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Australian Government

Services Australia

Notification and assessment of shared care arrangements for Family Tax Benefit (FTB) 007-02040020

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Background

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If you have concerns about a child's safety, conduct the [risk and referral process](#).

This document explains the notification and assessment of shared care arrangements for family assistance and Paid Parental Leave scheme payments. A shared care arrangement should not be confused with a change of care. A shared care assessment is appropriate if there is a pattern of care over a certain period (for example, the child stays with the other parent on weekends or during school holidays). Use this document with claim procedures.

Shared care

Shared care is where a child is jointly cared for by 2 or more people who are not members of the same couple. If a child spends time (on weekends or school holidays for example) with someone else, each carer may be assessed to have shared care.

The [percentage of shared care used for family assistance](#) will determine the amount of Family Tax Benefit (FTB) payable, even if the other carer is not currently claiming FTB. To qualify for FTB for a child, the child must be in the actual care of a person for at least 35% of the time.

Customers with a Regular Care Child are not eligible for FTB for the child but may be eligible for ancillary benefits or a higher rate of income support payment.

When a [person advises they share the care of a child](#) with another person, the care arrangements must be confirmed with each person caring for the child. **s47E(d)**

If a person advises their percentage of care has reduced, and this cannot be immediately confirmed with the other carer/s, a preliminary care decision should be made until the new care arrangement can be verified. This care decision should be based on the persons notified care percentage.

Service Officers can code point of contact changes to shared care arrangements on a customer's record if there is:

- a decrease in their level of shared care, or
- an increase in their level of shared care **and** one of the following applies:
 - signed FA012 supplied by both parties
 - verbal confirmation from both carers of the increase in care, **or** the other carer's record has previously been documented or coded advising the change in shared care, or
 - 47E(d)

Mutual Centrelink and Child Support customers

A [mutual customer](#) of Centrelink and Child Support can notify either agency of changes to shared care arrangements for a child. Both agencies will use the same rules to make a shared care determination.

The agency receiving the information will make the shared care determination and that information will be transferred to the other agency through the alignment of care data exchange.

If the customer notifies Child Support of a change, the percentage of care will be assessed and transferred to Centrelink electronically via the data exchange. A revised decision may be required for social security purposes when the new assessment from Child Support is received. [A Manual Follow-up \(MFU\)](#) is generated to identify customers whose social security payment rate or eligibility may need to be reassessed following the Child Support care determination.

For more information about alignment of care determinations between Child Support and Centrelink mutual customers, see [Transfer of information between Centrelink and Child Support](#).

Shared care and payment eligibility

Family Tax Benefit

Generally, care arrangements are made between separated parents of a child, however another family member or unrelated adult may also care for the child. FTB payment for a child may also be shared by:

- Separated couples living under one roof. Assessing the eligibility for each person should be the same as for any other shared care case
- Separated couples who both claim FTB for a period before they separated

- Members of a [blended family](#) as long as they each have at least 35% care. In this case, the members of the couple nominate the percentage of the family's total FTB entitlement each is to receive

If 2 [FTB customers become partnered](#), they will need to decide which member of the couple will receive ongoing FTB, unless they decide to be paid as a blended family. If they shared the care of a child now solely in their care, care details must be updated.

The result of a care assessment must be recorded on each carer's record linked to the relevant child record.

FTB can be shared between customers based on the percentage of time the child spends in each customer's care and if the child is considered an FTB child. A person must have [actual care](#) of a child for at least 35% of the time to receive FTB for the child.

- Customers with more than 65% actual care of a child will receive 100% FTB for the child
- Customers with 35-65% actual care of a child will receive some FTB for the child based on their [actual care](#) of the child and applying the [FTB shared care percentage](#)
- Customers with 14-34% actual care of a child will not receive FTB for the child but may be eligible for [ancillary benefits](#) for the child. The child is considered to be a Regular Care Child of the customer
- Customers with less than 14% actual care of a child will not receive FTB for the child or be entitled to any [ancillary benefits](#)

The percentage recorded must be a whole number - [rounding rules for actual care percentage apply](#).

[FTB components](#) are calculated using the shared care percentage for an FTB child (at least 35% actual care), **except** for Rent Assistance (RA), Single Income Family Supplement (SIFS) and Newborn Supplement (NBS).

For Income Support Payments (ISP) and shared care, see ['With child' rate of benefit for non-principal carers with shared care](#).

Only one child support case

If parents share the care of a child or if each has one or more children in care, Child Support registers child support case which:

- assesses the entitlements of all parties, and
- determines an overall payee and payer

The system will only establish an electronic link with one Centrelink customer (the child support payee) at the time the link is established. This means that information received electronically from Child Support to show that the other party (generally the payer) is not recognised and the system will not show that the payer has met the Maintenance Action Test (MAT).

If both parents are FTB customers, manual coding may be required on the other parent's record to reflect the MAT status and prevent the payer's FTB Part A rate being restricted to base rate. See [Maintenance Action Test \(MAT\) for customers with shared care](#).

Parental Leave Pay (PPL)

For children born or adopted **on or after 1 July 2023**, claimants must have care of the child on their PPL days. Customers do not need to have 'primary care' of the child on their PPL days, just 'care'.

As more than one customer can have care of a child on a day, multiple customers can claim PPL on the same day. There is a maximum of 10 concurrent dates per child. This means customers can take a maximum of 10 PPL days for the same child on the same day.

The birth mother must give approval to claim and approval to share days for:

- the partner of the birth mother
- the other parent
- the partner of the other parent

In cases of adoption, where there is:

- one adoptive parent, they must give approval to claim and approval to share PPL days to any other claimant (that is, partner of the adoptive parent)
- two adoptive parents, the first adoptive parent to claim must give approval to share PPL days to the other adoptive parent. They do not need to give approval to claim

For children born or adopted **before 1 July 2023**, in a shared care situation, PPL will only be paid to the primary carer. PPL cannot be shared. If more than one carer lodges a claim for PPL, Services Australia will determine who will be the primary carer to receive PPL. Generally, the birth or adoptive mother will be the primary carer. If neither carer is birth mother, a decision will be made in favour of the carer with workforce connections. Carers will be notified of the decision in writing.

Dad and Partner Pay (DAP)

DAP can only be claimed for a child born or adopted **before 1 July 2023**. Percentages of care are not relevant for DAP. An eligibility determination is based on the customer having [care of a child for DAP purposes](#) on each day of the DAP period.

Child Care Subsidy (CCS)

For child care provided **from** 2 July 2018, shared care details do not affect the customer's CCS rate. Each person liable to pay child care fees (that is, have a [Complying Written Agreement \(CWA\)](#)) may be [eligible for CCS](#) for the child providing the child is an FTB or regular care child. Each person liable for the child care fees needs to claim CCS separately.

Note: from 27 June 2022, where a CCS customer is partnered, and does not meet care requirements, the system will automatically check if their current partner has the child/ren coded in their care (ICC) with 14% care or more.

Customers not eligible for FTB for a child due to the percentage of shared care may still be eligible for CCS.

Change in shared care will not affect FTB eligibility/rate of payment and child support cost percentage

Where a change in shared care percentage **does not affect** Family Tax Benefit (FTB) eligibility/rate of payment and the child support assessment/ cost percentage, a care decision may not be required:

- A new care determination would not vary the assessed child support amount or the FTB entitlement. This is because the new care percentage falls within a particular '[care percentage range](#)' that does not alter these amounts
- As the care percentages on record or in the child support assessment will not be changed, no decision has been made, which means review and appeal/objection rights **do not** apply
- Although no decision has been made relating to a particular reported care change, it is important that customers continue to notify all future changes so that it can be assessed whether or not a new care determination needs to be made

Note: if the customer is in receipt of an income support payment, a care determination **must** be made to determine if the customer is considered the Principal Carer.

Multiple carers

If a child is being cared for by 3 or more people, and if:

- none of the carers has at least 35% [actual care](#), no customer will be paid FTB for the child
- only one customer has 35% or more actual care, then that customer may be entitled to 100% of the family assistance for the child
- 2 customers have at least 35% actual care, the family assistance is apportioned and disbursed between the 2

Separated under one roof (SUOR)

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If parents are separated but living in the same house, the Service Officer will determine each parent's percentage of care based upon the care that is actually occurring for the child.

Assessing the FTB eligibility for each individual should be the same as for any other shared care case. Before the separation, one of the parents would have been the primary carer. Consider the extent to which the level of care has changed since the separation occurred.

Contacting carers

In most cases it is **mandatory** to attempt to contact the other carer.

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Note: where FDV concerns are identified, the FDV Support Model must be followed and consideration be given to the involvement of a **social worker** where a child may be at risk of harm or where a customer's circumstances indicate vulnerability or risk to the customer's safety. See [Social work service referral](#).

Disagreement over care arrangements

For Family Tax Benefit (FTB) and child support, a disagreement may occur between carers over how much care is actually being provided for a child, or over the facts regarding the care of a child. Disagreements may occur with or without a formal arrangement (such as a [written agreement](#), parenting plan or court order) being in place.

A disagreement **without** a formal care plan was previously known as **contested care**.

This is not to be confused with disputed care.

Integrated Care skilled staff manage all [disagreed care situations](#).

Disputed care

For Family Tax Benefit (FTB) and child support, a dispute in relation to the care of a child exists where:

- a written care arrangement (for example, [written agreement](#), parenting plan or court order) for the child is in place
- there is a departure from the terms of the arrangement by one of the parties, and
- the person with reduced care (compared to the amount in the written care arrangement) is taking reasonable action to have the care arrangement complied with

The dispute may relate to a departure from shared care arrangements between 2 or more people, or to a departure from arrangements for the sole care of a child, where care changes from one person to another in breach of the arrangement. In these cases, there is no disagreement about how much care is actually being provided for the child.

Integrated Care skilled staff manage all disputed care cases. In [disputed care situations](#), Integrated Care may make an 'interim period' decision and an 'actual care' decision.

The care assessment will be based on the care set out in the written care arrangement for an interim period from when the care arrangement ceased to be complied with. The interim period will be anywhere between 4 weeks to 52 weeks depending on:

- the type of written care arrangement (interim periods will generally be longer for court orders than for parenting plans or written care agreements)
- how long the written care arrangement has been in place
- whether or not the person with increased care is taking reasonable action to participate in family dispute resolution

At the end of the interim period, the care assessment will be based on the 'actual care'.

Note: before 23 May 2018, the interim period was for 14 weeks (up to a maximum of 26 weeks if special circumstances existed).

Examples of a [disputed care](#) include:

- the child has decided not to return to live with the customer, or
- the child has not been returned by the other parent even though the care arrangement states the child should have been returned by the other parent

Disagreements about care are relevant whether or not a formal arrangement is in place. The percentage of care is generally determined on the basis of actual care provided.

Special circumstances

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All special circumstances [disputed care](#) decisions are assessed by the Integrated Care skilled officers. Actual Care in Special Circumstances (ACSC) Officers will assess these decisions.

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Lump sum payments

The total amount of FTB payable for the child cannot be more than 100%.

If a carer lodges an FTB lump sum, past period and/or instalment claim but another person has already claimed 100% FTB for that child, an investigation into the correct percentage of care should take place before the new claim is determined (the claim should not be rejected). This may result in an overpayment for the customer who has received FTB for the child.

Customers can apply for a formal review of the care decision.

Social security payments

A shared care assessment should be completed in all cases.

For customers receiving a social security payment, shared care assessment details need to be recorded separately to make sure the correct entitlement and rate of payment is made. Customers

may be entitled to a higher rate of benefit even if they are not considered the principal carer as they may still be entitled to a 'with child' rate of payment for JobSeeker Payment (JSP), Youth Allowance (YA) and Special Benefit (SpB).

Even if only one person is claiming income support or if each person has another qualifying child solely in their care, an assessment is required. The shared care assessment will determine a customer's principal carer status. Changes in care and shared care impact family payments and some income support payments such as PP, JSP, YA (job seeker) and SpB. Customers may receive both payments or just one. All changes in care and shared care must be actioned by staff taking into consideration both payment types. The incorrect coding or not coding of care screens may result in a customer receiving incorrect entitlements. For more information see [Principal carer of a dependent child](#).

A principal carer is a person with the primary care of a dependent child under the age of 16 years. A step parent may qualify as a principal carer if they live as a member of a couple with the parent of the child.

A person is generally the principal carer if they have the higher level of responsibility for the child's day-to-day care, welfare and development.

The person [considered to be the principal carer of the child](#) may qualify for Parenting Payment (PP) if they have an eligible child in their care:

- Parenting Payment Partnered (PPP) if under 6 years of age, or
- Parenting Payment Single if under 14 years of age

A child can be a Parenting Payment (PP) child of only one customer at a time. This means only one customer can be paid PP for a child. In most cases, this will be the customer who has the greater degree of care and control.

For customers receiving Carer Allowance (CA) and family assistance payments and/or PP for a shared care child, [shared care for CA](#) must be recorded separately.

If Child Support has completed a care assessment for an income support customer, a Manual Follow-up (MFU) may be generated to review the principal carer status for the customer. The MFUs are completed by appropriately trained Families and Child Care Smart Centre staff.

Change in principal carer status

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- to determine principal carer status for income support payments
- in conjunction with existing screens to determine principal carer status

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For equal care, staff must make sure a principal carer assessment has been completed and the s47E(d) updated correctly.

For single JobSeeker Payment (JSP), Youth Allowance (job seeker) and Special Benefit (SpB) customers coding of the principal carer determination on the s47E(d) will automatically update the customers principal carer status on the s47E(d) screen.

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Shared care percentage system issue

There is a known system issue that may affect a customer's shared care percentage. P24845 - in some cases, where the FTB for a child is being paid to the step-parent, care is not being applied correctly. The [Process](#) page contains more information.

Care assessment referral activities for income support payment, LIC, CSHC and FST claims

Customers may advise of a child entering care, or a change to an existing care arrangement for a child in care within the following claims or existing payments:

- Income support payment
- Low Income Health Care Card (LIC)
- Commonwealth Seniors Health Card (CSHC) or
- Foster Child Health Care Card (FST)

If an Assessment of Care Arrangements is needed, the assessment must be completed before the claim can be finalised. When a referral is required, claim processing staff using Process Direct that are not trained in undertaking care assessments select the s47E(d) referral option, which will generate a work item.

The Assessment of Care Arrangements work item will be allocated to a suitably skilled Families Service Officer to complete the care assessment in Customer First.

Work item information can be located via s47E(d) s47E(d)

After the care assessment has been completed, income support payment, LIC, CSHC and FST processing staff will proceed to claim assessment and finalisation.

In Customer First, there is no change to the existing protocols for referral and assessment.

The [Resources](#) page has:

- examples and scenarios
- links to various resources for assessing care arrangements including:
 - the care estimator, and
 - shared care calendars that can be printed and issued to customers
- information about the letters produced with the s47E(d) script, and
- a link to the Services Australia website

Related links

[Changes to shared care for Carer Allowance \(CA\)](#)

[Alignment of Care Manual Follow-up \(MFU\) activities](#)

[Alignment of Care processing for Family Tax Benefit \(FTB\) lump sum claims](#)

[Blended families and Family Tax Benefit \(FTB\)](#)

[Completing the Details of your child's care arrangements \(FA012\)](#)

[Customer advises a change to their level of care of a child](#)

[Customer advises care arrangements for Family Tax Benefit \(FTB\)](#)

[Eligibility for Family Tax Benefit \(FTB\) for individuals](#)

[Eligibility for Child Care Subsidy \(CCS\)](#)

[Family Relationship Centres and the Family Relationship Advice Line](#)

[Linking a child to a customer's record](#)

[Rate of Family Tax Benefit \(FTB\)](#)

[Review of care decisions](#)

[Separated couples and eligibility for Family Tax Benefit \(FTB\) for a period before separation](#)

[Shared care eligibility for family assistance and Paid Parental Leave scheme payments](#)

[Shared care for social security payments](#)

[Transfer of information between Centrelink and Child Support](#)

[Waiver of Family Tax Benefit \(FTB\) shared care entitlement](#)

[Maintenance Action Test \(MAT\) for customers with shared care](#)

[Risk identification and management of threats to the safety or welfare of a child](#)

['With child' rate of benefit for non-principal carers with shared care](#)

[Shared care for income support payments and principal carer determinations](#)

[Principal carer of a dependent child](#)

Process

If you have concerns about a child's safety, conduct the [risk and referral process](#).

This document explains the notification and assessment of shared care arrangements for family assistance and Paid Parental Leave scheme payments. A shared care arrangement should not be confused with a change of care. A shared care assessment is appropriate if there is a pattern of care over a certain period (for example, the child stays with the other parent on weekends or during school holidays). Use this document with claim procedures.

Staff processing families claims in Process Direct, select the **Process Direct** tab. Otherwise, select **Customer First**.

Process Direct

On this page:

[Initial customer contact and information gathering](#)

[Shared care not confirmed and agreed or customer in hardship](#)

[Disputed care - request evidence and code an interim care decision](#)

[Making a decision on a shared care arrangement](#)

[Coding shared care arrangements](#)

[P24845 - Step-parent workaround](#)

Initial customer contact and information gathering

Table 1: this table describes the steps to follow when gathering information to be able to assess shared care percentages for a child. A customer may advise a shared care arrangement verbally, in writing, on a Details of your care arrangements (FA012), via the Child Support Online and Express Plus App services, or when claiming a Centrelink payment.

