

COATS PROGRAM – GUIDE FOR PAYMENT CLAIMS Adult Non-Residential Services (In Scope)

This guide provides information on the prices and products for payment claims through COATS for the provision of adult alcohol and drug (AOD) non-residential treatment services effective from 1 July 2017. Since 2014, the Department of Health and Human Services (DHHS) has moved towards a form of Activity Based Funding (ABF) for all adult AOD non-residential treatment services whereby service providers receive funding based on the number and types of services provided. In line with an ABF approach, a common funding unit is utilised, a Drug Treatment Activity Unit (DTAU). DTAUs allow relative prices to be compared and adjusted across AOD activities that use different combinations of units. Product prices have been determined based on the 2017/ 2018 funding guidelines as determined by DHHS. One DTAU unit equates to \$754.48 of funding. New prices are inclusive of non-attendance and after-hours capacity. Where clients do not attend any required sessions outlined to constitute a payment for treatment, no shows cannot be claimed for payment.

Treatment Completion Advice Forms

Treatment agencies must complete Treatment Completion Advice (TCA) payment forms in the Penelope portal. Completion of TCAs enables ACSO to broker payment to treatment agencies according to the activity provided and keep your Penelope case list up to date. The TCA provides the option for ¼, ½, ¾ or full payment, depending on the number of events per course of treatment (see Table 1 for more details). If you are unsure of which proportional payment is appropriate, please tick the following box: "As per payment guidelines – to be used in place of a dollar figure" on the TCA and COATS will calculate the appropriate rate for you.

The clinical TCA should be completed within **two weeks** of cessation of treatment to ensure that Justice Case Managers have the most up to date information to assist with case management and court reporting. A payment TCA will remain open for **six months from the date of treatment commencement**. Payment will not be made to those TCAs which remain outstanding after this time, unless by exception (e.g. a variation has been sought and a client is still engaged in initial course of treatment beyond six months).

It is expected that all treatment agencies will provide the necessary level of care identified to meet the needs of individual clients. This means that some clients may require more or less treatment events than is identified in Table 1. However, the overall cost will average out and service providers will be expected to adjust the duration and intensity of the treatment response to meet the complexity of the client's presentation. The model has been designed to give providers the flexibility to respond to a spectrum of client needs.

Treatment extensions or second episodes of care can be requested but will only be granted after a **maximum number of sessions/hours** for the relevant service type have been completed. A variation can also be requested by treatment providers in order to reclassify between a standard and complex episode of care should a client's clinical requirements change significantly during the treatment episode.

To request a treatment extension or an additional episode of care, the treating clinician must consult with the client's Community Corrections Case Manager for authorisation. Once this has been approved, the treating clinician must submit a TCA for the current course of treatment and request an additional course using the Version 1, 3rdt August 2017 - Effective for treatment appointments brokered post 1st of July 2017





Extension form via the Penelope portal. This Extension form must include relevant information relating to the clinical need for an additional course of treatment. The client will not need to be re-assessed by COATS for a first extension request, however, any subsequent extensions may require a COATS re-assessment. This will be reviewed on a case by case basis.

Please note, in the instance where a client's Community Corrections, Youth Justice or Parole order has expired, or their engagement with a Court-based program, such as CISP or Credit Bail, has ceased, COATS will consult with the relevant Justice agency before approving treatment extension or variation requests. For Other Diversion, Koori Drug Diversion or Drug Diversion Appointment Line (DDAL) clients, only one treatment extension request will be granted (equating to two courses of treatment).

Forensic Targets

All providers of catchment based intake have a target of 10% DTAU utilisation for screening and assessment of forensic clients.

All providers of adult non-residential assessment and treatment have a minimum target of **20% DTAU** utilisation for services provided to forensic clients. A range of agencies in high demand areas have been allocated additional DTAU in 2017/2018 for treatment of forensic clients through Corrections growth funding or prepayments from brokerage. This funding is incorporated into the provider/consortia's overall DTAU. Once this combined target has been reached, agencies may be eligible for fee for service for any additional forensic referrals. Fee for Services will not be approved until ACSO receive endorsement from your DHHS regional office. As such, it is expected that agencies will have ongoing discussions with their DHHS regional office to discuss DTAU allocation and resourcing across the catchment prior to requesting Fee for Service.

Capacity Issues

To assist in managing demand issues at a local level, agencies must discuss any capacity issues with their regional DHHS office before requesting that referrals are put on hold for a particular location or period.

Pricing

ACSO will apply pricing loadings as follows: Aboriginal client price loading of 30% and Forensic client price loading of 15%. If a client is Aboriginal and/or Torres Strait Islander (ATSI) and a forensic client, the 30% Aboriginal loading only will apply. These loadings will be funded from within a provider's DTAU allocation and not as additional payments.

