Procedural Guideline
Rehabilitation Plan Closure

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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 when closing Rehabilitation Plans for DVA clients. Providers are responsible for ensuring DVA requirements are followed by their consultants.

Rehabilitation Plan (plan) closure often marks the end of the rehabilitation process for the client. Plan closure typically occurs under the following circumstances:

- the client meets all of their rehabilitation goals or no longer required rehabilitation services
- the client chooses to withdraw from rehabilitation
- rehabilitation is no longer considered appropriate for the client, or
- client non-compliance.

A plan may also be closed for a client who is continuing rehabilitation, where the client requires a new plan to be developed, such as in the case of a plan variation or where a new provider is assigned to manage the client.

2. **Rehabilitation Plan closure requirements**

   **Table 1: Rehabilitation Plan closure requirements**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>Rehabilitation Plan Closure</td>
<td>• Plan closure must be completed using the <a href="#">D1335 Rehabilitation Plan Closure</a> form and be accompanied by a <a href="#">D9230 Life Satisfaction Indicators</a> form.</td>
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<td>• Plan closure must be undertaken in consultation with the client and the Rehabilitation Delegate (delegate), except where there are concerns about the client’s participation in their rehabilitation program.</td>
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<td>• If a plan is being closed due to non-compliance, the consultant must not communicate the reasons for closure of a plan with a client.</td>
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<td>• Goal Attainment Scaling must be used when the plan is closed, and goals are to be converted using the conversion table included in the <a href="#">D1335 Rehabilitation Plan Closure</a> form.</td>
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<td>• Where the client has obtained employment, information about the type of employment, industry, hours secured and rate per hour must be specifically recorded in the closure report.</td>
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<td>• The client and consultant must sign the <a href="#">D1335 Rehabilitation Plan Closure</a> form.</td>
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<td></td>
<td>• Plan closure documents must be uploaded using the Provider Upload Page.</td>
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</tbody>
</table>
3. **Plan closure**

3.1. **Situations giving rise to plan closure**

A plan may be closed when:

- the client has achieved all of their rehabilitation goals
- a client on a return to work plan has returned to work or returned to optimum hours/duties
- the client no longer requires further support and services through their plan (note that client may still be accessing other DVA support or supplementary services)
- the client chooses to withdraw from rehabilitation
- due to client non-compliance, such as the client ceasing contact with their consultant and/or the delegate, or the client failing to participant in their plan. The consultant should work closely with the delegate on non-compliance issues, including to determine the appropriate length of time to wait before closing a plan due to the client ceasing contact. The consultant shouldn’t close the plan without the delegate giving their approval
- the consultant advises the delegate that they consider that no further gains are likely, and the delegate agrees that the plan should be closed
- the provider can no longer continue to provide case management services for the client and they need to be transitioned to another provider. This may happen where:
  - the client moves location and the provider does not have an appropriately qualified and DVA registered consultant in the clients new location and cannot service the client remotely
  - a consultant leaves the provider, and the provider does not have the capacity or capability in the clients location to continue servicing the client
  - the provider loses their Comcare registration, or terminates their contract with DVA, and can no longer continue servicing DVA clients
- the client requires a Plan Variation (i.e. to move from a return to work to a return to work plan, or vice versa)
- rehabilitation is no longer considered appropriate (i.e. it is unlikely to provide any further value to the recovery process), and/or
- a medical assessment indicates that further rehabilitation, at that point in time, is impractical or not appropriate.
4. Rehabilitation Plan closure process

The consultant or provider must always consult the delegate prior to closing a client’s plan.

The closure of a plan generally requires close consultation between the consultant, the client and the delegate. This is done in order to ensure that the client is comfortable with the plan being closed. The only exception to client involvement in the closure process is where there are concerns about the client’s participation in their plan.

If a plan is being closed due to non-compliance, the consultant must not communicate the reasons for closure of a plan with a client. Refer to Section 4.1.1 for further instructions on closing a plan due to non-compliance.

To close a plan, providers must complete the D1335 Rehabilitation Plan Closure form along with the D9230 Life Satisfaction Indicators (LSI) form. Recording LSI information helps DVA to develop an understanding of what changes have occurred for the client through participating in rehabilitation. This information also assists DVA to collect data in order to evaluate our policy frameworks to ensure that we are providing the best possible support to our clients. If the client is unable or refuses to complete the LSI form, consultants should not complete the form on their behalf. Consultants should note the client was unable to complete their own LSI ratings on the plan closure form to advise the delegate.

Goal Attainment Scaling (GAS) must be used when the plan is closed, and goals are to be converted using the conversion table included in the rehabilitation closure report. Where the client has obtained employment, information about the type of employment, industry, hours secured and rate per hour must be specifically recorded in the closure report.

When the client is in receipt of incapacity payments, the rehabilitation consultant needs to liaise closely with the delegate to ensure that any communication regarding incapacity payments is provided by DVA.
4.1.1. Closure due to non-compliance

Where a client is considered to be non-compliant, the delegate will discuss this with the consultant and make a decision on whether it is appropriate for the consultant to be withdrawn and the client’s case closed.

If the plan is being closed due to non-compliance, the delegate (rather than the consultant) will discuss this with the client, and inform them that the plan will be closed, and the consequences of this occurring. At no time should a consultant communicate closure of a plan due to non-compliance with a client.

4.1.2. Closure due to plan variation

Where the plan is closed due to a plan variation (i.e. a change in the plan type from a non-return to work to a return to work plan or vice versa), then a closure report is not required to be completed. The client’s life satisfaction should be obtained during the process of creating the new plan.

Further guidance on plan variations can be accessed via the Rehabilitation Plan Administration Provider Procedural Guideline.

4.2. Rehabilitation Plan closure form

The D1335 Rehabilitation Plan Closure form must be used when closing a rehabilitation plan. The closure report must include the reasons for closing the plan, the client’s LSI scores, achievement of goals and for return-to-work plans, and the work status of the client at plan closure. In order to ensure meaningful closure reports, consultants are required to fully and honestly complete the form. If the closure report is not completed to a satisfactory standard, the delegate may reject the report and send it back to the consultant for revision.

The client and the consultant must sign the closure form before submitting it to DVA.

When submitting the closure report to the delegate, it should be accompanied by a re-assessment of the client’s life satisfaction by the client completing D9230 Life Satisfaction Indicators form (except where the client is unable or refuses to complete the LSI form). Note that whilst the consultant may assist the client in filling out their LSI, the ratings must be completed by the client.

The plan closure marks the end of the consultant’s involvement in the case, unless specific arrangements have been agreed with the delegate for an extended follow up period.

4.2.1. Provider Upload Page

It is mandatory that providers upload the plan closure and LSI 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 contact the delegate before submitting the documentation via email.

The plan closure report should be issued at the same time as the final invoice for payment from the provider. It is essential that invoices are uploaded to the PUP in a separate document to the closure report to ensure they are identified to be paid.
For further information about using the PUP, please consult the PUP user guide and frequently asked questions available through the PUP home page.