Practice Guide – Children at risk of requiring accommodation outside the family home

Contents

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1. Purpose

The purpose of this Practice Guide is to support you to identify and plan (first plan and review) for the child participant (child) who is at risk of requiring accommodation outside the family home due to their high disability support needs.

This is not a standalone document and should be used in conjunction with the following planning resources:

- Practice Guide – Participants Streamed as Intensive or Super Intensive
- Practice Guide – Complex Support Needs Pathway
- Practice Guide – Children Living in a Formal Voluntary Arrangement Outside Their Family Home
- Practice Guide – Determine Reasonable and Necessary Supports
- Standard Operating Procedure – Determine Reasonable and Necessary Supports
- Practice Guide - Positive Behaviour Support and Behaviours of Concern.

2. To be used by

- Plan Developers
    - NDIS Planners
    - NDIS Partners in the Community (Early Childhood Partners and Local Area Coordinators [LACs])
- NDIA Plan Delegates.

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8.2   Capacity Building supports

Include reasonable and necessary disability-related capacity building funded supports in the child's plan as guided in the Practice Guide - Determine Reasonable and Necessary Supports.

The below will guide you through the additional considerations for capacity building supports when the child is living outside the family home or is at risk of requiring accommodation outside of the family home.

8.2.1 Support Coordination

8.2.1.1   Coordination of supports

The role of the support coordinator is to assist with and strengthen the child's (families) ability to implement and coordinate the supports they require in their everyday life relating to their disability. These supports include informal, mainstream and community supports as well as NDIS funded supports. It aims to support a participant to participate more fully in the community. Support coordinators should work alongside any mainstream supports in the participant's life (e.g. child protection case worker) to maximise outcomes.

8.2.1.2   Specialist support coordination

In cases where an early intervention approach is required, the appointment of a specialist support coordinator may be required to assist the family to access and engage with the supports and providers required to maintain care of their child.

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The role of a specialist support coordinator is to assist the child to manage challenges in their own support environment and ensure consistent delivery of service. This support is time limited, focusing on specific outcomes such as:

- Identifying housing solutions to support a young person to transition to adulthood including planning for the transition to independent living (if the child's goal).

- Identifying strategies and solutions for managing risks such as school expulsion or non-attendance over extended periods. This includes the coordination of family, education and stakeholders to develop and implement programs and practices to build relationships that link the child to learning/education.

- Identifying and sourcing relevant assessment and associated service design for participants with risk behaviours and behaviours of concern (inclusive of restrictive practice reporting to the NDIS Quality and Safeguards Commission).

- Participation in any case conferencing arranged by state and territory services if there is a need to coordinate the participants disability supports with mainstream services.

- Capturing and presentation of required data for the Agency.

Specialist support coordination should be included in the plan as a stated support unless there are identified risks such as limited availability of specialist support coordinators in the area. If it is likely that when the child may require accommodation outside their family home in the near future and is receiving additional NDIS funding for supports on that basis, they will need specialist support coordination to help utilise that funding to access the disability supports identified.

Refer to [Standard Operating Procedure – Include Support Coordination in a Plan](#) for further information.

8.2.2 Behavioural intervention support

Some children may require supports to address behaviours of concern (risk to self or others and/or 1:1 (or higher) funded supports that are greater than 30% of the day). Behaviour intervention and support is a vital inclusion if there are behaviours of concern that are impacting on the family dynamic to a point that the child is at risk of requiring accommodation outside the family home.

You should include strategies to support behaviour intervention to build capacity within the family and encourage family engagement for children at risk. In some cases, the behaviours of concern are significant and have resulted in the child not being able to spend time with family without high levels of support. Consider if behavioural supports can be included so the child can remain living safely in the family home.

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These supports are recommended to:

- support the child's safety and wellbeing

- promote options for increasing the child's capacity, community and mainstream connections to achieve plan goals

- ensure long term sustainability of the child's plan and informal support systems.

As the child's capacity increases over time, you would expect to see a reduction in the intensity and level of 1:1 (or higher e.g. 2:1) supports (greater than 30%) however, this will depend on the individual circumstances.