Complexity will be determined through the administration of the common screening tool, which will be conducted as part of the assessment function by either the catchment-based intake or assessment service or by ACSO COATS in the case of referral through the courts. Service providers will only receive the 'complex' price for those clients screened as complex through this process or who have submitted a variation should client's circumstances or presentation change during the course of treatment.



Table 1: Adult Non-Residential Services Pricing 2017-2018				
	Average Length of Treatment			
Product	Description	for Payment	Forensic Price (\$) 2016/17	Islander (ATSI) Price (\$) 2017/18
Comprehensive Assessment & Initial Treatment Plan	It is envisaged that on average, 3.5 hours of multi-disciplinary input should be allocated to the completion of an assessment and care plan. This includes a total of 60 minutes for care and recovery co-ordination support. Provision should be made for brief interventions, education and support for clients, family members and carers. This product will be paid for agencies providing adult non- residential services undertaking CISP, ARC, CREDIT Bail, Youth Justice and Diversion assessments.	Complete event	\$ 677.52	\$765.80
Brief Intervention	Education support, advice and intervention provided for clients individually, equating on average the duration of a comprehensive assessment. This may be for clients screened as not requiring assessment, or requiring support between assessment and treatment. Brief intervention can also be in	Individual work can be equating to on average 3.5 hours (210 minutes) in duration.	\$677.52 1 - 53 minutes = ¼ (\$169.38) 54 - 105 minutes = ½ (\$338.76) 106 - 159 minutes = ¾ (\$508.14) 2.5+ hours = full payment	\$765.80 1 - 53 minutes = ¼ (\$191.45) 54 - 105 minutes = ½ (\$382.90) 106 - 159 minutes = ¾ (\$574.35) 2.5+ hours = full payment



			Adult No	n-Residential Services 2017-2018
	addition to a comprehensive assessment.			
DDAL Intervention	Catchment based intake services are required to accept DDAL referrals and provide screening, brief intervention and assessment to DDAL clients. Two DDAL service delivery options are now available to catchment based intake and assessment services: - Two concurrent or individual sessions including incorporating screening, assessment (if required) and brief intervention - Two concurrent or individual sessions incorporating screening, and brief intervention	DDAL Interventions must be provided over 2 sessions, these may be recurrent. Agencies may refer DDAL clients who require AOD assessment and treatment beyond the DDAL intervention to treatment providers; which COATS will broker.	\$354.60	\$354.60
Care & Recovery Coordination	Clients eligible for care and recovery coordination will typically present with behaviours and/or conditions that: • place the individual at high risk to self, to staff and/or the community • are identified at assessment as requiring a long term supportive service response	A course of treatment equates to an average of 15 hours of client-related coordination.	\$ 1927.70 1-3 hours=¼ (\$481.92) 4-7 hours =½ (\$963.85) 8-11 hours=¾ (\$ 1,445.77) 12+ hours = Full payment	\$2179.69 1-3 hours=¼ (\$544.92) 4-7 hours =½ (\$1,089.85) 8-11 hours=¾ (\$1,634.77) 12+ hours = Full payment



Counselling* – Complex (Includes individual client contact and group work)	engagement, and group work. A course of counsellingstandard should incorporate on average, 4 contacts. It is envisaged that on average, a contact would include 45min of client contact time. A course of counselling-complex should incorporate on average, 15 contacts. It is envisaged that on average, a contact would include 45min of client contact	depending on the duration and intensity of the group program: For each client that has participated in a group program with an average duration of 15 hours, a course can be recorded. 15 contacts In order to capture client participation in group work please use the following guide	3 sessions = ¾ (\$592.46) 4 + sessions = full payment Group Sessions Group Hours (15) Sessions (4) Payment 1 -3 hours 1 session ¼ (\$197.49) 4 -7 hours 2 sessions ½ (\$394.97) 8 - 11 hours 3 sessions ¾ (\$592.46) 12 + hours 4 + sessions Full \$2,962.09 1-4 sessions = ¼ (\$740.52) 5-8 sessions = ½ (\$1,481.04) 9-11 sessions = ¾ (\$2,221.57)	3 sessions = ¾ (\$669.41) 4 + sessions = full payment Group Sessions Group Hours Sessions (4) Payment (15) 1 - 3 hours 1 session ¼ (\$223.14) 4 - 7 hours 2 sessions ½ (\$446.27) 8 - 11 hours 3 sessions ¾ (\$669.41) 12 + hours 4 + sessions Full \$3,348.38 1-4 sessions = ¼ (\$837.10) 5-8 sessions = ½ (\$1,674.19) 9-11sessions = ¾ (\$2,511.29)
Counselling* – Standard (Includes individual client contact and group work)	Justice case manager this product is not generally recommended. Counselling is classified as standard or complex and duration can range from a range of brief intervention sessions to extended periods of one-to-one engagement, and group work	4 contacts In order to capture client participation in group work please use the following guide	\$ 789.94 1 Session = ¼ (\$197.49) 2 sessions = ½ (\$394.97) 3 sessions = ¾ (\$592.46)	\$892.55 1 Session = ¼ (\$223.14) 2 sessions = ½ (\$446.27) 3 sessions = ¾ (\$669.41)
	• require residential treatment As this is an average, some clients may require more hours, while others will require less. To allow flexibility, there is no time limit on the duration of a course of care and recovery coordination. For clients who already have a limit on the manager this			



