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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose

Mercy Community (MC) aims to provide streamlined and clear process of collaboration between multiple funding streams to enhance opportunity and outcomes for the people we support. MC provides targeted supports to the people we support in line with NDIS support assessment and funding provision. At all times, the welfare and best interests of the people we support residing in our programs are paramount.

Scope

This procedure applies to all employees, volunteers and contractors engaged within Residential Care and Transition Services (RCaTS) programs across MC's Families and Young People Services (FYPS).

Procedure

1. NDIS implementation meeting

- 1.1 Once the person we support has had their NDIS Plan finalised, the MC Care Team Leader (CTL) and Senior Program Manager (SPM) join Child Safety and the person we support's NDIS Support Coordinator in the Implementation Planning Meeting, to plan for the supports provided within the NDIS Plan.
- 1.2 During this meeting, MC will need to assess if MC Residential Care Workers (RCWs) are able to fulfil any aspect of the NDIS Support Plan and if having MC RCWs complete this support is in the best interest of the person we support.
- 1.3 Key questions that are asked during this meeting are:
 - 1.3.1 What supports has the person we support been granted funding for?
 - 1.3.2 Are the supports actions/tasks that MC RCWs can complete and meet the desired goal for? Or is a specialised practitioner required to complete this support?
 - 1.3.3 If MC RCWs can complete the action/task, is it in the best interest of the person we support to have MC RCWs support them, or is it more appropriate for an external NDIS service provided to complete these actions/tasks?
 - 1.3.4 If MC RCWs are going to complete the work, how will this impact the current funding of the program?
 - 1.3.5 If an external NDIS service provider is going to complete the work, what supports, or partnership is needed to ensure successful outcomes for the person we support?
- 1.4 There are three (3) possible outcomes regarding service provision from the NDIS Implementation Meeting, 1) that MC will take responsibility of provision of support or 2) an external NDIS service provider will be contacted and approved to provide the support or 3) a combination of MC and external provided will provide the support outlined in the person we support's NDIS plan.
- 1.5 Child Safety are the decision maker in this context and are seeking the best possible service for the person we support.
- 1.6 It is important for the outcome of the NDIS Implementation Meeting to be clearly recorded and the expectations/action of all partners to be clearly documented.

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Procedure

2. MC service delivery

2.1 If MC RCWs are to provide the NDIS support a decision regarding program funding must be reviewed.

2.1.1 Individual Pricing Schedule (IPS) funded programs – same staffing structure

Programs which are funded via an IPS and the agreement requires aspects of the NDIS Support Plan to be completed within the current staffing structure/roster, the IPS budget must be resubmitted to the Department of Child Safety, Seniors, and Disability Services (the Department) with the NDIS funding support deducted from the normal staff hours of the program. An NDIS Schedule of Support is to be completed outlining the cost of the NDIS funded service. For example, if the person we support is funded for four hours of NDIS supported community access every week, and the agreement that it is in the best interest of the person we support for a MC RCW to provide that support within the current staffing structure, the new IPS budget will reflect a reduction in four hours of Child Safety funded support for that person we support at the NDIS worker rate. These four hours of support will then be billed via NDIS, resulting in the full cost of the staffed hours. In this situation the programs staffing structure/roster will not change.

It is important to note that if MC RCWs provide NDIS funded supports that Child Safety will need to agree to pay the gap in award rates for staff costs.

2.1.2 Individual Pricing Schedule (IPS) funded programs – additional staffing structure

Programs which are funded via an IPS and the agreement requires aspects of the NDIS support plan to be completed in addition to the current staffing structure/roster, the IPS budget remains the same, and the additional support hours are billed directly to NDIS. For example, if the person we support is funded for four hours of NDIS supported community access every week, and the agreement that it is in the best interest of the person we support for a MC RCW to provide that support, the current IPS budget remains the same; however, a MC RCW is rostered for an additional four hours per week to assist the person we support to meet the community access goals as indicated by the NDIS Plan.

