



Australian Government

Department of Veterans' Affairs

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

May 2016

**NOTES FOR VETERANS AND VETERANS FAMILIES COUNSELLING SERVICES OUTREACH PROGRAM
COUNSELLORS MAY 2016**

I, SIMON LEWIS, President of the Repatriation Commission, Chair of the Military Rehabilitation and Compensation Commission and Secretary of the Department of Veterans' Affairs, on behalf of the Repatriation Commission, the Military Rehabilitation and Compensation Commission and the Department of Veterans' Affairs, hereby:

- (a) revoke the *Veterans and Veterans Families Counselling Services Outreach Program Counsellors Provider Notes May 2015*; and
- (b) approve these *Veterans and Veterans Families Counselling Services (VVCS) Outreach Program Counsellors (OPC) Provider Notes May 2016*;

To take effect on 1 May 2016.

Dated this ^{3rd} day of May, 2016



SIMON LEWIS

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Introduction

1. The purpose of these *Veterans and Veterans Families Counselling Service Outreach Program Counsellors Provider Notes* (the Notes) is to outline requirements for the provision of outreach counselling and complex needs case management services to eligible Veterans and Veterans Families Counselling Service (VVCS) clients.
2. The Notes explain the expectations of VVCS and the procedures to be followed when providing outreach counselling and case management services to eligible VVCS clients in accordance with the following legislation:
 - a) *Veterans' Entitlements Act 1986* (VEA); or
 - b) *Military Rehabilitation and Compensation Act 2004* (MRCA).Collectively referred to as "the Acts".

The Commissions and the Department of Veterans' Affairs

3. The Repatriation Commission and the Military Rehabilitation and Compensation Commission, collectively referred to as "the Commissions", administer the Acts. The Department of Veterans' Affairs undertakes the administration of the Acts on behalf of the Commissions.
4. 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*.

Status of the Notes

5. In addition to the *Treatment Principles*, these Notes are a legally binding document setting out the conditions under which Outreach Program Counsellors (OPCs) may provide counselling or case management services to VVCS referred clients.
6. OPCs are required to deliver counselling and case management services in accordance with the requirements set out in these Notes. Any breach of these Notes 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. Relevant professional boards may also be advised in serious cases of inappropriate conduct by an OPC. Serious or repeated breaches of these notes may result in the termination of this agreement.
7. VVCS conducts twice-yearly audits of randomly selected client files within the secure VVCS Electronic Record Application (VERA) information management system. The purposes of the audits are to ensure that OPCs are billing VVCS only for sessions that they conduct and compliance with these provider Notes. The Outreach Program Coordinator will contact an OPC to follow up any discrepancies observed during the audit.

Amendment of the Notes

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

Veterans and Veterans Families Counselling Service (VVCS)

9. VVCS provides free, confidential counselling services and support, including group programs and case management for clients with complex needs to eligible Australian veterans, peacekeepers, other eligible former and serving Australian Defence Force members, including those referred under an agreement for services, along with F-111 clients and their families under the *Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) Health Care Scheme*.

Dependents of eligible veterans are also eligible for free, confidential counselling services and support for issues related to their partner's/parent's operational or warlike service.

10. More information on VVCS services, programs and client eligibility is available by contacting the nearest VVCS Centre on 1800 011 046 or at: <http://www.vvcs.gov.au/vvcs>.

VVCS Outreach Program

11. The VVCS Outreach Program is designed to increase service accessibility for VVCS clients. It establishes a network of psychologists and mental health accredited social workers, engaged through statutory registration, to deliver services on behalf of VVCS. As part of the registration process, providers must evidence a Medicare Australia provider number and agree to comply with the terms and conditions of these Notes.

