



Australian Government

Department of Veterans' Affairs

**VETERANS AND VETERAN FAMILIES COUNSELLING
SERVICES OUTREACH PROGRAM COUNSELLORS'
PROVIDER NOTES**

For Outreach Providers comprising:

- **Outreach Program Counsellors** - for provision of Individual, Couples and Family Counselling
- **Group Program Facilitators** - for facilitation of Group Programs
- **Clinical Supervisors** - for provision of Clinical Supervision

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1.1 Introduction

1. The purpose of the Open Arms – Veterans & Families Counselling (**Open Arms**) Outreach Program Counsellor (**OPC**) Provider Notes (**the Notes**) is to outline the requirements for Open Arms' services and the procedures to be followed when providing Open Arms Outreach program services to eligible Open Arms' clients in accordance with the following legislation:
 - a) *Veterans' Entitlements Act 1986 (Cth) (VEA)*; and
 - b) *Military Rehabilitation and Compensation Act 2004 (Cth) (MRCA)*;
 - c) *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*("the Acts").
 2. Outreach Providers are required to comply with the Notes by the contractual arrangements they have entered into with DVA for the provision of Open Arms' Services (**Deed of Agreement**).
 3. The term *Outreach Program Counsellor* (OPC) is sometimes used to describe all three outreach program functions including counselling, group facilitation and clinical supervision.
 4. For the purposes of these Notes, the following terms will apply:
 - a) **Outreach Program Counsellors (OPC)** provide individual, couples, or family counselling;
 - b) **Group Program Facilitators (GPF)** facilitate Open Arms group programs;
- 1.1 **Clinical Supervisors** provide professional supervision for Open Arms' staff; and
- d) **Outreach Providers is a collective term to refer to all three functions above.**

1.2 The Commissions and the Department of Veterans' Affairs

1. The Repatriation Commission and the Military Rehabilitation and Compensation Commission (**the Commissions**) have responsibility for arranging the provision of treatment to entitled persons under the Acts. The Department of Veterans' Affairs (**DVA**) administers the Acts on behalf of the Minister for Veterans' Affairs.
2. Under the Acts, the Commissions are authorised to make legislative instruments called the *Treatment Principles* for each Act. These documents are legally binding on providers, entitled persons, DVA 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. These Notes are incorporated by reference into the *Treatment Principles*. They form part of the *Treatment Principles* and are legally binding on Outreach Providers.
2. In addition to the *Treatment Principles* and the Deed of Agreement, these Notes, combined with Open Arms' policies set out:
 - a) the conditions under which Outreach Providers may provide services to Open Arms' referred clients and staff; and
 - b) associated requirements and obligations.
3. Outreach Providers are required to deliver services in accordance with the requirements in these Notes, the related Open Arms' policies and as instructed during induction and on-boarding and throughout the duration of their engagement.

1.4 Provider Notes and Compliance

1. Any breach of these Notes or the relevant policies may lead to action in accordance with the Deed or *Treatment Principles*, such as non-payment of claims, recovery of monies from claims previously paid or termination of the Deed or Order for Services (Work Order). 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 cases of inappropriate conduct by an Outreach Provider.
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 Outreach Providers are billing Open Arms only for services that they deliver and are compliant with these Notes and aligns with Open Arms' approach to quality and safety and broader standards of professional practice. Open Arms will contact a provider to follow up any issues observed during an audit.

1.5 Amendment of the Notes

1. These Notes and Open Arms' policies may be amended from time to time by Open Arms, consistent with any legal obligations, and as set out in the Deed. Any amendments made to these Notes or the policies will be dated and Open Arms will notify Outreach Providers of the amendments in advance of them taking effect.

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, 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 provided services from an Outreach Provider 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 and wellbeing 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 by visiting www.OpenArms.gov.au.

