Helping Children with Autism

Early Intervention Service Provider Panel

Operational Guidelines

August 2010
## Revision History

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PART A – Early Intervention Service

1 Introduction

The Early Intervention Service Provider Panel: Operational Guidelines provide the framework for the operation of the Early Intervention Service Provider Panel and the basis for the business relationship between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the organisations delivering the Early Intervention Services Provider Panel.

These Guidelines should be read in conjunction with the Helping Children with Autism (HCWA) Strategy Guidelines; the Letter of Offer; the Agreement Schedule; and the Terms and Conditions of the Deed of Agreement relating to membership of the Panel. The Operational Guidelines form part of the Deed of Agreement between FaHCSIA and each provider on the Panel.

FaHCSIA reserves the right to vary any aspect of, or replace these Guidelines from time to time by whatever means it may determine in its absolute discretion provided the changes are not inconsistent with the Deed of Agreement.

Amendments made to these Guidelines will be notified by email to the contact person named in the Deed of Agreement within 20 business days of any variation. FaHCSIA will ensure that the most current version of the Guidelines is located within the Literature Tab of the FaHCSIA Online Funding Management System (FOFMS).

It is the responsibility of each organisation on the Early Intervention Service Provider Panel to ensure that they are familiar with the content and requirements of these Guidelines as detailed in the current version maintained in FOFMS.

1.1 Purpose and expected outcomes of the Early Intervention Service

The Early Intervention Service Provider Panel was established in October 2008 by FaHCSIA as the mechanism to provide increased access to services for children with autism spectrum disorder (ASD).

The purpose of the HCWA Early Intervention Service is to:

• provide increased access to evidence based early intervention services and programs for children diagnosed with ASD;
• provide choice and flexibility to families and carers in accessing services;
• provide families and carers with funding to increase access to services; and
• link families and carers to appropriate information, support and early intervention services available.

The expected outcomes for eligible children are to:

• increase access to early intervention for children diagnosed with ASD;
• improve capability and skills of children to participate in everyday life; and
• increase knowledge and skills of parents and carers to meet the needs of children with ASD.

The Early Intervention Service builds on existing services already being provided by state and territory governments. It will contribute towards the 20 hours a week of early intervention for children with ASD as recommended by the Guidelines for Best Practice 2006¹.

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1.2 **What will families receive through the Early Intervention Service?**

The Early Intervention Service provides families with eligible children options for accessing evidence-based early intervention services. Families and carers of eligible children will have access to a funding package of up to $12,000 (maximum of $6,000 per child per financial year) to assist with the financial cost of accessing early intervention services. The funding package can be accessed across a number of financial years, for example, a family might access $3,000 in the first financial year, $6,000 in the second financial year and the remaining balance of $3,000 in the third financial year, subject to eligibility of the child.

The funding package will support the provision of structured and intensive early intervention services, such as one-on-one intensive activities and tailored group and individual programs that can be delivered in a range of settings. Families can use their funding through panel providers to support early intervention therapies that best suit their child. As services are delivered to eligible children, FaHCSIA will make payments in arrears, to panel providers, on behalf of families.

Families of children in receipt of the early intervention funding may also be eligible for an additional $2,000 Outer Regional, Remote and Access Support Payment (Access Payment). Eligibility for the Access Payment is determined by an Autism Advisor based on a set of eligibility criteria. This funding will provide families with additional options for accessing early intervention services as well as training, respite, resources (such as computers to access online information and books), and accommodation and travel to and from support services. This payment is in addition to outreach services available to regional and remote areas and in addition to the funding package of up to $12,000 per eligible child.

Panel providers are not guaranteed any funding as families and/or carers will choose the services, providers and intervention/s that best suit their child. The Autism Advisor will discuss available options with the family to access early interventions through the Panel as part of their broader role in supporting and assisting families to access services. For information about payment for panel providers see Section 9.

2 **Early Intervention Service Provider Panel**

2.1 **Membership of the panel**

To be eligible for membership on the Panel, providers must be:

1. An organisation that provides early intervention through a multidisciplinary team of Speech Pathologists, Occupational Therapists and Psychologists; or
2. a consortium of early intervention organisations that collectively and collaboratively provide multidisciplinary services; or
3. a sole provider (speech pathologist, occupational therapist or psychologist) subject to quality requirements. Sole providers must also demonstrate that they provide eligible interventions.

FaHCSIA will assist sole providers to join a consortium where possible. Approval for sole providers will be based on the need and gaps in available services, particularly in regional and remote areas.

Sole providers can form a consortium to deliver services through the strategy. A consortium must include a lead agency. A lead agency means the organisation appointed by the members of a consortium to be the applicant and legal entity that may enter into a Deed of Agreement with FaHCSIA.
Multidisciplinary early intervention organisations and consortia must demonstrate that they provide eligible interventions and that these interventions are delivered by qualified and experienced allied health professionals from at least two of the following disciplines – speech pathology, occupational therapy and child psychology.

All panel members including sole providers are required to include multidisciplinary practice into their service and are required to have membership of one of the following professional boards:

- **Occupational Therapists** in Queensland, Western Australia, South Australia and the Northern Territory must be registered with the Occupational Therapists Board in the state or territory in which they are practising; in other states and the Australian Capital Territory, they must be a ‘Full-time Member’ or ‘Part-time Member’ of OT AUSTRALIA, the national body of the Australian Association of Occupational Therapists.

- **Psychologists** must be registered, without limitation, with the Psychologists Registration Board in the state or territory in which they are practising. Psychologists must identify themselves as providers of Autism services and be on the APS Autism and PDD Identified Practitioners List.

- **Speech Pathologists** must be a Certified Practising Speech Pathologist (under Speech Pathology Australia’s Professional Self Regulation program). Speech Pathologists practising in Queensland must be registered with the Speech Pathologist Board of Queensland. In all other states, the Australian Capital Territory and the Northern Territory, they must be a ‘Practising Member’ of Speech Pathology Australia.

Organisations are required to have the experience, expertise and capacity in delivering evidence based multidisciplinary early intervention services, this includes supporting children living in rural and remote areas, and children from Indigenous and CALD backgrounds.

### 2.2 How will families access the funding package?

Access to the Early Intervention funding package is via the Autism Advisor service. Children require a diagnosis of an ASD from a multidisciplinary team to be eligible to access funding through the Early Intervention Service. Following diagnosis, the child’s medical practitioner and/or diagnosing clinician will direct the family to a local Autism Advisor. Autism Advisors are located in the Autism Association in each state or territory and contact details can be accessed at the FaHCSIA website, see [http://www.fahcsia.gov.au](http://www.fahcsia.gov.au)

Autism Advisors will provide families and carers with information and advice on all aspects of the package and in particular information about panel providers. Families will receive a letter of introduction from the Autism Advisor to be presented to the panel provider/s.

### 2.3 Role of the Autism Advisor

Autism Advisors provide a central contact point for advice, information and linkages to service options for families and carers. Autism Advisors provide information about local early intervention and community based services that would best meet the particular needs of their child and family. This includes up to date information about panel providers in the local area, the interventions being delivered the schedule of fees and the availability of service (i.e. waiting times). The information provided by the Autism Advisor will assist the family to choose the panel provider they would like to access. The Autism Advisor will provide the family with relevant contact details.
Autism Advisors confirm eligibility for the funding package by providing the family with a *Letter of Introduction* which must be presented to the panel provider on the family’s first visit. Further information on the *Letter of Introduction* is in **Section 7.1**.

Autism Advisors support families to apply for the Outer Regional, Remote and Access payment (Access Payment).

