

Guide to forensic AOD payment claims in Victoria 2025-26

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Overview

This guide provides information on the prices and products for forensic payment claims, administered through the Australian Community Support Organisation (ACSO) Community Offender Advice and Treatment Service (COATS), for the Victorian Department of Health funded Alcohol and other Drug (AOD) adult non-residential services (*formerly 'in scope'*), specialist Aboriginal, youth and other non-residential treatment services (*formerly 'out of scope'*) and residential based services (*formerly 'out of scope – DTAU'*).

The Victorian AOD service system utilises a mixed funding model that incorporates Activity Based Funding (ABF) for all adult non-residential (*formerly 'in scope'*) and residential (*formerly 'out of scope-DTAU'*) 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). The DTAU allows relative prices to be compared and adjusted across AOD treatment events based on the different activity types delivered with the client. Aboriginal, youth and some other non-residential treatment services (*formerly 'out of scope'*) are funded through the Episodes of Care (EoC) model.

Further information on Victorian AOD funding and program guidelines is available via the Department of Health's website <<https://www.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-service-standards-and-guidelines>>. Further information regarding the forensic AOD service delivery model and forensic specific programs is available via the Department of Health website <<https://www.health.vic.gov.au/aod-treatment-services/forensic-services>>.

Treatment Completion Advice

A Treatment Completion Advice (TCA) functions as the primary method for ACSO COATS to acquit forensic services delivered by funded AOD providers (including consortiums) according to the forensic treatment completed or forensic activity provided. ACSO COATS calculates the rate for the course of treatment based on the information provided in the TCA submitted via the Penelope Portal by the funded AOD service provider. The TCA acquittal process ensures that the Victorian Department of Health funded AOD service providers meet their forensic performance thresholds (retainer targets) as set out in their service agreement or statement of priorities.

A TCA must be completed within two weeks of the forensic treatment completion or cessation and remains open for a standard six-month period from the date of treatment commencement. TCAs which remain outstanding after this period will not be reconciled, unless by exception (for example, a deferral has been sought, and the client is still engaged in the initial course of treatment beyond the six-month period). Forensic AOD service providers are obligated to maintain up to date records (case list) in Penelope, that enables optimal case management and court report functions to be undertaken by Justice Case Managers.

Extension and variation to treatment process

Service providers are expected to provide the necessary level of care identified to meet the needs of individual clients. This may involve adjusting the duration and intensity of the treatment response to meet the complexity of the client's presentation. The forensic pricing model has been designed to enable service providers with this flexibility to respond to a spectrum of client needs, by providing more or less treatment events as required.

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 treatment variation can also be requested by treatment providers should a client's clinical requirements change significantly during the treatment episode.

To request a treatment extension or an additional treatment course, the treating clinician **must** consult with the client's Justice 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 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 ACSO 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.

In instances 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, service providers must consult with the relevant Justice agency before approving treatment extension or variation requests. For Diversion clients, only one treatment extension request will be granted (equating to two courses of treatment).

Referrals for clients classified as diversion include referrals to ACSO COATS through Victoria Police, Court-based programs and those ordered to attend treatment by Child Protection. **Referrals for registration of diversion clients should be submitted as soon as possible and no later than one month from the date of first contact.**

Forensic targets

Catchment-based intake services are expected to deliver at least **10%** of the funded **DTAU target** for screening and intake of forensic clients. Intake and/or bridging support provided as part of this funded activity is not eligible for fee for service payment. Consequently, TCA submission is not required for these products.

Providers of adult non-residential and residential treatment services and select providers of Aboriginal, Youth and other non-residential services must achieve a minimum target of **20% DTAU** utilisation of the overall funded target for assessment and treatment of forensic clients as part of the funded

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service agreement. The value of the forensic retainer (forensic target) must be met, through the TCA submission process and reconciled by ACSO COATS as part of the end of financial year process.