2.2 Open Arms' Outreach Program

1. The Open Arms' Outreach Program is designed to increase accessibility for Open Arms' clients. It establishes a network of mental health professionals to support the delivery of services on behalf of Open Arms across Australia.
2. Open Arms allows contracted mental health providers to provide mental health services to Open Arms clients in accordance with the Deed.

2.3 Determining Client Eligibility for Open Arms Services

1. Responsibility for determining client eligibility for Open Arms' services rests with Open Arms. The provision of services must not commence on behalf of Open Arms until Open Arms has determined eligibility and entered into a Work Order with the Outreach Provider under the Deed.
2. Each Order will specify the requirement for the Services and be in the form provided in Schedule 2 (Order Template), or in accordance with any other form or process notified by Us from time to time.
3. The Outreach Provider must refer any potential client to Open Arms for determination of eligibility, intake assessment, and possible referral back for services.

3.1 Mandatory Clinical Qualifications

1. Professions that can be contracted as Outreach Providers are prescribed in the *Treatment Principles*
2. To be eligible to provide outreach services on behalf of Open Arms, all providers including Outreach Program Counsellors, Group Program Facilitators and Clinical Supervisors must hold qualifications as:
 - a) Psychologist: who has unconditional registration as a psychologist with the Australian Health Practitioner Regulation Agency (i.e. no conditions on registration);
or
 - b) Occupational therapist: who has unconditional registration as an occupational therapist with the Australian Health Practitioner Regulation Agency (i.e. no conditions on registration);
or
 - c) Registered nurse: who has unconditional registration as a registered nurse with the Australian Health Practitioner Regulation Agency (i.e. no conditions on registration);
or
 - d) Social Worker: who holds membership with the Australian Association of Social Workers or equivalent state registration board.
or

- e) Clinical counsellor: who has unconditional registration as a clinical counsellor with the Psychotherapy and Counselling Federation of Australia (i.e. no conditions on registration);
 - or
 - f) Level 3 or Level 4 counsellor: who has unconditional registration as a Level 3 or Level 4 counsellor with the Australian Counselling Association Limited (i.e. no conditions on registration).
3. In addition to the above mandatory requirements for all providers, the following is also required:
- a) *Group Program Facilitators* - must be able to demonstrate experience in facilitation of structured, manualised treatment programs relevant to the Veteran community; and
 - b) Evidence of current registration, accreditation, or membership must be provided to Open Arms annually when a provider's registration/accreditation is renewed.

3.2 Other Mandatory Requirements

1. All Outreach Providers must also:
 - a) have a current Australian Business Number (**ABN**);
 - b) hold a current Working with Children/Vulnerable Person's clearance as per State/Territory requirements.
2. maintain their professional registration or membership:
 - (i) full and unconditional registration as a psychologist with the Australian Health Practitioner Regulation Agency (**AHPRA**); or
 - (ii) full and unconditional registration as an occupational therapist with the Australian Health Practitioner Regulation Agency (**AHPRA**); or
 - (iii) full and unconditional registration as a registered nurse with the Australian Health Practitioner Regulation Agency (**AHPRA**); or
 - (iv) full and unconditional membership as a Social Worker with the Australian Association of Social Workers or equivalent state registration board;
 - (v) unconditional registration as a clinical counsellor with the Psychotherapy and Counselling Federation of Australia; or
 - (vi) unconditional registration as a Level 3 or Level 4 counsellor with the Australian Counselling Association Limited
3. Outreach Providers must be registered for GST (OPCs only).

Outreach Providers must meet the professional and ethical standards set by the relevant professional regulatory and/or representative body.

3.3 Training Requirements

1. All Outreach Providers must:

- a) 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;
 - b) complete induction requirements as provided by Open Arms.
2. In addition, OPCs and GPFs must:
- a) participate in technical systems training; and
 - b) sign a systems access consent form.
3. All mandatory training (online, technical and clinical) must be completed by all Outreach Providers before providing services for Open Arms' clients or staff receiving clinical supervision.

