance. This is to:

- ensure cost is minimised
- reinforce that DVA's funding of psychosocial activities is only intended to be short term
- reinforce that the aim of rehabilitation is self-reliance rather than ongoing dependence on external support.

However, if hiring or leasing the equipment is not available and/or is more expensive than purchasing equipment, then the purchase of equipment can be considered.

6. Monitoring and reporting

Consultants must maintain ongoing communication with clients about their participation in psychosocial activities. This is to ensure that psychosocial activities funded by DVA are being closely monitored for their effectiveness in meeting their intended objective of assisting to remove or reduce rehabilitation barriers. This is especially important due to the time limited nature of psychosocial activities. The client must be actively engaged in acquiring the skills intended from the activity.

Consultants must report the details of the progress of psychosocial activities in the progress report. This includes the client's level of engagement with activities and the client's progress towards achieving the intended goal/ objectives. The progress report should reference the client's Goal Attainment Scale and Life Satisfaction indicators as a means of demonstrating progress and achievement.

Where it cannot be shown that the activity is contributing positively to the removal of a barrier, or the acquisition of a skill that will remove a barrier, but the goal is not yet achieved then consideration can be given to the continuation of the activity.

Where an activity is modified, or ceased and replaced with a new activity this should be submitted in a plan amendment for the review and approval of the delegate.

s 47E

s 47E

s 47E

s 47E

s 47E

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline Rehabilitation Assessment

1. Overview 3

1.1 Assessment areas 4

2. Rehabilitation Assessment requirements 4

3. 'Pre-assessment activities' 6

3.1 Client consent to information collection, use and disclosure 6

3.1.1 Where client does not consent 6

3.2 Warm handover clients 6

3.1 Warm Handover process 7

3.2 Information shared during warm handover 9

4. Rehabilitation Assessment process 9

5. Specific outcomes of the Rehabilitation assessment 10

5.1 Frequency of contact 10

5.2 Method of engagement/contact 11

5.3 Client not progressing to plan 11

6. Rehabilitation assessment form 11

s 47E

s 47E

7.2 Medical disclosure authority 13

7.3 Medical clearance 13

7.4 Draft Rehabilitation Plan 13

8. Provider Upload Page 13

9. Timeframes for completing the assessment 14

9.1 Inability to contact client within one month 14

9.2 Inability to secure appointment within 2 months 14

9.3 Timeframes for 'warm handover' clients 14

s 47E

s 47E

s 47E

s 47E

1. Overview

Provider Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline in performing Rehabilitation Assessments for DVA clients. Providers are responsible for ensuring DVA requirements are followed by their consultants.

The initial Rehabilitation Assessment (the assessment) is the commencement process for DVA clients to access rehabilitation. The aim of the assessment is to:

- provide timely assessment of rehabilitation requirements from a whole-of-person perspective, including psychosocial, medical management and vocational requirements
- identify risks that may lead to worsening of existing conditions or development of avoidable chronic and long term illnesses, and identify strategies to minimise those risks
- introduce the client to the DVA rehabilitation process and the available services
- establish a positive and supportive rehabilitation environment
- identify specialised assessments that may be required to be completed by suitably qualified professionals
- review and identify other services that the client could potentially access,
- identify the way in which the consultant will engage with the client based on their needs (ie. in person vs video call etc) and the proposed frequency of the contact the consultant and the client will have, and
- provide the basis for developing the draft Rehabilitation Plan (the plan).

Clients who have been referred to a provider under the Veterans' Vocational Rehabilitation Scheme (VVRS) or as a Veteran Payment (VP) client have a different focus to their assessment. *Refer to the VVRS PPG or Veteran Payment PPG for details on how rehabilitation is delivered for VVRS clients and Veteran Payment clients.*

The assessment cannot take place until the consultant has obtained consent from the client to collect, use and disclose information in the way explained in the Privacy Collection Notice (Appendix B). If the client does not consent the consultant must advise the client they cannot proceed to undertaking an assessment, and must notify DVA immediately.

Where the client is eligible to participate in the warm handover process, the consultant's involvement with the client's case will commence prior to the rehabilitation assessment. The warm handover is a process where the client has both an ADF and DVA rehabilitation case 'open' simultaneously so that the ADF consultant can share information with the DVA consultant. Additionally this enables the ADF consultant to connect the client with the DVA consultant. The consultant and client would not engage directly with each other until the client's ADF rehabilitation is closed. The warm handover process is to promote seamless engagement between the client and DVA rehabilitation, and to ensure important information already obtained by the ADF consultant does not need to be 're-told' to the DVA consultant by the client but rather can be shared directly from one consultant to another. Further details on this process can be found in this PPG.

1.1 Assessment areas

The assessment covers three broad areas, as shown in Figure 1 below.

Figure 1: DVA rehabilitation assessment areas

Medical management	Psychosocial	Vocational
• Review of the client's medical condition/s, prior/current treatment, and possible limitations and restrictions. • Assesses the client's ability to self-manage their treatments, appointments, medications, and their condition/s.	• Review of the client's psychosocial status, including daily functioning needs, and barriers to progress towards rehabilitation goals. • Assesses the impact of the accepted condition/s on the client, their expectations and intended goal/s of participating in rehabilitation, and issues that may not be directly related to the accepted condition/s, but which may impact on the client achieving their rehabilitation goals.	• Review of the client's employment status and capacity for employment, and consideration of whether a return to work plan or a non-return to work plan should be commenced, pending medical clearance. • Assesses the client's motivations and views towards vocational goal/s, as well as their transferrable skills, existing qualifications and previous vocational experience.

2. Rehabilitation Assessment requirements

Table 1: Rehabilitation Assessment requirements

Topic	Requirement

Pre-assessment actions	• Prior to the assessment the consultant must obtain client acknowledgement of the Privacy Collection notice that details how the client's information will be collected, used and disclosed by the provider.
	• Where the client is part of the warm handover process, the consultant must engage with the Australian Defence Force Rehabilitation Program (ADFRP) rehabilitation consultant to obtain information about the client.
	  o The consultant must not commence their direct engagement with the client until after the handover date from the ADFRP.
	  o The 5 business day timeframe from referral to commence assessment does not start at referral for warm handover clients. The timeframe commences from the handover date, which is generally the client separation date.

Rehabilitation Assessment	The assessment must: • be undertaken by a suitably qualified and experienced consultant who is DVA registered • be undertaken face-to-face with the client, unless prior agreement was otherwise given by the DVA Rehabilitation Delegate (the delegate). Video conferencing technology (i.e. Skype or similar) is acceptable where, based on the client's circumstances, the

Topic	Requirement
	consultant feels that this will allow for a full and thorough assessment and the establishment of rapport. • be completed using the D1334 Rehabilitation Assessment form addressing all sections and providing sufficiently detailed information to provide a baseline for the Rehabilitation Plan • be informed by medical evidence from the client's general practitioner (GP) and other health professionals • consider information already obtained from the ADF consultant during the warm handover process, where the client is eligible for this process, to avoid asking the client for this information again • include a recommendation on whether any additional assessments are required, and the justification for those assessments • establish frequency of and method of contact between the consultant and the client • be uploaded together with the draft Rehabilitation Plan and other supporting documents using the Provider Upload Page (PUP).
Medical clearance	• Medical clearance to participate in rehabilitation must be sought as part of the assessment, and should support all recommended activities proposed in the draft plan. • Medical clearance evidence must be attached to the assessment and uploaded using the PUP. • An exception to this process applies to Veteran Payment (VP) rehabilitation clients. *Refer to the Veteran Payment PPG for further information*.
Rehabilitation rights and obligations	• The rights and obligations form must be signed by the client during the assessment appointment/s and prior to the plan commencing, and uploaded using the PUP. • The consultant must give a copy of the signed rights and obligations form to the client for their records.
Client welfare	• DVA must be advised immediately where the consultant becomes aware the client has urgent needs or is at risk. • The assessment must include consideration and management of the client's expectations as to potential activities that may be funded as part of a plan.
Timeframes	• The assessment must commence within 5 business days of the referral being accepted. Where the assessment cannot commence within 5 business days because of client circumstances or factors outside of the consultant's control (such as inability to contact client or arrange a meeting within the timeframe), the consultant must notify the delegate via email and provide a justification for the delay. • A completed assessment detailing findings and recommendations must be submitted together with the draft plan and other supporting documents within 15 business days of the referral being accepted. *Refer to the Plan Development PPG for further information if the assessment report cannot be submitted within 15 business days.* • Timeframes for the VP clients are different to the timeframes above. *Refer to the Veteran Payment PPG for further information.*

Topic	Requirement
	• For referrals as part of the warm handover process the 5 day timeframe does not commence from referral acceptance. It commences from the handover date from the ADF rehabilitation consultant. *Refer to the relevant sections in this PPG for further information on the warm handover process.*

3. 'Pre-assessment activities'

3.1 Client consent to information collection, use and disclosure

Consultants must not collect information from clients until they have obtained written acknowledgement from the client that the client has received, read and understood the DVA provided Privacy Collection Notice (PCN). (See Appendix B) This means the assessment cannot be undertaken until the PCN has been acknowledged.

This Privacy Collection Notice (PCN) is about how the provider will collect, use and disclose the client's information. It is between the provider and the client. A separate PCN exists between DVA and the client.

The PCN is to provide information to the client and does not include signature fields or need to be directly signed. However DVA does require documented evidence that the client has received, read and understood the PCN. Examples of acceptable documented evidence include:

- an email from the client acknowledging they have received, read and understood the PCN,
- a statement in the provider's privacy and consent documentation, that the client signs, stating that the client has received, read and understood the DVA issued PCN between the provider and client.

This evidence does not need to be provided to DVA however will be requested should a consultant refuse to provide information collected from the client to DVA.

3.1.1 Where client does not consent

Where a client does not consent to the information collection, use and disclosure in the Provider/Client PCN the consultant must not undertake the assessment. The consultant must:

- Not collect information from the client.
- Advise the client that they cannot continue with the rehabilitation assessment or proceed to a rehabilitation plan.
- Inform DVA within 1 business day that the client has not consented to information collection, use and disclosure, and advise that they cannot proceed with the facilitation of the rehabilitation program on the basis of lack of information.
    - Delegate will then liaise with consultant about next steps.

The consultant can charge for the activities undertaken up until their first meeting with the client at which point it will be know if the client consents to the PCN. This may include time taken to organise the initial meeting with the client, reviewing material sent from DVA, and where the client was a 'warm handover' the consultants time to engage with the warm handover process (detailed below).

3.2 Warm handover clients

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. It essentially creates an extended period of time between the referral and the assessment of the client by the DVA consultant. In this period the DVA consultant will liaise with the Defence

rehabilitation consultant to share information and be 'introduced' to the client by the existing Defence consultant. It is essentially 'pre-assessment' activities that will enable the DVA consultant to go into the assessment with some knowledge of the client.

It does not mean the consultant should engage with the client earlier. The consultant must not engage with the client until the handover date advised by Defence. Generally the handover date will be the client's separation date. If an earlier date of handover is required this must be discussed and agreed between Defence, DVA and the consultant.

The two key 'pre-assessment' activities under the warm handover process are:

1) Defence to DVA consultant to consultant discussion
2) Meeting between client and Defence consultant and DVA consultant

Clients who participate in the warm handover process are those that are transitioning out of the ADF on medical grounds, have an accepted condition under MRCA or DRCA and are participating in ADF rehabilitation in the lead up to their transition. This eligibility will be assessed by the ADF and DVA. The consultant will be advised at the time of receiving the referral from DVA if the client is part of the warm handover process.

3.1 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. **Note**: the DVA rehabilitation consultant will generally receive a referral earlier for a client who is being managed under the Warm Handover process than for one who is not. The consultant is not required to engage with the client at the time they receive the referral. This lead time is to enable the DVA and Defence consultants to share information.

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

Step 3. The DVA consultant will receive copies of relevant reports via email directly from the Defence consultant. A copy will also be sent to the DVA rehabilitation team. **Note**: if completed, this will include the transfer handover report.

a. Where the transfer report is not yet finalised, other available ADF rehabilitation program 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 ADF consultant as this information will underpin the discussion.

Step 4. The Defence consultant will liaise with the DVA consultant to organise a meeting time for them to discuss the client's case. The DVA consultant is not to contact the Defence member until after this discussion occurs.

Step 5. The ADF and Defence consultants will meet, via video or phone call. This meeting is to ensure important and sensitive information can be shared. Topics that may be discussed include:

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

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 the DVA consultant has obtained through the handover process, noting that due to the different focus of the ADF and DVA rehabilitation programs some information required for DVA rehabilitation may not be known, and therefore shared, by the Defence rehabilitation consultant.

Step 7. Where a meeting between the client and consultants is required, the Defence consultant 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 Defence consultant 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 Defence Rehabilitation Case Manager (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 has not already been provided (at Step 3). The Defence consultant will also be responsible for advising the client of the handover date for their rehabilitation.

a. The handover date will most commonly be the client’s separation date.

b. DVA KPIs regarding the rehabilitation assessment etc. will commence from the handover date.

c. Where the client requests to engage with the DVA consultant prior to their handover date, this must be discussed between the DVA consultant, DVA and the Defence consultant. Where a revised handover date, other than the separation date, is agreed upon this must be advised in writing from Defence to DVA and the DVA consultant. KPIs regarding the rehabilitation assessment etc will commence from the revised handover date.

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

    i. The Defence consultant will advise the DVA consultant and DVA that the separation date has been extended.

    ii. The warm handover process will be paused. The Defence consultant will be responsible for ensuring the client understands that engagement with the DVA rehabilitation program has been paused awaiting their separation date, and that they will not be contacted by the DVA consultant until their separation.

    iii. The Defence consultant 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.

Step 10. Upon the DVA consultant’s completion of the rehabilitation assessment, 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.

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

3.2 Information shared during warm handover

The consultant will receive a transfer report from the Defence consultant which will provide a starting point for the consultant and Defence consultant to share relevant information about the client. The consultant must familiarise themselves with the transfer report before meeting with the Defence consultant.

As noted in the process the Defence consultant may not have obtained information that is relevant to the DVA consultant as the scope and focus of DVA rehabilitation is different to ADF rehabilitation.

In the meeting between the consultant and Defence consultant the Defence consultant is expected to share information relating to the client's circumstances that may impact on their rehabilitation. It is anticipated that the below topics will be covered in the transfer report and that the discussion is to add value to this information.

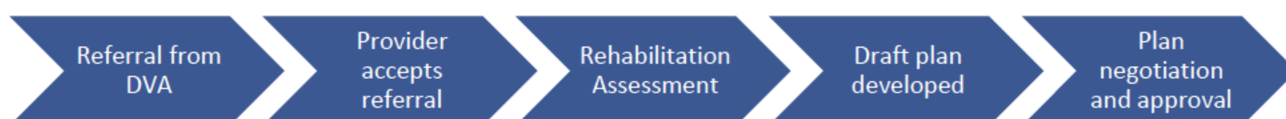
- Claims/incapacity status, and other DVA benefits being accessed e.g. HHS/attendant care
- Any relevant non compensable conditions
- Current level of function/limitations
- Recommendations in terms of the type of rehab support the client will require after separation: medical management/psychosocial/vocational - initial priorities and goals
- Social situation
- Biopsychosocial flags (ie: mental health, interpersonal relationships, social skills, family circumstances, lifestyle, coping skills, attitudes, self-esteem etc)

Any information obtained in this discussion that is relevant to the DVA rehabilitation assessment must be recorded in the assessment report.

4. Rehabilitation Assessment process

After receiving and accepting a rehabilitation referral from DVA, the consultant is required to make contact with the client to undertake the assessment. Contact must be made within 5 business days following the acceptance of the referral. Refer to the Contract Management PPG for more information on meeting this timeframe requirement. The assessment may involve one or a series of appointments or consultations, depending on the complexity of the case.

Figure 2: Rehabilitation Assessment process overview



The assessment requires the consultant to investigate and report on the client's whole-of-person needs, their current circumstances, and their rehabilitation goals. This includes an assessment of the client's:

- **medical management needs**, based on the client's ability to self-manage their treatments, appointments, medications, and their condition/s. This should inform medical management goals and activities that will support the client to navigate through their medical appointments, treatment regimens, medical information, self-care needs, requirement for aids/appliances, and other related activities such as coaching and understanding their treatment and diagnosis
- **psychosocial needs**, which should inform psychosocial goals and activities for inclusion in the rehabilitation plan. These goals and activities must contribute towards overcoming rehabilitation barriers and support the

development of life management skills, self-management of health conditions, relationship and parenting skills, meaningful engagement, and social connectedness. The assessment should report on all identified psychosocial needs, noting that psychosocial activities funded through a rehabilitation program must be assessed for reasonableness against the psychosocial decision making framework, and

- **potential capacity to commence vocational rehabilitation**, and provide a recommendation on whether a return to work plan should be commenced. This includes identifying the client's employment status and capacity for employment. Note that it may be appropriate for a client to be put on a return to work plan even when they do not currently have medical clearance for vocational activities. This includes where a client is expected to commence vocational rehabilitation activities over the next twelve months.

As part of this process, the consultant is expected to consult with all key parties including the client, the delegate, treating medical and allied health professionals, and if appropriate, an employer, family member/s and/or other support person/s.

The consultant must ensure the client understands the DVA Rehabilitation Program, including what it can and cannot offer. Setting accurate expectations initially is critical in managing expectations throughout the life of the plan.

The assessment informs the development of a draft plan that is tailored to the client's needs, circumstances, and goals. The assessment report and draft plan are submitted to the delegate at the same time. The draft plan is then reviewed by the delegate, and if all the goals, GAS, activities, and costings are appropriate, it is approved. If changes are required, a process of communication and negotiation between the delegate, the consultant, and client occurs to obtain agreement on a suitable plan. Following agreement the plan is signed by all parties and activities can then commence.

5. Specific outcomes of the Rehabilitation assessment

The assessment report must be detailed and include relevant information about the client’s circumstances as they relate to the needs that can be met or supported through the DVA Rehabilitation Program. The assessment report is also the mechanism through which specific required information is communicated to delegates.

5.1 Frequency of contact

The frequency of contact that will be undertaken must be documented in the assessment report. Frequency of contact is underpin by Key Performance Indicator (KPI) 6. *Refer to the Contract Management PPG for further information about contact requirements.*

DVA expects that consultants will have regular, meaningful contact with clients. During the assessment, consultants must discuss what regular contact arrangements the consultant and client will have during the Rehabilitation Program and how this contact will occur.

- Consultants should emphasise that the purpose of the ongoing contact is to have meaningful discussions that contribute towards the client progressing through their activities and achieving their goals.
- Contact with the client must be fortnightly at a minimum and can be conducted via phone call or videoconference, or in person.
    - If a consultant identifies that a client is vulnerable and requires more frequent monitoring and engagement, the frequency of contact is expected to weekly rather than fortnightly.
    - If a consultant identifies that contact less frequently than fortnightly would be appropriate the rationale for this must also be documented. This would be expected to be very uncommon in the initial stages of the plan. However may occur later in the plan if the client was studying or on a work trial. Changes to the contact frequency must be documented in the progress report where they change during the life of the plan.

- The reasons why a different type/method is being proposed must be documented. For example, if the consultant is proposing contact via email rather than phone call or videoconference the consultant must document the reasoning.

5.2 Method of engagement/contact

The way in which consultants will engage with the client, and the resulting travel implications, must also be documented in the assessment report, and subsequent progress reports if the client's circumstances change.

The high level details regarding hours and cost of travel must then be provided on the plan costings page for approval.

Information in the assessment report regarding method of contact should include:

- When in person contact is being used and the clinical basis for in person contact (i.e. Monthly meetings at an agreed location to maintain rapport and allow in person observation of client demeanour);
- When other means of contact is being used (i.e. fortnightly phone calls as agreed with the client with additional ad hoc video calls following event);
- If an allowable exception has been approved for consultant proximity, and what was approved eg travel of 5 hours each way by car approved due to client need for consultant specific experience
- What travel is being proposed, including:
    - the method of travel (eg. Car travel 2 hours each way)
    - approximate costs of the travel

The DVA delegate will consider the information provided in the assessment report and plan in relation to proposed travel and contact the consultant where further discussion is required to ensure the travel meets DVA's guidelines.

5.3 Client not progressing to plan

There may be rare cases where no plan is prepared following an assessment. This may occur where:

- the client is voluntary and chooses not to continue participation.
- the client is medically unable to participate in rehabilitation. Noting the whole of person support, including the medical management aspect, of the DVA rehabilitation program there would need to be compelling clinical and/or medical evidence to demonstrate that the client has no capacity to participate in any aspect of the DVA rehabilitation program.

Where the consultant has found the client does not have any capacity to participate this should be stated clearly in the assessment report and include details of how this finding was reached. On receipt of the assessment report, the delegate will review this finding and make contact should they require further information.

6. Rehabilitation assessment form

The D1334 Rehabilitation Assessment form (the assessment form) is used to:

- record information relating to the client's capacity to undertake rehabilitation and their rehabilitation needs
- identify and document the client's expectations, motivations, and barriers to rehabilitation
- acknowledge the general environment in which the client is living, socialising, and/or working
- include a comprehensive analysis of the client's medical condition/s, current treatment and possible limitations and restrictions. Evidence of input from the current treating practitioner/s is essential
- provide a detailed review of the client's psychosocial status, including daily functioning needs and barriers to progress towards rehabilitation goals
- provide a comprehensive analysis of the client's medical condition/s, prior/current treatment, and possible limitations and restrictions, including:

    - liability accepted conditions
    - non-liability conditions where DVA pays for treatment (for example, through gold card or non-liability health care arrangements)
    - conditions for which treatment is not funded by DVA
- identify the client's employment status and capacity for employment
- identify client needs that will underpin their medical management, psychosocial, and vocational rehabilitation goals and activities. *Refer to the Vocational Rehabilitation, and Non-Vocational Rehabilitation (Medical Management and Psychosocial Rehabilitation) PPGs for guidance on activities funded under a plan.*
- clearly state the client's expectations and rehabilitation goals, and
- flag whether referrals for an assessment for supplementary services (including aids, appliances, or alterations to the client's home or workplace or other assistance relevant to the client's individual needs) may be required.

The assessment form needs to be completed in full, by addressing sections of the form and providing meaningful and thorough responses to all questions. Where an item does not apply to the client, the consultant should provide brief reasons as to why the item is not relevant. If the assessment form is not completed to a satisfactory standard, the delegate will return the assessment form to the consultant for revision.

Refer to the Veteran Payment PPG for information on the completion of the assessment report for Veterans Payment clients.

In addition, the consultant needs to include all necessary supporting documents and reports, and ensure that the assessment form and accompanying documents are signed-off by relevant parties before submitting them to DVA. **Note the exception to this is the plan, which must NOT be signed by the client or the consultant before the delegate has reviewed and approved the draft copy**. This is to ensure that the client's expectations are managed. The client needs to be informed that rehabilitation goals and activities are subject to negotiation and agreement with the delegate.

s 47E

- the D1395 Return to work–Rehabilitation rights and obligations form is for those participating in a return to work program
- the D1396 Non-return to work—Rehabilitation rights and obligations form is for those participating in a non-return to work program, or

It is important that the client's rights and obligations are explained to them during the assessment process.

Consultants must obtained a signed rights and obligations form from the client as part of the assessment process.

7.2 Medical disclosure authority

Consultants need to obtain the client's consent to engage with their treating practitioners during the assessment and throughout their client's plan as needed. The DVA Medical Disclosure Authority forms can be used for this purpose, or the consultant may use their own provider's templates. The following DVA templates are available on GovTEAMS:

- D9290 Medical Disclosure Authority (single practitioner)
- D9291 Medical Disclosure Authority (multiple practitioners).