It may be reasonable and necessary to include behaviour supports in conjunction with other supports, such as STA for a temporary period, to allow a family/carer to continue to provide care for the child. Concurrent supports may be a successful early intervention strategy for highly complex situations where the child's care placement is at risk of breakdown.

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11.1 Handover to support coordinator

When sending your Request for Service to the support coordinator (coordination of supports or specialist support coordinator) chosen by the parents/child representative/s, make sure you include your contact details and request the support coordinator contacts you to arrange a handover.

The process for referral will depend on whether the provider is registered or unregistered. Some support coordinators will be unregistered, however all specialist support coordinators will be registered.

For registered providers, refer to Standard Operating Procedure – Request for Service and for unregistered providers refer to Request for Service – Non-Registered Support Coordination Providers.

Arrange a face to face (where possible) handover to the support coordinator/s, with the parents/child representative present. You should discuss:

- How the plan was developed.

- Who they need to liaise with to implement the plan and the responsibilities of all parties.

- How the plan can be used flexibly to meet the child's goals and how to monitor plan utilisation and make sure the plan can be fully utilised for the period of the plan.

- The roles of the specialist support coordinator and the coordinator of supports.

- Arrange regular checkpoints, in advance, to track progress and to make sure the plan is being implemented in line with the child's goals. This will provide opportunity to address any concerns the family or coordinators may have but will also promote effective plan utilisation.

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11.2 Plan monitoring

The support coordinator will work with the child representative to monitor the plan usage, resolve any issues that arise and liaise with providers, other government services and the NDIS as required. Increased monitoring may be required to review the supports provided and ensure they are meeting the needs of the participant.

At the 12 week check-in meeting you will be able to monitor the plan usage and talk through any concerns with the child representative/s and the support coordinator.

If you identify an over utilisation of funding which may put the child at risk of running out of funding in one or more areas of their plan, work with the child representative/s and support coordinator to identify why there is an over utilisation. Arrange regular check-ins as required.

11.2.1 Critical incidents and safeguarding

If you are advised or have evidence of risks or abuse/neglect related to the child, this is considered to be a participant critical incident and you must take action consistent with the NDIS Act (which limits the circumstances in which the NDIA can disclose information) and with working arrangements with states and territories.

Refer to the Participant Critical Incident Framework for further information on this process and discuss your concerns with your manager to agree on and take appropriate action. Record an interaction detailing the crisis circumstances and actions taken in the System and an alert added if required. If you are unsure whether an incident should be notified, contact National Participant Incident Team. Ensure the specialist support coordinator and/or support coordinator is aware of the situation and is also responding to support the child.

Registered providers deliver NDIS supports and the NDIS Quality and Safeguards Commission regulates and monitors provider performance.

11.2.2 Change of circumstances

Where there is a significant change in circumstances which means the child may require additional funding based on their disability-related support needs, the specialist support coordinator and/or support coordinator is expected to support the child representative to request a plan review.

For example, a change of residential setting or accommodation provider, an extended hospital stay or significant or repeated school suspension.

Where there is risk to the child or their family and an early intervention approach is required, an Agency initiated unscheduled review may be necessary so a new plan can be expedited and any additional support needs included as soon as possible.

This may include where the safety and wellbeing of the child or their family is significantly at risk and immediate and additional supports are required. Refer to Standard Operating Procedure - Create a Plan Review Request and follow the guidance in this practice guide.

12. Supporting material

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- Planning Operational Guideline
- Specialist Disability Accommodation Operational Guideline
- Child Representatives Operational Guideline
- Including Specific Types of Supports in Plans Operational Guideline
- NDIS Quality and Safeguard Commission
- National Principles for Child Safe Organisations

13. Feedback

If you have any feedback about this Practice Guide please email Service Guidance and Practice. In your email, remember to include the title of the resource you are referring to and to describe your suggestion or issue concisely.

14. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
4.0	CRG656	Class 1 approval Complex Support Needs Branch endorsed updates to referral process using new interaction template.	APPROVED	2020-06-26
5.0	CRG656	Class 1 approval Guidance strengthened to ensure children at risk of requiring accommodation outside the family home are referred to the CSN Branch.	APPROVED	2020-07-09

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Practice Guide – Children living in a formal voluntary arrangement outside their family home

IMPORTANT: For use by children and young people planners in the Complex Support Needs Pathway only.

