



**Australian Government**

**Department of Veterans' Affairs**

**VETERANS AND VETERANS FAMILIES COUNSELLING SERVICE  
(OPEN ARMS - VETERANS & FAMILIES COUNSELLING)**

**OUTREACH PROGRAM COUNSELLORS  
PROVIDER NOTES**

Terms of Engagement for

- Individual, Couples and Family Counselling
- Group Program Facilitation
- Clinical Supervision

December 2019

**PROVIDER NOTES FOR VETERANS AND VETERANS FAMILIES COUNSELLING SERVICE  
(OPEN ARMS - VETERANS & FAMILIES COUNSELLING) OUTREACH PROGRAM COUNSELLORS**

**December 2019**

I, Ms Elizabeth (Liz) Cosson AM, CSC , President of the Repatriation Commission, Chair of the Military Rehabilitation and Compensation Commission and Secretary of the Department of Veterans' Affairs (DVA), on behalf of the Repatriation Commission, the Military Rehabilitation and Compensation Commission and the DVA, hereby:

- (a) revoke the *Veterans and Veterans Families Counselling Service Outreach Program Counsellors Provider Notes May 2016*; and
- (b) approve these *Veterans and Veterans Families Counselling Service (Open Arms - Veterans & Families Counselling) Outreach Program Counsellor Provider Notes December 2019*.

to take effect on 01 JANUARY 2020.

Dated this 19TH day of DECEMBER 2019



.....  
Elizabeth (Liz) Cosson, AM, CSC

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# 1 About the Provider Notes

## 1.1 Introduction

1. The purpose of these *Veterans and Veterans Families Counselling Service (Open Arms - Veterans & Families Counselling) Outreach Program Counsellor Provider Notes* (the Notes) is to outline the terms of engagement and requirements for the provision of outreach program services to eligible Open Arms clients.
2. For the purpose of these Notes, an *Outreach Program Counsellor (OPC)* is an approved provider registered with Open Arms to deliver:
  - a. individual or couples, or family counselling sessions;
  - b. treatment group programs; or
  - c. clinical supervision
3. The Notes explain the expectations of Open Arms and the procedures to be followed when providing Open Arms outreach program services in accordance with the following legislation:
  - a. [Veterans' Entitlements Act 1986 \(VEA\)](#); and/or
  - b. [Military Rehabilitation and Compensation Act 2004 \(MRCA\)](#).

collectively referred to as "the Acts".

## 1.2 The Commissions and the Department of Veterans' Affairs

1. The Repatriation Commission and the Military Rehabilitation and Compensation Commission, collectively referred to as "the Commissions", administer the Acts. The Department of Veterans' Affairs (DVA) undertakes the administration of the Acts on behalf of the Commissions.
2. Under the Acts, the Commissions are authorised to prepare legislative instruments called the [Treatment Principles](#) for each Act as documents legally binding on providers, entitled persons and the Commissions. The [Treatment Principles](#) set out the circumstances under which financial responsibility is accepted for **counselling** referred to in paragraph 7.7A of the [Treatment Principles](#).

## 1.3 Status of the Notes

1. In addition to the [Treatment Principles](#), these Notes, combined with the Open Arms policies, are a legally binding document setting out the terms of engagement and conditions under which OPCs may provide services to Open Arms referred clients.
2. OPCs are required to deliver services in accordance with the requirements set out in these Notes, the related Open Arms policies and as instructed during clinical induction.

## 1.4 Provider Notes and Compliance

1. Any breach of these Notes or the relevant policies may lead to action in accordance with the [Treatment Principles](#), such as non-payment of claims or recovery of monies from claims previously paid or, where serious breaches are identified, the matter may be referred to the Commonwealth Director of Public Prosecutions.
2. Relevant professional boards may also be advised in serious cases of inappropriate conduct by an OPC. Serious or repeated breaches of these Notes or the relevant policies may result in the termination of this agreement.

3. Open Arms conducts periodic, randomised audits of selected client or group files within the secure Client Management System (CMS), and of supervision reports. The purposes of audits are to ensure that OPCs are billing Open Arms only for sessions that they conduct and are compliant with these Notes and Open Arms policies and standards of professional practice. Open Arms will contact an OPC to follow up any discrepancies observed during an audit.