Fee for service recommendations are provided to the Department of Health to assess for eligibility against the overall and area based performance expectations outlined in the [Alcohol and other drug performance management framework](#) and the [AOD program guidelines Part 3 – quality reporting and performance management](#). Fee for service claims **will not** be approved or paid until ACSO receives Department of Health approval to proceed. As such, it is expected that service providers will engage in regular and ongoing discussions with the relevant DFFH APPS funded service agreement contact to ensure voluntary and forensic DTAU allocation and resourcing is managed across the AOD catchment and/or across the consortia member agencies.

Managing capacity

Funded AOD service providers are required to discuss issues identified in relation to meeting demand and/or reduced capacity for a particular location or period with their local area DFFH Agency Performance and System Support (APSS) Advisor as outlined in the ['On-Hold' policy and guidance](#) prior to requesting that referrals are put on hold via the [ACSO On Hold Form for AOD Treatment Providers](#). Further information regarding managing capacity and on-hold processes is available at <<https://www.health.vic.gov.au/alcohol-and-drugs/forensic-service-on-hold-policy>>.

Payment claims for completed forensic treatment

As at 1 July 2025, the current unit price is **\$1021** per DTAU.

Price loadings

In recognition of the additional costs associated with specialist forensic AOD service delivery, a 15 per cent forensic loading is applicable for AOD services delivered to clients who meet the forensic definition, as outlined in the [Forensic AOD client definition policy](#), and that do not identify as Aboriginal and/or Torres Strait Islander.

In accordance with the Victorian Department of Health policy for health services, a price loading of 30 per cent applies to people receiving AOD treatment services (including forensic and voluntary) who identify as Aboriginal and/or Torres Strait Islander. This price loading is applied as an alternative to the 15 per cent forensic loading outlined above and is not applied in addition (only one loading can be applied).

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The loading is incorporated into the funded service provider's DTAU performance achievement and not as additional funding payments. This means that treatment services provided to Aboriginal and/or Torres Strait Islander peoples and forensic clients will utilise a greater portion of the funded DTAU allocation throughout their treatment duration. The service provider has the opportunity therefore to meet their annual service delivery DTAU targets sooner by delivery higher value activities.

In instances where a forensic retainer (funded target) is in place, the TCA submission is used as the primary method to acquit the value of the forensic treatment delivered against the retainer benchmark and reconciled for fee for service through the ACSO COATS end of financial year process. Once the target retainer is reached, eligibility is assessed in accordance with [Alcohol and other drug performance management framework](#) and as outlined in the [AOD program guidelines Part 3 – quality reporting and performance management](#) prior to any fee for service payment recommendation being considered and approved by the Department of Health.

Complexity

Complexity is determined through the administration of the common screening tool, conducted as part of the intake and assessment function by either the catchment-based intake provider or by ACSO COATS. The 'complex' price loading is only applicable for those clients screened as complex through this process or where a service provider has submitted a variation during the course of treatment in response to a change in client circumstance or presentation change that meets complex criteria.

Treatment pricing

The maximum amount claimable via a TCA for completed forensic treatment events is based on the funded activity type, with necessary weighting and the relevant loading applied and may not exceed the full payment price listed. The rates provided in Tables 1 – 3 are based on the current unit price at time of publication. A brief overview of treatment activity types has been provided as a guide only.

For more detailed program, service delivery and activity specific requirements please refer to the Department of Health [AOD Program Guidelines](#) <<https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines>>. All product prices are aligned to the Victorian Department of Health's policy and funding guidelines for health services available at <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>.

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Table 1. Adult non-residential services

Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
Comprehensive Assessment & Initial Treatment Plan <i>(Limited to service providers of adult non- residential services undertaking CISP, ARC, CREDIT Bail, Youth Justice and Diversion assessments)</i> An average of 3.5 hours of multi-disciplinary input is available for the completion of an assessment and care plan. 60 minutes of care and recovery co-ordination support is included in this activity. The delivery of any necessary brief intervention, education and support for the client, family members and carers should also be provided.	Completed Event	
	\$916.86 (0.898 DTAU)	\$1,036.31 (1.015 DTAU)
Brief Intervention <i>(for Assessment funded providers only)</i> 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.	\$916.86 (0.898 DTAU)	\$1,036.31 (1.015 DTAU)
	1 - 53 minutes = ¼ (\$229.21)	1 - 53 minutes = ¼ (\$259.08)
	54 - 105 minutes = ½ (\$458.43)	54 - 105 minutes = ½ (\$518.16)
	106 - 159 minutes = ¾ (\$687.64)	106 - 159 minutes = ¾ (\$777.23)
	160+ minutes = full payment	160+ minutes = full payment
DDAL Intervention <i>(for catchment-based intake providers)</i> Catchment based intake services are required to accept DDAL referrals and provide screening and brief interventions to DDAL clients. Treatment beyond DDAL intervention should be referred via existing intake pathways to Catchment-based assessment services for comprehensive assessment and treatment planning. A DDAL Intervention should consist of a single session incorporating screening, intake and brief intervention.	1 Session Required (Single price applies when delivered over multiple sessions)	
	\$479.87 (0.470 DTAU)	\$479.87 (0.470 DTAU)
*Care & Recovery Coordination Care and recovery coordination (CRC) is targeted at those who typically present with behaviour and/or complexities that place the individual at a higher risk to themselves, treating staff and/or the community; those identified at assessment as requiring a more coordinated and longer period of service response. CRC is designed to be flexible, with the time limits on the course duration removed, acknowledging that some may require more or less hours than the average length. CRC cannot be claimed if no direct client contact was made regarding treatment. Examples of exclusions include: phone call to schedule an appointment but no	15 hours of client-related coordination	
	\$2,608.65 (2.555 DTAU)	\$2,949.66 (2.889 DTAU)
	1-3 hours = ¼ (\$652.16)	1-3 hours = ¼ (\$737.42)
	4-7 hours = ½ (\$1,304.32)	4-7 hours = ½ (\$1,474.83)
	8-11 hours = ¾ (\$1,956.49)	8-11 hours = ¾ (\$2,212.25)
	12+ hours = full payment	12+ hours = full payment

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
treatment was discussed, voicemail or text messages made that does not result in client contact. <i>Note: this product is not intended to duplicate where a Justice Case Manager is engaged to provide case management support and not recommended for use in such circumstances.</i>		
*Counselling – Complex (includes individual client contact group work) A course of counselling - complex is expected to incorporate an average of 15 contacts. Each contact should include at least 45 minutes of direct client contact time. There is no time limit on the duration of a course of counselling - complex, enabling treatment flexibility. The Department of Health guidelines consider those identified at tier 5 for referral to complex counselling treatment types. A course of Counselling – Complex is permissible for each client that has participated in a complex intensity group program with an average duration of 50 hours.	15 contacts	
	\$4,008.44 (3.926 DTAU)	\$4,531.19 (4.438 DTAU)
	1-4 sessions = ¼ (\$1,002.11)	1-4 sessions = ¼ (\$1,132.80)
	5-8 sessions = ½ (\$2,004.22)	5-8 sessions = ½ (\$2,265.59)
	9-11 sessions = ¾ (\$3,006.33)	9-11sessions = ¾ (\$3,398.39)
	12+ sessions = full payment	12+ sessions = full payment
	Group hours (50)	Group Sessions (15)
	1-12	1-4 sessions = ¼ (\$1,002.11)
	12-25	5-8 sessions = ½ (\$2,004.22)
	26-35	9-11 sessions = ¾ (\$3,006.33)
	36+	12+ sessions = full payment
*Counselling – Standard (Includes Individual client contact group work) 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/or group work. A course of counselling - standard is expected to include an average of 4 contacts. Each contact should include 45 minutes of direct client contact time. A course of Counselling – Standard is permissible for each client that has participated in a standard intensity group program with an average duration of 15 hours.	4 contacts	
	\$1,068.98 (1.047 DTAU)	\$1,207.84 (1.183 DTAU)
	1 session = ¼ (\$267.25)	1 session = ¼ (\$301.96)
	2 sessions = ½ (\$534.49)	2 sessions = ½ (\$603.92)
	3 sessions = ¾ (\$801.74)	3 sessions = ¾ (\$905.88)
	4+ sessions = full payment	4+ sessions = full payment
	Group hours (15)	Group Sessions (4)
	1-3	1 session= ¼ (\$267.25)
	4-7	2 sessions = ½ (\$534.49)
	8-11	3 sessions = ¾ (\$801.74)