Step	Action
1	<p>Shared care change + Read more ...</p> <p>Has the change in shared care already happened?</p> <ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> ○ If a person (including a non-customer) wants to apply for a formal review of a care decision, see Internal review process for care decisions. Procedure ends here ○ In all other cases, go to Step 2 • No, the change is for a future date: <ul style="list-style-type: none"> ○ Ask the carer to contact once the change has actually occurred ○ Record the advice given in Customer First using s47E(d)
2	<p>Determine if disputed care provisions apply + Read more ...</p> <p>For FTB and child support, a dispute in relation to the care of a child exists when a written care arrangement applies in relation to that child, and where actual care is not being followed in accordance with the written arrangement.</p> <p>If a disputed care assessment has already been completed for this care change, and a DOA DOC exists on the record advising this assessment is being undertaken by Integrated Care (INC), see Table 3, Step 2 on the Process Direct tab.</p> <p>There are specific actions needed when the:</p> <ul style="list-style-type: none"> • carer is advising that a current written care arrangement (for example written agreement, parenting plan or court order) in place for the child is no longer being complied with, and • care arrangement was being followed immediately before the most recent change or the change in care occurred before the care outlined in the written care arrangement commenced <p>Do the above circumstances apply?</p> <ul style="list-style-type: none"> • Yes, go to Step 3 • No, this is not disputed care, go to Step 4

3	<p>Check if reasonable action has been taken + Read more ...</p> <p>Examples of reasonable action for the person with reduced care include:</p> <ul style="list-style-type: none"> • initiating or participating in court action for contravention of a court order • obtaining or seeking legal advice regarding the making of a court order • initiating mediation, through a Family Relationship Centre or other service, to re-establish the care arrangement • negotiating with the other parent with a view to re-establishing the care arrangement <p>Is the carer with reduced care of the child/ren (compared to the amount in the written care arrangement), taking reasonable action to have the care arrangement complied with?</p> <ul style="list-style-type: none"> • Yes, disputed care may apply, see Table 3, Step 1 on the Process Direct tab • No, this is not disputed care, go to Step 4 • Unknown, as the care change was not reported by the person with reduced care, see Table 2, Step 2 on the Process Direct tab
4	<p>Determine if this is a notification of a shared care arrangement + Read more ...</p> <p>A shared care assessment is not to be confused with a change of care. A shared care assessment is appropriate if there is a pattern of care over a certain period (for example. the child stays with the other parent every second week, or on weekends or during school holidays)</p> <p>A change of care occurs when the full caring responsibility for the child passes to another person (the child does not regularly spend any time with another carer).</p> <p>Is this a notification of a new shared care arrangement?</p> <ul style="list-style-type: none"> • Yes, go to Step 5 • No, for a change of care, see Change of care for Family Tax Benefit
5	<p>Determine if the change in shared care impacts family assistance and child support, or income support payments or concessions, or is an Assessment of Care arrangements referral is required + Read more ...</p> <p>Will the change in shared care impact FTB eligibility/rate of payment and the child support assessment/cost percentage, or does care need to be checked or updated for entitlement and rate of payment to income support payment, Low Income Health Care</p>

	<p>card (LIC), Commonwealth Seniors Health Card (CSHC) or Foster Child Health Care Card (FST)?</p> <ul style="list-style-type: none"> • Yes, go to Step 6 • No, go to Step 7
6	<p>Shared care change will affect FTB, child support, income support payment or FST, CSHC or LIC entitlement + Read more ...</p> <ul style="list-style-type: none"> • Check for sensitive issues (such as family and domestic violence or hardship) and make appropriate referral to a social worker if required, see Social Work Services • Check whether the shared care assessment has been commenced or finalised by Child Support on the s47E(d) screen If the child is not linked to the customer, locate the child's record by searching for a customer on the system To check the s47E(d) screen: <p style="padding-left: 40px;">s47E(d)</p> <ul style="list-style-type: none"> • On the s47E(d) screen, check the s47E(d) to see if Child Support have finalised a care activity. The record will display as s47E(d) <p>Has Child Support commenced or finalised the care activity?</p> <ul style="list-style-type: none"> • Yes, go to Step 8 • No, go to Step 9
7	<p>Change in shared care will not impact FTB and child support + Read more ...</p> <p>The following are examples of when shared care percentages are easy to determine:</p> <ul style="list-style-type: none"> • Conclusive evidence has already been provided confirming the new care percentage • The care change is a new written care arrangement that has not yet been recorded <p>Are the shared care percentages easy to determine?</p> <ul style="list-style-type: none"> • Yes, see Step 1 in the Coding table to update the care

	<ul style="list-style-type: none"> • No, no care decision is required. As no care percentage decision has been made, no review and appeal rights exist. The References page contains a link to legislation. For a change in care notification that does not result in a change to FTB rate of payment and child support cost percentage tell the customer the following: <ul style="list-style-type: none"> ○ If we were to make a new care determination, it would not vary the assessed child support amount or the Family Tax Benefit entitlement. This is because the new care percentage falls within a particular 'care percentage range' that does not alter these amounts. Therefore no further investigation of the reported care change will occur and a new care determination will not be made ○ As we will not be changing the care percentages on record or in the child support assessment, no decision has been made, which means review and appeal/objection rights do not apply ○ Although we have not made a decision relating to this particular reported care change, it is important that you continue to notify us of all future changes so that we can determine whether or not a new care determination needs to be made ○ Record details on s47E(d) ○ If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) _____, to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff <p>Notes:</p> <ul style="list-style-type: none"> • the Resources page contains scenarios/examples where the Change of care has no effect on Family Assistance and child support • staff must make one genuine attempt to contact the customer to advise of the above information <p>Procedure ends here.</p>
8	<p>Child Support has commenced or finalised care activity + Read more ...</p> <p>If the care assessment has been commenced by Child Support on the s47E(d) screen:</p>


	<ul style="list-style-type: none"> • Child Support are in the process of making the care decision. Information will automatically transfer to Centrelink when the decision is finalised • Record details in Customer First if the customer has contacted, use s47E(d) • If a new claim is pending the care determination for a decision commenced less than 21 days ago, place the claim on hold in both Process Direct and Customer First with a resubmit date of 21 days from the date Child Support commenced the care assessment, and annotate the s47E(d) DOC <p>s47E(d)</p> <p>If the care assessment has been finalised by Child Support on the s47E(d) screen:</p> <ul style="list-style-type: none"> • In the child record, go to the s47E(d) screen and view the information on the s47E(d). Tell the customer the date the new care arrangement commenced and the care percentage • If the customer is already FTB current for the child/ren, go to the s47E(d) screen and tell the customer of their new FTB payment rate • If a new claim is pending, see appropriate claim procedure to action claim • If an individual (including a non-customer) wants to apply for a formal review of the care decision, see Review of care decisions • Record details of the contact in Customer First, use s47E(d) <p>Note: in some circumstances the Child Support decision cannot be automatically applied on the record and may require manual update for example:</p> <ul style="list-style-type: none"> • If this is a step-parent case, see Table 6, Step 1 on the Process Direct tab for the correct process to follow • If there are un-actioned Manual Follow-ups (MFU) on the s47E(d) screen about Child Support care, these may require manual action in Customer First. See Alignment of Care Manual Follow-up (MFU) activities <p>Procedure ends here.</p>
9	Check if shared care change is agreed + Read more ...

	<p>Investigate other linked record/s to see if care has been advised, coded on that party's file or customer has supplied a Details of your Child's Care Arrangement (FA012) signed by both parties.</p> <p>Has all shared care percentage information, including care start date and percentage been confirmed and agreed by the other party?</p> <ul style="list-style-type: none"> • Yes, if the customer: <ul style="list-style-type: none"> ○ is FTB current, process the advised changes at first point of contact. See Table 5, Step 1 on the Process Direct tab ○ is not FTB current, discuss eligibility and invite them to lodge a new claim. Refer to appropriate claim procedures as shared care details for the customer will need to be updated within the claim activity. If the other carer is in receipt of FTB for the child, and the care changes have not yet been coded on their record, see Table 5, Step 1 on the Process Direct tab to update the agreed care changes for the other carer ○ has lodged the information for an income support payment, CSHC, FST or LIC claim, see Table 5, Step 1 on the Process Direct tab ○ has a new families claim pending, see Progress of claim • No, see Table 2, Step 1 on Process Direct tab <p>Note: if the care arrangement is informal, and a grandparent, other relative or non-parent carer has supplied a Details of your Child's Care Arrangement (FA012) signed by a parent of the child or they advised verbally, additional evidence is required to make a change of care determination.</p>
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Shared care not confirmed and agreed or customer in hardship

Table 2: this table describes the steps to follow when a change in shared care arrangements has not been confirmed and agreed by both parties at initial contact. A customer may advise a shared care arrangement verbally, in writing, on a Details of your care arrangements (FA012), via the Child Support Online and Express Plus App services, or when claiming a Centrelink payment.

Step	Action
1	<p>Change in shared care is not confirmed and agreed by both parties + Read more ...</p> <p>All shared care percentage information, including care start date and percentage has not been confirmed and agreed by the other party, and:</p> <ul style="list-style-type: none"> • confirmation of care arrangements has not been requested previously, go to Step 2

	<ul style="list-style-type: none"> • the care review for return of evidence activity is due and has been allocated for processing, see Table 4, Step 1 on the Process Direct tab • the customer has contacted as requests for evidence of care have already been sent to each party and the required timeframe has elapsed, shared care trained staff see Table 4, Step 1 on the Process Direct tab • the customer is providing more evidence, see Receipt of claims, forms and documentation for family assistance • evidence of care has been requested but the timeframe to provide the information has not elapsed, tell the customer of the processing timeframes and evidence requirements (promote  online lodgement of documents) • the customer is advising of financial hardship, confirm the hardship criteria are met and go to Step 11
2	<p>Attempt to contact the other carer + Read more ...</p> <p>It is mandatory to attempt to contact the other carer unless an exception applies. s47E(d)</p> <p>Note: where FDV concerns are identified the FDV Support Model must be followed and consideration be given to the involvement of a social worker where a child may be at risk of harm or where a customer's circumstances indicate vulnerability or a risk to the customer's safety. See Social work service referral</p>


	<p>Make one genuine attempt to contact the other carer.</p> <p>If subscribed to Desktop Messaging, send a pre-call notification SMS through Desktop Messaging before calling them. For pre-call messages, allow a lead-in time of 5 minutes in case there is a delay sending the message.</p> <p>Was contact successful?</p> <ul style="list-style-type: none"> • Yes, go to Step 3 • No, go to Step 10
3	<p>Other carer contacted + Read more ...</p> <p>Where possible obtain details and confirm the information provided by the other party, such as:</p> <ul style="list-style-type: none"> • the date the shared care arrangement changed • details of the pattern of care and the actual care level • whether the care arrangements are agreed • what the current actual care is <p>If the:</p> <ul style="list-style-type: none"> • shared care arrangements are agreed and confirmed, see the Table 5, Step 1 on the Process Direct tab • other carer is advising that a current written agreement for shared care arrangements (court order/parenting plan/written agreement) in place for the child is no longer being complied with (disputed care), go to Step 4 • other carer disagrees with care percentage or date (disagreement over care arrangements), go to Step 6
4	<p>Written agreement is not being complied with (disputed care) + Read more ...</p> <p>Had the care arrangement been followed immediately before the most recent change, or, did the change in care occur before the care provided under the care arrangement could be established?</p> <ul style="list-style-type: none"> • Yes, go to Step 5 • No, this is not disputed care. If the other carer:

	<ul style="list-style-type: none"> ○ is not happy with the care arrangement, but confirms the care is as advised by the notifying carer, the care change is confirmed. See Table 5, Step 1 on the Process Direct tab ○ disagrees with certain points of the care arrangement, for example with the pattern of care, care percentage or date, this is a disagreement over care arrangements. Go to Step 6
5	<p>Reasonable action + Read more ...</p> <p>Examples of reasonable action for the person with reduced care include:</p> <ul style="list-style-type: none"> • initiating or participating in court action for contravention of a court order • obtaining or seeking legal advice regarding the making of a court order • initiating mediation, through a Family Relationship Centre or other service, to re-establish the care arrangement • negotiating with the other parent with a view to re-establishing the care arrangement <p>Is the carer with reduced care of the child/ren (compared to the amount in the written care arrangement), taking reasonable action to have the care arrangement complied with?</p> <ul style="list-style-type: none"> • Yes, disputed care may apply, see Table 3, Step 1 on the Process Direct tab • No, this is not disputed care. If the other carer: <ul style="list-style-type: none"> ○ is not happy with the care arrangement, but confirms the care is occurring as advised by the notifying carer, the care change is confirmed, see Table 5, Step 1 on the Process Direct tab ○ disagrees with certain points of the care arrangement, for example with the pattern of care, care percentage and/or date, this is a disagreement over care arrangements. Go to Step 6
6	<p>Other carer disagrees with care percentage or date + Read more ...</p> <p>Check the customer's record to see if the disagreed care process has commenced.</p> <p>Is there a DOC/Note in regards to the disagreed care on the customer's record?</p> <ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> ○ s47E(d) DOC, go to Step 7 ○ s47E(d) DOC, go to Step 8

	<ul style="list-style-type: none"> ○ s47E(d) DOC. Do not transfer the customer to the INC team. Manage enquiries relating to that care decision as per the processes in Review of care decisions. Staff will get feedback via the Staff Feedback Tool where the call transfer does not meet the specified guidelines • No, go to Step 9
7	<p>s47E(d) DOC + Read more ...</p> <p>Check for a s47E(d) referral DOC. If there is no:</p> <ul style="list-style-type: none"> • s47E(d) DOC, or • s47E(d) DOC <p>A s47E(d) 'referral DOC means the referral has not been assigned to an INC skilled Service Officer.</p> <p>Tell the customer:</p> <ul style="list-style-type: none"> • a Service Officer specialised in care decisions will review the evidence from all relevant parties to the care change and make a decision • they will get a call from the Service Officer to discuss the intended decision if the decision and/or impact will be: <ul style="list-style-type: none"> ○ adverse, or ○ different to what they would expect or had reported <p>Annotate the s47E(d) referral DOC with details of the customer conversation.</p> <p>During the conversation, if the customer agrees to the care and there is no disagreement to the facts:</p> <ul style="list-style-type: none"> • apply the care change as agreed between the parties, and • complete/finalise any Review/DOC referrals to the Integrated Care team • remove any s47E(d) keywords from s47E(d) or other associated activities and action as appropriate <p>Procedure ends here.</p>
8	<p>s47E(d) DOC + Read more ...</p>

	<p>INC Service Officers will create an s47E(d) DOC on the customer's record when they receive a s47E(d) referral. The DOC may be:</p> <ul style="list-style-type: none"> • open • on hold, or • completed <p>The DOC will have the following information - This case has been assigned and is being managed by an Integrated Care skilled Service Officer. If this customer or other relevant parties to this care change call, transfer them to Integrated Care using s47E(d)</p> <p>If the s47E(d) DOC is open or on hold and the customer:</p> <ul style="list-style-type: none"> • wants to speak to INC about the referral: <ul style="list-style-type: none"> s47E(d) • calls to give further information and does not want a call back from INC: <ul style="list-style-type: none"> ○ annotate the s47E(d) DOC with the information from the customer
9	<p>Referral to INC + Read more ...</p> <p>If the other carer disagrees with the care percentage, or dates gather more information, such as:</p> <ul style="list-style-type: none"> • what facts about the change they disagree with • the date, the details of care - nights, hours or the pattern of care • what circumstances led to the change • what care is actually occurring • how have they calculated the pattern of care • any other relevant information

If agreement cannot be reached:

- Tell **all** care parties they must provide [evidence to support the actual pattern of care](#) within the expected timeframe, indicating an assessment will be made on the available evidence at end of [timeframe](#) or rejected if suitable evidence is not provided
- Tell **all** care parties what that timeframe is
- Promote  [online lodgement of documents](#)
- If a shared care assessment is not yet **Commenced**, or has a status of **Lapsed**, and the activity cannot be completed end to end on the date received:
s47E(d)

- If **all** care parties are FTB current and/or current on an Income Support payment, select s47E(d) on each record to [request care information](#).

Note: there is no requirement to issue an FA012 locally, customer should follow the instructions contained in the RFI to access the form online

- For **CCS only customers**:
 - send a [Q888 CCS ACCS RFI](#) using approved text
 - include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Consider relevant privacy issues when referring to the other carer in the letter
- If the other carer is not FTB current, **and** has an existing Centrelink record, s47E(d) select s47E(d) to [request care information](#)

- **If either the customer or the other carer/s does not have an existing Centrelink record**, and enough information to create a record has/can be

supplied, a record must be created and the children linked to the new record. See Adding a customer to the system and Linking a child to a customer's record. s47E(d)

Select [request care information](#) from the record

- **If the gaining carer cannot provide enough information to create a record for the losing carer**, the RFI can be issued to the other carer from the gaining s47E(d)

carer's record.

s47E(d)

Note: there is no requirement to issue a FA012 locally, customers are to follow the instructions contained in the RFI to access the form online

s47E(d)

- The review will mature on the **Due Date** coded in the RVR activity. Workload Management will allocate the review for manual action

	<ul style="list-style-type: none"> Record details in Customer First using s47E(d) on all care parties' records Make sure all details including the due date are provided within s47E(d) on all parties' records Where actioning a FA012, the scanned document work item will need to be completed, see Viewing Centrelink customers' digital images Create a s47E(d) on all parties' records, with an expiry date of 28 days All disagreed care assessments and updates are completed by Integrated Care skilled staff. Once evidence is returned or the activity/claim becomes DUE, this will be allocated to an Integrated Care skilled staff s47E(d) <p>If the customer has provided evidence for this care period, a further request is not needed.</p> <p>Decrease in care not confirmed</p> <p>If the customer is advising that their care has decreased and it has not been confirmed with the other carer, the decrease needs to be coded as a preliminary decision to avoid overpayment. See Table 5, Step 1 on the Process Direct tab to update the decrease only.</p> <p>For increase in care, procedure ends here.</p>
10	<p>Other carer could not be contacted + Read more ...</p> <p>If the customer is in hardship, go to Step 11.</p> <p>If the other carer cannot be contacted by phone and/or there is no record of a prior request to confirm shared care arrangements:</p> <p style="text-align: right;">s47E(d)</p> <ul style="list-style-type: none"> If the other carer is also FTB current, select s47E(d) to request care information in each carer's record, requesting evidence for a change in shared care Note: there is no requirement to issue a FA012 locally. The customer should follow the instructions contained in the request for information to access the form online For CCS only customers:


- send a [Q888 CCS ACCS RFI](#) using approved text
- include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Consider [relevant privacy issues when referring to the other carer](#) in the letter
- If the other carer is not FTB current, **and**
 - s47E(d)
 - has an existing Centrelink record, select s47E(d) to [request care information](#) s47E(d)
 - **does not have** an existing Centrelink record, and the gaining carer **has or can supply enough information** to create a record for the losing carer, a record must be created, and the children linked to the new record. See Adding a customer to the system and Linking a child to a customer's record. Select s47E(d) to [request care information](#)
 - **does not have** an existing Centrelink record, and the gaining carer **cannot provide enough information** to create a record for the losing carer, s47E(d)
 - Where the other carer does not have a current record and/or documentation provided does not include the other carer's current contact details, s47E(d)
- r
- Letters are sent to both the losing and gaining carer now as this gives both carers equal opportunity to provide evidence for change of care without unnecessary delays to process the FTB payment
- If a shared care assessment is not yet **Commenced** or has a status of **Lapsed**, and the activity cannot be completed end to end on the date received: s47E(d)

s47E(d)