### **1.5 Amendment of the Notes**

1. These Notes and policies may be amended from time to time by Open Arms, consistent with any legal obligations. Any amendments made to these Notes or the policies will be dated and Open Arms will undertake to ensure OPCs are made aware of the amendments in advance of them taking effect. This will be undertaken through consultation with representatives from respective professional associations.

## **2 About Open Arms – Veterans & Families Counselling (Open Arms)**

### **2.1 Open Arms**

1. Military-aware mental health counselling and support is available through Open Arms. This may include access to individual, couples and family counselling, care coordination, peer support, mental health training and group programs to all current and former members of the Australian Defence Force (ADF), who have at least one day continuous full time service (CFTS), including those referred under a service agreement with the Department of Defence. Open Arms clients being provided services from an Open Arms OPC are also eligible for other services provided by Open Arms.
2. Partners and dependents of eligible veterans are also eligible for free, confidential mental health services and support for issues related to their partner/parent's service. Parents and siblings of veterans are eligible in selected circumstances.
3. More information on Open Arms services, programs and client eligibility is available by contacting Open Arms on 1800 011 046 or [www.OpenArms.gov.au](http://www.OpenArms.gov.au)

### **2.2 Open Arms Outreach Program**

1. The Open Arms Outreach Program is designed to increase service accessibility for Open Arms clients. It establishes a network of accredited mental health clinicians, engaged through statutory registration, to support the delivery of services on behalf of Open Arms across Australia.
2. Open Arms statutory registration allows mental health providers who are eligible to claim for treatment services under the Medicare 'Better Access' Scheme to provide mental health services to Open Arms clients under statutory registration provisions, without having to enter into a contract with Open Arms.

### **2.3 Determining Client Eligibility for Open Arms Services**

1. Responsibility for determining client eligibility for Open Arms services rests with Open Arms. If a client who may be eligible for Open Arms services is otherwise receiving services from a mental health provider who is an Open Arms OPC, the OPC cannot predetermine Open Arms eligibility, and must not allow the client to expect eligibility, nor to commence the provision of services on behalf of Open Arms.

Arms until Open Arms has determined eligibility and made a formal referral to the OPC. A breach of this condition may lead to termination of statutory registration with Open Arms.

2. It is recommended that the provider refer the potential client to Open Arms for determination of eligibility, intake assessment and possible referral back for services.

### 3 Requirements to provide Open Arms Outreach Program Services

#### 3.1 *Mandatory Clinical Qualifications*

1. To be eligible to provide outreach services on behalf of Open Arms, a provider must:

*Psychologists:*

- hold unconditional registration as a psychologist with the Australian Health Practitioner Regulation Agency (i.e. no conditions on registration);

*Mental Health Accredited Social Workers:*

- hold accreditation as a Mental Health Social Worker with the Australian Association of Social Workers;

In addition, *Group Program Facilitators* must be able to demonstrate experience in facilitation of structured, manualised treatment programs relevant to the Veteran community.

Evidence of current registration or accreditation must be provided to Open Arms initially and annually when registration/accreditation is renewed.

#### 3.2 *Other Mandatory Requirements*

1. An eligible provider must also:
  - a. have a current Medicare provider number/s for the location/s where services for Open Arms are being provided;
  - b. be eligible to provide mental health services under the *Australian Government's Better Access initiative*;
  - c. have a current Australian Business Number (ABN);
  - d. hold or be able to obtain, a Working with Children/Vulnerable People registration, where this is required in the provider's jurisdiction;
  - e. maintain their professional registration, clinical supervision and training;
  - f. agree to complete mandatory Open Arms training and induction; and
  - g. agree to maintain specialist knowledge and understanding of veteran and military culture that enables delivery of a specialised service to eligible Open Arms clients.
2. OPCs must meet the professional and ethical standards set by the relevant professional regulatory and/or representative body and the [National Standards for Mental Health Services \(2010\)](#).
3. OPCs are expected to meet continuing professional development (CPD) requirements of the relevant professional regulatory and/or representative body and must be able to demonstrate annual CPD achievement required for maintenance of their professional/specialisation status.