### 2.4 Eligibility and Priority of Access for early intervention

To be eligible for the Early Intervention Service children must satisfy each of the eligibility criteria including:

- Age;
- Diagnosis; and
- Residential eligibility.

#### Age

The eligibility criteria for children to access the early intervention funding is:

- eligible children are those aged zero to six years who have been diagnosed in Australia with an ASD;
- a child must have been seen by an Autism Advisor and deemed eligible to access the service before their sixth birthday; and
- funding of up to $12,000 (maximum of $6,000 per financial year) can be accessed until the child’s seventh birthday.

The Australian Government revised the eligibility criteria for children accessing early intervention funding in October 2009, to increase the time allowed to expend the funds. This means that special provisions apply to children whose 6th birthday fell between 27 October 2008 and 18 October 2009, who will have access to the early intervention funding for one calendar year from 19 October 2009 to 18 October 2010. They will have a maximum of up to $6,000 to use within this year of eligibility. This provision will end on the 18 October 2010.

#### Diagnosis

The Autism Advisor must sight a written conclusive diagnosis made by or through any one of the following:

- the new Medicare items through the HCWA strategy; or
- a State/Territory Government or equivalent multidisciplinary assessment service; or
- a private multidisciplinary team; or
- Paediatrician; or
- Psychiatrist

A multidisciplinary assessment team must consist of a psychologist and speech therapist but may also include an occupational therapist. An acceptable diagnosis is one of the following as listed in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) IV under Pervasive Developmental Disorders:

- Autistic Disorder
- Asperger’s Disorder/Syndrome
- Rett’s Disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

Please note that having “similar characteristics” to autism is **not** a conclusive diagnosis.

An acceptable form for a diagnosis should include either:

- letter-head paper, which includes the signature and position of diagnosing person; or
as an email with ‘approved for transmission’ in the email by the appropriate diagnosing person.

Residential eligibility
Residential eligibility for access to funding is the same as that for Carer Allowance (Child). That is, both the carer and the child being cared for must be:

- an Australian resident - this means they are living in Australia on a permanent basis and they are either:
  - an Australian citizen, or
  - the holder of a permanent resident visa, or
  - the holder of a Special Category Visa: someone who arrived on a NZ passport and who is not affected by the changes to residence requirements, and
- have lived in Australia for long enough to satisfy qualifying residence periods or the newly arrived resident’s waiting period (whichever applies to the payment being claimed).

2.5 What are panel providers required to deliver?
The role of a panel provider is to achieve planned outcomes using evidence based early interventions for the children. Panel providers are required to provide one or more of the following eligible interventions, as defined by Roberts and Prior (2006)\(^2\), to eligible children:

- Behavioural interventions – application of learning theory and skill development.
- Developmental and social learning interventions – building relationships and development of social emotional capacities.
- Therapy-based interventions – communication and social development or sensory motor development.
- Family-based interventions – working with families to develop skills in working with their children.

Only interventions listed above are eligible to be paid for on behalf of families. Panel providers must deliver the interventions in a manner that ensures high quality service delivery to children and their families and carers.

Best Practice Guidance
FaHCSIA is committed to supporting and promoting early intervention services that are based on existing best practice guidelines. This includes: offering value for money; conducting assessment of interventions; delivery by appropriate staff; effective governance; and compliance with child safety mandatory requirements and IT system requirements. Panel providers must demonstrate application of best practice principles in their service delivery to help ensure that children diagnosed with an ASD receive quality interventions.

Following is an outline of the best practice guidance in more detail.

1. **Value for money** - Panel providers must make available details of the interventions to be delivered and the associated schedule of fees. This information will be published on the FaHCSIA website. To be eligible for inclusion on the Panel organisations must demonstrate:
   - Value for money; and
   - Transparency of the fee structure associated with providing services.

2. **Conducting assessments** - Panel providers must ensure that, in accordance with the requirements of the Deed of Agreement, the child’s social, cognitive

and/or adaptive functioning before, during and at the end of the intervention, is systematically assessed. Panel providers will use this assessment to determine the effectiveness of the intervention and to inform the decisions made by the family or carer about those interventions that might best suit their child and family. Standardised assessment tools may need to be adapted to ensure they are contextually and culturally appropriate for each child and their family.

3. **Appropriately qualified staff** - Panel providers must ensure that staff are teachers, therapists and/or child care personnel who:
   a. have been specifically trained in working with children with ASD, and have the knowledge and skills required for their special needs;
   b. have appropriate licensure, certification, or registration in the area in which they are providing services; and
   c. can provide, if required, training, support and professional supervision to undergraduates and post graduate students.

4. **Effective governance** - the panel provider must:
   a. comply with all relevant legislation and standards;
   b. adhere to the terms and conditions, obligations and accountabilities of the Deed of Agreement;
   c. provide a complaints handling mechanism and have appropriate policies in place on privacy and confidentiality;
   d. provide the necessary infrastructure to facilitate service delivery; and
   e. implement policies, procedures and structures to support good practice in service delivery and program outcomes.

5. **Compliance** - the panel provider will be required to demonstrate and maintain compliance with child safety mandatory requirements. Providers will need to confirm that staff and volunteers working with children have undergone a Police Check and, in NSW, Queensland, WA and Victoria that staff and volunteers have also undergone a Working with Children Check. This requirement applies to both current and future staff and volunteers.

The panel provider must ensure that:
   a. staff and volunteers are not prohibited under a law of the Commonwealth, State or Territory from being employed or engaged in any capacity where they may have contact with children; and
   b. the service complies with all other requirements of applicable laws of the Commonwealth, state or territory, in which the Activity or part of the Activity is being conducted in relation to employment of Persons or engagement of Persons in any capacity where they may have contact with Vulnerable Persons.

Panel providers will need to confirm the service meets health and safety requirements and all license, certification, or registration requirements in the area in which they are providing services. These requirements must be maintained by the provider throughout the period they are delivering services.

6. **IT system requirements** - the financial management system FaHCSIA requires panel providers to use is the FaHCSIA Online Funding Management System (FOFMS).

*Minimum Hardware Specification* - the FOFMS system uses an Internet Browser, it does not require high specification hardware. A Pentium computer with 1 gigabyte (GB) of processing power and 500 megabytes (MB) of memory will provide excellent performance (as a comparison, new computers have around 3GB of processing power). Panel providers will need 20MB of free hard disk space for the storage of temporary Internet files.
Minimum Internet Browser Specification - to effectively use the FOFMS application, FaHCSIA recommends the use of Microsoft’s Internet Explorer version 5.5 (IE5.5) or greater. Panel providers currently using Netscape as their Internet Browser will need to contact the FOFMS Helpdesk on 1800 020 283.

Data Communication Line – Suggested Minimum Bandwidth - in general terms, the communication lines used to access the Internet can be broken into three categories - dial-up, ISDN and Broadband/ADSL. Dial-up connection is generally available at 34 or 56kpbs. Note: some dial-up connections suffer from line quality and this can result in a very low speed connection/data transfer, in some instances lower than 20Kbps. The FOFMS application can perform adequately over a dial-up connection, with response times on a 32kpbs connection being between 7-10 seconds per transaction after file caching. However, due to the possibility of line quality fluctuations, FaHCSIA recommends, where possible, a minimum of a 256K/64K broadband connection.

Secure Communication Connection using SSL - given the sensitive nature of the data contained within the FOFMS application, the connection is secured in a similar way to the Internet banking sites. The security mechanism is called Secure Sockets Layer (SSL). SSL provides data encryption of the panel provider’s Internet session.