- Sending the RFI will automatically place the existing work item on hold for the required timeframe, allowing extra time for mail delivery
- s47E(d)
- If there is no activity, in **Customer First**, s47E(d) on the s47E(d) screen and complete the fields as follows:)

s47E(d)

- The review will mature on the **Due Date** coded in the RVR activity. Workload Management will allocate the review for manual action
- Make sure all details including the due date are provided by creating s47E(d) on **all** parties' records
- If the customer is advising a **decrease** in care that has not been confirmed, update as a preliminary decision to avoid overpayment. See [Table 5, Step 1](#) on the Process Direct tab to update the decrease in care

	Procedure ends here.
11	<p>Customer in hardship + Read more ...</p> <p>47E(d) s47E(d) ^{47E}</p> <p>47E(d)</p> <p>s47E(d)</p> <ul style="list-style-type: none"> • If care has been confirmed or the customer's evidence is satisfactory, see Table 5, Step 1 on the Process Direct tab • If not satisfied with the evidence provided, tell the customer to provide evidence to support their request for change of care percentage. A request for care information must also be sent to the customer and the other carer by s47E(d) selecting _____ to confirm their obligations to provide evidence • Promote  online lodgement of documents • For CCS only customers do not use the script. Instead: s47E(d) • Do not issue multiple FA012s when an initial one has been completed and returned • If the other carer is not FTB current, and s47E(d) <ul style="list-style-type: none"> ○ has an existing Centrelink record, select s47E(d) to request care information ○ does not have an existing Centrelink record, and the gaining carer has or can supply enough information to create a record for the losing carer, a record must be created, and the children linked to the new record. See Adding a customer to the system and Linking a child to a customer's record. Select _____ request care information s47E(d)

s47E(d)

- **does not have** an existing Centrelink record, and the gaining carer **cannot provide enough information** to create a record for the losing carer, from the customer's record, send an RFI by s47E(d)

- If a shared care assessment is not yet **Commenced** or has a status of **Lapsed**, and the activity cannot be completed end to end on the date received:
s47E(d)

- Issuing the RFI will automatically place the existing work item on hold for the required timeframe, allowing extra time for mail delivery
s47E(d)

- Where there is no activity, in **Customer First**, s47E(d) on the s47E(d) screen and complete the fields as follows:
s47E(d)

s47E(d)	<p>From 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.</p> <p>Where exceptional and/or unforeseen circumstances apply which may cause the customer to suffer severe financial hardship, customers can request to be temporarily excluded from debt recovery prior to any money being taken from their FTB arrears, lump sum or top-up payments.</p>
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Disputed care - request evidence and code an interim care decision

Table 3: this table describes the steps to follow when care is disputed. Disputed care provisions may apply for Family Tax Benefit (FTB) and child support where there is a departure from the terms of a written care arrangement, and the person with reduced care is taking reasonable action to have the care arrangement complied with.

Step	Action
1	<p>Contact other carer to confirm interim care arrangements: + Read more ...</p> <p>In most cases it is mandatory to attempt to contact the other carer to confirm the 'actual' care arrangements currently being followed, where a customer has advised that a court order/parenting plan/written agreement for care arrangements is not being complied with (disputed care). Where the other carer does not have a current record and/or documentation provided does not include the other carer's current contact details, s47E(d)</p> <p>s47E(d)</p>

s47E(d)

Note: where FDV concerns are identified, the FDV Support Model must be followed and consideration be given to the involvement of a **social worker** where a child may be at risk of harm or where a customer's circumstances indicate vulnerability or risk to the customer's safety. See [Social work service referral](#).

Make one [genuine attempt to contact](#) the other carer.

If subscribed to Desktop Messaging, [send a pre-call notification SMS through Desktop Messaging](#) before calling them. For pre-call messages, allow a lead-in time of 5 minutes in case there is a delay sending the message.

Explain that a disputed care determination will be made based on information and evidence that establishes care-related facts to support:

- the care that is most likely to be occurring (including care other than nights)
- whether the established pattern of care has changed or not
- the new pattern of care is likely to continue into the future (and is not a one-off minor change such as occasionally missing a weekend of care due to work or illness)

Send request for evidence letters to both carers:

s47E(d)

- If the other carer is also FTB current, select **s47E(d)** to [request care information](#)
- For **CCS only customers:**
 - send a [Q888 CCS ACCS RFI](#) using approved text
 - include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Consider [relevant privacy issues when referring to the other carer](#) in the letter. If verbal contact was unsuccessful, a FA012 must be issued to the other carer with the Q888. Do not send a FA012 to the initiating carer unless they request this to provide more information

	<ul style="list-style-type: none"> • s47E(d) • If the other carer is not FTB current, and <ul style="list-style-type: none"> o has an existing Centrelink record, select s47E(d) to request care information o does not have an existing Centrelink record, and the gaining carer has or can supply enough information to create a record for the losing carer, a record must be created, and the children linked to the new record. See Adding a customer to the system and Linking a child to a customer's record. Select s47E(d) to request care information o does not have an existing Centrelink record, and the gaining carer cannot provide enough information to create a record for the losing carer. from the customer's record, send an RFI by s47E(d) selecting .s47E(d) <p>Note: if the written care arrangement has not previously been coded on the system or scanned to the record, it will need to be provided as part of the evidence requested.</p> <p>All disputed care assessments and updates are completed by Integrated Care skilled staff.</p> <p>Note: if the update relates to an ARO implementation request relating to a disputed care determination, the program that made the original decision must implement the ARO decision. See Review of Care Decision.</p> <ul style="list-style-type: none"> • Centrelink staff, go to Step 2 • Integrated Care skilled staff, go to Step 6
2	<p>Hand off disputed care work item to Integrated Care skilled staff + Read more ...</p> <p>To hand-off to Integrated Care (INC) skilled staff:</p>

- When there is an existing work item (for example claim activity), place the work item on hold for 14 days, [allowing extra time for mail delivery](#)
- Add the keyword **s47E(d)**
- When there is no activity, in **Customer First**, **s47E(d)** on the **s47E(d)** screen and complete the fields as follows (this includes where evidence has been requested when actioning FA012s):
s47E(d)

- The review will mature on the **Due Date** coded in the RVR activity. Workload Management will allocate the review for manual action
- When actioning a FA012, the scanned document work item will need to be completed, see [Viewing Centrelink customers' digital images](#)
- Make sure all details including the due date are provided within **s47E(d)**

on **all parties'** records
- Create a **DOA DOC** using the **s47E(d)** - select **s47E(d)**
use **s47E(d)** on **all parties'** records, with
an expiry date of 28 days
- Once evidence is returned or the activity/claim becomes DUE, this will be allocated to a Child Support Service Officer for action
- If the written care arrangement has not been previously coded on the system, it will need to be provided as part of the evidence requested

	<p>s47E(d)</p> <p>For customers who are experiencing financial hardship or are a family in crisis and s47E(d) :</p> <p>s47E(d)</p> <p>Centrelink staff:</p> <ul style="list-style-type: none"> • If contact is received regarding a disputed care change being managed by Integrated Care (INC) skilled staff, go to Step 3 • If a work item is received relating to a disputed care change being managed by Integrated Care skilled staff, go to Step 4 • If contact is received during the maximum interim period of an existing disputed care decision, go to Step 5
3	<p>Contact regarding a disputed care change being managed by Integrated Care skilled staff + Read more ...</p> <p>Where contact is received (either in person or via the phone) from a parent/carer who has a disputed care assessment already being managed by Integrated Care skilled staff as per the s47E(d) DOA DOC, advise the parent/carer, their care assessment will be applied to both their Child Support and Centrelink records once complete.</p> <p>Procedure ends here.</p>
4	<p>Work item received relating to a disputed care change being managed by Integrated Care skilled staff + Read more ...</p> <p>If a work item is received related to a care change already being managed by Integrated Care skilled staff (as per the s47E(d) DOA DOC), hand-off the work item by adding the keyword s47E(d) and reallocating the work item back to the pool.</p> <p>Note: the work item does not need to be re-categorised, by adding the keyword, it will automatically be allocated to Integrated Care skilled staff.</p> <p>Procedure ends here.</p>

5	<p>Contact received during the maximum interim period of an existing disputed care decision + Read more ...</p> <p>If a contact is received during the maximum interim period as outlined in the s47E(d) DOA DOC, where there is a change to the care arrangements for the relevant children or a change to reasonable action being taken, hand-off to Integrated Care skilled staff.</p> <p>If there is a relevant work item on the record add the keyword s47E(d) and reallocate the work item back to the pool.</p> <p>If there is no existing work item, an ACTDOC will need to be created in Customer First using s47E(d)</p> <p>Note: the keyword s47E(d) does not need to be added to the s47E(d) , it is built into the auto text template.</p> <p>Procedure ends here.</p>
6	<p>Customer seeking to enforce order/plan/agreement + Read more ...</p> <p>s47E(d)</p>

	<p>s47E(d)</p>
<p>7</p>	<p>Record interim care decision + Read more ... s47E(d)</p>

	<ul style="list-style-type: none"> • In Customer First complete the s47E(d) with details of the disputed care and interim care decision, and DOC the record using Fast Note • When a disputed care assessment is finalised, to indicate the maximum interim period where referrals to CSSC are still required: s47E(d) <p>If a new written care arrangement is made during the interim period (for example, new court orders are lodged) the interim period will be reduced, ending on the day before the written care arrangement starts.</p> <p>Actual care decision</p> <p>An 'actual care' decision is to be made based on evidence provided at the end of the allowed time if attempts have been made to comply with the care arrangements or action for a new arrangement is unsuccessful. See Table 4, Step 1 on the Process Direct tab.</p> <p>For care periods that commence on or after 1 July 2012, if there are special circumstances, s47E(d)</p> <p>From 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.</p>
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Making a decision on a shared care arrangement


Table 4: this table contains information for Service Officers to follow to determine shared care percentages.

Step	Action
1	<p>Check records to make sure that all carers were given equal opportunity to provide evidence and were advised of their obligations + Read more ...</p> <p>Has a request for evidence been sent to all carers?</p> <ul style="list-style-type: none"> • Yes, and if all carers have been given adequate time to respond, check both records for any documents and scans that have been provided as evidence of the pattern of care, go to Step 2

	<ul style="list-style-type: none"> • No, if a request for evidence has not been sent to all carers, see Table 2, Step 2 on the Process Direct tab for help. Resubmit the work item until the relevant due date
2	<p>Evidence received + Read more ...</p> <p>Has acceptable evidence been received from both carers within the expected timeframe?</p> <ul style="list-style-type: none"> • Yes, all carers have: <ul style="list-style-type: none"> ○ agreed on percentage/s of care, there is no need to calculate the percentage based on the agreed pattern of care or the available evidence. See Table 5, Step 1 on the Process Direct tab ○ agreed on nights or hours of care, work out the percentage of care. Go to Step 3 ○ provided evidence, but care is not agreed. Go to Step 6 • No: <ul style="list-style-type: none"> ○ only one carer has responded, go to Step 10 ○ no response from either carer, go to Step 11
3	<p>Working out the percentage of care + Read more ...</p> <p>Where customers have responded with nights or weeks in care rather than a percentage, determine the percentage of shared cared used for family assistance payments.</p> <p>Actual care percentage = number of nights in care / days in the assessment period x 100 or use the Care estimator available from the Resources page.</p> <p>Determine the assessment period. For post 1 July 2010 calculations, the assessment period is 12 months from the start of the care arrangement.</p> <ul style="list-style-type: none"> • Add up the number of nights the child is in the customer's care during the assessment period • If the number of nights does not accurately reflect the time in care, the number of hours can be used: <ul style="list-style-type: none"> ○ Add up the number of hours for each part day the child is in care and divide by 24 to get the number of days

	<ul style="list-style-type: none"> ○ Add this to the number of whole days in care to get the total number of days in care during the assessment period • Divide the number of nights in care in the assessment period by the number of days in the assessment period • Multiply the result by 100 to get the actual care percentage • The percentage recorded must be a whole number - rounding rules for actual care percentage <p>The Resources page contains care calculator which can assist with calculating the percentage of care and examples of calculating care. The Family Assistance Guide links under the References tab also contain extra information and examples.</p> <p>Are there Multiple carers (3 or more)?</p> <ul style="list-style-type: none"> • Yes, go to Step 4 • No, go to Step 5
4	<p>Multiple carers - care percentage and apportioning + Read more ...</p> <p>If a child is being cared for by 3 or more people and:</p> <ul style="list-style-type: none"> • none of the carers has at least 35% actual care, no customer will be paid FTB for the child • only one customer has at least 35% actual care, they will be entitled to 100% of the family assistance for the child • 2 customers have at least 35% actual care, family assistance may be apportioned and disbursed between them <p>Note: if the change is a reduction that has not been confirmed with the other carer, code s47E(d) and once evidence is supplied and the care change is finalised the s47E(d)</p> <p>The Apportioning formula for shared care is used to disburse any unclaimed FTB percentage where there are multiple carers of three or more.</p> <p>The Resources page contains examples of Coding and assessing more than 2 carers.</p> <p>Is the actual care percentage at least 35% in the assessment period?</p> <ul style="list-style-type: none"> • Yes, confirm customer meets FTB eligibility requirements, go to Step 5 • No, the customer is not entitled to FTB for the child. However, they may be entitled to ancillary benefits and/or a higher rate of payment if they have at

	<p>14% care of a dependent child. See 'With child' rate of benefit for non-principal carers with shared care. Procedure ends here</p>
5	<p>Shared care percentage and date of change + Read more ...</p> <p>Is the shared care percentage and date of change agreed?</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Process Direct tab • No, care is disagreed: <ul style="list-style-type: none"> ○ Centrelink staff, go to Step 6 ○ Integrated Care skilled staff, go to Step 7
6	<p>Shared care arrangement not agreed + Read more ...</p> <p>All disagreed care assessments and updates are completed by Integrated Care skilled staff.</p> <p>To hand-off to Integrated Care (INC) skilled staff:</p> <ul style="list-style-type: none"> • When there is an existing work item (for example, claim activity), place the work item on hold for 14 days, allowing extra time for mail delivery and add the keyword s47E(d) and s47E(d) • When there is no activity, in Customer First, s47E(d) on the s47E(d) screen and complete the fields as follows (this includes where evidence has been requested when actioning FA012s): s47E(d)

	<ul style="list-style-type: none"> • No: <ul style="list-style-type: none"> ○ If more information will not be provided, or all parties cannot be contacted, go to Step 8 ○ If a carer indicates they can provide additional supporting evidence, request it be provided within 7 days ○ Let customers know about  online lodgement of documents ○ Place work item on hold for 15 days (22 days for remote or overseas customers) to allow mailing time ○ Document the discussion, care information, and when more evidence is due ○ Once the work item becomes due, make a care determination based on available evidence. If care percentage and apportioning needs to be considered, return to Steps 3 and 4. Then go to Step 8
8	<p>Has sufficient evidence been provided to make a care decision? + Read more ...</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Process Direct tab • No, if a care decision cannot be made as the evidence is inconclusive, reject the care decision. Go to Step 9
9	<p>Reject the care decision + Read more ...</p> <ul style="list-style-type: none"> • Document the records with the reason for this decision. Make sure the DOC covers: <ul style="list-style-type: none"> ○ the reasons for the assessment outcomes, ○ how the information was received, and ○ if a manual advice was sent and other relevant information. Note: if the other party does not have a record, do not create a record for the purpose of a DOC • In Customer First, issue a Q999 letter to the customer and/or other carer, including reason for outcome and the review and appeal rights. The Resources page contains approved text for the Q999 letter • Cancel any associated review activities

	<ul style="list-style-type: none"> • Assess any claim pending as 'NEF' (not effective), as not all required information has been provided. For: <ul style="list-style-type: none"> ○ CCS pending claims, see Table 3, Step 9 in the Process page of Processing Child Care Subsidy (CCS) claims ○ All other claims, see Not effective, rejection, or withdrawal of claim for Family Tax Benefit or Stillborn Baby Payment • If either carer is in receipt of an income support payment, their entitlement may be affected by the change in care. Consider if cancellation or suspension is appropriate. See Principal carer of a dependent child • If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) <ul style="list-style-type: none"> ○ , to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff • Procedure ends here
10	<p>Only one carer has responded + Read more ...</p> <p>If only one carer responds within the allowable timeframe, this evidence may be used to assess the care percentage if it is considered to be sufficient.</p> <p>Determine whether the evidence is acceptable and supports the pattern of care and date of the change being claimed. Weigh the evidence.</p> <p>The Resources page contains a care calculator which can assist with calculating the percentage of care and examples of calculating care. The References page contains links to the Family Assistance Guide with extra information and examples of verifying care arrangements and establishing a pattern of care.</p> <p>Do not change the care percentages until there is enough evidence to support such a decision.</p> <p>For assistance in calculating the percentage of care, refer to the Care Calculator on the Resources page before continuing.</p> <p>Tell the customer that the other person caring for the child may apply for a formal Review of care decision.</p> <ul style="list-style-type: none"> • If the care percentage is determined and supported by evidence, see Table 5, Step 1 on the Process Direct tab • If the evidence provided is not sufficient to update the care decision, the care assessment is rejected. In Customer First, issue Free Text (Q999) to customer and/or other carer, including reason for outcome and the review and appeal

	<p>rights. The Resources page contains example text for the Q999. Document the decision in a Fast Note</p> <ul style="list-style-type: none"> If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff. Procedure ends here
11	<p>No response from either carer + Read more ...</p> <p>If no response is received from either carer within the expected time frame:</p> <ul style="list-style-type: none"> Cancel FTB in Customer First where entitlement is potentially reduced or eligibility lost (to avoid possible overpayments), using: <ul style="list-style-type: none"> Service Reason: 'FRC' (Failed to Reply to Correspondence) Date of Effect: date paid to plus one (this is not relevant if not FTB current/no Centrelink record) DOC the record using s47E(d) Assess any claim pending as 'NEF' (not effective), as not all required information has been provided. For: <ul style="list-style-type: none"> a CCS pending claim, see Table 3, Step 9 in the Process page of Processing Child Care Subsidy (CCS) claims all other claims, see Not effective, rejection, or withdrawal of claim for Family Tax Benefit or Stillborn Baby Payment Where the entitlement was potentially increasing, consider any pending care changes not effective In Customer First, issue a Q999 letter to the customer and/or other carer, including reason for outcome and the review and appeal rights. The Resources page contains approved text for the Q999 letter for carers already in receipt of FTB. Note: there is no requirement to issue a letter to a non-FTB customer DOC the record of both parties. Note: if the other party does not have a record, do not create one for the purpose of a DOC. DOC the outcome: <ul style="list-style-type: none"> including the reasons for the assessment outcome (for example, claim/care change Not Effective (NEF))

	<ul style="list-style-type: none"> ○ how the information was received ○ if a manual advice was sent, and ○ other relevant information <ul style="list-style-type: none"> ● When the s47E(d) screen is coded as commenced, the system will automatically update to lapsed after 21 days, no update is required ● If the customer is CCS current, this is to reduce to zero rate. Policy allows a zero rate to be applied to customers in this circumstance <ul style="list-style-type: none"> ○ Escalate to Level 2 Policy Helpdesk quoting s47E(d) ○ Advise what information is required to correctly assess entitlement. See the Resources page for a link <p>If either carer is in receipt of an income support payment, their entitlement may be affected by the change in care. See Principal carer of a dependent child.</p> <p>If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.</p>
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Coding shared care arrangements

Table 5: this table describes the steps for coding, finalising and advising customers of care arrangement decisions.