#### 3.3 *Statutory Registration*

1. To be considered for registration with Open Arms as an OPC, applicants must:

- a. meet the eligibility criteria outlined in Section 3.1 and 3.2;
  - b. complete the Statutory Registration Application; and
  - c. participate in an interview.
2. If deemed suitable, applicants will be required to:
    - a. complete the official Statutory Registration form provided by Open Arms;
    - b. participate in technical systems training and sign an access consent form; and
    - c. complete clinical induction as provided by Open Arms.
  3. All mandatory training (online, technical and clinical) must be completed by an OPC before providing services for Open Arms clients
  4. OPCs will be required to agree to the terms and conditions as outlined in these Notes and the accompanying policies by signing a declaration included on the formal Statutory Registration form.
  5. Registration as an approved Open Arms OPC does not guarantee that Open Arms will refer clients or clinical supervisees to the provider. OPCs are matched to clients depending on the needs of the client, location and skills of the provider, and an approved OPC will only be contacted to provide services on behalf of Open Arms if Open Arms determines there is a need.
  6. Arrangements are between individual OPCs and Open Arms. Each individual OPC must be eligible to provide Open Arms Outreach Program services as outlined in Section 3.1 and 3.2.

### **3.4 Information and Communications Technology (ICT) and systems**

1. Practice and/or personal ICT systems must be compatible with any Open Arms ICT system. This includes the ability to access the internet-based, secure CMS (Client Management System). The minimum ICT requirement is access to a modern Internet browser (e.g. Edge, Chrome, Explorer, Firefox, or Safari).
2. All OPCs must read and agree to the CMS terms and conditions by completing and signing a system access form. Full terms and conditions are available at [101 - 01/02 VERA 4.0 Manual - Outreach - Open Arms Policy Hub](#)
3. Access to CMS will not be granted until mandatory training and assessment has been completed.
4. Ongoing support and refresher training will be provided by Open Arms as required. CMS specific support documentation, training materials (e-learning modules) and information for providers can be found at [101 - 01/02 VERA 4.0 Manual - Outreach - Open Arms Policy Hub](#)
5. It is a requirement that all OPCs obtain and maintain registration in the Healthcare Identifiers (HI) service, to ensure the OPCs Healthcare Provider Identifier-Individual (HPI-I) can be linked to the Open Arms Healthcare Provider Identifier-Organisation (HPI-O). For more information on the Australian Government's HI service please refer to <http://www.medicareaustralia.gov.au/provider/health-identifier/>.

### **3.5 General Conditions**

#### *3.5.1 Privacy*

1. As a minimum requirement, OPCs must comply with the [Privacy Act 1988](#) and the [Archives Act 1983 \(Division 2 – Dealing with Commonwealth records\)](#) in relation to the collection, storage, security, use and disclosure of the personal information of clients referred by Open Arms.
2. OPCs must not access or read any information in the CMS that is not directly linked to the service they are providing to Open Arms clients. OPCs must be aware that unauthorised access;
  - a. can, and will, be monitored;

- b. is a breach of the Privacy Act 1988 and is a prosecutable offence; and
  - c. will be investigated by Open Arms.
3. Unauthorised access may lead to the suspension or termination of the OPC's statutory registration with Open Arms, and will be reported to the relevant authority.

### 3.5.2 Insurance and Indemnity

1. State or territory laws or national provider registration bodies may require, as a condition of registration, that providers carry a certain level of insurance and indemnity. This may vary across provider type and jurisdiction. Open Arms expects compliance with insurance and indemnity required by laws or regulatory bodies but does not require additional insurance coverage for Open Arms statutory registration.
2. DVA requires that OPCs shall, at all times, indemnify and hold harmless the Commonwealth, the Commissions, their officers, employees and agents (in this paragraph referred to as "those indemnified") from and against any loss (including legal costs and expenses on a solicitor/own client basis), or liability, incurred or suffered by any of those indemnified arising from any claim suit, demand, action, or proceeding by any person against those indemnified where such loss or liability was caused by any wilful unlawful or negligent act or omission by the provider, their officers, employees or agents in connection with DVA's statutory registration scheme or in the course of, or incidental to, performing the health services.