3 Development of intervention and service delivery plan

As the HCWA package aims to maximise the choice families have about the types of interventions they access and the services they use, panel providers must work appropriately with families and carers to support their right to choose the services they access for their child. Panel providers must inform families of the interventions they deliver and their associated schedule of fees. Together, the family and panel provider will decide on the early intervention strategy and develop a mutually agreeable service delivery plan (also known as the Individual Service Plan) that best meets the needs of the child. Good practice in relation to the service delivery plan is one that meets the needs of the family, supports the purpose of the service and is measurable against the service outcomes.

3.1 Settings

Early intervention services can be delivered individually and with peers, and in various settings according to the child’s needs, including typically-developing peers for at least a part of the service is highly desirable but peer interaction needs to be supported.

3.2 Service Delivery

Panel providers must ensure that early intervention services are:

- are well structured, organised, regular and predictable and focused on specific objectives;
- are consistently managed;
- focus on attention, compliance, imitation, language and social skills;
- provide a highly supportive teaching environment to maximise learning; and
- have a low child/staff ratio for centre based programs with a maximum of 2-4 children per adult.

Early intervention services must have an ASD specific content and focus including:

- teaching joint attention skills, play and imitation skills;
- building functional communication skills. This may include language and Alternative and Augmentative Communication (AAC) such as picture systems, gestures and signing;
- teaching social interaction skills in a supported environment;
- daily living skills, e.g. toileting, washing hands, eating;
- management of sensory issues;
- generalisation of learning strategies to new situations and with new people;
- management of undesirable or challenging behaviours; and
- early engagement and recognising emotions.

### 3.3 Service Delivery design

Early Intervention services for children under the HCWA strategy must:

- **a.** have a functional approach to problem behaviours including teaching alternative appropriate skills and positive behaviour support, and communication skills to replace the behaviours of concern.
- **b.** be designed in collaboration with the family and include family involvement. Through advice and information, families are supported to help their child with play, social and communication skills development, and with the management of challenging and repetitive behaviours.
- **c.** families, teachers and therapists are to collaborate in preparing the child for transition to school or to another setting.
- **d.** be designed and implemented by multidisciplinary teams.
- **e.** must provide systematic connection and integration between the early intervention program and the next stage for the child, whether this transition is to school or to another therapeutic or special education setting.
- **f.** ensure that the child’s social, cognitive and/or adaptive functioning before, during and at the end of their treatment plan is systematically evaluated and reported according to the requirements of the Deed of Agreement.

### 3.4 Service delivery models

The model employed to deliver early intervention services to children with ASD and their families must be consistent with one or more of the following models:

- **a. Facility-based individual visits** - provided to the child and/or parent or carer at the site of the registered early intervention or child care provider.
- **b. Parent-child groups** - provided at the site of a registered early intervention service panel provider or at a community-based site (e.g. playgroup, preschool, day care centre, family day care, or other community preschool settings) to a group comprised of parents/carers and children.
- **c. Group development intervention** – provided to a group of eligible children at the site of a registered child care centre or in a community-based setting where children aged zero to six years of age typically attend (this group may also include children with an ASD and/ or children without disabilities).
- **d. Home and community based individual visits by appropriately qualified personnel** - provided to the child and parent/carer (including other family members) at the child’s home or any other natural environment in which children aged zero to six years of age are typically present. These settings can include child care settings. For rural and remote families innovative approaches are encouraged, this may include e-therapy or therapy via teleconference with qualified personnel.
- **e. Parent Training** - training to provide individual or small groups of parents with the skill, knowledge and confidence to deliver specific interventions identified for their child in the home environment. This does not include generic workshops.
- **f. Innovative models of service delivery** - provided to children and families living in rural and remote areas. Following an initial face to face consultation with a family a provider might deliver, for example, a support service based on the video footage of the child taken by the family, followed by telephone consultations. Other examples include teleconference or video conference.
g. Funding for resources -

- Up to 35 per cent of a child’s early intervention funding may be used to purchase resources, to a maximum of $2,100 per financial year, or $4,200 in total. Claims for reimbursement that exceed this limit must not be submitted.
- In order for a resource to be eligible for funding, it must have been assessed by the Early Intervention Panel Provider as being integral to the child’s therapy. It must also support the child’s Individual Service Plan.
- A Client Consent Form must be signed by both the Panel Provider and the family prior to the purchase of the resource.
- An eligible resource can be purchased by the Panel Provider delivering intervention to the child, or by the child’s family, provided that a Client Consent Form has been signed.
- If the family purchases a resource, a receipt for the purchase must be provided to the Panel Provider. The Panel Provider will claim the cost of the resource through FOFMS and then must reimburse the family.
- If a Panel Provider purchases the resource, the family must sign a Service Delivery Record on receipt of the resource.
- If the Panel Provider who is delivering intervention to a child or that child’s family is unable to purchase the resources, another Panel Provider can purchase the resources on their behalf.
- Funding for early intervention resources can be used for the purchase of resources only. Costs associated with the hiring of resources must be met by the family.
- A Panel Provider can claim a reimbursement for the cost of a resource through FOFMS under the Case Claims Tab. A claim in FOFMS must include the intervention ‘type’ and a description of the resource.

h. Evaluation of the child’s social, cognitive and/or adaptive functioning before the start of the intervention should be similar to an intake assessment, and should be based on the assessment of the child conducted as part of the diagnosis (where possible). Children already attending a panel provider are not required to undertake a new assessment or evaluation for continuing intervention services.

The systematic evaluation conducted during the course of the intervention program consists of the clinical notes written by the therapist, preferably at the end of each session with the child. This should not be a separate assessment unless recommended by the panel provider or requested by the family. Parents and carers should be provided with a copy of all assessments, evaluations and/or reports.

Funding should not be primarily used for assessments or evaluation. Evaluation should occur as part of the ongoing delivery of an intervention without significant extra cost to the family. Systematic evaluation at the end of the intervention refers to evaluation of both individual intervention types (i.e. speech therapy, etc.) as well as a summary report by the panel provider’s multidisciplinary team of the child’s progress and/or development as a result of the intervention. Panel providers will use these evaluations to determine the effectiveness of the intervention and to inform the decisions made by the family or carer about the interventions that might best suit their child and family. Standardised assessment tools will need to be adapted to ensure they are contextually and culturally appropriate for each child and their family.

4 Personnel

Early intervention services must be delivered by the Specified Personnel and by
the qualified and/or experienced personnel outlined in the Deed of Agreement.

4.1 Specified Personnel for multidisciplinary early intervention panel providers and consortium arrangements

For multidisciplinary early intervention panel providers (consisting of Speech Pathologists, Occupational Therapists and Psychologists) and consortium arrangements, FaHCSIA understands that from time to time panel providers may undergo changes in Specified Personnel. A change to the original composition of the disciplines delivering services may be permissible if the new composition complies with the overall requirement, i.e. includes the Specified Personnel from at least two of the disciplines referred to in Section 2.1. For example, in a practice where the only two allied health panel providers are a speech pathologist and a child psychologist, the speech pathologist cannot be replaced with another child psychologist. In this case, the speech pathologist can be replaced with either another speech pathologist or an occupational therapist.

Qualified personnel within the early intervention component of the strategy include teachers, therapists and child care personnel who:

- Have been specifically trained in working with children with Autism Spectrum Disorder (ASD), and have the knowledge and skills required for their special needs;
- Are approved to deliver services to the extent authorised by their licensure, certification or registration, to eligible children with Autism Spectrum Disorders;
- Have appropriate licensure, certification, or registration in the area in which they are providing services; and
- Can provide, if required, expertise in providing training, support and professional supervision to undergraduates and post graduate students.

