



Australian Government

Department of Social Services

Early Intervention Service Provider Panel Operational Guidelines

Helping Children with Autism (HCWA)

Better Start for Children with Disability (Better Start)

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1. Introduction

The *Early Intervention Service Provider Panel Operational Guidelines* (the Guidelines) provide the operational framework for service providers delivering early interventions services as part of the Helping Children with Autism (HCWA) Package and/or the Better Start for Children with Disability (Better Start) Initiative.

These Guidelines should be read in conjunction with the *Early Intervention Services for Children with Disability Programme Guidelines*, the cover letter and the *Standard Terms and Conditions – Standard Funding Agreement* (the Standard Terms and Conditions).

This document forms part of the Agreement between the Department of Social Services (the Department) and service providers on the Early Intervention Service Provider Panel (the Panel).

The Department reserves the right to vary any aspect of, or replace these Guidelines from time to time by whatever means it may determine at its absolute discretion, provided the changes are not inconsistent with the Standard Funding Agreement (the Agreement).

The Department will ensure the most current version of the Guidelines is located within the Literature Tab of the Online Funding Management System (FOFMS) and available on the [Department of Social Services](#) website.

It is the responsibility of each service provider on the Panel to ensure they are familiar with the content and requirements of these Guidelines.

1.1 Background Information

Expected outcomes, objectives and activity overviews for HCWA and Better Start can be found in the Programme Guidelines available on the [Department of Social Services](#) website. Please ensure that you are familiar with this content.

1.2 The National Disability Insurance Scheme (NDIS)

The NDIS is a new way for people to get disability support that takes an individualised and life-long approach through community linkages and individualised funding plans. Participants will have their needs assessed and work with local people to develop a plan for their care and support. The NDIS is managed by the National Disability Insurance Agency (NDIA).

Both HCWA and Better Start have been identified for transition to the NDIS.

The Early Intervention Service Provider panel will continue to operate outside of and in parallel to the NDIS. Service providers wishing to deliver services to HCWA and Better Start clients will still need to be registered for this panel.

In order to deliver services to NDIS participants, service providers will need to register with the NDIA. More information is available on the [NDIS Providers](#) website or you can call NDIA on 1800 800 110 for the cost of a local call (please note calls from mobile phones may incur additional costs.)

If service providers choose not to register with the NDIA, they can continue to deliver services to HCWA and/or Better Start clients, and also provide services to NDIS clients who choose to self-manage their funds. However, service providers will not be able to provide services to NDIS clients who have their funds managed by the NDIA.

Existing HCWA and Better Start clients will continue to transition into the NDIS in trial sites in accordance with the phasing arrangements outlined on the [NDIS](#) website.

2. Eligibility for the Early Intervention Service Provider Panel

The purpose of the Early Intervention Service Provider Panel is to provide:

- eligible children with access to a range of evidence based early intervention services and programmes
- choice and flexibility for families and carers in accessing early intervention services.

The expected outcomes for eligible children and their families and carers are:

- improved access to early intervention treatments and services for eligible children
- improved parent/carer awareness about options for assisting their child;
- improved resilience of families in managing the effects of their child's disability
- improved ability of the child to participate in the community
- families and carers have increased choice of early intervention services
- responsive and appropriate services are accessible for eligible children, according to their early intervention needs
- children participating in the programme are better prepared for the transition to school
- increased expertise among private early intervention specialists in delivering services to children with one of the eligible disabilities.

It is intended HCWA and Better Start will complement existing Commonwealth and state and territory government services.

It is important to note service providers who join the panel are not guaranteed any funding as families and carers will choose the services, service providers and interventions that best suit their child.

2.1 Service provider categories

There are four categories of providers that can operate as part of the Early Intervention Service Provider panel.

Provider category	Criteria	Operational requirements
1. Fully qualified provider	<ul style="list-style-type: none"> • Appropriate professional qualifications and registration (as outlined in 2.2 and 2.3). • A minimum of twelve months' experience in working with children who have one or more of the eligible disabilities. 	Fully qualified providers may apply as a part of an organisation, a consortium or as a sole provider.
2. Provisional provider	<ul style="list-style-type: none"> • Appropriate professional qualifications and registration and less than twelve months' experience. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Providers who are completing qualifications in an eligible field (as outlined in 2.2). Examples include occupational therapy and speech pathology students completing clinical coursework in their student placements or provisional psychologists completing postgraduate qualifications. 	<p>Provisional providers are required to operate with professional supervision and mentoring from a fully qualified panel member.</p> <p>In these cases the conditions of services must be made clear to families.</p> <p>In cases where a student is providing their services at no cost, organisations must not charge families for services delivered.</p>
3. Complementary provider	<ul style="list-style-type: none"> • An eligible complementary provider (as listed in 2.2) who has been 	Professional relationship with a fully qualified panel member.

Provider category	Criteria	Operational requirements
	<p>specifically trained in working with children with one or more of the eligible disabilities included and has the knowledge and skills required for their special needs.</p> <ul style="list-style-type: none"> • Appropriate licensure, certification, or registration in the area in which they are providing services. 	
4. Therapy aides	<ul style="list-style-type: none"> • Therapy aides do not require any specific qualifications, however as is the case with any staff member, they must have completed the appropriate child safety checks (e.g. police checks). 	<p>Therapy aides are required to operate with professional supervision from a fully qualified or complementary panel member operating in the relevant discipline (e.g. a therapy aide delivering speech pathology must receive professional supervision from a speech pathologist).</p> <p>In these cases the conditions of services must be made clear to families.</p>

2.2 Eligible providers

Providers eligible to become a 'fully qualified' panel member	
HCWA	Better Start
<ul style="list-style-type: none"> • Occupational Therapists • Psychologists • Speech Pathologists • Board Certified Behaviour Analysts (BCBA) 	<ul style="list-style-type: none"> • Occupational Therapists • Psychologists • Speech Pathologists • Audiologists • Orthotists

Providers eligible to become a 'fully qualified' panel member	
	<ul style="list-style-type: none"> • Physiotherapists • Optometrists • Teachers of the Deaf • Specialist Teachers (Vision Impaired)
Providers eligible to become a 'complementary' panel member	
HCWA	Better Start
<ul style="list-style-type: none"> • Teachers • Music Therapists • Behavioural Therapists • Early Childhood Educators 	<ul style="list-style-type: none"> • Orientation and mobility instructors • Specialist Teachers (Vision Impaired) • Special educators (special education teachers) • Orthotists • Conductors (conductive education) • Social workers

2.3 Professional membership

All fully qualified and provisional personnel are required to have membership of one of the following professional boards:

Occupational Therapists (HCWA and Better Start) must hold a current general registration with the national Occupational Therapists Board of Australia (OTBA). For further information about the national registration see the [Occupational Therapy Board of Australia](#) website. Membership of the Australian Association of Occupational Therapists (OT Australia) is not mandatory for membership of the Panel.

Psychologists (HCWA and Better Start) must hold a current general registration with the national Psychology Board of Australia (PBA). For further information about the national registration see the [Psychology Board of Australia](#) website

Speech Pathologists (HCWA and Better Start) in all states and territories must be a 'Practising Member' of Speech Pathology Australia. The preferred standard for Speech Pathologists working in this area is to be a Certified Practising Speech Pathologist (CPSP) of Speech Pathology Australia. This means opting in to and meeting requirements of the Professional Self-Regulation Programme (PSR). Further information on the CPSP programme is available on the [Speech Pathology Australia](#) website or contact the PSR Coordinator at Speech Pathology Australia on psrandpd@speechpathologyaustralia.org.au or 1300 368 835.