### 3.5.3 Communication

1. All contacts between Open Arms and OPCs in relation to clients will be documented and any important correspondence (this includes via email and file notes) will be recorded in CMS.
2. Communication between the parties containing health information about clients should be made only:
  - a. within the CMS;
  - b. in person;
  - c. by telephone;
  - d. by secure email messaging (only where available);
  - e. by facsimile; or
  - f. by registered land mail.

### 3.5.4 Record keeping

1. Outreach Program services for eligible Open Arms clients shall be provided in accordance with these Notes, Open Arms policies and clinical induction requirements.
2. It is the responsibility of OPCs to record all client activity including appointments, attendance, case notes, reports and outcome assessments within the CMS. Templates are supplied in CMS.
3. OPCs are required to mark attendance within 48 hours of completing a session and record their clinical notes in the CMS in accordance with best practice clinical record keeping. Details are available at [202 - 03/01 Completion of Clinical Notes - Open Arms Policy Hub](#)
4. All clinical notes *including all handwritten counselling session and client file notes* kept by OPCs must be reflected in scanned copies or faithful representations (e.g. an accurate précis) in the CMS.



5. All clinical records associated with an Open Arms client (in-centre or outreach) are Commonwealth property and cannot be destroyed but handwritten records can be kept in electronic form (refer to [101 Client Information, Rights & Records Policy](#)).
6. All group material including, but not limited to, facilitator guides, PowerPoint presentations, videos and participants' guides and assessments provided by Open Arms, belong to Open Arms, and must be securely stored and should be returned, not destroyed;
7. All records additional to those added to the CMS must be retained by the OPC and securely stored. Records including, but not limited to:
  - a. all handwritten counselling session and client file notes;
  - b. reports, outcome assessments and care plans; and
  - c. electronic data such as appointment and attendance schedules.
8. OPCs may not dispose of any records of an Open Arms client except to deliver them to the relevant Open Arms Centre. OPCs may:
  - a. hand deliver notes to a centre, where convenient;
  - b. send notes via registered post (Open Arms will reimburse costs); or
  - c. scan all documents and upload them to CMS.
    - i. the Centre must be notified when this is done so they can be checked for legibility;
    - ii. once the check is completed, and receipt has been acknowledged in writing, Open Arms may dispose the hard copy.
9. Where an OPC ceases to provide Open Arms services, all Open Arms client records must be delivered to Open Arms promptly as outlined above.

### *3.5.5 Provision of Information*

1. Open Arms client files and reports may be accessed by clients under Privacy legislation (Release of Information requests), Freedom of Information (FOI) legislation, or under a warrant or subpoena.
2. The OPC is required to notify the Open Arms Regional Director (or delegate) immediately if they receive a subpoena, FOI or warrant, or request from ADF authorities (in the instance of current serving ADF member), or any other person, to access Open Arms client files. Open Arms will provide direction on the appropriate response.
3. Under no circumstances is an OPC to provide an Open Arms client report directly to a client or a third party, including Government agencies. Where appropriate these reports will be provided to clients or third parties through the Regional Director (or delegate).

### *3.5.6 Complaints and Complaint Handling*

1. An OPC is required to advise the Open Arms Regional Director at the earliest practical opportunity of any complaint relating to their professional conduct, and subsequently, the outcome of any investigation.
2. The OPC must cooperate fully with Open Arms when investigating any complaint relating to an Open arms client and must provide sufficient information to enable a response to a complaint within seven (7) calendar days of receiving an information request from Open Arms.
3. Should the Open Arms have significant concerns about an OPC's clinical practice, including failure to use evidence-based treatment, the appropriateness of report writing, or financial practices such as inappropriate billing, Open Arms may write to an OPC outlining these concerns, requiring the OPC to show cause as to why they should remain an Open Arms provider. Failure of an OPC to show that the

activities of the OPC are in the interests of the Open Arms client may result in the OPC being de-registered as a provider.