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
	12+	4+ sessions = full payment
*Withdrawal – Non-Residential (Standard) On average, each contact should include 45 minutes of direct client contact time. There is no limitation on course duration for non-residential withdrawal to enable flexible service delivery. <i>Note: a contact may be recorded for significant care and recovery coordination type activity e.g. co-ordination with GP or hospital.</i>	4 contacts	
	\$996.49 (0.976 DTAU)	\$1,127.18 (1.104 DTAU)
	1 session = $\frac{1}{4}$ (\$249.12)	1 session = $\frac{1}{4}$ (\$281.80)
	2 sessions = $\frac{1}{2}$ (\$498.25)	2 sessions = $\frac{1}{2}$ (\$563.59)
	3 sessions = $\frac{3}{4}$ (\$747.37)	3 sessions = $\frac{3}{4}$ (\$845.39)
	4+ sessions = full payment	4+ sessions = full payment
*Withdrawal – Non-Residential (Complex) On average, each contact should include 45 minutes of direct client contact time. There is no time limit on the duration of a course of non-residential withdrawal to enable flexibility of service delivery. The Department of Health guidelines recommend consideration of those identified at tier 5 for referral to complex withdrawal or complex counselling treatment types. <i>Note: a contact may be recorded for significant care and recovery coordination type activity e.g., coordination with GP or hospital.</i>	10 contacts	
	\$2,494.30 (2.443 DTAU)	\$2,818.97 (2.761 DTAU)
	1-3 sessions = $\frac{1}{4}$ (\$623.57)	1-3 sessions = $\frac{1}{4}$ (\$704.74)
	4-5 sessions = $\frac{1}{2}$ (\$1,247.15)	4-5 sessions = $\frac{1}{2}$ (\$1,409.49)
	6-8 sessions = $\frac{3}{4}$ (\$1,870.72)	6-8 sessions = $\frac{3}{4}$ (\$2,114.23)
	9+ sessions = full payment	9+ sessions = full payment
Therapeutic Day Program <i>(limited providers only)</i> Therapeutic day rehabilitation provides clients with the support they need to address their drug use, while maintaining vital links with their work, home, and family.	150 - 180 hours	
	\$12,915.62 (12.650 DTAU)	\$14,600.26 (14.300 DTAU)
	1-45 hours = $\frac{1}{4}$ (\$3,228.90)	1-45 hours = $\frac{1}{4}$ (\$3,650.07)
	46-90 hours = $\frac{1}{2}$ (\$6,457.81)	46-90 hours = $\frac{1}{2}$ (\$7,300.13)
	91-135 hours = $\frac{3}{4}$ (\$9,686.71)	91-135 hours = $\frac{3}{4}$ (\$10,950.20)
	136-180 hours = full payment	136-180 hours = full payment
Choices Education Group <i>(limited providers only)</i> 'Choices' is a group education program designed to assist offenders (assessed as a low risk by DJCS) identify and address the harms associated with their AOD use.	3 hours	
	\$867.85 (0.850 DTAU)	\$865.85 (0.850 DTAU)
Choices - Individual <i>(limited providers only)</i> Choices- Individual stream is a 1:1 variant of the Choices Group Program. The individual stream is designed to cater for clients in regional/remote locations as well as those not suited to group delivery.	1 Session	
	\$479.87 (0.470 DTAU)	\$479.87 (0.470 DTAU)