FaHCSIA must be notified in writing within five business days if Specified Personnel are unavailable or unable to provide services. If the unavailability or removal of specified personnel means the organisation no longer meets the eligibility requirements for member of the Panel, FaHCSIA must be informed and will end or take up a review of the circumstances.

5 Sub Contractors

5.1 Consortium Arrangements

Panel providers are able to form consortiums of eligible services to qualified allied health professionals and/or other relevant panel providers that meet the eligibility requirements who are not employees or consortium members of the panel provider. Consortiums delivery of eligible interventions to qualified professionals (under the eligibility) allows panel providers to cater to changes in demand for their services, without a direct impact on their staffing and resources.

5.2 Adding a Consortium Member

The panel provider must notify FaHCSIA of their intent to add a consortium member. On notification to FaHCSIA, the panel provider will be required to submit an original Memorandum of Understanding signed by them and the consortium member showing agreement to enter into a consortium arrangement. The panel provider must provide FaHCSIA with the consortium members details including their full name, business and trading names, address, contact details and ABN.

FaHCSIA will review information, determine eligibility and send the panel provider a Letter of Variation which will become part of their Deed of Agreement. Once the panel provider and the FaHCSIA delegate have signed and executed the Letter of
Variation, the consortium member will be eligible to provide eligible interventions as a consortium member on the Panel. Eligible interventions delivered under the Panel arrangements by consortium members cannot be charged to clients at a rate higher than the rate charged by the panel provider for the normal delivery of that intervention.

Panel providers are responsible for ensuring that consortium members have the required qualifications to deliver the set interventions and meet the requirements for working with children and police checks as detailed under clause 15 of the Terms and Conditions.

5.3 Sub Contracting Arrangement

The ability to utilise subcontractors in time of peak demand to deliver eligible interventions should enable panel providers to expand their client base and capacity without having a longer term impact on staffing and physical resources.

5.4 What constitutes subcontracting under the Panel?

A subcontracting arrangement is when a provider contracts, rather than employs, another allied health professional to deliver services on behalf of the provider.

In order to conform to the subcontracting arrangements allowable under the Panel, the panel provider is responsible for the:

- development and structure of the intervention that will be delivered by the subcontractor. The subcontractor is not permitted to deliver their own services or interventions or additional interventions that are outside the scope of the interventions prescribed by the panel provider under the Panel arrangements.
- establishment of the agreed fee schedule for the interventions delivered by the subcontractor. Eligible interventions delivered by subcontractors cannot be charged to clients at a rate higher than the rate charged by the panel provider for the normal delivery of that intervention. It is allowable to pay the subcontractor less than the scheduled fee normally charged by the panel provider for that intervention. This enables panel providers to offset the additional costs associated with the subcontracting arrangements.
- ownership and maintenance of client records associated with interventions delivered by the subcontractor.
- booking of appointments for the interventions delivered by the subcontractor.
- billing and receipting of fees for interventions delivered by the subcontractor.
- direct payment of the subcontractor for the interventions provided.

Panel providers must notify FaHCSIA in writing of the names and qualifications of subcontractors employed to deliver eligible interventions.

Panel providers are also responsible for ensuring that subcontractors have the correct educational qualifications to deliver the set interventions and meet the requirements for working with children and police checks as detailed under clause 15 of the Terms and Conditions.
6 Schedule of fees

The early intervention services delivered by panel providers must represent value for money for the families and carers of eligible children. Value for money is determined by the panel provider’s ability to achieve the planned outcomes for eligible children. FaHCSIA will publish the eligible interventions and their associated schedule of fees offered by each panel provider. Only eligible interventions can be included in the panel provider’s schedule of fees. When creating or updating schedule of fees, panel providers are required to provide their schedule of fees in the Fee Schedule Template which is available on the FaHCSIA website.

Panel providers must not change their fees without first notifying FaHCSIA of those changes. Panel providers will need to contact ASDPanel@fahcsia.gov.au advising of the intended changes. The changes will be uploaded to the FaHCSIA website within four weeks on confirmation of receipt and eligibility of changes.

When creating or updating schedule of fees, panel providers should consider:

a. **Assessment** - assessment and reporting within a specific treatment plan or intervention are within scope of the strategy. Some services may do one-off assessments for families, not necessarily as a stage of treatment. This is outside the scope of the strategy and therefore cannot be published on the FaHCSIA website in a schedule of fees. Further information on Assessment is in Section 3.4 (h).

b. **Parent Training** – funding cannot be used to cover the cost of professional training in interventions. Any training that contributes towards a professional qualification is not eligible to be funded under the HCWA strategy.

c. **School/Pre school support** - visits for general observation or discussion with teachers is out of scope. If the visit is for support training for an individual child’s program then this is within the scope of the HCWA strategy. Consultancy to daycare/kindy/preschool can only be included if this is specific assistance for supporting a child. Reports provided to teachers or stand alone written recommendations are out scope of the HCWA strategy.

d. **Diagnosis** - is out of scope for early intervention funding. All children must have a diagnosis before accessing the early intervention funding. Diagnosis is covered through the HCWA Medicare items.

e. **Music Therapy** - is not an eligible intervention within the funding.

f. **Counselling** - is not an eligible therapy or intervention and counselling for parents and carers is out of the scope.

g. **Travel/cancellation** - costs are out of scope of the funding. Panel providers may implement their own business rules to deal with these issues; however, these cannot receive funds through the strategy. FaHCSIA will only fund services delivered. The following disclaimer must be added at the bottom of each panel member’s fee schedule: “Please note that there may be travel fees and/or cancellation fees associated with some services. For more information please contact the relevant panel provider as these are not included in the HCWA Strategy”.

h. **Academic & other educational based services** - educational support is not in scope; however transition to school programs which support the individual child’s treatment/intervention plan being implemented at the school is within scope.

i. **Physiotherapy** - is not an eligible intervention therapy.

j. **Playgroup** - is not eligible under the early intervention funding. The specific intervention of Play therapy is within scope.

k. **Family/sibling support** - only the direct eligible intervention for an eligible child, or training for parents on the specific techniques for delivering an intervention in the home are in scope. Other services to families such as
counselling, support networks and sibling support are out of scope.

I. **Medicare items** – funding cannot be used to subsidise or cover the gap between the cost of allied health services under the autism-specific Medicare items. For information about the Medicare items for diagnosis and early intervention treatment for children with ASD refer to the Department of Health and Ageing website at [www.health.gov.au/autism](http://www.health.gov.au/autism).

Funding will not be used to reimburse the provider for services that are not measurable against the planned outcomes of the Early Intervention Service.

7 **Confirmation of eligibility**

Only children who have a *Letter of Introduction* from an Autism Advisor are eligible to receive early intervention services under the strategy (i.e. only these children will have access to the funding package).

7.1 **Letter of Introduction**

Families and carers will be given printed confirmation of the child’s eligibility and the details of their client record created by the Autism Advisor in FOFMS. This is known as the *Letter of Introduction*. The family or carer must provide this document to any panel provider they visit. It is used to confirm the child’s eligibility for the funding package of up to $12,000. It will provide the necessary details for the panel provider to access the Client Record in FOFMS.

The *Letter of Introduction* includes the child’s name, child’s CRN, address and details of the package available to the child. Panel providers should not be entering the child’s CRN in FOFMS without having sighted the child’s *Letter of Introduction*.