### 3.5.7 Advertising and promotion

1. OPCs must not refer to Open Arms or DVA in any personally created promotional material unless they observe the following conditions:
  - a. permission must be sought in writing from Open Arms/ DVA to include references to Open Arms/ DVA in advertisements or websites or email signature blocks. The request for permission must include the proposed wording of the advertisement or websites and any image/s which will be used. Requests should be directed to [OPENARMS.OUTREACHPROGRAM@dva.gov.au](mailto:OPENARMS.OUTREACHPROGRAM@dva.gov.au);
  - b. the Australian Government / Open Arms / DVA logos must not be used in the advertisements;
  - c. the advertisement or websites must not imply endorsement as an Open Arms or DVA preferred health care provider, or that the OPC is an employee of, or an agent of, Open Arms or DVA. The advertisement may only advise that the health care provider will treat Open Arms eligible clients;
  - d. no false or misleading information is to be included in the advertisement; and
  - e. advertisements or websites referring to Open Arms or DVA will not be permitted if State/Territory regulations for each provider type prohibit advertising.
2. Breaches of the above conditions may lead to action under the *Competition and Consumer Act 2010*.
3. Official Open Arms or DVA issued promotional material can be used as directed.

## 4 Service Provision

### 4.1 Referrals

1. A written referral or 'Letter of Engagement' from Open Arms is required for a provider to deliver Outreach Program services in accordance with these Notes.
2. Once a Letter of Engagement has been provided, the OPC is expected to establish contact with the client (or supervisee) as follows:
  - a. within five (5) calendar days and conduct an initial appointment within 14 calendar days for individual, couples and family sessions or clinical supervision;
  - b. as soon as practicable after referral and no less than five (5) calendar days prior to the commencement of the group an assessment of suitability for the group program must be conducted, in collaboration with the client's treating clinician wherever possible.
3. Services are to be delivered as per the **Clinical Requirements** section of these Notes, the relevant policy document/s and clinical induction instructions;
4. The client remains a client of Open Arms whilst receiving services approved by Open Arms and provided by an OPC under this arrangement.

### 4.2 Service Locations and Hours

1. Services provided on behalf of Open Arms must be carried out in professional premises that ensure privacy and confidentiality.

2. Premises must comply with the [National Standards for Mental Health Services \(2010\)](#) and the relevant state or territory [Safe Work Australia](#) requirements. Open Arms staff may visit and assess premises to ensure these requirements are met.
3. Open Arms is responsible for sourcing all venues used to conduct group treatment program sessions.
4. Open Arms Outreach Program services are not to be provided in other locations, such as home visits, prisons, Public and Private Hospitals or Residential Aged Care Facilities, without the documented approval of the local Open Arms Regional Director or their delegate.
5. It is expected that most services will be delivered during normal business hours, however the availability to deliver services after hours, including evenings and/or weekends, will assist Open Arms to provide a more flexible and responsive service to clients.

#### **4.3 Use of locums, students and/or assistants**

1. Open Arms clients may only be provided services by the OPC to whom a referral is made.
2. Open Arms clients are not to be on-referred by the OPC to locums, students, assistants or to any other clinician for services requested by Open Arms.

## **5 Clinical requirements**

### **5.1 General expectations**

1. All Open Arms services to clients are to be delivered as an Episode of Care rather than as ongoing treatment.
2. OPCs must explain the [Consent for Open Arms to Provide Services](#) form, clearly outlining the limits to confidentiality and the clients Rights and Responsibilities. OPCs must obtain the client's signature on both parts of the completed form, with the signed documents uploaded to the CMS. Please refer to [101 - 02/01 Consent Discussion Guideline - Open Arms Policy Hub](#)
3. OPCs may refer back to Open Arms for further assistance where clients are identified as hard to engage, not responding to interventions or if multiple and complex needs emerge that would be better met through a care coordination approach.
4. OPCs are encouraged to liaise as required with the client's broader treatment team including the Open Arms team, the client's GP, psychiatrist or other health professionals, within the limits of the client's consent.
5. If a client is assessed as at risk of harm to themselves or others, OPCs should liaise as required with the client's broader team of treatment providers or other necessary supports, such as mental health crisis assessment teams, police or ambulance. OPCs should contact Open Arms as soon as practicable about any actions taken, to request additional supports or, if the situation is not urgent, to discuss possible required actions.
6. To provide services in accordance with evidence based principles.
7. The mandatory Services and Deliverables, including assessment and reporting requirements for each episode of care are outlined in the [202 Open Arms - Care Policy](#) and related procedures and instructions.