2.1.3 Grants Funded programs

Programs which are funded via a fixed grants agreement, do not change the current funding costs; however, the additional support that the MC RCWs will provide to meet the NDIS Plan goals will be billed directly via NDIS, resulting in additional MC RCW support to meet the needs of the person we support. For example, if the person we support is funded for four hours of NDIS supported community access every week, and the agreement that it is in the best interest of the person we support for a MC RCW to provide that support, the current funding agreement and roster remain the same; however, a MC RCW is rostered for an additional four hours per week to assist the person we support to meet their community access goals, as indicated by the NDIS Plan.

2.2 Regardless of the potential changes to the current funding from the Department, the following documents must be completed if a MC RCW will be completing support for the person we support as part of their funded NDIS Plan.

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- 2.2.1 **NDIS FORM Support Agreement:** This form needs to be completed by the SPM and signed by participant, NDIS Plan nominee, guardian, and MC delegate (SPM).
- 2.2.2 **NDIS FORM IS Claims for NDIS Services** (located on the MercyNet Portal) This form needs to be completed by the SPM and submitted to the MC NDIS Business Support Officer and email address.
- 2.3 Once the Department have approved the Service Agreement, the support can be rostered accordingly to the Agreement and the support can commence for the person we support.
- 2.4 All NDIS support providers can be requested to provide a quarterly progress report. This progress report is requested by the person we support's NDIS Support Coordinator. When completing a progress report, ensure the following information is included:
 - Description of support;
 - Goals and outcomes; and
 - When/how the support has been provided.
- 2.5 The CTL is required to ensure that the person we support has this support included in their CTARS My Goals. This is to ensure, 1) that all MC Care Team members are aware of the expectations of the provided support and how all MC RCWs can contribute to the success of this support, 2) to provide progress updates around the desired goals from observations by the MC Care Team supporting the person we support and 3) to ensure that the time/support is being directed at the identified need as outlined in the NDIS Plan.
- 2.6 Each NDIS Support Plan is reviewed once a year; however, a review can be triggered earlier if the support needs of the person we support changes. If there is a change in circumstance, an early review can be requested through Child Safety and/or the Support Coordinator. MC may be required to provide additional updates/progress information as part of a NDIS Plan review. This will be required by the person we support's NDIS Support Coordinator and will generally be completed by the CTL connected with the person we support's program.

3. External service delivery

- 3.1 If an external service provider is chosen as the best option for the person we support, the Department will select and approve the service provider.
- 3.2 Once the external service provider has been approved and engaged, communication regarding the support will be finalised by the CTL overseeing the person we support's program. At times when the support is provided is negotiable, such as specialist therapy appointments; however, other supports may not be negotiation, and are set for specific times or days, such as transport support or key community access.
- 3.3 Although in this case the NDIS support goal is being provided by an external service, the CTL is required to ensure that the person we support has this support included in their CTARS Goals. This is to ensure, 1) that all MC care team members are aware of the expectations of the external support and how MC can contribute to the success of this support and 2) to provide progress updates around the desired goals from observations by the MC Care Team supporting the person we support.
- 3.4 It is important to note that external service providers cannot be left alone with a person we support at a MC residence, a MC staff member must be present within the residence to ensure compliance with MC policy and procedure.

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3.5 When engaging an external service provider to complete NDIS Plan supports for a person we support, they hold the responsibility to report any incident that has occurred during their support time with the person we support via the NDIS process. MC staff are still to complete the normal incident reporting process as per the *GOV SOP Incident Management*, in line with the Department's Incident Reporting Categories (see *FS IP RCaTS Incident Category Definitions*).

4. Accessing assistive technology and consumables (other than support hours) within an NDIS Plan

- 4.1 Depending on the assessed needs of the person we support, they may have access to purchase additional resources or tools as part of their NDIS Plan. These may include sensory supports, communication support or physical supports.
- 4.2 The type and complexity of Assistive Technology available for a person we support will be determined via assessment and outlined in their Plan. It is critical to ensure that the correct level of items are being accessed for the person we support.
- 4.3 Items must be purchased by approved NDIS suppliers when accessing funding provided within a person we support's NDIS Plan.
- 4.4 Consult with Support Coordinators regarding Assistive Technology providers.

