# SCREENING INITIAL LIABILITY CLAIMS

## REFERENCE GUIDE

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**VERSION CONTROL**

| Version | Created | Update |
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# National Initial Liability Screening Team Procedures

## 1. Team Overview

The Screening team was established in August 2019 and sits within Client Benefit Division (CBD). The core function of the team is to screen all claims for initial liability (IL) at the point of registration, to ensure at risk clients received immediate support. The team undertakes a national workload.

**Team Objectives**

- Identify where clients may be at risk and refer these claims for allocation Action Immediately (AI).
- Identify and allocate claims where the client has another IL under assessment.
- Refer appropriate cases to the Specialised Case Team (SCT)
- Make targeted referrals to Triage and Connect (T&C) and support services where applicable.
- Request Defence service and medical documents (where required and able)
- Triage claims without identified risk factors to an appropriate holding bay
- Contact clients about invalid claims (introduced June 2021)
- Request medical evidence where it will assist in the progression of the claim (introduced June 2021)
- Provide updates on claim status with SMS messaging (introduced June 2021)

**This document outlines the processes and identifies the appropriate workflow for the Screening Team. It considers the critical aspects of the screening process and should be read in conjunction with the procedures for identifying at-risk clients and priority indicators.**

## 2. Assess Validity of Claim

The first step in the claim screening process is to confirm if the claim is valid.

### 2.1 Invalid claim types

- Claimed condition was previously assessed and it is still within the appeal period
  - MRCA appeal period is 12 months from when the decision was relayed
  - VEA appeal period is 12 months
  - DRCA appeal period is 30 days
  - Or there is an appeal already lodged for that condition (VRB, AAT, Internal appeals)
  - If it is for a DRCA condition when a decision has already been made, and the contention is the same
- If there is no signature on the form/POI provided/no claim form
- The client already has the condition accepted
- If the client does not have eligible service at all, or for the Act they are seeking a decision under.

Note: There may also be instances when it is not clear, based on the information provided, what the client is seeking. They may also have provided little or no supporting information with their claim. Whilst this would not be an invalid/unlawful claim, it is another prompt for us to contact the client and discuss the matter.

If an invalid claim is identified, follow the below steps:

1) Mark the type of invalidity in the logbook
2) Contact client (initially by phone). Discuss the matter. You may discover some information that clarifies your query.
3) After initial phone call you may need to email the client requesting further information. eg. D2049, POI, missing signature page, required form to be completed, etc.
4) TRIM email to client's record – ensure email is sent out from team box - screening@dva.gov.au
5) Create a task on the claim in ISH for a follow up about what you have requested and reason why s 47E

If the same condition was previously assessed but it is outside the relevant appeal period, screen the claim as per normal process and add a case note in ISH to notify the delegate. **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

### 2.2 Requesting Required information

If you are satisfied that the claim would be valid (once all the information was supplied), please request the outstanding information from the client and place the claim in the appropriate holding bay (the one it would go into assuming all the required information is returned). It will be for the processing team to follow up our initial request once the claim is allocated to a delegate. The only exception would be if the missing information is needed to ascertain which holding bay to place the claim into. For example, if you are unsure if the claim would fall under MRCA or DRCA and need service details to be confirmed, you would request the information and place it into a temporary holding bay pending receipt **(see separate document for allocation of claims when we are still assessing the validity of the claim – 'Screenting Team Cheat Sheet' - 211135188E).**

## Types of Requests

- **Missing POI** – Refer to *Confirming Proof of Identity*
    - For MyService claims, POI should be confirmed when the claim is lodged as ID is verified at the point of registration of MyService account. Therefore MyService claims should have POI confirmed. Should it not be confirmed due to MyService claim failed, then proceed with steps to request POI.
    - ESO and Paper claims- Client or Representative will need to submit certified POI.
      Steps required:
    - ➢ Call and email client request POI
    - ➢ Set a 100 day follow up task for claim allocation reminder
    - ➢ Add appropriate case note **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

- **Missing signature/invalid signature**
    - Email signature page to the client for completion.

- Set 100 day follow up task for the auto SMS at 3 months
- Add appropriate case note **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

- **No Claim form**

  - The claim can not be assessed without a claim form (a piece of paper requesting an investigation for example). If claim form is not provided, then we will need to request this from the client/Rep
  - Call and email the client to request a completed claim form
  - Set 100 day follow up task for the auto SMS at 3 months
  - Add appropraite case note **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

- **No medical evidence provided – Refer to** *Request for Further Information*

  - Whilst this does not make the claim invalid, it will assist the investigation once assigned to a delegate.
  - If there is no supporting evidence with the claim form, we should, where possible, seek out information from the client. **(see separate document for what to request – condition specific – 'Screenting Team Cheat Sheet' - 211135188E).**
  - Set 100 day follow up task for the auto SMS at 3 months
  - Add appropriate case note **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

- **Claim registered incorrectly (missing conditions or incorrect legislative Act, No Rep added)** - error by claims admin

  - Send an email to Claims Administration team at compensation.claims@dva.gov.au to fix the error.
  - Await response from Claims Administration team with confirmation of error rectification before proceeding with screening.

# 3. Withdrawing claims

## 3.1 If client does not wish to proceed with the claim

- After your discussion, if the client would like to withdraw the claim, a written request is required.

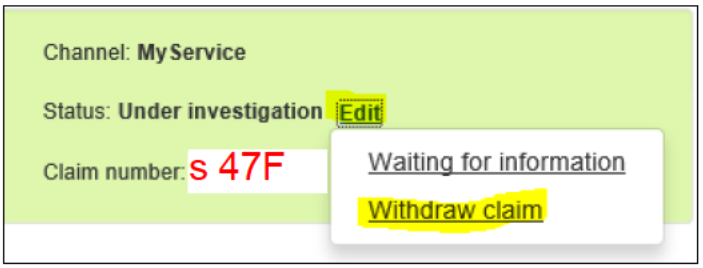
- Email the client from screening@dva.gov.au and ask them to confirm in writing that they wish to withdraw the claim.

- Place the claim in the appopriate holding bay **(see separate document for up to date holding bay markouts – 'Screenting Team Cheat Sheet' - 211135188E).** Once written request is received, claim to be withdrawn.

- If the client would like to appeal a previous decision within the appeal period advise them to email appeals@dva.gov.au. We would also need written notification to withdraw the current claim, as an Initial Liability claim cannot be converted into an appeal request.