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
Kickstart - Care & Recovery Coordination <i>(limited providers only)</i> Participants are provided with support in the form of assertive engagement by the AOD service provider between the induction session and first session of the group program. AOD Service providers use clinical judgement to determine the extent of assertive engagement required for each participant. It is expected that service providers maintain weekly contact (via phone) with participants during this time. <i>Note: the AOD service provider is responsible for providing bridging following attendance for induction.</i>	15 hours of client-related coordination	
	\$2,608.65 (2.555 DTAU)	\$2, 949.66 (2.889 DTAU)
	1-3 hours = ¼ (\$652.16)	1-3 hours = ¼ (\$737.42)
	4-7 hours = ½ (\$1,304.32)	4-7 hours = ½ (\$1,474.83)
	8-11 hours = ¾ (\$1,956.49)	8-11 hours = ¾ (\$2,212.25)
	12+ hours = full payment	12+ hours = full payment
Kickstart - Induction <i>(limited providers only)</i> The purpose of the Induction is to assess the clients' group suitability and to prepare them for engagement in the program. Payment applies if a client attends the induction and is assessed as not suitable for Kickstart (either group or IP and is referred to an alternative treatment type; or A client fails to attend the first 2 scheduled program sessions without a valid reason and is exited from that program (i.e., induction completed but did not commence program components).	\$534.50	534.50
<i>*For the purposes of recording counselling, withdrawal treatment and CRC, 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. Further information regarding Indirect Support can be found at <Alcohol and other drug program guidelines>.</i>		

Table 2. Aboriginal, Youth and other non-residential services

Treatment activity	Average Length of Treatment for Payment	
D&A Assessments <i>(limited providers)</i> Assessment undertaken by Youth agencies to determine treatment requirements. <i>Note: D & A assessment is included in a service provider's funded forensic performance targets and is subject to the relevant forensic retainer reconciliation (retainer being met) prior to any fee for service.</i>	\$150	Assessment appointment
	\$50.00	Missed appointment. (max. 3 non-attendance) Only available in addition to a partial

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Treatment activity	Average Length of Treatment for Payment	
		payment claim. Not available with full payment claims
DDAL Intervention <i>(limited providers)</i> Catchment based intake services are required to accept DDAL referrals and provide screening and brief interventions to DDAL clients. Treatment beyond DDAL intervention should be referred via existing intake pathways to Catchment-based assessment services for comprehensive assessment and treatment planning. A DDAL Intervention should consist of a single session incorporating screening, intake and brief intervention.	1 Session required (single price only, even when delivered over multiple sessions) \$479.87 (inclusive of did not attends)	
Youth Outreach <i>(limited providers)</i> Youth outreach provides assessment, support and on-going case coordination to young people with alcohol and other drug problems, in their own environment. The service also supports generalist agencies that work with young people, through information, education and training.	7 sessions (inclusive of 3 did not attends)	
	1-2 sessions = ¼	565.55
	3-4 sessions = ½	\$1131.09
	5-6 sessions = ¾	\$1696.64
	7+ = full payment	\$2262.18
ACCO – Drug Services (Previously Koori Community Alcohol and Other Drug Work [KADW]) The Koori Community Alcohol and other Drug Worker undertakes several program development activities based on a harm minimisation approach, including health promotion, information provision, education activities, development and maintenance of community linkages, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user.	7 sessions (inclusive of 3 no shows)	
	1/4 (1-2 sessions)	\$639.29
	3-4 sessions = ½	\$1278.57
	5-6 sessions = ¾	\$1917.86
	7+ sessions = full payment	\$2,557.14
Youth Home Based Withdrawal Home based withdrawal services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client can be supported by a family member or friend at home. This service may be provided following a short hospital admission, or as the complete treatment if no hospital admission is required. An experienced nurse in conjunction with a medical practitioner, preferably the client’s general practitioner, provides the service.	6 sessions within 34 days	
	1-2 sessions = ¼	\$579.51
	3 sessions = ½	\$1,159.03
	4-5 sessions = ¾	\$1,738.54
	6+ sessions = full payment	\$2318.06
Specialist Pharmacotherapy Service Pharmacotherapy treatment for opioid dependence has been well proven in clinical trials demonstrating improvements in health, social and occupational functioning across a wide range of people. While pharmacotherapy programs are generally administered through general medical practitioners, the need for specialist pharmacotherapy services occurs where there are associated complex medical, physical, or mental health concerns. Specialist pharmacotherapy services operate in association with a public hospital.	12 days	
	1-3 days = ¼	\$1,035.08
	4-6 days= ½	\$2,070.15
	7-9 days = ¾	\$3,105.23
	10-12 days = full payment	\$4,140.31

