



**Australian Government**  
**Department of Veterans' Affairs**

**NOTES FOR  
ALLIED HEALTH PROVIDERS  
SECTION 2(a)  
MENTAL HEALTH CARE**

This section of the Notes for Allied Health Providers must be read in conjunction with Section 1 – General

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## **Providing mental health care services**

These Notes should be read in conjunction with Notes for Allied Health Providers Section One: General.

1. Under DVA statutory registration arrangements, to provide allied mental health care services to entitled persons an allied health provider must be currently registered with Medicare under the Medicare 'Better Access' Scheme as one of the following providers:
  - Clinical psychologist
  - Psychologist
  - Social worker (mental health)
  - Occupational therapist (mental health)

For information on Medicare's registration requirements contact 132 150.

### **Neuropsychologists**

2. Neuropsychologists are not included in DVA's statutory registration arrangements and must register with DVA directly before providing services to entitled persons.
3. To be eligible to provide neuropsychology services to entitled persons of the veteran community a provider must:
  - be registered with the Psychology Board of Australia; and
  - hold an endorsement in clinical neuropsychology from the Psychology Board of Australia; or
  - show evidence of their qualifications in neuropsychology including:
    - an accredited doctorate in neuropsychology and at least one year of approved, supervised, full time equivalent practice; or
    - an accredited masters in neuropsychology and a minimum of two years of approved, supervised, full time equivalent practice.

For more information on registering with DVA as a neuropsychologist refer to Notes for Allied Health Providers Section One: General [clause 149] for contact details.

### **Treatment Cycle**

4. For information on the treatment cycle arrangements, which came into effect on 1 October 2019, refer to Notes for Allied Health Providers Section One: General [clauses 24-46].

### **Referrals**

5. Open Arms – Veterans and Families Counselling (formerly Veterans and Veterans Families Counselling Service) can make referrals for one treatment cycle. Referrals for subsequent treatment cycles must be made by the entitled person's usual general practitioner (GP). Refer to Notes for Allied Health Provider Section One: General [clause 30] for a definition of usual GP.

6. In an emergency situation, where an entitled person seeks psychological treatment without a referral, an eligible mental health care provider may treat the client but they must contact DVA on 1300 550 457 (metro) and 1800 550 457 (non-metro) for special approval prior to claiming payment from Medicare. A referral from the client's GP will be required for treatment to continue.
7. For information about referrals for allied health services refer to Notes for Allied Health Providers Section One: General [clauses 24-35].
8. The entitled person's usual GP means:
  - a) a GP who has provided the majority of care to the patient over the previous 12 months; or
  - b) a GP who will be providing the majority of care to the patient over the next 12 months; or
  - c) a GP who is located at a medical practice that provided the majority of services to the patient in the past 12 months or is likely to provide the majority of services in the next 12 months.

## **Service location**

### **Public Hospitals**

9. DVA will only pay for allied health care services carried out in public hospitals in exceptional circumstances and when DVA has given prior financial authorisation.

### **Private Hospitals**

10. DVA will only pay for health care services carried out by allied health providers in private hospitals when the contract between DVA and the hospital does not already cover these services. It is the allied health provider's responsibility to determine whether or not health care services are included in the bed-day rate under the DVA contract, before providing services, by contacting the Veteran Liaison Officer at the hospital or DVA.

### **Residential Aged Care Facilities (RACFs)**

11. The level of care (high or low) refers to the health status of the entitled person, not the facility in which they reside. If a provider is in doubt about the level of care an entitled person who has been referred to them is receiving in a RACF, they must contact the care facility. It is the allied health provider's responsibility to ascertain the assessed care level of an entitled person before they provide treatment.

### **High Care**

12. Once an entitled person has been assessed as a high level care (formerly nursing home level of care) patient the responsibility for maintenance health care services passes from DVA to the RACF. All treatment provided to entitled persons receiving high level care requires prior financial authorisation from DVA. Authorisation will only be given in exceptional circumstances such as where intensive long-term rehabilitation services are required.

**Low Care**

13. Prior financial authorisation is not required for health care services provided to entitled persons living in RACFs who are receiving Low Level Care (formerly hostel level of care).

**Services to be provided**

14. Subject to the requirements in the Notes for Allied Health Providers Section One: General including the Treatment Cycle [see clauses 24-46], eligible mental health care providers are responsible for determining the type, number and frequency of the treatments to be provided to the entitled person for all of the services that do not require prior financial authorisation from DVA. The exception to this is group therapy and trauma focussed therapy services [clauses 21-24].
15. Treatment provided by eligible allied mental health care providers must be within the specified time period within the item descriptors as listed in the DVA fee schedules [clause 25]. The mental health care provider must personally attend the entitled person.
16. It is expected that professional attendance at places other than consulting rooms would be provided where treatment in other environments is necessary to achieve therapeutic outcomes.
17. Services provided by eligible allied mental health care providers may include but are not limited to:
- assessment
  - psycho-education
  - cognitive-behavioural therapy
  - relaxation strategies
  - skills training
  - interpersonal therapy
  - counselling.

**Trauma focussed therapy**

18. There are four items for the provision of trauma focussed therapy by clinical psychologists (US50, US51) and psychologists (US52, US53). These items have been included in the DVA fee schedules to allow for extended consultations to meet the needs of veterans with post-traumatic stress disorder (PTSD).
19. Trauma-focussed therapy should only be provided by clinical psychologists and psychologists who are adequately trained, competent and supported to provide this type of therapy. Trauma focussed therapy should be provided in accordance with the *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder (2007) as well as the update in 2013 which extended the scope to children and adolescents*.

