Rehabilitation Provider Information Session
Minutes

Thursday 14 November 2019, 2:30pm – 4:00pm (ADST)

Attendees

<table>
<thead>
<tr>
<th>Chair</th>
<th>Tim Evans</th>
<th>Assistant Secretary, Client Access and Rehabilitation Branch</th>
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<tr>
<td>Attendees</td>
<td>Mellisa Eyre, Director, Rehabilitation Program Section</td>
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<td><strong>Presenters</strong></td>
<td>Angela White, Stakeholder Engagement Manager</td>
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<td><strong>Attendees</strong></td>
<td>DVA Staff from ACT, NSW, QLD, SA, TAS, VIC, WA</td>
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<td>Care and Assistance Programs Section (RAP)</td>
<td>Alexandra Kellar, Project Officer</td>
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<td>Rehabilitation Client Satisfaction Survey</td>
<td>Andrew Lenihan, Partner, ORIMA Research Pty Ltd</td>
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<td>External</td>
<td>DVA’s contracted Rehabilitation Consultants</td>
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<td><strong>Secretariat</strong></td>
<td>Clare West</td>
<td>Assistant Director, Rehabilitation Programs Section</td>
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Minutes

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<td>1</td>
<td>The Chair, Tim Evans, welcomed attendees to the November 2019 Rehabilitation Provider Information Session. Attendees were advised that the meeting would be captured on video and put online and on YouTube so that those consultants who were unable to attend can view it. <strong>Post session edit:</strong> There was a technical malfunction with the recording of the session therefore it will not be available to view. We apologise for this error. The content of the session can be obtained from these minutes in conjunction with the</td>
<td>Tim Evans</td>
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copies of the presentations that were delivered in session and have been disseminated via an email from the Stakeholder Engagement Manager. **

Tim opened with an update on the now completed outstanding invoice project as this was an item that was discussed at the July 2019 RPIS. Tim advised that a team was established which quickly addressed the backlog of outstanding invoices. He thanked the providers both for their patience whilst we rectified the backlog and also for bringing the issue to our attention. Tim said the outstanding invoice rectification was an example of DVA’s capability and commitment to address provider issues if they arise. He advised we will endeavour to ensure that a backlog in invoices does not occur again.

Tim then introduced Angela White as the new Stakeholder Engagement Manager (SEM) noting that many of the consultants would have already met, or communicated with Angela as she has been involved in the provider engagement meetings, and also in the role for a few months.

Tim farewelled Tania Morfey from the SEM role, thanked her for the work in the role and wished her luck in her new role with the Qld state government.

Tim ran through the agenda items that were to come in the session, then handed over to Angela White for her items.

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<td>2 a)</td>
<td>Stakeholder Engagement Update</td>
<td>Angela White</td>
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Angela White commenced by introducing Clare West as her colleague in the “Provider Engagement” section of the Rehabilitation Program team.

Angela then provided an update on recent activities in the Stakeholder Engagement area. She advised that since she started in the role 3 months ago she has been on the provider meeting circuit with Tania Morfey, the outgoing SEM. Angela advised she has enjoyed meeting a lot of the providers around Australia, and also acknowledged that there are a number of providers that they did not meet with. She is organising telephone meetings with those providers that she did not meet with in the September/October meeting schedule.

Angela advised that she received positive feedback from providers about DVA particularly about improved consistency as a result of the Standard Operating Procedures (SOPs) that the DVA delegates now use (that were released as part of the Single Operating Model project).

Angela recognised that it has been a period of rapid change for providers, and DVA delegates, in the last 6 months and the amount of change will slow down moving forward.

Angela discussed that the quality report has been sent out to providers, which will be used to gather performance data. Any queries about this report or the process
should be sent to Contract Management team using the RPIP@dva.gov.au mailbox. She also advised that the Rehabilitation Services Section internal quality assurance program is now in full swing.

Angela closed her general update section by saying that she is looking forward to catching up with those providers she is yet to talk to via their phone meetings.

Tim Evans provided a quick interjection to advise meeting participants about the Pigeonhole Live app, the details of which were on the screen at the commencement of the meeting. He reminded participants that they can submit questions at any time during the meeting and that these questions would be received in Canberra and read out, and then answered where possible by the meeting participants.

