Australian Government
Department of Veterans' Affairs

transforming DVA

Provider Procedural Guidelines (PPGs) Manual

The DVA Rehabilitation Program

Version 1.1

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7. Warm handover

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

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

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

Purpose

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

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

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

Identifying a warm handover case

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

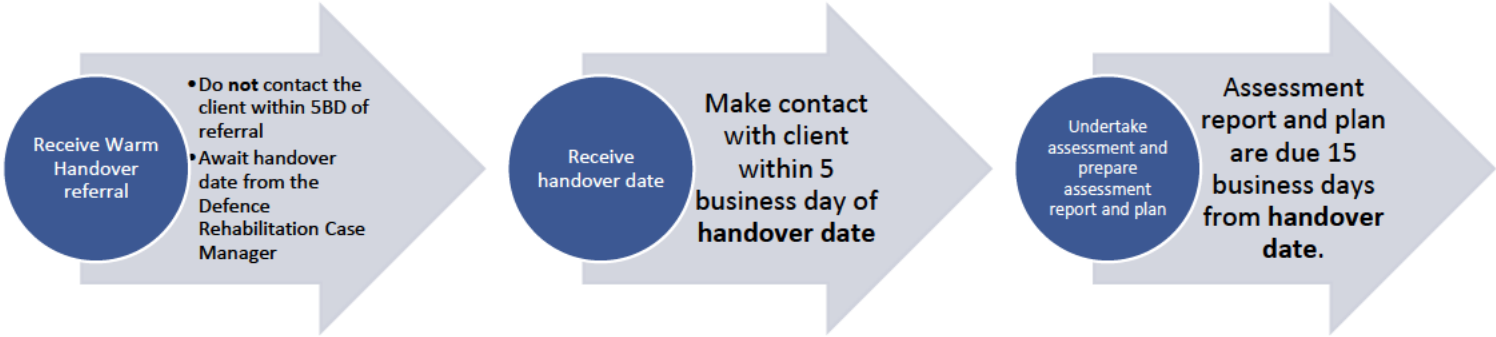
Timeframes

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

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

The handover date acts as the referral acceptance date for timeframes which would ordinarily use the referral acceptance date. For example, for a warm handover client the

assessment report and plan are due 15 business days from the handover date, rather than 15 days from the referral acceptance date.



Funding

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

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

Handover date

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

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

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

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

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

Information to be shared between ADFRP RC and DVA rehabilitation consultant

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

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

The below topics will be covered in the transfer report:

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

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

Warm handover process

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

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

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

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

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

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

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

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

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

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

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

a. introduce the DVA consultant to the client

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

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

d. identify urgent and immediate needs post separation

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

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

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

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

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

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

Reporting information from warm handover in the assessment report

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

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

8. Assessment

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

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

Purpose of assessment

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

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

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

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

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

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

Assessment timeframes

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

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

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

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

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

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Client goals vs client needs

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

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

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

Needs related to accepted condition

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

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

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

- If a client has a need/s that relate, at least in part, to one or more accepted conditions then they are able to proceed to plan.
    - For example, the client has a back condition accepted, it is impacting on their ability to work in their current employment. As they have a need that is in scope

of the program and is related to an accepted condition they may proceed to plan, where there are no other factors that impact on their capacity/suitability for rehabilitation.

- Where a client has no needs that relate to any of their accepted conditions then they are not able to proceed to plan.
    - For example, the client has an aggravation of an ankle sprain accepted, it is not causing them any issues. The client also has a knee and shoulder condition that are not accepted as related to their service. The knee and shoulder condition are impacting on their psychosocial wellbeing and employment. As the client has no needs that related in any part to their accepted condition, they are not eligible for a DVA Rehabilitation Program.

Medical certification to support assessment

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

The assessment report can be submitted without medical certification.

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

Assessment outcomes

Through the assessment the consultant must:

- Assess the client's capacity to participate in the DVA Rehabilitation Program
- Identify issues that might impact on the client's suitability for rehabilitation
- Consider and identify client needs against types of rehabilitation – medical management, psychosocial and vocational.
- Consider and identify client goals based on the information obtained
- Set, reiterate and manage client expectations about the DVA Rehabilitation Program.

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

- Where urgent needs are identified during the assessment the report and associated plan must be submitted within three (3) business days of the assessment to enable the plan to commence promptly.

- Refer to the Client Welfare section and the Identifying client welfare issues at assessment section below for information regarding where a welfare event occurs during the assessment stage.

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