#### **5.1.1 Individual and Couple/Family Counselling**

1. Open Arms will fund an agreed number of sessions as described by the Care Plan. Open Arms may agree to an extension to the agreed sessions where this can be clinically justified;
2. OPCs are expected to provide a maximum of one session per case per week, unless prior approval from Open Arms has been provided;
3. OPCs must discuss exit planning with the client from the commencement of an Episode of Care and indicate this in the Care Plan, and must not create an expectation that counselling will continue beyond the scope of the Open Arms approved Care Plan.
4. Telephone or video counselling may be provided. Video counselling must be conducted in accordance with [Open Arms Video Counselling Guidelines](#). OPCs are requested to inform Open Arms if a client is being engaged via telephone or video counselling.

### 5.1.2 Group Treatment Programs

1. All group facilitation services are to be delivered within the scheduled group program timings and must not create an expectation that treatment with the facilitator will continue beyond the scope of the program.
2. Where the nature of the program or number of participants warrant, the Open Arms Group Program Coordinator (GPC) or delegate may engage a lead facilitator or an additional facilitator.
3. The lead Facilitator will have primary responsibility for the delivery of the relevant program;
4. Group Program Facilitators must:
  - a. meet the objectives of the group program;
  - b. only use the approved Open Arms group facilitator and participant manual and PowerPoint slides;
  - c. establish boundaries for the group and ensure that privacy and confidentiality is maintained;
  - d. establish values of respect for diversity within the group setting;
  - e. address mental health support needs for participants as they arise and refer to support as required;
  - f. participate in orientation briefings and other meetings with the GPC or delegate as specified in the Letter of Engagement;
  - g. at the closure of the group program, returned all material/s to Open Arms promptly; and
  - h. facilitate the evaluation of the group program and the Group Program facilitator.

### 5.1.3 Clinical Supervision

1. All Clinical supervision services are to be delivered in accordance with best practice.
2. Clinical supervisors must:
  - a. Deliver supervision to centre based clinicians in accordance with [Open Arms External Supervision policy](#) and as specified in the letter of engagement.
  - b. Agree supervision and professional development needs in liaison with the supervisee and their manager.
  - c. Support the maintenance of clinical standards as reflected by the Open Arms Practice Standards for Assessment and Treatment of Clients, and the professional codes of the relevant professional societies and National Boards;
  - d. Meet the objectives of clinical supervision

## **5.2 Treatment expectations**

1. OPCs providing individual or group treatment for Open Arms clients must:
  - a. use evidence-based, best practice assessment and treatment as the primary therapeutic framework for, or in relation to, Open Arms clients;
  - b. provide information to Open Arms clients about other relevant community services and proactively refer to these services where appropriate to support client recovery and holistic support;
  - c. refer clients to appropriate Open Arms treatment programs, or other DVA sponsored programs;
  - d. provide clients with information on the availability of the Open Arms 24-hour support line which provides after-hours and crisis support.
2. A family inclusive framework is utilised within Open Arms and involves OPCs considering, and collaboratively working with clients' family members in the treatment of mental health issues. Open Arms may be contacted regarding how to facilitate this if required.

## **5.3 Reporting**

### *5.3.1 Counsellors and Group Program Facilitators*

1. Clinical reports for each episode of care must be developed using the Open Arms template available in the CMS.
2. Clinical reports must be approved by the Open Arms Regional Director (or delegate) before further sessions can be delivered.
3. Mandatory requirements for clinical reporting are detailed in the [202 Open Arms Care Policy](#) and related procedures and instructions.

### *5.3.2 Clinical Supervisors*

1. To ensure that clinical supervision is focused and productive, the clinical supervisor, staff member and Assistant Director agree and sign an annual clinical supervision agreement at the beginning of each annual supervision cycle (template is at [401-02/T1 Annual External Clinical Supervision Agreement](#)).
2. The clinical supervisor must provide six monthly or otherwise negotiated, written reports as per [401-02/T2 Clinical Supervisor Reports](#) to the supervisee and Open Arms in January and July each year. The preparation of the report will be paid for in accordance with the [Fee Schedule](#).
3. The report must be discussed with the supervisee prior to finalisation and sufficient time provided for the supervisee to comment on the content before it is submitted to their Open Arms Assistant Director.
4. Clinical Supervisors may come across circumstances where special reporting requirements apply, such as where they become aware of a risk of harm to the client or others for a variety of reasons. Policy document [401 - 02/01 External Professional Supervision Instruction](#) (*Section 6*) outlines actions that should be taken in these circumstances.