Determining Eligibility for VVCS Services

12. Responsibility for determining eligibility for VVCS services rests with VVCS.

If a client who may be eligible for VVCS services is otherwise receiving services from a mental health provider who is a VVCS OPC, it is recommended that the provider consider referring the client to VVCS for determination of eligibility, intake assessment and possible referral for services. Under such circumstances, the OPCs must not give any indication as to eligibility for VVCS services and must not commence the provision of services on behalf of VVCS until VVCS has determined eligibility and made a formal referral to the OPC. A breach of this section may lead to termination of this agreement.

Eligibility to provide VVCS Outreach Program Services

13. To be eligible to provide outreach counselling and case management services to eligible VVCS clients, a provider must:

For psychologists:

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

- have a Medicare Australia provider number and be eligible to provide psychological services under the *Australian Government's Better Access initiative*;
- demonstrate a minimum of three (3) years of postgraduate clinical experience in comprehensive psychosocial assessment and evidence-based clinical interventions relevant to the needs of the VVCS client population; and
- agree to maintain a specialist knowledge and understanding of veteran and military culture that enables delivery of a specialised service to eligible VVCS clients.

For social workers (mental health):

- hold accreditation as a Mental Health Social Worker with the Australian Association of Social Workers;
- have a Medicare Australia provider number and be eligible to provide social work services under the *Australian Government's Better Access initiative*;
- demonstrate a minimum of three (3) years of postgraduate clinical experience in comprehensive psychosocial assessment and evidence-based clinical interventions relevant to the needs of the VVCS client population; and
- agree to maintain a specialist knowledge and understanding of veteran and military culture that enables delivery of a specialised service to eligible VVCS clients.

14. Arrangements are between individual providers and VVCS.-Each individual provider must be eligible to provide VVCS outreach program counselling or case management services as outlined in paragraph 13.
15. An OPC is required to advise VVCS immediately if any complaint relating to their professional conduct is made, and the outcome of any investigation.

VVCS Statutory Registration

16. To register with VVCS as an OPC, providers must meet the eligibility criteria outlined in paragraph 13 and complete the statutory registration form available from vvcs.coord@dva.gov.au or online at www.vvcs.gov.au on the Providers page.
17. As part of your registration, you will be required to agree to the conditions for the provision of VVCS outreach program counselling services under VVCS Statutory Registration as detailed in these Notes.
18. Once registered, a provider will only be contacted about providing services to VVCS clients if VVCS determines there is a need for services in their area. Registration as a VVCS OPC provider does not guarantee that VVCS will refer clients to you. Providers are matched to clients depending on the needs of the client, location, and expertise of the provider.
19. Should the VVCS National Manager have significant concerns about an OPC's clinical practice, including a potential failure to use evidence-based treatment or of appropriateness of report writing, and financial practices such as inappropriate billing, the National Manager may write to an OPC outlining these concerns and requiring the OPC to show cause as to why they should remain a VVCS provider. Failure of an OPC to show sufficient cause to satisfy the National Manager that the activities of the OPC are in the interests of the VVCS client may result in the OPC being de-registered as a provider.

Referrals

20. A written referral from VVCS is required for a provider to deliver counselling and/or case management services in accordance with these Notes.
21. The OPC will receive an initial 'Letter of Engagement' following an intake assessment with the client conducted by a VVCS Centre Counsellor. The letter of engagement will detail services required for a 'service file'. A service file may comprise a single client or multiple clients (e.g. in family or couple counselling).
22. The client remains a client of VVCS whilst receiving services approved by VVCS and provided by an OPC under this arrangement. A Letter of Engagement must be provided by VVCS prior to commencement of services delivered by an OPC. Services are to be delivered as detailed below.