7.3 Medical clearance

Consultants must provide medical evidence along with the assessment report. This medical evidence needs to demonstrate that the client is able to participate in rehabilitation, and any limitations the client has to participate in certain rehabilitation activities.

The medical clearance needs to consider the full scope of the rehabilitation and be given by the most appropriate treating practitioner/s for the client's condition/s. In some cases, consultants may be able to use medical clearance obtained by the client upon discharge, providing the clearance includes participating in DVA rehabilitation.

The GP is often the primary medical provider and, in most cases, should be the first point of call for medical clearance. However, where the client has more complex medical conditions and is under the care of specialists, medical clearance should be obtained from their treating specialist/s as they are relevant to their potential rehabilitation goals and activities. For example, a client's treating psychiatrist or psychologist may also provide medical clearance from a psychological perspective, and clearance may also need to be obtained from a client's orthopedic surgeon where the client is recovering from surgery that may have implications in finding suitable employment.

Refer to the Plan Development PPG for further information on the process where supporting medical evidence is not available at the time of submitting the assessment report.

7.4 Draft Rehabilitation Plan

The assessment is used by the consultant to inform the development of the draft plan using the D1347 Rehabilitation Plan template. The draft plan must be submitted to the delegate with the assessment report.

Refer to the Plan Development PPG for details on DVA's requirements and guidance when developing the plan.

8. Provider Upload Page

All forms and documents must be uploaded via the Provider Upload Page (PUP). In the event that the PUP is offline, the consultant should wait several hours and try accessing the portal again. Where upload is still not possible, the consultant may return the documents as a PDF attachment in an email to rehabilitation@dva.gov.au. Email is only to be used in exceptional circumstances after confirming with the Stakeholder Engagement Manager that there is an ongoing PUP issue.

For further information about using the PUP, please consult the PUP user guide and frequently asked questions available through the PUP home page.

9. Timeframes for completing the assessment

The assessment must commence within 5 business days of the referral being accepted, and the completed assessment report must be provided within 15 business days. *Refer to the Performance Management section of the Contract Management PPG for further clarification about DVA's expectations regarding what it means to 'commence' the assessment.*

There may be situations where the assessment cannot commence or the report completed in these timeframes, including:

- it is not in the client's best interests to commence or complete the assessment, such as where there are concerns about the client's wellbeing
- the client is part of the 'warm handover' process between Defence and DVA (see section below for how timeframes apply to these cases)
- the consultant is unable to make contact with the client
- the client is on holidays or is receiving treatment and is unavailable
- the consultant is unable to organise a suitable earlier time to meet with the client to complete the assessment, or
- the client is unable to obtain reports from their treating medical practitioner in rural and remote areas.

In these situations, except for warm handover cases, the consultant should seek an extension from the delegate via email and provide a justification for the delay. This information should also be captured by the provider so that it can be included in six monthly quality (KPI) reporting to DVA.

9.1 Inability to contact client within one month

Where the consultant is unable to contact the client at all within one month of receiving a referral they must notify the delegate. During this 1 month period the consultant must make frequent attempts to contact the client via various channels, e.g. Phone call, email, texts.

In notifying the delegate of the inability to contact the client, the consultant should provide details of the attempts to contact the client. Following notification to the delegate, the referral will be considered closed, with no further action required from the consultant. The consultant can invoice DVA for the cost of their attempted contact.

DVA will continue to attempt to contact the client to discuss the client's obligation to participate in rehabilitation.

9.2 Inability to secure appointment within 2 months

Where a consultant is able to contact the client but is unable to secure an assessment appointment with the client within two months of the referral they must notify the delegate. During this time the consultant must advise the client that failure to undertake an assessment in a reasonable timeframe will lead to their case being returned to DVA, at which point DVA will review whether the client is meeting their obligation to participate in rehabilitation.

Consultants may offer a video assessment, where it will assist in engaging the client and remove any potential obstacles relating to their participation.

Once the consultant notifies the delegate of the inability to secure an initial assessment appointment, the referral will be considered closed and no further action is required from the consultant. The consultant can invoice DVA for the cost of their attempted contact.

DVA will contact the client to discuss the client's obligation to participate in rehabilitation.

9.3 Timeframes for 'warm handover' clients

Warm handover clients are still finalising their ADF rehabilitation during the handover period and hence typically are not yet ready to commence DVA rehabilitation. This means the DVA rehabilitation assessment is not expected to commence within 5 days of the referral acceptance. Instead the 5 day timeframe will start from the date of handover advised by the ADF rehabilitation consultant. The date of handover will most commonly be the date the ADF Rehabilitation closure report is provided to the DVA consultant.

Where the client requests to engage with the DVA consultant prior to their handover (ADF rehabilitation closure) date, this information must be shared with DVA and the ADF consultant. Once the ADF consultant, client and DVA agree on a revised handover date, this must be documented and advised to the DVA consultant. The timeframe for commencing the rehabilitation assessment will then commence from the revised handover date.

s 47E

s 47E

s 47E

s 47E

s 47E

s 47E

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline: Rehabilitation Consultant Registration

In this guideline:

1. Overview ... 2
2. Rehabilitation Consultant registration ... 4
2.1 DVA registration requirements ... 4
2.1.1 DVA recommended training and experience in mental health first aid ... 6
2.2 Completion of DVA e-learning and assessment courses ... 7
2.2.1 Accessing DVA e-learning and assessment courses ... 7
2.2.2 Successful completion of the e-learning and assessment courses ... 7
2.2.3 Training requirements when moving between contracted providers, or joining a second contracted provider ... 9
2.3 DVA Consultant Registration Categories ... 9
2.4 Health professional qualifications ... 9
2.4.1 Provisionally registered health professionals ... 10
3. Mentoring requirements ... 11
3.1 On completion of mentoring ... 11
4. Consideration of consultant welfare, skill set, workload and availability ... 12
5. Consultant registration process ... 12
5.1 Maintaining the Rehabilitation Consultant Registration Spreadsheet ... 12
6. Consultant membership on DVA Rehab Provider GovTEAMS SharePoint ... 13
6.1 Membership ... 13
6.1.1 Ability to see other members' information ... 13
6.2 Removal from the GovTEAMs Community ... 14
7. Procedure for updating consultant details ... 14
7.1 Cessation of employment of existing consultants ... 14
8. Revocation or suspension of registration ... 14
Appendix A: Impacts of DVA requirements on consultant registration status ... 16
Appendix B: PPG Amendments ... 19

1. Overview

Provider Procedural Guidelines (PPGs) outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Providers are expected to follow this guideline in managing the registration of their consultants in line with DVA's registration requirements. This includes ensuring inexperienced consultants are mentored in line with DVA's mentoring requirements and ensuring currency of DVA training. Consultants are expected to follow this guideline when managing their registration requirements.

DVA works with a pool of contracted providers that have satisfied DVA's registration requirements.

It is essential that consultants working for those providers meet all of DVA's registration requirements, are informed on DVA's program and processes, and work under the conditions of their registration status. Meeting the required knowledge and skillset ensures the best outcome for DVA clients who often present with complex medical and physical conditions, acquired as a result of their service.

Managing and recording consultant registration is the responsibility of the provider. Providers do not need to 'apply' to DVA to have consultants registered.

Consultants must be employed by the provider and meet DVA's registration requirements BEFORE they can deliver rehabilitations services for DVA clients. To maintain their registration with DVA consultants must also successfully complete the annual e-learning refresher course and annual knowledge check assessment course each year.

If a spot audit of consultant registration and mentoring status identifies that consultants are working with DVA clients without being meeting DVA's registration requirements, the provider will be deemed to be in breach of the Agreement. *Refer to the Contract Management PPG for further information on non-compliance.*

It is the responsibility of the provider to ensure DVA has up-to-date information regarding its capacity to service existing locations. Providers must seek approval from DVA to add or remove locations that they service and/or service offerings. *Refer to the Work Allocation PPG for further information regarding notifying us about capacity issues. Refer to the Contract Management PPG for further information in relation to changes to Provider Servicing Locations.*

Consultants must ensure that their knowledge of DVA processes is current. DVA provides an online portal (a SharePoint site hosted on GovTEAMS) which is a 'one stop shop' where updates and information resources regarding DVA processes and expectations for the delivery of Rehabilitation Services for DVA clients are shared. Consultants must ensure they have access to this information. Consultants will need to meet the registration requirements to be invited to join the SharePoint site and access this information. Access to GovTEAMS must be requested by the provider's relationship manager, following which the consultant will be sent an invitation to join.

Where a consultant becomes newly registered with a provider, or leaves a provider, the provider must request addition or removal from GovTEAMS for that consultant. Additionally where a consultant who is managing a DVA client changes DVA needs to be informed. *Refer to the Work Allocation PPG for details of this change in consultant process.*

Table 1: Overview of DVA Consultant registration requirements

Topic	Requirement

Registering consultants with providers	• Consultants must meet DVA's registration requirements before delivering any rehabilitation services to DVA clients. *See Table 2 for registration requirements.*
	• Consultant must maintain their registration with DVA by successfully completing the annual refresher e-learning course and annual knowledge check assessment course. *Refer to the Training Transition Guide and DVA Train modules FAQ, both on SharePoint, for further information about the completion of these courses.*
	  ○ Consultants who are unable to successfully pass either annual course after 5 attempts will be unable to receive new referrals. They will be given 5 further attempts to pass. If they are still unsuccessful their registration will be revoked.
	• Consultants who do not meet the industry and/or experience related registration requirements in the way specified must be mentored until the relevant requirement/s has been met. *See Table 2 for registration requirements.*
	• Providers are responsible for ensuring that their consultants are meeting DVA's registration requirements.
	• Providers are responsible for recording the details required to demonstrate that their consultants are meeting DVA's registration requirements.
	  ○ Providers must maintain the DVA Rehabilitation Consultant Registration Spreadsheet, which incorporates relevant consultant registration details. Consultant registrations will be subject to DVA audits, and this spreadsheet will be requested. Providers may also wish to continue using the D9255 Consultant Registration Form as a means to capture individual consultant information, however this is not a requirement for DVA.
	  ○ Providers must undertake due diligence to ensure that the information in the Rehabilitation Consultant Registration Spreadsheet is accurate and complete at all times.

Location information	DVA requires consultant location information to be provided at the time of initial registration to ensure that proximity of the consultant to the client can be ascertained, and reasonableness of any proposed travel costs can be assessed. Please include the town/city, state, and postcode in which the consultant is based (i.e. the office or other location that they work from, e.g. Deakin, ACT 2600 or Glenelg, SA 5045), and where applicable, the broader region that they service (e.g. South Coast NSW, Hunter Region NSW, Adelaide and surrounds). Changes to consultant location information must be advised to the SEM. A record of this information must also be maintained on the Rehabilitation Consultant Registration Spreadsheet. *Refer to the Contract Management PPG for further information in relation to changes to Provider Servicing Locations.*

Topic	Requirement
Mentoring process	Providers must have a mentoring program in place to support consultants who are considered provisionally registered based on DVA's registration requirements. A provider's mentoring program framework will be audited periodically by DVA. Employer based mentors must closely supervise provisionally-registered consultants to provide appropriate support, guidance and oversight of all their rehabilitation assessments, plans, and reports. This includes the co-signing of these documents. Mentors must have 'full registration' status with DVA and a strong knowledge of DVA clients and processes. Providers must be able to provide appropriate supporting documentation for consultants who are being, or have been, mentored as this may specifically be audited.

2. Rehabilitation Consultant registration

Consultants are qualified health professionals (refer to section 2.4) who are trained and experienced to provide whole of person rehabilitation services and develop and implement an appropriate plan of rehabilitation services for DVA clients eligible for rehabilitation assistance.

To work with DVA clients, consultants must meet DVA's registration requirements, which includes meeting Comcare's requirements, and must be working for a DVA contracted provider.

If DVA is made aware that consultants are working with DVA clients without meeting the necessary DVA requirements, the provider will be found to be in breach of the Agreement. *Refer to the Contract Management PPG for further information on non-compliance.*

2.1 DVA registration requirements

DVA requires the following requirements to be met for consultants to provide rehabilitation services to DVA clients.

Table 2. Specific Consultant registration requirements

Compliance requirement	Description
INDUSTRY REQUIREMENTS – REGISTRATION WILL NOT BE CONSIDERED IF INDUSTRY REQUIREMENTS ARE NOT MET	
Meet Comcare's requirements for providing rehabilitation services	Consultants must meet Comcare's requirements for providing rehabilitation services which are detailed in the Operational Standards for Workplace Rehabilitation Providers 2020 . Providers are responsible for ensuring their consultants are meeting Comcare's requirements.
Membership of the relevant professional association	Consultants must be a member of the professional association, body or registering board relevant to their qualification and field of practice.

Compliance requirement	Description
	The consultant can be provisionally registered with the professional association or body and participating in the clinical supervision required by their professional association. Where the consultant is provisionally registered with their professional association they will also be considered provisionally registered by DVA.
DVA TRAINING REQUIREMENTS—REGISTRATION WILL NOT BE CONSIDERED UNLESS TRAINING REQUIREMENTS MET	
Completion of DVA e-learning courses demonstrating a knowledge of military culture and DVA services	Without exception, all consultants working with DVA clients must have successfully completed the most recent versions of the following DVA e-learning and assessment courses. At initial registration: • Introduction to DVA's Rehabilitation Program (2021) • DVA Rehabilitation Program (2021) • Understanding the Military Experience • Non-liability Health Care (2017) • DVA Rehabilitation Program Knowledge check. Annually, based on the time at which the annual training (or initial training) was last completed: • DVA Rehabilitation Program Annual Refresher training • DVA Rehabilitation Program Knowledge check. *Refer to the Training Transition Guide and Consultant Registration and Training Requirements FAQs for further information about the roll out of the annual training requirements.* As other relevant courses become available, DVA will inform providers of details and the courses will need to be completed by registered consultants within the timeframe advised by DVA at the time of rollout. These e-learning courses are available on DVAtrain on the DVA website
EXPERIENCE AND SKILLS RELATED REQUIREMENTS—CONSULTANT ELIGIBLE FOR 'PROVISIONAL REGISTRATION' STATUS IF NOT MET	
Minimum of two years' hands on experience delivering vocational and psychosocial rehabilitation	Consultants require a minimum of two years' hands on experience delivering vocational and psychosocial rehabilitation to be considered for 'full registration' status with DVA. In the context of this requirement, psychosocial rehabilitation is inclusive of any relevant medical management interventions delivered to better equip clients to self-manage medical conditions, and meet related psychosocial needs. This requirement ensures consultants are equipped to deliver rehabilitation consistent with DVA's whole-of-person rehabilitation approach, which encompasses psychosocial (including medical management) and vocational rehabilitation.

Compliance requirement	Description
	Where a consultant does not have this, they will require support through an employer-based mentoring program until they gain two years' experience. Refer to the mentoring section for information about mentoring.
Experience in working with DVA clients or other workers from a similar environment such as police or emergency services personnel	To be considered for 'full registration' status with DVA, consultants must demonstrate experience working with military populations or other similar cohorts (see Table 1 of this document for more information on registration types). Similar backgrounds include police or emergency services. Consultants who do not have this background can only be considered for 'provisional registration' and will require support through an employer-based mentoring program to gain this experience. They must work with a mentor until they have gained a minimum of 6 months' experience in this area. Refer to the mentoring section for information about mentoring.
Experience in assisting clients with complex medical conditions	To be considered for 'full registration' with DVA, consultants must demonstrate experience working with clients with complex medical conditions. Examples of complex medical conditions may include (but are not limited to) Post-Traumatic Stress Disorder and other major mental health conditions, brain injury, chronic pain, or clients with drug or alcohol dependence. Consultants who do not have this background can only be considered for 'provisional registration' and will require support through an employer-based mentoring program to gain this experience. They must work with a mentor until they have gained a minimum of 6 months' experience in this area. Refer to the mentoring section for information about mentoring.
Experience in translating specific skills and qualifications to other industries and assisting clients to move to a new job with a new employer, to change careers and/or move into a new industry	***Only applies to those consultants whose professional scope of practice includes performing vocational assessments.*** This requirement relates to a consultant's capability in interpreting the client's existing skills and qualifications acquired during their service in a new setting outside the defence forces. This generally occurs within the context of a vocational assessment, undertaken by those disciplines whose scope of practice includes this type of assessment. The requirement entails the consultant having knowledge of a range of defence occupations and associated skills sets, assessing the relevance of these skills sets applied in non-military environments, and working with the client to match their existing skills to appropriate roles in alternative industries. This should be done while managing the client's expectations about suitable employment. Consultants whose professional scope of practice includes completing vocational assessments and who do not have this experience can only be considered for 'provisional registration' status and will require support through an employer-based mentoring program to gain this experience. They must work with a mentor until they have gained a minimum of 6 months' experience in this area. Refer to the mentoring section for information about mentoring.

2.1.1 DVA recommended training and experience in mental health first aid

Whilst not a mandatory requirement to obtain or maintain registration, DVA recommends all consultants who work with DVA clients undertake training in mental health first aid and have experience in the implementation of their

mental health first aid skills. This ensures that consultants have the knowledge and skills to enable the provision of effective support to at-risk clients.

- There is no specific mental health first aid training course that is required or specifically recommended.
  - Providers must self-assess that the training their consultants have, or will, undertake in mental health first aid adequately equips their consultants to confidently and effectively perform the role of supporting clients during welfare events as per the expectations detailed in the Client and Consultant Welfare PPG.
- Providers are not required by DVA to retain specific records or evidence showing that consultants have undertaken training on mental health first aid.

2.2 Completion of DVA e-learning and assessment courses

2.2.1 Accessing DVA e-learning and assessment courses

DVA's Rehabilitation Program e-learning and assessment courses are accessed via [DVA Train | Login (pulselms.com)].

- To register for DVATrain for the first time access the [DVA Train Registration (pulselms.com)] page and use the code **extrehab**. This will ensure that the consultant is allocated the necessary courses to meet and maintain DVA Rehabilitation Program registration.
- Ensure that the consultant only registers once for DVATrain. This ensures the consultant only has one user profile and ensures that their training record reflects their initial and annual training accurately.
  - Consultants must select an email address on registration that they envisage will be retained/use long term.

2.2.2 Successful completion of the e-learning and assessment courses

DVA learning courses have assessment questions embedded in them to ascertain that the information in the course is being correctly understood. Additionally there is a distinct assessment course (the knowledge check) that provides assurance that consultants have a strong knowledge of the information in the PPGs. The assessment of understanding occurs at both the initial registration and annual registration maintenance stage.

All the e-learning and assessment courses carry a 'pass mark' of 80%. If a consultant does not achieve this pass mark they are not considered to have successfully passed the course.

Providers must ensure that adequate time is provided to consultants to revise the required content, and undertake the course, to maximise the consultants opportunity to succeed.

There are some similarities and differences in the courses at initial registration and annual refresher stages. These are outlined in the below table and further details given below the table.

Initial registration	Annual refresher

• No pre-programmed maximum number of attempts for any initial registration courses.
  ○ DVA expects that if a consultant is unable to pass the assessments within 5 attempts the provider considers the consultants suitability for taking on DVA clients.
	• Both annual refresher courses have a pre-programmed maximum number of attempts.
	  ○ Consultants will have 5 attempts to pass each course after which the course will lock.
	See below for further information about the process where a consultant does not pass after 5 attempts.

• The knowledge check course has timed based lockouts where a consultant does not achieve the	• The knowledge check course has time based lockouts where a consultant does not achieve the

required 80% pass mark. This is the only course at initial registration with these lockouts. o These periods give the consultant the opportunity to undertake further revision of the PPG content that they need to understand to service DVA clients in a way that meets DVA's expectations. o After the first failed attempt the lockout will be for 24 hours. For all other subsequent failed attempts the lockout will be for 5 days.	required 80% pass mark. This is the only course at annual refresher stage with these lockouts. o These periods give the consultant the opportunity to undertake further revision of the PPG content that they need to understand to service DVA clients in a way that meets DVA's expectations. o After the first failed attempt the lockout will be for 24 hours. For all other subsequent failed attempts the lockout will be for 5 days.

Please note: There are two versions of the knowledge check course in DVAtrain. One to be completed at initial registration and one to be completed annually. Consultants must ensure they are completing the correct version of the knowledge check course. *Refer to the DVA Train modules FAQ for further information about the lock outs that apply*.

2.2.2.1 Process where maximum number of attempts is reached for annual refresher courses

For both the annual knowledge check and annual refresher course there is a maximum number of attempts that will be allowed to successfully complete the course. Where a consultant does not pass the course after the fifth attempt:

- The course will be locked to further attempts.
  - DVA will monitor accounts that have been locked.
- The provider must advise DVA that the consultant has been locked out of the course. This will prompt DVA to unlock the course to allow the consultant further attempts.
- This notification will also prompt DVA to advise the provider that a one month hold on referrals must be implemented by the provider for that consultant.
- The course will then be unlocked and a further 5 attempts (10 attempts in total) given to successfully pass the course. If the consultant is still unable to successfully pass they will be deregistered and their existing DVA clients must be transitioned to other consultants.

Consultants must self-manage the number of attempts that they have undertaken.

DVA expects that the relationship manager will work closely with consultants who are having difficulty passing the course/s to ensure that they understand the required content and are able to pass the courses.

2.2.2.2 Provider and consultant integrity when undertaking DVA e-learning courses

Providers must demonstrate a high level of integrity in relation to:

- the honest completion of these assessments, including ensuring no attempts are made to circumvent the lockout process. The same user profile (email address) must be used for accessing and completing the courses.
- The application of the pause on new referrals for the consultant who has not achieved a pass on the assessments within **5 attempts.**

2.2.3 Training requirements when moving between contracted providers, or joining a second contracted provider

Where a consultant either moves from a DVA contracted provider to another, or joins a second DVA contract provider, it is the new providers responsibility to ensure that the consultant has completed all their required training, including being up to date on their required annual training.

- Where the consultant has not provided rehabilitation services to DVA clients within
  - the previous 2 years they must successfully re-complete the initial training requirements before being allocated DVA clients.
  - the previous year they must successfully complete the annual training requirements before being allocated DVA clients.
- If the consultant has been delivering rehabilitation services to DVA clients within the previous year and is up to date on their annual training courses then there is no further training that DVA requires to be completed upon joining the new provider.

2.3 DVA Consultant Registration Categories

Table 3: DVA Consultant registration categories

Registration type	Description
Full registration	Consultants are considered fully registered with DVA where they have met ALL three requirement categories - the industry related requirements, DVA training requirements and experience related requirements.
Provisional registration	Consultants are considered provisionally registered to deliver services to DVA clients where they have: • Met both the industry and DVA training related requirements BUT • have not yet met ALL the experience related requirements OR • Have met both the DVA training and experience related requirements but have not fully met the industry related requirements as they are provisionally registered with their professional association or body. Where a consultant is considered to be provisionally registered they are required to work under an employer-based mentoring program until they have gained the relevant experience and/or professional registration. Mentors must review and co-sign all rehabilitation assessments, plans, and reports.

2.4 Health professional qualifications

Consultants must have one of the following qualifications and be registered with one of the following associations or Australian Health Practitioner Regulation Agency registration boards (however described) to deliver the DVA rehabilitation program:

Table 4: Rehabilitation consultant professions and registering bodies

Profession	Registering body
Medical Practitioner	Medical Board of Australia
Nurse	Nursing and Midwifery Board of Australia
Occupational Therapist	Occupational Therapy Board of Australia
Physiotherapist	Physiotherapy Board of Australia
Psychologist	Psychology Board of Australia
Exercise Physiologist	Exercise and Sports Science Australia
Rehabilitation Counsellor	Australian Society of Rehabilitation Counsellors, or Rehabilitation Counselling Association of Australia
Social Worker	Australian Association of Social Workers
Speech Pathologist	Speech Pathology Australia
Osteopath	Osteopathy Board of Australia

DVA applies the Comcare approach to provider and consultant standards, as detailed in the Operational Standards for Workplace Rehabilitation Providers 2020, which is based on the Heads of Workers' Compensation Authorities' Nationally Consistent Approval Framework for Workplace Rehabilitation Providers.