Board Certified Behaviour Analysts (BCBA) (HCWA only) deliver Applied Behaviour Analysis (ABA) and must be certified with the Behaviour Analyst

Certification Board (based in the United States). BCBA's are required to renew their certification every three years.

Audiologists (Better Start only) must hold a Masters in Audiology, or equivalent, and be a member of a professional body such as Audiology Australia or the Australian College of Audiology (ACAud) in order to apply for membership of the Panel.

Orthoptists (Better Start only) must be registered with a professional body related to the field such as the Australian Orthoptic Board.

Physiotherapists (Better Start and for children with Rett's Disorder under HCWA or Better Start) are required to hold a current general registration with the National Physiotherapy Board of Australia. For further information about national registration see the [Physiotherapy Board of Australia](#) website.

Optometrists (Better Start only) are required to be registered with the Optometry Board of Australia in order to apply for membership of the Panel. Further information is available on the [Optometry Board of Australia](#) website.

Teachers of the Deaf (Better Start only) are required to be registered with the National Association of Australian Teachers of the Deaf (NAATD) and hold a CPE – Current Membership. Further information is available on the [NAATD](#) website.

Specialist Teachers Vision Impaired (Better Start only) are required to be registered members of South Pacific Educators in Vision Impairment (SPEVI). Further information is available at [SPEVI Professional Standards](#) website.

2.4 Desirable skills and experience

It is desirable for all applicants to demonstrate experience and capability in working with Indigenous and CALD (from culturally and linguistically diverse backgrounds) families and communities, and/or with families in rural, regional and remote areas.

It is also desirable professionals operating as part of the panel as a fully qualified provider have the capacity and expertise to provide training, support and professional supervision to other staff, undergraduates and post graduate students.

2.5 Organisational arrangements

To be eligible for membership of the Panel, providers can be:

- **a multidisciplinary organisation** that includes at least one fully qualified provider*
- **a consortium of early intervention organisations or individual providers** that collectively and collaboratively provide a multidisciplinary service. Each consortium must include at least one fully qualified provider*
- **a sole provider** who is fully qualified or a single discipline organisation with at least one fully qualified member*

*Details on requirements of fully qualified providers are provided in **2.1** – provider categories.

Consortium arrangements between sole providers are allowed. The intention of a consortium arrangement is to support and encourage sole providers to work together using a multidisciplinary approach to service delivery. A consortium must include a lead agency. The lead agency is the entity appointed by the members of a

consortium to be the applicant and legal entity that will enter into a fee-for-service Grant Agreement with the Department.

Further information on consortium arrangements can be found in Section 9 “Consortium and subcontracting arrangements”.

2.6 Changes to personnel

Early intervention services must be delivered by the professionals nominated in the Early Intervention Service Provider Panel Application Form.

If adding or removing personnel would lead to a change in the services that you offer, the Department must be provided with an updated fee schedule. See also section 4.4 - Fee schedules.

If the unavailability or removal of a staff member means the organisation no longer meets the eligibility requirements for membership of the Panel, the Department must be notified in advance and in writing.

2.7 Supporting the Carer Recognition Act 2010

HCWA and Better Start support the Carers Recognition Act 2010. Service providers operating as part of the Early Intervention Panel should read the [Important message for service providers on the Department's website](#).

3. Child Registration and Eligibility

The Department has established an Autism Advisor Service for HCWA and a Registration and Information Service (RIS, managed by Carers Australia) for Better Start.

Contact details for the Autism Advisors and the RIS can be accessed at the Department's website, see [Registering for Early Intervention](#).

The Autism Advisor Service and the RIS will:

- confirm a child's eligibility, including confirming evidence of age, diagnosis and residential address
- register each eligible child on FOFMS
- provide information to parents and carers of eligible children about the components of HCWA or Better Start, including information about accessing registered early intervention service providers
- issue a Letter of Introduction to parents and carers with which they can access services from service providers on the Panel
- refer parents and carers to other services or assistance that may be available beyond HCWA or Better Start, where appropriate.

To access HCWA or Better Start, families must register their child prior to their sixth birthday.

The child's parent or carer must provide the Letter of Introduction to any service provider. The letter confirms the child's eligibility for the funding package and provides the necessary details to allow the service provider to find and access the child's Client Record in FOFMS (see Attachment A for information on FOFMS).

The Letter of Introduction includes details of the: child's name; child's Centrelink generated Customer Reference Number (CRN); child's address; and details of the funding available to the child. Service providers should not enter the child's CRN in FOFMS without having sighted the client's Letter of Introduction.

3.1 Client Record in FOFMS

At the point of registration, a Client Record is created in FOFMS by the Autism Advisor or RIS using the child's CRN and date of birth.

The Client Record details the amount of funding available within the financial year, as well as the total balance available to spend on early intervention therapies. The client record also includes a child's eligibility end date.

Client Consent - Prior to providing services to an eligible child, service providers must get the consent of the parent before accessing, viewing or entering any client data in FOFMS.

Consistent with Australian Privacy Principle 5 an eligible child's parent should be advised of the consequences of not providing the CRN (e.g. parents should be advised that a valid CRN for their child is required in order to access services and funding under HCWA/Better Start).

Personal information held in FOFMS such as the name and contact details of the parent or carer may not be used for the purposes of advertising or distributing marketing materials. The personal information held in FOFMS can only be used for the purpose of making claims or checking child eligibility.

Service providers are required to have each eligible child's parent sign a Client Consent to Claim Payment Form and Client Consent for Collection of Personal Information Form prior to providing services to the eligible child.

These consent forms are required once only at the commencement of the provision of services. Service providers cannot claim for services provided to an eligible child delivered before the date of a parent signing the Client Consent to Claim Payment Form. Service providers must not backdate these consent forms.

Service providers are also required to have the eligible child's parent sign a Service Delivery Record Form after each service or resource is delivered.

When a client changes their residential address, the service provider should advise the family to contact their Autism Advisor (for HCWA) or RIS (for Better Start) to update the address details as soon as possible. This includes making the necessary changes in FOFMS and issuing an updated Letter of Introduction.

All required forms are available in FOFMS from the Literature Tab.

3.2 Accessing an eligible child's information

To access an eligible child's Client Record in FOFMS, service providers must enter the child's CRN.

A child will no longer have access to HCWA or Better Start early intervention funding when they:

- turn seven years of age
- use all of their available funding, or
- transition to the National Disability Insurance Scheme (NDIS).

Service providers should confirm a child is eligible to receive services before the services are delivered. This involves checking a client's financial balance and eligibility end date. These details can be found under the 'EI More Info' tab.

If a child is no longer eligible to receive the early intervention funding due to their age, unused funding cannot be claimed.

3.3 Eligibility for the Outer Regional, Remote and Access Support Payment (Access Payment)

Both HCWA and Better Start provide a payment of \$2,000 for families of eligible children who are registered for early intervention funding and live in a location defined as Outer Regional, Remote or Very Remote by the Australian Bureau of Statistics' Accessibility/ Remoteness Index of Australia (ARIA+) at the time of registration. The Access Payment is intended to assist families in outer regional, remote or very remote locations with the higher costs of accessing services.

Families do not need to formally apply if they live in an eligible location. Eligibility will be determined by the Autism Advisor Service and/or the RIS during registration.

Exceptional Circumstances

In exceptional circumstances families who do not qualify on the basis of their residential address but experience other barriers to accessing early intervention services may still be eligible for the Access Payment. In order to be eligible under exceptional circumstances, the family must demonstrate they are experiencing multiple, significant barriers that directly impact their ability to access HCWA or Better Start early intervention services for their child.