Step	Action
1	<p>Checks before coding shared care details for FTB + Read more ...</p> <p>The details for the customer with the reduction in care percentage must be coded first, followed by the customer with the increase in care percentage.</p> <p>Notes:</p> <ul style="list-style-type: none"> ● A child can only be linked to a person (carer's) record if: <ul style="list-style-type: none"> ○ both carers have participated in the making of a new care decision either verbally or written (FA012) ○ a subsequent care decision is being made and the 'E004WA Mandatory value not entered on screen' error is experienced due to a care decision displaying on the s47E(d) screen for a non-linked

carer. This can occur when Child Support have made a previous care decision and it has been received via the data exchange

- the customer has made a claim in relation to the child (includes an income support payment claim that attracts the 'with child' rate)
- the claimant is a step parent and the P24845 - Step-parent workaround needs to be applied
- Staff **must not link** a child to the record, unless one of the above criteria is met. See the [Resources](#) page in Linking a child to a customer's record for examples

s47E(d)

When assessing a new claim, use the following steps within the claim activity.

Has the child been linked to all relevant carers who have made a claim?

Check the s47E(d) screen in all relevant records.

- If the customer (or partner) has claimed for the child, if not already listed, the child can be linked:
 - within the FTB new claim, or
 - by keying s47E(d)
- If there has **never** been a claim **do not** link the child/ren

Child's Customer Reference Number (CRN)

Check the same CRN is being used on all carer records for the child. The s47E(d) screen may display only one carer line due to multiple child CRNs. If CRN is not the same on each record, check for multiple or duplicate CRNs.

Child and customer environment

Check the customer and child environment, and transfer to the correct environment where appropriate. For help with transferring, see [Process Direct navigation, common screens and functions](#).

s47E(d)

	<p>The child's home environment can be determined viewing the s47E(d) screen in Process Direct. Child changes recorded on one customer's record will 'ripple' to other customers linked to the child.</p>
2	<p>Determine if the claimant is a step-parent + Read more ...</p> <p>Where FTB is transferred out to partner ('TOP' is coded on the Child's s47E(d) screen - from parent to step-parent) for any level of care and the parent is a Centrelink and Child Support mutual customer, the record needs to be referred for investigation as the P24845 system issue may impact.</p> <p>Is the claimant a step-parent?</p> <ul style="list-style-type: none"> • Yes, s47E(d) <p style="text-align: right;">, see Table 6</p> <ul style="list-style-type: none"> • No, go to Step 3
3	<p>Code the decrease in care first + Read more ...</p> <p>Use the correct date of receipt (DOR) and channel when coding activities.</p> <p>Once completed, code the increase in care on the other carer.</p> <p>Create a change in circumstance activity via s47E(d) Key s47E(d) into the s47E(d) and select the s47E(d) workflow on the Task Selector. Relevant child level screens will be pre-selected. Select the parent level screens from the task selector that may require updating:</p> <ul style="list-style-type: none"> • s47E(d)): <ul style="list-style-type: none"> ○ If the customer is in receipt of an Income Support Payment (ISP), coding may be required on the s47E(d) screen to assess 'with child' rate of the ISP or change in qualification for PP. For help, see s47E(d) screen ○ For PPS if the customer is no longer the principal carer of a child, coding may be required on the s47E(d) screen. Note: the child may continue to be assessed for the purpose of the additional income free area if the customer retains entitlement to PPS for another child, or other child/ren. If this is an update to the last remaining PP child, PPS should cancel. If PSS does not cancel, see s47E(d) screen for extra coding requirements ○ If the E630PN or E559NM edits present, see E630PN or E559NM Child is the dependant of another principal carer

	<ul style="list-style-type: none"> • s47E(d) screen from the date the child entered care. s47E(d) • If the customer is single and receiving JobSeeker Payment (JSP), Youth Allowance (job seeker) or Special Benefit (SpB) and the principal carer status is changing, the s47E(d) screen will automatically update based on s47E(d) table coding on the s47E(d)) screen <p>To update child level screens: s47E(d)</p>
4	<p>Update other child screens if necessary + Read more ...</p> <p>s47E(d)</p>
5	<p>Finalise activity and document the customer's record + Read more ...</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <p>Add required information in the automated finalisation DOC/Note to document the decision.</p> <p>For ABSTUDY customers, check continuing entitlement after ABSTUDY customer leaves parental home.</p> <p>Note: if the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility.</p> <p>Use the s47E(d) in Customer First, to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.</p>
6	<p>Code the increase in care + Read more ...</p> <p>Go to the record where the increase in care is to be coded. If the child is not appearing on the s47E(d) they can be linked by:</p> <p>s47E(d)</p> <p>If the customer is not yet FTB current, and the new care level entitles the customer to FTB, a claim will need to be lodged. See Initial contact by customers claiming payments for families.</p>

s47E(d)

To update child level screens:

s47E(d)

Update other child screens if necessary:

s47E(d)

	<p>s47E(d)</p> <p>If maintenance group requires update, see How to group children on a customer's Family Tax Benefit record.</p> <p>Check the outcome is correct before finalising the activity on the s47E(d) screen.</p> <ul style="list-style-type: none"> • If the customer is in hardship and immediate arrears are required, go to the s47E(d) screen and select the s47E(d) box in the started activity before finalising. This will ensure immediate arrears will issue. If not, the payment will be issued with the next available payday • Add required information to the automated s47E(d) to document to decision • If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. In Customer First, use the s47E(d) , to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff <p>Note: from 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.</p> <p>Is at least one carer claiming/receiving an income support payment?</p> <ul style="list-style-type: none"> • Yes, go to Step 7 • No, procedure ends here
7	<p>Advise customer and other carer(s) of decision + Read more ... s47E(d)</p>

	<p>s47E(d)</p> <p>Any disclosure of personal/protected information must comply with the confidentiality provisions in sections 201-208 of the Social Security (Administration) Act 1999 and Australian Privacy Principle (APP) 6 of the Privacy Act 1988. See the References page for links. If a Service Officer feels it necessary, the name of the other carer should be replaced with the term 'other carer'. The reasons for this must be documented.</p>
8	<p>s47E(d)</p>

P24845 - Step-parent workaround

Table 6: this table describes the process to follow prior to referring to record for investigation and to correctly action the workaround for the P24845 - Claimant is a step-parent issue.

Step	Action
1	Claimant is a step-parent or P24845 workaround is present on child record + Read more ...

	<p>The record needs to be referred for investigation as the P24845 system issue may impact:</p> <ul style="list-style-type: none"> when FTB is transferred out to partner (47E(d) is coded on the 47E(d) screen - from parent to step-parent) and the parent is a Centrelink and Child Support mutual customer if the P24845 workaround is present on a record for a child,-either now or for a date in the past, the workaround will need to be applied with each subsequent care change until the child ceases to be an FTB child <p>If the workaround has previously been applied the 47E(d) on the 47E(d) screen will show 3 or more carers with shared care.</p> <p>The Resources page contains examples of when the P24845 system issue may affect a record.</p>
2	<p>Coding required before referring for investigation + Read more ...</p> <ul style="list-style-type: none"> Make sure the: <ul style="list-style-type: none"> customer and step-parent records are linked and any linking activity has been finalised. See Family Assistance customer becomes partnered child has been linked to both the biological parent and step-parent. See Linking a child to a customer's record child and parent are in the same environment If the biological parent is still FTB current: <ul style="list-style-type: none"> in s47E(d) , in a separate activity, code s47E(d) on the parent's s47E(d) screen - from parent to step-parent so that the customer's FTB cancels for that child finalise this activity If the biological parent is not FTB current: <ul style="list-style-type: none"> in s47E(d) , if not previously coded, code s47E(d) on the biological parent's s47E(d) screen - from parent to step-parent. This update can be made within an existing s47E(d) activity if there is one Coding can be completed in an existing s47E(d) activity if it has the correct date of receipt (DOR) for the care decision. Otherwise, complete the following coding:

	<p>s47E(d)</p> <ul style="list-style-type: none">• The care decision must be documented on each carer's record. In Customer First, use s47E(d)• If the biological parent and step parent have now separated, updates to the s47E(d) on the s47E(d) for the child/ren must be escalated via standard escalation protocols as a workaround is required
3	<p>Document the records + Read more ...</p> <p>s47E(d)</p>

	<p>s47E(d)</p>
4	<p>Referral process for workaround coding + Read more ...</p> <p>Following the coding, to make sure the correct rate applies to the Step-parent record, a workaround must be applied to the s47E(d) on the ^{s47E(d)} screen.</p> <p>s47E(d)</p>

	s47E(d)
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Customer First

On this page:

[Initial customer contact and information gathering](#)

[Shared care not confirmed and agreed or customer in hardship](#)

[Disputed care - request evidence and code an interim care decision](#)

[Making a decision on a shared care arrangement](#)

[Coding shared care arrangements](#)

[P24845 - Step-parent workaround](#)

Initial customer contact and information gathering

Table 1: this table describes the steps to follow when gathering information to be able to assess shared care percentages for a child. A customer may advise a shared care arrangement verbally, in writing, on a Details of your care arrangements (FA012), via CS Online or the Express Plus App, or when claiming a Centrelink payment.

Step	Action
1	<p>Shared care change + Read more ...</p> <p>Has the change in shared care already happened?</p> <ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> ○ If a person (including a non-customer) wants to apply for a formal review of a care decision, see Review of care decisions. Procedure ends here ○ In all other cases, go to Step 2

	<ul style="list-style-type: none"> • No, the change is for a future date: <ul style="list-style-type: none"> ○ Ask the carer to contact once the change has actually occurred ○ Record the advice given in a s47E(d) <p style="text-align: right;">. Procedure ends here</p>
2	<p>Determine if disputed care provisions apply + Read more ...</p> <p>For FTB and child support, a dispute in relation to the care of a child exists when a written care arrangement applies in relation to that child, and where actual care is not being followed in accordance with the written arrangement.</p> <p>If a disputed care assessment has already been completed for this care change, and a DOA DOC exists on the record advising this assessment is being undertaken by Integrated Care (INC), see Table 3, Step 2 on the Customer First tab.</p> <p>There are specific actions needed when the:</p> <ul style="list-style-type: none"> • carer is advising that a current written care arrangement (for example written agreement, parenting plan or court order) in place for the child is no longer being complied with, and • the care arrangement was being followed immediately before the most recent change or the change in care occurred before the care outlined in the written care arrangement commenced <p>Do the above circumstances apply?</p> <ul style="list-style-type: none"> • Yes, go to Step 3 • No, this is not disputed care, go to Step 4
3	<p>Check if reasonable action has been taken + Read more ...</p> <p>Examples of reasonable action for the person with reduced care include:</p> <ul style="list-style-type: none"> • initiating or participating in court action for contravention of a court order • obtaining or seeking legal advice regarding the making of a court order • initiating mediation, through a Family Relationship Centre or other service, to re-establish the care arrangement • negotiating with the other parent with a view to re-establishing the care arrangement

	<p>Is the carer with reduced care of the child/ren (compared to the amount in the written care arrangement), taking reasonable action to have the care arrangement complied with?</p> <ul style="list-style-type: none"> • Yes, disputed care may apply, see Table 3, Step 1 on the Customer First tab • No, this is not disputed care, go to Step 4 <p>Unknown, as the care change was not reported by the person with reduced care, see Table 2, Step 2 on the Customer First tab</p>
4	<p>Determine if this is a notification of a shared care arrangement + Read more ...</p> <p>A shared care assessment is not to be confused with a change of care. A shared care assessment is appropriate if there is a pattern of care over a certain period (for example. the child stays with the other parent every second week, or on weekends or during school holidays)</p> <p>A change of care occurs when the full caring responsibility for the child passes to another person (the child does not regularly spend any time with another carer).</p> <p>Is this a notification of a new shared care arrangement?</p> <ul style="list-style-type: none"> • Yes, go to Step 5 • No, for a change of care, see Change of care for Family Tax Benefit
5	<p>Determine if the change in care affects family assistance and child support, or is an Assessment of Care arrangements referral + Read more ...</p> <p>Will the change in shared care affect FTB eligibility/rate of payment and the child support assessment/cost percentage, or does care need to be checked or updated for entitlement to income support payment, Low Income Health Care card (LIC), Commonwealth Seniors Health Card (CSHC) or Foster Child Health Care Card (FST) ?</p> <ul style="list-style-type: none"> • Yes, go to Step 6 • No, go to Step 7
6	<p>Shared care change will affect FTB, child support, income support payment or FST, CSHC or LIC entitlement + Read more ...</p> <ul style="list-style-type: none"> • Check for sensitive issues (such as family and domestic violence or hardship) and make appropriate referral to a social worker if required, see Social Work Services • Check whether the shared care assessment has been commenced or finalised by s47E(d) screen.

	<p>If the child is not linked to the customer, locate the child's record by searching for a customer on the system</p> <p>To check the s47E(d) screen:</p> <p>s47E(d)</p> <ul style="list-style-type: none"> • Check the s47E(d) screen to see if Child Support have finalised a care activity. The record will display as s47E(d) <p>Has Child Support commenced or finalised the care activity?</p> <ul style="list-style-type: none"> • Yes, go to Step 8 • No, go to Step 9
7	<p>Change in shared care will not affect FTB and child support + Read more ...</p> <p>The following are examples of when shared care percentages are easy to determine:</p> <ul style="list-style-type: none"> • Conclusive evidence has already been provided confirming the new care percentage • The care change is a new written care arrangement that has not yet been recorded <p>Are the shared care percentages easy to determine?</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Customer First tab to update the care • No, no care decision is required. As no care percentage decision has been made, no review and appeal rights exist. The References page contains a link to legislation. <p>For a change in care notification that does not result in a change to FTB rate of payment and child support cost percentage tell the customer the following:</p> <ul style="list-style-type: none"> ○ If we were to make a new care determination, it would not vary the assessed child support amount or the Family Tax Benefit entitlement. This is because the new care percentage falls within a particular 'care percentage range' that does not alter these amounts. Therefore no


	<p>further investigation of the reported care change will occur and a new care determination will not be made</p> <ul style="list-style-type: none"> ○ As we will not be changing the care percentages on record or in the child support assessment, no decision has been made, which means review and appeal/objection rights do not apply ○ Although we have not made a decision relating to this particular reported care change, it is important that you continue to notify us of all future changes so that we can determine whether or not a new care determination needs to be made ○ Record details on s47E(d) ○ If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff <p>Notes:</p> <ul style="list-style-type: none"> • The Resources page contains scenarios/examples where the Change of care has no effect on Family Assistance and child support • Staff must make one genuine attempt to contact the customer to advise of the above information <p>Procedure ends here.</p>
<p>8</p>	<p>Child Support has commenced or finalised care activity + Read more ...</p> <p>If the care assessment has been commenced by Child Support on the s47E(d) screen:</p> <ul style="list-style-type: none"> • Child Support are in the process of making the care decision. Information will automatically transfer to Centrelink when the decision is finalised • Record details of the contact in s47E(d) <p>s47E(d)</p>

	<p>If the care assessment has been finalised by Child Support on the s47E(d) screen:</p> <ul style="list-style-type: none"> • Select child from s47E(d) screen and go to s47E(d) screen. Tell the customer the date the new care arrangement commenced and the care percentage • If the customer is already FTB current for the child/ren, go to the s47E(d) screen and tell the customer of their new FTB payment rate • If a new claim is pending, see appropriate claim procedure to action claim • If an individual (including a non-customer) wants to apply for a formal review of the care decision, see Review of care decisions • Record details of the contact using s47E(d) <p>Note: in some circumstances the Child Support decision cannot be automatically applied on the record and may require manual update for example:</p> <ul style="list-style-type: none"> • If this is a step-parent case, see Table 6, Step 1 on the Customer First tab for the correct process to follow • If there are un-actioned Manual Follow-ups (MFU) on the s47E(d) screen about Child Support care, these may require manual action. See Alignment of Care Manual Follow-up (MFU) activities <p>Procedure ends here.</p>
9	<p>Check if shared care change is agreed + Read more ...</p> <p>Investigate other linked record/s to see if care has been advised, coded on that party's file or customer has supplied a Details of your Child's Care Arrangement (FA012) signed by both parties.</p> <p>Has all shared care percentage information, including care start date and percentage been confirmed and agreed by the other party?</p> <ul style="list-style-type: none"> • Yes, if the customer: <ul style="list-style-type: none"> ○ is FTB current, process the advised changes at first point of contact. See Table 5, Step 1 on the Customer First tab ○ is not FTB current, discuss eligibility and invite them to lodge a new claim. Refer to appropriate claim procedures as shared care details for the customer will need to be updated within the claim activity. If the other carer is in receipt of FTB for the child, and the care changes have

	<p>not yet been coded on their record, see Table 5, Step 1 on the Customer First tab to update the agreed care changes for the other carer</p> <ul style="list-style-type: none"> ○ has lodged the information for an income support payment, CSHC, FST or LIC claim, see Table 5, Step 1 on the Customer First tab ○ has a new families claim pending, see Progress of claim <ul style="list-style-type: none"> • No, see Table 2, Step 1 on the Process Direct tab
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Shared care not confirmed and agreed or customer in hardship

Table 2: this table describes the steps to follow when a change in shared care arrangements has not been confirmed and agreed by both parties at initial contact. A customer may advise a shared care arrangement verbally, in writing, on a Details of your care arrangements (FA012), via CS Online or the Express Plus App, or when claiming a Centrelink payment.