5. NDIS Behaviour Support Plans

- 5.1 As part of some people we support's NDIS Plans, an assessment around behavioural support needs is complete and a NDIS Behaviour Support Plan is provided to support those engaging with the person we support.
- 5.2 MC will ensure to support the NDIS Behaviour Support Plan assessment process in all ways possible.
- 5.3 MC will endeavour to integrate as much as possible of the NDIS provided Behaviour Support Plan into the current planning and care of the person we support. This will require taking interventions directly from the NDIS Behaviour Support Plan and adding them to the appropriate care planning document. This could be in the person we support's Personal Care tab within CTARS Client Profile, or within a *FS FORM RCaTS Safety Plan*.
- 5.4 It is critical to note that MC will ensure that all Behaviour Support Plans/interventions implemented within MC programs also align with the relevant MC Program Overview, which provides the underpinning theories, frameworks, and core interventions. MC will not implement interventions or plans that contradict MC values, policy and/or procedures.

6. Additional restrictive practice reporting when providing NDIS supports

6.1 MC RCW service delivery

- 6.1.1 On occasion, people we support may have NDIS Behaviour Support Plan in place that includes the use of restrictive practice.
- 6.1.2 Where a person we support has restrictive practice/s outlined in their plan, SPMs are to liaise with MC NDIS Claims Team to support setting up an account on PRODA for reporting purposes. The *FS FORM RCaTS Emergency Use of Restrictive Practice* is to be in place for any person we support with a restrictive practice outlined in their plan.
- 6.1.3 The restrictive practice/s outlined in the plan is required to be reported **at any time it is used during NDIS funded hours.**

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- 6.1.4 It is important to be clear on what constitutes restrictive practice, as outlined by the NDIS Commission, to ensure that is reported appropriately.
- 6.1.5 On the occasion there is restrictive practice recorded in the NDIS Behaviour Support Plan and MC RCWs are providing NDIS funded supports; this is required to be reported once per month through PRODA.
- 6.1.6 Data is to be collated by CTL about the type and amount of times restrictive practice has occurred during funded hours of support. The data is to be provided to the SPM for entry to PRODA once per month.
- 6.1.7 Important to note that RCWs maintain responsibility for upholding all policy and procedure relevant to Child Safety incident reporting and categories as per *GOV SOP Incident Management* and *FS IP RCaTS Incident Category Definitions*.

6.2 External service delivery

- 6.2.1 If MC RCaTS are not providing any NDIS funded supports, there is no requirement to report restrictive practice to the NDIS Commission; this will occur through the Department.
- 6.2.2 Where external services are providing NDIS funded services and require the use of restrictive practice, it is the funded providers responsibility to report to the NDIS Commission.
- 6.2.3 MC will be responsible for reporting this to the Department as per *GOV SOP Incident Management* and *FS IP RCaTS Incident Category Definitions*.

7. Closing of NDIS funded service

- 7.1 Closing of NDIS funded services require as much notice as possible to the Support Coordinator, Child Safety, and the person we support, in alignment with MC values. This is done when decision making is finalised to support planned transitions. MC close services in alignment with the Support Agreement.
- 7.2 When closing services, MC ensures the person we support's needs are met, and that transitions are planned.
- 7.3 Ensure that the claims aspect of the service is cancelled/exited and that the IPS budget is reviewed to remove any NDIS funded hours.

Definitions

Care Team Leader (CTL)

Employee tasked with care planning for the people we support and care management oversight of RCaTS programs.

MC Care Team

The people included in the MC program that provide care to the person we support, such as RCW, CTL, and SPM.

Residential Care Worker (RCW)

Employee tasked with providing daily care for people we support.

Senior Program Manager (SPM)

Employee tasked with day-to-day oversight of MC programs. The Senior Program Manager reports to the Regional Director.

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References

Child Protection Act 1999 (Qld)
Department's Child Safety Practice Manual
(<http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>)
FS DOC RCaTS Program Overview

Related Documents

FS FORM RCaTS Cultural Support Plan
FS FORM RCaTS Emergency Use of Restrictive Practice
FS FORM RCaTS Safety Plan
FS IP RCaTS Incident Category Definitions
FS PROC RCaTS Managing High Risk Behaviour and Emergency Use of Restrictive Practice
FS PROC RCaTS Support and Intervention Planning
GOV SOP Incident Management
NDIS FORM IS Claims for NDIS Services
NDIS FORM Support Agreement

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