

Provider treatment plans are considered by insurers when deciding whether to fund a service. Treatment should be aimed at function with achievable and measurable goals. Intervention proposed should also reflect current research findings, be consistent with available clinical guidelines and encourage self management.

If inappropriate to complete a treatment plan, please contact the insurer directly to discuss the reporting format.



QUICK GUIDE: COMPLETING PSYCHOLOGICAL TREATMENT PLANS

Obtain your client's CTP claim number and the name of the insurance company.



Contact the insurer to discuss the referral and the reporting format required.



When completing a provider treatment plan please complete all sections as far as possible.



The insurer will communicate a decision in writing within ten calendar days of receipt of a plan. The insurer will provide an explanation if the plan is declined in part or in full.



Accounts for pre-approved treatment expenses should be processed within 21 calendar days of the insurer receiving a valid tax invoice.



Contact the insurer if you have any questions or concerns regarding your client's rehabilitation.

Current clinical findings

List the problems that are currently preventing your client from participating in their normal activities (eg family, paid work, social etc). Include key indicators, signs and symptoms associated with the problem.

Test results/outcome measure results

List relevant psychological tests performed along with up to date test scores and summary analyses.

Current diagnosis

Indicate diagnoses and the relationship to the motor vehicle accident. (Report diagnoses utilising the DSM-IV multiaxial classification). Please indicate with 'N/A' next to each axis where no diagnosis is present.

Risk factors and treatment strategies

Note risk factors that are likely to be barriers to your client's return to their valued social and occupational roles. Barriers may include those related to your client's physical, cultural and environmental situation. Note appropriate treatment strategies relevant to the claim.

Treatment progress

To be completed if treatment has commenced prior to submission of initial plan. Detail progress to date in terms of the treatment goals. What target problems and associated goals were agreed with the claimant? What treatment has been provided and what progress has been made in terms of goal attainment?

Details of treatment proposed

Include concise details of the target problems and associated treatment goals which have been agreed with the client, and how these goals will be achieved (the treatment method). Include the timeframes for these goals to be achieved and how outcomes will be measured.

Proposed treatment

Duration of the treatment plan during acute and sub-acute stages should be generally less than eight weeks. Beyond eight weeks or in complex cases it is appropriate to reassess progress and prepare a subsequent treatment plan.

Liaison with treating medical or allied health providers

A collaborative approach to treatment planning and management is encouraged and supported by research¹, including the exchange of written reports or summaries.

Additional comments

Please include any other issues and/or needs for the client.

Related documents:

- MAIC Guidelines for Compulsory Third Party (CTP) Rehabilitation Providers
- *Road to Recovery* brochure for CTP claimants on rehabilitation
- Insurer Decision Making Tool
- Rehabilitation Standards for CTP Insurers
- ① Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Post Traumatic Stress Disorder