3.4 Information and Communications Technology (ICT) and systems

1. Practice and/or personal ICT systems used for Outreach Provider services 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 and their Practice Staff must read and agree to the CMS terms and conditions by completing and signing a system access form. Full terms and conditions will be available to Outreach Providers.
3. Full 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 will be provided to Outreach Providers.

3.5 General Conditions

1. There is no guarantee that Open Arms will refer clients, offer group program facilitation or clinical supervisees to an Outreach Provider. OPCs are matched to clients depending on the needs of the client, and the location and skills of the provider.
2. Arrangements are between Outreach Providers (organisations) and DVA (on behalf of Open Arms). Each individual providing services through an Outreach Provider organisation must do so in accordance with the Deed, including but not limited to, cl 8 of the Deed, which deals with Your Personnel.

Client Consent

3. Outreach Providers must follow all Open Arms' policies and procedures regarding client consent, including using the Consent Discussion Guide to inform the consent process.
4. Outreach Providers must explain the *Privacy Consent Notice* form (this will be provided to all Outreach Providers), clearly outlining the limits to confidentiality and the client's Rights and Responsibilities. Outreach Providers must obtain the client's signature on the completed form, with the signed document uploaded to CMS.

5. As part of the Open Arms' Model of Care and with appropriate consent, Outreach Providers are required to work with a client's whole treating team, including their personal supports, General Practitioner and other mental health professionals as required.

Privacy and storage

6. The privacy requirements, and requirements for storage of information (including Personal Information), are contained in the Deed and Open Arms policies.
7. Outreach Providers and their Practice Staff must not access or read any information in the CMS that is not directly linked to the service they are providing to their Open Arms clients. Outreach Providers must be aware that unauthorised access:
 - a) will be monitored;
 - b) is a breach of the Privacy Act 1988 (Cth) and is a prosecutable offence; and
 - c) will be investigated by Open Arms.
8. Unauthorised access may lead to the suspension or termination of the Outreach Providers' arrangements with Open Arms and will be reported to the relevant authority.

Insurance and Indemnity

9. The insurance and indemnity requirements are contained in the Deed.
10. Outgoing Providers must hold insurance:
 - a) required by State or Territory Law;
 - b) required by relevant national provider registration or accreditation bodies; and
 - c) any additional requirements for insurance specified in the Letter of Engagement.

Communication

11. All contacts between Open Arms and Outreach Providers in relation to clients will be documented and any important correspondence (this includes via email and file notes) will be recorded in the CMS.
12. Without limiting the notice provisions in the Deed, communication with Open Arms 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); or
 - e) by registered land mail.

Record keeping

13. It is the responsibility of Outreach Providers (OPCs and GPFs) to record all client activity including appointments/group sessions, attendance, case notes, reports and outcome assessments within the CMS. Templates are supplied in the CMS.
14. OPCs and GPFs 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 *Extract from Completion of Clinical Notes Instruction and the Group Program Facilitator Information & Checklist* document in the Open Arms Procedures and Instructions.
15. All clinical notes including all handwritten counselling /group program session and client file notes kept by OPCs/GPFs must be reflected in scanned copies or faithful representations (e.g. an accurate precis) in the CMS.
16. 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 *Extract from Client Information Management Procedure* in the Open Arms Procedures and Instructions). All group material, including facilitator guides, PowerPoint presentations, videos and participants' guides and assessments provided by Open Arms, belongs to Open Arms and is considered 'Our Material' under the Deed and (Work Order) and must be treated in accordance with the Deed/Work Order.
17. All records additional to those added to the CMS must be retained by the Outreach Providers and securely stored, including:
 - a) all handwritten and electronic counselling session and client file notes;
 - b) reports, risk assessments, outcome assessments and care plans; and
 - c) electronic data such as appointment and attendance schedules.
18. Outreach Providers may not dispose of any records of an Open Arms client except to deliver them to the relevant Open Arms Centre. Providers 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 and:
 - (i) the Centre must be notified when this is done so they can be checked for legibility; and
 - (ii) once the check is completed, and receipt has been acknowledged in writing, the Outreach Providers may dispose of the hard copy.
19. Where an Outreach Provider ceases to provide Open Arms services, all Open Arms' client records must be delivered to Open Arms promptly as outlined above.