## **Neuropsychology**

20. There are three items (CL20, CL25, CL30) for the provision of neuropsychological assessments. Assessments up to four hours can be claimed directly from Medicare. Assessments over four hours require prior financial authorisation from DVA. Refer to Notes for Allied Health Providers Section One: General [clause 149] for contact details.

## **Number of services**

### **Group Therapy**

21. Group therapy services are limited to 12 services per calendar year. Groups may consist of approximately six to ten participants. While it is not required that all participants in the group be entitled persons, allied health providers can only claim from DVA for these participants. Should participant numbers reduce over the course of the group, the group may continue if clinically appropriate.

### **Trauma Focussed Therapy**

22. Up to eight sessions of trauma focussed therapy treatment can be provided. If treatment is to continue past eight sessions the clinical psychologist or psychologist must submit a Case Review to DVA and seek prior financial authorisation for further sessions.

23. Case Reviews will be assessed by the appropriate DVA delegate with reference to the relevant professional DVA advisor as required. There is no set format for the case review but it should include the following information as a minimum:

- a summary of the major presenting problems and their immediate effects on the entitled person;
- an explanation of treatment provided and outcomes to date;
- a summary of the proposed treatment plan for further sessions including the number of further treatments required; and
- the provider's opinion regarding the effects that no further treatment would have on this person.

24. A copy of the case review should also be sent to the entitled person's GP, as the care coordinator of the client's health care.

25. For information on which area of DVA to send Case Reviews refer to Notes for Allied Health Providers Section One: General [clause 149]. Claims for payment for case reviews should be sent directly to Medicare.

## **Fees**

26. Payment for services is based on the following fee schedules:

- DVA Schedule of Fees for Clinical Psychologists
- DVA Schedule of Fees for Psychologists
- DVA Schedule of Fees for Social Workers (mental health)
- DVA Schedule of Fees for Occupational Therapists (mental health)

DVA fee schedules are available at [www.dva.gov.au/service\\_providers](http://www.dva.gov.au/service_providers)

27. Under DVA arrangements a gap fee or co-payment cannot be charged for the provision of allied mental health care services to an entitled person. The Notes for Allied Health Providers Section One: General state that by accepting an entitled person's Gold or White Card and billing Medicare, a health care provider agrees to accept the DVA fees as full payment for health care services without making any additional charges to the entitled person.

### **Prior financial authorisation**

28. Prior financial authorisation from DVA is required in the following cases:

- treatment to be provided to an entitled person who is a high level care resident of a RACF;
- treatment to be provided to an entitled person who is an in-patient of a public hospital;
- neuropsychology assessments over four hours; or
- after eight sessions of trauma focussed therapy sessions.

29. For information on how to seek prior financial authorisation, refer to Notes for Allied Health Providers Section One: General [clauses 51-56].

### **Related DVA services**

30. The families of entitled persons are unable to access the services of an eligible allied mental health care provider unless they themselves are a Gold or White Card holder (see Notes for Allied Health Providers Section One: General). Therefore allied mental health care providers are encouraged to increase entitled persons' awareness of the services provided by DVA that are designed to assist them and their families seeking counselling and other services. For information on Open Arms – Veterans and Families Counselling and the Veterans Line see Clause 31 below.

### **Open Arms - Veterans and Families Counselling**

31. Open Arms (formerly Veterans and Veterans Families Counselling Service) provides counselling and group programs to Australian veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service. Veterans, peacekeepers and their families can refer themselves to Open Arms. Other current serving ADF members can request a formal referral from the ADF. Individuals do not need to be DVA health card holders to access the services provided by Open Arms. Open Arms can be contacted on 1800 011 046.

32. Open Arms provides:

- individual, couple and family counselling after-hours crisis telephone counselling via Veterans Line;
- case management services;

- group programs for common mental health issues including anxiety, depression, sleep and anger;
- psycho-educational programs for couples including a residential lifestyle management program;
- *Stepping Out*, a 2-day transition program for ADF members and their partners preparing to leave the military;
- *Changing the Mix* – a self-paced alcohol reduction correspondence program. To register call 1800 1808 68;
- Operation *Life* suicide prevention workshops; and
- Resources – information, education and self-help resources.

### **Veterans line (after hours crisis counselling)**

33. Veterans Line – phone 1800 011 046 - is the after hours crisis counselling service provided by the Open Arms. The service assists veterans and their families in coping with crisis situations outside of Open Arms office hours. Counselling is provided free of charge.

### **Resources for allied mental health providers**

- *Mental Health Advice Book* – information for providers helping veterans with common mental health problems available online at:  
[www.at-ease.dva.gov.au/www/html/251-contents.asp?intSiteID=1](http://www.at-ease.dva.gov.au/www/html/251-contents.asp?intSiteID=1)
- *At Ease* website ([www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)) to improve veterans' mental health by raising awareness and understanding of how and where to seek help, and encouraging veterans to take action to optimise their health and wellbeing. A range of factsheets and products are available for providers to use with veterans.
- *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder (Australian Centre for Post-traumatic Mental Health 2007) as well as the update in 2013 which extended the scope to children and adolescents.* Available online or to order at:  
[www.acpmh.unimelb.edu.au/resources/resources-guidelines.html](http://www.acpmh.unimelb.edu.au/resources/resources-guidelines.html)