7.2 **Client Record in FOFMS**

**Client Record** - if eligible, and with the consent of the family or carer, the child’s CRN and date of birth will be entered into FOFMS by the Autism Advisor in order to create a Client Record in FOFMS. The Client Record details the amount of funding that is available within the financial year, as well as the total balance, to spend on early intervention therapies. Once a child is no longer eligible to receive the early intervention funding, any unspent funding will remain with FaHCSIA.

**Client Consent** - the panel provider must have the consent of the client before accessing, viewing or entering any client data in FOFMS. Panel providers are required to have each child’s parent/carer sign a *Client Consent to Claim Payment Form* prior to providing services to the child. Panel providers are also required to have the child’s parent/carer sign a *Service Delivery Record Form* after each service is delivered. Both the Client Consent to Claim for Payment Form and the Service Delivery Record Form are available in FOFMS from the Literature Tab.

FaHCSIA requires the consent of the client in order to send their monthly Family Activity Statement and to contact them for the purpose of evaluating the service.
8 Privacy Issues

When the CRN is combined with the date of birth of the child and used to access the Client Record in FOFMS, the CRN must be treated as personal information under the Privacy Act 1988 (Privacy Act). Information about the National Privacy Principles (NPPs) can be found in the Terms and Conditions Clause 12.

Consent and the requirement to use a child’s CRN in FOFMS

While a child’s CRN must initially be entered in FOFMS to access the child’s Client Record, it is important that the child’s family or carer does not perceive the disclosure of the CRN to the provider as being mandatory to receiving early intervention services. The mandatory disclosure of personal information will render any consent obtained from the client ineffective under the Privacy Act 1988 (Privacy Act) as the consent would be made without any real choice. CRNs must not be used by a panel provider for any purpose other than creating a Case Record for a Client.

The panel provider must ensure that:
- any correspondence provided by electronic mail to FaHCSIA contains no identifying client information, such as names or CRN; and
- only the Client Id, Case Id or Case Claim on FOFMS, as advised by FaHCSIA, are used in electronic mail correspondence with FaHCSIA.

9 Claims for payment

FaHCSIA will make payments to panel providers on behalf of families and carers for services delivered with consent. Payments will only be made to the panel provider in arrears on a fee for service basis.

9.1 How will panel providers be paid when they deliver services?

Once the panel provider has commenced delivery of the agreed services, with the consent of the family, they can submit claims to FaHCSIA for payment. FaHCSIA will not make payments to panel providers for early intervention services delivered to eligible children prior to the start date of the Deed of Agreement or the child’s start date in FoFMS.

Panel providers enter the details of the services provided to the child and invoice the Department through FOFMS. For a panel provider to interact with FOFMS, it is necessary for the panel provider to be recorded in the system as a ‘provider’. Further information about the training available from FaHCSIA to support the use of FOFMS is in Part B of these Guidelines.

The panel provider must allow each family to determine the proportion of their funding package they would like to allocate toward the cost of each service. The opportunity must exist for families and carers to renegotiate this arrangement on each visit to provide the family with the option of spreading the terms of the payment by adding their own contribution to the cost of each service. Families can choose to either use all of their funding to cover service delivery or they can use part of it and also make their own financial contribution to the cost of services. For example, if a panel provider invoices a client for $150.00 the family might ask the panel provider to claim the full amount from FaHCSIA or the family might decide to pay the panel provider $50.00, and consent to the panel provider submitting a claim to FaHCSIA for payment of the balance (i.e. $100). In either case, only the amount claimed from FaHCSIA will be deducted from the child’s overall funding package balance.

Within FOFMS, panel providers will be able to view the balance of the funding package for each child they deliver services to.
9.2 GST

There are 2 types of GST relationships. One is between client and panel provider which may or may not be a GST-able relationship, depending on the service provided. This relationship is not relevant to FaHCSIA.

The second is between the panel provider and FaHCSIA, this relationship is outside the scope of GST. FaHCSIA does not receive anything from the panel provider, the Department is a remitter of funds. This means the amount the panel provider send to FaHCSIA is a total amount to be claimed. That is, the amount FaHCSIA pays the panel provider is GST exclusive (for FaHCSIA purposes) – irrespective of whether it is outside the scope of GST between the client and panel provider. Therefore the amount FaHCSIA pays is the total amount claimed, even if the total amount the panel provider claims includes GST with respect to the client provider relationship.

FOFMS is not an accounting system for panel providers; it is a mechanism for panel providers to claim a payment from FaHCSIA. This means that panel providers will have their own accounting system and methods for remitting GST to the tax office.

9.3 Family Activity Statements

FaHCSIA will generate a monthly report known as the Family Activity Statement (FAS) for each child who has had claims processed in FOFMS during the preceding month. The FAS will detail the child’s name, panel provider’s name and contact details, the services received during the month, the amount paid by FaHCSIA on the child’s behalf and the remaining balance of the funding package. Families who have not had claims processed in FOFMS during the month will not receive a FAS.

A FAS will be emailed to families via FOFMS. Families who do not have an email address will receive their FAS via postal mail.

9.4 Change of address

If a client moves from one address to another the panel provider must update the client details in FOFMS provided they have been given proof of the new address before making those changes. Proof of address may include, for example, a utilities bill or a tenancy agreement. At the same time, the panel provider must also complete the checklist in FOFMS indicating that they have seen proof of a change of address and retain on file a copy of the documentation for the proof of address.

If a family becomes eligible for the Access payment as a result of moving from one address to another, the Outer Regional and Remote (R&R) eligibility flag in FOFMS will be automatically checked. When this occurs, the panel provider will inform the family of the change to their record and advise them to see their Autism Advisor to verify their change of address and make the claim on their behalf. Panel providers are unable to claim for the outer regional and remote payment on behalf of families.

A family is not liable to repay the Access payment to FaHCSIA if they move from an outer regional or remote area to an area where they are no longer eligible for the payment.

9.5 Conflict of Interest

FaHCSIA advises that staff who are employed by a panel provider are also parents or carers of a child (or children) receiving HCWA funded services, must not enter or approve the claims for payments in FOFMS. This is to ensure that potential conflicts of interest do not occur.
10 Ceasing of Eligibility

A child will no longer be eligible for the early intervention funding or for the remaining portion of the unspent funding package once they turn seven years of age. Once a child is no longer eligible to access the early intervention funding, the panel provider needs to exit the Client’s Case in FOFMS.

Special provisions apply to children whose 6th birthday fell between 27 October 2008 and 18 October 2009, who will have access to the early intervention funding for one calendar year from 19 October 2009 to 18 October 2010. They will have a maximum of up to $6,000 to use within this year of eligibility. This provision will end on the 18 October 2010.

11 Service Governance

11.1 Operational Legislation and Policies

Panel providers are required to ensure that early intervention services are delivered in accordance with all relevant Commonwealth and state and territory legislation. The panel provider is responsible for ensuring that services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations. These include but are not limited to the:

- Privacy Act 1988 and National Privacy Principles (NPPs);
- Racial Discrimination Act 1975;
- Sex Discrimination Act 1984;
- Disability Discrimination Act 1992;
- National Standards for Disability Services (1993);
- Any applicable Occupational Health & Safety (OH&S) and Equal Employment Opportunity (EEO) laws;
- Any applicable state or territory law relating to discrimination; and
- Any state or territory laws regarding young people who are under 18 years of age such as mandatory reporting requirements, working with children registration and police checks (e.g. Child Care Programs).

Panel providers should be aware of any case-based law that may apply or has an effect on their service delivery. Panel providers must ensure that the service meets health and safety requirements and all license, certification, and/or registration requirements in the area in which they are providing services.

