Procedural Guideline
Work Allocation and Referral

In this Section:
1. Overview ..................................................................................................................................... 2
2. Work allocation and referral requirements ................................................................................ 2
3. Referral process .......................................................................................................................... 3
  3.1. DVA work allocation criteria ................................................................................................... 3
  3.2. Timeframe for accepting and rejecting referrals ................................................................. 4
  3.3. Provider capacity ..................................................................................................................... 4
4. Reallocation to different consultant with the existing provider .................................................. 5
  4.1. Delegate discretion ................................................................................................................. 5
  4.2. Process for transferring a client to another consultant .......................................................... 5
5. Reallocation to another provider ................................................................................................ 6
  5.1. Process for transferring a client to another provider ............................................................. 6
1. Overview

Procedural Guidelines outline DVA’s requirements and supporting guidance for Rehabilitation Providers (providers) and their Rehabilitation Consultants (consultants) working with DVA clients. Providers are expected to follow this guideline in responding to rehabilitation referrals and allocating referrals to their consultants. Consultants are expected to follow this guideline when accepting referrals, and transferring clients to other consultants and providers. This guideline also sets out DVA’s work allocation criteria.

DVA’s work allocation criteria inform the allocation of referrals to providers. The purpose of this guideline is to ensure that:

• providers receive a fair allocation of work from DVA
• DVA clients are allocated by the provider to a consultant who is:
  o registered with DVA
  o appropriately experienced and qualified for the client’s circumstances, and
  o located within a reasonable proximity of the client, except where remote service delivery has been agreed with the Rehabilitation Delegate (the delegate).

This guideline also includes instructions on transferring cases between consultants in the same provider organisation, and transferring cases to another provider.

2. Work allocation and referral requirements

Table 1: Provider work allocation and referral requirements

<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>Provider capacity</td>
<td>Providers should email <a href="mailto:Rehab.Service.Providers@dva.gov.au">Rehab.Service.Providers@dva.gov.au</a> to advise DVA where they do not have capacity to take on new referrals, and subsequently where that capacity improves.</td>
</tr>
<tr>
<td>Timeframes</td>
<td>Providers must accept or decline the referral within one working day of receipt.</td>
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<tr>
<td>Allocating referrals to consultants</td>
<td>Where a referral is accepted by a provider, the provider must allocate the referral to a consultant who:</td>
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<td>• is registered with DVA and has satisfied all of DVA’s registration requirements</td>
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<td>• is located within the closest practical proximity of the client (except where services will be delivered remotely)</td>
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<tr>
<td></td>
<td>• has sufficient capacity to service the client throughout the duration of the prospective Rehabilitation Plan, and</td>
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<tr>
<td></td>
<td>• has appropriate experience, capability and qualifications based on the clients circumstances.</td>
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</tbody>
</table>
3. Referral process

When a rehabilitation referral is received by DVA, the delegate makes a decision about whether the client is eligible for rehabilitation. If the client is eligible, the delegate will issue the referral to a provider to conduct the assessment of the client’s needs and capability to undertake rehabilitation, known as the Initial Rehabilitation Assessment (the assessment).

In making the referral, the delegate follows DVA’s work allocation criteria. A provider may accept or reject a referral depending on whether they have suitable consultants available to provide the assessment, and ongoing management of the rehabilitation case.

Figure 1: DVA work allocation process

A referral does not guarantee the ongoing allocation of the rehabilitation case to the provider or consultant. For example, the referral may not lead to ongoing case management where the assessment highlights that the client:

- is not a suitable candidate for rehabilitation
- has particular needs that the provider or consultant is not equipped to provide, and/or
- needs to be transferred to another area of DVA for more targeted attention.

3.1. DVA work allocation criteria

When allocating work to a provider, DVA considers the following criteria (where applicable):

- maintenance of client continuity with an existing rehabilitation provider
- fair work allocation amongst providers based on the client’s location and provider capacity, and
- provider capability and suitability based on the client’s circumstances.
If the client has an existing relationship with a provider, such as from a previous Rehabilitation Plan with DVA, or upon transition from the Australian Defence Force Rehabilitation Program or Rehabilitation for Reservists Program, DVA will seek to maintain continuity of the provider and/or consultant where this is possible and in the best interests of the client. When seeking to maintain provider continuity, DVA will take into consideration the client’s: preferences; needs; previous experience with the provider; and location.

Where the client does not have an existing relationship with a provider, or it is not in their interests to continue with an existing provider, DVA will seek to allocate work fairly and evenly amongst the pool of available providers in the client’s location. This process is aimed to ensure that providers receive a fair allocation of work.

DVA may consider provider capability and suitability when allocating referrals. Provider capability and suitability is a primary factor where the client is considered high risk or complex. Capability and suitability of providers will be determined based on a range of factors, including:

- particular areas of provider specialisation, as listed in the Comcare directory of approved workplace rehabilitation providers
- the depth of experience and qualifications of rehabilitation consultants who are registered with a provider, and
- the provider’s previous performance as assessed through the DVA Rehabilitation Provider Performance Management Framework.