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Treatment activity	Average Length of Treatment for Payment	
Youth Supported Accommodation – Metro Youth Supported Accommodation will provide a supportive environment to help clients achieve lasting change and assist their re-integration into community living. Supported accommodation services will be provided with a minimum of a day support worker, from a community-based setting, usually with public housing.	3-12 months	
	1/4 (1-23 days = ¼)	\$1,899.80
	1/2 (24-45 days = ½)	\$3,799.60
	3/4 (46-69 days = ¾)	\$5,699.40
	70+ days based on 90 day stay = full payment	\$7,599.20

Table 3. Residential services

Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
Residential withdrawal - General Residential withdrawal services provide alcohol and other drug withdrawal through a community residential drug withdrawal service or through hospital-based treatment. Community-based residential drug withdrawal is provided to clients in a suburban setting located close to a public hospital. The treatment emphasis is on a short length of stay.	Residential withdrawal general – standard: up to and including 10 days	
	\$5,719.35 (5.602 DTAU)	\$ 6,465.35 (6.332 DTAU)
	1-2 days = ¼ (\$1,429.84)	1-2 days = ¼ (\$1,616.34)
	3-4 days = ½ (\$2,859.67)	3-4 days = ½ (\$3,232.68)
	5-6 days = ¾ (\$4,289.51)	5-6 days = ¾ (\$4,849.01)
	7-10 days = full payment	7-10 days = full payment
	Residential withdrawal general – extended: 11 days and over	
	\$10,295.00 (10.083 DTAU)	\$11,637.33 (11.398 DTAU)
	11 days = ¼ (\$6,863.26)	11 days = ¼ (\$7,758.35)
	12 days = ½ (\$8,007.17)	12 days = ½ (\$9,051.34)
Residential withdrawal - Youth Youth residential withdrawal services provide short-term intensive support, time out and drug withdrawal services to young people in a residential setting. This includes psychosocial, medical, and pharmacological support, treatment and intervention in a safe, secure and drug-free environment with access to 24-hour support.	Youth-specific facility withdrawal – standard: up to and including 10 days	
	\$10,976.56 (10.751 DTAU)	\$12,408.28 (12.153 DTAU)
	1-2 days = ¼ (\$2,744.14)	1-2 days = ¼ (\$3,102.07)
	3-4 days = ½ (\$5,488.28)	3-4 days = ½ (\$6,204.14)
	5-6 days = ¾ (\$8,232.42)	5-6 days = ¾ (\$9,306.21)
	7-10 days = full payment	7-10 days = full payment
	Youth-specific facility withdrawal – extended: 11 days and over	