Panel providers must develop policies with regard to: complaints mechanism, privacy and confidentiality; mandatory reporting and police checks; and occupational health and safety, including staff safety and security. These are required to be made available to FaHCSIA upon request.

11.2 Signatories to the Deed of Agreement

Signatories to the Deed of Agreement are legally responsible for ensuring the delivery of the agreed outcomes and compliance with the Agreement (which includes these Guidelines).

11.3 Primary contact person

Panel providers must notify FaHCSIA within 5 days if the primary contact person named in the Letter of Offer accompanying the Deed of Agreement changes, or their contact details change.
11.4 Debt Recovery

Any overpayments that arise through the delivery of early intervention services under the strategy may be treated as a “Recoverable Amount” for the purpose of the Terms and Conditions, Clause 8 of the Deed of Agreement.

Where it is expected that payments will continue to be paid to the panel provider the debt will be offset using FOFMS against future payments due to the panel provider under this Agreement, or any other arrangement or agreement between the panel provider and FaHCSIA.

Where it is not expected that payments will continue to be made to the panel provider using FOFMS, the debt will be forwarded to the Collector of Public Monies and the organisation will be invoiced for the Recoverable Amount to be paid in full within 20 business days.

11.5 Audit and Compliance Strategy

The Audit and Compliance Strategy allows FaHCSIA to manage fraud and compliance risks as well as facilitate continuous quality improvements. As part of FaHCSIA’s Audit and Compliance Strategy there are certain documents the panel provider must keep (for 5 years) for FaHCSIA’s auditing purposes. These are:

- a copy of the signed Client Consent Form and a subsequent copy for each claim that is submitted;
- custody papers (if applicable);
- copies of the invoice for services rendered for which the provider has submitted Claim to FaHCSIA;
- copies of any eligibility documents and the Letter of Introduction; and
- proof of residential address (if a change of address has occurred) – a utilities bill or tenancy agreement is acceptable.

FaHCSIA may conduct random audits to verify information submitted by you and may exercise the right of entry and inspection under the Deed of Agreement Terms and Conditions, Clause 5.5.

12 Reporting

12.1 Performance Reporting

Panel providers who have delivered early intervention services to eligible children are required to report to FaHCSIA each quarter on the performance standards and specified outcomes of the early intervention service. The Early Intervention Service Provider Panel Quarterly Report template provided by FaHCSIA through the Literature Tab on the FaHCSIA Online Financial Management System (FOFMS) must be used to complete the report. All fields in the report template are mandatory unless otherwise specified by FaHCSIA. The report includes:

- Wait lists, time to receive services, unmet needs, cost of providing services;
- Complaints;
- Staffing;
- Barriers to service delivery;
- Workforce capacity issues; and
- Performance against the purpose and planned outcomes of the strategy

A panel provider must provide the Early Intervention Service Provider Panel Quarterly Report to FaHCSIA within 10 working days of the completion of the September, December, March and June Quarters.
12.2 Data from other sources

Reporting will be based on performance indicators collected through client surveys, FOFMS, directly from panel providers and through external evaluation. These performance measures include:

- Increased access to early intervention for children aged zero to six years diagnosed with an ASD;
- Improved overall wellbeing of eligible children;
- Improved strategies and skills of parents and carers to meet the needs of eligible children; and
- Improved capability of eligible children to attend full time formal school and participate in everyday life.

13 Quality Assurance

13.1 Child safety

Panel providers must comply with all child safety mandatory requirements. They will need to confirm that staff and volunteers working with children have undergone a Police Check and, in NSW, Queensland, WA and Victoria that staff and volunteers have also undergone a Working with Children Check. This requirement applies to both current and future staff and volunteers.

Further, panel providers must ensure that:

- Staff and volunteers are not prohibited under a law of the Commonwealth, state or territory from being employed or engaged in any capacity where they may have contact with children; and
- The service complies with all other requirements of applicable laws of the Commonwealth, state or territory, in which the Activity or part of the Activity is being conducted in relation to employment of Persons or engagement of Persons in any capacity where they may have contact with Vulnerable Persons.

Mandatory reporting

All states and territories, other than Western Australia, have implemented a mandatory reporting system to require doctors, nurses, police officers and teachers to report all suspected child abuse, including physical abuse and neglect. Mandatory reporting applies to anyone who:

- in the course of their professional work or other paid employment delivers health care, welfare, education, children's services, residential services or law enforcement wholly or partly to children under the age of 16 years; and/or
- holds a management position in an organisation the duties of which include direct responsibility for or direct supervision of a person referred to above and that person has reasonable grounds (that arise as a consequence of their employment) to suspect that a child is at risk of harm.
14 Reviews and Complaints

14.1 Review of a decision
Families who wish to appeal a decision should in the first instance write to the Branch Manager, Mental Health and Autism to seek a review.

14.2 Complaints made to panel provider
Providers on the Panel must have their own effective Complaints Management System in place, which is:
- consistent with Australian Standards on Complaint Handling;
- flexible enough to encourage consumers to raise concerns;
- supported with sufficient resources (financial, physical and human) to ensure that it is implemented effectively; and
- supported by written policies and procedures, including a clear structure of officers responsible for the management of complaints and the complaints process.

Parents and carers must be made aware of the avenues available to them to make a complaint with a panel provider. This must include more than one method; in person, in writing, over the phone, via email etc. Complaints are to be treated professionally and in a timely manner. They should not affect the treatment of the child.

If a parent or a carer is unhappy with the response to a complaint, provided by the panel provider, they must be directed to FaHCSIA’s Complaints Management System.

14.3 Complaints made to FaHCSIA
FaHCSIA has a formal complaints service - the FaHCSIA Complaints Management System (CMS). The CMS aims to provide:
- FaHCSIA clients with an accessible process that handles complaints in a timely, professional and consistent manner; and
- information to assist FaHCSIA to improve its customer service and administrative processes.

Any member of the public who is dissatisfied with FaHCSIA’s service(s) or the service of a FaHCSIA funded panel provider can make a complaint. The FaHCSIA CMS handles complaints about: unreasonable delay; inadequate service, explanation or reasons; legal error; factual error in decision making process; human error; procedural deficiency; unprofessional behaviour by an officer; breach of duty/misconduct by an officer; discriminatory action or decision; flawed administrative process; and/ or inadequate knowledge/training of staff.

As the purpose of the system is to assist in improving FaHCSIA’s processes as a department, the system does not handle complaints about: Government policy; Legislation; reviews over eligibility for a benefit or entitlement; ministerial correspondence; Freedom of Information requests; or complaints made to panel providers as these will be covered by their own complaints mechanisms required under the Deed of Agreement.

Complaints can be lodged with FaHCSIA by:

**Phone:** 1800 634 035 or 1300 653 227.
**Fax:** (02) 6204 4587
**Email:** complaints@fahcsia.gov.au
**Post:** FaHCSIA Complaints, PO Box 7576, Canberra Business Centre, 2610
If panel providers are dissatisfied at any time with FaHCSIA’s handling of their complaint, they can also contact the Commonwealth Ombudsman at www.ombudsman.gov.au or by telephone on 1300 632 072.

15 Security of Information

The Archive Act 1983 requires panel providers to store records in a secure place and dispose of these records in an appropriate manner. Panel providers must also ensure that records containing personal information are retained for five years following the expiration or termination of the Deed of Agreement.

All electronic records created by panel providers in FOFMS will be stored in accordance with FaHCSIA’s electronic record keeping policies and procedures. The Commonwealth owns the records produced by FaHCSIA. They are not owned by an individual panel provider or FaHCSIA.