Services and deliverables

23. Counselling services and/or case management services for eligible VVCS clients shall be provided in accordance with these Notes.
24. It is the responsibility of OPCs to record all client activity including appointments, attendance, case notes, care plans, reports and outcome assessments within the secure VVCS Electronic Record Application (VERA) information management system. Templates are supplied in VERA. OPCs are required to record their clinical notes in VERA within a week of completing a session. It is expected that all clinical notes kept by OPCs are reflected in scanned copies or faithful representations (e.g. an accurate précis) in VERA.
25. The OPC should ensure their ICT systems are compatible with any VVCS ICT system. This includes the ability to access the internet based, secure VERA system. The minimum ICT requirement to access VERA is access to one of Internet Explorer 7, Firefox or Safari web browser platforms.
26. VERA will enable access to the Personally Controlled Electronic Health Record system, should a VVCS client wish to have information recorded on their eHealth Record. It is a requirement that all OPCs obtain and maintain registration in the Healthcare Identifiers (HI) service, to ensure the OPC's Healthcare Provider Identifier-Individual (HPI-I) can be linked to the VVCS's 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/>.

Treatment expectations

27. OPCs must use Cognitive Behavioural Therapy (CBT) based treatments as the primary therapeutic framework with VVCS clients. A clinician may also, subject to point 28, employ any recognised (by the Australian Psychological Society, Phoenix Australia – Centre for Posttraumatic Mental Health or a systematic review published in a peer reviewed journal) therapy as an adjunct treatment, where a clinician is qualified and trained in that therapy. The written rationale will be detailed in the client's Care Plan.
28. The VVCS Centre Director (or delegate) may approve a variation from use of a CBT-based therapy as the primary treatment if it is supported by a strong clinical rationale. This must be in writing, and will also be detailed in the client's Care Plan.

29. OPC use of 90 minute sessions for trauma treatment must be pre-approved, and approval will be contingent upon presentation of a clinical justification and evidence of appropriate training in Prolonged Exposure or EMDR.
30. VVCS operates under a family inclusive framework which involves VVCS counsellors considering, and collaboratively working with, clients' family members in the treatment of mental health issues. Family members may include clients' partners, parents, siblings and other relatives (although a parent, sibling and other relative is not eligible to be a client, they may attend a session as a guest, where this is in the best interests of the client). OPCs who have agreed to provide services to client families should do so on the basis of family inclusive practice, as outlined above.
31. OPCs must not access or read any information in VERA that is not directly linked to the service they are providing to their client.

Service location and hours

32. Administration of any psychometric or other psychological measures (other than DASS, AUDIT and PCL) with a VVCS client requires prior VVCS approval. VVCS will not pay for any psychometric tests used by an OPC in the course of providing a service to a VVCS client.
33. Services provided on behalf of VVCS must be carried out in professional counselling premises that ensure the privacy and confidentiality of clients. Premises for service delivery must comply with the National Standards for Mental Health Services (2010). VVCS staff may visit and assess premises to ensure these requirements are met.
34. VVCS OPC services are not to be provided in other locations, such as home visits, prisons, Public and Private Hospitals or Residential Aged Care Facilities; nor will OPCs provide services to residents or inpatients of prisons, hospitals or aged care facilities. Exceptions to this will only occur with the written approval of the local VVCS Director.
35. It is expected that most services will be delivered during normal business hours. Availability to deliver some counselling services after hours, including evenings and/or weekends, will assist VVCS to provide a more flexible and responsive service to the clients, and will be viewed favourably.

Outreach Program Services

36. All VVCS counselling and case management services are to be delivered as an Episode of Care rather than as ongoing therapy. 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 VVCS approved Care Plan.
37. The following Services and Deliverables are required following a Letter of Engagement from VVCS, for each episode of care:
 - a) Face to face counselling for individuals, couples or families to eligible VVCS clients upon referral and approval from VVCS, in professional premises. Telephone or video counselling is not to be provided unless by prior approval. Video counselling must be conducted in accordance with VVCS Video Counselling Guidelines which will be provided on approval.
 - b) Consultation sessions, without interruptions, in accordance with the time frames stipulated in the schedule of VVCS fees (see under Invoicing and Payments, below).