Step	Action
1	<p>Change in shared care is not confirmed and agreed by both parties + Read more ...</p> <p>All shared care percentage information, including care start date and percentage has not been confirmed and agreed by the other party, and:</p> <ul style="list-style-type: none"> • confirmation of care arrangements has not been requested previously, go to Step 2 • the care review for return of evidence activity is due and has been allocated for processing, see Table 4, Step 1 on the Customer First tab • the customer has contacted as requests for evidence of care have already been sent to each party and the required timeframe has elapsed, shared care trained staff see Table 4, Step 1 on the Customer First tab • the customer is providing more evidence, see Receipt of claims, forms and documentation for family assistance • evidence of care has been requested but the timeframe to provide the information has not elapsed, tell the customer of the processing timeframes and evidence requirements (promote  online lodgement of documents) • the customer is advising of financial hardship, confirm the hardship criteria are met and go to Step 11
2	<p>Attempt to contact the other carer + Read more ...</p>

	<p>It is mandatory to attempt to contact the other carer unless an exception applies.</p> <p>Where the other carer does not have a current record and/or documentation provided does not include the other carer's current contact details, request their name, address, date of birth and telephone number from the notifying carer. If the gaining carer can supply enough information to create a record for the losing carer, a record must be created, and the children linked to the new record. See Adding a customer to the system and Linking a child to a customer's record. Do not provide any details to the notifying carer.</p> <p>s47E(d)</p> <p>Note: where FDV concerns are identified the FDV Support Model must be followed and consideration be given to the involvement of a social worker where a child may be at risk of harm or where a customer's circumstances indicate vulnerability or a risk to the customer's safety. See Social work service referral</p> <p>Make one genuine attempt to contact the other carer.</p> <p>If subscribed to Desktop Messaging, send a pre-call notification SMS through Desktop Messaging before calling them. For pre-call messages, allow a lead-in time of 5 minutes in case there is a delay sending the message.</p> <p>Was contact successful?</p> <ul style="list-style-type: none"> • Yes, go to Step 3 • No, go to Step 10
3	<p>Other carer contacted + Read more ...</p> <p>Where possible obtain details and confirm the information provided by the other party, such as:</p> <ul style="list-style-type: none"> • the date the shared care arrangement changed • details of the pattern of care and the actual care level

	<ul style="list-style-type: none"> • whether the care arrangements are agreed • what the current actual care is <p>If the:</p> <ul style="list-style-type: none"> • shared care arrangements are agreed and confirmed, see the Table 5, Step 1 on the Customer First tab • other carer is advising that a current written agreement for shared care arrangements (court order/parenting plan/written agreement) in place for the child is no longer being complied with (disputed care), go to Step 4 • other carer disagrees with care percentage or date (disagreement over care arrangements), go to Step 6
4	<p>Written agreement is not being complied with (disputed care) + Read more ...</p> <p>Had the care arrangement been followed immediately before the most recent change, or, did the change in care occur before the care provided under the care arrangement could be established?</p> <ul style="list-style-type: none"> • Yes, go to Step 5 • No, this is not disputed care. If the other carer: <ul style="list-style-type: none"> ○ is not happy with the care arrangement, but confirms the care is as advised by the notifying carer, the care change is confirmed. See Table 5, Step 1 on the Customer First tab ○ disagrees with certain points of the care arrangement, for example with the pattern of care, care percentage or date, this is a disagreement over care arrangements. Go to Step 6
5	<p>Reasonable action + Read more ...</p> <p>Examples of reasonable action for the person with reduced care include:</p> <ul style="list-style-type: none"> • initiating or participating in court action for contravention of a court order • obtaining or seeking legal advice regarding the making of a court order • initiating mediation, through a Family Relationship Centre or other service, to re-establish the care arrangement • negotiating with the other parent with a view to re-establishing the care arrangement

	<p>Is the carer with reduced care of the child/ren (compared to the amount in the written care arrangement), taking reasonable action to have the care arrangement complied with?</p> <ul style="list-style-type: none"> • Yes, disputed care may apply, see Table 3, Step 1 on the Customer First tab • No, this is not disputed care. If the other carer: <ul style="list-style-type: none"> ○ is not happy with the care arrangement, but confirms the care is occurring as advised by the notifying carer, the care change is confirmed, see Table 5, Step 1 on the Customer First tab ○ disagrees with certain points of the care arrangement, for example with the pattern of care, care percentage and/or date, this is a disagreement over care arrangements. Go to Step 6
<p>6</p>	<p>Other carer disagrees with care percentage or date + Read more ...</p> <p>Check the customer's record to see if the disagreed care process has commenced.</p> <p>Is there a DOC in regards to the disagreed care on the customer's record?</p> <ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> ○ s47E(d) DOC, go to Step 7 ○ s47E(d) DOC, go to Step 8 ○ s47E(d) DOC. Do not transfer the customer to the INC team. Manage enquiries relating to that care decision as per the processes in Review of care decisions. Staff will get feedback via the Staff Feedback Tool where the call transfer does not meet the specified guidelines • No, go to Step 9
<p>7</p>	<p>s47E(d) DOC + Read more ...</p> <p>Check for a s47E(d) referral DOC if there is no</p> <ul style="list-style-type: none"> • s47E(d) DOC, or • s47E(d) DOC <p>A s47E(d) ' referral DOC means the referral has not been assigned to an INC skilled Service Officer.</p> <p>Tell the customer</p>

	<ul style="list-style-type: none"> • a Service Officer specialised in care decisions will review the evidence from all relevant parties to the care change and make a decision • they will get a call for the Service Officer to discuss the intended decision if the decision and/or impact will be: <ul style="list-style-type: none"> ○ adverse, or ○ different to what they would expect or had reported <p>Annotate the s47E(d) referral DOC with details of the customer conversation.</p> <p>During the conversation, if the customer agrees to the care and there is no disagreement to the facts:</p> <ul style="list-style-type: none"> • apply the care change as agreed between the parties, and • complete/finalise any Review/DOC referrals to the Integrated Care team • remove any s47E(d) keywords from s47E(d) or other associated activities and action as appropriate <p>Procedure ends here.</p>
8	<p>s47E(d) DOC + Read more ...</p> <p>INC Service Officers will create an s47E(d) DOC on the customer's record when they receive a s47E(d) referral. The DOC may be:</p> <ul style="list-style-type: none"> • open • on hold, or • completed <p>The DOC will have the following information - This case has been assigned and is being managed by an Integrated Care skilled Service Officer. If this customer or other relevant parties to this care change call, transfer them to Integrated Care using s47E(d)</p> <p>If the s47E(d) DOC is open or on hold and the customer:</p> <ul style="list-style-type: none"> • wants to speak to INC about the referral: <ul style="list-style-type: none"> s47E(d)

	<ul style="list-style-type: none"> ○ If the transfer is unsuccessful (i.e. received after 4:45pm ACST or ACDST (SA time) or if the line is engaged, create a call back request. Use s47E(d) • calls to give more information and does not want a call back from INC: <ul style="list-style-type: none"> ○ Annotate the s47E(d) DOC with the information from the customer
9	<p>Referral to INC + Read more ...</p> <p>If the other carer disagrees with the care percentage, or dates gather more information, such as:</p> <ul style="list-style-type: none"> • what facts about the change they disagree with • the date, the details of care - nights, hours or the pattern of care • what circumstances led to the change • what care is actually occurring • how have they calculated the pattern of care • any other relevant information <p>If agreement cannot be reached:</p> <ul style="list-style-type: none"> • Tell all care parties they must provide evidence to support the actual pattern of care within the expected timeframe, indicating an assessment will be made on the available evidence at end of timeframe or rejected if suitable evidence is not provided • Tell all care parties what that timeframe is • Promote  online lodgement of documents • s47E(d) <ul style="list-style-type: none"> • If all care parties are FTB current and/or current on an Income Support payment, run the s47E(d) script on each record to create the letter requesting evidence of the care arrangements (Q810) making sure the appropriate options are selected. s47E(d)

s47E(d)

- For **CCS only customers do not use the script**. Instead:
 - send a [Q888 CCS ACCS RFI](#) using approved text
 - include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Consider relevant privacy issues when referring to the other carer in the letter
- Close any open **DOCs** automatically generated by the script on both the customer's and other carer's record
- If the other carer is not FTB current, **and** has an existing Centrelink record, issue a [Q999](#) letter requesting confirmation of shared care arrangements and supporting evidence. See the [Resources](#) page for the letter text
- **If either the customer or the other carer/s does not have an existing Centrelink record**, and enough information to create a record has/can be supplied, a record must be created and the children linked to the new record. See [Adding a customer to the system](#) and [Linking a child to a customer's record](#). Issue a Q999 letter with a Details of your child's care arrangements (FA012) from the record
- **Where the gaining carer cannot provide enough information to create a record for the losing carer**, send a Q999 letter from the existing carer's record as a third party letter. See the [Resources](#) page for the letter text
- Close any open **DOCs** automatically generated by the script on both the customer's and other carer's record
- Place any related work items on hold for 14 days. [Allow extra time for mail delivery](#) and add the keywords s47E(d) and s47E(d)
- If there is no activity, in **Customer First**, s47E(d) on the s47E(d) screen and complete the fields as follows:

s47E(d)

s47E(d)

- The review will mature on the **Due Date** coded in the RVR activity. Workload Management will allocate the review for manual action
- Record details using s47E(d) on **all** care parties' records
- Make sure all details including the due date are provided within s47E(d) on all parties' records
- Where actioning a FA012, the scanned document work item will need to be completed, see [Viewing Centrelink customers' digital images](#)
- Create a s47E(d) on **all** parties' records, with an expiry date of 28 days
- **All [disagreed](#)** care assessments and updates are completed by Integrated Care skilled staff. Once evidence is returned or the activity/claim becomes DUE, this will be allocated to an Integrated Care skilled staff s47E(d)


If the customer has been issued a Q810 or has provided evidence for this care period, a further request is not needed.

Decrease in care not confirmed

If the customer is advising that their care has **decreased** and it has **not** been confirmed with the other carer, the decrease needs to be coded as a preliminary decision to avoid

	<p>overpayment. See Table 5, Step 1 on the Customer First tab to update the decrease only.</p> <p>For increase in care, procedure ends here.</p>
10	<p>Other carer could not be contacted + Read more ...</p> <p>If the customer is in hardship, go to Step 11.</p> <p>If the other carer cannot be contacted by phone and/or there is no record of a prior request to confirm shared care arrangements:</p> <ul style="list-style-type: none"> • If the other carer is also FTB current, run the s47E(d) script to issue a Q810 letter to both carers, requesting evidence for a change in shared care s47E(d) • For CCS only customers do not use the script. Instead: <ul style="list-style-type: none"> ○ send a Q888 CCS ACCS RFI using approved text ○ include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer • Consider relevant privacy issues when referring to the other carer in the letter. s47E(d) • Close any open DOCs automatically generated by the script on both customer's and other carer's record • If the other carer is not FTB current, and <ul style="list-style-type: none"> ○ has an existing Centrelink record, issue a Q999 letter requesting confirmation of shared care arrangements and supporting evidence. See the Resources page for the letter text

- **does not have** an existing Centrelink record, and the gaining carer **has or can supply enough information** to create a record for the losing carer, a record must be created, and the children linked to the new record. See [Adding a customer to the system](#) and [Linking a child to a customer's record](#). Issue Q999 letter with a Details of your child's care arrangements (FA012) from the new record. See the Resources page of [Change of care for Family Tax Benefit \(FTB\)](#) for letter text
 - **does not have** an existing Centrelink record, and the gaining carer **cannot provide enough information** to create a record for the losing carer, send a Q999 letter from the customer's record as a third party letter. See the [Resources](#) page for the letter text
 - Where the other carer does not have a current record and/or documentation provided does not include the other carer's current contact details, **s47E(d)**
- Letters are sent to both the losing and gaining carer now as this gives both carers equal opportunity to provide evidence for change of care without unnecessary delays to process the FTB payment
 - **s47E(d)**
- Place existing work item on hold for 14 days, allowing extra time for mail delivery and add the keyword **s47E(d)**
 - If there is no activity, in **Customer First**, **s47E(d)** on the **s47E(d)** screen and complete the fields as follows:
s47E(d)
- **Notes:** 'Gaining/Losing carer have been advised if they do not provide the supporting evidence within the required timeframe, a decision will be made based on the information received which may result in a

	<p>change to entitlements and a change to their child support assessment, or that the decision may be rejected. Check response to request for evidence.'</p> <p>s47E(d)</p> <ul style="list-style-type: none"> • The review will mature on the Due Date coded in the RVR activity. Workload Management will allocate the review for manual action • Make sure all details including the due date are provided within s47E(d) on all parties' records • If the customer is advising a decrease in care that has not been confirmed, update as a preliminary decision to avoid overpayment. See Table 5, Step 1 on the Customer First tab to update the decrease in care <p>Procedure ends here.</p>
<p>11</p>	<p>Customer in hardship + Read more ...</p> <p>47E(d) s47E(d) If</p> <p>47E(d)</p> <p>s47E(d)</p> <ul style="list-style-type: none"> • If care has been confirmed or the customer's evidence is satisfactory, see Table 5, Step 1 on the Customer First tab • If not satisfied with the evidence provided, tell the customer to provide evidence to support their request for change of care percentage. A Q810 letter must also be sent to the customer and the other carer via the s47E(d) script to confirm their obligations to provide <p>evidence. Promote  online lodgement of documents</p> <p>s47E(d)</p>

- For **CCS only customers do not use the script**. Instead:
 - send a [Q888 CCS ACCS RFI](#) using approved text
 - include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Do not issue multiple FA012s when an initial one has been completed and returned
- Close any open **DOCs** automatically generated by the script on both customer's and other carer's record
- If the other carer is not FTB current, **and**
 - has an existing Centrelink record, issue a [Q999](#) letter requesting confirmation of shared care arrangements and supporting evidence. See the [Resources](#) page for the letter text
 - **does not have** an existing Centrelink record, and the gaining carer **has or can supply enough information** to create a record for the losing carer, a record must be created, and the children linked to the new record. See [Adding a customer to the system](#) and [Linking a child to a customer's record](#). Issue Q999 letter with a Details of your child's care arrangements (FA012) from the new record. See the Resources page of [Change of care for Family Tax Benefit \(FTB\)](#) for letter text
 - **does not have** an existing Centrelink record, and the gaining carer **cannot provide enough information** to create a record for the losing carer, send a [Q999](#) letter from the customer's record as a third party letter. See the [Resources](#) page for the letter text
- **s47E(d)**
- Place existing work item on hold for 14 days, allowing extra time for mail delivery and add the keyword **s47E(d)**
- Where there is no activity, in **Customer First**, **s47E(d)** on the **s47E(d)** screen and complete the fields as follows:
 - s47E(d)**

1

Contact other carer to confirm interim care arrangements: + Read more ...

In most cases it is **mandatory** to attempt to contact the other carer to confirm the 'actual' care arrangements currently being followed, where a customer has advised that a court order/parenting plan/[written agreement](#) for care arrangements is not being complied with (disputed care). Where the other carer does not have a current record and/or documentation provided does not include the other carer's current contact details, request their name, address and telephone number from the notifying carer. **DO NOT** provide any details to the notifying carer.

s47E(d)

Note: where FDV concerns are identified, the FDV Support Model must be followed and consideration be given to the involvement of a **social worker** where a child may be at risk of harm or where a customer's circumstances indicate vulnerability or risk to the customer's safety. See [Social work service referral](#)

Make one [genuine attempt to contact](#) the other carer.

If subscribed to Desktop Messaging, [send a pre-call notification SMS through Desktop Messaging](#) before calling them. For pre-call messages, allow a lead-in time of 5 minutes in case there is a delay sending the message.

Explain a disputed care determination will be made based on information and evidence that establishes care-related facts to support:

- the care that is most likely to be occurring (including care other than nights)
- whether the established pattern of care has changed or not
- the new pattern of care is likely to continue into the future (and is not a one-off minor change such as occasionally missing a weekend of care due to work or illness)

Send request for evidence letters to both carers:

- If the other carer is also FTB current, run the [Child - Change in Care Arrangements script](#) to issue a **Q810 letter to both carers**, requesting evidence for a change in shared care. Consider [relevant privacy issues when referring to](#)

[the other carer](#) in the letter.

If verbal contact was unsuccessful, a FA012 must be issued to the other carer with the Q810. [s47E\(d\)](#)


- For **CCS only customers do not use the script**. Instead:
 - send a [Q888 CCS ACCS RFI](#) using approved text
 - include Details of your child's care arrangements (FA012) if issuing a Q888 to the other carer
- Consider [relevant privacy issues when referring to the other carer](#) in the letter. An FA012 must be issued to the other carer with the Q810/Q888. In some cases, it may be appropriate to issue an FA012 to the initiating carer, if so this should also be sent with the Q810/Q888
- Close any open **DOCs** automatically generated by the script on both customer's and other carer's record
- If the other carer is not FTB current, **and**
 - has an existing Centrelink record, issue a [Q999](#) letter requesting confirmation of shared care arrangements and supporting evidence. See the [Resources](#) page for the letter text
 - **does not have** an existing Centrelink record, and the gaining carer **has or can supply enough information** to create a record for the losing carer, a record must be created, and the children linked to the new record. See [Adding a customer to the system](#) and [Linking a child to a customer's record](#). Issue Q999 letter with a Details of your child's care arrangements (FA012) from the new record. See the Resources page of [Change of care for Family Tax Benefit \(FTB\)](#) for letter text
 - **does not have** an existing Centrelink record, and the gaining carer **cannot provide enough information** to create a record for the losing carer, send a [Q999](#) letter from the customer's record as a third party letter. See the [Resources](#) page for the letter text


Note: if the written care arrangement has not previously been coded on the system or scanned to the record, it will need to be provided as part of the evidence requested.

All [disputed care](#) assessments and updates are completed by Integrated Care skilled staff.

Note: if the update relates to an ARO implementation request relating to a disputed care determination, the program that made the original decision must implement the ARO decision. See [Review of Care Decision](#).