**Please note: if after discussion with the client discussing the invalidity issue they would still like to proceed with the claim (even if you feel the claim is invalid), please document this in the claim timeline and place it in the apporpriate holding bay for allocation. The client is still entitled to a written decision by a delegate if they do not want to withdraw the claim. This claim type should be placed in the appoprriate holding bay for decision ready claims (see separate document for up to date holding bay markouts – 'Screenting Team Cheat Sheet' - 211135188E).**

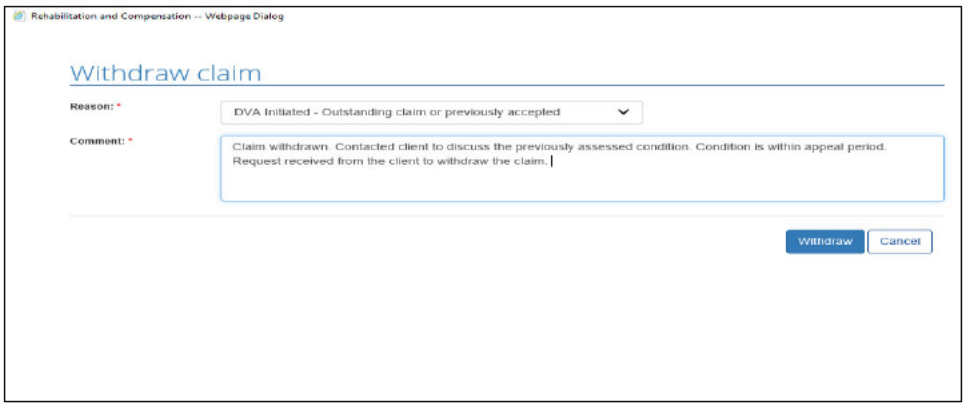
## 3.2 How to withdraw a claim




- **Select Edit**
- **Reason:** Client request

DVA Initiated – Outstanding claim or previously accepted
DVA initiated – Invalid or no claim form

*Example:*




- Please enter appropriate comment based on the clients circumstance. **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

- **Note: Only withdraw the claim after receiving written advice from the client/rep. Please TRIM the client request.**

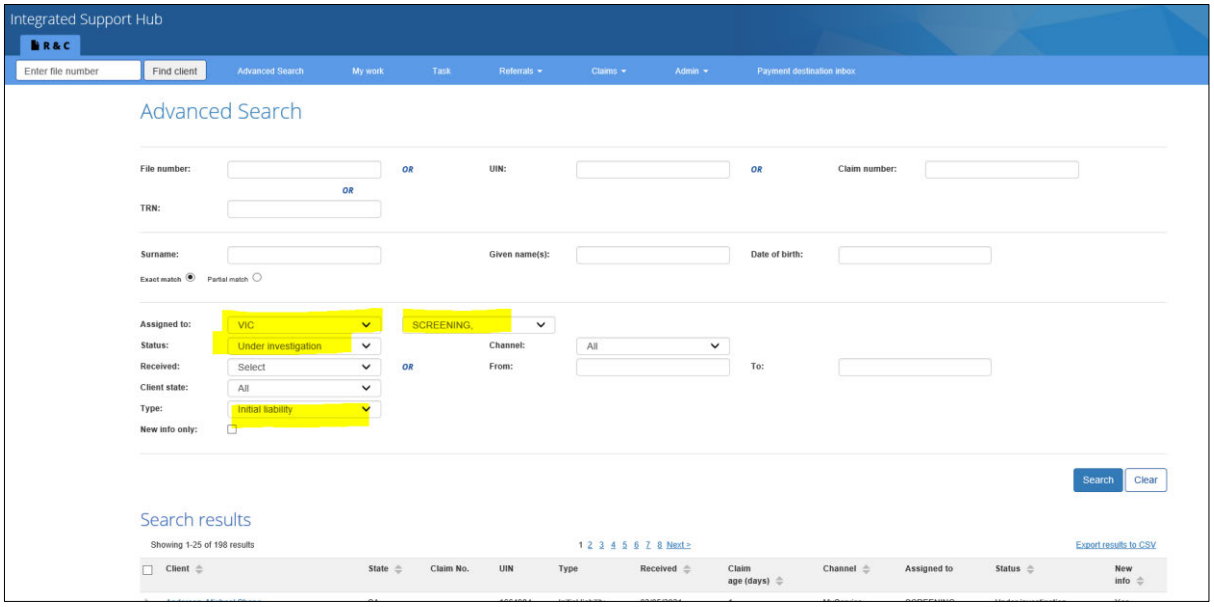
## 4. Identify risk factors and indicators

When claims are not immediately allocated to a delegate upon registration, there is an increased risk that critical information may not be seen for some time (until allocated and reviewed by the assigned delegate). To minimise this risk, the screening team reviews in detail, all the information submitted with the claim along with any relevant historical information on file. This enables the team to manage risk by making referrals in the appropriate circumstances.

Upon registration, IL claims under all Legislative Acts are assigned to a holding bay (queue) titled "**Screening"**

The screening officers review all claims to identify any risk factors.

1. Locate your claim in the holding bay by searching in R&C ISH as follows:




2. Search the assigned date using the advanced search option. The search results will appear showing the total number of claims registered for that received date which need to be screened.
3. Select the first claim using the drop down arrow next to the clients name and select the "Initial Liability" claim.
4. Using the client's UIN open the client's file in HP content manager.
5. Review the claim form, attached evidence including the client's contention, any **supporting statement and the previous history of claims**.

- **The steps for actioning AI claims are covered in *Action Immediately (AI) Claims***

Review the claim to identify risk factors and indicators. Claims where risk indicators have been identified during screening may require contact with the client. If after consideration of the appropriate factors, the claim would be flagged as **Action Immediately** (AI).

Where AI claims are identified the following referrals are to be considered:

- **Specialised Case Team (SCT)**
- **Social worker (SW)**
- **Triage and Connect (T&C)**

**T&C (COMPLEX CASE) RISK FACTORS**

Please note: this is currently being reviewed by the CESS team and may be updated at a future date

| Referrals are made to SCT where: |
| --- |
| **Physical/sexual assault is contended** in the claim evidence or;<br>for claims as a result of **Mefloquine exposure, IGADF impacted or DRCA and MRCA death claims** (and where existing claims are allocated to a SCT team member) |

**Social worker & Complex Case Management Risk factors and indicators***

| As a guideline the following CCM risk factors should be considered for **Social worker/CCM** referrals. |
| --- |
| ☐ Recent suicide attempt or an episode of self-harm |
| ☐ Thinking about suicide, self-harm, or harm to others |
| ☐ Planning suicide, self-harm, or harm to others |
| ☐ Threats to or about others |
| ☐ History of behaviour for suicide, self-harm or harm to others |
| ☐ Hopelessness |
| ☐ Stalking/ obsessive behaviours/ threatening behaviours Severe mental health issues e.g. depression, despair, psychotic thought processes |
| ☐ Recently discharged from hospital for a mental health issue |
| ☐probable mental illness or disorder |
| ☐recent interpersonal crisis, especially rejection, humiliation |
| ☐ interpersonal and/or family violence |
| ☐recent major loss, trauma or anniversary |
| ☐alcohol intoxication |
| ☐drug use and/or withdrawal state |
| ☐financial difficulties or unemployment |
| ☐impending legal prosecution or child custody issues |
| ☐cultural or religious conflicts |
| ☐lack of a social support network |
| ☐unwillingness to accept help |
| ☐difficulty accessing help due to language barriers, lack of information |
| ☐lack of support or negative experiences with mental health services |
| ☐ physical disability and/or chronic pain and/or or other health conditions |
| ☐recently discharged hospital for a health issue |
| ☐other - include details (see below) |

* The factors above are not exhaustive and a claim can be considered AI based on your assessment where a client may be at risk. Please note: whilst a claim may be both an AI and require a T&C referral, there may also be instances when the claim may only require one or the other. For example, the client requires an AI due to urgent medical treatment, but there may not be a requirement for T&C, if we can get the claim allocated.