Providers are responsible for verifying their consultants have the required qualifications, meet Comcare's requirements for the delivery of rehabilitation services, and are members of their relevant professional association/registering body.

The 'affiliate' category of membership described by the Australian Society of Rehabilitation Counsellors does not meet Comcare's minimum qualification requirement to work as a consultant. Consultants holding qualifications described at this level of membership are not eligible for approval as a DVA consultant.

2.4.1 Provisionally registered health professionals

Where a health professional is provisionally registered with their professional association, the following applies:

- In order to practice, provisionally registered health professionals must be receiving clinical supervision by an accredited clinical supervisor of the same profession. This clinical supervisor may be external to the DVA contracted provider. This process is separate to the mentoring process required for DVA's registration.
- A provisionally registered health professional is eligible for 'provisional registration' with DVA.
  - Provisionally registered health professionals will also require mentoring in DVA's whole-of-person approach to rehabilitation by a fully DVA registered consultant within their organisation until they attain 'full registration' with DVA. This is required for them to be eligible to work with DVA clients.

- The mentor for DVA registration may be of another discipline.

- The mentor and clinical supervisor may be the same person where the mentor/clinical supervisor and mentee are both registered with the same DVA contracted provider and the mentor/clinical supervisor has ‘full registration’ status with DVA.
- Providers are responsible for ensuring their registered consultants have clinical supervisors in place, in line with professional requirements (may be internal or external).

3. Mentoring requirements

Providers that have provisionally registered consultants working with DVA clients are required to have a documented mentoring program in place that ensures the provisionally registered consultant has appropriate support and supervision while they gain the necessary experience to meet DVA’s requirements and assist DVA clients.

Providers that do not have any staff requiring mentoring do not need to have a mentoring plan. However, if the staffing situation changes and a provisionally registered consultant joins the organisation, providers must ensure a documented mentoring program is in place prior to the consultant commencing any work with DVA clients. Mentoring programs are subject to annual audit by DVA.

Where a consultant does not have the relevant experience outlined in the experience related requirements section of Table 2, and/or does not have full registration with their professional association or body, professional supervision through an employer-based mentoring program must be undertaken for the length of time it requires the individual to gain the relevant experience and skills and/or full professional registration.

Mentors must review and co-sign any deliverables for DVA, including assessments, plans, and reports.

The mentor is not required to be of the same discipline as the consultant requiring mentoring, however is required to have ‘full registration’ status with DVA.

During this period of mentoring, the consultant will hold ‘provisional registration’ with DVA.

3.1 On completion of mentoring

Once a consultant has acquired the relevant experience and skills to satisfy the experience related requirements, and/or achieved full registration with their professional association providers must update the DVA Rehabilitation Consultant Registration Spreadsheet with the relevant information.

Following attainment of these requirements the consultant will hold ‘full registration’ status with DVA where they continue to meet all other registration requirements.

Providers are required to verify that both the newly acquired and already achieved registration requirements are met, including:

- obtaining formal confirmation from the consultant’s mentor that the consultant now has sufficient experience to meet DVA’s full registration requirements.
- ensuring the consultant’s training is up-to-date.

This information should be retained by the provider and is subject to audit from DVA.

4. Consideration of consultant welfare, skill set, workload and availability

Providers are responsible for the safety and welfare of their consultants. The client's situation must be considered when determining how to best provide services safely, for both the consultant and client, to the client.

Providers must also ensure that the consultant has sufficient capacity to service the client based on their needs. Given the complexity of DVA clients' issues, providers must ensure that registered consultants:

- are given an appropriate case load that allows them to be responsive to client needs and
- maintain regular and sufficient work hours so that they can be reasonably contactable during business hours. Consultants who are employed casually (i.e. are not routinely or predictably contactable) are not suitable for DVA clients and should not be put forward for registration.

When allocating DVA cases to consultants, providers must consider their consultants' experience, skill level and their proximity to the client in light of the client's condition, needs, and potential case complexity in order to achieve cost-effective, timely and proactive outcomes.

5. Consultant registration process

Consultants must meet DVA's registration requirements before they can deliver rehabilitation services to DVA clients. It is the providers' responsibility to ensure that the consultant satisfies DVA's registration requirements.

Providers must record consultants who have satisfied DVA's registration requirements on the Rehabilitation Consultant Registration Spreadsheet, and retain the necessary supporting documentation that verifies that the consultant meets the requirements.

Providers are responsible for undertaking due diligence to verify the accuracy and currency of information relating to the consultants registration. All sections of the spreadsheet must be up-to-date and complete at all times. This spreadsheet may be requested as part of a DVA audit.

The provider can continue to collect the D9255 Consultant Registration form from consultants as a means of gathering the information for populating the spreadsheet. These forms are not required to be sent to DVA.

5.1 Maintaining the Rehabilitation Consultant Registration Spreadsheet

Providers are required to verify the information before it is entered into the spreadsheet. The most up to date template can be found on GovTEAMS. DVA may request, as evidence for an audit, the spreadsheet and supporting documentation, including:

- evidence of the consultant's experience, substantiated via their CV
- information to substantiate that the required compulsory DVA training courses have been completed, such as dates courses successfully completed, and
- evidence supporting any pre-employment due diligence checks undertaken to verify qualification and experience.

Consultant registration and mentoring status, and all supporting evidence of both, is subject to spot audits by DVA and, if it is found that consultants are working with DVA clients without being properly accredited, trained, and/or registered, the provider will be found to have breached the Agreement. For managing underperformance. *Refer to Contract Management PPG regarding managing underperformance.*

6. Consultant membership on DVA Rehab Provider GovTEAMS SharePoint

The DVA Rehab GovTEAMS SharePoint Community features all the latest updates and news about DVA's Rehabilitation Program. It also includes upcoming events, provider training and other key documents, such as Provider Procedural Guidelines, links to forms, and factsheets. It is the DVA Rehabilitation Providers' 'single source of truth' resource for information on the DVA Rehabilitation Program.

Consultants must meet the registration requirements in order to obtain access to the Sharepoint site.

6.1 Membership

The DVA Rehab GovTEAMS SharePoint Community is a private site, which means that consultants need to be invited to join. Providers can request access to GovTEAMS for DVA registered consultants, noting:

- the provider must make the request—not the consultant, and
- only registered consultants will be given access—administrative or support staff will not be given access, with the exception of Providers' DVA Relationship Managers and Managing Directors (or similar).

Providers are responsible for notifying DVA when a consultant needs to be added to the group.

For a consultant to obtain access to the site the provider's relationship manager must:

- email REHAB.SEM@dva.gov.au requesting the consultant be invited to join GovTEAMS. The email 'subject' heading must be labelled **Sharepoint:** ... (if titled incorrectly, the email will not be automatically sent to the appropriate inbox for action)
- provide the new consultant's first and last name and work email address.
- confirm access is for a DVA registered consultant (no supporting documentation is required).

For example, email must include the following information:

First name	Last name	Email address	Registered consultant?
John	Smith	john.smith@dva.gov.au	Yes

Within 48 hours of the provider requesting access, the registered consultant will receive an email that includes a 'How to Set up GovTEAMS Account' guide, Terms of Use that outlines DVA's expectations of users, and an automated email notification from GovTEAMS SharePoint with a link to register. It should take consultants approximately 5 minutes to set up GovTEAMS access.

6.1.1 Ability to see other members' information

Given the collaborative nature of the GovTEAMS SharePoint Community, the information that the member uses to register will be visible on the site. The exception to this is the email address, which can only be seen by the site owners (DVA).

Providers or consultants not wishing to share or make visible certain information can:

- write 'Anonymous' in the first name, last name, employer, and occupation fields.

- fill in the employer field with 'Rehab provider' and occupation field with 'Rehab consultant' where they do not want to state their employer.

Email addresses must be recorded as this field is required for access and GovTEAMS notifications, however as stated above they cannot be seen by other site members.

6.2 Removal from the GovTEAMs Community

Where a consultant is no longer working with a contracted provider or is no longer servicing DVA clients the consultant must be removed from the GovTEAMS community. Providers are responsible for notifying DVA within 5 business days when a consultant needs to be removed from the GovTEAMS Community. This will include those consultants who no longer meet DVA's registration requirements.

Providers must send an email to REHAB.SEM@dva.gov.au to request the removal of the consultant. This email must include the consultant's name, email address and departure date.

7. Procedure for updating consultant details

7.1 Cessation of employment of existing consultants

If a consultant ceases employment with a DVA contracted provider, the provider must:

- ensure any DVA clients that the consultant is working with are transitioned to a new consultant in line with the change in consultant process and advise the relevant delegates of this change in consultant. *Refer to the Work Allocation PPG for further information*.
- update the Rehabilitation Consultant Registration Spreadsheet.
- Advise the Stakeholder Engagement Manager (SEM) at Rehab.SEM@dva.gov.au of the consultant's departure so they can be removed from Sharepoint. The email 'subject' heading must be labelled **Sharepoint:** ... (if titled incorrectly, the email will not be automatically sent to the appropriate inbox for action).
- If the consultant's departure impacts on the provider's capacity the provider must email the SEM at Rehab.SEM@dva.gov.au with the email subject labelled with **Program:**.... This capacity impact could relate to accepting to new referrals, servicing a particular region/area, and/or providing a particular service to clients.

8. Revocation or suspension of registration

DVA's priority is ensuring clients receive high quality rehabilitation services that are delivered by skilled and competent rehabilitation professionals. In order to ensure this, DVA reserves the right to suspend or revoke a consultant's registration, or change a consultant's registration status from 'full registration' to 'provisional registration' under the following circumstances:

- the consultant loses their professional registration or no longer meets Comcare requirements
- the consultant does not successfully complete mandatory training and assessment courses
- DVA receives multiple complaints about the quality of the consultant's service delivery, their professionalism, or their responsiveness during business hours and/or

- there is strong evidence that the consultant does not possess the experience required under DVA's experience related registration requirement. This includes where a consultant cannot support their qualifications and/or experience through supporting evidence/information where this is requested by DVA.

DVA will work closely with the provider where there are issues regarding a consultant's performance. This may include undertaking an investigation where complaints or issues are raised by a client or a delegate, and/or undertaking an audit of the consultant's experience and qualifications.

DVA will liaise with the provider on an appropriate plan of action, and associated timeframe, to correct any issues identified. Where appropriate action or improvement is not achieved within the timeframe DVA may suspend or revoke registration.

Appendix A: Impacts of DVA requirements on consultant registration status

Table 5: Impacts of DVA requirements on consultant registration status

DVA requirement	Implications if requirement is not met	Impact on registration status
Completion of DVA e-learning courses demonstrating a knowledge of DVA clients and the DVA Rehabilitation Program	Consultants are ineligible for registration if this requirement is not satisfied.	Ineligible for registration
Meeting Comcare requirements	Consultants are ineligible for registration if this requirement is not satisfied.	Ineligible for registration
Membership of relevant professional association/body	Consultants are ineligible for registration if this requirement is not satisfied. If the consultant is provisionally registered with their relevant professional association then they are eligible for provisional registration with DVA. They must undertake both clinical supervision to satisfy their processional association requirements AND mentoring to satisfy DVA's provisional registration requirements.	In eligible for registration Provisional registration
Minimum of two years' hands on experience in occupational rehabilitation, working with a broad cross-section of clients in the areas of vocational and psychosocial needs	Where a consultant cannot demonstrate two years' experience in hands on occupational rehabilitation, they will require professional supervision through an employer-based mentoring program until they have gained the experience. Mentors must have 'full registration' status with DVA, and are required to co-sign rehabilitation assessments, reports, and plans. The mentoring arrangements must remain in place until the consultant has acquired two years of industry experience in psychosocial rehabilitation (including relevant medical management activities) and vocational rehabilitation. Providers must update the Rehabilitation Consultant Registration Spreadsheet to reflect the 'full registration' status.	Provisional registration—mentoring required until two years' experience is gained
Experience in working with DVA clients or other workers from a similar environment such as police or emergency services personnel	Where a consultant cannot demonstrate a minimum of 6 months' experience working with DVA clients or other workers from a similar environment, they will require professional supervision through an employer-based mentoring program. Mentors must have 'full registration' status with DVA, and are required to co-sign rehabilitation assessments, reports, and plans.	Provisional registration—mentoring required until a minimum of 6 months experience is gained

DVA requirement	Implications if requirement is not met	Impact on registration status
	The mentoring arrangements must remain in place until the consultant has acquired at least 6 months of experience working with DVA clients. Providers must update the Rehabilitation Consultant Registration spreadsheet to reflect the 'full registration' status.	
Experience in assisting clients with complex medical conditions	Where a consultant cannot demonstrate at least 6 months' experience assisting clients with complex medical conditions, they will require professional supervision through an employer-based mentoring program. Mentors must have 'full registration' status with DVA, and are required to co-sign rehabilitation assessments, reports, and plans. The mentoring arrangements must remain in place until the consultant has acquired a minimum of 6 months of experience assisting clients with complex medical conditions. Providers must update the Rehabilitation Consultant Registration spreadsheet to reflect the 'full registration' status.	Provisional registration—mentoring required until a minimum of 6 months experience is gained
Experience in translating specific skills and qualifications to other industries and assisting clients to move to a new job with a new employer, to change careers and/or move into a new industry	***This criterion is only applicable for consultants whose professional scope of practice includes completing vocational assessments.*** Professions whose scope of practice does not include undertaking vocational assessments (such as Occupational Therapists, Physiotherapists, and Exercise Physiologists) can still gain 'full registration' status where they do not meet this criterion, however they must not undertake vocational assessments. A consultant whose professional scope of practice includes undertaking vocational assessments will require professional supervision through an employer-based mentoring program if they cannot demonstrate a minimum of 6 months' experience: • in translating specific skills and qualifications to other industries and • assisting clients to move to a new job with a new employer, to change careers, and/or move into a new industry. Mentors must have 'full registration' status with DVA, and are required to co-sign rehabilitation assessments, reports, and plans. The mentoring arrangements must remain in place until the consultant has acquired a minimum of 6 months of experience in translating specific skills and qualifications to	Provisional registration—mentoring required until a minimum of 6 months experience is gained

DVA requirement	Implications if requirement is not met	Impact on registration status
	other industries, and assisting clients to move to a new job with a new employer, to change careers, and/or move into a new industry. Providers must update the Rehabilitation Consultant Registration Spreadsheet to reflect the 'full registration' status. A consultant whose professional scope of practice does not include completing vocational assessment should not be allocated to a client on a return to work Rehabilitation Plan, unless the provider can demonstrate how this deficiency will be met (i.e. use of a suitably qualified consultant to complete vocational assessment services).	

Appendix B: PPG Amendments

Version number	Date Released	Changes to this version
3.10	June 2023	• Added Osteopath as a profession that is able to deliver rehabilitation services. • Updated terminology 'credentialing body' to 'registering body'. • Updated registering bodies for various professions to the applicable National Board rather than AHPRA.

3.9	June 2022	• Added clarification on recommended training in mental health first aid. Specified:
		  o no particular course is required, provider must assess suitability of the training to provide the consultants with the skills required to support at risk clients
		  o evidence of completion of the training is not required by DVA.

3.8	May 2022	• Updated language regarding Comcare registration as registration is now self managed rather than Comcare assessing and issuing a registration. This includes removing reference to the Comcare ID number.
		• Clarified the DVA registration requirements into three requirement categories – industry, DVA training, experience.
		• Updated information regarding training requirements required for consultant registration.
		  o Added details on the lockout and maximum attempt features of the applicable courses.
		  o Added process to follow where a consultant does not pass the annual refresher courses within 5 attempts.
		• Removed reference to non-mandatory requirements and replaced with 'experience related' registration requirements.
		• Clarified impact of provisional professional registration on DVA registration.
		• Updated the Registration categories table to reflect the three requirement categories and their impact on full and provisional registration.
		• Added information on accessing the e-learning courses under the correct 'learning plan'.
		• Amended requirements regarding DVA training requirements when a consultant moves from one provider to another. The training requirements on transfer will be impacted by whether consultant was servicing DVA clients prior to the transfer.
		• Amended frequency of DVA's auditing of a provider's mentoring program from annually to periodically.
		• Added reference to the DVAtrain modules FAQ.
		• Removed reference to the transition in dates of the two annual e-learning courses and added reference to the Training Transition Guide and Consultant Registration and Training Requirements FAQs for further information about the roll out of the annual training requirements.

3.7	June 2021	• Content moved to new look format. • Order of information changed. • Location information reporting added to the overview of requirements table and removed from registration requirement table. • Initial registration e-learning course names updated to reflect refreshed courses introduced in 2021. • Requirement for annual refresher training to maintain registration added for the first time. • Reference to knowledge check assessment course added for the first time.

Version number	Date Released	Changes to this version
		• Training requirements when moving between contracted providers added. • Reference to Operational Standards for Workplace Rehabilitation Providers updated from 2015 version to 2020 version. • Added reference to annual audit of provider mentoring programs. • Added clarification regarding the process to follow upon completion of consultant mentoring. • Section added on the consideration of consultant welfare and workload added. • With regards to revocation or suspension of registration, reference to 20 business days to demonstrate improvement removed. • Removed reference to discussion board and quick reference guides when discussing SharePoint resources.
3.6 + 3.5 + 3.4		No changes published
3.3	Sept 2020	• Added information about new Govteams community and Sharepoint site including information on: o membership and gaining access to the site o ability to see other member's site registration details o the process for removing consultants from the site. • Updated Consultant Registration spreadsheet supporting document requirements to specifically reference the completion certificates for the DVA e-learning courses. • Clarified that DVA does not need to be informed where the consultant managing a DVA client changes as part of the consultant registration process. • Clarified that a provider is only required to have a mentoring program in place if they have a provisionally registered consultant in their staff. • Added that the relationship manager (or similar) position could be given access to the GovTeams community.
3.1 + 3.2		No changes published
3.0	April 2020	• Responsibility for Consultant registration changed from being managed by DVA to being managed by the provider. o removed requirement for providers to submit the Consultant registration form to DVA in order for a consultant to be registered and all information associated with the submission of this form. o Specified that audits may be conducted of consultant registration. o Specified that where consultants were found to be delivering services to DVA clients without appropriate registration requirements being met that non-compliance action would occur. o Introduced the Consultant Registration spreadsheet and associated processes to enable the providers to self-manage the registration of their consultants in line with DVA's expectations. • Added clarification that required DVA e-learning should be re-completed every two years. • Added that spot audits of consultant training requirements may be undertaken. • Added clarification that were a consultant ceasing with a provider impacts on their ability to service a particular location or provide particular services this must be advised to DVA. • Removed reference to the 'registered with conditions' registration category being phased out by 31 December 2019.

Version number	Date Released	Changes to this version
		• Updated email address to Rehab.SEM@dva.gov.au. • Appendix A regarding registration requirements reformatted.
2.1	25 July 2019	• Table referencing number corrected for the form requirements table. • information added on the revocation or suspension of registration including o examples of scenarios that may lead to this outcome. o the process that will be followed where an issue is identified.
2.0	19 July 2019	Initial published information

Australian Government

Department of Veterans' Affairs

Procedural Guideline
Rehabilitation Plan Closure

In this Section:

1. Overview 2

2. Rehabilitation Plan closure requirements 2

3. Plan closure 3

3.1. Situations giving rise to plan closure 3

4. Rehabilitation Plan closure process 4

4.1.1. Closure due to non-compliance 5

4.1.2. Closure due to plan variation 5

4.2. Rehabilitation Plan closure form 5

4.2.1. Provider Upload Page 6

s 47E

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline when closing Rehabilitation Plans for DVA clients. Providers are responsible for ensuring DVA requirements are followed by their consultants.

Rehabilitation Plan (plan) closure is the formal process of finalising the client's rehabilitation plan. Plan closure typically occurs under the following circumstances:

- the client has met all of their rehabilitation goals or no longer requires rehabilitation services
- the client chooses to withdraw from rehabilitation
- rehabilitation is no longer considered appropriate for the client, or
- the client is not-compliant with their obligations under the rehabilitation program.

A plan may also be closed for a client who is continuing rehabilitation, where the client requires a new plan to be developed. This is called a plan variation and occurs where there is a change in the focus of the plan (RTW to NRTW or vice versa) or where a new provider is assigned to manage the client.

2. Rehabilitation Plan closure requirements

Table 1: Rehabilitation Plan closure requirements

Topic	Requirement
Rehabilitation Plan Closure	• Plan closure must be completed using the D1335 Rehabilitation Plan Closure form. • Plan closure must be undertaken in consultation with the client and the Rehabilitation Delegate (delegate), except where there are concerns about the client's participation in their rehabilitation program. • If a plan is being closed due to non-compliance, the consultant must not communicate the reasons for closure of a plan with a client. • A score must be given against the Goal Attainment Scale (GAS) for each goal when the plan is closed. ○ Whilst the GAS must be reported in the progress report at the time the goal is closed, it must also be reported in the closure report. • Where the client has obtained employment, information about the type of employment, industry, hours secured and rate per hour must be specifically recorded in the closure report. • The client and consultant must sign the D1335 Rehabilitation Plan Closure form.

Topic	Requirement
	○ An exception applies where the reason for closure is not-compliance, and/or where there is information in the closure that the consultant deems would cause distress to the client. In these instances the client would not sign the form. • Plan closure documents must be uploaded using the Provider Upload Page. • Where a plan is being closed due to a plan variation the consultant must close the existing rehabilitation plan using the D1335 Rehabilitation Plan Closure form and prepare a new **D1347 Rehabilitation Plan** form reflecting the new focus of the plan.

3. Plan closure

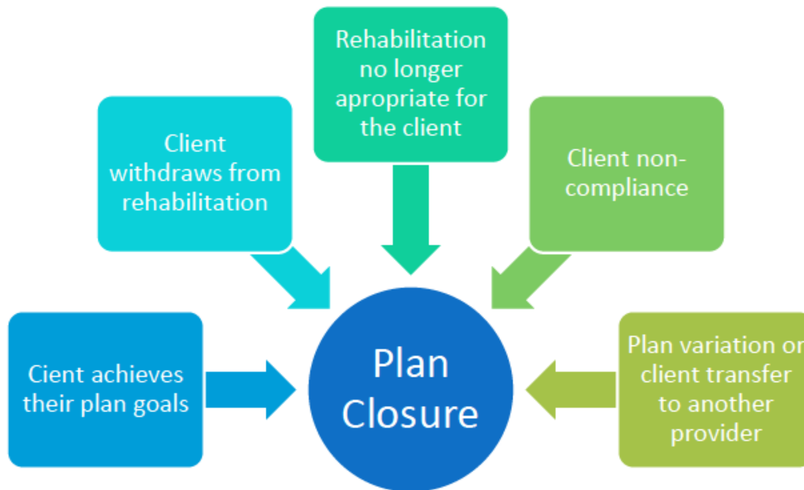
3.1. Situations giving rise to plan closure

A plan may be closed when:

- the client has achieved all of their rehabilitation goals
- a client on a return to work plan has returned to work or returned to optimum hours/duties
- the client no longer requires further support and services through their plan (note that client may still be accessing other DVA support or supplementary services)
- the client chooses to withdraw from rehabilitation
- due to client non-compliance, such as the client ceasing contact with their consultant and/or the delegate, or the client failing to participate in their plan. The consultant should work closely with the delegate on non-compliance issues, including to determine the appropriate length of time to wait before closing a plan due to the client ceasing contact or not participating in a meaningful way. The consultant shouldn't close the plan without the delegate giving their approval
- the consultant advises the delegate that they consider that no further gains are likely, and the delegate agrees that the plan should be closed
- the provider can no longer continue to provide case management services for the client and they need to be transitioned to another provider. This may happen where:
    - the client moves location and requires in-person support, and the provider does not have an appropriately qualified and DVA registered consultant in the client's new location,
    - a consultant leaves the provider, and the provider does not have the capacity or capability in the clients location to continue servicing the client
    - the provider loses their Comcare registration, or terminates their contract with DVA, and can no longer continue servicing DVA clients

- the client requires a Plan Variation (i.e. to move from a return to work to a return to work plan, or vice versa)
- rehabilitation is no longer considered appropriate. This may be due to the client's health circumstances or other circumstances preventing participation.

