# Procedural Guideline

**Initial Rehabilitation Assessment**

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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 performing an Initial 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, and
- provide the basis for developing the draft Rehabilitation Plan (the plan).

1.1. **Assessment areas**

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

*Figure 1: DVA rehabilitation assessment areas*
2. Initial Rehabilitation Assessment requirements

Table 1: Initial Rehabilitation Assessment requirements

<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Rehabilitation Assessment</td>
<td>The assessment must:</td>
</tr>
<tr>
<td></td>
<td>• be undertaken by a suitably qualified and experienced consultant who is registered with DVA</td>
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<tr>
<td></td>
<td>• be undertaken face-to-face¹ with the client, unless the DVA Rehabilitation Delegate (the delegate) has given prior agreement</td>
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<tr>
<td></td>
<td>• be completed using the <a href="#">D1334 Rehabilitation Assessment</a> form addressing all sections and providing sufficiently detailed information to provide a baseline for the Rehabilitation Plan</td>
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<td></td>
<td>• be informed by medical evidence from the client’s general practitioner (GP) and other health professionals</td>
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<td></td>
<td>• include a recommendation on whether any additional assessments are required, and the justification for those assessments</td>
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<td></td>
<td>• recommend rehabilitation goals and activities that are Specific, Measurable, Achievable, Realistic within a given Timeframe (SMART), and</td>
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<tr>
<td></td>
<td>• be uploaded together with the draft Rehabilitation Plan and other supporting documents using the Provider Upload Page.</td>
</tr>
<tr>
<td>Life Satisfaction Indicator</td>
<td>• The assessment needs to be accompanied by the completed <a href="#">D9230 Life Satisfaction Indicators</a> form (LSI form).</td>
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<tr>
<td></td>
<td>• The client must complete the LSI form themselves. Whilst a provider may assist the client to complete the form, under no circumstances should a provider complete the form on the client’s behalf.</td>
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<tr>
<td></td>
<td>• The LSI form must be uploaded using the Provider Upload Page.</td>
</tr>
<tr>
<td>Medical Clearance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Evidence of medical clearance must be attached to the assessment and uploaded using the Provider Upload Page.</td>
</tr>
<tr>
<td>Rehabilitation Rights and Obligations</td>
<td>• The rights and obligations form should be signed by the client during the assessment appointment(s) and prior to the plan commencing, and uploaded using the Provider Upload Portal.</td>
</tr>
<tr>
<td></td>
<td>• The consultant must give a copy of the signed rights and obligations form to the client for their records.</td>
</tr>
<tr>
<td>Client Welfare</td>
<td>• DVA must be advised immediately where the consultant becomes aware the client has urgent needs or is at risk.</td>
</tr>
</tbody>
</table>

¹ Face-to-face includes interactions via videoconference such as Skype or other similar technologies, however actual face to face visits are preferable.
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 seven calendar days of the referral being issued. Where the assessment cannot commence within seven calendar 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 21 calendar days of the referral being issued. Where the assessment report cannot be submitted within 21 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 medical practitioner in rural and remote areas), the provider must seek an extension from the delegate via email and provide a justification for the delay.

### Initial 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. This process may involve one or a series of appointments or consultations depending on the complexity of the case.

#### Figure 2: Initial Rehabilitation Assessment process overview

![Initial Rehabilitation Assessment process overview diagram]

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 regimes, 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 and/or other support person/s. The consultant must ensure the client understands the DVA Rehabilitation Program and the available services.

The assessment provides evidence to support the development of a draft Rehabilitation Plan (the plan), tailored to the client’s needs, circumstances and goals. The assessment and draft plan are developed together, and submitted to the delegate at the same time. The draft plan then goes through a process of negotiation with the delegate, the consultant and client before being signed by all parties and activities being commenced.

