



**Australian Government**

**Veterans and Veterans Families  
Counselling Service**

**VVCS OPC PROVIDER NOTES 2016 OVERVIEW**

- The Provider Notes is a legal document. 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.
- Registration as a VVCS OPC does not guarantee that VVCS will refer clients to the OPC. A provider will only be referred clients if there is a need in their area.
- A written referral from VVCS is required for a provider to deliver counselling services. The OPC must only provide counselling for sessions that have been pre-approved by VVCS.
- The client remains a client of the VVCS while receiving services approved by VVCS.
- Referrals to an OPC will be for an initial three (3) sessions. Upon completion of the first three (3) sessions the OPC must complete a Care Plan for a client, in accordance with the VVCS template. This Care Plan must be submitted to VVCS within the secure VVCS Electronic Record Application (VERA) information management system, and be approved by VVCS before further sessions can be delivered. The OPC must notify VVCS via email when a report has been completed.
- The OPC must obtain informed consent from the client(s) using the Consent for VVCS to Provide Services form, and clearly explain the limits of confidentiality and their Rights and Responsibilities at the commencement of sessions. The OPC must also sign the Consent for VVCS to Provide Services form and then upload it to VERA.
- 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.
- VVCS operates under a family inclusive framework which involves VVCS counsellors considering, and working collaboratively with, family members in the treatment of a client's mental health issues. OPCs who have agreed to provide services to client families should do so on a family inclusive practice basis.
- OPCs must provide a maximum of one session per case per week, unless prior approval from VVCS has been provided.
- 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.

- 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. Only two pre-approved 90 minute sessions may be allocated per episode of care unless there are extenuating circumstances (i.e., further extensive exposure is required for habituation). Where there are extenuating circumstances, approval for a further two sessions can be requested from the Director.
- 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.
- OPCs are expected to provide face to face counselling. 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.
- During the course of service provision the OPC must provide a report as soon as possible after completion of an Episode of Care. However, 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).
- 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.
- OPCs must conduct and record a risk assessment at each session with the client.
- If a client is assessed as at moderate or high risk, the OPC must contact VVCS as soon as practicable.
- If a client is assessed as 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).
- 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.
- An OPC should not contact Defence directly. If an OPC assesses a Defence member as at moderate or high risk, or is approached to provide a verbal or written report, they need to contact the local VVCS centre as soon as practicable.
- 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 also 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.
- VVCS conducts a twice-yearly audit of randomly selected client files within VERA. The purpose of the audit is to ensure that OPCs are billing VVCS only for sessions that they conduct.

- OPCs must not access or read any information in VERA that is not directly linked to the service they are providing to their client.
- Payment for services is based on the VVCS OPC Fee Schedule which is available at: [vvcs.gov.au](http://vvcs.gov.au).
- 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.
- 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.
- 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.
- Under no circumstances is an OPC to provide a VVCS client report directly to a client or third party, including Government agencies. These reports will be provided through the VVCS Centre Director (or delegate).
- 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.
- The OPC is required to notify VVCS immediately they receive a subpoena, FOI or warrant, or request from ADF authorities to access VVCS client files. The VVCS will deal with these cases.

## SUMMARY OF THE MAJOR CHANGES IN THE MAY 2016 OPC PROVIDER NOTES

### Clinical Records

Changes to the ***Record keeping requirements and provision of information*** section of the Provider Notes is the most significant area of change in the 2016 OPC Provider Notes.

- **Point 64** clarifies the requirement for all OPCs to keep clinical notes in VERA
- **Point 65** makes clear that VVCS client notes must be kept by the OPC or returned to VVCS
- **Point 66** expands on point 65, that VVCS client records cannot be destroyed, and makes clear the ways that they can be sent to VVCS by the OPC.

In addition, **Point 24** informs OPCs that VVCS now expects OPCs to record their clinical notes within VERA within one week of completing a session and that all clinical notes (handwritten and electronic) kept by OPCs are reflected in scanned copies or faithful representations (e.g. an accurate précis) in VERA.

### **Risk Assessment**

Key changes align risk assessment categories with VVCS Clinical Policy and other VVCS risk assessment tools and instructions.

- **Point 37 (f)** risk assessment must include the evidence and logic upon which the risk assessment is based
- **Point 39 (f)** A risk assessment status options changed to 'No foreseeable risk', 'Low risk', 'Moderate risk' and 'High risk'; where 'High risk' includes crisis response situations

### **Episode of Care**

A number of changes to the expectations of service provision relate to clarifying VVCS expectation regarding episodes of care.

- **Point 36** An OPC must not create an expectation that counselling will continue beyond the scope of the VVCS approved Care Plan
- **Point 39 (h)** VVCS agrees to fund an Episode of Care as described by the Care Plan. There cannot be an expectation that the Episode of Care will be extended by VVCS if agreed outcomes have not been met.

### **Psychometric Assessments**

**Point 32** alerts OPCs that use of psychometric instruments with VVCS clients (a) requires prior approval and (b) will not be funded by VVCS.

### **Signature Block**

The Signature page has been deleted and instead VVCS will rely upon the Statutory Registration form signature, which commits the OPC to "comply with the conditions set out in the OPC Provider Notes".