	<ul style="list-style-type: none"> • Create a DOA DOC s47E(d) • Once evidence is returned or the activity/claim becomes DUE, this will be allocated to a Child Support Service Officer for action • If the written care arrangement has not been previously coded on the system, it will need to be provided as part of the evidence requested <p>Note: the work item does not need to be re-categorised, as by adding the keyword, it will automatically flow to Integrated Care skilled staff.</p> <p>For customers who are experiencing financial hardship or are a family in crisis and s47E(d) :</p> <p>s47E(d)</p> <p>Centrelink staff:</p> <ul style="list-style-type: none"> • If contact is received regarding a disputed care change being managed by Integrated Care (INC) skilled staff, go to Step 3 • If a work item is received relating to a disputed care change being managed by Integrated Care skilled staff, go to Step 4 • If contact is received during the maximum interim period of an existing disputed care decision, go to Step 5
<p>3</p>	<p>Contact regarding a disputed care change being managed by Integrated Care skilled staff + Read more ...</p> <p>Where contact is received (either in person or via the phone) from a parent/carer who has a disputed care assessment already being managed by Integrated Care skilled staff as per the s47E(d) DOA DOC, tell the parent/carer, their care assessment will be applied to both their Child Support and Centrelink records once complete.</p> <p>Procedure ends here.</p>

4	<p>Work item received relating to a disputed care change being managed by Integrated Care skilled staff + Read more ...</p> <p>If a work item is received related to a care change already being managed by Integrated Care skilled staff (as per the s47E(d) DOA DOC), hand-off the work item by adding the keyword s47E(d) and reallocating the work item back to the pool.</p> <p>Note: the work item does not need to be re-categorised, by adding the keyword, it will automatically be allocated to Integrated Care skilled staff.</p> <p>Procedure ends here.</p>
5	<p>Contact received during the maximum interim period of an existing disputed care decision + Read more ...</p> <p>If a contact is received during the maximum interim period as outlined in the s47E(d) DOA DOC, where there is a change to the care arrangements for the relevant children or a change to reasonable action being taken, a hand-off to Integrated Care skilled staff is required.</p> <p>If there is a relevant work item on the record, add the keyword s47E(d) and reallocate the work item back to the pool</p> <p>If there is no existing work item, an ACTDOC will need to be created using s47E(d) s47E(d)</p> <p>Note: the keyword s47E(d) does not need to be added to the s47E(d), it is built in to the auto text template.</p> <p>Procedure ends here.</p>
6	<p>Customer seeking to enforce order/plan/agreement + Read more ...</p>  <p>Integrated Care (INC) skilled staff only.</p> <p>An 'interim' decision must be coded for between 4 weeks and 52 weeks from the date the care arrangements changed.</p> <p>The discretion to base care on actual care in special circumstances is only to be exercised in certain cases, for example, s47E(d)</p>

	<p>The decision to apply discretion in special circumstances is only made by the Integrated Care team within Services Australia.</p> <p>All special circumstances disputed care and left care without consent decisions must be referred to an Integrated Care skilled team s47E(d) for completion.</p> <p>Do special circumstances need to be considered in this arrangement?</p> <p>s47E(d)</p> <ul style="list-style-type: none">• No, go to Step 7
7	<p>Record interim care decision + Read more ...</p>  <p>Integrated Care skilled staff: s47E(d)</p>

	<ul style="list-style-type: none"> • s47E(d) • Finalise the update • Make a principal carer determination if required • Complete the s47E(d) with details of the disputed care and interim care decision, and DOC the record using s47E(d) • When a disputed care assessment is finalised, to indicate the maximum interim period where referrals to CSSC are still required: s47E(d) <p>If a new written care arrangement is made during the interim period (for example, new court orders are lodged) the interim period will be reduced, ending on the day before the written care arrangement starts.</p> <p>Actual care decision</p> <p>An 'actual care' decision is to be made based on evidence provided at the end of the allowed time if attempts have been made to comply with the care arrangements or action for a new arrangement is unsuccessful. See Table 4, Step 1 on the Customer First tab.</p> <p>For care periods that commence on or after 1 July 2012, if there are special circumstances, discretion can be applied s47E(d)</p> <p>From 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.</p>
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Making a decision on a shared care arrangement


Table 4: this table contains information for Service Officers to follow to determine shared care percentages.


Step	Action

1	<p>Check records to make sure that all carers were given equal opportunity to provide evidence and were advised of their obligations + Read more ...</p> <p>Has a request for evidence been sent to all carers?</p> <ul style="list-style-type: none"> • Yes, and if all carers have been given adequate time to respond, check both records for any documents and scans that have been provided as evidence of the pattern of care, go to Step 2 • No, if a request for evidence has not been sent to all carers, see Table 2, Step 2 on the Customer First tab for help. Resubmit the work item until the relevant due date
2	<p>Evidence received + Read more ...</p> <p>Has acceptable evidence been received from both carers within the expected timeframe?</p> <ul style="list-style-type: none"> • Yes, all carers have: <ul style="list-style-type: none"> ○ agreed on percentage/s of care, there is no need to calculate the percentage based on the agreed pattern of care or the available evidence. See Table 5, Step 1 on the Customer First tab ○ agreed on nights or hours of care, work out the percentage of care. Go to Step 3 ○ provided evidence, but care is not agreed. Go to Step 6 • No: <ul style="list-style-type: none"> ○ only one carer has responded, go to Step 10 ○ no response from either carer, go to Step 11
3	<p>Working out the percentage of care + Read more ...</p> <p>Where customers have responded with nights or weeks in care rather than a percentage, determine the percentage of shared cared used for family assistance payments.</p> <p>Actual care percentage = number of nights in care / days in the assessment period x 100 or use the s47E(d) available from the Resources page.</p> <p>Determine the assessment period. For post 1 July 2010 calculations, the assessment period is 12 months from the start of the care arrangement.</p>

	<ul style="list-style-type: none"> • Add up the number of nights the child is in the customer's care during the assessment period • If the number of nights does not accurately reflect the time in care, the number of hours can be used: <ul style="list-style-type: none"> ○ Add up the number of hours for each part day the child is in care and divide by 24 to get the number of days ○ Add this to the number of whole days in care to get the total number of days in care during the assessment period • Divide the number of nights in care in the assessment period by the number of days in the assessment period • Multiply the result by 100 to get the actual care percentage • The percentage recorded must be a whole number - rounding rules for actual care percentage <p>The Resources page contains care calculator which can assist with calculating the percentage of care and examples of calculating care. The Family Assistance Guide links under the References tab also contain extra information and examples.</p> <p>Are there Multiple carers (3 or more)?</p> <ul style="list-style-type: none"> • Yes, go to Step 4 • No, go to Step 5
4	<p>Multiple carers - care percentage and apportioning + Read more ...</p> <p>If a child is being cared for by 3 or more people and:</p> <ul style="list-style-type: none"> • none of the carers has at least 35% actual care, no customer will be paid FTB for the child • only one customer has at least 35% actual care, they will be entitled to 100% of the family assistance for the child • 2 customers have at least 35% actual care, family assistance may be apportioned and disbursed between them <p>Note: if the change is a reduction that has not been confirmed with the other carer, code s47E(d) and once evidence is supplied and the care change is finalised the s47E(d)</p> <p>The Apportioning formula for shared care is used to disburse any unclaimed FTB percentage where there are multiple carers of three or more.</p>

	<p>The Resources page contains examples of Coding and assessing more than 2 carers.</p> <p>Is the actual care percentage at least 35% in the assessment period?</p> <ul style="list-style-type: none"> • Yes, confirm customer meets FTB eligibility requirements, go to Step 5 • No, the customer is not entitled to FTB for the child. They may, however, be entitled to ancillary benefits and/or a higher rate of payment if they have at least 14% care of a dependent child See 'With child' rate of benefit for non-principal carers with shared care
5	<p>Shared care percentage and date of change + Read more ...</p> <p>Is the shared care percentage and date of change agreed?</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Customer First tab • No, care is disagreed: <ul style="list-style-type: none"> ○ Centrelink staff, go to Step 6 ○ Integrated Care skilled staff, go to Step 7
6	<p>Shared care arrangement not agreed + Read more ...</p> <p>All disagreed care assessments and updates are completed by Integrated Care skilled staff.</p> <p>Put work item on hold and hand-off to Integrated Care skilled staff:</p> <ul style="list-style-type: none"> • When there is an existing work item (for example, claim activity), place the work item on hold for 14 days, allowing extra time for mail delivery and add the keyword s47E(d) and s47E(d) • When there is no activity, in Customer First, s47E(d) on the s47E(d) screen and complete the fields as follows (this includes where evidence has been requested when actioning FA012s): s47E(d)

	<p>s47E(d)</p> <ul style="list-style-type: none"> • The review will mature on the Due Date coded in the RVR activity. Workload Management will allocate the review for manual action • When actioning a FA012, the scanned document work item will need to be completed, see Viewing Centrelink customers' digital images • Make sure all details including the due date are provided within s47E(d) s47E(d) on all parties' records • Create a DOA DOC using the s47E(d) on all parties' records, with an expiry date of 28 days • Once evidence is returned or the activity/claim becomes DUE, this will be allocated to a Child Support Service Officer for action <p>Note: the work item does not need to be re-categorised, as by adding the keyword, it will automatically flow to Integrated Care skilled staff.</p> <p>For customers who are experiencing financial hardship or are a family in crisis and s47E(d) s47E(d)</p> <p>Procedure ends here for Centrelink staff.</p>
<p>7</p>	<p>Making a care determination where the care change is disagreed + Read more ...</p> 

	<p>This step should only be undertaken by Child Support staff trained in Integrated Care:</p> <p>Compare available evidence and identify areas of disagreement. Phone each carer to discuss the discrepancies and give them the opportunity to respond.</p> <p>Is care agreed after discussion?</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Customer First tab • No: <ul style="list-style-type: none"> ○ If more information will not be provided, or all parties cannot be contacted, go to Step 8 ○ If a carer indicates they can provide additional supporting evidence, request it be provided within 7 days ○ Let customers know about  online lodgement of documents ○ Place work item on hold for 15 days (22 days for remote or overseas customers) to allow mailing time ○ Document the discussion, care information, and when more evidence is due ○ Once the work item becomes due, make a care determination based on available evidence. If care percentage and apportioning needs to be considered, return to Steps 3 and 4. Then go to Step 8
8	<p>Has sufficient evidence been provided to make a care decision? + Read more ...</p> <ul style="list-style-type: none"> • Yes, see Table 5, Step 1 on the Customer First tab • No, if a care decision cannot be made as the evidence is inconclusive, reject the care decision. Go to Step 9
9	<p>Reject the care decision + Read more ...</p> <ul style="list-style-type: none"> • Document the records with the reason for this decision. Make sure the DOC covers: <ul style="list-style-type: none"> ○ the reasons for the assessment outcomes, ○ how the information was received, and ○ if a manual advice was sent and other relevant information. Note: if the other party does not have a record, do not create a record for the purpose of a DOC

	<ul style="list-style-type: none"> • Issue a Q999 letter to the customer and/or other carer, including reason for outcome and the review and appeal rights. The Resources page contains approved text for the Q999 letter • Cancel any associated review activities • Assess any claim pending as 'NEF' (not effective), as not all required information has been provided. For: <ul style="list-style-type: none"> ○ CCS pending claims, see Table 3, Step 9 in the Process page of Processing Child Care Subsidy (CCS) claims ○ All other claims, see Not effective, rejection, or withdrawal of claim for Family Tax Benefit or Stillborn Baby Payment • If either carer is in receipt of an income support payment, their entitlement may be affected by the change in care. Consider if cancellation or suspension is appropriate. See Principal carer of a dependent child • If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff • Procedure ends here
10	<p>Only one carer has responded + Read more ...</p> <p>If only one carer responds within the allowable timeframe, this evidence may be used to assess the care percentage if it is considered to be sufficient.</p> <p>Determine whether the evidence is acceptable and supports the pattern of care and date of the change being claimed. Weigh the evidence.</p> <p>The Resources page contains a care calculator which can assist with calculating the percentage of care and examples of calculating care. The References page contains links to the Family Assistance Guide with extra information and examples of verifying care arrangements and establishing a pattern of care.</p> <p>Do not change the care percentages until there is enough evidence to support such a decision.</p> <p>For assistance in calculating the percentage of care, refer to the Care Calculator on the Resources page before continuing.</p> <p>Tell the customer that the other person caring for the child may apply for a formal Review of care decision.</p>

	<ul style="list-style-type: none"> • If the care percentage is determined and supported by evidence, see Table 5, Step 1 on the Customer First tab • If the evidence provided is not sufficient to update the care decision, the care assessment is rejected. Issue Free Text (Q999) to customer and/or other carer, including reason for outcome and the review and appeal rights. The Resources page contains example text for the Q999. Document the decision in a s47E(d) • If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff. Procedure ends here
11	<p>No response from either carer + Read more ...</p> <p>If no response is received from either carer within the expected time frame:</p> <ul style="list-style-type: none"> • Cancel FTB where entitlement is potentially reduced or eligibility lost (to avoid possible overpayments), using: s47E(d) • Assess any claim pending as 'NEF' (not effective), as not all required information has been provided. For: <ul style="list-style-type: none"> ○ a CCS pending claim, see Table 3, Step 9 in the Process page of Processing Child Care Subsidy (CCS) claims ○ all other claims, see Not effective, rejection, or withdrawal of claim for Family Tax Benefit or Stillborn Baby Payment • Where the entitlement was potentially increasing, consider any pending care changes not effective • Issue a Q999 letter to the customer and/or other carer, including reason for outcome and the review and appeal rights. The Resources page contains approved text for the Q999 letter for carers already in receipt of FTB. Note: there is no requirement to issue a letter to a non-FTB customer

	<ul style="list-style-type: none"> • DOC the record of both parties. Note: if the other party does not have a record, do not create one for the purpose of a DOC. DOC the outcome: <ul style="list-style-type: none"> ○ including the reasons for the assessment outcome (for example, claim/care change Not Effective (NEF)) ○ how the information was received ○ if a manual advice was sent, and ○ other relevant information • When the s47E(d) screen is coded as commenced, the system will automatically update to lapsed after 21 days, no update is required • If the customer is CCS current, this is to reduce to zero rate. Policy allows a zero rate to be applied to customers in this circumstance s47E(d) <p>If either carer is in receipt of an income support payment, their entitlement may be affected by the change in care. See Principal carer of a dependent child.</p> <p>If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) s47E(d), to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.</p>
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Coding shared care arrangements

Table 5: this table describes the steps for coding, finalising and advising customers of care arrangement decisions.

Step	Action
1	<p>Checks before coding shared care details for FTB + Read more ...</p> <p>The details for the customer with the reduction in care percentage must be coded first, followed by the customer with the increase in care percentage.</p> <p>Notes:</p> <ul style="list-style-type: none"> • A child can only be linked to a person (carer's) record if:

- both carers have participated in the making of a new care decision either verbally or written (FA012)
 - a subsequent care decision is being made and the 'E004WA Mandatory value not entered on screen' error is experienced due to a care decision displaying on the s47E(d) screen for a non-linked carer. This can occur when Child Support have made a previous care decision and it has been received via the data exchange
 - the customer has made a claim in relation to the child (includes an income support payment claim that attracts the 'with child' rate)
 - the claimant is a step parent and the P24845 - Step-parent workaround needs to be applied
- Staff **must not link** a child to the record, unless one of the above criteria is met. See the [Resources](#) page in [Linking a child to a customer's record](#) for examples s47E(d)

When assessing a new claim, use the following steps instead of the s47E(d) guided procedure within the claim activity.

Has the child been linked to all relevant carers who have made a claim?

Check the s47E(d) screen in all relevant records.

- If the customer (or partner) has claimed for the child, if not already listed, the child can be linked on the s47E(d) screen. See [Linking a child to a customer's record](#)
- If there has **never** been a claim **do not** link the child/ren on the s47E(d) screen

Child's Customer Reference Number (CRN)

Check the same CRN is being used on all carer records for the child. The s47E(d) screen may display only one carer line due to multiple child CRNs. If CRN is not the same on each record, check for [multiple or duplicate CRNs](#).

Child and customer environment

Check the customer and child environment, and transfer to the correct environment where appropriate. For help with transferring, see:

- s47E(d) [transfer of a child record](#)
- s47E(d) [transfer of a customer record](#)

	<p>If the customer is in a different environment to the child, and an inter-environment transfer is not appropriate, code the care change in the record of the carer who is in the same environment as the child.</p> <p>The child's home environment can be determined by conducting an index search for the child via the s47E(d) screen. The s47E(d) screen will then indicate which environment the child's record is located in. Child changes recorded on one customer's record will 'ripple' to other customers linked to the child.</p>
2	<p>Determine if the claimant is a step-parent + Read more ...</p> <p>Where FTB is transferred out to partner (47E(d) is coded on the s47E(d) screen - from parent to step-parent) for any level of care and the parent is a Centrelink and Child Support mutual customer, the record needs to be referred for investigation as the P24845 system issue may impact.</p> <p>Is the claimant a step-parent?</p> <ul style="list-style-type: none"> • Yes, an issue has been identified where care may not apply correctly when FTB is being paid to a step-parent. A workaround referral process must be applied every time care is reassessed on these records, see Table 6 on the Customer First tab • No, go to Step 3
3	<p>Does the child have their own PER record? + Read more ...</p> <ul style="list-style-type: none"> • Yes, go to Step 4 • No, go to Step 6
4	<p>Child has their own PER record + Read more ...</p> <p>Code the updates in the child's PER record before returning to the respective customers' records.</p> <p>Use the correct date of receipt (DOR) when coding this activity. Code child changes as if in carer's record. The care decrease must be coded before the care increase.</p> <p>If no related activity is on the respective customers' records, create one via the s47E(d) screen. Use the appropriate: s47E(d)</p>

- the [correct DOR](#)

Make note of the ^{s47E(d)}, as it is required to merge data on the ^{s47E(d)} screen.