**b) SMART goals**

Angela advised that today’s session is to share information with providers on DVA’s views and expectations on SMART goals, and was not meant to be training in SMART goals given providers’ expertise in this area. Angela advised that this information on SMART goals is available in the Plan Development PPG.

Angela confirmed that SMART goals must be used moving forward and that this information session is the line in the sand. The standard, broader goals will not be accepted moving forward.

*Please see the SMART goals power point presentation for the information Angela provided on DVA’s expectations on setting quality SMART goals.*

Angela advised she would prepare a DVA SMART Goal Q&A information sheet and distribute it following the meeting once providers had submitted any further questions. She then followed up with a couple of the most commonly asked questions and answers:

Firstly, the issue of goals being 100 characters long. Whilst our DVA system limits the goal field to 100 characters this doesn’t mean the providers should limit the characters in the goals they write to 100 characters. She asked the providers to be succinct. The DVA delegates will transpose the goal in a brief form into the system.

Secondly, the number of goals that can be created. There is no specific number, it should reflect client need and be manageable. The plan can have more than 1 goal for each ‘category’ (ie. Medical management, Psychosocial, Vocational).

Finally, Angela advised in relation to plan management in general that where a previously written broad goal is completed that a plan amendment is not required, the completion can be advised in the progress report. If a goal is being added a plan amendment is required.
Questions were then taken from participants and read out from Pigeonhole Live:

1) Previously physical and psychological goals were grouped together under 1 medical management goal. Can there now be two medical management goals, one for each condition? The answer given was yes.

2) Participant highlighted the ‘specific-ness’ of one of the example SMART goals given in the power point presentation – ‘Successfully complete Cert IV in Youth Work….’ Consultant expressed concern regarding clients coming into the rehab process with such a specific goal and that they may not always be helpful. Angela agreed.

3) The question was raised why plans with vocational goals are now limited to 6 months when previously they used to be 12 months. They raised that with vocational goals it is harder to achieve these goals in 6 months. Could this be reviewed? Angela advised we would take this question on notice to ensure that we could give full and proper consideration to our response.

4) A participant asked if they could get a copy of the power point presentation. They were advised that yes, they could.

c) **Provider Education and Training**
Angela advised that DVA is currently reviewing its provider education and training support and would appreciate consultants’ input.

Feedback was sought on the e-learning that the consultants undertake as part of the registration process. Angela highlighted that we are aware of the technology shortcomings of the current e-learning and that issue is already on the list. She asked if the participants had any feedback on the topics of the e-learning, the level of detail provided, the interactive-ness of the training, or the any other suggestions about the other aspects of the e-learning.

One participant provided feedback that they thought the current e-learning content was good, and that DVA clients are complex and so they are constantly learning about how to best work with complex clients.

Angela then asked for input from participants on any information or training needs they had in relation to DVA work. Angela highlighted that we have been working hard on the Provider Procedural Guidelines (PPGs) to provide information to providers, but that we still have some topics where we have not yet released the PPGs. We aim to release these over the next few months.

No participants had input in relation to information and training needs.

Angela invited input on the e-learning and information and training needs via email to her at REHAB.SEM@dva.gov.au

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<td>3</td>
<td>Rehabilitation Appliance Program update</td>
<td>Alexandra Kellar</td>
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### Subject: Rehabilitation Provider Information Session Minutes