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	clients identified at tier 5 may be considered for referral to complex counselling treatment types.	with an average duration of 50 hours, a Course can be recorded.	Group Sessions Group Hours (15) Sessions (4) Payment 1 -12 hours 1 - 4 sessions 1 (\$740.52) 13 - 25 hours 5 - 8 sessions 1 (\$1,481.04) 26 - 35 hours 9 - 11 sessions 3 (\$2,221.57) 36 + hours 12 + sessions Full	Sessions Group Hours (15) Sessions (4) Payment 1-12 hours 1-4 sessions ½ (\$4,674.19 26 - 35 hours 9-11 sessions ½ (\$2,511.29) 36 + hours 12+ sessions Full
Withdrawal* – Non-Residential (Standard)	It is envisaged that on average, a contact would include 45min of client contact time. To allow flexibility, there is no time limit on the duration of a course of non-residential withdrawal. Please note a contact can be recorded for significant care and recovery activity, e.g. coordination with GP or hospital.	4 contacts	\$736.37 1 session = ¼ (\$184.09) 2 sessions = ½ (\$368.19) 3 sessions = ¾ (\$552.28) 4 +sessions = full payment	\$832.95 1 session = ¼ (\$208.24) 2 sessions =½ (\$416.47) 3 sessions = ¾ (\$624.71) 4 +sessions = full payment
Withdrawal* – Non-Residential (Complex)	It is envisaged that on average, a contact would include 45min of client contact time. To allow flexibility, there is no time limit on the duration of a course of non-residential withdrawal as per departmental guidelines clients identified at tier 5 may be considered for referral to complex withdrawal or complex counselling treatment types. Please note a contact can be recorded for significant care and recovery activity, e.g. coordination with GP or hospital.	10 contacts	\$1,843.19 1-3 sessions = ¼ (\$460.80) 4-5 sessions = ½ (\$921.60) 6-8 sessions = ¾ (\$1,382.40) 9+ sessions = full payment	\$2,083.12 1-3 sessions = ¼ (\$520.78) 4-5 sessions = ½ (\$1,041.56) 6-8 sessions = ¾ (\$1,562.34) 9+ sessions = full payment





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Therapeutic Day Program (Limited Providers)	Therapeutic day rehabilitation provides clients with the	Average length 150- 180 hours.	\$9,173.47	\$10,370.01
	support they need to address		1-45 hours = ¼ (\$2,293.37)	1-45 hours = ¼ (\$2,592.50)
	their drug use, while		46-90 hours = ½ (\$4,586.73)	46-90 hours = ½ (\$5,185.00)
	maintaining vital links with their		91-135 hours = ¾ (\$6,880.10)	91-135 hours = ¾ (7,777.51)
	work, home and family.		136-180 hours = full payment	136-180 hours = full payment
Choices Education Program	'Choices' is a group	3 hours	\$104.12	\$104.12
(Limited Providers)	education program designed to help low risk offenders identify and address the		per attending participant.	per attending participant.
	harms associated with their AOD use.			

^{*}For the purposes of recording counselling and withdrawal treatment, an event refers to direct contact with the client including face to face, phone-based, family meeting or a care coordination meeting where the client is included. It does not include meetings without the client or carer present, they are considered indirect and not counted toward client contact.

Please note: Forensic referrals include any referrals authorised or directed through COATS and meeting the COATS forensic criteria (available on the COATs website). Referrals for clients classified as diversion include referrals to COATS through Victoria Police, Court-based programs and those ordered to attend treatment by Child Protection (this is a trial client group). Agencies should submit referrals for registration of diversion clients no later than one month from date of first client contact.

Where an agency is providing Bridging Support to clients, this is to be recorded against voluntary DTAU. Intake and Referral for assessment providers is also available through voluntary DTAU. As these products will not be brokered by COATS, agencies are not required to submit TCAs.