## 5.4 General requirements

1. During the course of service provision the OPC must:
  - a. only provide services that address the issues identified and approved in clinical reports;
  - b. only see clients on the basis for which they are referred. If the focus of counselling shifts from the initial presenting issues, the provider must consult with an Open Arms clinical lead to determine an appropriate plan of action or further referral.
  - c. only provide counselling for sessions that have been pre-approved by Open Arms;
  - d. not use any psychometric tests in the course of providing a service to an Open Arms client without prior approval by Open Arms. See [202 - 02/02 Open Arms Psychometrics Instruction](#);
  - e. inform Open Arms of any change of address by the client within three (3) business days of being notified by the client, by updating the client's details in the CMS;
  - f. attempt to contact the client if the client does not attend (DNA) any scheduled sessions. If the client is at risk of harm to themselves or others, a timely attempt to contact the client should be made, and if unable to, Open Arms should be informed. Otherwise, if the client cannot be contacted within one (1) week to initiate or continue sessions, or DNAs two (2) sessions out of an approved number of sessions, the provider is to inform Open Arms promptly;
  - g. not provide reports to clients or third parties and must not volunteer to provide reports for courts, compensation, and disability or work cover purposes. If the OPC is approached to provide such reports, the OPC is to advise the requestor to contact Open Arms for this information;
  - h. submit to the Open Arms Regional Director (or delegate) a Case Review upon request at any time during the course of the Episode of Care;
  - i. provide a report as soon as possible after completion of an Episode of Care;
  - j. notify their Open Arms Regional Director (or delegate) if:
    - i. there are changes in the client's state or behaviour management that require alternative care arrangements;
    - ii. requests for counselling from other members of the one family are received (Open Arms does not refer clients from the same family to the same OPC, except for family or couples counselling);
    - iii. the client does not attend planned sessions in any 30 day period (this requires a formal review of the case by the local Open Arms centre);
    - iv. there are no planned sessions in any 30 day period (this requires a formal review of the case by the local Open Arms centre);
    - v. the OPC changes practice address, contact details, takes leave from the practice, moves away from an area or ceases to practice. Open Arms will ascertain whether or not a client wishes to continue to receive services if the OPC transfers to a new practice location; and
    - vi. the OPC receives requests for client information.
2. The OPC is encouraged to communicate verbally or in writing with other treating practitioners currently working with the client, but must ensure:
  - a. the client has given permission to exchange information with that practitioner on the Consent to Exchange Personal Information form;
  - b. the communication makes clear that the person is an Open Arms client; and
  - c. a copy of the communication is uploaded to the client's service file in CMS.

## 6 Financial Information

### 6.1 Fees for Service

1. Payment for services is based on the Open Arms Counselling Fee Schedule, the Open Arms Group Facilitator Fee Schedule and the Open Arms Clinical Supervisor Fee Schedule which are available at [OpenArms.gov.au](http://OpenArms.gov.au).
2. The OPC will be paid fees, inclusive or exclusive of GST as applicable, for services as listed in the fee schedule.
3. Subject to prior approval from the Open Arms GPC or delegate, Open Arms will pay a kilometre allowance for business motor vehicle travel, within a state or territory, in excess of 30 kilometres for any single round trip undertaken in the performance of services. Payment shall be outlined in the Letter of Engagement.
4. Where services are provided in accordance with these Notes, the OPC agrees to accept the Open Arms scheduled fee as full payment for said services and will not charge the eligible Open Arms client any additional co-payment or gap fee.