Provision of Information

20. Open Arms client files and reports may be accessed by clients under Privacy legislation (Release of Information requests), Freedom of Information (**FOI**) legislation, by a law enforcement agency under a warrant, or by a court under a subpoena.

21. The OPC is required to notify the Open Arms' Regional Director (or delegate) immediately if they receive a subpoena, FOI request, warrant, or request from ADF authorities (for a current serving ADF member) or any other person, to access Open Arms client files. Open Arms will provide direction on the appropriate response.
22. Under no circumstances is an Outreach Provider 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 Open Arms.

Complaints and Complaint Handling

23. An Outreach Provider is required to advise the Open Arms' Regional Director (or delegate) at the earliest practical opportunity of any complaint relating to their professional conduct, and subsequently, the outcome of any investigation.
24. The Outreach Provider must cooperate fully with Open Arms when investigating any complaint relating to an Open Arms client. This includes providing, within 7 calendar days of receiving an information request from Open Arms, sufficient information to enable a response to a complaint.

Show Cause Notice

25. Should Open Arms have concerns about an Outreach Provider's clinical practice, including (but not limited to) failure to use evidence-informed treatment, the appropriateness of report writing, Open Arms may write to the Provider outlining these concerns, requiring them to show cause as to why they should remain an Outreach Provider. The show cause notice will specify a timeframe in which the Provider is required to respond and may require the Provider to provide any information specified in the notice.
26. A failure to respond to a show cause notice within the specified time, or a failure to provide the information requested in the notice constitutes a material breach of these Notes and may result in DVA issuing a notice in accordance with clause 22.1.2 of the Deed. If, after receiving a response to the show cause notice, Open Arms is not satisfied that the Outreach Provider has complied with their obligations under the Deed, these Notes or Open Arms policies, DVA may rely on its rights at clause 22.1 of the Deed.

Advertising and promotion

27. Outreach Providers must not refer to Open Arms or DVA in any promotional material (including advertisements, websites and email signature blocks) 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 promotional material. The request for permission must include the proposed wording and any image/s which will be used. Requests should be directed to OPENARMS.OPC.CONTRACT.MANAGEMENT@dva.gov.au;
 - b) the Australian Government / Open Arms / DVA logos must not be used.
 - c) the material must not imply endorsement as an Open Arms or DVA preferred health care provider, or that the Outreach Provider is an employee of, or an agent of, Open Arms or DVA. The material may advise that the health care provider will treat Open Arms eligible clients;
 - d) no false or misleading information is to be included in the material; and

- e) promotional material referring to Open Arms or DVA will not be permitted if State/Territory regulations for each provider type prohibit advertising.
28. Breaches of the above conditions may lead to action under the *Competition and Consumer Act 2010* (Cth).
29. Official Open Arms or DVA issued promotional material can be used as directed.

4.1 Referrals

1. A written (Work Order) from Open Arms that has been formally agreed by the Outreach Provider is required for a provider to deliver Outreach Program services.
2. Once a Work Order has been agreed in accordance with the Deed, the Outreach Provider will receive a client referral letter on each occasion when Open Arms are referring a client for services. The Provider should establish contact with the client (or supervisee) as follows:
 - a) within 5 calendar days and conduct an initial appointment within 14 calendar days for clinical supervision;
 - b) within 5 calendar days after the client referral letter has been received by the provider and conduct an initial appointment within 14 calendar days for individual, couples and family sessions; and
 - c) as soon as practicable after referral and no less than 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 outlined in:
4. the Work Order;
 - a) the client referral letter;
 - b) the Clinical Qualifications and Other Mandatory Requirements section of these Notes; and
 - c) the relevant policy document/s and clinical induction instructions.
5. The client remains a client of Open Arms whilst receiving services approved by Open Arms and provided by an Outreach Provider 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. This includes both in-person and telehealth services.
2. Premises must comply with the relevant services standards required for Mental Health Accreditation 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 Arm's Regional Director.
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 Outreach Provider to whom a referral is made, unless approved by Open Arms.
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, unless approved by Open Arms under the Deed's subcontracting provisions and the associated Open Arms subcontracting procedures.