## 4.1 Action Immediately (AI) Claims

Claims identified as requiring Action Immediately based on meeting risk indicators will need to be referred for support and immediate action.

## 4.2 When an AI claim is identified

- Do you need more information? If the information is clear cut, then no contact with the client is required, and you can make an AI referral. If there is some ambiguity however, we will need to contact the client to gather some more information to determine if an AI referral is required.
- Social Worker Referral - Mental Health Claims or any claim where circumstance suggest that a client may need contact whilst their claim is awaiting allocation.
- Set the Priority Indicator- **Priority identifiers** Refer to– CLIK/MCRL –Claim Management Guidelines **1**.3 Priority and Reporting Indicators
- Request Medical and Service Records – refer to Request for Defence Records
- For allocations **(see separate for which location to notify – 'Screenting Team Cheat Sheet' - 211135188E).**
- Case note on timeline **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**
- Complete the relevant Priority Type on the spreadsheet
- If AI claim is identified and there is an existing claim in a holding bay, assign the claim and all subsequent claims to the same location (same queue) and proceed with referral as normal.

❖ ***Acute Mental Health claims or where information indicates that the client is at heightened risk, should be referred to a Social Worker to conduct a welfare check. We do this to ensure if you identify any of the risk factors mentioned in Identify risk factors and indicators, the claim should be referred to a Social Worker in T&C to conduct a risk assessment.***

# 5. Claim Priorities

The purpose of the screening team is to identify any priority claims and refer clients for any support and immediate allocation of claims.

| **Claim Priority Types:** |
|---|
| **Specialise Case Team Claims –** related to Sexual and physical assault and contentions mentioning anti material medication e.g. mefloquine, IGADF impacted: to be assigned to Specialised Case Team |
| **Severe or life threatening conditions** terminal or life threatening diseases or injuries |
| **Clients over the age of 90** |
| **Financial Hardship** |
| **Acute Mental Health Condition** Mental Health with risk factors identified in *Identify risk factors and indicators* |
| **Defence Priority cases** |
| **High Profile clients (restricted clients), IGADF** |
| **Royal commission (where another AI factor has also been flagged)** |

# 6. Referrals for AI, T&C, SW, SCT, & NLHC

## 6.1 Social Worker Referral/Claim Prioritisation steps;

From 6 December, 2021

- The team will complete the claim prioritisation tool for every claim where a referral is being made for claim prioritisation and/or a social worker (if you are doing both, it is just the one form)
- Note: The social worker button in ISH will no longer be used to send through requests (as it is replaced by the tool)
- We send a referral email (with the attached tool) to the appropriate team/s
- Attach that email to the client's trim record labelled, 'claim prioritisation tool'
- Make the appropriate note in ISH about the action taken **(see separate document for examples of appropriate casenotes – 'Screenting Team Cheat Sheet' - 211135188E).**

**When not to initiate a SW referral:**

- If a SW assessment has been conducted in the last 0-6 months unless a new risk has been identified. (this information is available in the social worker tab in the ISH claim).
- SCT claim (this will be managed by the social workers in that team)

## 6.2 Triage and Connect Referral (if required)

Triage and Connect was established as a centralised referral point to ensure timely and appropriate support for clients and their families who require additional support due to risk, vulnerability, or complexity factors. Triage and Connect acts as a single 'front door' to services available to clients within

DVA's Client Support Framework. Any DVA, Open Arms or ADF representative can refer a client with complex or high risk circumstances to Triage and Connect for assessment and/or advice.

For more information refer to the following link:

Triage and Connect (dva.gov.au)

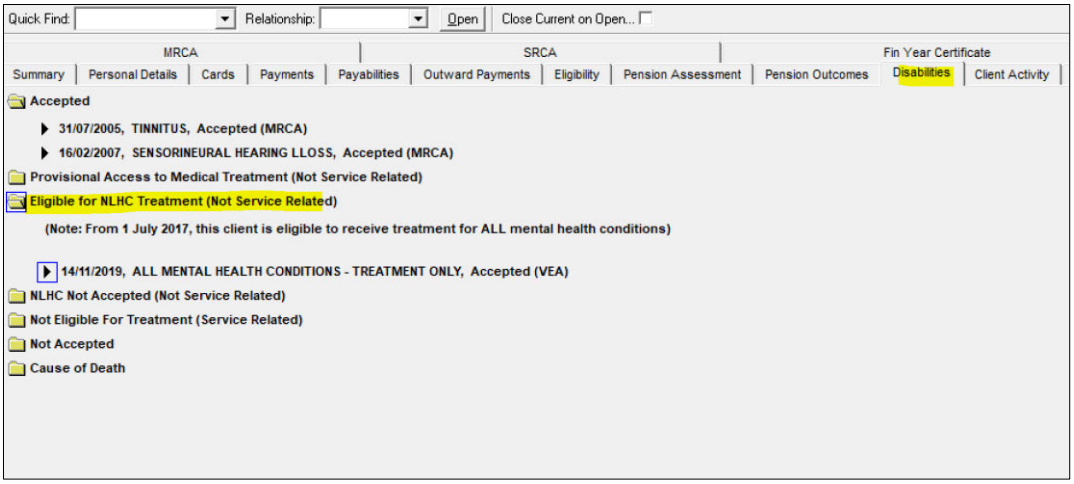
To refer a client to Triage and Connect use the following referral form:

s 47E

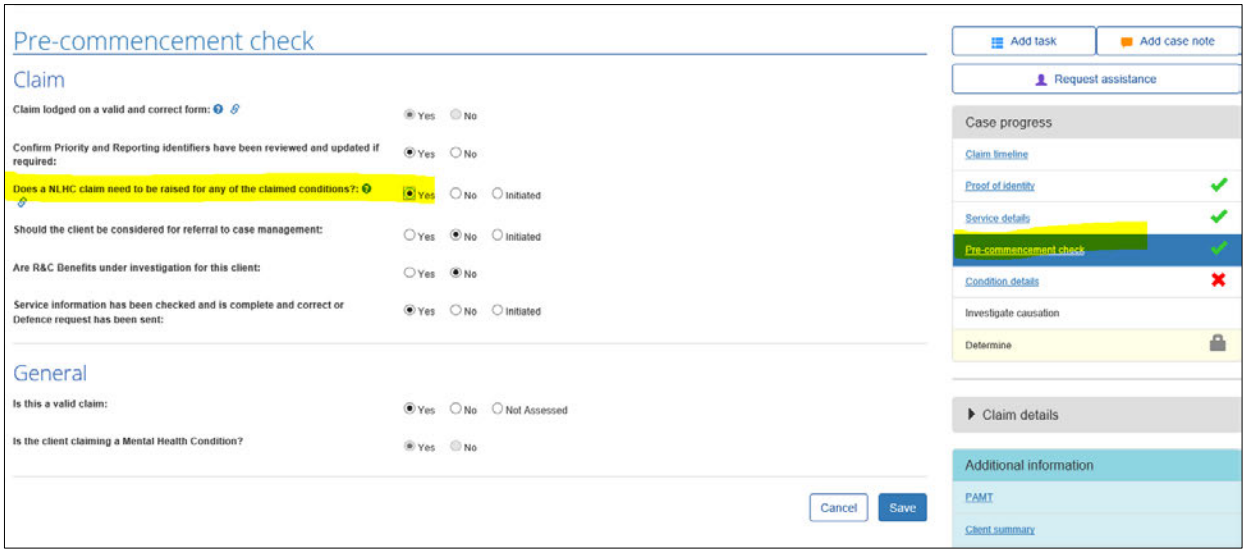
### 6.3 Does a Non-Liability Health Care claim need to be raised?

DVA will pay for a client's treatment for some conditions without accepting these conditions were service-related. The client may be eligible for Non-Liability Health Care therefore the screening officer will need to ensure that the claim has been registered.

- Claimed conditions covered: **all Mental health, Cancer, Tuberculosis**
- Open VIEW to confirm if NLHC is already active




- If a NLHC claim is required it can be raised in the Pre-commencement check in ISH.
- If the NLHC request is specific to a Mental Health condition, you will also need to complete question *"Is the client claiming a Mental Health Condition- Yes"*
- You can also email s 47E for any questions or requests




For more information on NLHC refer to: *Non- Liability Health Care*

### 6.4 Allocating claims to Specialised Case Team

Claims to be considered for Specialised Case team

- Any liability claim where the client contends sexual assault, sexual harassment, physical assault or bastardisation (related to physical and sexual abuse/assault)
- Inspector General if the Australian Defence Force (IGADF) claims
- MRCA and DRCA death claims
- All liability claims with contentions relating to British Nuclear Testing, or anti-malarial medications such as mefloquine or doxycycline ("antimalarial" may also be referenced)
- Any other liability claims lodged by the client when there is an active SCT claim in progress.

**(see separate document for applicable template email referrals – 'Screening Team Cheat Sheet' - 211135188E)**

**If the client has an existing IL claim currently under investigation with a SCT delegate you will need to assign all subsequent claims to that delegate and email the delegate and cc the Team Leader to notify them**

**Before transferring claims to SCT**

Before assigning a new claim to SCT referral, please complete all actionable steps which do not require direct contact with the client before referring the claim.
Including but not limited to:

- Entering service details in R&C ISH;
- Requesting ADF records; Refer to *Request for Defence and Service Records*
- If there are other outstanding claims for the same veteran, they must also be transferred, so please notify any other delegates who hold a claim for the client

# 6. Service Eligibility

The dates of service may assist with determining claim allocation. By confirming when the client has served, we may be able to distinguish with a higher degree of certainty, what Act the claim is more likely to fall under, and thus which type of delegate ( MRCA/DRCA/VEA) is best placed to begin the investigation.

For each claim you will need to confirm service eligibility.

## 6.1 Service eligibility under the Acts

- **Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA***)* – Peacetime Service & Reserve Service prior to the 07/12/1972 unless service is operational e.g. Vietnam, Malaysia.
- **Veterans Entitlement Act 1986 (VEA)** eligibility commences **07/12/1972**
  - If Veteran enlisted **before** the 22/05/1986 they are covered under the VEA until the 30/06/2004
  - If Veteran enlisted **after** the 22/05/1986 veterans are covered under the VEA until the 06/04/1994. ( Unless operational service afterwards)

**Continuous full time employment**

- For VEA veterans need **3 years** of full time continuous employment to have VEA eligibility (unless they medically discharged due to service)
- The continuous full time employment can begin prior to the 07/12/1972, but they are only covered from 07/12/1972.
- National servicemen who fulfilled their National Service obligation also gets coverage under VEA if they served after the commencement of VEA on 7/12/1972.

*E.g. veteran has service from 01/01/1969 to 07/12/1973. The veteran would have 1 year VEA eligible service – 07/12/1972(Commencement of VEA ACT) to 07/12/1973.*

- **DRCA** covers all peacetime service from the **3/01/1949 until the 30/06/2004** (one day before the MRCA)
  - **DRCA** also covers operational service between 07/04/1994 to 30/06/2004. Please refer to declared periods of operational service in CLIK to reference the exclusions under the DRCA act. The operations prior to 7/04/1994 are only accepted under the VEA.
- **Military Rehabilitation and Compensation Act 2004 (MRCA**) – Any injuries or diseases that have arisen as a result of service on or after 1 July 2004 OR any service on or after the 01/07/2004.

### 6.1 How to confirm service details

a. Open the claim in R&C ISH. Under **Service details** you can confirm what service periods we have in the System for this client. Service details are populated based on the PMKeys number. PMKeys ID number is considered their service number.

*Note if client only has VEA/DRCA service there will not be a PMKeys number, it will be identified as a Service Number.

b. Review ADF service dates from the claim form, supporting documentation or further information may be available in the clients TRIM folder using the UIN number from R&C ISH.

c. If the service details are not populated on R&C ISH you will need to update the service periods. Follow the steps in the following link (open in internet explorer):

s 47E

d. If the details are not available on R&C ISH or any supporting documentation you will need to contact the client to confirm the dates. Once confirmed you can update the dates on the system.

e. Confirm service does the client have and are they eligible to claim under the Act they have lodged the claim under/claim has been registered under?

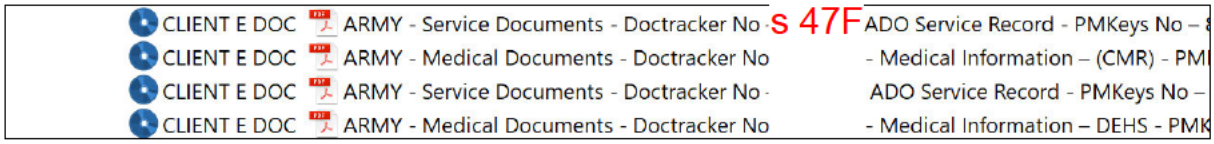
For more information refer to: *Service Eligibility*

## 7. Request for Defence and Service Records

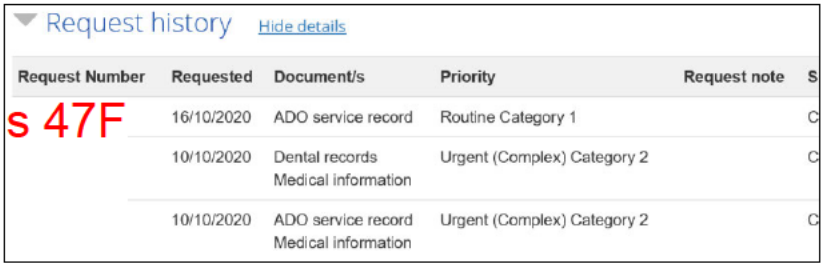
Defence Service and Medical records are requested to assist the processing of claims when the claim is allocated to a delegate. Delegates use these records to assess identify any connection of the claimed condition to the clients ADF service. The "Defence Webservice request" in ISH cannot be relied upon solely. ADO service records must be requested via "Defence Doctracker request" function in ISH until 07/02/2022 after which time it is anticipated that the "Defence Webservice request" function in ISH will be as reliable as ADO service records obtained via doctracker.