Figure 1: Overview of reasons for Rehabilitation Plan closure



4. Rehabilitation Plan closure process

The consultant or provider must always consult the delegate prior to closing a client's plan.

The closure of a plan generally requires close consultation between the consultant, the client and the delegate. This is done in order to ensure that the client is comfortable with the plan being closed. The only exception to client involvement in the closure process is where there are concerns about the client's participation in their plan.

If a plan is being closed due to non-compliance, the consultant must not communicate the reasons for closure of a plan with a client. Refer to Section 4.1.1 for further instructions on closing a plan due to non-compliance.

To close a plan, providers must complete the D1335 Rehabilitation Plan Closure form.

A score against the Goal Attainment Scale (GAS) for each goal must be given when the plan is closed. Noting, that the consultant must also report the GAS score at the time the goal closed in the progress report.

- For example, if the client completed their medical management goal after 2 months, the GAS score for this goal should be reported at the first 3 monthly progress report. This same GAS result must also be included in the closure report.

Where the client has obtained employment, information about the type of employment, industry, hours secured and rate per hour must be specifically recorded in the closure report.

The consultant must advise the client to liaise directly with their incapacity delegate to tell them about their plan closure, including their employment and income status and their capacity at plan closure. This enables the incapacity delegate to directly communicate with the client about any

implications regarding the circumstances of the plan closure and any actions the client needs to take in relation to their incapacity payment benefit.

The Total Plan Cost information should be provided on the relevant page of the D1335 Rehabilitation Plan Closure form and submitted to the department. A detailed breakdown of the plan costs are not required, only the detail requested on the form is required. Costing information is not to be provided to, or sighted by, the client.

4.1.1. Closure due to non-compliance

Where a client is considered to be non-compliant, the delegate will discuss this with the consultant and make a decision on whether it is appropriate for the plan to be closed.

If the plan is being closed due to non-compliance, the delegate (rather than the consultant) will discuss this with the client, and inform them that the plan will be closed, and the consequences of this occurring. At no time should a consultant communicate closure of a plan due to non-compliance with a client.

The consultant is still required to submit a closure report to the delegate detailing the circumstances leading to plan closure.

4.1.2. Closure due to plan variation

Where a plan is being closed due to a plan variation the consultant must close the existing rehabilitation plan using the D1335 Rehabilitation Plan Closure form and prepare a new D1347 Rehabilitation Plan form reflecting the new focus of the plan.

The plan closure should include a GAS score for goals that are closing at the time of plan variation. Where a goal is continuing on the new plan then a score of 'N/A' can be given for that goal on the plan closure form.

Where the requirement to do a plan variation is due to a change in the client's circumstances, an initial rehabilitation assessment may be required to ensure that the relevant parties have an adequate understanding of the client's current circumstances.

Consultants should discuss and agree with the delegate whether a full Initial Rehabilitation Assessment or partial initial assessment is required. Where a partial initial assessment is required, consultants should agree with the delegate about what elements of the assessment should be completed. The consultant must record the assessment on the D1334 Rehabilitation Assessment form.

4.2. Rehabilitation Plan closure form

The D1335 Rehabilitation Plan Closure form must be used when closing a rehabilitation plan. The closure report must include the reasons for closing the plan, achievement of goals, and for return-to-work plans the work status of the client at plan closure. In order to ensure meaningful closure reports, consultants are required to fully and honestly complete the form. If the closure report is not completed to a satisfactory standard, the delegate will return the report to the consultant for revision.

The client and the consultant must sign the closure form before submitting it to DVA. An exception applies where the reason for closure is non-compliance and/or there is information in the closure report that the consultant considers would cause the client distress. In these instances the client must not be asked to sign the form.

The plan closure marks the end of the consultant's involvement in the case.

4.2.1. Provider Upload Page

It is mandatory that providers upload the plan closure via the Provider Upload Page (PUP). In the event that the PUP is offline, the consultant should wait several hours and try accessing the portal again. Where upload is still not possible, the consultant should contact the delegate before submitting the documentation via email.

The plan closure report should be issued at the same time as the final invoice for payment from the provider. It is essential that invoices are uploaded to the PUP in a separate document to the closure report to ensure they are identified to be paid.

For further information about using the PUP, please consult the PUP user guide and frequently asked questions available through the PUP home page.

s 47E

Australian Government
Department of Veterans' Affairs

Procedural Guideline
Rehabilitation Plan Development

In this Section:

1. Overview ... 3
2. Rehabilitation Plan requirements ... 3
3. Rehabilitation Plan development process ... 4
   3.1. Whole of person rehabilitation approach ... 4
   3.2. Types of Rehabilitation Plans ... 5
   3.3. Client engagement and communication ... 6
   3.3.1. Expectations Management ... 6
   3.4. Rehabilitation Plan form ... 6
   3.4.1. Rehabilitation Plan duration ... 7
   3.4.2. Plan start date ... 7
   3.4.3. Procedure for signing a Rehabilitation Plan ... 7
   3.4.4. Client refusal to sign their Rehabilitation Plan ... 8
   3.5. Provider Upload Page ... 8
4. Timeframes for completing the plan ... 9
5. Developing meaningful goals and outcome scales ... 9
   5.1. Goal setting ... 9
   5.1.1. Goal 'types' ... 10
   5.1.2. Use of SMART goals ... 10
   5.2. Goal Attainment Scaling ... 12
   5.2.1. Developing the GAS ... 13
   5.2.2. Scoring the outcome of the GAS ... 14

s 47E

s 47E

Attachment A: Examples of Rehabilitation Goals, Goal Attainment Scales and Activities 19

s 47E

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline in developing Rehabilitation Plans for DVA clients. Providers are responsible for ensuring DVA requirements are followed by their consultants.

The development of a Rehabilitation Plan (plan) commences after an Initial Rehabilitation Assessment (assessment) has been completed. It is founded upon the recommendations in the assessment form and will reference this as required. The aim of a plan is to provide:

- an outcome-oriented plan that addresses the identified rehabilitation requirements of the client and their rehabilitation goals
- an itemised list of recommended activities aligned with rehabilitation goals specific to the client's needs, and
- detailed costs of the activities and the proposed timeframes for these to commence and be completed.

2. Rehabilitation Plan requirements

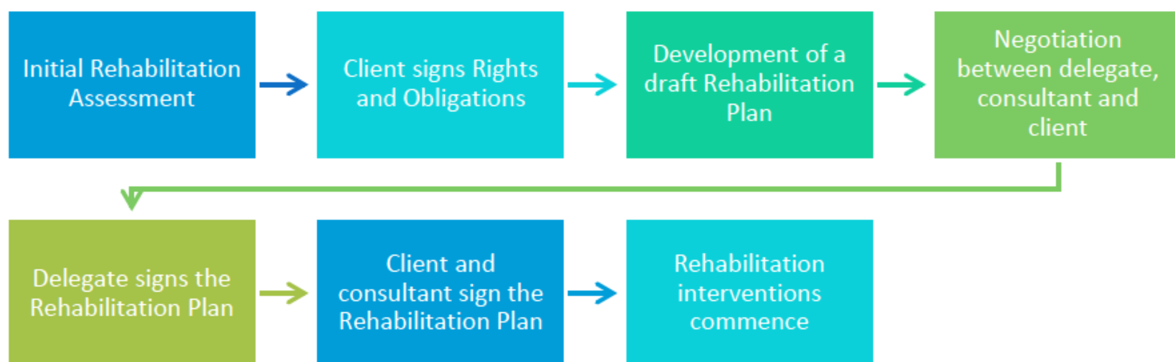
Table 1: Rehabilitation Plan requirements

Topic	Requirement
Rehabilitation Plan	The plan must: • be completed using the D1347 Rehabilitation Plan form • address all sections on the form template, and provide sufficiently detailed information for the Rehabilitation Delegate (the delegate) to make an informed decision • NOT be signed by the client or the provider, until the delegate has reviewed and signed the draft plan • be informed by medical evidence from the client's medical practitioners and other health professionals • link directly to the findings of the initial rehabilitation assessment • specify rehabilitation goals and activities that are Specific, Measurable, Achievable, Realistic within a given Timeframe (SMART) • align itemised activities with specific rehabilitation goals • for each activity, provide realistic timeframes for commencing and completing the activity, itemised costs, and the rationale • detail the outcome for each goal, using the GAS scale method, • be uploaded using the Provider Upload Portal.

Topic	Requirement
Client Welfare	DVA must be advised immediately where the provider and/or consultant becomes aware the client has urgent needs or is at risk.
Timeframes	The plan must be submitted within 15 business days of the referral being accepted. Where the plan cannot be submitted within 15 business days due to client circumstances or factors outside of the consultant's control (such as inability of client to obtain reports from the client's treating general practitioner in rural and remote areas), the consultant can seek an extension from the delegate via email and provide a justification for the delay.

3. Rehabilitation Plan development process

Figure 1: Rehabilitation plan development overview



Plan development commences after the assessment has been completed. The plan is submitted to the delegate in draft, together with the assessment and other supporting documents. The plan must NOT be signed by the client or the provider before the delegate has been provided with a draft copy and given their agreement to the plan by signing the plan. This is to ensure that the client's expectations in regard to their plan and associated activities are managed appropriately.

3.1. Whole of person rehabilitation approach

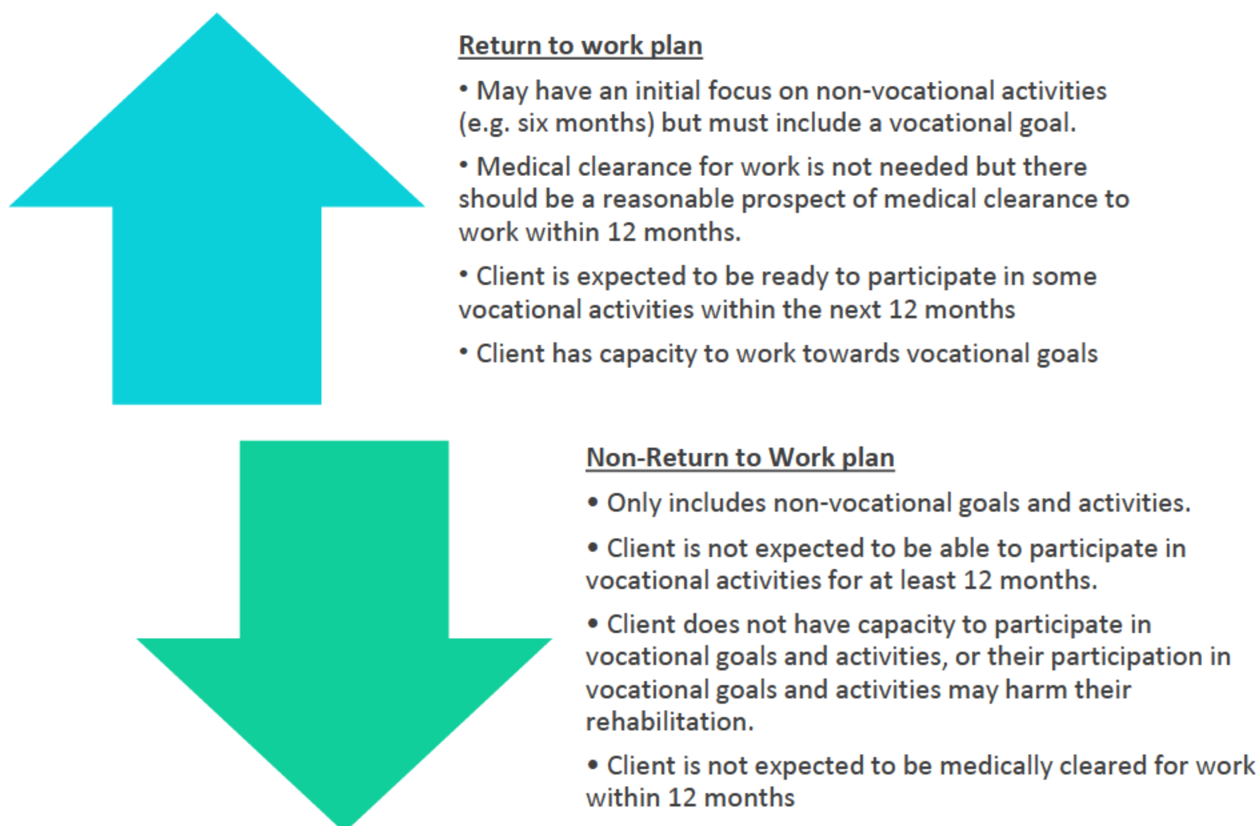
DVA's whole-of-person approach to rehabilitation must always be used to guide decision making. The consultant must ensure that a client's plan is tailored to their current needs and circumstances and appropriate services are identified to maximise rehabilitation via the most direct route. A client may work towards a combination of vocational, medical management and/or psychosocial goals concurrently, or may initially focus on achieving specific types of goals (i.e. medical management and/or psychosocial) before moving onto others. This will be determined by what is most appropriate for each client given their individual circumstances and needs.

3.2. Types of Rehabilitation Plans

Plans fall into two categories: return to work plans, and non-return to work plans. Return to work plans will have a vocational element to them, whereas non-return to work plans focus solely on non-vocational rehabilitation (i.e. psychosocial goals and activities including medical management).

Where it is reasonable to expect that the client will be able to commence vocational rehabilitation activities to work towards a return to work goal within the next 12 months, then a return to work plan should be prepared. Where it is unlikely that the client will be able to commence vocational rehabilitation activities within 12 months then a non-return to work plan should be prepared.

Figure 2: Return to work versus non-return to work Rehabilitation Plans



Where a client has the medically certificated capacity to undertake vocational activities it is the role of the consultant to encourage and foster motivation in clients to engage with and participate in vocational goals and activities.

Under a return to work plan, vocational rehabilitation must not be the first, or the only, priority. The plan must be tailored to the client's current needs, whilst considering the longer term goals of the client. In some cases, this may mean that a client is placed on a return to work plan but there is initially a focus on psychosocial goals (including medical management) until they are able to participate in vocational rehabilitation activities

In cases where a client does not have capacity for vocational activities at the start of the plan, but will within 12 months, a vocational goal might be: 'Review capacity for vocational activities in 6 months.' or 'Maintain regular discussion around capacity for vocational activities and clients vocational options for 6 months.'

Further guidance on vocational and non-vocational rehabilitation is covered in the Vocational Rehabilitation Provider Procedural Guideline and the Non-Vocational (Medical Management and Psychosocial) Rehabilitation Provider Procedural Guidelines.

3.3. Client engagement and communication

A client will be motivated to participate in their plan when they have been actively engaged in planning rehabilitation goals and activities. Therefore, the development of a plan and the goals and activities within it must be a collaborative process that involves the client at every step in the process. This will help ensure that the right activities and services are provided to the client at the right time and enable cost effective service delivery that avoids unnecessary duplication. Where appropriate, the client's general practitioner (GP), treating specialists, allied health professionals, family/significant others and employers/work colleagues should also be involved. This may assist in aligning expectations of all key parties and ensure that medical clearance is obtained.

Good communication is key to managing expectations and ensuring the client has a strong understanding of realistic activities and goals that may be included in their plan. It is essential that the client has made a significant contribution to developing the activities and goals of their plan, to ensure that the client is engaged with their rehabilitation, motivated to achieve their identified goals, understands their role and responsibilities in meeting their goals and comfortable when signing their approved plan.

When developing a plan, the consultant must clearly explain the roles and responsibilities of the client, the delegate and the consultant in the rehabilitation process. This helps to ensure that the integrity of the relationship between all parties is maintained.

3.3.1.Expectations Management

Throughout the assessment and plan development process, consultants are expected to proactively manage client's expectations as to potential interventions and services that may be offered as part of their rehabilitation. It is important that the client is aware that plan goals and activities are subject to negotiation and agreement with the delegate. Consultants should proactively manage client's expectations as to what interventions meet DVA's reasonableness criteria and ensure that interventions meet the requirements of the Vocational Rehabilitation Procedural Guideline and Non-Vocational (Medical Management and Psychosocial) Procedural Guidelines as relevant. This includes ensuring the activities reflect the client's circumstances and are cost effective.

3.4. Rehabilitation Plan form

The D1347 Rehabilitation Plan form must be used to document the client's plan. In line with the template, the plan must include:

- the program of activities with clearly defined SMART goals
- expected short-term and longer-term objectives and clearly written GAS outcome scale
- a start date and an anticipated end date for the plan
- clearly defined timeframes for goals and activities, and
- itemised costs for each recommended activity listed on the plan.

If the plan is not completed to a satisfactory standard, the delegate will return the plan to the consultant for revision.

3.4.1.Rehabilitation Plan duration

As a general rule, to assist with the effective management of plans, a client's first plan with DVA should initially run for a period of six months. After six months, where it is envisaged that more time is needed to achieve the client's goals, a plan amendment must be submitted to propose an extension to the first (initial) plan timeframe. The revised timeframe will depend on the circumstances of the client. Typically, subsequent plans would go for six to twelve months. Regardless of plan duration, there needs to be periodic progress reporting during the duration of a plan at three month intervals or as otherwise agreed with the delegate.

Note: Clients participating in rehabilitation as part of the Veteran Payment program have an initial plan duration of 3 months.

If a client is undertaking study and needs minimal support based on the interactions over the earlier plan, further plans may be developed for a longer period with minimal contact from the consultant. Note that for longer spanning plans, plan management costs are expected to be lower than the costs for management of more intensive plans, to reflect the reduced work effort by consultants.

When submitting draft plans to the delegate that are outside of the standard timeframes (six months initially and then six to twelve months thereafter), the consultants should include the rationale for why they have specified a particular plan duration.

Note: Please ensure that plan end dates do not coincide with holiday shut down periods such as Easter and Christmas New Year, as this may impact on plan closure and amendment administration and consequently client incapacity payments. Please extend plans due to end during these periods to a week or more past these shutdown periods. This is an allowable extension of the 6 month timeframe.

DVA does not impose generic timeframes for goals or activities, as goals need to be tailored to the client's individual circumstances. Consultants should work with the client to ensure that timeframes are appropriate for each goal and activity, and can realistically be achieved by the client. Goal and activity end dates must not exceed the duration of the plan.

3.4.2.Plan start date

The plan start date, and the date the approval for the funding detailed in the plan, is the date the delegates approves and signs the plan. The plan start date does not need to be entered on the plan template. For the start date that is to be used for progress report and plan extension (amendment) timeframes the consultant must refer to and use the date of the delegate's signature.

3.4.3.Procedure for signing a Rehabilitation Plan

Once the plan has been developed in close consultation with the client, a draft plan must be submitted to the delegate for approval PRIOR TO the client or consultant signing the plan. The client must not be given a copy of the draft plan until it has been reviewed and approved by the delegate. This is to ensure that the delegate has the opportunity to review the plan for appropriateness, cost-effectiveness and sustainability, and propose any revisions if necessary. The development of a plan

involves negotiation and close engagement between the consultant, the delegate and the client to come up with a plan that is satisfactory to all parties.

Note: For high risk or complex clients, it may be beneficial to hold a case conference prior to the plan being signed, so that all parties including the client's general practitioner, allied health professionals and family/significant others are aware of the proposed activities and rehabilitation goals and are 'on the same page'.

Once a suitable plan has been negotiated between all parties, the delegate signs the plan first, prior to the plan going back to the client and consultant for signature. The fully signed plan must be returned to the delegate by the consultant within 3 business days of the delegate approving the plan. The signature of each party (delegate, consultant and client) confirms they have contributed to the plan and agreed to the goals and activities included in the plan.

- Consultants must return the scanned, signed plan to the delegate with the costing page separate. This is because the plan is provided electronically to the client and the delegate has no way of removing the costing page from the pdf document.
- The client's signature can be an electronic signature or email confirmation that they agree with the plan contents.
- Where the plan is not returned fully signed within the required timeframe the delegate will still proceed with issuing the formal plan approval letter.
    - A copy of the signed plan, without the costings page, is provided to the client by the delegate with the plan approval letter so that the client has a record of their plan.

3.4.4. Client refusal to sign their Rehabilitation Plan

A client is not considered to be non-compliant with their rehabilitation program merely because they have refused to sign their plan. If this situation arises, it is important that there is a discussion between the consultant and the client to resolve any concerns that the client has about the focus of the plan or any of the activities detailed within the plan. If the situation cannot be resolved, the delegate must be notified via phone or email so they can assist the consultant and client come to a satisfactory solution.

Where a client still refuses to sign the plan, the reason should be documented by the consultant and recorded on the plan and the plan submitted to the delegate. Work should continue between the consultant, delegate and client to achieve agreement and implement the plan.

3.5. Provider Upload Page

It is mandatory that providers upload the plan via the Provider Upload Page (PUP). In the event that the PUP is offline, the consultant should wait several hours and try accessing the portal again. Where upload is still not possible, the consultant should contact the SEM via their DVA relationship manager. Where the SEM confirms there is an issue the documentation can be submitted to rehabilitation@dva.gov.au addressed to the relevant delegate.

For further information about using the PUP, please consult the PUP user guide and frequently asked questions available through the PUP home page.

4. Timeframes for completing the plan

The draft plan must be provided to the delegate within 15 business days. There may be situations where the plan cannot be fully completed in this timeframe, including:

- delays in performing the assessment because:
  - it is not in the client's best interests to commence or complete the assessment, such as where there are concerns over the client's wellbeing
  - the consultant is unable to make contact with the client
  - the consultant is unable to organise a suitable time to meet with the client to complete the assessment, or
- the medical evidence to support the activities on the plan cannot be obtained within 15 business days.

In these situations, the consultant should notify the delegate via email and provide a justification for the delay. This information should also be captured by the provider so that it can be included in the six monthly Quality Report to DVA.

Where medical reports could not be obtained within 15 business days, the consultant should still submit the draft plan together with the Initial Rehabilitation Assessment (IRA) to the delegate within the 15 business day timeframe. Plans submitted without medical evidence will be reviewed by the delegate to determine what, if anything, can be approved without medical evidence and if there are immediate client needs that should not be delayed due to medical evidence. Delegates will liaise with consultants on the plan contents in these scenarios.

Once medical reports have been obtained the consultant should either:

- confirm with the delegate via email or phone if the assessment and draft plan are consistent with the medical reports and no changes are required to the assessment and plan, or
- submit a revised assessment and/or draft plan to the delegate if medical reports warrant changes or additions to the assessment and/or plan.

5. Developing meaningful goals and outcome scales

Consultants must utilise the following information when developing goals and outcome scales for a DVA client. Examples of goals and outcome scales can be found at Appendix 1 of this PPG.

5.1. Goal setting

Goals are what the client wants to achieve, or the desired outcome that they are working towards. The goal must be something that helps the client return to, or as close to, the same physical, psychological, social and vocational status and functioning that they were prior to their injury/illness. They must be developed in close consultation with the client to ensure they reflect both the client's needs and their capability. The consultant needs to ensure all clients' goals are specific and detailed. This ensures the goals will:

- be engaging and motivating for the client and provide a point of focus.

- assist in developing a clear plan of action (activities) to achieve the specific outcome of the goal.
- allow for better measurement of progress towards, and achievement of the goal.

As part of goal setting, the consultant must clearly set out the purpose and role of the DVA rehabilitation program so that clear expectations are established with the client regarding what goals DVA can and cannot assist with.