- ^{s47E(d)}
-
- When updating care status on ^{s47E(d)} screen, code number corresponding to relevant carer in ^{s47E(d)} field:
 - For child leaving care coding, update ^{s47E(d)} and ^{s47E(d)} before coding ^{s47E(d)}
 - For increase in care coding, code the child in care on the ^{s47E(d)} screen if not previously coded
- Update ^{s47E(d)} [screen](#) for family assistance
- Update the ^{s47E(d)} screen for income support payments with the care percentage and ^{s47E(d)} for all ISP current customers. A new [Principal carer determination](#) may be required
- ^{s47E(d)}

-
-
-

- If ABSTUDY (ABY) or ABSTUDY Schooling A (ABT) is paid for the child (with a status of CUR, SUS or ASS), record the details of the losing carer, gaining carer and DOV of the care change on an open ^{s47E(d)}

	<p>s47E(d)</p> <ul style="list-style-type: none"> Return to the respective customers' record. Go to Step 5
5	<p>Complete ripple activities and record s47E(d) on all carers' records + Read more ...</p> <p>Return to each carer's record to complete coding the claim/ reassessment activity. The child updates made on the child's record will display on the carers' records, select the ripple activity and:</p> <p>Update other child screens if necessary:</p> <ul style="list-style-type: none"> s47E(d) screen: <ul style="list-style-type: none"> If the customer is in receipt of an Income Support Payment (ISP), coding may be required on the s47E(d) screen to assess 'with child' rate of the ISP or change in qualification for PP. See s47E(d) screen For PPS if the customer is no longer the principal carer of a child, coding may be required on the s47E(d) screen. Note: the child may continue to be assessed for the purpose of the additional income free area if the customer retains entitlement to PPS for another child, or other child/ren. If this is an update to the last remaining PP child, PPS should cancel. If PPS does not cancel see s47E(d) screen for extra coding requirements If the E630PN or E559NM edits present, see E630PN or E559NM Child is the dependant of another principal carer Update the s47E(d) screen from the date the child entered care. s47E(d) s47E(d) <p>Check the outcome is correct before finalising the activity on the ^{s47E(d)} screen.</p> <p>Note: if the customer is in hardship, check the s47E(d) section on the ^{s47E(d)} screen has a tick in the s47E(d) in the started activity before finalising. This will ensure immediate arrears will issue. Otherwise, the payment will be issued with the next available payday.</p>

	<p>From 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.</p> <p>Automatic letters must not be inhibited to ensure the customer receives advice of their new rate of payment.</p> <p>Record details on all records using s47E(d) once all coding completed.</p> <p>A Q807 SSA Shared Care Principal Carer Determination letter must be sent to all carers in a shared care arrangement, where at least one carer is claiming/receiving an income support payment.</p> <p>s47E(d)</p> <p>Any disclosure of personal/protected information must comply with the confidentiality provisions in sections 201-208 of the Social Security (Administration) Act 1999 and Australian Privacy Principle (APP) 6 of the Privacy Act 1988. See the References page for links. If a Service Officer feels it necessary, the name of the other carer should be replaced with the term 'other carer'. The reasons for this must be documented.</p> <p>Note: if the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d), to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.</p> <p>Procedure ends here.</p>
6	<p>Child is not a customer - code the decrease in care first + Read more ...</p> <p>Use the correct date of receipt (DOR) when coding activities.</p> <p>Once completed, code the increase in care on the other carer.</p> <p>If no related activity is on the respective customers' records, create one via the s47E(d). Use the appropriate:</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <p>Make note of the ^{s47E(d)} as it is needed to merge data on the s47E(d)) screen.</p> <ul style="list-style-type: none"> • s47E(d) • • Update the s47E(d)] screen for family assistance • Update the ^{s47E(d)} screen for income support payments with the care percentage and s47E(d) for all ISP current customers. A new Principal carer determination may be required • s47E(d) screen: <ul style="list-style-type: none"> ○ If the customer is in receipt of an Income Support Payment (ISP), coding may be required on the s47E(d) screen to assess 'with child' rate of the ISP or change in qualification for PP. See s47E(d) screen ○ For PPS if the customer is no longer the principal carer of a child, coding may be required on the s47E(d) screen. Note: the child may continue to be assessed for the purpose of the additional income free area if the customer retains entitlement to PPS for another child, or other child/ren. If this is an update to the last remaining PP child, PPS should cancel. If PPS does not cancel, see s47E(d) screen for extra coding requirements ○ If the E630PN or E559NM edits present, see E630PN or E559NM Child is the dependant of another principal carer • s47E(d)
7	<p>Update other child screens if necessary + Read more ...</p> <ul style="list-style-type: none"> • s47E(d) screen <ul style="list-style-type: none"> ○ If the carer is in receipt of an income support payment, coding may also be required on the s47E(d) screen to assess 'with child' rate of income support payment or change in qualification for PP, see s47E(d) screen

	<ul style="list-style-type: none"> ○ For PPS if the customer is no longer the principal carer of a child, coding may be required on the s47E(d) screen. Note: the child may continue to be assessed for the purpose of the additional income free area if the customer retains entitlement to PPS for another child, or other child/ren. If this is an update to the last remaining PP child, PPS should cancel. If PPS does not cancel, see s47E(d) screen for extra coding requirements ○ If the E630PN or E559NM edits present, see E630PN or E559NM Child is the dependant of another principal care <ul style="list-style-type: none"> ● s47E(d) ● ● ● ●
8	<p>Finalise activity and document the customer's record + Read more ...</p> <p>s47E(d)</p>

	<p>For ABSTUDY customers, check continuing entitlement after ABSTUDY customer leaves parental home.</p> <p>Note: if the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility.</p> <p>Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.</p>
9	<p>Code the increase in care + Read more ...</p> <p>Go to the record where the increase in care is to be coded. Child will need to be linked if not appearing on s47E(d) and carer has claimed for the child. See Linking a child.</p> <p>Use the correct date of receipt (DOR) when coding activities.</p> <ul style="list-style-type: none"> • If customer is not yet FTB current, and the new care level entitles the customer to FTB, a claim will need to be lodged. See Initial contact by customers claiming payments for families • s47E(d) • • • Update s47E(d) screen for family assistance • Update the s47E(d) screen with the care percentage and s47E(d) for all current ISP customers. A new Principal carer determination may be required, see Shared care for income support payments and principal carer determination • Update the s47E(d) screen where there is no existing s47E(d) • If the customer is in receipt of an income support payment (ISP), coding may also be required on the s47E(d) screen to assess 'with child' rate of ISP or change in qualification for PP, see Shared care for social security payments. If the E630PN or E559NM edits present, see E630PN or E559NM Child is the dependant of another principal carer • s47E(d)): Check and update the s47E(d) field to 'Finalised' by 's'electing the provisional lines and updating the status for that child. If the s47E(d) field has been previously recorded, update to 'No'

Update other child screens if necessary:

s47E(d)

If maintenance group requires update, see [How to group children on a customer's Family Tax Benefit record](#).

Check the outcome is correct before finalising the activity on the ^{s47E(d)} screen.

- If the customer is in **hardship** and **immediate arrears** are required, check the Actions section on the ^{s47E(d)} screen has a tick in the s47E(d) box in the started activity before finalising. This will ensure immediate arrears will issue. If not, the payment will be issued with the next available payday. Use s47E(d) s47E(d) to document the care decision.
- If the child is attracting Carer Payment and/or Carer Allowance, appropriately trained carer staff will still need to complete a reassessment of eligibility. Use the s47E(d) to send a request for the Carer Payment and/or Carer Allowance eligibility to be checked by appropriately trained staff.

Note: from 10 June 2019, FTB top-ups, supplements, lump sum claim amounts and instalment arrears can be used to recover any family assistance, social security, student assistance and Paid Parental Leave scheme payment debts. This will occur even if the customer has a current payment arrangement. Previously, FTB amounts could only be used to recover FTB, Child Care Benefit (CCB) and Child Care Rebate (CCR) debts.

Is at least one carer claiming/receiving an income support payment?

- **Yes**, [go to Step 10](#)
- **No**, procedure ends here

10	<p>Advise customer and other carer(s) of decision + Read more ...</p> <p>Issue Q805 Shared Care Grant (Agreed full %) or Q806 Shared Care Grant - No third party response as appropriate.</p> <p>s47E(d)</p> <p>Run the s47E(d) script to create the appropriate letter.</p> <p>Q807 SSA Shared Care Principal Carer Determination letter must be sent to all carers in a shared care arrangement, where at least one carer is claiming/receiving an income support payment.</p> <p>Run the s47E(d) script to create the Q807 SSA Shared Care Principal Carer Letter.</p> <p>Automatic letters must be sent so that customer receives advice of their new rate of payment.</p> <p>Any disclosure of personal/protected information must comply with the confidentiality provisions in sections 201-208 of the Social Security (Administration) Act 1999 and Australian Privacy Principle (APP) 6 of the Privacy Act 1988. See the References page for links. If a Service Officer feels it necessary, the name of the other carer should be replaced with the term 'other carer'. The reasons for this must be documented.</p>
11	<p>Finalise the Assessment of Care Arrangements Referral s47E(d)</p> <p>s47E(d)</p>

	<p>A DOC must be recorded in all cases, as this is used by income support payment, LIC, CSHC or FST processing staff to progress the claim. This includes when a care assessment is not being made as the information provided by the customer is the same as what is already coded on the customer's record.</p>
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P24845 - Step-parent workaround

Table 6: this table describes the process to follow prior to referring to record for investigation and to correctly action the workaround for the P24845 - Claimant is a step-parent issue.

Step	Action
1	<p>Claimant is a step-parent or P24845 workaround is present on child record + Read more ...</p> <p>The record needs to be referred for investigation as the P24845 system issue may impact:</p> <ul style="list-style-type: none"> when FTB is transferred out to partner (s47E(d) ' is coded on the s47E(d)) screen - from parent to step-parent) and the parent is a Centrelink and Child Support mutual customer if the P24845 workaround is present on a record for a child - the workaround will need to be applied with each subsequent care change until the child ceases to be an FTB child <p>If the workaround has previously been applied the s47E(d) screen will show 3 or more carers with shared care.</p> <p>The Resources page contains examples of when the P24845 system issue may affect a record.</p>
2	<p>Coding required before referring for investigation + Read more ...</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <ul style="list-style-type: none">• The care decision must be documented on each carer's record. Use either: s47E(d)• If the biological parent and step parent have now separated, required updates to the ^{s47E(d)} creen for the child/ren must be escalated via standard escalation protocols as a workaround is required
3	<p>Document the records + Read more ...</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <p>Care is shared between the biological parents. A biological parent has elected for their partner (step-parent) to receive FTB for their level of care. P24845 coding has been applied on the ^{s47E(d)} screen to make sure each party is paid the correct percentage of FTB.</p> <p>s47E(d)</p> <p>Once the DOA DOC's are recorded, go to Step 4</p>
4	<p>Referral process for workaround coding + Read more ...</p> <p>Following the coding, to make sure the correct rate applies to the Step-parent record, a workaround must be applied to the ^{s47E(d)} screen.</p> <p>s47E(d)</p>

	s47E(d)
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References

Policy

[Family Assistance Guide, 2.1.1.20, Shared care & change of care summary](#)

[Family Assistance Guide, 2.1.1.25, Shared care of an FTB child](#)

[Family Assistance Guide, 2.1.1.30, Verification of shared care arrangements](#)

[Family Assistance Guide, 2.1.1.45, Establishing a pattern of care](#)

[Family Assistance Guide, 2.1.1.50, Determining a percentage of care](#)

[Family Assistance Guide, 2.1.1.70, Disputed care arrangements](#)

[Family Assistance Guide, 1.1.R.21, Regular care child](#)

[Child Support Guide 2.4.5: Care cost & child support percentages](#)

[Child Support Guide 2.2.2: Care determinations & changes in care](#)

[Child Support Guide 2.2.4: Disputed care arrangements](#)

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

For definitions of 'care arrangement', 'care period', 'change of care day' and 'percentage of care', see [A New Tax System \(Family Assistance\) Act 1999, section 3, Definitions](#)

Eligibility

[A New Tax System \(Family Assistance\) Act 1999](#)

- section 25, Effect of FTB child being in individual's care for less than 35% of a period
- section 26, Only 1 member of a couple eligible for family tax benefit
- section 29, Eligibility for family tax benefit of separated members of a couple for period before separation

- section 22, When an individual is an FTB child of another individual

Percentage of care

[A New Tax System \(Family Assistance\) Act 1999](#)

- section 59, Shared care percentages where individual is FTB child of more than 1 person who are not members of the same couple
- Part 3, Subdivision D, Determination of percentage of care
- Part 3, Subdivision E, Revocation of determination of percentage of care
- Part 3, Subdivision F, Percentages of care determined under the child support law
- section 35Q, Secretary may revoke a determination of an individual's percentage of care
- section 35P, Determination must be revoked if there is a change to the individual's shared care percentage etc.

[Child Support \(Assessment\) Act 1989](#)

- section 54F, Determination must be revoked if there is a change to the responsible person's cost percentage
- section 54G, Determination must be revoked if there is less than regular care etc.
- section 54H, Registrar may revoke a determination of a responsible person's percentage of care

Notification and reviews

[A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#)

- section 25, Obligation to notify changes in circumstances
- Part 5, Division 6, Date of effect of reviews under the child support law

Privacy and confidentiality

[A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#)

- A new Tax System (Family Assistance) (Administration) Act 1999 - section 162 protection of personal information
- A new Tax System (Family Assistance) (Administration) Act 1999 - section 161 confidentiality

Amendments from 1 July 2010

For details of the changes now incorporated into the relevant Acts, see [Child Support and Family Assistance Legislation Amendment \(Budget and Other Measures\) Act 2010](#)

Disclosure of personal/protected information

[Social Security \(Administration\) Act 1999, Part 5, Division 3, Confidentiality](#)

[Privacy Act 1988,](#)

- Schedule 1, Principle 6 - Breach of an Australian Privacy Principle
- Schedule 1, Principle 8 - Acts and practices of, and disclosure of information to, staff of agency, organisation etc.
- Schedule 1, Principle 10 - Agencies that are taken to hold a record
- Schedule 1, Principle 11 - security of personal information

Resources

Services Australia website

[Payments for families](#)

[Parent's guide to child support](#)

[Child support assessment](#)

Letters

[Q888 CCS ACCS RFI](#)

Forms

[Details of your child's care arrangements \(FA012\)](#)

Level 2 Policy Helpdesk

[Level 2 Policy Helpdesk](#)

Shared care resources

[Care estimator](#)

For contact protocols, see [Transfer of information between Centrelink and Child Support](#).

Child Support Objections

[Services Australia website, Objections to Child Support decisions](#)

Shared care assessment and reassessment between parents examples

Table 1: this table provides examples of shared care assessments and reassessments between parents.

Item	Description
1	<p>Reassessment of shared care arrangement</p> <p>Oliver and Mary have been sharing the care of their child Sienna for the last 18 months. Mary has care of Sienna 6 nights per week and Oliver has care of Sienna 1 night per week. The assessment percentage is currently 86% for Mary and 14% for Gary.</p> <p>On 25 July 2020, Oliver advises the shared care arrangements have now changed. They have gone from a weekly arrangement to a fortnightly arrangement. Mary cares for Sienna 12 nights per fortnight and Oliver cares for Sienna 2 nights every second weekend.</p> <p>The number of nights in the assessment period has not changed. Originally, it was 1 in 7, now it is 2 in 14, but over the assessment period the same number of nights apply. As the days in actual care and the percentage is the same, the care percentage does not change.</p> <p>Mary will receive 100% FTB.</p> <p>Although Oliver is not entitled to any FTB as care for Sienna is less than 35%, Oliver is entitled to ancillary benefits for Sienna as the level of shared care of 14% means Sienna is considered a Regular Care Child.</p>
2	<p>Agreed percentage of care</p> <p>Sally and Michael share the care of their child Luke and agree the percentage of care is 60% for Sally and 40% for Michael. This arrangement has been in place since 1 July 2019.</p> <p>Based on the actual care percentages of 60/40, the shared care percentage used for family assistance are 60% for Sally and 40% for Michael.</p> <p>In August, Sally advises that a new agreement has been reached and from 1 November 2019 they will share the care of Luke 50/50.</p> <p>The 60/40 assessment continues until 1 November 2019 as a change to the care arrangements has not yet occurred.</p> <p>A new 50/50 assessment will commence from 1 November 2019.</p>
3	<p>Agreed pattern of care - parents share care weekly</p> <p>Sally and Michael share the care of their child Luke. Sally lodges a 'Details of your child's care arrangements' (FA012) which has been signed by Michael.</p>

	<p>From 1 July 2019 until 31 January 2020, Sally will have the care of Luke for 4 nights per week and Michael will have the care of Luke for 3 nights per week. The assessment period is 215 days.</p> <p>Sally will have the care of Luke for 123 nights. The actual care percentage is $123 / 215 \times 100 = 57.2\%$, rounded to 58%.</p> <p>The shared care percentage used for family assistance assessment is 61%.</p> <p>Michael will have the care of Luke for 92 days. The actual care percentage is $92 / 215 \times 100 = 42.8\%$, rounded to 42%.</p> <p>The care percentage used for family assistance assessment is 39%</p> <p>Only one care arrangement is recoded when the care change is not in the past.</p> <p>On 1 February 2020, Sally contacts to advise the new care arrangements from that day, Michael will only care for Luke for 2 nights each week The assessment period will be ongoing and is calculated based on 365 days a year.</p> <p>Michael will have the care of Luke for 104 nights during the assessment period.</p> <p>The actual care percentage is $104 / 365 \times 100 = 28\%$ (rounded down)</p> <p>As this is less than 35% actual care, Michael will not be entitled to receive FTB for Luke from 1 February 2020. However, Michael can still receive ancillary benefits as Luke is considered a Regular Care Child.</p> <p>Sally has more than 65% actual care and, receives 100% of the FTB payment for Luke from 1 February 2020.</p> <p>This care arrangement will continue, until there are any more changes.</p>
4	<p>Agreed pattern of care - one parent has care of child on weekends and school holidays</p> <p>Mary and Paul share the care of their child Kate. Mary lodges a Details of your child's care arrangements (FA012) on 6 July 2019, signed by both parents.</p> <p>The shared care arrangement began on 1 July and will continue indefinitely.</p> <p>The assessment period is the full 2019-20 financial year, 365 days.</p> <p>Mary has care of Kate 5 nights per week (Sunday - Thursday) during school terms. Based on school holiday periods for 2019-20 in NSW, Mary will have care for Kate for a total of 204 nights in the assessment period. Actual care percentage is $204 / 365 \times 100 = 56\%$ (rounded up).</p>

