Once a Rehabilitation Plan (the plan) is approved and agreed upon (signed) by all parties, the Rehabilitation Consultant (the consultant) must undertake the management and administrative activities detailed in this guide to ensure the successful delivery of the client’s rehabilitation.

**Monitoring and support**

In managing the client’s plan, the consultant is required to:

- **Maintain regular and proactive contact with the client**, rehabilitation delegate (the delegate), treating medical and health professionals and other service providers to monitor:
  - client engagement with the plan activities and goals
  - client attendance at scheduled appointments
  - client wellbeing to ensure that their conditions are not worsening, and that they have not developed urgent needs where further intervention is required, and
  - new information from treatment providers.

- **Utilise case conferencing** to:
  - align expectations of all stakeholders
  - resolve issues and remove barriers in moving forward with plan activities, and
  - re-engage the client with the plan to maintain progress and momentum towards the plan goals.
  
  An agenda clearly stating the purpose of the conference must be sent to all attendees prior to the conference.

- Ensure only activities, assessments and goals specified in the approved plan are undertaken.

**Reporting on progress of plan**

- Consultants must **proactively contact the delegate**, outside of the formal progress report cycle, to inform them of changes in the client’s circumstances and/or condition. This creates a ‘no surprises’ environment between the consultant and the delegate.

- **A progress report must be provided to the delegate every three months**, or as otherwise agreed with the delegate and specified in the plan, using the [D1330 Rehabilitation Plan Progress Report](#) template.

- The progress reports must:
  - be submitted by the due date
  - be of a professional standard and not a duplicate of the content of the previous report
  - document developments and activities undertaken during the period since the last report
  - be numbered consecutively, and
  - be distributed to all relevant stakeholders.
The client’s Life Satisfaction Indicators must be obtained and provided at the time of each progress report using the [D9230 Life Satisfaction Indicators](#) (LSI) form. Both the progress report and LSI form must be uploaded using the Provider Upload Page (PUP).

Progress reports should identify any barriers to the plan’s progress and objectives so that strategies and supports can be put in place to remove these barriers.

### Making changes to the plan

- A change in plan is required where a client’s circumstances have changed or the plan is not progressing as expected. The degree to which the plan is changing will determine how the plan change must be dealt with.
- For changes that do not alter the intent of the plan, such as a change to activities and goals, timeframes or costs, a **plan amendment** must be done using the [D1336 Rehabilitation Plan Amendment](#) form.
- Where the main focus of the plan is changing i.e. a change from a non-return to work to a return to work plan or vice versa, a **plan variation is required**. A plan variation requires:
  - a new plan to be created using the [D1347 Rehabilitation Plan](#) form, and
  - a new assessment to be completed, using the [D1334 Rehabilitation Assessment](#) form, to ensure that all parties are aware of the client’s changed circumstances, and that the necessary services are in place to support the client’s new circumstances. The consultant must discuss with the delegate whether a **full or partial assessment** is required, and what elements of the assessment should be completed.
- When submitting the amendment or new plan, a **re-assessment of the client's life satisfaction** should be undertaken using the [D9230 Life Satisfaction Indicators](#) form.
- Any proposed changes to the plan must be discussed with the delegate before drafting a plan amendment or new plan. No activities associated with the proposed change can commence until the change is approved by the delegate.

### Managing plan costs and invoicing

- You are required to submit monthly invoices within 5 days of the end of each month, where activities were delivered in that period, for the duration of the plan.
- You must use the invoicing template in Annex B of the Deed of Agreement for Rehabilitation Services.
- Prepare and upload invoices separately for each client using the Provider Upload Page (PUP). Bulk invoices or invoices received via email will not be accepted by DVA.
- You may only invoice DVA for:
  - A value within the **approved amount** stated in the plan. Where it is expected your costs will exceed the approved amount, you must discuss this with the delegate, and submit a plan amendment to obtain approval before exceeding the amount originally approved.
  - **Actual costs** incurred for the activities in the plan, and for the duration of work performed for the client.