- Service and Medical Records– request if required – refer to the following SAM resources: 12.12.2019 DVA SAM Procedures Guide, Utilising Clinical Advisors for SAM requests - 03/07/2019 and SAM Priority Categories with effect from 06.07.18

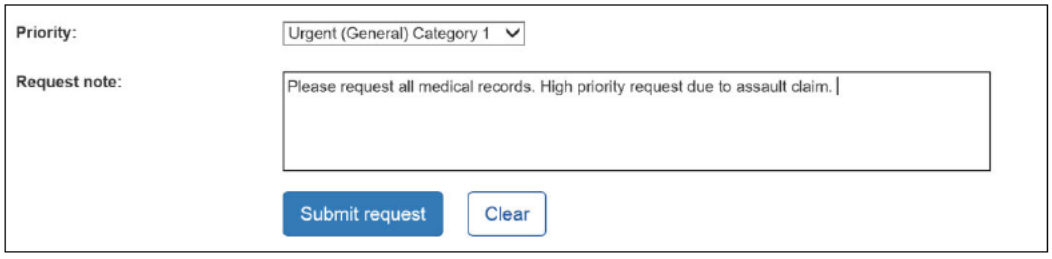
- Review what records are already in TRIM (if any). Is another request required? Records on file from Defence will appear as per below example, beginning with the Arm of Service (ARMY, RAAF (Aiforce), NAVY)




- Has a request previously been made – does it need to be updated? If required, please note in the Request Note section that you require updated records from previous request date.
- If the client has discharged and the records are already on file- no further request needed
- To update an outstanding request email s 47E noting the request number and what additional information is required.




- Clinical Advisor requested only for members that enlisted post-2015 – refer to 12.12.2019 DVA SAM Procedures Guide
- Check Service details and request ADO if required- refer to 12.12.2019 DVA SAM Procedures Guide
- SCT claims – ADO service records, Medical information, Personnel File, Psychological records (if service prior to 2013), Reservist information (if applicable) to be requested as priority.



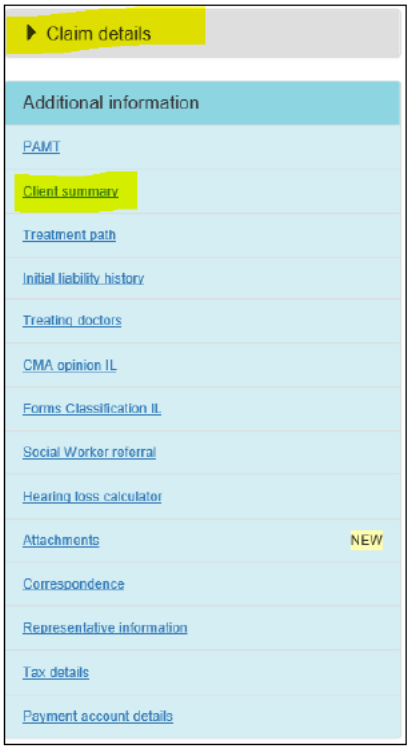

## 8. Allocating to General Holding Bays

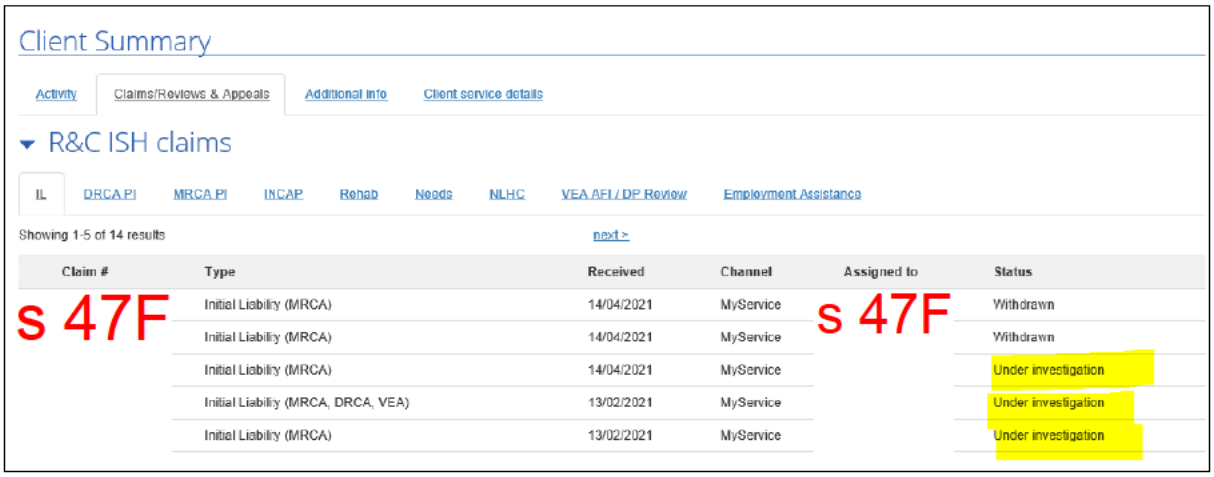
Claims are allocated to holding bays (queues) in order that they can be allocated to a specific delegate at a later time. Team Leaders from all States will use these queues to allocate claims to the delegates. If the claim is not AI or SCT, it will likely go to one of the generic holding bays/markouts first **(see separate document for up to date holding bay markouts – 'Screenting Team Cheat Sheet' - 211135188E).**

**Identifying any Active Claims prior to allocation to holding bays:**

- Search the clients file number or UIN on R&C ISH

- Are there any other IL claims Under Investigation and assigned to a delegate/holding bay? – These claims will be flagged or reallocated. *See below on how to search for active claims.*
- Are the active claims with a delegate of the Specialised Case Team? – *Refer to steps for Allocating to Specialised Case team*
- Check for active appeals




## 9. Decision Ready claims

Decision ready claims are identified as those where sufficient medical evidence has been submitted in order to finalise a claim. The screening officer will review the information available and flag any claims that are deemed to be ready to finalise. No assessment will be undertaken, but these claims will be noted on the spreadsheet.