5.1 Individual, Couple and Family Counselling Requirements

1. Open Arms provides counselling within a defined Episode of Care. This includes an initial approval of up to 10 sessions on allocation of a client, three of which may be used to develop the Care Plan. Open Arms will base approval to conduct the balance of the allocated sessions on submission of a Care Plan. Open Arms may agree to an extension to the allocated sessions where this can be clinically justified.
2. OPCs can provide a maximum of one session per case per week, unless 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 *Extract from Consent Instruction*, *Extract from Consent Discussion Guide* and *Extract from Online Video Counselling and Support Instructions* in the Open Arms Procedures and Instructions.
5. OPCs may refer back to Open Arms for further assistance where clients are identified as failing to engage, not responding to interventions, engaging in extended episodes of care or if multiple and complex needs emerge that would be better met through a care coordination approach.
6. OPCs are 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, including rehabilitation providers, within the limits of the client's consent.
7. 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.
8. The mandatory Services and Deliverables, including assessment and reporting requirements for each episode of care, are outlined in the *Extract from Definition of Episode of Care*, *Extract from Clinical Assessment and Treatment Planning Procedure*, and *Extract from Counselling Procedure* in the Open Arms Procedures and Instructions.

Group Treatment Programs

9. A separate Work Order must be agreed between Open Arms and the OPC before the delivery of any group treatment programs. 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.
10. 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 and an additional facilitator.
11. The lead Facilitator will have primary responsibility for the delivery of the relevant program.
12. 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 Order;
 - g) at the closure of the group program, return all material/s to Open Arms promptly; and
 - h) facilitate the evaluation of the group program.

Clinical Supervision

13. A separate Work Order must be agreed between Open Arms and the OPC delivering clinical supervision services.
14. Clinical supervisors must:
 - a) deliver supervision to centre based clinicians in accordance with best practice, in accordance with the Professional Supervision Procedure (this will be provided to successful Outreach Providers on the Panel), and as specified in the Work Order;
 - 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 Procedures and Instructions, and the professional codes of the relevant professional societies and National Boards; and
 - d) meet the objectives of clinical supervision.

5.2 Treatment expectations

1. Outreach Providers providing counselling or group treatment for Open Arms clients must:
 - a) use evidence informed, quality assessment, interventions and practices 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 Open Arms treatment programs, or other DVA sponsored programs, as appropriate; and
 - 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 Outreach Providers 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

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 *Extract from Definition of Episode of Care, Extract from Clinical Assessment and Treatment Planning Procedure, Extract from Counselling Procedure, and in the GPF Information & Checklist document* in the Open Arms Procedures and Instructions.
4. Mandatory requirements for treatment group program reporting are detailed in the relevant Work Order issued at the time of engagement.

Clinical Supervisors

5. 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. The template will be provided with the Order for Services (Work Order (template will be provided to all Outreach Providers).)
6. The clinical supervisor must provide six monthly or otherwise negotiated written reports using the Professional Supervision Report template provided with the Work Order (template will be provided to successful Outreach Providers on the Panel) to the supervisee and Open Arms in December and June each year. The preparation of the report will be paid for in accordance with the [Fee Schedule](#).
7. 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.

8. 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. The document 'External Professional Supervision Instruction' (*Section 6*) outlines actions that should be taken in these circumstances (template will be provided to all OPCs). This instruction will be provided with the Work Order) or upon request.

