



Guiding Principles for Assessment of Innovative Treatment Programs

Purpose

The Repatriation Commission, and the Military Rehabilitation and Compensation Commission agreed on 5 August 2025 to establish principles governing the consideration of proposals from potential providers for:

- funding of innovative treatment programs including clinical and community-based multimodal programs, and
- innovative delivery models for evidence-based treatment.

The principles will guide the Department of Veterans' Affairs' assessment of such proposals and its provision of advice to the Commissions including on funding for treatment programs that can demonstrate effectiveness and quality assurance with appropriate flexibility and a reduced administrative burden on both the Department and providers.

Innovative programs in this context are defined as those where clinical evidence does not exist to the same degree as established evidence-based interventions. Innovative program providers will need to meet the same efficacy standards and expectations of other clinical programs and will be subject to increased evaluation requirements and scrutiny from DVA.

In accordance with DVA legislation, these principles only apply to innovative treatments for specified health conditions, not for rehabilitation or wellbeing programs which have different funding sources.

Principles

1. The program must be evidence-informed or evidence-based, with appropriately qualified staff delivering care.
2. The level of funding and/or other commitment by the proponent will be assessed with proposals that include co-contribution by proponents looked on more favourably.

3. There must be a documented, rigorous and clear evaluation plan, including pre- and post-program, and later follow-up that must be provided to the Department to support proposals for ongoing funding.
4. Relapse prevention and recovery needs to be built into the program where relevant.
5. Referral to clinical treatment programs must be clinically indicated and made by clinicians who are wholly independent from the program providers, clinicians, or supporting organisations.
6. As a condition of funding, pecuniary and financial interests of referrers, providers, suppliers, etc. must be disclosed to ensure appropriate independence of clinical governance and quality assurance.
7. Funding sought will be assessed in relation to current market rates and comparable service offerings. Above market rate programs will require significant justifications to demonstrate the need for and benefits of additional costs in relation to quality of service offered, outcomes, and commitment to evaluation and follow-up.