- c) A maximum of one session per case per week, unless prior approval from VVCS has been provided.
- d) Comprehensive psychosocial assessment with a clear and consistent case formulation and evidence-based clinical interventions relevant to the needs of the client, including relationship counselling, family therapy, family inclusive practice, management of risk, misuse of alcohol and other substances, and interventions for common mental health conditions such as depression, anxiety, adjustment disorders and posttraumatic stress disorders.
- e) Assessment of depression, anxiety, stress, trauma and alcohol use via the administration of the Depression Anxiety Stress Scale (DASS) and AUDIT, and the PTSD Checklist (PCL) when trauma is indicated, and any other psychometric instruments as required (noting the conditions stated in paragraph 32), within the first three assessment sessions and at the final pre-approved session (or at the completion of an Episode of Care, whichever occurs first). The results will be reported in the Care Plan and/or Case Review Report.
- f) Conduct a risk assessment at each session with the client, and record the client's risk status in each clinical note together with the evidence and logic upon which the risk assessment is based. Contact VVCS if a client is assessed as moderate or high risk –for clients at high risk, the OPC must notify VVCS as soon as practicable and seek approval to complete a Risk Assessment Management Plan (RAMP) in VERA (for which a fee is payable by VVCS). Where there is an immediate crisis situation, the OPC should utilise appropriate community services (e.g. police, mental health crisis services, etc.) and advise VVCS as soon as practicable; if this occurs outside of business hours please advise VVCS After Hours on 1800 011046 who will advise the local VVCS centre.
- g) Lead clients through the Consent for VVCS to Provide Services form, clearly outlining the limits to confidentiality and their Rights and Responsibilities, and obtain the client's signed consents on both parts of the completed form. The OPC must also sign the form.
- h) Counselling services within an Episode of Care framework that identifies goals, strategies and outcomes to be achieved within the defined and approved Episode of Care.
- i) Refer back to VVCS for assessment for the complex needs service for clients identified as hard to engage, not responding to counselling interventions or if multiple and complex needs emerge that would be better met through a coordinated case management approach.
- j) As negotiated, provide complex needs services to eligible VVCS clients.
- k) Provide information to VVCS clients on the availability of VVCS After Hours (1800 011 046; see paragraph below) to provide after hours crisis counselling and a call back service and proactive referral for crisis support where required.
- l) Provide information to VVCS clients about other relevant community services and proactive referral to these services to support client recovery and holistic support;
- m) Referrals to other medical practitioners/psychiatrists and other relevant services as required, and agreed with the client, with prior approval of VVCS; and

- n) Referrals to appropriate VVCS group programs or other DVA sponsored programs, in consultation with VVCS.

Care Planning and Reporting

- 38. The referral to an OPC will be for an initial three (3) sessions. Upon completion of the first three sessions, the OPC must develop for each case a Care Plan in accordance with the VVCS template. The Care Plan builds on information which was provided during the initial VVCS intake session and enables VVCS to gain a clearer understanding of what the client's needs are and what VVCS and the OPC's roles are in assisting the client. This Care Plan must be submitted to VVCS **within VERA** and approved by the VVCS Director (or delegate) before further sessions can be delivered. The OPC must alert VVCS via email when a report has been completed. During the initial three sessions, OPCs are required to administer outcome measures, conduct a risk assessment and obtain informed client consent.
- 39. The Care Plan must include:
 - a) Documented, informed consent from the client/s, recorded on the Consent for VVCS to Provide Services form and any other signed consent forms, and uploaded to VERA in PDF form. Templates for VVCS consent forms along with guidelines for providers are in VERA as follows:
 - i) Consent for VVCS to Provide Services form

OPCs must explain to the client that the form has two purposes:
1) to inform the client as to their right to privacy and the limitations of this right; and
2) to seek the client's agreement to abide by the VVCS Rights and Responsibilities.
 - ii) Consent to Exchange Personal Information form