5.1.1.Goal 'types'

Under DVA's whole of person rehabilitation approach there are three broad goal types. These are medical management, psychosocial and vocational.

There is no requirement for a goal of each type to be included in the rehabilitation plan. A goal should only be included where it relates to the DVA rehabilitation program. If it is a personal goal, such as study that is not funded by DVA, or a fitness goal that does not have a medical management or psychosocial objective, then it should not be recorded in the rehabilitation plan.

5.1.2.Use of SMART goals

The consultant must work collaboratively with the client to develop goals that follow the SMART goal model (refer Figure 3 below). SMART goals are specific, measurable, attainable, relevant and time-based.

Figure 3: SMART model for goal setting

A well written goal must:

- not be an activity. It must focus on behaviours and/or participation in activities to achieve a change in functioning and/or behaviour.
- 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 reduce substance abuse and increase physical activity. These should be separate goals.
- include an outcome that can be objectively measured. For example, where a goal is to 'successfully engage' in something, or 'improve overall fitness', or 'adopt a healthy lifestyle' it is

hard to objectively assess progress towards the successful completion of the outcome, and when or if the goal is achieved.

- be supported by a medical certificate stating the client has the capacity, or will have the capacity, to achieve the goal.
- achieve an identified need of the client and reflect the purpose of the DVA Rehabilitation program.
- have a specific timeframe tailored to the goal. For example, setting a time frame for a broad goal such as 'Participating in job seeking assistance' is harder than if the goal is more specific, such as 'Participating in updating resume'.
- use positive, supportive language.

As SMART goals need to be specific and time based this means that the overarching, or end, goal of the client may need to be broken down into smaller goals that represent specific sub-goals, or stages, that the client will need to achieve to attain the end goal.

Examples of well written SMART goals are as follows:

- Participate fully in treatment plan issued by physiotherapist to improve functioning of right knee condition.
- Meet with family and/or friends twice weekly outside of the home for 6 months.
- Identify medically suitable vocational options within 3 months.
- Complete Cert IV in training within 12 months.
- Participate in swimming and/or yoga 3 times a week.
- Achieve self-management of treatment for back condition within 6 months.
- Participate in resume writing training within 2 months.

Examples of an overarching goal that has been broken down into staged goals, so that the goal can be specific and measurable are as follows:

- The client's goal is to 'obtain employment'. This may be broken down into the following 'staged' goals:
  - Assess Mr Smith's capacity, skills and experience, and preferred jobs to identify job options within 2 months.
  - Complete Certificate IV in Office Administration to maximise competitiveness for identified jobs within 6 months.
  - Complete job preparation activities to maximise competitiveness for identified jobs within 2 months.
  - Obtain employment utilising job search assistance within 3 months.
- The client's goal is 'manage their conditions better so that they have less negative impacts on their life (pain, sleep disturbance, self-medicating, etc)'. This may be broken down into 'staged' goals as follows:
  - Ensure effective prescribed treatment is in place to meet all treatment needs within 3 months.
  - Reduced pain due to consistent participation in all prescribed activities for back and knee conditions within 3 months.

- Improved duration and quality of sleep due to reduction in pain within 3 months.
- Able to undertake common everyday tasks due to reduction in pain within 3 months.
- Reduction in self-medication to manage pain within 3 months.
- Reduction in self-medication to manage mental health conditions within 2 months.

Multiple activities may be included under each goal to help the person to reach their goal. For example, the goal of 'Identify medically suitable vocational options' could have the activities of:

- 'review with client their existing skills and training to identify vocational options',
- 'attend vocational assessment', and
- 'case conference with treating doctor to ensure client capacity for identified vocational options'.

5.2. Goal Attainment Scaling

The consultant must use Goal Attainment Scaling (GAS) to develop personalized outcome scales for each of the client's goals. It is the provider's responsibility to ensure the consultant is proficient in the use of GAS.

As an overview, GAS uses a scale to describe both expected and other possible outcomes for each of the client's goals. Each possible outcome is given a measure of -2 to +2, where:

- -2 is the least favourable outcome and means that very little progress has been made towards the goal.
- -1 is an outcome that was less than what was expected and means the goal has not been met, but some progress was made towards the goal.
- 0 is the expected outcome of the goal. This means what the client aims to achieve after completing the associated activities under their plan.
- +1 means the expected outcome has been exceeded. This means the client has made additional progress beyond the expected outcome of the goal.
- +2 means the expected outcome has been significantly exceeded. This means the client has achieved the best possible outcome for the goal.

Figure 4: Example GAS rating for expected goal outcomes

The GAS must be created in collaboration with the client, and contain specific, personalized outcomes that reflect the goal, and the clients need.

The use of GAS:

- maximises client involvement in goal setting by engaging the client in discussion on the possible outcomes of the goal.
- ensures the consultant and the client have the same understanding and expectations of the client's rehabilitation goals as it clearly articulates the outcome of the goal.
- ensures the goal is well written to reflect the client's desired outcome, by allowing the consultant to check that the outcomes on the scale mirror the aim of the goal.
- provides a documented reference point to facilitate discussion on progress towards the various levels of outcome throughout the life of the plan.
- provides a point of focus for the client to engage in the progress they are making towards their goal as it clearly sets out the various degrees to which they can achieve their goal.

The consultant must explain the purpose and benefits of the GAS process to the client so that they can understand why it is being used. It is important that the client understands that it is an important and valuable tool for them and not a data gathering exercise.

5.2.1.Developing the GAS

As the GAS is personalised to each client it means that an expected outcome for two different clients with similar goals may be quite different. This is because each client will have different health and other situations that affect their expected outcome. For example, a client with lower functioning may have +2 outcome that is the same as a zero outcome for a client with higher functioning.

The expected outcome for a client should not be what they can currently achieve. It should be the outcome the client and consultant agree the client should be able to achieve after the completion of the associated activities. It should balance being realistic and attainable, whilst also being challenging and motivating, without being daunting.

With regards to expected outcomes, it is also important to note that where a client is at risk of a reduction in functioning that maintaining current functioning is an appropriate expected outcome.

The outcomes on the GAS scale must be things that are within the client's control, such as changes in behaviour or level of participation/effort in activities. They should not include outcomes related to the client's level of symptoms as the client may not be able to improve their symptoms regardless of how well they participate in the identified activities.

Other factors to note when creating the GAS:

- Use positive, supportive language, particularly in relation to the -1 and -2 outcomes
- Where possible, use wording that relates to imbedding sustainable, positive behaviours for the client.
- Use the same methodology when writing each scale to ensure consistency, and in turn credibility, of the GAS process.
- 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.
- Ensure objective measurement criteria is used so it is clear which outcome 'level' has been achieved.
- Ensure only one outcome is stated in each point on the outcome scale, rather than multiple outcomes. For example, 'Client completes approved gym program 3 times per week and achieves an improvement in fitness' is measuring two things. Attendance and participation, and fitness. These would be more effectively and accurately measured as two goals and associated outcomes.
- Ensure the medical certification for the client indicates that they have capacity, or will have capacity, to achieve the proposed outcomes.

5.2.2.Scoring the outcome of the GAS

Selecting the appropriate 'score', or outcome', from the GAS scale should be straightforward where the scale is well written. The scoring must be done in consultation 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.

The consultant must score the goal, and record the score, at the time that the goal is completed, not at the plan closure. This ensures accurate, meaningful recollection of the outcome achieved. Additionally, please provide details in the progress and/or closure report of why the score was selected including any additional relevant specifics about the achievement/completion of the goal.

A goal or plan amendment impacts on the way that the goal/s should be 'scored'. This is to ensure that we do not inaccurately give the impression through the score that an outcome was achieved, as

in that the goal was completed, when it in fact was not completed. Please follow the below guidelines when scoring goals at the time of goal amendment or plan variation:

- Where a goal is amended prior to the original goal being actioned a GAS score of N/A should be provided for the goal. The new, amended goal will need a new, or at least amended, GAS scale.
- Where a plan variation occurs and hence the goals are being closed on the existing plan, each goal must be scored based on its status at the time the plan is closed:
    - Goals that have been completed – they should be scored
    - Goals that have terminated prematurely, not fully completed – mark as N/A
    - Goals that have not been actioned or commenced – mark as N/A

If the consultant is unsure as to whether the goal should be deemed completed, they should consider if the client had a fair chance to participate in the activities under the goal. If the client had time and opportunity to participate in the activities but did not engage then this goal would be considered completed at the time of goal or plan change even where it is not achieved.

s 47E

s 47E

s 47E

s 47E

Australian Government

Department of Veterans' Affairs

Attachment A

Examples of Rehabilitation Goals, Goal Attainment Scales and Activities

Goal 1: To identify employment options in-line with medical and vocational capability within 4 months

To be achieved within (indicate timeframe)**: 4 Months**

Category (Psychosocial, Medical Management, Vocational)**: Vocational**

Describe all of the following Outcomes -

Most unfavourable outcome (-2): Nil consideration of transferrable skills, vocational interests and labour market. Nil options identified within 4 months.

Less than expected outcome (-1): Skills and qualifications considered, nil medically and vocationally suitable job options identified within 4 months

Expected outcome (0): Medically and vocationally suitable job options identified within 4 months.

More than expected outcome (+1): Medically and vocationally suitable job options identified and applications for employment completed within 4 months.

Most favourable outcome (+2): Medically and vocationally suitable job options identified and employment obtained within 4 months.

Activities to achieve goal:	**Parties involved:**	**Start date:**	**End date:**
Obtain information on client's capacity for employment/vocational rehabilitation based on their conditions.	Client Medical practitioner Provider	1 April 2020	14 April 2020
Discuss with client vocational skills and qualifications and identify jobs the client can perform.	Client Provider	14 April 2020	30 April 2020
If unclear what job options are suitable based on client's conditions, skills and qualifications, obtain vocational assessment.	Client 3rd party undertaking vocational assessment	If required	
Case conference with GP to obtain updated medical opinion on identified jobs or vocational assessment recommendations.	Medical Practitioner Provider	1 June 2020	15 June 2020
Discuss with client outcome of medical case conference, and (where required) vocational assessment and identify job options.	Client Provider	15 June 2020	30 June 2020

Importance of goal for client: ☐ **A little** ☐ **Moderately** ☐ **Very**

Challenge in achieving goal: ☐ **A little** ☐ **Moderately** ☐ **Very**

Goal 2: Client is self-managing her attendance at all appointments relating to the treatment of her psychological conditions			
To be achieved within (indicate timeframe)**: Three months**			
Category (Psychosocial, Medical Management, Vocational)**: Medical Management**			
Describe <u>all</u> of the following Outcomes - **Most unfavourable outcome (-2): Ms Bobs is not attending appointments with treating medical practitioners for review and treatment of her psychological conditions** **Less than expected outcome (-1): Ms Bobs is not regularly attending appointments with treating medical practitioners for review and treatment of her psychological conditions.** **Expected outcome (0): Ms Bobs is attending regular reviews with her treating medical practitioners for review and treatment of her psychological conditions.** **More than expected outcome (+1): Ms Bobs is self managing her psychological conditions and attending less frequent scheduled reviews with her treating doctor due to her management of her condition.** **Most favourable outcome (+2): Ms Bobs is self managing her psychological conditions and symptoms and is independent in recognising when re-engagement with her treating medical practitioners is required.**			
Activities to achieve goal:	**Parties involved:**	**Start date:**	**End date:**
Provider to obtain consent from client to liaise with treating health professionals as required	Provider Client	1 April 2020	14 April 2020
Provider to ensure that they have a copy of the client's treatment plan/s, and if not obtain this information.	Provider Client Treating health professionals	14 April 2020	30 April 2020
Discuss with client their attendance at medical appointments	Client Provider	30 April 2020	30 June 2020
Provider to liaise with treating health professionals regarding treatment plan/s, appointment attendance, and amendments to the treatment plan as required.	Provider Treating health professionals	14 April 2020	30 June 2020

Importance of goal for client:	☐ **A little**	☐ **Moderately**	☐ **Very**
Challenge in achieving goal:	☐ **A little**	☐ **Moderately**	☐ **Very**

Goal 3: Client attending all appointments with treating health professionals, and undertaking at home exercises, related to the treatment of her knee conditions			
To be achieved within (indicate timeframe)**: Three months**			
Category (Psychosocial, Medical Management, Vocational)**: Medical Management**			
Describe all of the following Outcomes - **Most unfavourable outcome (-2): Ms Smith is not routinely attending all appointments with all treating parties related to the treatment of her knee conditions.** **Less than expected outcome (-1): Ms Smith is attending all appointments with all treating parties related to the treatment of her knee conditions but does not undertake any recommended at home therapies** **Expected outcome (0): Ms Smith is attending all appointments with all treating parties related to the treatment of her knee conditions but does not consistently undertake all recommended at home therapies** **More than expected outcome (+1): Ms Smith is attending all appointments with all treating parties related to the treatment of her knee conditions and undertakes all recommended at home therapies within 2 months** **Most favourable outcome (+2): Ms Smith is attending all appointments with all treating parties related to the treatment of her knee conditions and undertakes all recommended at home therapies within 1 month**			
Activities to achieve goal:	**Parties involved:**	**Start date:**	**End date:**
Provider to obtain consent from client to liaise with treating health professionals as required	Provider Client	1 April 2020	14 April 2020
Provider to ensure that they have a copy of the client's treatment plan/s, and if not obtain this information.	Provider Client Treating health professionals	14 April 2020	30 April 2020
Discuss with client their attendance at medical appointments	Client Provider	30 April 2020	30 June 2020
Provider to liaise with treating health professionals regarding treatment plan/s, appointment attendance, and amendments to the treatment plan as required.	Provider Treating health professionals	14 April 2020	30 June 2020
Provider to support client to obtain medical aids and/or supports required for at home exercise. This includes liaising with treating health professionals to confirm appropriate aids/supports.	Provider Client Treating health professionals	30 April 2020	14 May 2020

Appropriate assessments have been done by associated DVA services to support client's completion of at home exercise, where required	Provider Client DVA/DVA providers	30 April 2020	14 May 2020
Importance of goal for client: ☐ **A little** ☐ **Moderately** ☐ **Very**			
Challenge in achieving goal: ☐ **A little** ☐ **Moderately** ☐ **Very**			

Goal 4: Client maintains participation in swimming and/or yoga 3 times a week

To be achieved within (indicate timeframe)**: 3 months**

Category (Psychosocial, Medical Management, Vocational)**: Psychosocial**

Describe all of the following Outcomes -

Most unfavourable outcome (-2): Mr Jones is participating in swimming and/or yoga once a week within 3 months

Less than expected outcome (-1): Mr Jones is participating in swimming and/or yoga 2 times a week within 3 months

Expected outcome (0): Mr Jones is participating in swimming and/or yoga 3 times a week within 3 months

More than expected outcome (+1): Mr Jones is participating in swimming and/or yoga 3 times a week within 2 months

Most favourable outcome (+2): Mr Jones is participating in swimming and/or yoga 3 times a week within 1 month

Activities to achieve goal:	Parties involved:	Start date:	End date:
Obtain medical clearance for client to participate in yoga and swimming	Client Medical practitioner Provider	1 April 2020	14 April 2020
Client to identify a yoga studio easily accessible to them and attend regular classes that are appropriate for their capacity.	Client Third party	14 April 2020	30 June 2020
Client to identify a swimming pool/club easily accessible to them and attend regularly based on their capacity.	Client Third party	14 April 2020	30 June 2020
Provider to monitor, through discussion with the client, the clients participation in regular yoga classes and swimming.	Client Provider	14 April 2020	30 June 2020
Importance of goal for client: ☐ **A little** ☐ **Moderately** ☐ **Very**			
Challenge in achieving goal: ☐ **A little** ☐ **Moderately** ☐ **Very**			

Goal 5: Client achieves and maintains regular contact with family and/or friends over the next 3 months

To be achieved within (indicate timeframe)**: 3 months**

Category (Psychosocial, Medical Management, Vocational)**: Psychosocial**

Describe all of the following Outcomes -

Most unfavourable outcome (-2): Mr Toms has contact with family and/or friends once a week within 2 months

Less than expected outcome (-1): Mr Toms has contact with family and/or friends 2 times a week within 2 months

Expected outcome (0): Mr Toms has face to face contact with family and/or friends once a week within 3 months

More than expected outcome (+1): Mr Toms has face to face contact with family and/or friends once a week within 2 months

Most favourable outcome (+2): Mr Toms has face to face contact with family and/or friends 2 times a week within 2 months

Activities to achieve goal:	**Parties involved:**	**Start date:**	**End date:**
Obtain medical capacity information from treating health professional for client to engage regularly in social settings	Provider Medical practitioner Provider	1 April 2020	14 April 2020
Discuss with client their plan for how (where, when, how) they will engage with friends and family regularly.	Client Provider	1 April 2020	30 June 2020
Regularly discuss with client their contact with family and friends and identify, as required, if additional support is required to support the goal.	Client Provider	1 April 2020	30 June 2020
Importance of goal for client: ☐ **A little** ☐ **Moderately** ☐ **Very**			
Challenge in achieving goal: ☐ **A little** ☐ **Moderately** ☐ **Very**			

s 47E

s 47E

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline

Vocational Assessments

Contents

Provider Procedural Guideline 1

Vocational Assessments 1

1. Overview 2

2. Vocational assessment requirements 3

3. When a Vocational Assessment is performed 4

3.1 Vocational Assessment purpose 5

3.2 Professionals who can undertake vocational assessments 5

3.3 Requesting a vocational assessment 6

4. Factors considered in the vocational assessment 6

5. Vocational assessment outcomes 7

5.2 Vocational assessment report form 8

5.2.1 Report inclusions 8

6. Assessing transferable skills and experience 12

6.1 Transferable skills analysis 12

6.2 Recognition of Prior Learning 12

7 Psychometric testing 12

8 Labour market analysis 13

9 Vocational Counselling 13

10 Assessment tools to support vocational goals and activities 14

11 Once the vocational assessment has been completed 14

Appendix 1 Psychometric testing 15

Aptitude tests 15

Personality Tests 16

Appendix 2 PPG Amendments 17

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline when considering vocational assessments for DVA clients. This guideline also discusses the use of functional capacity evaluations, work environment assessments and ergonomic assessments to inform DVA Rehabilitation plan goals and activities. Providers are responsible for ensuring DVA requirements are followed by their consultants.

DVA clients on a return to work plan with an active vocational goal can benefit from a Vocational Assessment. Vocational counselling can also be used instead of, or in conjunction with, a Vocational Assessment to provide professional, independent recommendations in relation to a client's vocational direction.

The purpose of a vocational assessment is to assist the client to clarify and define vocational options that are consistent with their skills, experience, aptitude, physical capability, and personal preference regarding the type of work that they find satisfying.

- Vocational assessments are valuable as they are a professional, objective assessment that identifies options and provides recommendations about suitable and sustainable job options.
- Vocational assessments must be supported by medical evidence of capacity for a particular vocational direction and/or retraining recommendation.
- All recommendations arising from a vocational assessment must be considered for their 'reasonableness'. Whether a recommended vocational direction or retraining option is reasonable will depend on many factors including client circumstances and history, cost, and job availability in the client's location. A recommendation should not be provided unless it is reasonable and realistic.

A vocational assessment may be undertaken by an appropriately qualified and skilled DVA registered consultant who is not the client's rehabilitation consultant, or a third party. Where a third party is utilised the consultant managing the client's plan is responsible for ensuring the third party is aware of, and adheres to DVA's expectations regarding the completion of vocational assessments.

The referral from the consultant for the vocational assessment must not ask the assessor to consider a predetermined option or client preference. The assessment must be an independent assessment that produces a recommendation of suitable options, not a verification of the suitability of an outcome the client has already requested. It is the responsibility of the consultant, when requesting the assessment, to ensure that the language used in the request does not lead or influence the assessor.

DVA will not support a vocational direction that is not a recommended, suitable option on the vocational assessment.

Additional assessments such as functional capacity evaluations, work environment assessments, and ergonomic assessments cannot be done as part of the vocational assessment, and need to be approved separately as activities on the rehabilitation plan.

2. Vocational assessment requirements

Table 1: Vocational Assessment requirements

Topic	Requirement
Vocational assessment	Consultants must ensure vocational assessments are: • objective and thorough in the assessment of the client's vocational options • undertaken by suitably qualified professionals (psychologist or vocational counsellor) who complete assessments to DVA's standards • approved as an activity by the delegate prior to being undertaken • requested using language that does not influence or lead the assessor to a pre-determined outcome Vocational assessments should include: • Transferrable skills analysis • Recognition of prior learning assessment • Psychometric testing • Labour market analysis • Recommendations on suitable vocational options • Recommendations on retraining required, where applicable. Vocational assessment outcomes/recommendations must consider all relevant factors together to arrive at reasonable and realistic options.
Other assessments	Vocational assessments can recommend the need for other assessments to clarify vocational activities to achieve the recommended vocational direction including: • Functional capacity evaluation • Work environment assessment • Ergonomic assessment These other assessments must be undertaken independently of the vocational assessment. They must be costed and approved by the delegate as an activity, prior to the assessment occurring.

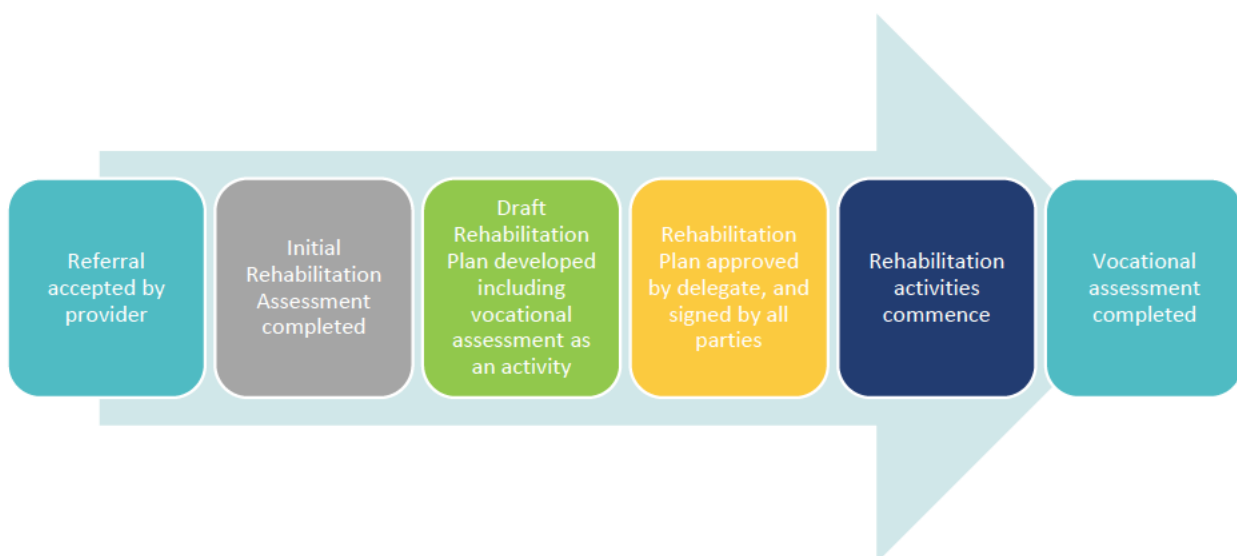
Vocational counselling	• Vocational counselling can be undertaken as part of the vocational assessment process, or as a separate activity.
	• Consultants must ensure vocational counselling is:
	  o an approved activity on the client's rehabilitation plan where it is being undertaken as a discreet activity.
	  o Undertaken by an appropriately qualified professional
	• A formal report is not required following vocational counselling. A documented summary should be provided with appropriate detail to show the purpose, findings and recommendations from the counselling.