3.1. Rehabilitation assessment form

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

- determine the client’s capacity to undertake rehabilitation and appropriate related activities
- note the client’s LSI score and comments raised regarding the LSI
- 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
- recommend medical management, psychosocial and vocational rehabilitation goals and activities where appropriate to ensure a whole of person rehabilitation approach.
activities should be Specific, Measurable, Achievable and Realistic within a given Timeframe (SMART). For guidance on activities funded under a plan, consultants should consult the Vocational Rehabilitation Services, and Non-Vocational Rehabilitation Services Operational Guidelines. *Note, these guidelines are expected to be released in September 2019.*

- 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 answered 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 is not completed to a satisfactory standard, the delegate may reject the assessment and send it back to the consultant for revision.

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 been provided with a draft copy 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.

### 3.1.1. Veterans' Vocational Rehabilitation Scheme assessments

The Veterans' Vocational Rehabilitation Scheme (VVRS) provides vocational support to clients under the *Veterans' Entitlements Act 1986* (VEA) to assist them to return to work. VVRS assessments are undertaken using the same form as for other rehabilitation clients.

While VVRS client assessments use the same assessment form, the assessment will have a focus on the client’s vocational rehabilitation needs. The assessment will also identify the full range of needs the client may have to support their vocational outcomes. This is with the view that psychosocial or medical management goals and activities may be considered as part of a VVRS plan where they directly support the client achieving a vocational outcome. While only vocational needs can be addressed under the VVRS, clients who have accepted claims under the VEA may be able to access other services provided by DVA to address their broader needs. Those VVRS clients with no accepted VEA claims should be encouraged to access community-based services to address the non-vocational needs identified by the assessment process.

At the time of the referral, DVA will advise if a client is accessing rehabilitation under the VVRS so that this can be factored into the assessment and plan development.

### 3.2. Life Satisfaction Indicators

A [D9230 Life Satisfaction Indicators](#) form (LSI form) must be completed by the client prior to, or during, the rehabilitation assessment to indicate levels of life satisfaction. It is suggested that the LSI form is provided to the client prior to the assessment appointment, as this will enable the client to consider appropriate responses before the appointment. This questionnaire covers how an
individual is coping across a range of domains including employment, finances, mental health, physical health and personal relationships.

The LSI form gives an opportunity for consultants to initiate discussions with clients through the development of goals and identifying Goal Attainment Scaling (GAS) measures. The LSI form also has the potential to identify further areas of unmet needs where DVA may be able to provide additional assistance or support to individual clients.

Whilst a provider may assist the client to complete the LSI form, under no circumstances should a provider complete the form on the client’s behalf.

3.3. Rights and obligations forms

A client’s rights and obligations when undertaking rehabilitation are contained in the standard forms titled ‘Rehabilitation Rights and Obligations’ available through the DVA forms portal:

- 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
- the D9269 VVRS - Rehabilitation Rights and Obligations form is for Veterans’ Vocational Rehabilitation Scheme (VVRS) participants.

It is important that the client’s rights and obligations are explained to them during the assessment and plan development appointment.

Clients are required to sign the relevant rights and obligations form before commencing their plan, to acknowledge that they have read and understand their rights and obligations.

3.4. Medical authority and clearance

Consultants need to obtain the client’s consent to engage with their treating practitioners during the assessments 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 the forms page on the DVA website:

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

Consultants are required to attach evidence of medical clearance to the client’s assessment. 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.

3.5. Relationship with the draft Rehabilitation Plan

The assessment is used by the consultant to inform the development of the draft plan using the D1347 Rehabilitation Plan template. These documents are submitted to the delegate at the same time together with other supporting documents. Consultants should refer to the Rehabilitation Plan Development Provider Procedural Guideline for DVA’s requirements and guidance when developing the plan. There may be rare cases where no plan is prepared following an assessment, such as where medical clearance to participate in rehabilitation is not given. In those cases, the delegate should be consulted.

3.6. Provider Upload Page

It is mandatory that providers upload the assessment form, LSI form, rights and obligation form, medical clearance and draft plan form 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 phone the delegate before submitting the documentation via email.

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 assessment

The assessment must commence within seven calendar days of the referral being issued, and the completed assessment report must be provided within 21 calendar days. There may be situations where the assessment cannot commence or be 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 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 client is unable to obtain reports from their treating medical practitioner in rural and remote areas.