This form seeks the client's consent to allow VVCS to exchange information with a specified third party.
 - b) Administration of the DASS/AUDIT/PCL and any other psychometric instruments, with the original assessment completed within VERA and the results reported in the Care Plan.
 - c) A description of the presenting issues, including any relevant background.
 - d) Case formulation, identified goals, strategies (planned intervention/s including referrals to other providers or agencies) and expected outcomes for each goal.
 - e) A recommended number and the frequency of sessions required to achieve the outcomes and complete the Episode of Care.
 - f) A risk assessment indicating a status of 'No foreseeable risk', 'Low risk', 'Moderate risk' and 'High risk'; where 'High risk' includes crisis response situations. If the client is identified as being at moderate or high risk, the provider must inform VVCS as soon as practicable. For clients at high risk the OPC must notify VVCS as soon as practicable and seek approval to complete a Risk Assessment Management Plan (RAMP) in VERA (for which a fee is payable by VVCS). Where there is an immediate crisis situation, the OPC should utilise appropriate community services (e.g. police, mental health crisis services, etc.) and advise VVCS as soon as practicable. If this

occurs outside of business hours advise VVCS After Hours on 1800 011046, who will follow up with duty of care action as required. They will also advise the local VVCS centre.

- g) A safety plan (if the client is assessed as being at moderate or high risk).
- h) If the approved number of sessions are due to end and some outcomes have not been achieved and/or the client's circumstances and treatment goals have changed, the provider will need to submit a Case Review in accordance with the VVCS template. This Case Review must be submitted and approved by the VVCS Director (or delegate) before further sessions can be delivered or the case is closed.

VVCS agrees to fund an Episode of Care as described by the Care Plan. OPCs will not be provided an extension to the Episode of Care if agreed outcomes have not been met, and an extension cannot be clinically justified.

40. If the clinician and client agree that the client's presenting issues have been resolved within the Assessment period, and a Care Plan has not been developed, this is noted in the case file and a case closure report is to be provided (noting the exception indicated in paragraph 41(j)).

41. The Case Review must include the following:

- a) An explanation (or a summary) of the goals and outcomes to date.
- b) A rationale for any further sessions that may be requested.
- c) A review of initial treatment goals and outcomes, and details of any new goals, including strategies that will be used to address the goal and the expected outcome.
- i) A risk assessment. If the client is identified as being at moderate or high risk the provider must inform VVCS as soon as practicable. For clients at high risk the OPC must notify VVCS as soon as practicable and seek approval to complete a Risk Assessment Management Plan (RAMP) in VERA (for which a fee is payable by VVCS). If this occurs outside of business hours advise VVCS After Hours on 1800 011046, who will follow up with duty of care action as required. They will also advise the local VVCS centre.
- d) A safety plan (if the client is assessed as being at moderate or high risk).
- e) The results of the administration of the DASS/AUDIT, and the PCL if administered, at the final of an approved number of sessions, or at the end of the Episode (whichever occurs first).
- f) An estimation of the number and frequency of sessions to achieve the outcomes and complete the Episode.

42. During the course of service provision the OPC must:

- a) only provide counselling or case management sessions that address the issues that are identified and approved for in the Care Plan or Case Review. Additionally, the OPC must see the clients on the basis on which they are referred. If the focus of counselling shifts from the initial presenting issues, the provider must consult with the VVCS Director (or delegate) to determine an

appropriate plan of action or further referral. Approval for services that are beyond the terms of the Care Plan or Case Review may be provided by VVCS when there are exceptional circumstances (e.g. a life threatening situation);