The below is an example of conditions that are "Decision Ready" but are not limited to:

- **MRCA only**

- Hearing Loss- audiogram received
- Tinnitus – condition can be assessed on self-reporting. Claim form is sufficient to assess this condition.
- Strains and Sprains – Injury or Disease Details Sheet form has been provided by the clients treating GP or clinical records establishing a diagnosis
- Osteoarthritis – imaging and Injury or Disease Details Sheet completed
- Lumbar Spondylosis - imaging and Injury or Disease Details Sheet completed
- Mental Health conditions – Psychiatrist Report received
- Plantar Fasciitis – Injury or Disease Sheet completed, or clinical reports provided

Refer to page 2 of the Diagnosis Form for a list of the most commonly claimed conditions. If the documentation that is "Essential for Diagnosis" has been submitted, then those claims can be marked as decision ready. Refer to the Diagnosis Form in reference *Forms*

- **DRCA and VEA**
  - Claimed conditions under DRCA and VEA are unlikely to be flagged as decision ready as these claims require further information to be requested upon review by a delegate. Therefore DRCA and VEA claims are unlikely to be marked as Decision Ready.

However, the screening officers sometimes are asked to identify specific claims for training purposes. If so, **(see separate document for up to date holding bay markouts – 'Screenting Team Cheat Sheet' - 211135188E).**

## 10. Allocation and case notes

Following the review of all information, if **no priority or risk indicators have been identified**, the claim can be marked as screened and allocated to the appropriate area.

- Record the screened claim number on your spreadsheet.
- Add appropriate case note on the Initial Liability Claim on R&C ISH
- If no relevant service under the completed paper claim **form**
    - Confirm authority has been provided on the claim form to assess under other Acts
    - Assign claim to appropriate Act specific holding bay
- If claim has been registered under the incorrect Act – assign to appropriate Act holding bay.

**If the client does not have an Initial Liability claim currently under investigation, assign the claim and all subsequent claims to the following Act-specific holding bays in R&C ISH**

**(see separate document to confirm current allocation markouts – 'Screenting Team Cheat Sheet' - 211135188E).**

### Assigning Standard Claims to holding bays (Non-AI claims)

**(see separate document what to request – 'Screenting Team Cheat Sheet' - 211135188E).**

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## 11. When do we call the client?

- When the claim has been marked as having a validity issue.
- When we are **not sure** if the claim is an Action Immediately (AI)
- If there is something else we need to clarify

**AIs – call when you are unsure**

If the claim clearly states the reason for AI (homelessness/terminal illness/ discharging within weeks and they will be unemployed), we don't have ambiguity. We also don't need to call.

- Often though, it is not clear - "cancer" for example
- It may be an AI, but maybe they don't need their claim allocated immediately
- In instances when we are unsure, we call

**Do we offer the client an AI?**

- No

Any person given the option for immediate action vs being in a holding bay for 12 months, will choose the AI.

- We are trying to identify **if** the client is in need of an AI without explicitly asking that
- It is a difficult needle to thread
- We are going to look what supports they have in place
- If in any doubt after the call – AI
- If you think they may be at increased risk – do a referral to a social worker too and document your discussion and what concerned you in the referral
- If they don't need AI, you can let them know the process from here (allocation to a delegate)

**What do we need to know before calling?**

- Be clear about why we're calling. Seems simple but it's important especially as this is a new function for the team
- If you need more information from Team Leader/trainer/colleague before doing so, that's fine. The more calls you make, the less checking you'll need

**How do I introduce myself?**

"Hi, I'm Simon from DVA. I'm calling about the recent claim you submitted to us…"
This isn't a script though. Important points are:

- Introducing yourself and where you come from
- Saying hi
- Smiling (it actually works)
- Intent on why you're calling. Be clear in your own head

**What if they ask a question that I don't have the answer to?**

- Firstly…The will!
- That's fine. If you don't know, you ask if you can call them back after you've spoken to the appropriate area to get the answer
- Or ask if they mind going on hold if you think you can quickly source the answer
- Then, once they are off the phone chat to the T/L or trainer and get the answer
- Give them a call back/take them off hold.
- No shame offering to call someone back after you've researched their question

## 12. Roster duties

We anticipate that by initiating client contact at various points of the screening process that there will be follow up contact by the client in the form of incoming mail/emails and phone calls. To manage that workload, we will be having a role on a rostered basis, where members of the team do not do screen claims and instead focus on managing that incoming work.

- Monitor screening email inbox. If any information has been returned you will need to TRIM it to the clients file.
- Send out text messages at 3 month, 6 month and 9 month mark
- Follow up via phone or email for any information that has been requested
- Incoming calls
- You will need to complete the "Phone Work" sheet in the screening logbook when sending follow up SMS

**Further TRIM reference:**

- How to use TRIM - reference: **092535**
- How to save Client E Doc into TRIM - **13226040E**
- How to give document the appropriate Titles in TRIM - **084958**

## 13. SMS Contact and Tasks

The team can use SMS messaging service to contact clients or provide reminders. When seeking specific information, a phone call should be the first method and an SMS after that, as a secondary option.

- An SMS follow up- A 100 day task can be made where follow up information is required. This task can prompt the officer on the roster to send a follow up text to the client if the information has not been returned (and the claim has not yet been allocated. Refer to Figure 1.0 below.
- Please add relevant comments in the 100 day follow up task about what you have asked for. Refer to Figure 1.1
- Tasks will be monitored by members on the weekly roster. Screening officer on the roster will need to send a text message for the follow up.
- SMS will be sent at the 1 month, 2 month and 3 month mark by the screening officer on the Roster duties for that week (if the claim has yet to be allocated).
- How to add a task on R&C ISH (copy and paste link to internet explorer):
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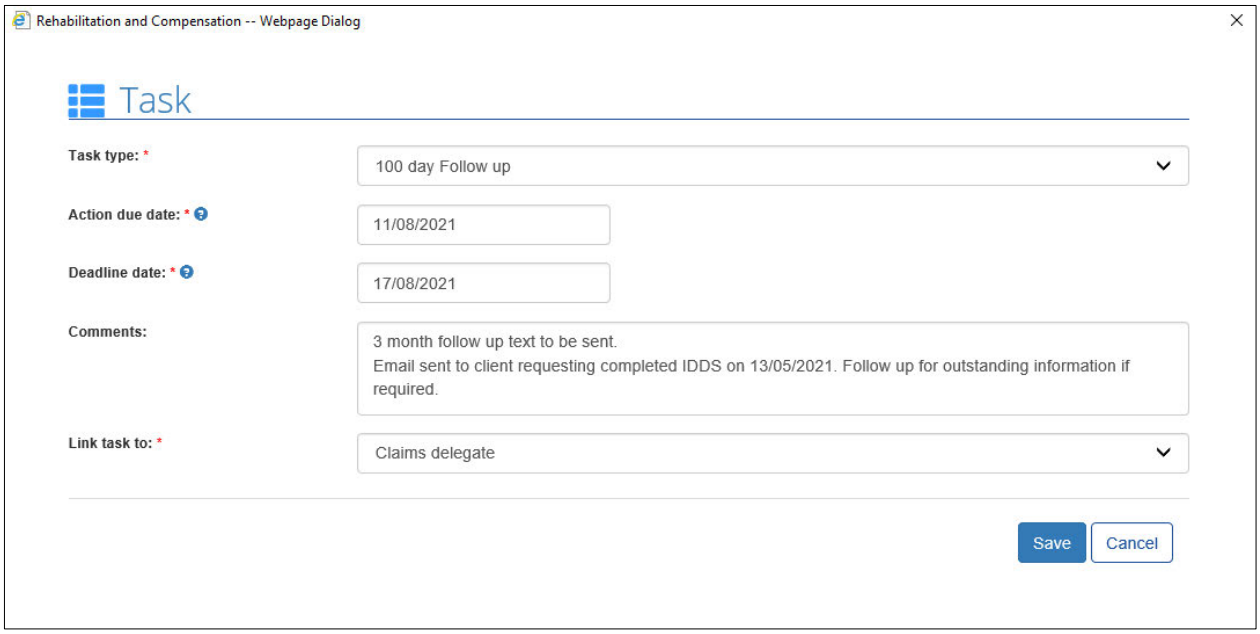
**(see separate document for SMS process – 'Screenting SMS Steps' – 21514866E).**

