Once an **Initial Rehabilitation Assessment** (the assessment) has been completed for the DVA client a **Rehabilitation Plan** (the plan) is developed. The plan must be tailored to the client’s needs, be outcome oriented and provide detailed costs and proposed timeframes.

**Types of rehabilitation plans**

- **Return to work plans**: contain both vocational and non-vocational (psychosocial including medical management) goals and activities.
  - A return to work plan should be prepared where it is reasonable to expect that the client will be able to **work towards a return to work goal within the next 12 months**.
  - **Medical clearance for work is not required to commence a return to work plan**, however there should be a reasonable prospect of medical clearance to work being obtained within two years of plan commencement.
  - **Vocational activities do not need to commence from the beginning of the plan**. Non-vocational goals may be the initial focus if that is what best suits the client’s whole of person needs.

- **Non-return to work plans**: contains only **non-vocational goals and activities** focusing on psychosocial goals (including medical management).

**Client engagement**

- **Development of plan goals and activities must be a collaborative process** with active client involvement and input from other relevant stakeholders such as family, treating medical professionals.

- During this collaboration you must **proactively manage the client’s expectations** about:
  - the rehabilitation services that are able to be offered
  - that delegate approval is required for all aspects of the proposed plan, and
  - that all proposed activities must meet DVA’s reasonableness criteria.

**Rehabilitation plan development**

- The **D1347 Rehabilitation Plan form** must be used to document the client’s plan. The Form template must be completed fully with clear and specific information.

- The plan must be based on information obtained during the assessment with the client and from the client’s medical and other health professionals.

- The **draft plan must be submitted within 21 calendar days of referral** being issued unless there are extenuating circumstances. These circumstances must be communicated to the delegate promptly to seek an extension.

- Generally a **client’s first plan with DVA** would be for a period of **six months**.
Where further time is required after the initial six months to meet the client’s goals a plan amendment or new plan must be submitted for approval. Typically a further plan would go for six to twelve months.

Where an initial or subsequent plan is outside the above standard timeframes a reason must be provided.

- The plan must contain meaningful and appropriate goals which specify the expected outcomes the client is looking to achieve through their participation in rehabilitation.
  - Goals must use the SMART model (Specific, Measurable, Attainable, Relevant, Time based).
  - Goal Attainment Scaling (GAS) must also be used to help clients explore and set their goal outcomes.
  - Proposed activities must be aligned with specific rehabilitation goals, be assigned realistic timeframes for commencement and completion, and be costed accurately.

- Where additional assessments are recommended - such as Vocational Assessment, Functional Capacity Evaluation, Work Environment assessment, these must be included in the draft plan for approval by the delegate. You must detail at what stage in the plan these assessments should take place.

- All costs for the plan must be itemised on the plan form. You must ensure proposed activities and services are cost effective and represent value for money.
  - All anticipated travel costs for the life of the plan should be included and justified.
  - Use of travel should be managed prudently to minimise consultant travel costs. See the full Plan Development Procedural Guideline for further information.

- The plan must be approved and signed by the delegate first. It must then be signed by the consultant and the client. The signature of all parties confirms they have all contributed to, and agreed on the goals and activities in the plan.
  - Where the client refuses to sign the plan you are required to communicate with the client to resolve their concerns. If the situation cannot be resolved notify the delegate via phone or email so they can assist with a resolution.
  - If a resolution cannot be reached the reason for the refusal should be recorded on the plan by the consultant and the plan submitted to the delegate. Work should continue between the consultant, delegate and client to achieve agreement.

- Instructions for invoicing DVA for plan development are included in the Initial Rehabilitation Assessment Provider Procedural Guideline. Please refer to this guideline for instructions on invoicing.