- b) only provide counselling for sessions that have been pre-approved by VVCS;
- c) obtain informed consent from the client/s and explain to the client at the commencement of sessions, the limits of confidentiality, the limits to services provided within the Episode of Care and exit planning for the Episode of Care;
- d) not attend a life-threatening situation, but should utilise appropriate community services (e.g. police, mental health crisis services, etc.) and advise VVCS as soon as practicable;
- e) inform VVCS of any change of address by the client – Providers must not change the client’s address on VERA but notify VVCS of this within three (3) working days of being notified by the client;
- f) attempt to contact the client if the client does not attend (DNA) any scheduled sessions. If the client cannot be contacted within one (1) week to initiate or continue sessions, or DNA’s two (2) sessions out of an approved number of sessions, the provider is to inform VVCS 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 VVCS for this information.
- h) The OPC is permitted to communicate in writing with other treating practitioners currently working with the client (except when the client is an Australian Defence Force member), but must ensure:
 - a) That the client has given permission to exchange information with that practitioner on the consent to Exchange Personal Information form;
 - b) That the communication makes clear that the person is a VVCS client;
 - c) That a copy of the communication is uploaded to the client’s service file in VERA.
- i) submit to the VVCS Director (or delegate) a Case Review upon request at any time during the course of the Episode of Care; and
- j) provide a report as soon as possible after completion of an Episode of Care. A closure report is not required where a client has not attended any counselling sessions or where a client does not attend any new sessions allocated following a Care Plan or Case Review (an explanatory note is required on the client’s Service File).
- k) Notify their centre 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 (VVCS does not refer clients from the same family to the same OPC, except for family or couples cases);

- iii) the client does not attend planned sessions in any three (3) month period (this requires a formal review of the case by the local VVCS centre);
- iv) there are no planned sessions in any 3 month period (this requires a formal review of the case by the local VVCS centre);
- v) you change practice address, contact details, take leave from your practice, move away from an area or cease to practice. VVCS will ascertain whether or not a client wishes to continue to receive services if the OPC transfers to a new practice location.
- vi) you receive requests for client information.

Additional requirements for clients referred under the Agreement for Services (AfS)

- 43. Providing VVCS outreach services may involve working with current serving Australian Defence Force members. Current serving members who are referred to VVCS via the Agreement for Services have additional reporting requirements.
- 44. Extra limits to the confidentiality of clients referred under the AfS – reports will be sent to the referring authority; confidentiality may be broken for clients at moderate risk (versus at high risk for non-Defence members). NOTE: an OPC should not contact Defence directly under any circumstances. If an OPC assesses a Defence member as at moderate or high risk, the OPC should contact the local VVCS centre as soon as practicable.
- 45. OPCs must notify Defence, via the local VVCS centre, of the client's attendance at the initial appointment. This is to be done through an Initial Contact form which is on VERA, and the OPC should notify VVCS when this is complete. VVCS Centre as soon as practicable after the client's attendance at the first session.
- 46. OPCs must notify Defence, via the local VVCS centre, if the client fails to attend an appointment. This is to be done through completion of an On-Occurrence form in VERA as soon as practicable after the client's failure to attend. The OPC should notify VVCS as soon as practicable that the On-Occurrence has been completed.
- 47. If an OPC is approached by-any other person-to provide a verbal or written report, the OPC must not provide any clinical information or advice but must refer the enquirer to the local VVCS centre.

Working with Children

- 48. Providing VVCS outreach services may involve working with minors. Prior to accepting such referrals from VVCS, the OPC must provide evidence to VVCS of their compliance with the requirements of the jurisdictions within which they work with minors, or might work with minors, by either obtaining Working With Children registration or holding a positive assessment letter with respect to their position.

Communication

- 49. All contacts between VVCS and OPCs will be documented and any important decisions will be recorded (this includes via email and file notes). Communication between the parties containing personal information about clients should be made only:

- a) within VERA;
- b) in person;
- c) by telephone;
- d) by land mail; or
- e) by fax.

Induction, supervision and maintenance of ongoing professional development

- 50. 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). 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.
- 51. The OPC agrees to undertake an induction and orientation to VVCS services prior to commencing services for VVCS clients. VVCS may require OPCs to provide evidence of qualifications and experience relevant to meeting the needs of the VVCS client population.
- 52. The OPC is responsible for obtaining and maintaining their professional registration, clinical supervision and training. VVCS will provide information in relation to working with the veteran, ex-serving and ADF populations, however VVCS will not be responsible for clinical supervision for the OPC.
- 53. The OPC is encouraged to attend information seminars and forums that are provided by VVCS in order to better understand and service VVCS clients, in addition to the professional development requirements of their professional body.