Further details on the Access Payment, including exceptional circumstances, are available in the Information Guide provided at [Early Intervention Access Payment](#).

Families wishing to enquire about the Access Payment should contact the Autism Advisor Service (for HCWA) or the RIS (for Better Start).

3.4 Changes in diagnosis

The Department has been made aware of a small number of cases where a child who met the diagnosis eligibility criteria upon registration was re-tested and found to no longer meet the criteria. In these cases, parents should contact the Early Intervention Helpdesk to advise of the change and the child will be exited from HCWA or Better Start.

3.5 Transferring access between HCWA and Better Start

Parents/carers of eligible children may wish to transfer across HCWA and Better Start based on access to specific therapies. In these cases parents should contact the Early Intervention Helpdesk for approval to transfer.

3.6 Transferring to the NDIS

It is the responsibility of every service provider to check each client's eligibility and financial balance in the Online Financial Management System (FOFMS) before delivering a service. This will be particularly important in NDIS trial sites.

As a client transitions to the NDIS, their Eligibility End Date will be changed on FOFMS to the date their plan is approved with the NDIS. Service providers must check whether their client remains eligible or has moved onto the NDIS by reviewing the client's Eligibility End Date. HCWA and Better Start will not pay for services provided after the child's Eligibility End Date. However, they will process claims for services provided prior to this date.

Note: Once an Eligibility End Date has been changed, service providers do not have the authority to alter this date for any purpose. The Department is the only party permitted to make adjustments to this date. The Department will be monitoring clients who have transitioned where their Eligibility End Dates have been changed for the purpose of making claims. Any changes other than by those who are authorised will be investigated as potential acts of fraud against the Commonwealth.

Frequently asked questions about the transition to the NDIS from HCWA and Better Start service providers and families are available on the Department's website.

4. Early Intervention Services

Service providers must deliver evidence based early interventions that are focussed on contributing to the child's ability to successfully transition to school and supporting the child's early intervention plan. Only eligible interventions will be paid for by the Department on behalf of families.

Service providers, including sole providers, must, where appropriate and possible, adopt a multidisciplinary approach in the planning and delivery of early interventions.

Service providers must deliver services in a way that takes account of any other early intervention services a child may be receiving. Service providers must ask families about other services an eligible child may have received or is receiving. Furthermore, service providers must liaise with other identified service providers to ensure services delivered by them are consistent with the overall direction of a child's early interventions.

4.1 HCWA Eligible Interventions

HCWA service providers are able to provide services under the following Early Intervention Treatment Domains:

- Persistent deficits in social communication and social interaction
- Restricted, repetitive patterns of behaviour or activities.

Eligible Interventions are listed in the Early Interventions Table document which can be found on [the Department of Social Services website](#). The document is not exhaustive and will be updated as additional information and further research becomes available.

The interventions listed in this document were identified in the review of the research to identify the most effective models of practice in early intervention of children with autism spectrum disorders by The Australian Autism Research Collaboration in 2011. Interventions were assessed on the available research on their effectiveness and their use of practices and elements that are known to be effective in early intervention for children with Autism Spectrum Disorder (ASD).

4.2 Better Start Eligible Interventions

Better Start service providers are able to provide services under the following Early Intervention Treatment Domains:

- Language and communication development
- Self-care, self-regulation and life skills development
- Physical/sensory/psychomotor development
- Social and emotional development
- Cognitive development and learning skills development.

4.3 Advice on eligibility of services

The HCWA and Better Start Early Intervention funding is not intended to cover all early intervention services or to meet all needs an individual child may have. HCWA and Better Start focus on improving access to early interventions that will assist in preparing eligible children for the transition to school.

Service providers will not be reimbursed for early intervention services or treatments that are out of scope. If service providers attempt to seek reimbursement from the Department for out of scope services the Department may terminate their Agreement.

The table below provides advice on the eligibility of a range of services. Please note the table below is not exhaustive and is intended to be a guide only. The Department will regularly review eligible early interventions.

Advice on the eligibility of services

Services	In or out of scope	Comments/details
Diagnosis	Out	Diagnosis is out of scope for early intervention funding. All children must have a diagnosis before registering for HCWA or Better Start. Diagnosis is covered through the HCWA/Better Start Medicare rebates.
Medicare rebates	Out	Funding cannot be used to subsidise or cover the 'gap' payment for the cost of allied health services provided through Medicare. For information about the Medicare items refer to the Department of Health websites Medicare Online and Medicare

Services	In or out of scope	Comments/details
		Primary Care items.
Private Health Funds	In	Where families are claiming through private health funds, early intervention funding can be claimed to cover the gap between the service cost and the refund paid by the health fund.
Counselling Family/ sibling support	Out	Services to families such as counselling, family and sibling support are out of scope.
Parent Training	Refer to comments	<p><u>Out of scope</u></p> <ul style="list-style-type: none"> • professional training in specific interventions • training that contributes towards the achievement of a professional qualification • attendance at large workshops or conferences <p><u>In scope</u></p> <ul style="list-style-type: none"> • training for parents on specific techniques that support the ongoing delivery of an intervention at home (note - if the training is delivered in workshops there can be no more than 12 families per workshop). • Better Start only - If deemed suitable by the child's Better Start service provider, parents may use some of their child's resource funding to pay for Auslan courses (refer to section 5.1 for more information).
School/ Preschool support	Refer to comments	<p><u>Out of scope</u></p> <ul style="list-style-type: none"> • Visits for observation or discussion with teachers. <p><u>In scope</u></p> <ul style="list-style-type: none"> • Consultancy or visits to day-care/ kindergarten/ preschool to assist teaching staff to support a specific intervention.

Services	In or out of scope	Comments/details
Assessments and written reports (including psychometric and cognitive assessments)	Refer to comments	<p><u>Out of scope</u></p> <ul style="list-style-type: none"> • General comprehensive assessments and written reports. <p><u>In scope</u></p> <ul style="list-style-type: none"> • Assessments and written reports provided at the request of the parent and for a particular purpose. <p>E.g. there may be a need for a brief written report when a child is about to transition to a new setting such as school or a new service provider. In these cases, the report should be provided for a particular purpose e.g. in the form of advice to the school/preschool etc. (See section 6.4 for more information).</p>
Academic and other educational based services	Refer to comments	<p><u>Out of scope</u></p> <ul style="list-style-type: none"> • Educational support, such as payment for a teacher's aide. • Standard literacy/academic support. <p><u>In scope</u></p> <ul style="list-style-type: none"> • Transition to school programmes which support the delivery of an intervention at school. This may include pre-literacy development of fine-motor and communication skills.
Cancellation	Out	<p>Cancellation costs are out of scope.</p> <p>Service providers may implement their own business rules to deal with these issues. These costs cannot be reimbursed using HCWA or Better Start funding. The Department will only pay for intervention services that have been delivered.</p> <p>The following disclaimer will appear at the bottom of each panel member's fee schedule: "Please note there may be travel fees and/or cancellation fees associated with some services. For more information please contact the relevant service provider".</p>

Services	In or out of scope	Comments/details
Case conferencing	Out	While Case Conferencing can be beneficial, this is not claimable under HCWA or Better Start. Early intervention funding is provided with the aim of increasing the access to early intervention services for eligible children.
Travel costs	Out of scope as a standalone fee	Travel should not be listed on your fee schedule as a separate item but instead be included in the cost for “off- site” sessions. Fee schedules can include a number of “off-site” sessions depending on the distance travelled. An example is provided at the end of the table in section 7.1.
Playgroup	Out	
Podiatry	Out	
Dietetics	Out	
Exercise Physiology	Out	
Applied Behavioral Analysis (ABA)	Refer to comments	HCWA – in scope. Better Start – out of scope.
Music Therapy	Refer to comments	HCWA – in scope. Better Start – out of scope.
Hippotherapy	Out	
Dance Therapy	Out	
Gymnastics	Out	
Naturopathy	Out	
Homeopathy	Out	
Swimming lessons	Out	
Riding lessons	Out	
Sensory integration	Out	Sensory integration, including sound therapy, is out of scope.