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
	\$19,758.31 (19.352 DTAU)	\$22,335.48 (21.876 DTAU)
	11 days = $\frac{1}{4}$ (\$13,172.00)	11 days = $\frac{1}{4}$ (\$14,890.08)
	12 days = $\frac{1}{2}$ (\$15,367.44)	12 days = $\frac{1}{2}$ (\$17,371.88)
	13 days = $\frac{3}{4}$ (\$17,562.87)	13 days = $\frac{3}{4}$ (\$19,853.68)
	14+ days = full payment	14+ days = full payment
Pre-admission engagement is permissible for pre-admission activities directly undertaken with the client that result in or do not result in a residential treatment stay. A course of pre-admission client engagement should not be automatically claimed unless required and should only be claimed where the client has been deemed suitable for admission to the service prior. This activity excludes any follow-up assessment processes.	General and youth residential withdrawal - Pre-admission client engagement: per treatment course	
	\$381.39 (0.374 DTAU)	\$431.14 (0.442 DTAU)
Bridging support is regular contact aiming to support client engagement, retention, motivation, and stability after clients leave their course of residential treatment.	General and youth residential withdrawal - bridging support: maximum of 4 contacts post treatment	
	\$106.85 (0.105 DTAU)	\$120.79 (0.118 DTAU)
Residential rehabilitation - General Residential rehabilitation services provide intensive interventions that address the psychosocial causes of drug dependence in structured residential settings. Residential services are staffed 24-hours and include a range of interventions that aim for lasting change and to assist with re-integration into community living. <i>Note: limited-service providers delivering the Family beds program are eligible for a maximum of four (4) bridging support contacts per course of treatment and should be included in the same/overall clinical TCA submitted.</i>	Residential rehabilitation general – standard: up to and including 160 days	
	\$15, 828.14 (15.503 DTAU)	\$17,892.68 (17.525 DTAU)
	1-17 days = $\frac{1}{4}$ (\$3,957.04)	1-17 days = $\frac{1}{4}$ (\$4,473.17)
	18-34 days = $\frac{1}{2}$ (\$7,914.07)	18-34 days = $\frac{1}{2}$ (\$8,946.34)
	35-50 days = $\frac{3}{4}$ (\$11,871.11)	35-50 days = $\frac{3}{4}$ (\$13,419.51)
	51-160 days = full payment	51-160 days = full payment
	Residential rehabilitation general – extended: 161 days and over	
	\$63,003.10 (61.707 DTAU)	\$71,220.89 (69.756 DTAU)
	161-187 days = $\frac{1}{4}$ (\$27,621.88)	161-187 days = $\frac{1}{4}$ (\$31,224.73)
	188-214 days = $\frac{1}{2}$ (\$39,415.62)	188-214 days = $\frac{1}{2}$ (\$44,556.79)

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
	215-240 days = $\frac{3}{4}$ (\$51,209.36)	215-240 days = $\frac{3}{4}$ (\$57,888.84)
	241+ days = full payment	241+ days = full payment
	Dual Diagnosis residential rehabilitation: Approximately 90 days	
	\$74,643.63 (73.109 DTAU)	\$84,379.76 (82.644 DTAU)
	1-21 days = $\frac{1}{4}$ (\$18,660.91)	1-21 days = $\frac{1}{4}$ (\$21,094.94)
	22-42 days = $\frac{1}{2}$ (\$37,321.81)	22-42 days = $\frac{1}{2}$ (\$42,189.88)
	43-63 days = $\frac{3}{4}$ (\$55,982.72)	43-63 days = $\frac{3}{4}$ (\$63,284.82)
	64-90 days = full payment	64-90 days = full payment
	Family beds program – standard: up to and including 160 days	
	\$32,727.66 (32.055 DTAU)	\$36,996.49 (36.236 DTAU)
	1-17 days = $\frac{1}{4}$ (\$8,181.92)	1-17 days = $\frac{1}{4}$ (\$9,249.12)
	18-34 days = $\frac{1}{2}$ (\$16,363.83)	18-34 days = $\frac{1}{2}$ (\$18,498.24)
	35-50 days = $\frac{3}{4}$ (\$24,545.75)	35-50 days = $\frac{3}{4}$ (\$27,747.37)
	51-160 days = full payment	51-160 days = full payment
	Family beds program – extended: 161 days and over	
	\$130,270.76 (127.592 DTAU)	\$147,262.60 (144.234 DTAU)
	161-187 days = $\frac{1}{4}$ (\$57,113.44)	161-187 days = $\frac{1}{4}$ (\$64,563.02)
	188-214 days = $\frac{1}{2}$ (\$81,499.21)	188-214 days = $\frac{1}{2}$ (\$92,129.55)
	215-240 days = $\frac{3}{4}$ (\$105,884.99)	215-240 days = $\frac{3}{4}$ (\$119,696.07)
	241+ days = full payment	241+ days = full payment
	Pre-admission client engagement: per course	
	\$1,144.17 (1.121 DTAU)	\$1,293.41 (1.267 DTAU)
	General, youth and Aboriginal Residential rehabilitation - Bridging support: per contact (maximum 4 contacts post treatment)	
	\$106.85 (0.105 DTAU)	\$120.79 (0.118 DTAU)