	<p>The shared care percentage used for family assistance assessment is 57%.</p> <p>Paul has care of Kate on Friday and Saturday nights during school terms. Paul also has care of Kate during all school holiday periods. Paul will have care for Kate for a total of 161 nights in the assessment period.</p> <p>Actual care percentage is</p> $161 / 365 \times 100 = 44\% \text{ (rounded down).}$ <p>The shared care percentage used for family assistance assessment is 43%.</p>
5	<p>Shared care - disagreement over 10% care</p> <p>Natasha and Boris are separated and have 3 children. Neither Natasha nor Boris has been receiving FTB as they had decided to claim FTB after the end of the financial year.</p> <p>Natasha lodges a claim for FTB instalments claiming 70% actual care of the children during the assessment period together with a completed a 'Details of your child's care arrangements' (FA012) and signed only by Natasha.</p> <p>A Service Officer calls Boris to confirm the care arrangements. Boris states Natasha's percentage is not as high, claiming care for the children as 40% of the assessment period.</p> <p>As an agreement has not been reached, the Service Officer asks Boris to provide evidence of Boris' level of care, such as a third party statements confirming pattern care, statements from medical and education institutions.</p> <p>The Service Officer calls Natasha and requests evidence to support the level of care. Natasha is also asked to indicate on a calendar the nights the children are cared for in the assessment periods to support the claim.</p> <p>Natasha claims 70% actual care. Boris claims 40% actual care.</p> <p>Assessment:</p> <p>Integrated Care skilled staff manage all disagreed care situations.</p> <p>The decision about the disagreed 10% care depends on what evidence is provided. There are 4 possible scenarios:</p> <ul style="list-style-type: none"> • Evidence received from both customers supports a decision that Natasha has 70% actual care and Boris 30%. Natasha's FTB is reassessed from the date of the claim to 70% actual care (100% FTB). Boris is no longer entitled to receive FTB but can be assessed for entitlement to ancillary benefits. Note: if evidence is supplied by both parties, it could also result in a determination that Boris has

	<p>the extra 10% actual care, or that the extra 10% actual care is to be shared between Boris and Natasha</p> <ul style="list-style-type: none"> • Evidence is received from Natasha only, which supports a decision to increase the actual care percentage to 70% (100% FTB). Natasha is advised that Boris may apply for a formal review of the decision • Evidence is received from Boris only, which supports a decision to increase the actual care percentage to 40% (35% FTB). Boris' entitlement will be reassessed to increase the percentage of actual care. Boris is also advised that Natasha may apply for a formal review of the decision • No evidence is received (or evidence is inconclusive). In this case, as the existing statements indicate that the care is fairly evenly shared, a decision is made to share the 10% so that Natasha has 65% actual care (75% FTB) and Boris 35% (25% FTB). A reassessment occurs for both parties <p>The Service Officer advises Natasha and Boris of the decision and records details of the assessment on both records.</p>
6	<p>Apportioning: 3 or more carers have at least 35% actual care</p> <p>Karen, Karen's ex-partner Ben, and Karen's parent Edith share the care of Tom.</p> <p>Based on the agreed pattern of care and the number of nights Tom spends in each person's care during the assessment period, the actual care percentages are assessed as:</p> <ul style="list-style-type: none"> • Karen has 40% actual care of Tom • Ben has 36% actual care of Tom • Edith has 24% actual care of Tom <p>Edith has less than 35% actual care of Tom, and is not entitled to FTB for Tom. However, as Edith has more than 14% care, Tom is considered a Regular Care Child.</p> <p>As Karen and Ben each have more than 35% actual care, they are each entitled to FTB for Tom.</p> <p>To apportion and disburse the unclaimed 24%:</p> <p>Karen has 40% actual care of Tom.</p> <p>Ben has 36% actual care of Tom.</p> <p>The total combined care of Tom is 76%.</p> <p>Karen's percentage of care =</p>

	<ul style="list-style-type: none"> • $40 / 76 \times 100 = 53\%$ (rounded up) • The shared care percentage to be used for family assistance is 51% <p>Ben's percentage of care =</p> <ul style="list-style-type: none"> • $36 / 76 \times 100 = 47\%$ (rounded down) • The care percentage to be used for family assistance is 49% <p>As the care percentages have now been fully investigated and the Service Officer is certain that all carers have claimed, the s47E(d) : field on the s47E(d) screen can be updated to 'Y' to allow shared care apportioning to occur.</p>
7	<p>Determining care percentage when number of nights in care does not accurately reflect the amount of time in care</p> <p>Michael works night shift and cares for 3 year old Erin for 6 hours per day Monday to Thursday and 7 hours on Fridays. The rest of the time, Erin lives with Claire.</p> <p>Michael's percentage of care =</p> <ul style="list-style-type: none"> • 31 hours x 52 weeks = 1612 hours per year • 1612 hours / 24 hours = 67 Days • $67 / 365 \times 100 = 18\%$ (rounded down) <p>Michael's care percentage for Erin is 18%</p> <p>As this is less than 35%, Michael is not entitled to Family Tax Benefit, however may be entitled to ancillary benefits.</p>

Change of care where there is no effect on family assistance and child support - Scenarios

Table 2: this table contains scenarios for changes in care where there is no effect on Family Assistance and Child Support

Item	Scenario
1	<p>Level 1 S54H CS Act & S35Q FA Act</p> <p>Customer contacts to advise their care has increased from 20 nights to 40 nights per year.</p> <p>The % increases from 5% to 10%. There is no effect on child support or family assistance as this is still Below Regular Care.</p>

2	<p>Level 2 S54H CS Act & S35Q FA Act</p> <p>Customer contacts to advise their care has increased from 1 night per week to 2 nights per week.</p> <p>The % increases from 14% to 28%. The percentage remains within the regular care category for both child support and family assistance. There is no effect, as the cost percentage for the child support assessment does not change, remaining at 24% and for family assistance the customer still has a Regular Care Child (RCC) and may qualify for, or continue to be entitled to, ancillary benefits.</p>
3	<p>Level 3 S54H CS Act & S35Q FA Act</p> <p>Customer contacts to advise an agreement has been reached where the children will have Easter break each year with their father. They currently have 50/50 care.</p> <p>The % increases from 51% (183 days) to 52% (187 days). There is no effect on child support or family assistance - both the FTB % and child support cost percentage/assessment remain at 50%.</p>
4	<p>Level 4 S54H CS Act & S35Q FA Act</p> <p>Customer contacts to advise their care has increased from 280 days to 300 days per year.</p> <p>This increases the actual care from 77% (280 days) to 83% (300 days). The percentage remains within the primary care category for both child support and family assistance. Therefore, there is no effect, as the cost percentage for child support does not change, remaining at 76% and the FTB percentage remains at 100%.</p>
5	<p>Level 5 S54H CS Act & S35Q FA Act</p> <p>Customer contacts to advise that they have come to an agreement with the children's other parent which will allow them to spend 6 weeks throughout the year (2 week blocks during school holidays except for Christmas) due to the children's other parent travelling to Australia from overseas (from a reciprocal country).</p> <p>There is no effect, as the actual care % decreases from 100% to 89%. There is no effect on child support or family assistance as the care remains within the above primary care category.</p>

Scenarios where care assessment is required where there is no effect on Family Assistance and child support

Table 3: this table contains a scenario where a care assessment is required but there is no effect on family assistance and child support.

Item	Scenario
1	<p>A customer contacts to advise that they have come to an agreement with the children's other parent which will allow them to spend 6 weeks throughout the year (2 week blocks during school holidays except for Christmas) due to the children's other parent travelling to Australia from overseas (from a reciprocal country). The customer has provided an updated written care document.</p> <p>There is no effect, as the actual care % decreases from 100% to 89% and the care remains within the Above Primary Care category.</p> <p>However, as the customer has provided conclusive evidence of a change in care arrangements that are not yet recorded, an assessment and update to care percentages is required, regardless of whether it effects FTB entitlement/rate and child support assessment.</p>

Talking points

Provide the following information to the notifying carer:

- 'If we were to make a new care determination, the reported care change will not vary the rate of your FTB entitlement (or assessed child support rate). This is because the new care percentage falls within a particular 'care percentage range' that does not alter the assessed amounts
- 'As we will not be changing the care percentages on record (and for the purposes of a child support assessment), no decision has been made which means objection/review and appeal rights do not apply
- 'Furthermore, it won't be necessary for us to contact the other party to discuss this reported care change
- Your current care percentage determination will continue to apply to your FTB entitlement (and child support assessment). Although we have not made a decision relating to this particular reported care change, it is important that you continue to notify us of all future changes so that we can determine whether or not a new care determination needs to be made'

Change of care between parents with no formal care arrangement

Table 4: this table provides an example of a change of care between parents with no formal care arrangement.

Item	Description

1	<p>Disagreement over care arrangements - change of care between parents - no formal care arrangement exists</p> <p>Matt claims FTB for child Brett, aged 13, stating Brett has left the home of the other parent, Alice. Matt claims care of Brett and states there is no family law order, registered parenting plan or parenting plan in place for Brett. The parents did have an informal agreement that Brett stayed with Alice during the week and with Matt on weekends. Alice has been receiving FTB for Brett based on care. However, Matt is unhappy with the living arrangements at Alice's place and is refusing to take Brett back.</p> <p>The Service Officer contacts Alice to check if there has been a change of care. Alice confirms only a verbal agreement for care of Brett exists. Alice is trying to get Brett back.</p> <p>The Service Officer explains FTB for Brett will cease, as no formal care arrangement is in place stating Brett should be in Alice's care. Alice is reminded to contact if the situation changes.</p> <p>Matt's claim for FTB is granted from the date of the claim.</p>
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Disputed care and failure to comply with parenting plans examples

Table 5: this table provides examples of failures to comply with parenting plans for disputed care.

Item	Description
1	<p>Disputed care - failure to comply with parenting plan</p> <p>Beverley advises a court registered parenting plan is in place stating the child is to spend alternate weeks with the parents. However, child Tim aged 4 should have been returned on the weekend by the other parent Jim. Services Australia has a copy of the parenting plan as this was used to calculate the care percentage for their FTB rate. Beverley is seeking legal advice to have the care set out under the parenting plan enforced.</p> <p>In this case, Jim has failed to comply with the parenting plan. Beverley is taking reasonable action to have the parenting plan enforced. Therefore, Beverley continues to be paid FTB for Tim for an interim period while Tim is out of Beverley's care. The FTB rates of both parents will continue, based on the current care assessment (50% each) during the interim period.</p> <p>At the end of the interim period, if Tim is still in Jim's care, Beverley's FTB for Tim will stop and Jim's FTB rate will be reassessed.</p>

Coding and assessing more than 2 carers examples

Table 6: this table provides examples of coding and assessing More than 2 Carers (MT2C).

Item	Description
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1	<p>Parent and current partner of other parent sharing care - care confirmed</p> <p>Alison has 60% care, John is confirmed as having 40% care, but has transferred this care to a new partner (step-parent).</p> <p>The s47E(d) field is coded as 'Y' because the care details being transferred to Child Support relate to carers other than the 2 parties for whom the child has a child support assessment.</p> <p>The s47E(d) screen would need to be updated on John's record with s47E(d)' (transfer out to partner) due to the transfer of care to the new partner (step-parent).</p>
2	<p>Parent and/or non-parent sharing care</p> <p>Fiona has 45% care. Chris (other third party carer e.g. grandparent or foster carer) has 55% care. The other parent, David, has never had any care:</p> <p>The s47E(d) field is coded as 'Y' as Child Support needs to know that David is not necessarily the other person who has the remaining 55% care.</p> <p>If 'N' is coded in this example, Child Support would incorrectly assume David has 55% care and this will affect David's maintenance obligations.</p>
3	<p>Care is not confirmed with other party to the care arrangement</p> <p>Sally advises of a reduction in care from 100% to 75% and states Zac (the other parent) has the balance of care. If Zac does not confirm this care arrangement and there is no current shared care assessment on the file, the care cannot be coded on Zac's record. In this example code the s47E(d) field as 'N' as both carers are the parents. In all cases the advising carer must be asked who the carer is, for staff to be able to attempt to contact them.</p> <p>s47E(d)</p>
4	<p>Care is confirmed with other party to the care arrangement</p> <p>If Tanya has advised the other parent, Robert is the other carer and Robert does have a current shared care assessment on file or is successfully contacted to confirm the care arrangement, code the s47E(d) field as 'N' as Robert is known to be the other party to the care arrangement. Child Support will assess the maintenance obligation accordingly.</p>
5	<p>Third party has sole care (not a parent or current partner of a parent)</p>

	If a grandparent had sole care, code 'Y' as they are a third party carer and therefore cannot be a party to the child support case.
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Actual care in special circumstance resources

This attachment may not be printed, broadcast or released externally. For contact details and more information, see [Information Publication Scheme](#).



[Actual Care in Special Circumstances \(ACSC\) Referral and Decision Template](#)



[Actual care in special circumstances information package](#)

Actual care in special circumstances example

Table 7: this table provides an example of actual care in special circumstances. All special circumstances disputed care decisions are assessed by the Integrated Care team. Actual Care in Special Circumstances (ACSC) Officers will assess these decisions.

Item	Description
1	<p>Actual care in Special Circumstances</p> <p>47E(d)</p>

Calendars

Note: final school term end dates may differ and not all regional holidays have been included in the calendars. For more information on term dates, public holidays, and regional holidays relevant to individual states and territories, see [External websites](#) below.

These calendars may be issued to customers.



[2025 shared care calendar](#)



[2024 shared care calendar](#)



[2023 shared care calendar](#)



[2022 shared care calendar](#)



[2021 shared care calendar](#)



[2020 shared care calendar](#)



[2019 shared care calendar](#)



[2018 shared care calendar](#)



[2017 shared care calendar](#)



[2016 shared care calendar](#)

External websites

See the below websites to find upcoming dates for Australia's state and territory government schools and/or public holidays.

National Public holidays

[Fair Work Ombudsman > Public holidays](#)

State and territory websites for public school dates

NSW

[NSW Government > Education > Schooling > Calendars](#)

VIC

[School term dates and holidays in Victoria | \(www.vic.gov.au\)](#)

SA

[Department of Education South Australia > For parents and families > Term dates calendars](#)

WA

[Department of Education WA > Learning and support > At school > Term dates](#)

QLD

[Queensland Government Education > About us > Calendar](#)

Tas

[Tasmanian Government - Department for Education, Children and Young People > Learning > Term dates and holidays](#)

NT

[NT.GOV.AU > Education and learning > Primary and secondary students > School term and holiday dates in NT](#)

ACT

[ACT Government Education > Public School Life > Term dates and public holidays](#)

Care calculator and Care estimator

[Care calculator](#)

[Care estimator](#)

Letter text for Q999 - care assessment rejected - FTB current customer

s47E(d)

s47E(d)

Letter template for Q999 - change in shared care, previous carer not in receipt of FTB

[Q999 - change in shared care, previous carer not in receipt of FTB](#)

Standard letters

s47E(d)

Table 9: this table describes the standard letters produced by the s47E(d), and when it is appropriate to send. See also: [Child - Change in Care Arrangements script](#)

s47E(d)

s47E(d)

P24845 workaround - scenarios for investigation and examples of coding

Table 10: this table describes examples of when the P24845 system issue may affect a record. s47E(d)

Item	Description
1	<p>Scenarios for investigation</p> <p>Where FTB is transferred out to partner (s47E(d) is coded on the s47E(d) screen - from parent to step-parent) and the parent is a Centrelink and Child Support mutual customer, the record needs to be referred for investigation as the P24845 system issue may impact.</p> <p>Some scenarios where the P24845 system issue may affect a record:</p> <ul style="list-style-type: none"> If the biological parent transfers their FTB to a step-parent and they later separate. Care details for the child will not be transferred correctly to Child Support if a past period care refresh is requested

	<ul style="list-style-type: none"> • The care may transfer to the step-parent's child support record (with incorrect child relationship details) causing inaccurate child support assessments and impacting multiple parties • If a step-parent is claiming Family Tax Benefit (FTB) that has been transferred to them from a biological parent, and the other biological parent also becomes entitled to receive FTB e.g. their percentage of care increases to above 35%, and they make a claim <p>The workaround for P24845 must be re-applied to affected records every time care is reassessed (if the workaround has previously been applied).</p> <p>For examples of 47E(d) coding, see Step 2.</p>
2	<p>Examples of FTB Shared Care (FSC) / Shared Care Assessment (SCA) coding</p> <p>Example 1</p> <p>Parent 1, Cara, has 10% care of child Thomas.</p> <p>Parent 2, George, has 90% care of Thomas. George transfers FTB for Thomas to partner, Olivia (step-parent). As 90% is deemed as 100% care, only an 47E(d) line is coded on Olivia's record, the 47E(d) screen is not coded.</p> <p>At a later date, the care levels change. The care percentages are updated with Cara and George having 50/50 care of Thomas. Cara lodges a claim for FTB as Cara is now eligible for FTB. The care is adjusted in the claim activity.</p> <p>Cara's FTB claim is rejecting as the system is reading Olivia's care as 100%.</p> <p>The P24845 workaround is applied with 50% care being recorded on all 3 records (both parents and step-parent) to enable FTB to be granted for Cara.</p> <p>Example 2</p> <p>Parent 1, Owen is claiming FTB for child Frank. Owen has 40% care of Frank as at 1 July 2015.</p> <p>Parent 2, Sally has 60% care of Frank and has 47E(d) the payment of FTB for Frank to partner Ben (step-parent) from 1 July 2015.</p> <p>A care transaction is received from Child Support for Frank to change care to 50% for both carers from 1 December 2015.</p> <p>Owen's and Ben's records are updated to reflect this change in care.</p> <p>Sally and Ben separate, the care details for Frank remain on Ben's record for the period Ben received FTB.</p>

	<p>At a later date, a 47E(d) is coded for a past period, including the period that Ben was receiving FTB for Frank. As the 47E(d) data sources are not on Sally's record, Child Support are advised that Owen was the only carer for this period. The percentage of care is not attributed to Sally for the period Ben was in receipt of FTB as it should be.</p> <p>To prevent this error occurring the P24845 coding is needed and the following coding is required on 47E(d) for Frank:</p> <p>1 July 2015 - 40% care to Owen, 60% care to Sally and 60% care to Ben.</p> <p>1 December 2015 - 50% care is coded for all 3 carers.</p> <p>Date of separation - 0% care is coded to Ben.</p>
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Training & Support

Add the course number to the **s47E(** field in the **s47E(d)** in ESSentials:

- **s47E(d)** - Changes in care arrangements for FTB