*Note that the DVA Rehabilitation Provider Performance Management Framework is currently being developed and expected to be rolled out later in 2019. Factors that may be considered as part of the framework include the achievement of key performance indicators, outcomes of audits, client outcomes, client satisfaction, compliance with DVA requirements and efficiency/cost effectiveness of delivering services. Previous performance will only be used as a determining factor for engagement of providers where it has been formally documented through the performance reporting process.*

3.2. **Timeframe for accepting and rejecting referrals**

Providers must accept or reject a referral within one working day. To ensure that DVA is able to provide rehabilitation support to veterans in a timely manner, providers are requested to decline referrals they can’t take on as soon as possible, so that the referral can be re-allocated to another provider.

3.3. **Provider capacity**

The onus is on the provider to notify DVA of their capacity to take on new referrals. Where a provider is experiencing capacity issues, including limited or no capacity in a particular location, they should notify DVA by emailing Rehab.Service.Providers@dva.gov.au. DVA will update the Rehabilitation Provider and Consultant Register to pause referrals. Providers may also wish to discuss their capacity with the DVA Stakeholder Engagement Manager.

Where a provider no longer has capacity limitations they should email Rehab.Service.Providers@dva.gov.au to update their listing to remove the pause on referrals.
4. **Reallocation to different consultant with the existing provider**

DVA’s preference is to maintain continuity with the same consultant and provider to avoid disruption to the client’s rehabilitation and to support maintenance of a strong rapport between the client and their consultant. However, situations may arise where the client needs to be transferred to another consultant with their existing provider, including:

- the client moves location, and it is not practical for them to continue with their existing consultant remotely, but the provider has another suitable experienced and qualified consultant who is in proximity to the client’s new location
- the relationship between the client and their consultant breaks down and it would be in the best interests of the client to move to another consultant
- the consultant loses or ceases their DVA, Comcare or professional registration
- there is a perceived, potential or actual conflict of interest between the consultant and the client
- where the Rehabilitation Plan is not progressing satisfactorily or the goals, activities, reporting or costs are not in line with Policy or Procedural Guideline requirements
- the client would be better placed with a consultant with more experience, or of a different discipline, and/or
- the consultant leaves the provider, or is otherwise unable to continue servicing the client.

In order to support the wellbeing of clients, DVA’s preference is that high risk or complex clients are not moved between consultants unless it is unavoidable or it is in the client’s best interests. Where clients need to be moved to another consultant due to caseload realignment, low risk clients should be considered before complex and high risk clients.

4.1. **Delegate discretion**

Where a client needs to move consultant for any of the above reasons, the delegate has the discretion to determine whether the client should remain with the existing provider or move to another provider. The delegate will assess this on a case by case basis based on the client’s needs and circumstances.

4.2. **Process for transferring a client to another consultant**

Providers must discuss the transfer of a client to another consultant with the delegate to ensure that the delegate can, in consultation with both the client and provider, determine whether it is in the client’s best interests to stay with the provider. If the delegate determines that maintaining the same provider is appropriate, ideally, a handover meeting should be held between the old and new consultant to support a seamless transition. In some cases, such as for high risk clients or where the transfer is due to client dissatisfaction with their current consultant, the delegate and/or client may also need to be involved in the handover discussion. Please discuss this with the delegate first.

Strong communication should be maintained with the client throughout the consultant transfer process to ensure that they are aware of and have strategies to manage the change. Once the transfer has occurred, the delegate should be advised so that they can update DVA’s records of the consultant and their contact details.
5. **Reallocation to another provider**

A referral or an existing rehabilitation case may be allocated to another provider in the following circumstances:

**Before rehabilitation commences, where:**

- the referral is not accepted by the provider within one working day. If this is the case, DVA will notify the provider that they have retracted the referral
- the delegate specifies the discipline of the consultant as part of the referral based on the client circumstances, and the provider allocates the referral to a consultant of another discipline
- the provider allocates the referral to a consultant who is not registered with DVA, does not have sufficient experience or qualifications based on the needs of the client, or is not within reasonable proximity of the client. For example, for a high risk or complex client, consultants who are ‘provisionally registered’ on the Rehabilitation Provider and Consultant Register may not be deemed to have sufficient experience, and/or
- the assessment or draft Rehabilitation Plan are not completed to a satisfactory standard in line with Policy or Procedural Guideline requirements.

**During the course of the client’s rehabilitation, where:**

- the client moves location and the existing provider does not service the client’s new location. Note that remote service delivery will first be considered and may be used where it is deemed to be in the best interests of the client and is suitable for the provider
- the provider loses or ceases their Comcare or DVA registration, and/or
- it is not in the client’s best interests to continue with their existing provider. This includes client dissatisfaction with the provider or if DVA has evidence that the case has not been managed appropriately by the provider in line with Policy or Procedural Guideline requirements.

### 5.1. Process for transferring a client to another provider

Where a client is transferring to a new provider, the existing provider must submit a D1335 Rehabilitation Closure Report in line with the requirements of the Rehabilitation Plan Administration Procedural Guideline. Note, this guideline is expected to be released in July 2019. The provider must maintain open communication with the delegate during the transfer process, and the client, where it is appropriate.