4.4 Fee schedules

The early intervention services delivered by service providers must represent value for money for the families and carers of eligible children. Value for money is determined by the service provider's ability to achieve the planned outcomes for eligible children. The Department will publish the eligible interventions and the associated fee schedule offered by each service provider.

When creating or updating a fees schedule, service providers are required to use the Fee Schedule Template which can be obtained by emailing the Early Intervention Helpdesk at early.intervention@dss.gov.au.

Service providers must not change their fees without first notifying the Early Intervention Helpdesk of the intended changes. The changes will be uploaded to the Department's website.

Only eligible interventions can be included in the service provider's fee schedule. For further information about interventions that are in and out of scope, please refer to the table above.

4.5 Audits

As part of the management of HCWA and Better Start, the Department will undertake random provider audits. This will involve the Department selecting organisations and reviewing service/resource claims to ensure they are (a) in line with the fees stated in their fee schedule and (b) delivering services in accordance with these guidelines.

If your organisation is selected, you will be contacted by the Department requesting documents such as the Client Consent to Claim Payment, Agreement to Purchase Resources and Service Delivery Record forms.

Specifically in relation to resources, when claiming reimbursement in FOFMS service providers must provide sufficient detail to allow another person to identify the resource from their description.

5. Resources

Up to 35% of an eligible child's early intervention funding can be used for the purchase of resources. This means up to \$4,200 in total out of the \$12,000 can be used for resources, up to a total of \$2,100 in any one financial year.

Eligible resources must:

- have been assessed by the child's early intervention service provider as being necessary to support the child's early intervention therapy and early intervention plan
- be supported by research and best practice
- not be listed as out of scope in the following table.

Advice on eligibility of resources

Resource	Comments
<p>Equipment funded through government schemes</p>	<p>HCWA and Better Start early intervention funding cannot be used to purchase equipment or resources available to an eligible child through other government funded schemes, such as reading glasses which are available in some states.</p> <p>It can however be used to cover the ‘gap’ (sometimes called co-contribution payment) where the cost of an item is not completely met by the state or territory subsidy scheme. The state or territory government funding must be used first, and the HCWA/Better Start funding can be used to ‘top up’ where the subsidy does not completely cover the cost.</p> <p>Funding can be used to cover the ‘gap’ regardless of whether the piece of equipment is owned by the family or not. It is understood families may not wish to own equipment a child will outgrow.</p> <p>The Job Access website provides information on state or territory government funded aids and equipment schemes. Service providers should check the existing entitlements covered by their relevant state or territory government. This ensures an eligible child’s HCWA or Better Start funds are not used to purchase equipment or resources covered by existing government schemes.</p> <p>Visit the Job Access website for more information.</p>
<p>Equipment provided through Australian Hearing</p>	<p>Australian Hearing is funded through the Department of Health to assist people manage their hearing impairment and improve their quality of life. Australian Hearing provides a full range of hearing services to children, at no cost to families, including hearing aids.</p> <p>Any equipment or services provided by Australian Hearing are out of scope under Better Start.</p> <p>More information is available at the Department of Health website and the Australian Hearing website.</p>
<p>Secondhand equipment</p>	<p>Secondhand equipment is out of scope. The purchase of secondhand resources raises issues around warranty, after sales service, cost savings, condition of the item, accessories etc. The Department believes there is inadequate financial benefit gained from purchasing secondhand equipment.</p>

Resource	Comments
Capital works	Capital works are out of scope. This includes: internal and external home renovations; backyard improvements such as fencing, gates and landscaping; permanent structures such as playground equipment and cubby houses that are built, bolted or concreted or fixed to the ground, wall or home; portable and in-ground swimming pools and spa baths and any item which cannot be easily transported if the child moves home.
Companion Dogs	Out of scope.
Duplicate resources	Duplicate resources are out of scope. Clients are expected to transfer resources between locations and/or households (i.e. the resource goes with the child).
Delivery and assembly charges	Where a service provider incurs fixed costs as part of an agreed resources purchase, such as a delivery or assembly charge, these costs may be included in the claim for reimbursement.
Extended warranties on resources	Out of scope.
Rented items	Out of scope.
Membership to toy/resource libraries	In scope.
Internet or phone access	Out of scope.
Medication, dietary supplements	Out of scope.
Medical interventions and equipment	Out of scope.
Parent attendance at conferences or large workshops	Out of scope.
Repairs and replacements	<p>Resource repairs and replacements can be claimed from resource funding, where the service provider considers the resource is still integral to the child's early intervention plan and the repair represents value for money.</p> <p>Before claiming for a repair or replacement, a service provider must be confident the item is lost or broken. For broken resources the service provider should sight and recover the item. For stolen items valued over \$500, a parent should give the service provider a</p>

Resource	Comments
	<p>police report to be kept on file.</p> <p>The Department strongly encourages the inclusion of protective screen covers and cases at the time an electronic device is purchased.</p>
<p>Buying resources over two financial years</p>	<p>Families may wish to purchase a single, expensive item that costs more than their resources funding for one financial year (\$2,100). In these cases, service providers must put in two claims for one item, with each of the claims being entered in a different financial year. This ensures the service provider/family are not out of pocket for a lengthy period of time.</p> <p>E.g. the service provider recommends a resource valued at \$2500. The service provider can claim \$2,100 in June of financial year A, and then claim the remaining \$400 in July of financial year B.</p>
<p>Auslan for parents (Better Start only)</p>	<p>In scope.</p> <p>Parents may use some of their child’s resource funding to pay for attendance at an Auslan course run by a Registered Training Organisation (RTO) or an Auslan Training Provider approved by the department.</p> <p>Registered Training Organisations</p> <p>To check if an organisation is an RTO, please visit the Skills - training.gov.au website.</p> <p>Approved Auslan Training Providers</p> <p>Organisations (other than RTOs) who wish to deliver Auslan courses to parents through Better Start must be assessed by the Early Intervention Helpdesk as meeting the following criteria:</p> <ul style="list-style-type: none"> • Proof of registration or membership to an authority or organisation for auditing purposes (e.g. Department of Human Services, QLD Government, RTOs, AQTF etc.) • Certificate of Registration of Standards (e.g. ISO 9000, 14000 etc.) • Proof of complaint procedure • Brief outline of course delivery

Resource	Comments
	<ul style="list-style-type: none"> • Teacher’s qualifications – the latest Training and Assessment (TAE40110 or TAA40104) and credentials on teaching Auslan (preferably Diploma of Auslan or have taught Certificate in Auslan courses). <p>Approved Auslan training providers will be listed on the Department’s Early Intervention Service Providers website.</p> <p>Note - if a member of the Early Intervention Service Provider Panel is approached by an eligible Better Start family wishing to claim this as a resource, they do not need to conduct a session/assessment on the child before approving/claiming. Providers must, however, use FOFMS to confirm the child does have a hearing impairment.</p>

5.1 Sourcing and claiming for a resource

During an eligible child's approved therapy session, parents and the service provider may identify resources that can assist the child.