3. When a Vocational Assessment is performed

Where the consultant has proposed a return to work plan for the client, a vocational assessment may be undertaken as an activity under the client's vocational goal. They are not to be undertaken as part of the initial rehabilitation assessment.

Before a vocational assessment can be undertaken:

- There must be a clear need or purpose for the assessment.
- It must be approved as an activity on the rehabilitation plan.
- The client must have capacity for vocational activities identified by a medical professional.



The following factors should be considered when determining if a vocational assessment should be requested.

- Where a vocational assessment has recently been obtained under the Australian Defence Force (ADF) Rehabilitation Program (ADFRP), another vocational assessment would not generally be required unless there had been a significant change in client capacity or focus.
- Vocational counselling, functional capacity assessments and/or labour market analysis may be used instead of a vocational assessment where the client has a clear focus and strong motivation towards their vocational goals, and their goal is supported by the consultant and DVA policy.
- If the client is requesting study/retraining of greater than 3 months, a vocational assessment must be obtained to provide an independent assessment and opinion on the client's vocational options and retraining needs.
    - A vocational assessment is not required where the client is already participating in study that has been approved by the ADFRP.
    - A vocational assessment should be undertaken where a client has a strong focus on particular study, or is already enrolled in self-funded study. This ensures DVA has an independent and well researched information to inform their decision making.
- Where the client has areas of interest for their future career, a vocational assessment can be requested to determine, or confirm, the viability of specific jobs based on the client's skills, experience, aptitude, conditions, retraining requirements and the labour market for those jobs in the client's location.

3.1 Vocational Assessment purpose

A vocational assessment is used to assist in identifying or confirming vocation options for a client, and where relevant identify training and education recommendations to support the client's identified vocation options.

The vocational options recommended must be appropriate, suitable and sustainable employment options where:

- The client will obtain job satisfaction.
- There is a reasonable availability of jobs/roles.
- An appropriate amount of retraining is required.
- The client's aptitude, skills and previous experience are utilised.

The vocational options or retraining and education recommendations must not be limited to what the client requested. As a professional with specialised skills the person undertaking the vocational assessment should be able to identify an appropriate breadth of suitable options even if the client has a singular vocational or training/education focus.

3.2 Professionals who can undertake vocational assessments

Vocational assessments, including the assessments that occur within a vocational assessment such as psychometric testing, must be completed by an individual who has the appropriate qualifications, skills and experience (i.e. a qualified psychologist or rehabilitation counsellor). The person performing the test must be confident in their ability to perform an assessment, and make recommendations, that are objective.

Noting the above requirements the assessment can be undertaken by:

- a DVA registered consultant whose professional scope of practice includes vocational counselling.

The vocational assessment should be completed by a consultant who is not the client's case manager. This enables an independent and objective review of the client's situation, and ensures that a strong relationship between the client and their consultant can be maintained.

An exception to this would be where the client is in a remote location and there are no other available consultants who can perform vocational assessments. The consultant must ensure the client understands the consultant must perform an independent and impartial assessment regardless of what knowledge they have of the client's preferences or circumstances. The consultant must advise the delegate of their intention to provide the assessment prior to it being undertaken.

- a third party person, organised by the consultant, who holds the appropriate qualification and skills (i.e. a qualified psychologist or rehabilitation counsellor).

This third party can either be employed by the provider or be independent of the provider organisation.

Professionals whose only involvement in the rehabilitation plan is undertaking vocational assessments do not need to be DVA registered consultants or DVA registered. This means they do not need to complete the mandatory registration training requirements or be included on the consultant registration spreadsheet.

Where the rehabilitation counsellor performing the vocational assessment does not have the qualifications to undertake the psychometric testing this aspect of the assessment can be performed by another individual. The results of this testing would be advised to the person performing the vocational assessment for inclusion in their assessment and report.

- The individual performing the psychometric testing element of the assessment cannot charge DVA separately. This cost most be included in the vocational assessment costs approved for the provider delivering the vocational assessment.

Where a third party is used to undertake the vocational assessment, it is the responsibility of the consultant to ensure that the third party:

- has the qualifications and experience that DVA requires of a person undertaking a vocational assessment.
- undertakes the assessment and produces a report that meets DVA's objectives and expectations as outlined in this PPG.

3.3 Requesting a vocational assessment

The language that the consultant uses when requesting a vocational assessment be undertaken either by another consultant or a third party is very important. This is because the vocational assessment must be objective and the outcome must reflect the fact that an independent review of the client was undertaken.

Therefore the referral must not contain leading questions or wording that directs the person undertaking the vocational assessment towards a pre-determined outcome.

Consultants must:

- Ensure the vocational assessment is approved as an activity on the rehab plan, or a plan amendment, prior to obtaining the assessment.
- Where utilising a third party, ensure they select a third party that undertakes the assessment in line with DVA's expectations.
- Ensure the person undertaking the assessment understands the role of the DVA Rehabilitation Program, which is to return the client to suitable employment through the most effective activities possible. For example, where a Certificate IV would enable the client to obtain a role, and so would a tertiary degree, the Certificate IV should be recommended.
- Provide relevant supporting materials to the assessor to avoid the client having to re-tell some aspects of their circumstances and to avoid duplication of reporting on the same information.

Relevant supporting materials may include the initial assessment report, recent medical certificates or reports detailing capacity, the client's resume, relevant details of ADF service such as discharge date and reason, and pre-discharge role and salary.

Consider the age of the supporting materials when providing them to the assessor to ensure that only up to date, relevant information is provided.

4. Factors considered in the vocational assessment

A vocational assessment will identify and discuss the following points within the scope of the vocational assessment purpose.

- Any medical or psychosocial barriers that would impact on the client's vocational options
- a client's transferrable skills, experience, qualifications and other attributes
- the client's preferences, motivation and goals,

- the client's capacity for particular vocations, including physical, mental, aptitude and personality factors
- possible education and retraining activities, including any additional activities that may be required based on the client's specific needs to pursue the recommended vocational options, and the reasonableness of and requirement for the retraining options in achieving suitable, sustainable employment
- a labour market analysis on the labour market (jobs) that exist in the recommended vocations in the client's location
- whether any further specific assessments are required
- other relevant factors which can influence the attainment of suitable and sustainable employment.

The vocational assessment will use the following tools and activities to identify the above:

- transferrable skills analysis, including looking at existing qualifications and possible qualifications via Recognised Prior Learning (RPL)
- psychometric testing, including aptitude and personality testing, and
- labour market analysis.

5. Vocational assessment outcomes

The vocational assessment must result in a concise summary of relevant information and findings.

- All the required inclusions must be focused on how they relate to the identification, confirmation or discounting of vocational directions or options. Noting that the key objective of the process is to confirm whether the identified vocational options will return the client to suitable employment through reasonable and effective activities.
- The many factors assessed must be considered together when formulating recommendations. For example if a client has existing skills and experience for a particular vocation but their psychometric testing indicates that the role would not be well suited to them then the role may not be suitable to recommend.
- Where the client has existing tertiary qualifications the assessor must explain in the assessment report why they are not being utilised. Specific details must be provided. It is insufficient to only state that they are not being considered or utilised or provide a broad statement.
- Where undertaking study is a component of a recommended vocational option the report must confirm:

client aptitude for study, including aptitude for the specific area of study and where the client has not successfully completed other education before what plans are in place to support the client with the proposed study,

whether there are any family, economic or other factors that would impact on the client's ability to successfully undertake study or travel to and from campus,

any course requirements such as placements or practical elements of the course the client must complete and any factors associated with these requirements such as accommodation and travel costs to participate.

Further information about what study DVA can fund and other considerations relating to approving study can be found in the *Education and Training PPG*.

- Where a role is not reasonable due to retraining required, job availability, client suitability or other factors, it would be deemed not suitable and must not be a recommendation from the vocational assessment. This is regardless of whether the client has a firm preference for the role.

DVA will not support a vocational direction that is not supported by the vocational assessment. Noting this, and where appropriate to the client's circumstances:

- The assessor is able to provide more than the three recommendations requested on the vocational assessment template.
- Broader role categories or job families can be provided as a recommended vocational option as long as the associated information regarding duties, retraining requirements, employment prospects etc are tailored to the role category/job family recommended.

5.2 Vocational assessment report form

The vocational assessment must be completed using the vocational assessment form on the DVA Rehab Provider SharePoint page. Consultants must ensure they provide this template to the assessor where the assessor does not have access to it.

When preparing a vocational assessment report the following guidelines must be followed to ensure efficient preparation of the report and inclusion of concise, relevant information.

- Information already held by DVA does not need to be retold in the report.
  - For example, if the initial assessment report has already identified the client's psychosocial circumstances and the impact of the client's medical conditions on their capacity for employment, then this information does not need to be included in detail unless there is new/additional relevant information.
    - The assessor should reference where the existing information exists. For example, the client's psychosocial circumstances are discussed in the initial assessment report and no further relevant factors have been identified through this assessment.
    - The assessor can include relevant high level detail where it informs the findings of the assessment.
  - Vocational assessors must be mindful of the age of the information that DVA has provided, and hence already has in its possession, when determining what information to utilise for the vocational assessment and report.
- Certain information can be provided as an attachment rather than transcribed into the report. This includes:
  - employment history, qualifications, experience – this can be provided by attaching an up to date resume.
  - Information to support local area labour market analysis of the recommended vocational options.
- Consider the level of clinical detail that is valuable to the report 'user'. For clinical assessment tools a summary and/or analysis of the assessment outcome is most appropriate and valuable for the purpose and user of the report.
  - For example, if the aggregate results of the client's personality testing identifies that the client is more suited to some jobs and less suited to others then this is the level of information that would be valuable and can be summarised.
  - DVA may request further information about a particular assessment outcome so providers must retain records of the full details of the assessment outcomes.

5.2.1 Report inclusions

The report is made up of three main sections.

- Client details and executive summary

- Assessment details (refer to headings 2 – 10 in the report form template)
- Findings and Recommendations (refer to headings 11 – 14 in the report form template)

The vocational assessment form includes the headings detailed below. The information below each heading provides guidance on what information is required under each heading.

(1) Executive Summary:

(a) Brief overview of relevant personal, medical and vocational circumstances including

(i) Psychosocial situation, age, location

(ii) Medical/Health considerations impacting on work capacity

(iii) Brief statement of relevant employment history, qualifications, transferable skills, training history, including why existing qualifications and or skills do not form part of the recommended vocational options

(iv) Summary of psychometric testing outcomes as they relate to client strengths, weaknesses and suitable occupations

(b) Identified vocational options (including codes and relevant commentary)

(c) Relevant comments/information regarding recommendations – any current and future job prospects; training required and why it is reasonable; client capacity/functionality, qualification, skill and aptitude factors; labour market factors relevant to client's location.

(2) Purpose of Assessment:

(a) Brief details of why the report has been requested

(i) What DVA requested

(ii) Where not included in the request, client related circumstances that have led to the assessment (eg. client no longer has medical capacity to undertake role/s for which they are skilled/trained and alternative vocational options need to be identified.)

(3) Client Presentation and Expectations

(a) Brief details of client's general manner, concentration, behaviours

(b) Comments on client's insight and understanding of the role of the vocational assessment within the DVA framework

(c) Brief details on the client's expectations, preferences, motivations, and their insight and understanding of their position and direction.

(4) Current Medical Status/Medical Circumstances

A detailed medical history is not required, but rather, how the relevant medical conditions effect current and future employment prospects

(a) Brief statement of medical and psychological conditions – compensable and non-compensable - that impact on the client's vocational options and how they impact

(b) Brief statement of current and planned treatment where it impacts on vocational options

(c) When providing the above information, reference and provide any medical certificates and reports from the client's GP and treating specialists (including allied health professionals) that were used when determining capacity and/or impact of conditions.

(5) Psychosocial Circumstances

(a) Detail any psychosocial factors that would create a barrier to their ability to work in particular vocations.

(6) Vocational Circumstances

(a) Employment history – this information will be provided in an attached up to date resume.

(i) Resume must include *relevant employment* history including duties and duration of employment, as well as existing qualifications, education, certificates, licenses, skills and experience.
    - *Relevant employment* would exclude employment performed during schooling, university or earlier in the client's career that does not have any relevance to their skill set, experience and/or adult career path/s.

(7) Relevant circumstances relating to cessation of previous civilian employment

(a) Please provide relevant details regarding reasons the client ceased previous civilian employment where these details demonstrate a pattern that may indicate a lack of suitability to a particular role, job category or industry.

(8) Education & Qualifications

Existing and recognised qualifications, tickets / licenses and certificates should be listed on the client's attached resume not this field.

(a) Identify any qualifications that could be obtained via Recognised Prior Learning (RPL). RPL need only be included where the client feels that they do contain the skills applicable to the qualification being awarded.

(b) Provide clear reasons where any existing tertiary qualifications are not being utilised in the recommended vocational direction.

(9) Transferable Skills Analysis

(a) Identify client's transferable skills including those impacted or potentially impacted by their medical conditions or other factors.

(10) Outcomes and Analysis of Assessment tools

(a) Advise assessment tools used and brief summary of results from these.

(11) Vocational Summary and Considerations

(a) Provide a concise summary of relevant information identified through the assessment that has influenced and underpinned the vocational options recommended, and where applicable not recommended.

(b) Where relevant comment on the following:

(i) Rationale underpinning order of recommended options

(ii) Ability to adapt to, and sustain, recommended vocational options

(iii) Medical capacity and opinion regarding identified employment options and contraindicated vocational options, including evidence on which determination of capacity or lack or capacity for particular functions or vocations was based,

(iv) Why certain employment options were excluded where there were existing qualifications/experience and associated capacity

(v) Clients strengths, perceptions, motivations and benefits to be gained from employment in recommended vocations

(vi) Potential barriers to employment and associated management strategies

(12) Considerations related to proposed study

This field is optional, and must only be completed when study is being proposed for the client in association with a recommended vocational option.

(a) Provide comment on client aptitude for study, including aptitude for the particular area of study, and where the client has not previously undertaken any formal study or has not completed secondary schooling. Where potential challenges are identified detail the supports that could be utilised to assist the client with study.

(b) Detail any other potential barriers to successful completion of study such as family situation, travel to and from university, etc.

(c) Detail any placements or practical components to the client's course, including any travel, accommodation etc that may be required to complete these components.

(13) Recommended Suitable Employment Options and Retraining recommendations

A minimum of three options must be provided. All options must detail the following:

(a) **Job title** – this can also be a job family or broader description of a role. Eg. manager

(b) **Description of the role** – including typical duties of the role. Where this information is on a reputable, accessible website an embedded hyperlink to this information can be provided in the report.

(c) **Training required** - Include detailed information about the retraining required for the position, including name of course/courses, a local suitable provider, cost, duration. This information can be based on what the required qualifications are as per listed job advertisements, or labour market research websites. Any other requirements should be listed here such as licenses or clearances, specific details of these including costs and how to obtain these.

(d) **Salary** - Gross per annum salary making note of inclusive or exclusive or superannuation. This information can be utilized from a range of sources as the provider sees fit in accordance with what best reflects the role i.e.: specific labour market websites, via employer contacts and from advertised vacancies.

(e) **Functional information** - Details of the physical classification of the role, and the typical functional demands. This information must relate specifically to the role/option being presented. It can be obtained from a reliable labour market research website or from information from an employer contact.

(f) **Industry liaison and employer contact** - Contact employer contact directly to obtain information/confirmation about the requirements/demands of the job/role that may not be evident in the job description. The consultant must provide the name and role of person/s who they contacted.

(g) **Labour Market Analysis/Employment Prospects:** Comment on the labour market and job availability of the specific suitable employment option in the client's location.

(h) **Suitability:** Comments as to why this role is considered a suitable employment option based on the clients education, training, employment history, transferable skills, clients function / capacity for work, medical approval / feedback, availability of roles, employer contact feedback, salary comparability, retraining requirements and clients motivation. Where retraining requirements are extensive comments should be provided as to why it reasonable. Where vocational support/activities in addition to retraining and/or education are required these should be detailed.

(14) Options considered but omitted - Any options which were considered but determined inappropriate should be listed here with an explanation of why they are not considered suitable (i.e. not medically appropriate as support by medical feedback received, level of retraining required is not in line with DVA guidelines).

6. Assessing transferable skills and experience

6.1 Transferable skills analysis

As part of a vocational assessment, the consultant must complete a mandatory transferable skills analysis (TSA), which is an assessment of the skills and knowledge a person acquires from the actual performance of a job and from learned situations, community, work and school environments.

This tool is used to define a person's skills and experience for new job placements or role changes within an existing employer.

Consideration must be given to medical, psychological and psychosocial factors that may impact on the client's ability to continue to utilize the skills and experience they have previously acquired.

Where existing skills, knowledge and experience is not being considered in the vocational and retraining recommendations the vocational assessment report must explain why.

6.2 Recognition of Prior Learning

Recognition of prior learning (RPL) is a process that involves assessment of an individual's prior learning, including formal, informal and non-formal learning to determine what formal qualifications this prior learning equates to. It is not about considering what prior learning the client has undertaken and could use in future employment. This is done as part of the transferable skills analysis. The RPL is the process to get the prior learning recognised.

The RPL that a client can be 'awarded' is just one factor to be considered when providing recommendations on vocational direction and retraining. It must be balanced against client preference, labour market analysis results, client capacity and aptitude.

The process to have these qualifications formally assessed and issued is done by the College for Law, Education and Training. Having prior learning formally assessed to identify formal qualifications, and having these qualifications issued, should only be pursued where:

- The client is confident that they realistically have the skills associated with the qualification.
- The qualification that is available for recognition relates to the client's vocational and employment goals.

RPL is not done as part of the vocational assessment, however it may be a recommended activity arising out of the vocational assessment to assist the client in being competitive in obtaining the recommended role/s. Obtaining RPL must be approved by the delegate as an activity on the rehabilitation plan. This will require a plan amendment if RPL is not on the initial rehabilitation plan.

In some instances the prior learning will provide credit towards a qualification. Credit through the RPL process may also allow for entry into a further qualification and/or reduce the time required for a client to achieve a qualification.

7 Psychometric testing

Psychometric assessments are used to assess a client's strengths and preferences for a position or job type. It examines a person's abilities, personality, motivations, values and interests under standardised conditions in line with a particular role. Psychometric testing must be undertaken by a qualified professional, such as a psychologist. The qualified professional can be either employed by the provider or a third party.

There are different types of assessments all with the aim of helping the assessor build an overall profile of the client and, importantly, how that client might fit within a specific job or workplace.

- It is up to the professional judgement of the assessor to determine which testing will add value to their overall assessment.
- The assessor must utilise their professional skills to select and administer testing in ways that are unbiased and don't lead or influence the client.
- the outcomes of the psychometric testing must be considered by the assessor in conjunction with other findings when formulating recommendations.

Further information on psychometric testing can be found in Appendix 1.

8 Labour market analysis

Consultants must undertake a Labour Market Analysis as part of a vocational assessment, as it evaluates whether the identified vocational options are viable giving consideration to the client's location, and labour market trends.

The analysis must be specific to the vocational options recommended rather than general commentary on the labour market of the client's location that is not related to industries/vocations recommended for the client.

A labour market analysis may consider and include:

- number of jobs currently being advertised for the employment position
- documentation regarding the employment positions outlook over the future 5 years. In other words, will the role be in demand now and in the future
- nature of the available work, whether it is likely to be full time, part time or casual, and
- average wages and conditions of the employment position.
- Any relevant factors to do with commuting to employment, noting this must be considered in the context of what would apply to the general population.

DVA expects that the vocational assessment report will list what research has been undertaken about current available jobs, including where they obtained the information (eg www.seek.com), and how many jobs are currently listed in the client's location.

9 Vocational Counselling

Vocational counselling can be undertaken prior to the vocational assessment process or as a stand-alone activity to:

- counsel a client in adjusting to change and transition to alternate employment.
- counsel a client to adjust to their new circumstances/disability.
- identify suitable new employment options taking into account their new circumstances.
- engage the client in the vocational assessment process.

Vocational counselling would not be approved following a vocational assessment, unless exceptional circumstances exist, as it is expected that this counselling would have minimal value after the vocational assessment.

It must be undertaken by a qualified professional. The vocational counsellor can be employed by the provider or can be a third party.

If vocational counselling is undertaken:

- It must be specified as an activity on the rehabilitation plan, and approved by the delegate.
- A report of the outcomes is not required. A concise summary must be provided to DVA of the purpose, findings, outcomes and recommendations from the counselling.

10 Assessment tools to support vocational goals and activities

Other assessment tools can be used following the vocational assessments to support the further development of the client's vocational direction and specific goals and activities.

These include functional capacity assessments, ergonomic assessments and work site assessments. These assessments would be a recommendation from the vocational assessment and must each be approved as an activity on the rehabilitation plan.

The professional judgement of the consultant must be used to determine which assessment tools will be utilised. Where these assessment tools are utilised details of the assessment and resulting outcomes must be reported to DVA.

For more information about work environment and ergonomic assessments refer to the Vocational Rehabilitation Services Provider Procedural Guideline.

11 Once the vocational assessment has been completed

The vocational assessment provides valuable information to inform and progress the client's vocational goals and activities.

Once the vocational assessment has been completed the consultant must:

- Utilise professional skill to identify the most appropriate recommendations from the assessment report taking into consideration the cost effectiveness of the pursuit of a particular recommendation and any other relevant factors.
- Attach a cover sheet to the assessment report outlining the option or recommendation from the report that will be pursued and the reason why that option was selected. Include in this cover sheet proposed activities that would arise from the option selected.
- Liaise with the delegate where the delegate would like clarification in relation to the report

Work with the client, including managing the sharing of the report results and the client's expectations, to take appropriate action in relation to the vocational options recommended in the report.

Appendix 1 Psychometric testing

Psychometric tests define the critical characteristics needed for success in a position, to determine the match between the person's profiles and the "ideal" profile for a specific job or workplace.

Psychological assessment (psychometric testing) can add value to the whole-of-person assessment approach by:

- developing a picture of an individual's aptitudes and attributes, and
- predicting how these will affect their performance in a particular situation.

There are a large number of psychometric testing tools available and the test required will depend on the goals and circumstances of the client. Psychometric assessments typically fall into two categories: aptitude tests and personality tests.

There are aptitude tests for:

- general problem solving
- numerical reasoning
- verbal reasoning
- critical thinking
- mechanical, clerical, linguistic, musical or artistic abilities
- manual dexterity
- reaction time, and
- hand/eye coordination.

There are personality tests for:

- interpersonal style
- work/team style
- leadership style, and
- motivational style.

Psychometric tests should not be the sole instrument used for the assessment of clients. They must be used in conjunction with other assessment tools.

APTITUDE TESTS

Aptitude tests are an important tool to independently assess a client’s skill and ability level for certain tasks. The following are some commonly used aptitude tests that are utilised as part of a vocational assessment.

The Congruence Occupational Reading Test (CORT) is used to assess the reading ability of individuals in relation to work reading demands at different levels.

The specific skills assessed by CORT include:

- identifying material through basic sign and word recognition
- determining the main information presented in graphs, diagrams, tables and text
- finding specific information in work and general documents
- interpreting graphs, tables, diagrams and text to deduce conclusions not specifically given, and

- comprehending and critically evaluating information.

The content of the tests are based on materials used in a variety of occupations. The sorts of material include work environment signs, words from labels, invoices or tickets, written job instructions, memoranda, factory signs, traffic signs, diagrams, plans and street directories, tables, reports, work-related legal documents, and policy statements.

The Congruence Arithmetic Test (CAT) is an aptitude test designed to assess the basic arithmetic skills used in sales, clerical and technical occupations.

The ACER Short Clerical Test is designed to measure two aspects, speed and accuracy, of aptitude for routine clerical work.

PERSONALITY TESTS

Personality tests assess how a person prefers to relate to others, how people react to pressure, how dependable they are in performing tasks, how they approach problem solving and how they behave in a group. They are valuable in identifying vocational options which will be sustainable and satisfying for a client.