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Contents

Practice Guide – Children living in a formal voluntary arrangement outside their family home

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1. Purpose

The content of this document is OFFICIAL. This Practice Guide (PG) will support you as a children and young people's planner in the Complex Supports Needs (CSN) Pathway through the considerations and sensitivities when planning (first plan or review) for a child participant (child) living outside the family home in voluntary out of home care arrangements as acknowledged by the relevant state or territory authority and the National Disability Insurance Agency (Agency). For the purpose of this PG we will hereafter refer to these as voluntary arrangements.

Children who currently reside outside the family home either in full time or part time voluntary arrangements will be acknowledged by the relevant state and territory authority who will lead oversight of these arrangements.

NOTE: Under this arrangement parents or primary care givers continue to be responsible for all decision making relating to their child.

This PG is not a standalone document and should be used in conjunction with the following planning resources:

- Practice Guide – Participants Streamed as Intensive or Super Intensive
- Our Guideline – Child Representatives
- Our Guideline – Reasonable and Necessary Supports
- Standard Operating Procedure – Complete the Determine Funded Supports task.

2. To be used by

Planners in the CSN Children and Young people Pathway who are trained to support children and young people and prepare plans where additional skills, knowledge or considerations are required.

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5. Planning

Include reasonable and necessary disability-related supports in the child's plan as guided in the Our Guideline – Reasonable and Necessary Supports.

The guidance below will guide you through the additional considerations for funded supports when the child is living outside the family home.

For children formally agreed as living in a voluntary arrangement outside the family home, the NDIS will be responsible for funding:

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- 24/7 staffing (except during hours when the child is attending school)

- disability-related supports

- assessment for Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) eligibility from the age of 16

- specialist support coordination.

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5.3 Capacity Building supports

Include reasonable and necessary disability-related capacity building funded supports in the child's plan as guided in the Our Guideline – Reasonable and Necessary Supports.

The information below will guide you through the additional considerations for capacity building supports when the child is living outside the family home.

5.3.1 Support Coordination

Children living in a voluntary arrangement could have coordination of supports, specialist support coordination or a combination of the two included in their plan.

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A participant may have specialist support coordination as well as coordination of supports funded in the same plan. This could be in situations such as where immediate complex barriers have been addressed and the participant still requires more general coordination of supports for the remainder of their plan period. Others may have specialist support coordination in one plan, and coordination of supports in subsequent plans.

5.3.2 Coordination of supports

The role of the support coordinator is to assist with and strengthen the child's (family's) ability to implement and coordinate the supports they require in their everyday life relating to their disability. These supports include informal, mainstream and community supports as well as their NDIS funded supports. It aims to support the child to participate more fully in the community.

5.3.3 Specialist support coordination

The role of a specialist support coordinator is to assist the child to manage challenges in their own support environment and ensure consistent delivery of service. This support is time limited, focusing on specific outcomes such as:

- identifying housing solutions to support a young person to transition to adulthood

- assisting a participant to manage challenges in their own support environment and ensure consistent delivery of service

- capturing any required data for the Agency

- Identifying strategies and solutions for managing risks such as school expulsion or non-attendance over extended periods. This includes the coordination of bringing family, education and stakeholders together to develop and implement programs and practices to build relationships that link to the child's learning/education.

- Identifying and sourcing relevant assessment and associated service design for participants with behaviours of concern (inclusive of unauthorised restrictive practice reporting to the NDIS Quality and Safeguards Commission).

- Reporting on Parenting Agreements/engagement. This includes monitoring to ensure parents are included and actively participating in their child's daily life (school visits, medical appointments, sibling contact).

Include specialist support coordination in the plan as a stated support unless there are identified risks such as limited availability of specialist support coordinators in the area.

Parent/s maintain their guardianship role by fulfilling responsibilities including for example, acting as their child's key decision maker, ensuring ongoing family and community connections and advocating for their child's best interests. Refer to Standard Operating Procedure – Include Support Coordination in a Plan for further information.