Once agreed, either the parent, the service provider or another HCWA or Better Start service provider may purchase the resource on behalf of the eligible child.

It is important that a service provider discusses sourcing/purchasing options, with families, particularly where an administration fee is applicable (see below).

Purchase and claims are made using the following process:

- Prior to purchase the service provider and the parent must sign an *Agreement to Purchase Resources* form, found in the FOFMS Literature tab.
- If a purchase is made by:
 - a parent, the receipt must be passed onto the service provider.
 - the service provider, the parent must sign a *Service Delivery Record* on receipt of the resource with a copy kept by the service provider.
- The service provider makes a claim in FOFMS through the *Case Claims* tab. The claim in FOFMS must indicate the 'Service Category' is a 'Resource' and a description of the resource must be included in the 'Additional Description' field. Providers must provide sufficient detail within the description to allow another person to identify the resource.

To avoid an upfront expense, a parent or service provider may use the following process:

- Parent and service provider sign an *Agreement to Purchase Resources* form.
- Parent or service provider obtains an invoice or purchase order for the resource (a quote is not acceptable).
- Service provider then makes a claim for resource funding using FOFMS and pays the invoice or purchase order (funds **must not** be provided to the family to complete the purchase).
- Parent receives paid resource from supplier.
- Parent signs *Service Delivery Record* form with a copy kept by the service provider.
- Service provider makes a claim in FOFMS through the *Case Claims* tab. The claim in FOFMS must indicate the 'Service Category' is a 'Resource' and a description of the resource must be included in the 'Additional Description' field. Providers must provide sufficient detail within the description to allow another person to identify the resource.

Service providers are able to submit claims for resources recommended by providers who are not members of the Panel. In these cases, the parent must provide a signed letter from the recommending provider. Service providers are not obliged to approve these resources, and must abide by the same guidelines as would normally apply to resource claims.

Service providers are able to claim for GST on the purchase of resources from the Australian Taxation Office but must not claim GST on the purchase of resources from the Department.

5.2 Administration costs – resources

The Department expects service providers will keep administration costs to a minimum, thus maximising the amount of early intervention funding available to families.

It is anticipated that during an eligible child's paid therapy session, parents and service providers would identify resources that can assist the child. Once agreed, either the parent or provider can source and purchase the item, with the provider making the claim in FOFMS after the purchase has been made.

It is important providers discuss sourcing/purchasing options with families, especially when sourcing an item by the family could avoid or reduce any administration fee.

Service providers are not expected to spend excessive time sourcing, ordering and claiming for resources, however, the Department does recognise that in some cases there may be a small additional cost for the provision of these services.

It is expected that the administration fee will lower where:

- a parent sources and purchases the resources or
- the service provider is supplying an agreed resource from their own stock.

Service providers must explain to the parent prior to claiming that they intend to charge an administration fee and how much this fee will be.

All Agreement to Purchase Resources forms must include a description of each item and its cost, the itemised administration fee and the total amount to be claimed.

Administration fees cannot be a percentage of the overall cost of the resources or related to administration costs incurred by a service provider as a part of their involvement in a consortium arrangement.

Where multiple resources are ordered by the service provider the Department will only accept one administration fee, not one fee per resource.

Fixed costs incurred in purchase of a resource (e.g. delivery charge) will be accepted by the Department.

6. Early Intervention Plans, reports and assessments

Early Intervention Plans go by many names, including Individual Education Plans, Individual Family Service Plans, Personal Plans, Individual Service Plans and Therapy Plans. For simplicity, the term 'early intervention plan' will be used in this document.

The basic goals of an early intervention plan are to document:

- the child's areas of strengths and needs
- goals for intervention, identified through a collaborative process with those involved with the child, including the family
- information about how these goals will be addressed.

All children in early intervention services should have a plan that is developed by all those involved with the child, including family, early intervention service providers, preschools or childcare services. Early intervention plans should be developed at least annually and reviewed at least every 6 months.

6.1 Creation of Early Intervention Plans

It is expected an eligible child's parent and the service provider will decide together on an Early Intervention Plan that best meets the needs of the eligible child.

Service providers can claim for the development of the Early Intervention Plan.

HCWA and Better Start aim to maximise the choices families with eligible children have about the types of interventions they access and the services they use.

Service providers must work with families and carers in a way that supports their right to choose the most appropriate services for their child. Families are not obliged to use services from one service provider and can access other service providers that best meet the needs of the child. Families may access multidisciplinary services by combining a range of service providers from state government services, HCWA or Better Start service providers and other services.

Early intervention services for children under HWCA and Better Start must:

- be designed in collaboration with the child's family and include family involvement
- focus on achieving outcomes that will prepare the child for transition to school or to another setting
- provide a connection between the early intervention services or programme and the next stage for the child, whether the transition is to school or to another therapeutic or special education setting
- ensure the child's functioning before, during and at the end of their early intervention plan is monitored and progress is assessed
- where possible and appropriate be delivered using a multidisciplinary approach.

Service providers must inform families of the interventions they deliver and their associated schedule of fees.

6.2 Guiding Principles for good practice Early Intervention Plans

A good practice early intervention plan is one that meets the needs of the family, supports the purpose of the service and is measurable against the service outcomes. Early intervention plans must document:

- the child's areas of strengths and needs
- goals for intervention, identified through a collaborative process with those involved with the child, including the family
- information about how these goals will be addressed.

There are a number of basic, good practice principles that are fundamental to working with young children and their families. Service providers must demonstrate adherence to the following:

- **Individualised Assessment for Intervention Planning:** This refers to assessments carried out with eligible children to determine their strengths and needs in a range of core areas. This assessment guides the content of intervention while providing information about the best techniques to use with an eligible child. The process should not be confused with assessment for diagnosis. Assessment for intervention planning may take a range of forms including parent questionnaires or structured observations in play.
- **Individualised programming based on strengths and needs:** programming for intervention should be individualised and based on the findings of the intervention planning assessment. Programmes should be designed to address the eligible child's needs while acknowledging, drawing on and encouraging their areas of strength and talent.
- **Review, evaluation and adjustment of programme:** Intervention programmes need to be evaluated regularly to ensure they continue to meet the needs of the eligible child. This process involves a review of the early intervention plan goals and a review of the eligible child's skills and needs to ensure the programme is effective, e.g. the eligible child is showing improvement and the goals are still relevant or development of revised and, if required, new goals. This should be completed in collaboration with the family and other key people in the eligible child's life.
- **Collaboration with other professionals.**
- **Family centred practice:** includes acknowledging the uniqueness of each family, enhancing parental competencies, involving families in programming decisions and developing collaborative relationships between parents and professionals.

6.3 Review of Early Intervention Plans

It is expected early intervention professionals will routinely assess an eligible child's progress against their early intervention plan.

Assessment review of progress over the course of a child's intervention programme can be achieved through observation during each intervention session with progress being recorded in the clinical or case notes written by the therapist, preferably at the end of each session with the child.

Occasionally, a separate standalone session for the purpose of assessing/reviewing progress may be required – e.g. to inform a written report when an eligible child is about to exit a service provider or transition to a new service provider. This should only be undertaken at the request of the parent/carer and for a specific purpose.

The child's case notes should also include a brief summary at the end of each block of intervention, which records individual intervention types e.g. speech therapy and progress or development to date as a result of the early intervention plan.

Parents should be provided with a copy of or extract from the child's relevant case notes on request, at no cost to the parent or carer.

6.4 Claiming for written reports

The Department does not support claims for the preparation and production of written reports based on the results of assessments.

The Department does accept claims for brief written reports where an eligible child is about to transition to a new setting such as school or a new service provider where requests for a report are made by a parent.