- Figure 1.0


- Figure 1.1




When the monthly text message will not be required:

- When the claim has already been allocated to a delegate
- When the claim is case coordinated

## 14. Restricted claims/Privacy Protected

**How we manage this aspect of the work is still in the testing stage (June 2021) so this process may be refined:**

1) Restricted claim has been registered and needs to be screened
2) Check View and identify who within DVA has access to the record (as when you try to type the reference number in for a restricted client, VIEW should go straight to the page of DVA staff contacts).
3) Contact one of those people and see if they can provide claim form for review
4) If it does not identify which DVA staff member has access, then contact privacy.protected.client.access.request, to get some more information.
5) We may also need to consider requesting access for the screening staff member if there is no other way to review the documents. We would place the claim in the appropriate holding bay, pending the claim being accessible (restricted access being granted) **(see separate document for up to date holding bay markouts – 'Screenting Team Cheat Sheet' - 211135188E).**

**Considerations:**

- When we submit a privacy protected request, we should try to do it for all the people we think will need access. This can be challenging though given we do not know who may need it

- Is privacy protected required any longer (maybe it was from 10 years ago and is no longer relevant but was never taken off). If not, let's get it off.

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- Can we get enough info from ISH, without needing a privacy request?

## 15. Workload management

**Note**: Each delegate will manage their own spreadsheet which is located in the folder

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The spreadsheet assists national reporting and reporting KPI's and record date claim received, date screened, clients name and file number, AI's that have been identified, SW referrals that have been requested, validity issues that were identified and also note any decision ready claims. The Screening Process

# 16. Templates & Reference Material

## 16.1 Screening Checklist

| **Assess Validity of Claim** | |
|---|---|
| Is the claim valid? Yes - No further action required | Yes/No/NA |
| No - Phone call made to client to request further information | Yes/No/NA |
| Follow up email sent to client | Yes/No/NA |
| 100 day follow up task created | Yes/No/NA |
| Phone work sheet completed | Yes/No/NA |
| **Confirm Service Eligibility** | |
| Does the client have eligible service under the claimed Act | Yes/No/NA |
| Has the claim been allocated to the correct holding bay | Yes/No/NA |
| **Identify risk factors and indicators** | |
| SW referral required | Yes/No/NA |
| T&C referral Required | Yes/No/NA |
| Email sent for claim allocation | Yes/No/NA |
| Relevant Case note added | Yes/No/NA |
| **Referrals to SW, T&C, SCT, AI** | |
| Has a SW referral been requested | Yes/No/NA |
| Has Non-Liability Health Care been initiated | Yes/No/NA |
| Claim has been identified as AI | Yes/No/NA |
| Has a SW referral been requested | Yes/No/NA |
| Has priority identifier been set on ISH | Yes/No/NA |
| Email sent to compensation.claims@dva.gov.au | Yes/No/NA |
| Evidence provided confirms criteria for SCT | Yes/No/NA |
| Service/Medical and Personnel File requested as priority | Yes/No/NA |
| Email sent to client.support@dva.gov.au and Kelly Munro | Yes/No/NA |
| **Request for Defence Service and Medical Records** | |
| Are there records on the client TRIM File- If yes, are they up to date? | Yes/No/NA |
| If no- have you requested updated service/medical records | Yes/No/NA |
| **Allocation to a Holding Bay** | |
| Is there an Active Claim | Yes/No/NA |
| Claim allocated to the correct queue | Yes/No/NA |
| Email sent to the Delegate and Team Leader | Yes/No/NA |
| Claim allocated to the relevant queue | Yes/No/NA |
| Appropriate case note been added | Yes/No/NA |
| **Tasks** | |
| 100 day follow up task created | Yes/No/NA |
| Phone call made to client | Yes/No/NA |
| Email sent to Client | Yes/No/NA |
| **Spreadsheet completed** | Yes/No/NA |
| **Case note added** | Yes/No/NA |

### 16.2 Holding bay talking points

Claim delay talking points.docx

## 17. References

**To open any of the links Ctrl + click on the link**

### 17.1 Service Eligibility

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DRCA & VEA:
https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004

MRCA:
https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-after-30-june-2004

Service eligibility - TRI ACT pdf

### 17.2 Assessing Validity

Appeal periods

MRC27 - Reconsiderations ar

### 17.3 Request for Defence Service and Medical Records

18491037E DVA SAM Procedures Gui

SAM priority categories.DOCX

### 17.4 Forms

[Forms | Department of Veterans' Affairs (dva.gov.au)]


D2049.pdf


D2051.pdf


d9287 - diagnosis form.pdf


d2020- DRCA Claim Form.pdf


d2582- VEA Claim Form.pdf

### 17.5 Confirming Proof of Identity

[Proof of Identity (dva.gov.au)]


d0663 - POI.pdf

### 17.6 Non- Liability Health Care

- References:

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More information on **Mental Health services:**

https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/mental-health-support-services

### 17.7 Additional guidance to support the screening process

- **Guiding Principles for Prioritisation / At-Risk Client**
- **Action Immediately Allocations**
- **The Acts**
- **SCT referral process**

### 17.7.1 Guiding Principles for Prioritisation / At-Risk Client

1. Using 2.4.2 Guiding Principles in CLIK and in conjunction with the Triage and Connect team as part of the Client Support Framework, the following factors are a list of high risk priority indicators for immediate allocation for a delegate to action:
2. 
   - **Social Isolation, including relationship breakdown**
   - **Health Concerns**

- Complex comorbidity
- Mental health:
- Under the guiding principles for prioritisation/ at-risk clients, Mental Health' is listed as a subset of 'Health Concerns'. Where a claim is received for a mental health condition, the screening team will confirm if the client has a representative and treating mental health practitioner engaged (Psychiatrist or Psychologist at the direction of a General Practitioner). If these stakeholders are engaged and no other risk factors are identified, the claim will not be prioritised for action.
- If suicidal ideation, self-harm or pending medical discharge are mentioned, the claim will be marked as action immediately and social worker contact will be requested and/or a referral to triage and connect will be made. In addition to this, where there is limited information available, a referral will be made for social worker contact.