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5.3.4 Behavioural intervention support

Some children may require supports to address behaviours of concern (risk to self or others and/or 1:1 [or higher] funded supports that are greater than 30% of the day). Behaviour intervention and support is a vital inclusion if there are behaviours of concern that have impacted on the family dynamic and have resulted in the child not being able to live in the family home.

To build capacity within the family and encourage family engagement, the inclusion of strategies to support behaviour intervention is key for children residing outside the family home. In some cases the behaviours of concern are significant and have resulted in the child not being able to spend time with family without high levels of support. Consideration needs to be factored in planning to ensure that behavioural supports are included to the level that the child can maintain contact with their family on a regular basis.

These supports are recommended to:

- support the child's safety and wellbeing

- promote options for increasing the child's capacity, community and mainstream connections to achieve plan goals

- ensure long term sustainability of the child's plan and informal support systems.

As a child's capacity increases overtime, you would expect to see a reduction in the intensity and level of 1:1 (or higher e.g. 2:1) supports (greater than 30%) however, this will depend on the individual circumstances.

Refer to Standard Operating Procedure – Behaviour Intervention Supports.

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6.   Transition planning for 16 – 17 year olds

As a young person prepares to leave school and move to employment or day time community activities, additional supports may be required to support them with their transition from education. For children living in a voluntary agreement outside the family home this transition also involves:

- transitioning out of their voluntary living arrangement into an alternative living arrangement

- transitioning to the disability support pension (DSP) and contributing to their board and lodging costs.

Consider the following when planning for 16 -17 year olds living in accommodation outside the family home:

- Complete the Transition to Adulthood Checklist.

- Establish if an independent specialist assessment will be required if there is unclear or insufficient evidence about the young person's functional capacity or current and future support need requirements.

- Determine the capacity building supports that will develop independent living skills.

- Assess assistive technology and home modification needs in relation to any changes in the young person's living arrangement.

  This can be funded in a young person's plan and would be conducted by a qualified assessor such as an occupational therapist, registered nurse or psychologist who is independent to the current provider's process. It would be anticipated that specific

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questions would be forwarded to the assessor, with this process being led by the support coordinator.

- Will additional specialist support coordination hours be required to support the young person to plan for appropriate accommodation if a different living arrangement is required? Refer to Practice Guide – Identifying Housing Solutions for further information.

- Include an assessment for SDA and SIL in the young person's plan noting that in most cases this is not the best option for children under 18. Only in exceptional circumstances should this be included for children 15 and under and will require General Manager approval.

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8. Plan implementation

After plan approval, the approved plan and plan approval letter are automatically sent to all child representatives. It is important that the contact roles are updated if the child's circumstances change and correct addresses are recorded to ensure the right people receive a copy of the child's plan.

Refer to Standard Operating Procedure – Complete the Implement the Plan task and Our Guideline – Your Plan.

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8.1 Handover to specialist support coordinator and/or coordinator of supports

When sending your Request for Service form to the specialist support coordinator and/or coordinator of supports chosen by the parents/child representative/s, make sure you include your contact details and request the specialist support coordinator and/or coordinator of supports contacts you to arrange a handover.

The process for referral will depend on whether the provider is registered or unregistered. All specialist support coordinators will be registered, however some coordination of supports providers may be unregistered.

For registered providers, refer to Standard Operating Procedure – Make a Request for Service (support coordination and recovery coach) and for unregistered provider refer to Form Request for Service – Non-registered Support Coordination Providers.

Arrange a face to face (where possible) handover to the specialist support coordinator and/or coordinator of supports with the parents/child representative present. Make sure you cover:

- how the plan was developed
- who they need to liaise with to implement the plan and the responsibilities of all parties
- how the plan can be used flexibly to meet the child's goals and how to monitor plan utilisation and make sure the plan can be fully utilised for the period of the plan
- the roles of the specialist support coordinator and the coordinator of supports
- arrange regular checkpoints, in advance, to track progress and to make sure the plan is being implemented in line with the child's goals. This will provide opportunity to address any concerns the family or coordinators may have but will also promote effective plan utilisation.