Invoicing and Payments

Fees

- 54. Payment for services is based on the VVCS OPC Fee Schedule which is available at: vvcs.gov.au
- 55. The OPC will be paid fees, exclusive of GST, for services as listed. A fee is also payable for reports, inclusive of GST.
- 56. The VVCS OPC Fee Schedule will be indexed in accordance with the indexation rate applied to the Medicare Benefits Schedule of fees.
- 57. Where services are provided in accordance with these Notes, the OPC agrees to accept the VVCS scheduled fee as full payment for said services and will not charge the eligible VVCS client any additional co-payment or gap fee.

Invoicing

- 58. The Letter of Engagement will indicate the number of approved sessions. Client attendance is to be recorded in VERA. This includes sessions where the client did not attend (DNA). An OPC may invoice for two (2) DNA's within any set of approved 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 DNA's 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.

59. Payment will be generated through client records via VERA. VVCS will generate an invoice for each period and provide this to the OPC. If the invoice is not disputed, payment will be progressed as per Departmental protocols.

Services VVCS will not accept

60. An OPC must not conduct, and VVCS will not pay for, any of the following services for a VVCS client:
- a) services not authorised in writing by VVCS;
 - b) services that have been paid for, 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) DNA's within any one (1) set of approved sessions;
 - f) examination for employment purposes;
 - g) examination for a medical certificate for membership of a friendly society; and
 - h) Reports for medico-legal purposes.

Insurance and Indemnity

61. 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. For OPCs covered under this statutory registration scheme (i.e. allocated a provider number by Medicare Australia), VVCS does not stipulate additional insurance requirements or level of coverage.
62. DVA requires that OPCs shall, at all times, indemnify and hold harmless the Commonwealth, the Repatriation and Military and Compensation 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 yourself, your officers, employees or agents in connection with DVA's statutory registration scheme or in the course of, or incidental to, performing the health services.

Privacy

63. As a minimum requirement, as health care providers, OPCs must comply with the *Privacy Act 1988* and the *Archives Act 1983* in relation to the collection, storage, security, use and disclosure of the personal information of clients referred by VVCS.

Record keeping requirements and provision of information

64. The OPC must create and maintain adequate, timely and appropriate records in VERA relating to all administrative and clinical aspects of the provision of treatment to a client. . It is expected that all

clinical notes kept by OPCs are reflected in scanned copies or faithful representations (e.g. an accurate précis) in VERA.

65. All clinical records, including assessments, electronic data, Care Plans, and case notes relating to counselling services provided to eligible VVCS clients, belong to VVCS and must be retained and securely stored. Where an OPC ceases to provide VVCS services, all VVCS client records must be delivered to VVCS promptly.
66. All records associated with a VVCS client (in-centre or outreach) *including all handwritten counselling session and client file notes* are Commonwealth property and cannot be destroyed (but may be kept as electronic versions by scanning or transcribing as a faithful representation). Outreach clinicians may not dispose of any records of a VVCS client (including all handwritten notes taken during or between counselling sessions) except to deliver them to the relevant VVCS Centre. Where convenient, OPCs may hand deliver notes to a centre. If posted, notes must be sent via registered post (VVCS will reimburse costs). The alternative is to scan all documents and upload them to VERA. When this is done, and receipt has been acknowledged in writing, the hard copy may be disposed of. The Centre must be notified so that the uploaded notes can be checked for legibility.
67. The OPC will comply with any reasonable request from VVCS to supply information in relation to any client. In relation to complaints, the OPC must cooperate fully with VVCS in investigating the matter, and must provide sufficient information to enable a response to a complaint within seven (7) days of receiving an information request from VVCS.
68. In relation to inappropriate or non-compliant claiming, the OPC must cooperate fully with VVCS in investigating the matter, and must provide sufficient information to enable a response to the complaint within fourteen (14) days of receiving an information request from VVCS.
69. VVCS client files and reports may be accessed by clients under Freedom of Information (FOI) legislation, under warrant or subpoena. The OPC is required to notify the VVCS Director (or delegate) immediately 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 VVCS client files. VVCS will provide the direction on the appropriate response.
70. Under no circumstances is an OPC to provide a VVCS client report directly to client or a third party, including Government agencies. Where appropriate these reports will be provided to clients or third parties through the Centre Director (or delegate).