The Congruence Personality Scale Form 1 (CPS-1) is an example of a personality test used to facilitate career decision-making. It is designed to assess the following personality traits:

- Social Orientation - assesses individual differences in people's preferences for social activity and social interaction;
- Cognitive Orientation - assesses individual differences in people's preferences for thinking about and solving problems;
- Interpersonal Orientation - assesses individual differences in people's preferences for relating to other individuals and how they handle conflict with others;
- Task Orientation - assesses individual differences in people's preferences for how they approach tasks; and
- Emotional Orientation - assesses individual differences in people's reaction to stress and pressure.

Appendix 2 PPG Amendments

Version control

Version number	Date released	Changes to this version
1.1	March 2022	• Advised importance of considering all information together to formulate recommendations. • Specified that a vocational assessment should not be requested unless there is an identified and approved need or purpose. • Clarified that vocational counselling would generally not be approved following a vocational assessment as vocational counselling should occur prior to the vocational assessment. • Specified that a formal report is not required following vocational counselling. A documented summary is required. • Specified that medical evidence of capacity for a recommended vocational direction must be confirmed prior to including recommendation in the vocational assessment report. • Enforced the importance of ‘reasonableness’ when recommending a vocational direction or retraining recommendation, and specified that where a role is not reasonable due to retraining required, job availability, client suitability, or other factors it must not be included as a recommendation on the assessment report. • Added clarification that a vocational direction not supported by the vocational assessment will not be supported by DVA. • Specified factors to be considered when determining whether a vocational assessment should be requested, including: - consideration of whether an assessment has been done under the ADFRP - whether study of greater than 3 months is being requested - whether independent, objective opinion on the viability and reasonableness of vocational direction is required to focus client direction. • Clarified that where a separate, qualified person is performing the psychometric testing for the vocational assessment the costing for this must be incorporated in the amount already costed and approved for the assessment. • Specified that professionals undertaking vocational assessments do not need to be DVA registered, and undertake the mandatory training, if their only involvement in the plan is performing vocational assessments. • Specified that in exceptional circumstances requiring the client’s consultant to undertake the assessment the consultant must: - ensure the client understands the consultant must perform an independent and impartial assessment regardless of what knowledge they have of the client’s preferences or circumstances

<table>
<tr><td></td><td></td><td>- Advise the delegate they are intending to do the assessment prior to it being undertaken.
• Added details on supporting materials that should be provided to the assessor by the consultant to minimise the client having to re-tell aspects of their circumstances and to enable the assessor to attach them to the report where applicable.
• Removed requirement for general labour market analysis of client’s location. Retained need for labour market analysis specific to the vocational directions being recommended.
• Specified the need for a detailed explanation to be provided where the client has an existing tertiary qualification that they are not using as part of their recommended vocational options.
• Added other considerations that must be addressed in the vocational assessment report where study is being recommended.
• Added reference to the new Vocational Assessment report template.
• Updated the vocational assessment report headings, and associated descriptions and details, previously in the PPG to match the new report template.
• Specified that more than three recommendations and/or broader job families or role categories can be used when recommending options where appropriate.
• Added principles to support efficiency in reporting, including:
- only reporting relevant information
- not re-telling DVA information we already have
- attaching information to the report, rather than transcribing it where advised.
- summarising outcomes of psychometric testing rather than details of results.
• Removed repetition regarding required report inclusions/outcomes.
• Moved technical information about psychometric testing to appendix.
• Clarified that eligibility for RPL should not be included where the client does not realistically possess the skills associated with the qualification.
• Removed reference to undertaking a functional capacity evaluation prior to a vocational assessment to provide scope for the assessment as this is not approved by DVA.
• Added requirement for consultant to provide a cover letter on the assessment report to outline the option that will be pursued and why.</td></tr>
<tr><td>1.0</td><td>November 2019</td><td>Original version</td></tr>
</table>

Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guideline: Vocational Rehabilitation

Contents

1. Overview ... 3
2. Vocational rehabilitation requirements ... 3
3. Return to work Rehabilitation Plans ... 6
3.1 Suitable employment ... 7
3.2 Managing return to work rehabilitation plans ... 7
3.2.1 Managing concerns with vocational rehabilitation progress ... 8
3.3 Interaction between incapacity payments and rehabilitation ... 8
4. Tool and activities utilised to achieve vocational goals ... 9
4.1 Vocational counselling ... 9
4.2 Functional capacity evaluation (FCE) ... 9
4.3 Work environment assessment ... 10
4.4 Ergonomic assessment ... 11
4.5 Job Seeking Assistance ... 12
4.5.1 Employment consultants ... 12
4.5.2 Employment agencies ... 13
4.5.3 Where employment is obtained ... 13
4.6 Work trials ... 14
4.6.1 Medical certification of suitable duties ... 15
4.6.2 Documenting agreed duties ... 15
4.6.3 Arranging a work trial ... 15
4.6.4 During the work trial ... 16
4.6.5 At the completion of the work trial ... 18
4.6.6 Employer Incentive Scheme ... 18
4.6.7 Provision of uniforms and other essential equipment ... 20
4.7 Self-Employment Assistance ... 21

4.7.1 Incapacity payments whilst pursing self-employment 21
4.8 Retraining and further education 22
4.9 Relocation assistance 22
4.9.1 Relocation costs.. 23
4.10 Closing of plan goals and activities following vocational outcomes................................ 23

1. Overview

Procedural Guidelines outline DVA's requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Consultants are expected to follow this guideline when providing vocational rehabilitation services for DVA clients, including the setting, monitoring and reviewing of vocational goals and activities. Providers are responsible for ensuring DVA requirements are followed by their consultants.

The aim of vocational rehabilitation is to return a client to the workforce to at least the level of their pre-injury employment.

The client should return to the workforce in a job that is suitable and sustainable and will not worsen their health. Suitable employment is not necessarily the best or only job to which a client aspires.

There is compelling evidence about the health benefits of good work. Good work is defined as work that is safe, enables the person to be productive and engaged and provides economic stability and personal interaction.

Vocational rehabilitation services provided to DVA clients may include:

- assessments to determine work capacity, such as vocational assessments (refer to the Vocational Assessment Provider Procedural Guideline), functional capacity evaluations (FCE), ergonomic assessments and work environment assessments
- vocational counselling
- work experience, including arranging work trials or job shadowing days
- vocationally focused education and training (more details can be found in the Education and Training Provider Procedural Guideline)
- job seeking assistance
- and self-employment assistance.

DVA's whole-of-person approach to rehabilitation recognises that clients may need medical management and psychosocial support in order to remove barriers to their vocational rehabilitation goals. This means in addition to vocational rehabilitation goals, a return to work plan will usually also include psychosocial and medical management goals and activities.

A client whose rehabilitation has any element of vocational rehabilitation, even if it is not the initial focus of the plan, should be placed on a return to work Rehabilitation Plan (plan). The plan must have a vocational goal specified. If the client does not have a certificated capacity to work in the foreseeable future (next 12 months) the client should be on a non-Return to Work plan and would not be undertaking activities related to vocational goals.

2. Vocational rehabilitation requirements

The following table provides summary information about various tools/processes that may be included as part of managing a client's vocational rehabilitation. More information about all of these topics will be provided further in this document, or in other documents where specified.

Topic	Requirement
Return to work Rehabilitation Plans	Consultant must use the following principles when determining whether a return to work or non-return to work plan is best for their client: • return to work plans should be established where it is reasonable to expect that the client will be able to commence vocational rehabilitation

Topic	Requirement
	activities, is motivated to work towards a return to work goal/s, and is likely to have capacity to return to work within 12 months, • return to work plans must always include a vocational goal. Activities do not need to commence immediately under the vocational goal. Consultants must submit the draft plan to the delegate for their approval. Consultants must ensure that strong communication is maintained to manage client expectation about vocational goals, identify a mutually agreeable vocational goal, and support the client throughout their plan and in achieving their vocational goals.
Vocational Counselling	Vocational counselling must: • be outlined and approved as an activity in the client's plan, and not exceed three sessions in total. • be performed prior to, or part of, a vocational assessment to ensure that maximum results can be obtained from the vocational assessment • be performed by a person whose professional code of practice includes vocational counselling. • not be used as a substitute for a psychological treatment.
Functional Capacity Evaluation (FCE)	• Consultants must obtain approval from the delegate to undertake a FCE prior to it being undertaken. • A Functional Capacity Evaluation (FCE) must: o Be an objective assessment of the client's physical and cognitive abilities and limitations with regards to work performance or general functioning. o Comprise of a series of standardised tests completed by a suitably qualified and experienced professional. o Be used where the client's doctor cannot provide clear guidance on the client's return to work capacity, or where the client reports difficulty with tasks that is inconsistent with the client's reported medical clearance. o Only be undertaken following clearance from the client's doctor. o Provide strategies to the client on how to avoid injury or further aggravation of their conditions at home or in the workplace.
Work environment assessment	Work environment assessments must: • consider the suitability of work duties and gain an understanding of the nature of the client's work • assess the physical, psychosocial, cognitive and communication demands of the job, specific to the client. • identify the risk factors of a client's worksite within the context of their capabilities, limitations and condition/s to minimise injury, aggravation of existing conditions and maximise productivity. • Include an ***Ergonomic Assessment*** of the client's worksite Work environment assessment should assess and report on:

Topic	Requirement
	• Workplace modification – adjustments to the work station or equipment, or the provision of aids, appliances or other materials to allow the client to work in a safe, effective manner. • Job redesign – whether the tasks performed as part of the job need to be modified, and how, to allow the client to safely undertake the job. • the current obligations, responsibilities and actions undertaken by the employer to provide a safe and inclusive work environment. • the client's capabilities, limitations and condition (functions diagnostic within the context of the work environment • the economic viability and ability to implement proposed modifications, changes and alterations to the work environment for the employer
Ergonomic assessment	Consultants must undertake an ergonomic assessment in conjunction with a work environment assessment to assess and report on: • the physical organisation and fit out of the work environment • the client's medical condition, illness and limitations within the context of the existing work environment • the need for aids and appliances to support the client, and • the nature and economic viability of any proposed minor modifications, changes and alterations to the work environment. In some instances an ergonomic assessment can be undertaken in the home environment, such as the home office or a space in the home in which a psychosocial activity is undertaken.
Education and Training	Please refer to the Education and Training PPG for information on when and how education and training should be used under the DVA Rehabilitation program.
Work Trials	Consultants are responsible for organising work trials on behalf of the client. Work Trial details must be documented using the Work Trial Agreement prior to the commencement of the trial. The agreement must be uploaded using the Provider Upload Page (PUP). Consultants must provide clients participating in a work trial with the Work Trial Insurance manual. Consultants must ensure that the client completes and submits a *Work Trial Attendance Diary*. This diary is to be signed by the client and their work supervisor and submitted to DVA using the PUP. Before, throughout and upon conclusion of a Work Trial, consultants must: • ensure the work trial is suitable • ensure the host employer and client understand the purpose of the work trial and their responsibilities and options • actively monitor the client while undertaking the work trial, and • support the client to negotiate ongoing paid employment post-trial, if the opportunity exists.

Topic	Requirement
Employer Incentive Scheme (EIS)	Consultants, following approval from the delegate, can offer the EIS to the employer as an incentive, where the client is being considered for permanent (full or part time) paid employment. • The incentive is a percentage of the employed DVA client's gross wages • The consultant must discuss offering the EIS with the delegate prior to discussing the incentive with the employer. • The EIS offer, if approved, will be made directly by the delegate to the employer. • The EIS reimbursement claim form will be submitted by the employer to the delegate via Rehabiliation@dva.gov.au. • The consultant must monitor the employment for reasonable period to ensure it remains suitable, after which time the plan can be closed where the client has no other current activities on their plan. • EIS is not available for DVA clients under the VVRS.
Self-Employment Assistance	Self-employment assistance must: • facilitate and monitor the client's engagement with advisory services and specific mentoring and training assistance in relation to preparing a business plan and establishing a business • be offered following analysis of a formal business plan provided by the client and medical evidence of the client's ability to do the work • only be offered where the client is highly motivated to pursue self-employment and understands the inherent risks of self-employment and that they are borne by the client.

3. Return to work Rehabilitation Plans

A client should be placed on a return to work plan where it is anticipated they will have capacity and medical clearance to participate in vocational rehabilitation activities, and be working towards the goal of finding suitable work/employment, within the next 12 months. Conversely, non-return to work plans are used where medical evidence indicates there is no capacity in the foreseeable future for the client to participate in vocational activities or employment. A non-return to work plan focuses solely on psychosocial and medical management goals and activities.

Guidance on determining whether a client should be placed on a return to work or non-return to work plan can be found in the Rehabilitation Plan Development Provider Procedural Guideline. As a general rule, a client will be placed on a return to work plan where:

- it is reasonable to expect that the client will be able to commence vocational rehabilitation activities to work towards a return to work goal within the next 12 months,
- the client is motivated to work towards vocational goals,
- there is a reasonable prospect of the client having medically certified capacity to work within 12 months. Medical clearance for work is not needed at the time of creating a return to work plan.

Psychosocial and medical management activities can be recorded under a return to work plan, where they have been identified as assisting the client to overcome barriers that may be impacting their ability to return to work, and therefore enable the client to reach their vocational goal.

It is common with return to work plans that they have an initial focus on medical management and psychosocial activities (e.g. for the first six months). However, a return to work plan must always include a vocational goal. In cases where a client does not have capacity for vocational activities at the start of the plan a vocational goal might be: 'Review capacity for vocational activities in 6 months.' or 'Maintain regular discussion around capacity for vocational activities and clients vocational options for 6 months.'

In the context of DVA rehabilitation, a successful vocational outcome does not necessarily mean the client returns to paid employment. It may also include an outcome where the client enters into a successful work trial placement, or is considered to be 'work ready', which in some cases may involve unpaid (volunteer) work.

3.1 Suitable employment

The intent of vocational rehabilitation provided through DVA is to assist clients to secure suitable employment as legislatively defined in the Veterans' Voluntary Rehabilitation Services Instrument (VVRS), Section 4 of the *Safety Rehabilitation and Compensation Act (Defence Related Claims) 1998* (DRCA) and Section 5 of the *Military Rehabilitation and Compensation Act 2004* (MRCA).

Suitable employment is paid work that takes into account the client's individual circumstances including:

- experience and transferrable skills from employment they undertook prior to their injury or disease
- their general employment background including any training and other skills
- suitability to undertake vocational retraining
- the labour market in the location where the client resides
- restrictions or limitations imposed by their medical conditions, including not just those which have been accepted as service related, and
- any other barriers to the client's capability to undertake employment in their chosen field, such as their ability to pass a security clearance, or work with vulnerable people.

Consultants must ensure the above points have been considered and evaluated as part of a comprehensive vocational assessment. Refer to the Vocational Assessment Provider Procedural Guideline for more information.

3.2 Managing return to work rehabilitation plans

Good communication between the consultant and client is an essential element of effective rehabilitation. This is especially important where a client who has been out of work for some time is working towards a return to work goal as they may be particularly vulnerable to negative messages about their ability to return to employment. For this reason, it is important that the focus remains on what the client can do, rather than what they cannot do.

Consultants must establish and maintain realistic expectations with the client about suitable vocational outcomes. Clients need to be aware that the role of the rehabilitation program is to return them to suitable and sustainable employment, not prepare them for their 'dream' job.

Consultants must take a whole-of-person approach to help a client return to sustainable employment as there may be psychosocial or medical barriers to the client returning to employment that need to be overcome. This is particularly important where a client has been out of the workforce for some time as work absence tends to perpetuate itself, with the barriers to a client returning to work increasing the longer that they are disconnected from the workforce. This means in most cases, a return to work plan will also include psychosocial and medical management rehabilitation

goals and activities. These activities can assist the client with overcoming barriers to return to work by helping them to develop a sense of hope for the future and to learn to self-manage their conditions as effectively as possible.

3.2.1 Managing concerns with vocational rehabilitation progress

If the client is not achieving progress towards their vocational goal it is the responsibility of the consultant to investigate why this may be the case. In addition to discussion with the client, investigation would involve talking to the client's treating doctor, or organising further assessments (e.g. Functional capacity evaluation (FCE)) to identify if there are any medical or psychological barriers to their not achieving their vocational goal. In some instances the consultant will need to obtain an independent medical review of the client where the information for the treating doctors differs to other independent assessments, like the FCE.

3.3 Interaction between incapacity payments and rehabilitation

DVA clients who have medical clearance to participate in rehabilitation must be on a rehabilitation plan to access incapacity payments. If a client is considered not medically fit to participate in rehabilitation they can receive incapacity payments without participating in rehabilitation.

Incapacity payments are for economic loss due to the inability (or reduced ability) to work because of an injury or disease that has been accepted as service related under the MRCA or DRCA. Incapacity is calculated as follows:

- DVA clients are entitled to the difference between 100% of their normal (previous ADF) earnings and their actual earnings (including Commonwealth Superannuation payments) for the first 45 weeks of incapacity.
- After the first 45 weeks, payments are calculated on the difference between 75% of their normal earnings and their actual earnings, unless one of two factors apply that increases the 75% figure. This change to using 75% to calculate the payment amount is known as the step down.
    - The first factor is if the client is participating in a work trial. The number of hours the client undertakes in the work trial each week will determine the percentage of their normal earnings that is used. See below in this PPG for a table detailing the work trial hours and corresponding percentages.
    - The second factor is if the client is participating in approved full time study.
        - Under a pilot running from 1 November 2018 to 30 June 2023, clients are exempt from the stepdown where they are undertaking eligible full-time study as part of their plan. The exemption ceases once the full-time study element of their plan is complete, or on 30 June 2023 where full-time study continues beyond that date. *Refer to the Education and Training PPG for further information on the types of study that are included under this pilot.*

The above mentioned study pilot program, which impacts on incapacity payments, originally ran from 1 November 2018 to 30 June 2022. An extension of the pilot until 30 June 2023 came into effect on 7 October 2022. In the interim period between 30 June 2022 and 7 October 2022 there was no legislative authority in place to enable clients who were, or would be, otherwise eligible for the removal of the step down to access this measure.

However the measure was backdated when it passed on 7 October 2022 and DVA has contacted clients who they have identified as affected. If your client was affected by the lapse in legislative authority, and has not been contacted by DVA, please advise them to contact DVA.

If a client ceases rehabilitation prior to the completion of their plan, or their rehabilitation plan is suspended or closed due to non-compliance, their incapacity payments may be ceased. Consultants must ensure the client is aware of the

link between incapacity payments and rehabilitation. It is also important that the consultant works closely with the delegate regarding issues of client non-compliance. If a client's plan is being closed due to non-compliance, the delegate (rather than the consultant) will discuss this with the client, and inform them that the plan will be closed, and the consequences of this occurring.

4. Tool and activities utilised to achieve vocational goals

Each client will have different vocational goals based on their medical clearance, accepted conditions, skills and abilities, adjustment to the change in their career and their motivations towards employment.

Different activities and tools will be needed to achieve each client's goals. Some of the tools that are utilised to achieve vocational goals, and how they are assist with vocational goals, are listed below.

4.1 Vocational counselling

Vocational counselling has a different focus to a vocational assessment. Vocational counselling is used to assist a DVA client to:

- change and transition to alternate employment,
- adjust to employment outside of the military,
- adjust to their new circumstances/disability,
- identify alternative vocational options that take into account the client's skills and interests, and accepted conditions.

Methods employed during vocational counselling may include relationship building, a motivational interview, active listening and identifying ways to address barriers to the return to work process.

Vocational counselling is often beneficial before a vocational assessment as it helps the client to think about and clarify what kind of job they want to obtain. In some instances a client may not need a vocational assessment as the counselling identifies activities that can be undertaken to obtain the clients identified job.

Vocational counselling:

- must be outlined and approved as an activity in the client's plan, and must not exceed three sessions in total.
- Can be undertaken prior to a client having medical clearance to work.
- must be performed by a DVA registered consultant whose professional scope of practice includes vocational counselling (i.e. a qualified psychologist or rehabilitation counsellor), or a third party, engaged by the consultant, who has the appropriate professional qualifications.

Consultants must ensure that vocational counselling is not used as a substitute to psychological treatment, and clients are referred back to their treating practitioner if there is an apparent need for psychological treatment.

Please see the Vocational Assessment PPG for more information on when a vocational assessment should be used, and what information a vocational assessment must provide.

4.2 Functional capacity evaluation (FCE)

One of the most important aspects of a vocational rehabilitation is determining what a person is capable of in relation to returning to the workforce, particularly in relation to their physical capacity for sitting, standing, lifting and other

movements and tasks. A functional capacity evaluation (FCE) is the process that is used to objectively determine the client's physical capabilities and limitations with regards to work performance and general functioning.

An FCE comprises a series of standardised tests completed by a suitably qualified and experienced professional. It can be tailored to consider specific tasks that are essential to an identified vocation.

Consultants must ensure that the referral to the professional undertaking the FCE is very clear in relation to the purpose of the FCE so that the most relevant information can be obtained.

Consultants must also obtain medical clearance before undertaking a FCE with a client.

A Functional Capacity Evaluation (FCE) is used:

- as an objective measurement of a client's ability to perform the physical demands of specified work tasks in the vocational rehabilitation setting.
- where a client's treating Doctor is unable to provide clear and specific return to work medical guidelines.
- where a client reports difficulties with work tasks that are inconsistent with the current return to work medical guidance.
- to develop a work readiness and/or return to work plan for a client.
- to educate the client about how to maximise their functioning and avoid further injury or aggravation of an injury.

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

- physical and cognitive functional abilities and limitations, with regard to employment and/or general functioning,
- their capacity for work
- the details of the assessment processes utilised and the findings
- recommendations for strategies moving forward that will assist the client in achieving their vocational or functioning goals.

4.3 Work environment assessment

A Work Environment Assessment is undertaken to gain a better understanding of the client's work tasks and work environment and evaluate the suitability of the work duties in relation to the client's conditions. The assessment is a process of risk identification and risk reduction based on objective, scientific analysis of the client's worksite.

The assessment:

- assesses the physical, psychosocial, cognitive and communication demands of the job, specific to the client.
- identifies the risk factors of a client's worksite within the context of their capabilities, limitations and condition/s to minimise injury, aggravation of existing conditions and maximise productivity.
- assesses the client's capabilities, limitations and condition (functions diagnostic within the context of the work environment)
- includes an ***Ergonomic Assessment*** of the client's worksite (this must be approved as an activity on the plan)

- examines whether workplace modification is required. Workplace modification is adjustments to the work station or equipment, or the provision of aids, appliances or other materials to allow the client to work in a safe, effective manner
- assesses the need for job redesign. Job redesign is looking at the way the work is done and assessing the conditions of the client to determine whether and how the tasks performed as part of the job need to be modified to allow the client to safely undertake the job
- looks at the current obligations, responsibilities and actions undertaken by the employer to provide a safe and inclusive work environment
- considers the economic viability and ability to implement proposed modifications, changes and alterations to the work environment for the employer

Consultants must report on the findings above in the assessment report as well as provide information and education for the client about safe work practices and advice on work restrictions.

The Work Environment Assessment, in conjunction with the functional capacity evaluation, will inform the development of an individualised, work- conditioning program where this is required by the client.

4.4 Ergonomic assessment

An ergonomic assessment is the assessment of the physical organisation and fit out of a work or other environment in the context of the client's medical condition, illness and limitations.

The ergonomic assessment entails a brief on-site review of a workstation / work zone and provision of education, adjustments and advice to specifically target the source of the client's reported injury to ensure the client can maintain suitable and sustainable employment.

It can be done as part of a work environment assessment or in the home environment. It must be approved as an activity on the client's plan.

This service is intended to be undertaken only after a client has made use of the employer's resources provided as part of the employer's workplace health and safety obligations.