8.2 Plan monitoring

The support coordinator will work with the child representative to monitor plan usage, resolve any issues that arise, and liaise with providers, other government services and the Agency as required.

Advise the support coordinator to notify you of any issues regarding utilisation of plan funds. This will allow you to be fully prepared for any implementation meetings with states and territories.

At the 12 week check in meeting you will be able to monitor the plan usage and talk through any concerns with the child representative/s and the support coordinator.

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If you identify an over-utilisation of funding which may put the child at risk of running out of funding in one or more areas of their plan, work with the child representative/s and support coordinator to identify why there is an over-utilisation. Arrange regular check-ins as required.

8.2.1 Critical incidents and safeguarding

If you are advised of risks of abuse/neglect related to a child you are expected to take action. Evidence of risks of abuse/neglect may in some circumstances be considered a participant critical incident. Action taken must be consistent with the *National Disability Insurance Scheme Act 2013* (which limits the circumstances in which the NDIA can disclose information) and agreed working arrangements with states and territories.

Discuss your concerns with your manager and agree on the appropriate action to take. Record the details of the crisis circumstances and actions taken in an interaction and add an alert if required. Ensure the specialist support coordinator and/or support coordinator is aware of the situation and is also responding to support the child.

Refer to the Participant Critical Incident Framework for further information on the actions you should take and how to report a participant incident. If you are unsure about making the notification, contact the National Participant Incident Team.

8.2.2 Change of circumstances

Where there is a significant change in circumstances which means the child may require additional funding based on their disability-related support needs, the specialist support coordinator and/or support coordinator is expected to support the child representative to request a plan review. The Agency may commence an Agency initiated plan review where there are concerns, for example, about plan utilisation or other matters concerning the child's disability support needs.

A change of circumstances plan review may be requested where for example, there has been a change of residential setting or accommodation provider, an extended hospital stay or significant or repeated school suspension. A child entering accommodation outside of their family home, may also instigate a change of circumstance review.

Refer to Standard Operating Procedure - Create a Plan Review Request (PRR).

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Practice Guide – Motor Neurone Disease

Contents

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1. Purpose

The purpose of this Practice Guide is to support National Disability Insurance Agency (NDIA) planners and delegates when planning with participants living with Motor Neurone Disease (MND) to understand their disability, support needs and create a positive experience as they engage and connect with the National Disability Insurance Scheme (NDIS).

2. To be used by

- Plan Developers – Planners
- NDIA Plan Delegates
- Business Support Officers

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5.3.2 Support Coordination

Participants living with MND are streamed Super Intensive due to the frequent support required in progressing through the NDIS Pathway. Make sure there is sufficient funding for coordination of supports in **Capacity Building > Support Coordination**.

Part of the support coordinators role is to assist the participant with resolving points of concern, unexpected service delivery issues, developing capacity and resilience in a participant's network, and coordinating supports from a range of suppliers or providers.

This role includes providing the NDIS with any assessments and reports completed during the plan period. Support coordination reports and/or updates based on their experience planning with the participant must also be provided.

As with all services, the participant retains choice and control as to their preferred provider for support coordination.

Refer to the Standard Operating Procedure – Include Support Coordination in a Plan for further information.

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Practice Guide – Motor Neurone Disease

Contents

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1. Purpose

The content of this document is OFFICIAL. The purpose of this Practice Guide is to support National Disability Insurance Agency (NDIA) planners and delegates when planning with participants living with Motor Neurone Disease (MND). It will help you understand their disability, support needs and create a positive experience as they engage and connect with the National Disability Insurance Scheme (NDIS).

2. To be used by

- Plan Developers – Planners

- NDIA Plan Delegates

- Business Support Officers

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5.3.2 Support Coordination

Participants living with MND are streamed Super Intensive due to the frequent support required in progressing through the NDIS Pathway. Make sure there is sufficient funding for coordination of supports in **Capacity Building > Support Coordination**.

Part of the support coordinator's role is to assist the participant with resolving points of concern and unexpected service delivery issues. They can also assist with developing capacity and resilience in a participant's network, and coordinating supports from a range of suppliers or providers.