Reports should briefly and succinctly cover the interventions that were delivered to the child, an outline of the progress achieved against the early intervention plan and an indication of the interventions/therapies that may be required in the future.

6.5 Initial Assessment

An initial assessment of the child's functioning should occur either immediately before or as part of the first intervention session. Any child who is already attending a HCWA/Better Start service provider should not be required by that service provider to undergo a new assessment in order to continue receiving intervention services.

Initial assessments should be focused on gathering sufficient information about the eligible child's needs in order to devise an appropriate early intervention plan.

For most HCWA/Better Start clients a comprehensive assessment conducted over more than one session should not be required. It is also expected the cost of an initial assessment should not be significantly higher than the cost of a normal intervention session.

However, the Department understands comprehensive assessments may be necessary for some children with complex needs. In those instances where a service provider is of the view a comprehensive or multi-session assessment is warranted, this should be discussed with the child's parent to ensure the parent understands the purpose of the comprehensive assessment and they are comfortable with the associated costs.

NOTE: Service providers should be particularly mindful many HCWA/Better Start clients are likely to see a number of service providers registered with the Panel, creating a risk that a significant proportion of an eligible child's early intervention funding could potentially be used to cover the costs of assessments, rather than interventions. The intention of the HCWA and Better Start early intervention funding is to increase access to early intervention services.

7. Service delivery models

Early intervention services can be delivered in various settings according to the child's needs; this may include home visits and the use of innovative approaches to service delivery, such as e-therapy (e.g. use of Skype).

Delivery of early intervention services must be based on the current best practice for each of the identified disabilities. In addition, the model employed to deliver early intervention services to children and their families or carers must be consistent with one or more of the following:

- **Facility-based individual visits** – scheduled sessions of service (individual or term length) as agreed by parents and carers, provided at the site of the early intervention service provider.
- **Parent-child groups** - provided at the site of an early intervention service provider or at a community-based site (e.g. pre-school, day care centre, family day care, or other community preschool settings) to a group comprised of parents/carers and children, with no more than 6 families in any group.
- **Group development intervention** – ASD or Better Start specific group development interventions provided to a group of eligible children. Groups must support each child's individual intervention plan and may have no more than 6 children in each group. These can be provided at the site of a child care centre or in a community-based setting where children aged zero to six years of age typically attend.
- **Home and community based individual visits by appropriately qualified personnel** – provided to the child and parent or carer at the child's home or any other natural environment in which children aged up to six years of age are typically present. These settings can include child care settings. For rural and remote families technology-based approaches are encouraged. This may include the use of teleconferencing or videoconferencing (e.g. Skype) with qualified personnel.
- **Parent Training** - training to provide individual or small groups of parents (no more than 12 families) with the skills, knowledge and confidence to deliver specific interventions identified for their child in the home environment. This does not include generic workshops.
- **Innovative models of service delivery** – including those used to provide services to children and families living in rural and remote areas. Following an initial face to face consultation with a family, a service provider might deliver, for example, a support service based on video footage of the child taken by the family, followed by telephone consultations. Other examples include services provided via teleconference or video conference (e.g. Skype).

7.1 Claiming for offsite service delivery

The Department will accept claims for off-site service provision e.g. in a child's home or school setting. Service providers must consider the following when making such claims:

- Use of existing provisions within the taxation system that allow for claiming a range of work related tax deductions including vehicle and other transportation costs. These costs cannot be claimed both from the Department and through the taxation system.
- Travel should not be listed on a fee schedule as a separate item but instead be included in the cost for an "off- site" session. Fee schedules can include a number of "off-site" sessions depending on the distance travelled. Service providers may use either distance travelled or time spent when providing these options (see example below).

- In those instances where a service provider claims a higher session fee when delivering off-site services, the additional amount being claimed should be modest and should not be charged at the same rate as services.

Example off-site sessions	
Time spent	KMs travelled
Clinic session - \$100 per hour	Clinic session – \$100 per hour
Off-site session within 15 minutes (30 minutes round trip) - \$120 per hour	Off-site session with 10km (20 km round trip) – \$120 per hour
Off-site session within 30 minutes (one hour round trip) - \$150 per hour	Off-site session within 30 km (60 km round trip) - \$150 per hour

7.2 Interpreter services

Service providers must deliver services that are accessible and understood by people from Culturally and Linguistically Diverse (CALD) and Indigenous backgrounds as well as those using Auslan.

Service providers should access the following for support:

Translating and Interpreting Service (TIS)

TIS provide interpreting services to non-English speaking Australian citizens or permanent residents communicating with the following groups and individuals:

- Government-funded services or agencies
- Private medical practitioners providing Medicare services and their reception staff to arrange appointments and provide results of medical tests
- Non-profit, non-government, community-based associations for case work and emergency services where the associations do not receive funding to provide these services.

The Department has a fee for service arrangement with TIS to ensure eligible children have access to an interpreter when utilising their early intervention funding. Interpreter fees are paid by the Department to the TIS provider and do not come out of a child's early intervention funding.

Service providers are provided with an individual TIS charge code, which they can use when booking an interpreter. **This code must only be used for services related to HCWA and Better Start services.**

If a service provider is unable to access a specific translation or interpreting service through TIS, these services may be sourced from another provider as long as they are a registered business delivering translation or interpreting services. The cost of these services should be invoiced by the service provider to the Early Intervention Helpdesk team.

Service providers must only invoice the Department for translators or interpreters who were used for services related to HCWA and Better Start services.

More information about TIS can be found at the [TIS](#) website. Bookings can be made by phoning 131 450.

Auslan

The National Auslan Interpreter Booking and Payment Service (NABS) is funded by the Department. It is based in Brisbane and provides services Australia-wide. NABS provides interpreters to any person who uses sign language to communicate and needs an interpreter for private medical appointments.

Service providers may be eligible to utilise the NABS service. Service providers who are eligible include Occupational Therapists, Speech Pathologists and Physiotherapists.

If a service provider is not eligible to access an interpreter via NABS services they may be sourced from another provider as long as they are a registered business delivering interpreting services. Costs for these services should be invoiced by the service provider to the Early Intervention Helpdesk team.

Service providers must only invoice the Department for Auslan interpreters who were used for services related to HCWA and Better Start services.

More information can be found at the [NABS](#) website or by calling 1800 246 945.

8. Payment for services

The Department will make payments to service providers (on behalf of eligible children) for services delivered with the consent of the parent or carer (see Client Consent above). Payments will only be made to service providers in arrears on a fee for service basis.

Service providers are responsible for ensuring that any staff member who is also the parent or carer of a child (or children) receiving HCWA/Better Start funded services, must not enter or approve their own child's claims for payments in FOFMS. This is to ensure that potential conflicts of interest do not occur.

8.1 How will service providers be paid when they deliver services?

Once the service provider has commenced delivery of the agreed services (with the consent of the family) they can submit claims to the Department for payment through FOFMS. Service providers may only claim for services once they have a signed Grant Agreement in place with the Department and the child is registered for HCWA or Better Start.

Service providers enter the details of the services provided to each eligible child and invoice the Department through FOFMS. Further information about the training available from the Department to support the use of FOFMS is in section 14 of these guidelines.

The service 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 service provider invoices a client for \$150 the family might ask the service provider to claim the full amount from the Department or the family might decide to pay the service provider \$50 and consent to the service provider submitting a claim to the Department for payment of the balance (i.e. \$100). In either case, only the amount claimed from the Department will be deducted from the child's overall funding package balance.

Service providers will be able to view the balance of the funding package for each child they deliver services to in FOFMS.