15.1 Freedom of Information

The Freedom of Information Act 1982 (the FOI Act) gives the public the right to access information in the possession of FaHCSIA with certain limited exceptions. Information collected or held by FaHCSIA may be made available on request, unless exempted under the relevant provision of the Act or under specific legislation that provides for the confidentiality of that information.

FaHCSIA has a statutory obligation to observe the FOI Act and must help all applicants make a valid application under the Act. FaHCSIA will observe strict timeframes when acknowledging and responding to requests made for access to documents under the FOI Act. Any application for access to documents under the FOI Act must be made by letter or statement, or (where available) by completing a form.

16 FaHCSIA National Office Responsibilities

The Early Intervention Service Provider Panel is managed by the Mental Health and Autism Branch within FaHCSIA. FaHCSIA is responsible for:

- Providing a FAS through FOFMS to families/carers who have received early intervention services during the preceding month;
- Providing support and assistance to panel providers;
- Providing constructive feedback to panel providers;
- Managing the service in line with the FaHCSIA guidelines; and
- Reviewing the Panel, in the context of an evaluation of the HCWA strategy.
17 Contact information

Further assistance for panel providers is available to answer questions regarding payments, system issues and policy questions. Before contacting FaHCSIA, the first point of reference for a panel provider should be the training videos and the iHelp functions. If the panel provider still requires further assistance, they should contact ASDPanel@fahcsia.gov.au.

Telephone support
You can call the department on the toll free number below to access support.

📞 1800 778 581

Australian Eastern Daylight Time (EDT)
Daily (Monday to Friday) 9:30-12:30 and 2pm-5pm

Inquiries about the HCWA strategy should be directed to:
- Mental Health and Autism Branch
- Department of Families, Housing, Community Services and Indigenous Affairs
- PO Box 7576
- Canberra Business Centre ACT 2610

Email for parents and carers: asd@fahcsia.gov.au.
PART B – Funding Management System

1 FaHCSIA Online Funding Management System (FOFMS)

1.1 What is FOFMS?
The FaHCSIA Online Funding Management System (FOFMS) is a web based system that assists in the management of FaHCSIA funding agreements. This system is used to enter information about clients and the services they receive, and to claim payments from FaHCSIA. Given the very sensitive nature of the data contained in FOFMS, the connection is secured and security, privacy and confidentiality of information and data are essential.

FOFMS is accessed by a portal that interacts with FaHCSIA IT systems. When entering the portal panel providers will need to use a FaHCSIA generated logon and password.

1.2 Who Will Have Authority to Use FOFMS?
At least two people within the organisation must be nominated (it is recommended to also nominate a suitable back-up) to use FOFMS. Each person will be a registered user with FaHCSIA.

After completing and returning the Deed of Agreement, panel providers will be sent a FOFMS Access Pack. The Access Pack will provide information on accessing the FOFMS portal, and a FOFMS System Access Request Form. This form must be completed for each staff member who requires access to FOFMS and returned to FaHCSIA to enable logon and access to the system.

1.3 What Tasks Will Be Performed in FOFMS?
The following tasks will be performed in FOFMS:
- Create a Client Record or Link an existing Client Record to your service;
- Update Client Records;
- Create and update Case Records;
- Create a claim for payment from FaHCSIA;
- Submit a claim for payment to FaHCSIA; and
- Reconcile payments made to you by FaHCSIA.

1.4 Minimum IT Requirements
To access FOFMS panel providers must have a computer that, as a minimum, has:
- a secure operating system (for example Windows 2000 or Windows XP);
- internet browser software - Netscape 7.02 or Internet Explorer 5.01* (*5.5 if using Microsoft Windows ME operating system);
- Adobe Flash Player 7 or above to view FaHCSIA training materials
- a high-speed network connection (for example, ISDN, ADSL). A suggested minimum of 56kpbs network bandwidth per active work-station is recommended;
- an internet service provider;
- an internet email account;
- audio capability on your machine (optional);
- minimum of 128MB of RAM;
- Intel® Pentium® II 450MHz or faster processor (or equivalent); and
- a screen resolution of 1024x768dpi.
1.5 Training in the Use of FOFMS

FaHCSIA has a series of short FOFMS training videos that are made available to all new FOFMS users. The training videos cover processes such as logging into FOFMS, basic navigation, creating a client and case, submitting a claim and reconciling payments. The videos can be played and paused to allow users to view the video, complete activities in FOFMS then restart the video. The videos provide a step by step guide to each business process. Users will require Adobe Flash Player 7 or above to view training materials.

FaHCSIA has also developed a number of step by step task cards (iHelp files) which are located in FOFMS to assist users completing processes in FOFMS. The training video includes information on how to access iHelp files.

FOFMS also has a Literature tab that contains useful documents and information. The Literature tab has copies of the HCWA strategy program guidelines, FaHCSIA’s Letter of Introduction, Client Consent Form, Family Activity Statement and ASD Diagnosis Tool.

2 User Access

2.1 Confidentiality of Passwords

All FOFMS users have a responsibility to ensure that passwords are confidential and not shared. Personal passwords are regarded as sensitive and must be protected from disclosure and compromise. Logons and passwords are not transferable between staff due to the sensitive information on the system and the different roles that users may have on the system. Passwords must be a minimum of 6 characters and must be changed by the user immediately following a Password Reset. Users will be prompted to change their password every three months. If the password is not updated, the user account will be suspended.

New employees requiring access to FOFMS will need to contact FOFMS support on: fofms.helpdesk@fahcsia.gov.au 1800 020 283

If a user leaves the organisation the same access form must be submitted to the FOFMS Support Helpdesk so that the former employee’s access can be terminated.

2.2 Sharing Logons

Each FOFMS user must have an individual FOFMS logon. A user must not logon to FOFMS using another user’s password.

2.3 Reporting Lapses of Security

Any known or suspected attempts to obtain unauthorised access to FaHCSIA computing facilities or other attempts to bypass or defeat security must be reported immediately to the FOFMS Support Helpdesk.

2.4 User Roles

There are two access levels in FOFMS for providers on the Early Intervention Service Provider Panel. Organisations require a minimum of two staff to process actions in FOFMS. One is to act as the ‘AEI Case Manager’ to create records; the second to act as an authorising officer to review and authorise records. This separation of duties must be maintained.

Arrangements with Sole providers who operate as individuals are able to discuss access on a case by case basis.
2.5 Provider Panel Obligations

To provide services to a child who is in receipt of funding under the Early Intervention Service, panel providers must:

- allow a client to cease receiving services at anytime;
- only submit a claim to FaHCSIA for the provision of an approved service;
- only submit a claim after services approved under the strategy have been delivered to the eligible child.
- ensure you have the family’s consent, by using the Client Consent Form when a client first requests services, or before the client details are entered into FOFMS and before each time a claim is submitted for payment to FaHCSIA.
- submit claims for payment to FaHCSIA through FOFMS. FaHCSIA will only make payments for claims submitted via FOFMS. In the event that FOFMS is not operational for an extended period of time, manual payments will be made to panel providers. In the case of a Consortium, the manual payment will be made to the Lead Agency. Payments will only be made via direct credit into the nominated bank account;
- submit claims for payment at or below the prices advised to FaHCSIA and published on the FaHCSIA website;
- ensure that the authorising officer certifies that the information provided by the organisation is true, accurate, complete and not misleading in respect to all material, and as required by the Deed of Agreement; and
- notify FaHCSIA if the primary contact person named in the Letter of Offer to the Schedule changes, or their contact details change.