5.4 Outreach Provider General Requirements

1. During the course of service provision the OPC must:
 - a) ensure only provide services that are detailed in the Work Order and client referral letter, and only address the issues identified and approved in clinical reports;
 - b) only provide services that are within the scope of the Open Arms Model of Care;
 - c) only provide counselling, group program or clinical supervision for sessions that have been pre-approved by Open Arms in a current Work Order (groups and supervision) and as per the Work Order and client referral letter for counselling;
 - d) ensure use of endorsed psychometric tests in the course of providing services to Open Arms clients. See *Extract from Psychometric Assessment in the Open Arms Procedures and Instructions*;
 - e) where a client advises of an address and/or contact detail changes, advise the client to call 1800 011 046 to get their information updated. Alternatively, Providers should inform Open Arms of any changes to client contact details by the message function in the CMS within 3 business days of being notified.
 - 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 as per Open Arms procedure. Otherwise, If the client cannot be contacted within 1 week to initiate or continue sessions, or DNAs 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 as outlined in the Work Order and client referral letter;
 - i) provide a report as soon as possible after completion of an Episode of Care as outlined in the Order for Services (Work Order) and client referral letter;
 - 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.
 3. With approval from the Open Arms' delegate, the OPC may claim for case management activities that meet the criteria outlined in the OPC fee schedule.

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 [Open Arms Outreach Program | Open Arms](#)
2. The OPC will be paid fees, inclusive or exclusive of GST as applicable, for services as listed in the fee schedule.
3. For Group Program Facilitators, subject to prior approval from the Open Arms GPC or delegate, Open Arms will pay a motor vehicle allowance (MVA) when a GPF uses their private vehicle for official travel where it has been determined that this is the most cost effective and efficient means of travel. Open Arms will determine when official travel is necessary, organise travel arrangements via Government bookings systems, and where relevant determine when MVA can be claimed. Details will be outlined in the Work Order).
4. Where services are provided in accordance with these Notes, the Outreach Provider agrees to accept the Open Arms scheduled fee as full payment for said services and will not charge the eligible Open Arms client or staff member any additional co-payment or gap fee.

6.2 Cancellation Fees

1. An OPC may invoice for up to 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 – 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% 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 as per the Clinical Supervision fee schedule for a 1 hour supervision session.

6.3 Invoicing and payment

1. Where OPCs are required to cart for payment, a 60-day timeframe applies for recording all chargeable counselling, group program facilitation and supervision services.
2. The Order for Services (Work Order) and client referral letter will indicate the number of approved supervision sessions and/or services eligible for Open Arms payment. Services provided without prior approval from Open Arms will not be eligible for payment.
3. The client referral letter will indicate the number of approved sessions and/or services eligible for Open Arms payment. Services provided without prior approval from Open Arms will not be eligible for payment.
4. Payment for counselling Individual/Couple/Family sessions 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.
5. Supervisors and Group Facilitators must submit a correctly tax rendered invoice for payment. Open Arms will process the invoice for payment as per Departmental protocols outlined in the Deed.
6. In relation to inappropriate or non-compliant claiming, the Outreach Provider must cooperate fully with Open Arms in investigating the matter

6.4 Payments

1. Payments are made via electronic funds transfer into the bank account that is nominated during the on-boarding process.
2. Outreach Providers must provide an ABN to ensure the correct rate of tax withholding (if applicable) is calculated.
3. An Outreach Provider must not conduct, and Open Arms will not pay for, any of the following services for an Open Arms client:
 - a) services not compliant with the Order of Service (Work Order);
 - 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 2 DNAs within any 1 set (10) of approved sessions
- f) examination for employment purposes; and
- g) reports for medico-legal or insurance purposes.

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. This training includes a mix of online modules and workshops, webinars and face-to-face workshops. Outreach Providers 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. Outreach Providers 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 website](#) – which hosts information and resources to assist health providers to understand the military experience and maintain clinical best practice.
 - Training platforms - DVA provides a number of online eLearning courses.
 - Fact Sheets – Open Arms and DVA produces a range of fact sheets with information for health care providers and entitled persons.

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

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