In these situations, the consultant should seek an extension from the delegate via email or phone call 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 reporting to DVA.
5. Client welfare

It is important that the rehabilitation assessment occurs in a setting which is safe, suitable and comfortable for both the client and the consultant. In some cases, the referral may indicate that the client is experiencing issues that may create stress during the assessment. This may occur, for example, if the client is experiencing acute symptoms of post-traumatic stress disorder, anger management issues or substance or alcohol misuse disorder. Where this is highlighted, it is important that the consultant considers their personal safety and organises for the rehabilitation assessment to be conducted in a neutral environment, away from the client’s home. In such cases, telehealth arrangements such as videoconference or teleconference may be more appropriate. Where client welfare concerns are present, the consultant needs to make immediate phone contact with the delegate to advise them that a client has immediate or urgent needs, or is at risk in any way, and negotiate how these needs can be addressed as quickly as possible. This includes situations where the consultant becomes aware that the client is experiencing delays in accessing medical services (such as psychiatrists or other medical specialists), as in these cases the delegate can assist with connecting the client to DVA’s travel services to support timely treatment in another location.

For additional guidance and information on client welfare, rehabilitation providers should consult the Client Welfare Procedural Guideline.

5.1. Expectations management

Throughout the assessment and plan development process, consultants are expected to proactively manage client’s expectations as to potential activities 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 activities meet DVA’s reasonableness criteria and ensure that proposed activities meet the requirements of the Vocational Procedural Guideline and Non-Vocational Procedural Guideline as relevant. *Note, these guidelines are expected to be released in September 2019.* This includes ensuring the activities reflect the client’s circumstances, while being cost effective.

6. Completion of additional assessments (including vocational assessments)

Detailed specific assessments such as a Vocational Assessment, Functional Capacity Evaluation, Ergonomic Assessment and Work Environment Assessment should only be undertaken following the recommendation and approval of the delegate. It is a requirement that additional assessments are specified in the draft plan and approved by the delegate before they are undertaken. The client should be at an appropriate point in their rehabilitation before undertaking additional assessments. For some clients, this may be after they have progressed past a period of focus on medical management and/or psychosocial rehabilitation.

For additional information and requirements on completing vocational assessments, consultants should consult the Vocational Assessment Procedural Guideline. This also includes information on the Functional Capacity Evaluation, Ergonomic Assessment and Work Environment Assessment. *Note, this guideline is expected to be released in September 2019.*
7. **Cost management and invoicing**

Consultants should submit their invoice for the assessment and plan development via the PUP once the plan has been developed and agreed with all parties. Consultants are required to use the invoicing template provided in Annex B of the Deed of Agreement for Rehabilitation Services. Invoices should be uploaded as a separate document to the assessment and plan, and must be uploaded separately for each client. Invoices submitted via bulk email or upload will not be accepted by DVA.

Consultants must ensure actual costs incurred through the assessment and plan development, reflect only the duration of work performed for the client and are within the amount specified in the referral from DVA. If costs are expected to exceed the approved amount, the consultant must discuss this with the delegate and gain written authorisation before performing the work. Costs cannot be incurred without delegate authorisation, and DVA cannot pay invoices that exceed the amount approved on the referral.

Costs invoiced for the assessment and plan development are expected to be inclusive of all activities required to perform the assessment and develop the plan. This may include, but is not limited to:

- completion of the assessment including meeting/s held with the client
- development and review of the plan using the DVA template, and negotiation with the delegate and client until the plan has been approved by the delegate and agreed to by all parties
- obtaining medical clearance from the client’s treating practitioner/s
- meetings, phone calls, letters, emails, SMS with/to the client, treating practitioners, the delegate and other stakeholders throughout the assessment, plan development, negotiation and approval
- travel costs incurred in relation to plan development, negotiation and approval
- provider administrative costs including invoice preparation, filing, document uploads distribution of DVA promotional materials to clients and letter postage, and
- using DVA electronic resources (e.g. CLIK and DVA website) to guide clients through DVA requirements.