This role includes providing the NDIS with any assessments and reports completed during the plan period. Support coordination reports and/or updates based on their experience planning with the participant must also be provided.

As with all services, the participant retains choice and control as to their preferred provider for support coordination.

Refer to the Standard Operating Procedure – Include Support Coordination in a Plan for further information.

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Practice Guide – Safeguarding the participant's interests

Contents

1. Purpose

This Practice Guide will support you to understand how we safeguard the participant's interests on a day-to-day basis as they engage and connect with the NDIS.

This includes understanding where to locate information to assess and report risks though the NDIA Issues and Incident Management Framework and Participant Critical Incidents Framework.

Note: Check you have read and understood the Participant Experience Delivery (PED) Key Performance Indicators (KPIs) and are complying with the PED KPIs and target relevant to this Practice Guide.

2. To be used by

This Practice Guide is for use by all staff of the National Disability Insurance Agency (NDIA), with a particular focus on staff in service delivery including:

- Plan Developers – Planners and NDIS Partners in the Community (PiTC - Early Childhood Partners and Local Area Coordinators [LACs])

- NDIA Plan Delegates

- Payment Analysts

- Business Support Officers (BSOs)

- National Contact Centre (NCC)

- National Complaints Resolution Team (NCRT) - including National Escalations Team (NET)

- Member and Senator Contact Officer (MASCO)

- Ministerial Coordination Team.

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10.3 Capacity Building supports

Capacity building supports are linked to the goals and aspirations of the participant. When determining the funded supports in the System, funding is allocated to the specific areas of

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support needed by the participant. This enables the tailoring of support specific to the needs of the participant in their daily life.

The inclusion of funded supports in the plan to build capacity for independence or build skills in an identified area can be in response to a risk and therefore a safeguard.

10.3.1 Support Coordination

Plan developers consider the level of support the participant will require to build their capacity to connect with supports and services, including informal and mainstream supports. Support coordination ensures the participant is supported to understand their plan and how to:

- implement funded supports

- build capacity

- strengthen their ability to achieve their goals.

In situations where multiple mainstream interfaces are involved and/or a high level of risk, specialist support coordination may be included in the plan. This is where an allied health professional coordinates and manages the supports with the participant.

For more information on support coordination, refer to the Standard Operating Procedure – Include Support Coordination in a Plan.

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s22(1)(a)(ii) - irrelevant material

s22(1)(a)(ii) - irrelevant material

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s22(1)(a)(ii) - irrelevant material

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s22(1)(a)(ii) - irrelevant material

Standard Operating Procedure **Planning**
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Include Support Coordination in a plan

Previous Step:	Pre-planning tasks are completed in the National Disability Insurance Scheme (NDIS) business system (System)
Next Step:	Complete the Determine Plan Management task in the System

1.   Purpose

The content of this document is OFFICIAL. This Standard Operating Procedure (SOP) will support you to consider and include reasonable and necessary support coordination in a participant's plan and should be used alongside the Standard Operating Procedure – Complete the Determine Funded Supports task.

2.   Index

3.   To be used by

- Plan Developers:
  - Planners
  - Partners in the Community (Early Childhood Partners and Local Area Coordinators [LACs])
- NDIA plan delegates.

4.   Scope

Support coordination is a broad term used to describe the three levels of support (support connection, coordination of supports and specialist support coordination). This support can be included in the participant's plan to support them to connect with services whilst strengthening their ability to achieve their goals and aspirations. The provision of support coordination will also help the participant understand how the NDIS operates within a broader ecosystem of supports including disability organisations and mainstream and community supports.

To provide a high quality service to participants, planners and partners are reminded successful planning is centred on the following principles:

- Valuing and respecting the goals and aspirations of the participant.

- Understanding the importance, role and opportunity that may be afforded to the participant by connecting with mainstream, community and informal supports.

- Applying reasonable and necessary judgements in developing and determining the funded supports to assist the participant to achieve their stated goals.

- Determining and assessing the suitability of funded supports against the generated Typical Support Package (TSP).

- Quality interactions which demonstrate empathy and understanding of the participant's disability and needs.