    - Drug and alcohol risks

- **Limited Access to health services**
- **Homelessness**
- **Justice and Safety/Recognition and Respect**
    - Interaction with police/courts
    - Threatening behaviour
    - Threatened by others
    - Drug and alcohol
- **Unemployment**
- **Financial hardship**
    - Serious Financial hardship is when a client is reporting they are unable to provide the following for themselves and their family:
    - food
    - accommodation
    - clothing
    - medical treatment
    - education
    - other basic necessities
    - Factors contributing to serious hardship generally include family tragedy, financial misfortune, serious illness, impacts of natural disaster and other serious or difficult circumstances (ATO 2020).

If Financial Hardship is claimed, the Screening Officer should make a referral for Social worker contact. This will allow for an assessment to be made regarding risk, and provide an opportunity to reinforce appropriate and immediate support.

If following the social worker discussion, it is deemed Financial Hardship is a contributing risk factors, the claim can be marked for priority action.

### 17.7.2 Action Immediately Allocations

The following claims are considered Action Immediately (AI):

- Claims managed by the **Specialised Case Team** (SCT)
    - Includes Restricted Clients, managed access clients and clients contending sexual or physical assault, Death claims,
    - Contending the use of Anti-Malarial medication

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## 17.7.3 THE ACTS

| Type of Service | If injury occurred on service: | | |
|---|---|---|---|
| | On or after 7 Dec 72 and before 22 May 86 | On or after 22 May 86 and before 7 Apr 94 | On and after 7 Apr 94 and before 1 Jul 04 |
| **Peacetime Continuous Full-Time Service only (CFTS)** | | | |
| Enlisted on or after 7 Apr 94 | N/A | N/A | DRCA |
| Enlisted on or after 22 May 86 (and have completed 3 years continuous service by 6 Apr 94) | N/A | DRCA & VEA | DRCA |

| Type of Service | If injury occurred on service: | | |
|---|---|---|---|
| | On or after 7 Dec 72 and before 22 May 86 | On or after 22 May 86 and before 7 Apr 94 | On and after 7 Apr 94 and before 1 Jul 04 |
| Enlisted on or after 22 May 86 (and have not completed 3 years continuous full-time service by 6 Apr 94) | N/A | DRCA | DRCA |
| Enlisted before 22 May 1986 (and have continuous services up to and after 7 Apr 94) | DRCA & VEA | DRCA & VEA | DRCA & VEA |
| Former Members (prior to 7 Apr 94) | DRCA & VEA | DRCA & VEA | N/A |
| Reserve Service | DRCA | DRCA | DRCA |
| Operational Service (warlike service) | VEA | VEA | DRCA & VEA |
| Peacekeeping Service (non-warlike service) | DRCA & VEA | DRCA & VEA | DRCA & VEA |
| Hazardous Service (non-warlike service) | Not Declared | DRCA & VEA | DRCA & VEA |

**MRCA**

The MRCA provides rehabilitation and compensation coverage for the following members and former members of the ADF with **service on or after 1 July 2004**:

- all members of the permanent ADF;
- all members of the Reserve Forces;
- Cadets and Officers and Instructors of Cadets;
- persons who hold an honorary rank or appointment in the ADF and who perform acts at the request or direction of the Defence Force;
- persons who are receiving assistance under the Career Transition Assistance Scheme (under an arrangement approved by the ADF) and who perform actions in connection with the Scheme;

- persons who perform acts at the request or direction of the Defence Force as an accredited representative of a registered charity; and
- other people declared in writing by the Minister for Defence to be members of the ADF.

**DRCA**

The DRCA is the compensation legislation that applies to current and former members of the Australian Defence Force (ADF) with conditions linked to service **prior to 1 July 2004**.

| Act | Dates of cover (onset of condition determines Act) | Requisite Service Contribution | Warlike service? |
|---|---|---|---|
| *Commonwealth Employees' Compensation Act* 1930. | 3 January 1949 to 31 August 1971 | Wholly service contribution | No cover |
| Compensation (*Commonwealth Employees*) Act 1971 | 1 September 1971 to 30 November 1988 | Minor contribution | No cover |
| *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) | 1 December 1988 to 12 April 2001 | Material contribution | From 7 April 1994 onwards |
| *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) | 13 April 2007 onwards | Significant contribution | Until 30 June 2004 inclusive |

- Compensation coverage under the DRCA can be provided for injuries, diseases or deaths that are linked to **most peacetime ADF service between 3 January 1949 and 30 June 2004** (which includes British Nuclear Test defence service), as well as hazardous and peacekeeping service during the same period. The DRCA also covers certain periods of operational service between 7 April 1994 and 30 June 2004, including warlike and non-warlike service.

- **The DRCA does not cover any ADF service prior to 3 January 1949, or any period of operational service prior to 7 April 1994**. These types of service are covered under the *Veterans' Entitlements Act 1986* (VEA). Some members who served for 3 years continuous full-time service with service between 7 December 1972 and 7 April 1994 may have dual coverage under the VEA and DRCA for their peacetime service.

- From 12 October 2017, all claims that were considered under the provisions of the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) are now considered under the DRCA. All existing claims under the SRCA are now treated as claims under the DRCA. There is no change to existing entitlements or the manner in which claims under the DRCA interact with claims under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and/or the VEA.

**VEA**

To be eligible for a disability pension under the VEA, a member must first qualify as a **'veteran'** (section 5C), a **'member of the Forces'** (section 68 (1)) or a **'member of a Peacekeeping Force'** (section 68 (1)). In effect, this means a member needs to have rendered service:

- in the Australian Defence Force (ADF) during a time of conflict before 1 July 2004 (see sections 5C, 6-6F, 7 and 13(6));
- in the Australian Merchant Navy during World War 2;
- as a United Nations Peacekeeper representing Australia overseas before 1 July 2004;
- in the ADF whilst undertaking service overseas before 1 July 2004 that has been designated as hazardous (see sections 5C and 120(7));
- during the British Nuclear Tests program in Australia at prescribed nuclear test areas or whilst performing certain tasks during prescribed nuclear testing periods in the 1950s and 1960s;
- as one of certain civilians who assisted the ADF in wartime before 1 July 2004 (see section 5R);
- in the ADF (after completion of 3 years qualifying period, unless medically discharged) from 7 December 1972 to 6 April 1994 (see section 68); or
- as a national serviceman who has completed the term of engagement.