Where there is Non Compliance with the Deed of Agreement FaHCSIA may, in its absolute discretion, determine that the organisation has not complied with any aspect of, or not met their performance requirements under the Deed of Agreement, including their response to any written notices, directions or questions from FaHCSIA.

FaHCSIA may take any or all of the following actions:

- express the Department’s concerns to the panel provider in writing and ask a series of questions about performance. The panel provider must answer the questions in writing within 10 business days, outlining the reasons for not meeting the requirements;
- issue a written directive to the panel provider that they take certain specific actions or measures to improve their performance, aimed at addressing any non-compliance, within a specified period of time;
- direct the panel provider not to start providing services to any new clients;
- exit a client by notice to the panel provider, or direct the provider to Exit a client;
- suspend a client by notice to the panel provider, or direct them to suspend a client;
- direct the panel provider to cease their relationship with and/or replace one or more members of their consortium at FaHCSIA’s discretion;
- not provide any further payments to the panel provider, or certain further payments, under the Deed of Agreement, until FaHCSIA considers that the provider has complied with the Deed of Agreement;
- Issue the panel provider with a written directive specifying that all or a proportion of their payments under the Deed of Agreement are a debt due to FaHCSIA, and be treated as a “Recoverable Amount” for the purposes of the Terms and Conditions Clause 8; and/or
- Terminate the Deed of Agreement in accordance with the Terms and Conditions Clauses 18 and 19.
2.6 Ethical use of IT Resources

Use of Commonwealth computing facilities for unauthorised purposes including illegally accessing a computing service, downloading or distribution of material may result in court prosecution. When using a laptop computer or a computer in a public place, the panel provider must ensure that they use a secure network and maintain the privacy of all records including access to records displayed in public.

3 Funding

3.1 Payment Model

Families and carers will be able to determine the proportion of their funding package they would like to allocate toward the cost of each service. There is a maximum claims limit field on the Case tab. This is used to enable families to choose the ‘Maximum Claims Limit’ they want to spend with each panel provider. This enables families to divide their funding into portions for multiple panel providers.

3.2 Family Activity Statements (FAS)

FaHCSIA will provide a FAS to families detailing the payments FaHCSIA has made to panel providers on their behalf. If there is a discrepancy in the FAS relating to payments the child’s family, guardian or carer will contact the panel provider in the first instance.

FaHCSIA will send the FAS to the email address recorded on the Contacts view on the client record. FaHCSIA will not provide a FAS for suspended clients or clients that have not received any services in the previous month. A copy of the FAS is in the Literature Tab in FOFMS.

4 Using FOFMS

Once a panel provider has logged onto FOFMS the homepage will appear. Alerts issued by FOFMS reminding panel providers about issues that are relevant to all FOFMS users including security and access will be displayed. The homepage is where panel providers gain access to information and clients relevant to their organisation.

4.1 Client Tab

A child is confirmed as eligible for the early intervention funding package by the panel provider if they have provided the Letter of Introduction issued by the Autism Advisor.

The Contacts tab is used to capture a change in email address or contact person. The email address listed in the Contacts tab is the one FaHCSIA uses to send the family their FAS. If a child’s address changes, the panel provider needs to change their details in FOFMS by using the Address Details field.

4.2 Capturing the Client’s Consent

Panel providers must capture the consent of the child’s parent, guardian or carer using the FaHCSIA Client Consent Form each time the provider submits a Claim on the child’s behalf to FaHCSIA for payment.

The panel provider must ensure that an officer of their organisation has explained to the child’s parent, carer or guardian that the personal information is collected for the purpose of:

- determining access to the funding package and early intervention services; and
- the organisation passing some or all of their personal information to the Commonwealth Government, or to another organisation as directed by the Commonwealth Government.
4.3 Creating a Case Record
Panel providers must create a Case Record in FOFMS for every eligible client they provide approved services to. Panel providers cannot create or submit a Claim Record to FaHCSIA without first creating a Case Record.

4.4 Submitting a claim to FaHCSIA - Conditions for Payment
Panel providers must include the following details in the claim for payment submitted to FaHCSIA:

- **Service provided** - details of the approved service for which the panel provider intends to submit a claim;
- **Unit of measurement** - whether this claim is for an hour, session, or term;
- **Amount charged** – the total amount that the child was charged for the service, including the amount claimed; and
- **Amount claimed** - amount of the payment claimed from FaHCSIA (this may be a portion of the amount charged e.g. amount charged; $100, amount claimed; $50 - the family pays half of the service provided).

### Payments and Claims
- Where it is identified an incorrect payment has been made, FaHCSIA will use FOFMS to recover those payments from future payments.
- FaHCSIA will only deposit payments into the nominated bank account of the lead agency or sole provider. It is the lead agency’s responsibility to ensure that payments are distributed to their consortium members for services rendered.
- More than one organisation can receive payments from FaHCSIA for providing early intervention services to a particular child.
- FaHCSIA will provide payments to panel providers for a child up to a maximum value of $12,000 with no more than $6,000 in payments in a single financial year. There are no yearly minimum spending limits for a child.
- To ensure that the child’s FAS details payments as accurately as possible, panel providers should submit claims in FOFMS within 10 working days on the date of delivery of each intervention service.

FaHCSIA will not:
- Process any claims for an approved service which Medicare has subsidised all or part of the fee.
- Pay the difference if it is greater than the families out of pocket expenses if they are also claiming the service with a private health fund provider i.e. the amount claimed must be equal to or less than Amount Charged minus any third party contributions.
- Pay any claim for payment that is submitted to FaHCSIA more than 30 days after the service was provided.
- Pay any fees levied by the panel provider for cancellation or non attendance by the child to pre booked services.

4.5 Suspending Cases
Cases may be suspended in FOFMS for a number of reasons including:

- if instructed to do so by FaHCSIA;
- if, in their reasonable opinion, the child is temporarily unable to receive services for a minimum period of 2 months and up to a maximum period of 12 months. It is not necessary to suspend a child that is unable to receive services for less than 2 months.
- if the child has reached the total annual amount claimable in a financial year. The panel provider may then return a child from suspension if they make a further claim in the next financial year.
The panel provider must update the child’s Case Record on FOFMS immediately once the conditions of a suspension have been met. The panel provider must record an accurate suspension reason when suspending a child’s Case on FOFMS.

4.6 Exiting a Client or Case

The provider must Exit a child if:

- the child or their family no longer requires services from the panel provider.
- they determine that in their reasonable opinion, the child is unable to continue receiving services because of medical reasons or reasons related to the child’s disability.
- they have failed to resolve a dispute between them and the child’s family. Where a dispute between the panel provider and a child’s family, guardian or carer arises, the panel provider must use their best endeavors to resolve the dispute in accordance with their complaints resolution process and policies.
- FaHCSIA instructs them to Exit the child.

If the child has been exited the system for a particular reason and the panel provider believes this is an error contact FaHCSIA immediately.

If requested, the panel provider must change the child’s case status to ‘Exited’ on FOFMS. FaHCSIA may terminate the Deed of Agreement if a provider fails to Exit a Child’s Case immediately.

4.7 Centrelink

FOFMS receives information from Centrelink to create child records in some instances. If the detail on these child records which have been created from Centrelink data is incorrect the child’s family will need to update that detail with Centrelink in the first instance; not FaHCSIA. Once the update has been triggered in Centrelink this will flow into FOFMS automatically.

5 Further technical support

Questions relating to security or logon assistance can be directed to the FOFMS Support Helpdesk on 1800 020 283 or fofms.helpdesk@fahcsia.gov.au.