

Extensions - Penelope Guide – April 2023

Extension documents are used for clients requiring an additional episode of care upon completion of **maximum** sessions/hours for the relevant service type as set out in annual **Payment Guidelines**. They are important for the following reasons:

- Ensuring additional courses of treatment are tracked and counted against forensic targets
- Enabling treatment providers to claim further forensic funding for eligible clients

Important notes:

- There is an approval process in place for extension requests. TCA forms and an Extension request **must** be lodged at the same time.
- To request a treatment extension, the treating clinician **must** consult with the client's Justice Case Manager in addition to form submission.
- For Diversion clients, only one treatment extension request will be granted (equating to two courses of treatment)

Instructions for completion

1. Select client name in '**For Event Attendee**' then click anywhere on your screen

Add Document

Document

Extension or TCA Deferral

Document Date
05/04/2023

For Event Attendee
-Select-

Document Description
-Select-

Smith, George
Other Individual

2. Enter your name and agency site then select '**Treatment Extension**'. *Requests can only be made by Treatment Providers.*

Category

Person Requesting Extension or TCA Deferral Full Name (Treating Clinician)
Jane Jones

Agency & Site Requesting
ACSO Richmond

Is this a Treatment Extension or TCA Deferral?

☒ Treatment Extension (not applicable for assessment, residential rehabilitation & residential withdrawal)
☐ TCA Deferral (deferring Service End Date)

3. Select **'Treatment Service'** category. The form will populate with questions relevant to the service you deliver. **Tip:** select the top option if your client is managed by Department of Justice and Community Safety (DJCS) or Court Services Victoria (CSV) and ensure you record their name and location.

Extension	
Please use the clients case name as a guide to the referral type. SMITHCCO 01/01/2022 (12) #1	
Please Select	
<input checked="" type="radio"/> Treatment Service (Referrals including CISP / CREDIT / ARC / NJC / CCO / PAROLE / DTO / YJ) <input type="radio"/> Treatment Service (Referrals including Voluntary / Other Div / KADW / DDAL / StepOut)	
Discussion with Case Manager Required	
Please ensure discussion with Case Manager has occurred before completing this form	
Case Manager Full Name:	Bob Smart
Case Manager Location:	Bendigo CCS
Confirmation with Justice Case Manager required	

4. **'Extension Request Number'** – enter the number of times you have requested an Extension (e.g. 1st request = 1). **Please note, if you are requesting a third or more extension, you must first email coats@acso.org.au with clinical reasoning for request.*


Extension Request Number (E.g. 1st request = 1):

OR

Extension Request Number (E.g. 1st request = 1):

Approval for extension request by COATS Manager	
Please ensure discussion with COATS Manager has occurred before completing this form	
Date of approval:	05/04/2023 
Name of COATS staff member approving Extension:	Sandra Jones (Team Leader)
<i>If this is your third request for extension please contact coats@acso.org.au and request a clinical extension review prior to completing this form. For Voluntary clients (e.g. Diversion, StepOut, etc), only one treatment extension request will be granted (equating to two courses of treatment).</i>	

5. Enter **'Next Appointment Date'**. A new service will be brokered, providing you with a new ACSO Identifier for VADC reporting purposes.

Next Appointment Date:	10/04/2023 
Next Appointment Time:	9:00
Clinician Full Name (if different to above):	

6. Enter '**Goals & Attendance for current episode**'. *Extensions are approved where client eligibility is established including confirmation that client has completed all sessions/hours afforded in their current service. Attendance must match TCA form attendance summary. For example: a new episode of Counselling Standard may be requested once a client has attended all 4 sessions in current service.

Goals & Attendance for current episode	
Amount of Sessions Attended:	<input type="text" value="4"/>
Number of Days in Residential Program	<input type="text"/>
Number of hours of client related coordination (Care & Recovery Coordination treatment only)	<input type="text"/>
Number of Hours of client Therapeutic Day Rehabilitation (Therapeutic Day Program - limited providers)	<input type="text"/>

Significant Treatment Goals Achieved:

<input type="checkbox"/> Completed withdrawal	<input type="checkbox"/> Stabilised Drug withdrawal
<input checked="" type="checkbox"/> Reduced Substance use	<input type="checkbox"/> Learnt Relapse Prevention
<input type="checkbox"/> Reduced Poly Substance Use	<input type="checkbox"/> Reduced risk Taking behaviour
<input type="checkbox"/> Completed Residential program	<input type="checkbox"/> Stabilised on Pharmacotherapy
<input type="checkbox"/> Abstinence	<input type="checkbox"/> Improved physical health
<input type="checkbox"/> Harm Reduction	<input type="checkbox"/> Linked to Health services
<input type="checkbox"/> Reduced Offending	<input type="checkbox"/> Reduced self harming behaviour
<input checked="" type="checkbox"/> Linked to GP	<input type="checkbox"/> Increased self efficacy
<input checked="" type="checkbox"/> Resolve presenting crisis	

7. Reason for Extension - *Provide any additional information relevant to your request.

Reason for Extension or TCA Deferral



8. Leave 'Client Services Unit' field **blank** – this is for ACSO internal use only.

9. Press 'finish'

cancel	back	update	next	finish
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Your form will be reviewed by the COATS team. You will be contacted directly if further information is required.