Advertising

71. OPC must not refer to VVCS or DVA in any promotional material unless they observe the following conditions:
 - a) Permission must be sought in writing from VVCS/DVA to include references to VVCS/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 vvcs.coord@dva.gov.au.
 - b) The Australian Government / VVCS / DVA logos must not be used in the advertisements.

- c) The advertisement or websites must not imply endorsement as a VVCS or DVA preferred health care provider, or that the OPC is an employee of, or an agent of, VVCS or DVA. The advertisement may only advise that the health care provider will treat VVCS eligible clients.
- d) No false or misleading information is to be included in the advertisement.
- e) Advertisements or websites referring to VVCS or DVA will not be permitted if State/Territory regulations for each provider type prohibit advertising.

72. Breaches of the above conditions may lead to action under the *Competition and Consumer Act 2010*.

Use of locums, students and/or assistants

73. Eligible VVCS clients may only be provided services from the OPC to whom a referral is made. Eligible VVCS clients are not to be referred to locums, students, assistants or by any other clinician by the OPC for services requested by VVCS.

Complaint handling

74. Any complaint made in relation to an OPC must be brought to the attention of the VVCS Director (or delegate) in a timely manner for appropriate action.

VVCS After Hours Line (after hours crisis counselling)

75. VVCS After Hours – phone 1800 011 046 – is the after business hours (7 days a week) crisis counselling service provided by the VVCS. The service assists veterans and their families in coping with crisis situations. Crisis counselling through VVCS After Hours is provided free of charge. VVCS After Hours provides call records to VVCS on the first business day following service provision. The relevant VVCS Centre may follow up with a client, or the appropriate OPC, as required.

Resources for VVCS Outreach Program Counsellors

76. OPCs should familiarise themselves with VVCS and DVA resources to support the delivery of services to VVCS referred clients, these include but are not limited to the items outlined below:

- a) *At Ease* website (www.at-ease.dva.gov.au) aims to raise awareness and understanding of veterans' mental health and how and where to seek help, and encourages veterans to take action to optimise their health and wellbeing. The site includes a 'Professionals' section with information and resources, including a range of factsheets and products, including smartphone app 'PTSD Coach Australia' and an online military culture training program. These may be used by an OPC with VVCS clients.
- b) *Mental Health Advice Book* – information for OPCs helping veterans with common mental health problems, available on the At Ease website.
- c) *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder* (Australian Centre for Posttraumatic Mental Health 2013). Available online or to order at: www.acpmh.unimelb.edu.au/resources/resources-guidelines.htm.

- d) *Fact Sheets* – VVCS and DVA produces a range of fact sheets with information for health care providers and entitled persons (refer: <http://factsheets.dva.gov.au/factsheets/>). Attention should be paid to VVCS fact sheets, in particular: VCS01 General Information about VVCS – Veterans and Veterans Families Counselling Service; and VCS06 PTSD General Information).
- e) *The Right Mix* website (<http://www.therightmix.gov.au>) is an interactive website containing a wide range of health promotional materials which aim to provide information and opportunities to reduce alcohol-related harm in the veteran community and assist the veteran community to make informed choices about their drinking. The website includes links to the ‘On Track with the Right Mix’ smartphone app.
- f) VERA specific support documentation/training materials (e-learning module) and PCEHR information for providers (www.ehealth.gov.au).

Contact

77. For further information on these Notes contact VVCS as follows:

Telephone: 1800 011 046

Postal address: GPO Box 9998
Canberra ACT 2601

Email: vvcs.coord@dva.gov.au