In some instances an ergonomic assessment can be undertaken in the home environment, such as the home office or a space in the home in which a psychosocial activity is undertaken.
Activities that are commonly excluded from an ergonomic assessment include:

- non worksite factors such as travel to work or household services
- educational, training or skills requirements of the work
- major or structural alterations to the immediate work environment
- non-physical or cognitive aspects of the work.

An Ergonomic Assessment should assess and report on:

- how the client's environment is impacting on their conditions
- what the employer could be providing under their obligations and responsibilities to provide a safe work environment

- the need for aids and appliances to support the client
- the type and economic viability of any proposed minor modifications, changes and alterations to the work environment.

4.5 Job Seeking Assistance

The goal of job seeking assistance is to prepare the client for the job search process and support them to find a job.

This includes working with the client to identify appropriate alternative employment role and ultimately secure meaningful, paid employment. In some instances alternative roles will arise out of the vocational assessment or vocational counselling, however this is not always the case.

Any job seeking assistance activities undertaken must be approved in the client's plan.

It is important that the client has the following skills prior to undertaking a work trial or approaching an employment agency to ensure that they ready and confident to commence obtaining employment.

Job seeking assistance activities include:

- assistance with resume writing
- assistance with application writing and selection criteria, and building strategies to tailor job applications to the requirements of particular jobs
- assistance with interview preparation, including development of interview skills and mock interviews
- preparing the client for how to disclose and discuss their disability, where this issue may arise
- assistance with developing skills for the workplace, such as workplace etiquette
- development of employer networking and cold canvassing skills
- job seeking through a range of mediums, such as internet, local newspapers, networking
- support and monitoring through the job seeking process
- an introduction between the client and employment agencies
- participating in a work trial to gain experience and confidence to re-enter the workforce or commence in a new type of employment.

4.5.1 Employment consultants

Consultants may utilise employment consultants or similar to assist clients with resume preparation, interview preparation and developing skills for the workplace such as work etiquette.

DVA does not require the employment consultant to be DVA registered, however they may only work under the supervision of a DVA registered consultant (i.e. the client's allocated consultant must oversee assistance provided to a DVA client by an employment consultant). As employment consultants do not meet Comcare or DVA's criteria to be registered as a rehabilitation consultant, they must not deliver primary case management services for DVA clients.

4.5.2 Employment agencies

If specifically approved in the client's plan, consultants may engage an employment placement agency and record this as a third party resource on the plan. This should be undertaken as a short term activity (4-6 weeks) under close monitoring by the consultant.

Engaging an employment agency would be appropriate where:

- The provider does not employ a professional specialising in job placement
- The client has a specific or uncommon vocational goal, such as they want to work in the mining industry – utilising a recruitment agency that specialises in the mining industry would maximise the client's ability to obtain a role in this industry. Similarly if the client is seeking an apprenticeship or traineeship there are agencies that specialise in placing people in these roles.
- Where the client has complex or severe disabilities – specialist agencies exist to find employment for clients with complex disabilities. For example, Disability Services Australia.
- Where the client lives in a high unemployment area
- Where other job placement options have been attempted unsuccessfully
- Where the client requires special assistance and support to re-enter the workforce, this includes where the client is especially hesitant or lacks confidence about re-entering the workforce.

It is the responsibility of the consultant to maintain knowledge and awareness of the employment services and agencies that operate in their area of operation and utilise these services and agencies appropriately and effectively to support a client's return to work.

Some employment (recruitment) agencies may charge an employment placement fee where they obtain a client a job. This fee may be charged to the employer, or to the rehabilitation consultant who has engaged the agency. Where it is charged to the consultant this must be listed as a third party resource activity cost.

4.5.3 Where employment is obtained

Where the job seeking activities result in obtaining employment for the client, the consultant must:

- confirm suitability of employment for the client with relevant health professionals and the employer (in relation to work environment)
- ensure the work supervisor is aware of the client's situation, condition and capabilities, which may involve supporting the client to have these discussions with the employer
- assess if any job redesign, aids, appliances or alterations might be required to support the client, and the viability of implementing any changes to the role or work environment
- arrange and monitor the clients work with the employer
- provide DVA with details of the offer of employment, including gross wages, hours, duties and conditions of employment
- advise the client of the impact on their incapacity payment of commencing employment
- discuss with the DVA delegate whether the Employer Incentive Scheme can be discussed with the employer (see below for further information on the scheme).

4.6 Work trials

Work trials are a temporary, unpaid work placement which provides the client valuable real world exposure to a new role and different workplace. It allows the client to:

- test out their capacity for work, and a particular field of work
- gain new skills and update existing skills
- gain confidence in themselves and their abilities in a work setting
- gain recent civilian work history and referees
- form social relationships and expanded support networks
- obtain employment arising from the work trial
- become more competitive in the job seeking process.

Generally a work trial will be for a maximum of 12 weeks. This period may be extended where an offer of employment is likely, and/or continuation in the work trial will improve the client's chances of obtaining a paid position with the work trial host.

Clients participating in a work trial who are in receipt of incapacity payments at less than 100% of their previous ADF earnings will be eligible for an increase in their incapacity payment percentage based on how many hours they participate in the work trial per week. See below for further information on incapacity payment step up relating to work trial participation.

There are a number of key steps the consultant must follow when investigating and identifying a work trial for their client.

- Consultants must ensure they have medical evidence to support the client's capacity to participate in a work trial.
    - Consultants must use the medical evidence to identify what work trial duties would be suitable for the client. For example the medical certificate may indicate that the client requires the exclusion of certain duties, such as heavy lifting, or the inclusion of graduated hours to build work fitness.
    - This medical evidence, where it contains relevant and useful information, can be used to support:
        - identified suitable duties when looking for a suitable host employers AND
        - the agreed duties of the work trial itself.
- Consultants must obtain approval via a plan amendment before investigating and identifying a work trial as a vocational activity on the client's plan.
    - Where there is not an existing medical certificate that confirms client capacity for work hours and duties, one must be obtained and provided with the plan amendment.
    - Another plan amendment is not required once a host employer is sourced.
    - The 'approval' of the host employer and the specific duties the client will be undertaking in the work trial is done via the Work Trial agreement form.
- ***The Work Trial agreement form must be submitted, signed by the consultant, client and host employer, at least two (2) business days prior to the commencement date of the work trial.***
    - Work trials are covered by insurance provided by DVA. If the work trial agreement is not agreed to prior to the commencement of the work trial it could impact on insurance coverage.

4.6.1 Medical certification of suitable duties

The consultant is responsible for ensuring appropriate medical certification is in place to support both the proposed work trial duties when sourcing a work trial, and the actual work duties once a work trial is sourced.

This does not mean that a formal suitable duties plan signed by the client's doctor is always required.

- Where the medical certificate that supported the plan amendment is current and contains relevant and useful information about the client's capacity to undertake various work related duties such as lifting, sitting, standing this certificate should be used to determine and certify appropriate duties.
- Where a suitable medical certificate is not in place, then medical evidence must be obtained. This medical evidence may be one of the following:
  - A medical certificate providing relevant and useful information on the client's general work capacity
  - A statement to the treating doctor detailing the proposed work trial duties and seeking confirmation/sign off from the doctor that the proposed duties are medically suitable.
    - The consultant must have client consent to liaise with their treating doctors prior to contacting the doctor.
    - The doctor is able to note amendments to the proposed duties on the statement and then sign and return.
    - This statement would be formulated and agreed with the host employer prior to sending to the doctor.
    - The consultant must discuss any amendments made to the duties by the doctor with the host employer and reflect the amendments in the documented, agreed work trial duties.
  - A suitable duties plan completed by the doctor.
- Where the GP charges outside of the health card arrangements for the provision of medical evidence this can be paid under the rehabilitation plan.
  - Consultants must ensure the amount being billed is reasonable and where it is not should liaise with the medical practice to discuss reasonable cost.
  - A plan amendment for the GP costs must be submitted in conjunction with the invoice for the GP cost.

4.6.2 Documenting agreed duties

The process of documenting and agreeing on duties between the host employer, DVA and the client is separate to the medical evidence. This is because:

- The medical evidence does not need to state specific duties applicable to the actual work trial obtained. Information from the medical evidence can be extrapolated by the consultant to determine suitable duties.
- The agreed duties documented on the work trial agreement form must be specific to the work trial. The agreed duties must be based on the medical evidence however do not need to be specifically signed off by the doctor.

The specific agreed duties need to be documented:

- So all parties are clear as to what duties will be undertaken.
- For the purposes of insurance. This enables the insurance company to confirm whether the client and/or host employer were operating within the duties agreed to by DVA.

4.6.3 Arranging a work trial

Consultants must liaise with the employer to obtain the work trial. The employer must be made aware:

- they do not need to pay the client as they are paid by DVA
- that the work trial is for a limited time
- it is intended to meet one or several of the objectives listed above, including obtaining paid employment for the client with the host employer.

The consultant must:

- Assess that the work trial is appropriate given the client's conditions. The consultant must reference the information on the medical certification regarding approved hours and capabilities when making this assessment, as well as any other limitations or modifications highlighted in other professional assessments such as a vocational assessment, functional capacity assessment, work environment assessment or ergonomic assessment.
- Obtain consent from the client to discuss any limitations the client may have in the work trial with the potential host employer. These limitations, and strategies to manage them, including agreed suitable duties, should then be discussed with the host employer.
- Ensure the duties devised for the work trial are within the client's capacity and that the identified duties do not require workplace modifications, aids and appliances.
    - There may be exceptions to the above guidance regarding workplace modifications, aids etc where the client has significant injuries that would prevent them from participating in a work trial unless modifications, aids etc are provided.
- Ensure the work trial agreement, including documentation of agreed duties, is discussed and signed off by the host employer, client and consultant and submitted to DVA for approval at least two business day prior to the commencement of the work trial.
    - This agreement outlines the responsibilities of the host employer, the client, the delegate and the consultant and documents the delegate's approval of the work trial
- Provide the DVA Work Trials Insurance Manual to the client and host employer so that they understand the insurances that DVA provides and the process to follow where a claim needs to be made.
    - DVA has insurance to cover injury to the client, and insurance to cover injury or damage caused by the client's negligence.
- Explain the work trial diary requirement to the client and host employer.
- Advise the client and host employer that they will visit the client in the work trial environment to confirm that the duties and environment are suitable for the client 'in practice'.
- Encourage the employer to provide well considered on-the-job training to the client that enables them to acquire the skill and competencies for the job
- Consider any requests from the client for specific equipment (e.g. Personal Protective Equipment (PPE)) required for the work trial (see below for further information about these requests).
    - Where equipment is required, and is justified, approval to fund the equipment must be requested on a plan amendment.

4.6.4 During the work trial

Once the work trial is in place the consultant must:

- actively monitor the client, including within their workplace, to ensure they are working within the suitable duties agreed
- notify DVA immediately 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
- ensure any issues that arise in the host workplace are addressed promptly
- ensure that the client completes and submits the fully signed *Work Trial Attendance Diary* to the consultant.
    - The consultant must 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.

Where a request is made for an extension to the duration of the work trial it is the responsibility of the consultant to assess whether the reasons for the extension request is in the best interest of the client. For example, is it likely to improve the chance of future employment for the client, and/or is it allowing the client to obtain additional, valuable skills and experience that could make them more employable with another employer. Where it is not assessed to be in the best interest of the client, and is assessed to be more likely related to the employer looking to obtain further 'free labour' that is paid for by DVA, the extension request should be declined.

4.6.4.1 Impact of work trial participation on incapacity payments

A client's incapacity payments are affected when they participate in a work trial. The percentage of the client's previous ADF salary, which is used to calculate their incapacity payments, will increase based on the number of hours that the client participates in a 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.

4.6.5 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 post-trial, if the opportunity exists.

If the client is offered employment, the consultant must:

- ensure the offer is in line with legislated pay rates and work conditions
- notify the DVA delegate immediately of the details of the employment, including start date, hours, salary and duties of the role.
- discuss the Employer Incentive Scheme with the employer (see below for further information)
- advise the client of the impact on their incapacity payments due to them commencing employment.
- consider any work place assessment, 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 further activities that can build on skills and experience gained during the trial.
- encourage the client to apply for jobs leveraging off the experience and skills gained during the work trial.

4.6.6 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 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.

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 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 offers 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, and
- the employer is an immediate family member of the veteran (spouse, partner, child, parent, grandparent, grandchild or sibling).

4.6.6.1 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 the delegate.

- The consultant 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 discussing EIS with the delegate.
- Requests for approval of EIS must be submitted prior to the employment commencing. To facilitate the request for EIS the consultant must obtain and provide to DVA:
    - The offer of employment including gross wages, hours of employment, duties and conditions of employment.
    - An email from the consultant, or employer where possible, confirming that the eligibility criteria has been discussed and confirmed. Where the email is from the consultant it is acceptable that verbal confirmation between the consultant and employer has occurred and that the email is providing written confirmation of this conversation.
    - A start date for the employment.
    - A plan amendment requesting approval for EIS as an activity on the plan.
- Where DVA approves the employer for the EIS, the employer will be sent an approval letter and the claim for reimbursement form directly by the delegate.

  - The employer must complete page 2 of the claim upfront as acknowledgement that they accept the terms of the EIS and send the returned form to the consultant for uploading to the PUP. The form does not need to be signed at this stage.
    - ***Please note***: *The claim for reimbursement form is submitted multiple times as it is used both to confirm information initially and to claim reimbursement under the scheme*.
- The employer must submit the claim form after three months, 6 months and 12 months of employing the client to the delegate via Rehabilitation@dva.gov.au to access their 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 the delegate.
- The client is responsible for advising the incapacity payment section of DVA of their new employment and the amount they will be paid. Their employment will affect their incapacity payment entitlement so the client must advise the incapacity payments section promptly to avoid an overpayment.
- The consultant must monitor the client for a reasonable period following the commencement of their employment to ensure the employment remains suitable after which time the plan can be closed where the client does not have any other current goals and activities.

4.6.7 Provision of uniforms and other essential equipment

Where a client obtains a work trial and they require particular clothing or equipment to attend the workplace, DVA may pay for these items. DVA may also pay for these items where the client has secured a job through their rehabilitation plan, and the employer does not provide these items.

The criteria for paying for clothing and equipment differs slightly where it is for a work trial versus permanent employment. The duration of time that the item will be required under a work trial, and the cost of hiring the equipment instead of purchasing it are factors that will be considered when approving requests.

Items that DVA may consider paying for include:

- personal protective equipment required in the workplace, such as high vis clothing and steel cap work boots
- equipment specific to a role such as a belt to carry security equipment or tools
- a specific uniform requirement, this does not include general office wear.

The consultant must submit a plan amendment requesting approval for the purchase of relevant items. The client should purchase the item and then submit a clearly itemised receipt to DVA, via their consultant. The delegate will then confirm the purchased item/s match the approval, and then organise reimbursement for the client where the item is appropriate.

DVA may also pay for workplace aids and ergonomic equipment for the workplace.

- Where the item is a standard item of equipment provided to all employees, such as an adjustable office chair, these items must supplied by the employer.
- Where the item is specific to the client's conditions the employer can be asked to provide it first. Where employer will not supply the aids or equipment the reason why must be documented and provided to the Rehabilitation delegate in conjunction with the request for the item/s. The delegate will then make a decision about whether the item can be provided under the rehabilitation program.

If the client changes employment to a role requiring different uniforms or equipment DVA will not pay for those items. This is because as the client has been in paid employment they now have the financial capacity to purchase the items independently.

4.7 Self-Employment Assistance

There are instances when a client chooses to pursue self-employment in preference to seeking paid employment with a new employer. Consultants must determine the client has a high level of self-motivation regarding this type of employment for it to be considered.

Self-employment assistance includes assistance to determine if self-employment is a viable option, and if so, assisting the client, through access of advisory and specialised services, to be in a position to earn an income from their business.

In order for self-employment to be a viable rehabilitation outcome, the consultant needs to ensure the client:

- is committed to such a venture and originates the idea
- has medical evidence confirming the client's ability to undertake the work as a self-employed person
- provides a properly prepared business plan detailing their ability to finance and earn in a particular self-employment venture. The client may receive support and guidance in the preparation of this business plan from a suitably experienced accountant or business planner as an activity under their rehab plan.
- understands the inherent risks of self-employment and that they are borne by the client.

Consultants must discuss with the client that self-employment is a high risk type of employment where it is common that the planned and assumed earning does not eventuate. Clients must be made aware that DVA will pay incapacity payment for a reasonable period of time whilst they are establishing themselves in business (see below for more information), but the capital set up costs of the venture must be paid by the client.

A Vocational Assessment or vocational counselling may be valuable where a client is considering self-employment and may need assistance with other ideas and options for employment.

The consultant must analysis the business plan and from that identify which of the following supports should be provided.

In supporting a client to commence self-employment, the consultant must:

- support the client to identify small business advisory centres and services (Job Services Australia, ATO, ACCC) that provide service and information to people starting their own business
- assess the value of, and provide where relevant, business related training such a business management course where it is likely to improve the viability of the business venture
- investigate and identify, where relevant, mentoring services to identify a business mentor to support the client in the technical aspects of commencing their own business.

Any activities identified in the client's rehabilitation plan that support self-employment must first be approved by the delegate.

4.7.1 Incapacity payments whilst pursing self-employment

A client may access incapacity payment for a reasonable period while establishing their business. What is considered a reasonable period will be determined by the consultant's assessment of:

- the client's progress with their rehabilitation program;
- any factors raised by the client's treating health practitioners;
- any feedback provided from a business mentor (if a mentor is providing support to the client); and

- income that the business is able to generate.

This enables the client to complete the critical business components of their rehabilitation plan, establish a client base or customer network and generate income.

Consultants need to ensure the client is aware that incapacity payments may be impacted if they are deemed as being ‘able to earn’ once their rehabilitation goal is achieved. A client may be deemed able to earn an amount if they are not earning it. The client must talk to their DVA incapacity delegate about deeming.

4.8 Retraining and further education

Clients will often need some degree of retraining in order to obtain a job as they will not be returning to the role they have previously performed.

Consultants must take into account a range of retraining and education options available to support a client to obtain suitable and sustainable employment. *Refer to the Education and Training and Vocational Assessment PPGs for further information*.

The most important role of the consultant in relation to retraining and education is managing the expectations of the client with regards to the degree of retraining DVA will approve. Some clients may want to engage in significant retraining where they have existing abilities to obtain suitable and sustainable employment. Alternately, the client could undertake more time and cost effective retraining that would give them the skills to obtain employment. Consultant must ensure DVA’s role is support the client to obtain suitable and sustainable employment, which will most likely not be their dream job.

4.9 Relocation assistance

DVA may provide assistance with the costs of moving where there is a reasonable requirement for the client to relocate because they have secured suitable work and there are no suitable or reasonable employment options available in the area the client is currently living. Consultants must ensure that the client is on a return to work plan before proposing relocation assistance.

It is envisaged that relocation assistance is only provided in limited special circumstances such as a client living in a remote region with very limited labour market prospects and needs to move to a region with stronger suitable employment prospects, or where the client has specialised skills and there are very limited employment opportunities in the region the client is residing.

Consultants are required to manage the client’s expectations on relocation assistance appropriately and ensure the client understands that relocation assistance will only be considered in very specific circumstances. It will not be paid where the client finds a particular job they are keen to obtain in another location where there is suitable and sustainable employment options in their current location.

Before a decision will be considered on granting relocation assistance, the consultant needs to work closely with the client and the delegate to evaluate the reasons why the client has been unsuccessful in securing suitable employment in their current location. Where a client is having difficulty obtaining work in their current location additional job seeking assistance should be provided before considering relocation.

Consultants need to seek delegate approval for relocation assistance prior to the client relocating. Prior to requesting relocation assistance the consultant needs to provide the delegate with:

- a comprehensive labour market analysis for the client's current location demonstrating very limited employment opportunities for the client
- evidence the client has unsuccessfully applied for a wide range of jobs relevant to their skills and experience in their current location
- evidence that the client as undertaken job application and interview skills courses as appropriate, and
- evidence that the client has been offered and accepted secure and meaningful employment in the new location.

4.9.1 Relocation costs

Requests for relocation assistance are considered by the DVA delegates on a case by case basis. However, it is expected that the following costs would be considered reasonable in most circumstances:

- moving costs for the contents of the client's home
- reasonable transport costs for the client only
- transport of the client's vehicle where it is required for their job, and they did not drive it to new location
- one week's reasonable accommodation, and/or
- a 'move clean' if the client is eligible for Household Services

Costs that are not included in relocation assistance incorporate:

- insurance
- losses on sale of house or household items
- packing or unpacking of household contents, and/or
- transport for other family members, vehicles or animals
- Storage costs in the new location.

4.10 Closing of plan goals and activities following vocational outcomes

Where a client has achieved their vocational goal, by obtaining employment, and they have achieved their other plan goals (ie. Medical management and psychosocial goals) their plan does not need to be closed immediately.

The plan is generally left open for a reasonable period of time, determined between the client and consultant, and agreed by the delegate, to allow monitoring of the client in their new employment. This allows the consultant to continue to support the client if issues arise in the client's new employment.

As a guide, the plan may remain open for the duration of the client's employment probation period to monitor that the employment is suitable and sustainable. However the client and consultant may agree a lesser time is appropriate. A plan amendment must be submitted by the consultant with the proposed end date, which will be approved by the delegate.

The consultant must also notify the client that even after their plan is closed:

- the delegate will contact the client 6 months after commencing their employment to check in on how they are going

- the client may be eligible for ‘top up’ incapacity payment where the combination of their earnings and their Comsuper is less than their previous ADF wage. The client must liaise with their DVA incapacity delegate about this.
- the client can come back to DVA for further rehabilitation support if their circumstances change.
- the client can obtain streamlined access to incapacity payments if they need to reduce their work hours, or cease their new employment due to an accepted mental health condition.

Appendix A: PPG Amendments

Version number	Date released	Changes to this version
1.3	October 2022	• Updated content relating to the incapacity payment step up measure for eligible full time study as the legislation to continue the measure until 30 June 2023 passed.
1.2	July 2022	• Remove reference in work trials section of Vocational requirements table to assessing job redesign, aids, appliances and alterations. • Updated explanation of incapacity payment calculation including interim advice on study step up pilot program. • Added specific timeframe in which work trial agreement must be provided prior to work trial commencing (2 business days). • Added additional clarity around medical evidence required to support a work trial. • Specified that only one plan amendment is requirement for work trials, unless additional funds required. The plan amendment is required prior to sourcing the work trial. A second plan amendment is not required once work trial sourced. • Clarified the role of documenting agreed duties vs the role of medical evidence. • Added updated messaging around the provision of the work trial insurance information to clients and employers. • Specified that: o Client consent must be obtained to discuss client's workplace limitations with the host employer. o DVA signs the work trial agreement after the client, consultant and host employer. o Agreed work trial duties should be designed so as not to require work place modifications, aids or appliances. o For employment obtained from work trial, modifications, aids and appliances may be considered to support safe performance of the role in the long term. • In relation to Employer Incentive Scheme (EIS), removed exclusion related to employment offered by a local government entity being exempt from EIS. • Added clearer information on EIS in relation to: o The process for requesting approval for the EIS o How EIS is 'managed' once it has been approved, including a change to the process to remove the need for the plan to remain open where EIS is the only remaining 'activity'. • Included reference to the Vocational Assessment PPG in the retraining and education section.
1.1	April 2020	• Removed reference to reasonable prospect of medical clearance to work being obtained within two years. • Amended the example of the type of goal that might be suitable where the client does not yet have vocational capacity. • Information added on the impact of work trial hours on incapacity payments. • Added reference to streamlined access to incapacity payments where client's accepted mental health condition/s impacts on their work hours or ability to continue working.
1.0	November 2019	Original version