



Prior Financial Approval Request for Non Contracted Mental Health Programs

Please download and save this form to your computer and open it using Adobe Acrobat Reader 7 or above. This will enable all of the features of the form when you fill it in on screen.

This form is to be used for requesting prior financial approval for an eligible veteran to participate in a mental health program that is not under contract with the Department of Veterans' Affairs (DVA).

DVA strongly encourages the use of contracted mental health programs. Contracted mental health programs do not require the completion of any prior approval paper work. Therefore, In the first instance, quickly confirm within your organisation if your mental health program is already contracted with DVA. If not, private hospitals should email hospitalcontracting@dva.gov.au to assist your organisation contract the program and remove any need for future completion of this form.

For further information and support to complete this form please contact the Provider Hotline Number **1800 550 457**.

Privacy notice – Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Go to www.dva.gov.au/privacy for more information about how DVA meets its obligations under the privacy act.

Important – The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA for determining and/or providing the benefits under relevant legislation. The information will be treated in a confidential manner. However, it may be used for clinical review, audit or management purposes or disclosed to the client's general practitioner.

Returning this form – You can return this form by:

- email to HEALTH.APPROVAL@dva.gov.au
- post to **Health Approvals & Home Care Team
Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001**

1. Have you considered a DVA contracted mental health program? No ☐ Yes ☐

2. Why is a DVA contracted mental health program not appropriate in this situation?

3. Proposed commencement/
start date

Referrer's details

4. Referrer name

5. Referrer qualification

e.g. GP, psychiatrist, psychologist,
Open Arms counsellor or hospital
discharge planner

6. Provider number

7. Name of Referrer's Practice/
facility

8. Contact number

(including area code if applicable)

9. Email address

Details of facility

10. Name of facility

11. Provider number

12. Australian Business Number (ABN)

(only required if the facility does not have a provider number)

13. Contact number

(including area code if applicable)

14. Address of facility

Postcode

15. Email address

Entitled person's details

16. DVA File number

17. Surname

18. Given name(s)

19. Date of birth

20. Card type

Gold ☐

White ☐

21. Conditions/disability to be treated

Program details – please attach additional information where necessary

22. Title of the program

e.g. Mood Disorder Program

23. Program setting

Hospital-based:

Inpatient ☐

Outpatient ☐

Community-based:

Residential ☐

Day-program ☐

24. Structure of program

Hours per day over number of weeks and whether face-to-face or virtual.

25. Cost of the program

Half day (minimum 2.5 hrs) ☐

Whole day (minimum 4.5 hrs) ☐

Number of sessions

Cost per session

Total cost

26. What are the aims and expected outcomes of the program for the veteran

27. Brief synopsis of content

Programs should provide evidence-based treatment. The use of adjunctive treatment, such as physical activities and creative art-based activities, can be incorporated into the program to enhance the impact of first line treatments but should not be the major focus of the intervention.

28. Personnel

Provide a list of staff who will be facilitating the program (including those who are providing clinical oversight) including details of their qualifications.

29. Is there an ongoing risk assessment and risk management system?

No ☐ Yes ☐

30. Does the program have pre and post measures for assessing the clinical outcomes achieved?

No ☐ ► The program can not be recommended.
Yes ☐ ► If an extension is requested, outcome measures will be required and requested by DVA.

31. Is there an after-care procedure including provision of discharge summaries/referral pathways?

No ☐ Yes ☐

32. Given DVA sees the GP as the co-ordinator of a veteran's care, will the GP be provided a discharge summary/report?

No ☐ Yes ☐

Name of person completing this form

Position

☐ I declare the information I have provided on this form is complete and correct.

Date