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
Residential rehabilitation general: Slow stream pharmacotherapy program Slow-stream pharmacotherapy reduction programs operate in two residential rehabilitation centers, Windana Therapeutic Community and Odyssey House Therapeutic Community. Participation in the rehabilitation program is thought to reduce the subjective distress of pharmacotherapy reduction. Slow reduction in a supportive treatment environment reduces the risk of relapse and overdose that may occur during opioid neuroadaptation reversal.	Slow stream pharmacotherapy program – standard: up to and including 160 days	
	\$19,737.77 (19.332 DTAU)	\$22,312.26 (21.853 DTAU)
	1-17 days = $\frac{1}{4}$ (\$4,934.44)	1-17 days = $\frac{1}{4}$ (\$5,578.07)
	18-34 days = $\frac{1}{2}$ (\$9,868.89)	18-34 days = $\frac{1}{2}$ (\$11,156.13)
	35-50 days = $\frac{3}{4}$ (\$14,803.33)	35-50 days = $\frac{3}{4}$ (\$16,734.20)
	51-160 days = full payment	51-160 days = full payment
	Slow stream pharmacotherapy program – extended: 161 days and over	
	\$78,565.17 (76.949 DTAU)	\$88,812.80 (86.986 DTAU)
	161-187 days = $\frac{1}{4}$ (\$34,444.62)	161-187 days = $\frac{1}{4}$ (\$38,937.40)
	188-214 days = $\frac{1}{2}$ (\$49,151.47)	188-214 days = $\frac{1}{2}$ (\$55,562.53)
	215-240 days = $\frac{3}{4}$ (\$63,858.32)	215-240 days = $\frac{3}{4}$ (\$72,187.67)
	241+ days = full payment	241+ days = full payment
Residential Rehabilitation Youth Youth residential rehabilitation services are staffed 24 hours and provide a range of interventions aiming to address young people's problematic AOD use and develop life skills to enable independent living in the community.	Youth-specific facility rehabilitation – standard: up to and including 90 days	
	\$28,954.35 (28.359 DTAU)	\$32,731.01 (32.058 DTAU)
	1-10 days = $\frac{1}{4}$ (\$7,238.59)	1-10 days = $\frac{1}{4}$ (\$8,182.75)
	11-20 days = $\frac{1}{2}$ (\$14,477.18)	11-20 days = $\frac{1}{2}$ (\$16,365.50)
	21-29 days = $\frac{3}{4}$ (\$21,715.77)	21-29 days = $\frac{3}{4}$ (\$24,548.26)
	30-90 days = full payment	30-90 days = full payment
	Youth-specific facility rehabilitation – extended: 91 days and over	
	\$98,447.12 (96.422 DTAU)	\$111,288.05 (108.999 DTAU)
	91-100 days = $\frac{1}{4}$ (\$46,327.55)	91-100 days = $\frac{1}{4}$ (\$52,370.27)
	101-110 days = $\frac{1}{2}$ (\$63,700.74)	101-110 days = $\frac{1}{2}$ (\$72,009.53)
	111-119 days = $\frac{3}{4}$ (\$81,073.93)	111-119 days = $\frac{3}{4}$ (\$91,648.79)
	120+ days = full payment	120+ days = full payment

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Treatment activity	Average Length of Treatment for Payment	
	Forensic	First Nations
Residential rehabilitation – Aboriginal -Youth Youth residential rehabilitation services are staffed 24 hours and provide a range of interventions aiming to address young people’s problematic AOD use and develop life skills to enable independent living in the community.	Aboriginal-Youth specific facility rehabilitation – standard: up to and including 90 days	
	NA	\$28,887.08 (28.293 DTAU)
	NA	1-10 days = ¼ (\$7,221.75)
	NA	11-20 days = ½ (\$14,443.50)
	NA	21-29 days = ¾ (\$21,665.25)
	NA	30-90 days = full payment
	Aboriginal-specific facility rehabilitation- extended: 91 days and over	
	NA	\$98,218.12(96.198 DTAU)
	NA	91-100 days = ¼ (\$46,219.78)
	NA	101-110 days = ½ (\$63,552.56)
	NA	111-119 days = ¾ (\$80,885.34)
	NA	120+ days = full payment