### 6.2 Cancellation Fees

1. An OPC may invoice for up to two (2) Did Not Attend (DNAs) within any set of approved individual, couple or family sessions. A DNA is defined as failure to attend an appointment, or cancellation within 24 hours of the scheduled appointment time. The purpose of providing part-payment for DNAs is to compensate the OPC for lost income. A DNA will not be paid in situations where the OPC has been able to conduct a session with an alternative client.
2. Where Open Arms cancels a group program through no fault of the facilitator, the facilitator may claim a cancellation fee to cover financial loss:
  - 15 calendar days or more prior to the commencement date or next scheduled group program or program session – no fee payable.
  - 2 – 14 calendar days prior to the commencement date or next scheduled group program or program session – fifty percent (50%) of the fee for week one of the program is payable.
  - Less than two calendar days prior to the commencement date or next scheduled program session – 100 percent (100%) of the fee for week one of the program is payable.
3. Where a supervision session is cancelled by Open Arms with less than 24 hours' notice, the Supervisor will be entitled to charge the cancellation fee for a one (1) hour supervision session.

### 6.3 Invoicing

1. All chargeable services (for example, clinical sessions, reports, and DNAs) must be recorded and carted within 30 calendar days of the service being provided. Failure to do so may result in late and/or non-payment.
2. The Letter of Engagement will indicate the number of approved sessions and/or services eligible for Open Arms payment. Services provided without prior approval from Open Arms may not be eligible for payment.
3. Payment for Individual/Family sessions and Group Programs will be generated through client records via the CMS. Open Arms will generate an invoice for each period and provide this to the

OPC for review. If the invoice is not disputed, payment will be progressed as per Departmental protocols.

4. Payment for Supervisors via an Open Arms generated invoice. If the invoice is not disputed, payment will be progressed as per Departmental protocols.
5. In relation to inappropriate or non-compliant claiming, the OPC must cooperate fully with Open Arms in investigating the matter, and must provide sufficient information to enable a response to the complaint within fourteen (14) calendar days of receiving an information request from Open Arms.

## **6.4 Payments**

1. Payments are made via electronic funds transfer into the bank account that is nominated during the on-boarding process.
2. OPCs must provide an Australian Business Number (ABN) to ensure the correct rate of tax withholding (if applicable) is calculated.
3. An OPC must not conduct, and Open Arms will not pay for, any of the following services for an Open Arms client:
  - a. services not authorised in writing by Open Arms;
  - b. services for which payment has been made, wholly or partly, by Medicare or a health insurance fund;
  - c. services where the cost is otherwise recoverable, wholly or partly, by way of a legal claim;
  - d. a DNA fee where the OPC has conducted a session with an alternative client in that time slot;
  - e. more than two (2) DNAs within any one (1) set of approved sessions;
  - f. examination for employment purposes; and
  - g. reports for medico-legal or insurance purposes.

## **7 Professional Development**

### **7.1 Supervision and maintenance of ongoing professional development**

1. An OPC is responsible for obtaining and maintaining their professional registration, clinical supervision and training.
2. At times, Open Arms will provide free training in relation to working with the veteran, ex-serving and ADF populations. OPCs are encouraged to attend this training in order to better understand and service Open Arms clients, in addition to the usual professional development requirements of their professional body.

### **7.2 Resources for Open Arms Outreach Program Counsellors**

1. OPCs are expected to familiarise themselves with Open Arms and DVA resources to support the delivery of services to Open Arms referred clients.
2. A selection of resources are available at:
  - [Open Arms - Professionals](#) - assists health providers to understand the military experience and maintain clinical best practice.
  - **DVA Train** - DVA is committed to equipping health practitioners and service providers with the training and skills necessary for responding to the mental health and rehabilitation needs of our



clients. To do this, DVA has launched a number of FREE online eLearning courses. Registration for online learning at <https://www.dva.gov.au/providers/online-training-health-providers>

- **Fact Sheets** – Open Arms and DVA produces a range of fact sheets with information for health care providers and entitled persons (refer: <https://www.dva.gov.au/about-dva/dva-factsheets>).
- **Centenary of ANZAC Centre** –The Practitioner Support Service is a free, nationwide service providing expert multidisciplinary support and guidance to health practitioners, support organisations, and others working with Australian veterans with mental health problems. Full detail is available at <https://anzaccentre.org.au/practitioner-support-service/>

## 8 Contacts

For further information on these Notes contact Open Arms as follows:

Telephone: 1800 011 046  
Postal address: GPO Box 9998  
Canberra ACT 2601  
Email: [openarms.opcmanagement@dva.gov.au](mailto:openarms.opcmanagement@dva.gov.au)