8.2 GST

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

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

Early Intervention Services

No GST should be claimed through FOFMS from the Department for early intervention services.

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

Resources and Equipment

Under the existing GST legislation (A New Tax System (Goods and Service Tax) Act 1999 (GST ACT)), the supply of an item such as a resource or a piece of equipment may be GST-free if it meets the requirements of Section 38-45 of the GST Act. To meet these requirements the item must be listed in schedule 3 of the GST Act (see link below) and must not be widely used for or by people without disability.

[GST Act Schedule 3 Medical Aids and Appliances](#)

There may be some resources or equipment a service provider might supply to a family that will count as a taxable supply. In these instances only, the GST inclusive amount can be claimed from the Department.

You should talk to your accountant, taxation advisor or the Australian Taxation Office for further information.

Example 1

The service provider is providing therapy to an eligible child with Down syndrome and it is decided an iPad may assist with communication issues. This item does not meet the requirements of Sections 38-45 of the GST Act, as the item is not in the schedule and is widely used by those without disability. The service provider purchases an iPad from a shop and pays \$1,100. The service provider claims back the GST on the purchase. However, the supply to the family is a taxable supply so GST is applied to the supply. The service provider will claim payment of \$1,100 from the Department. The service provider will then remit the GST on the supply to the family back to the ATO.

Example 2

The service provider is providing therapy to a child with cerebral palsy and it is decided communication cards are required. This item meets the requirements of Sections 38-45 of the GST Act. The service provider purchases communications cards from a shop and pays \$200 as the cards are GST-free (no matter who purchases or provides them). The supply to the family is GST-free and \$200 is claimed from the Department.

9. Consortium and subcontracting arrangements

9.1 Operating as a consortium

A group of early intervention organisations or individual service providers that acts collectively and collaboratively to provide a multidisciplinary service may apply to join the Panel as a consortium.

A consortium must have a lead agency. The lead agency is the organisation appointed by the members of a consortium to be the applicant and legal entity that will enter into a fee-for-service Grant Agreement with the Department if successful. The lead agency must have at least one staff member who meets the service provider criteria (refer to 2.1 – Service provider categories).

The lead agency must be able to demonstrate that a written agreement is in place with all consortium members and be able to produce copies of those agreements if requested by the Department.

A consortium must be able to demonstrate that it provides eligible interventions and that these interventions are delivered by suitably qualified and experienced early intervention specialists.

Note: consortium members who wish to become sole providers need to apply for membership of the Panel through the Application Process. Claims will not be processed for services that are delivered prior to a sole provider having a Grant Agreement in place with the Department.

9.2 Changes to the composition of a consortium

The lead agency must notify the Department of its intent to add or remove a consortium member.

The lead agency must provide the Department with the new consortium member's details including their full name, business and trading names, address, contact details, ABN and schedule of fees. The lead agency will be required to submit an Expression of Interest (EOI) Form and an updated fee schedule for the consortium.

The Department may request a copy of the agreement between the lead agency and the new consortium member.

The Department will review information, determine eligibility and send the lead agency a Notice of Change via email, which will become part of their Agreement. Once the Department has approved the addition of a new consortium member they will be able to provide eligible interventions as a service provider. 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 service provider for the normal delivery of that intervention as listed on the Department's website.

Lead agencies are responsible for ensuring that consortium members have the required qualifications to deliver the interventions and meet the requirements for working with children.

Note: The same process applies where an existing sole provider wishes to develop a new consortium with one or more service providers of eligible interventions.

A change to the original composition of the professionals delivering services may be permissible if the new composition complies with the overall requirement, i.e. includes at least one fully qualified service provider as outlined in Section 3, "Eligibility for the Early Intervention Service Provider Panel".

Where the change results in the consortium no longer meeting the definition of a consortium, please contact the Early Intervention Helpdesk at early.intervention@dss.gov.au or 1800 778 581 to discuss your eligibility to remain on the Panel as a sole provider.

The Department must be notified in writing within five business days if fully qualified 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 membership of the Panel, the Department must be informed and will review the circumstances.

9.3 Subcontracting arrangements

A subcontracting arrangement is when a provider contracts, rather than employs, another early intervention specialist to deliver services on behalf of the provider. The provider using the services of a subcontractor must ensure that all services delivered by the subcontractor are prescribed on the provider's approved fee schedule.

Providers must notify the Department in writing of the names and qualifications of subcontractors delivering eligible interventions, or if subcontracting arrangements change.

9.4 Changes to organisation

If your organisation will be undergoing a significant change (such as a change of ownership, change of legal entity type, or change of ABN) you must provide 30 days written notice to the Department.

Any changes to your organisation affect your Grant Agreement.

10. Complaints

Complaints made about a service provider

In the event that a client makes a complaint about a service provider to the service provider, the service provider should attempt to resolve the complaint amicably in accordance with their internal complaints resolution process and policies as outlined in the terms and conditions.

If the complaint is not resolved service providers must direct parents of eligible children to the Department's complaints system as outlined in the Agreement.

Complaints made to the Department about a service provider

In the first instance a parent must be directed to contact the Early Intervention Helpdesk at early.intervention@dss.gov.au or by phoning 1800 778 581.

Complaints about the Department

If a parent or service provider has a complaint about the Department they are encouraged to contact the Department's Feedback Coordination Team, which aims to provide:

- The Department's clients with an accessible process that handles complaints in a timely, professional and consistent manner
- information to assist the Department to improve its customer service and administrative processes.

Any member of the public who is dissatisfied with the Department's service(s) or the service of a service provider can make a complaint. The Feedback Coordination Team 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 the Department's processes 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 service providers as these will be covered by their own complaints mechanisms required under the Agreement.

Complaints can be lodged with the Department by:

Phone: 1800 634 035

Fax: (02) 6133 8442

Email: dssfeedback@dss.gov.au

Post: DSS Feedback, PO Box 7576, Canberra Business Centre, 2610.

If parents or service providers are dissatisfied at any time with the Department's handling of their complaint, they can also contact the Commonwealth Ombudsman via the [Commonwealth Ombudsman](http://www.commbi.gov.au) website or by telephone on 1300 632 072.

11. Department of Social Services National Office contact information

The Early Intervention Panel is managed by the Departments' Programme Office. This area is responsible for:

- managing the service in line with the Department's guidelines
- providing support and assistance to service providers
- reviewing all aspects of the operation of the Panels, including as part of the evaluations of HCWA and Better Start
- providing constructive feedback to service providers
- providing a Family Activity Statement (FAS) to families/carers who have received early intervention services during the preceding month.

Contact information

Other enquiries about HCWA/Better Start should be directed to the Early Intervention Helpdesk at early.intervention@dss.gov.au or by phoning 1800 778 581.

The helpdesk operates Monday to Friday:

- AWST (Perth) time from 9:00 am to 12:30 pm and 1:30 pm to 4:30 pm
- AEST from 11:00 am to 2:30 pm and 3:30 pm to 6:30 pm
- Daylight saving AEST from 12 noon to 3:30 pm and 4:30 pm to 7:30 pm

The Helpdesk can also be contacted at the following address:

Early Intervention Helpdesk
National Delivery Office, Department of Social Services
PO Box 7576, Canberra Business Centre, ACT, 2610

Attachment A - FOFMS – Online Funding Management System

FOFMS is a web based system that assists in the management of the Department's Grant Agreements (Agreements). This system is used to enter information about clients and the services they receive, and to claim payments from the Department. Given the sensitive nature of the data contained in FOFMS, security, privacy and confidentiality of information and data are essential.