**Rehabilitation Provider Information Session Minutes**  
**Thursday 14 November 2019**

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| 1 | Alexandra Kellar provided an update on changes in the Rehabilitation Appliance Program (RAP).  
*Please see the RAP updates power point presentation for information on updates to RAP.*  
Alexandra highlighted that new technology coming into the market is one factor that influences review of the RAP items included in the RAP schedule. |  |
| 2 | Questions taken from participants and through Pigeonhole Live were:  
1) What is the process for clients accessing electric mobility aids?  
Alexandra advised there is a three step process for accessing an electric mobility aid under RAP. Firstly they GP needs to make an initial request on the relevant form. Once approved, an OT undertakes an assessment of medical need for the aid. If this is approved the OT undertakes a trial of the aid with the client to determine suitability.  
2) Are companion beds two beds that are joined together, and what is the eligibility criteria for accessing them?  
Yes, a companion bed is a bed joined to an electric bed. The eligibility criteria is on the DVA website. Prior approval from DVA is required.  
3) The presentation mentioned ergonomic chairs for social engagement, does this mean sofa style chairs can be approved?  
Alexandra confirmed that ‘social engagement’ was referring to clients who engage through social media on their computer and so this item was referring to desk style chairs. However she did advise that the RAP schedule has a range of lounge style ergonomic chairs available to DVA clients. |  |
| 4 | Assistance Dogs update by Rehabilitation Appliance Program  
*Please see the Assistance Dogs power point presentation for the information that was provided on assistance dogs.*  
Alexandra highlighted that the dogs are trained specifically for the client to detect and help to alleviate symptoms being experience by the client. The criteria to access an assistance dog is specific, and there is criteria set by DVA and by the provider of the dog.  
Alexandra advised that if a client disagrees with DVA’s decision regarding the approval of an assistance dog they should speak to their referring health professional in the first instance. If they disagree with the dog providers decision there is no avenue for the client to dispute this with the provider. The client can be reassessed for suitability if their circumstances change. | Alexandra Kellar |
The following questions were asked about the Assistance Dog program:

1) How is the criteria regarding the stability of the client (with regards to hospitalisations, self-harm behaviours, alcohol/drug misuse) in the 12 months prior to the approval of the dog managed, particularly as there is a 12 to 18 month wait for the dog?
   Clinical advice would be sort as to the history of their behaviour.
   Is a separate check completed by the dog provider?
   The information that must be provided on the client’s stability is detailed in the prior approval form (D9356 – Prior Approval Request form for Psychiatric Assistance Dog).

2) What is the definition of a veteran in relation to eligibility?
   The person must have completed 1 day of full time service.

3) What are the options for review if the client is not happy with the decision regarding receiving an assistance dog?
   Alexandra advised that the RAP section has review processes in place that the client can access.

4) Query was made about how to apply for an assistance dog.
   This information is on the website.

5) Is there financial assistance for people who already have a psychiatric assistance dog?
   It is unlikely that a dog owned by a DVA client that has not been provided as part of the Assistance dog program will be a properly trained psychiatric assistance dog in which case there is no financial assistance provided. The RAP policy are looking at this issue to ensure that it is well managed.

6) Who actually organises the dog? Is it a RAP OT? Is there a list of dog providers?
   DVA currently has two providers for assistance dogs. RAP organises the dogs through these providers. DVA is currently working on a tender to identify other suitable providers for assistance dogs.

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**Rehabilitation Client Satisfaction Survey**

Andrew Lenihan from ORIMA provided information on the 2018-19 DVA Rehabilitation Client Satisfaction Survey.

*Please see the Rehabilitation Client Satisfaction Survey 2018-19 ORIMA presentation power point presentation for the information provided on the survey results.*

Tim Evans advised that whilst this is the first report on the outcomes of the client satisfaction survey it will be reported on annually moving forward. The survey is sent out monthly to clients whose rehabilitation plan has been closed in that month.
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<td>Other Business</td>
<td>Tim Evans</td>
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<td>Tim Evans drew everyone’s attention to the two items of other business. One being a handout on the Annual Veterans’ Health Check. The other being an update to an online resource on the At Ease website about PTSD. The link to the PTSD booklet is <a href="https://at-ease.dva.gov.au/resources/coping-trauma-military-family">https://at-ease.dva.gov.au/resources/coping-trauma-military-family</a></td>
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<td>Close</td>
<td>Tim Evans</td>
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<td>Tim Evans reminded participants to send through any questions they had on any of the topics discussed. He advised that answers to the questions would be put on the website. He also reminded everyone that the minutes from the meeting will go up on the website along with the video of the session. The next Meeting will be held in February 2019, exact date to be advised. Tim also acknowledged that he would most likely not be speaking to the providers before Christmas and hence wished them a happy festive season and thanked them for all their work over the 2019 year.</td>
<td>Tim Evans</td>
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Closed 4.10pm