FOFMS is accessed by a secure portal that interacts with the Department's IT systems. When entering the portal, service providers will need to use a logon and password generated by the Department.

Who will have authority to use FOFMS?

At least two people within the service provider organisation must be nominated to use FOFMS. Each person will be a registered user with the Department. It is recommended to also nominate a suitable back-up.

After completing and returning the Agreement, service providers will be sent information on how to access FOFMS via email, as well as a FOFMS System Access Request Form. This form must be completed for each staff member who requires access to FOFMS and returned to the Department via the FOFMS Helpdesk (fofms.helpdesk@dss.gov.au) to enable logon details and access to the system.

Consortia and sub-contractors

The lead agency (the agency that has entered into the Agreement with the Department) will need to decide whether members of their consortium and/or their subcontractors should have access to FOFMS (either full access or read only).

If access to FOFMS is not provided to consortium members, the lead agency will need to process claims and provide the details to their consortium members or subcontractors. In these cases, lead agencies must sight all relevant documents, such as the signed Consent to Claim Payment, Agreement to Purchase Resources and Service Delivery Record forms.

If the lead agency does provide access to FOFMS for its consortium members or subcontractors, all client records, including payments, will be viewable by all members of the consortium and/or subcontractors.

If access is granted, the lead agency must ensure that members of their consortium and/or subcontractors abide by the FOFMS User Responsibilities.

What Tasks Are Performed in FOFMS?

- Creating and updating Case Records or linking an existing Client Record to your service;
- Updating Client Records;
- Creating a claim for payment from the Department;
- Submitting a claim for payment to the Department;
- Reconciling payments made to you by the Department; and
- Exiting a Case.

Training in the use of FOFMS

The Department has a series of short training videos that are made available to all new users. The training videos cover processes such as logging into FOFMS, basic navigation, creating cases, submitting a claim and reconciling payments. The videos can be played and paused to allow users to view the video, complete activities in FOFMS, and then resume 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.

The Department has also developed a number of step by step task cards (iHelp files) which are located in FOFMS which also cover each business process. The training video includes information on how to access iHelp files.

FOFMS also has a Literature tab that contains useful documents and information.

User Access

Confidentiality of Passwords

All FOFMS users have a responsibility to ensure that passwords are confidential and not shared. 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 eight characters, with capitals and numbers, 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.

FOFMS users requiring assistance with their password will need to contact the FOFMS Helpdesk at fofms.helpdesk@dss.gov.au or by calling 1800 020 283.

Adding and removing users

New employees who will be using FOFMS must send completed FOFMS System Access Request Forms to the FOFMS Helpdesk at fofms.helpdesk@dss.gov.au.

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.

Reporting Lapses of Security

Any known or suspected attempts to obtain unauthorised access to the Department's computing facilities or other attempts to bypass or defeat security must be reported immediately to the FOFMS Helpdesk at fofms.helpdesk@dss.gov.au or by calling 1800 020 283.

User Roles

There are two access levels in FOFMS for service providers on the Early Intervention Service Provider Panels. Organisations require a minimum of two staff to process actions in FOFMS - one 'AEI Case Manager' (for HCWA) or 'BSI Case Manager' (for Better Start) to create records, the second as an authorising officer to review and authorise records. This separation of duties must be maintained.

When applying for membership of the Early Intervention Service Provider Panel, sole providers must consider how they will meet this requirement.

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 service provider must ensure that they use a secure network and maintain the privacy of all records.

Funding

Payment Model

The funding model for the HCWA and Better Start early intervention funding is fee-for-service in arrears.

Under this model, funding is assigned to each child but is not paid directly to families. Instead, families choose service providers to access, and the service providers claim payment from the Department in arrears.

Claims from service providers can only be submitted for services that have already been provided to a HCWA or Better Start client.

Families have control over how much of their funding they use at each service. If families wish to formally restrict the amount of funding they can use with a particular service provider, the Case tab includes a 'Maximum Claims Limit' field.

Family Activity Statement

Each month, if a client has used services that month, the Department will provide a Family Activity Statement (FAS) detailing the payments the Department has made to service providers on their behalf. Payments will only appear on a FAS once they are entered in FOFMS, so the balance at the end of the month may not reflect recent charges.

If there is a discrepancy in the FAS relating to payments the child's family, guardian or carer will contact the service provider in the first instance.

The FAS is automatically sent to the email address recorded on the contacts view on the client record.

Using FOFMS

Once a service provider has logged onto FOFMS the homepage will appear. FOFMS Alerts are displayed on this page, including security updates and planned outages.

Client Tab

You must verify that your client is eligible for the early intervention funding package by sighting their Letter of Introduction, which would have been given to them by the Autism Advisor (HCWA) or the RIS (Better Start).

If a client's details change they will need to be updated in the contacts tab. The email address listed in the contacts tab is the one the Department uses to send the family their FAS.

Obtaining the Client's Consent

Service providers must obtain the consent of the child's parent, guardian or carer using the Department's Client Consent Form prior to creating a Case Record for the child in FOFMS.

Service providers must also obtain the consent of the child's parent, guardian or carer using the Department's Service Delivery Record each time the service provider submits a Claim on the child's behalf to the Department for payment.

Creating a Case Record

Each service provider will create a Case Record for each client they see, which is identifiable by the automatically created Case ID. This ensures that client confidentiality is maintained – each service provider can only see claims entered under the Case ID they created, and no other claims.

Submitting a claim to the Department - Conditions for Payment

Providers must include the following details in the claim for payment submitted to the Department:

- Service provided - details of the approved service for which the provider intends to submit a claim;
- Unit of measurement – e.g. hour or session;
- Amount charged - the total amount that the child was charged for the service;
- Amount claimed - amount of the payment claimed from the Department (this may be a portion of the amount charged e.g. amount charged; \$100, amount claimed; \$50 - the family pays half the cost);
- Location – this will identify the location where the service was delivered and/or the consortium member who provided the service; and
- Total Hours – actual length of time for the session claimed.

Payments and Claims

The Department 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 provider can receive payments from the Department for providing early intervention services to a particular child.

The Department will provide payments to providers for services up to a maximum value of \$12,000 per child 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, providers should submit claims in FOFMS within 10 working days of the date of delivery of each intervention service.

Service providers are not permitted to:

- enter claims for a service where a Medicare rebate has also been claimed, or
- enter claims to cover cancellation or non-attendance by the child to pre-booked services.

If a family claims through a private health fund, they can request that the provider claim the balance owing through FOFMS.

Centrelink

FOFMS receives information from Centrelink to create child records in some instances. If the detail on these child records that have been created from Centrelink data is incorrect the child's family will need to update that detail with Centrelink in the first instance. Once the update has been made in the Centrelink system this will flow into FOFMS automatically.

Technical requirements

The Department requires service providers to use FOFMS to make claims for payments for services provided to eligible children. To access FOFMS, providers must have a computer that, as a minimum, has:

- a secure operating system (e.g. Windows 7);
- internet browser software (e.g. Internet Explorer);
- Adobe Flash Player to view FOFMS training materials;
- a high-speed network connection;
- an internet service provider;
- an internet email account;
- minimum of 1GB of RAM; and
- screen resolution of 1024x768dpi.

Further technical support

Before contacting the Department about FOFMS issues, the first point of reference for a service provider should be the training videos, task cards and the iHelp functions. If the service provider still requires assistance, they should contact the FOFMS Helpdesk on 1800 020 283 or email fofms.helpdesk@dss.gov.au.

Questions relating to security, logon assistance should be directed to the FOFMS Helpdesk on 1800 020 283 or fofms.helpdesk@dss.gov.au.