4.1   Levels of support coordination

There are three levels of support coordination which may be included in the plan in the support coordination budget. Use your reasonable and necessary decision making and take into account the goals and aspirations of the participant. Streaming is an important factor to determine the level of support coordination a participant needs. However, it's important that plan developers also take into account a participant's individual circumstances. When you determine the type, level and number of hours to be included in the plan, consider existing informal supports, any additional complexity factors as well as the participant's streaming outcome.

The generated TSP will also guide you in determining the funded supports. The following is provided for guidance only and is not intended to be used as a rule.

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If the TSP is exceeded by more than 10% because of a reasonable and necessary decision, clear evidence from a relevant professional must be attached as an inbound document in the NDIS Business System (System). Justification for any changes, in line with the attached evidence, must be recorded in the **Review and Submit Plan for Approval** task.

You must ensure any increases to the TSP above 10% are reviewed by an executive level delegate prior to plan approval. Record the information for this review using the Plan submitted for executive level review of changes to the TSP interaction template. Make sure you also record the review information in any justifications for changes to the TSP. You will then follow the usual plan approval process.

Note: If support coordination is included in the plan, discuss with the participant if they have any preferred providers for this support and gain their consent for the NDIA to make a referral on their behalf. This information will be required for plan implementation. For further information refer to the Standard Operating Procedure – Request for Service – Make a request.

4.1.1 Support Connection

Support connection is typically delivered by a participant's Local Area Coordinator (LAC) or Early Childhood Partner. Support connection is a time-limited assistance to strengthen the participant's ability to connect with mainstream and community supports, and establish service agreements and bookings with support providers. The aim is to increase the participant's capacity and ability to maintain relationships, negotiate with service providers and respond to minor service delivery issues.

Participants who reside in an area that is supported by an LAC or Early Childhood Partner, should generally not require additional funding to be included in their plan as this is the primary role of the partner. This is, however, dependent on the level of support the participant needs to implement their plan. You will need to consider all information available to you to make this decision as each participant's circumstances are different.

For participants streamed General or Supported:

- If supported by an LAC Partner, you can remove the funding generated in the **Support Coordination** budget. In doing so, you should assess if the participant

requires referral to a specific support connector, such as a CALD organisation or a preferred Aboriginal and Torres Strait Islander provider.

If not supported by a LAC partner, amend the generated **Support Coordination** budget to reflect your reasonable and necessary consideration. As a guide, this would typically be an hour a month (around 12 hours for a 12 month plan) of support connection.

4.1.2 Coordination of Support (formerly support coordination)

Coordination of support is delivered by a support coordinator. Consider including coordination of support in a participant's plan to assist in strengthening the participant's capabilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. Participants requiring this level of support will have usually been streamed at the Intensive level. This may include resolving points of concern, unexpected service delivery issues, developing capacity and resilience in a participant's network and coordinating supports from a range of suppliers or providers.

The support coordinator should focus on addressing barriers and reducing complexity in the support environment, while ensuring that the participant is supported to connect with, and build their capacity and resilience. It may also involve development of an intervention plan which will be delivered by disability support workers.

There may not be enough funding in the generated TSP to meet the participant's coordination of support needs. You may need to adjust the coordination of support funding to enable the participant to receive the right level and type of support to implement their plan and address any complexities in their life.

Note: When a support coordinator is providing capacity building supports, immediately moving to a partner - LAC or Early Childhood may disadvantage the participant. In this case you can include 3 months of coordination of support in the new plan, with a request that the support coordinator completes a 'warm handover' to the partner at the end of those 3 months.

The below provides some guidance for including funds for coordination of support in the plan however you will need to consider all information available to you when making your reasonable and necessary decision.

- Low (1-2 hours a month/approx. 24 hours per year) for example, this could be considered when the participant:

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- has elderly parents who are needing to explore and establish a range of supports including housing options and future planning issues for their son/daughter
- lives in a group home or large residential facilities and has a strong informal support network with no identified risks
- is adjusting to vision, hearing and other sensory loss type conditions.

- Medium (3-6 hours a month/approx. 48-72 hours per year) for example, for participants who:
  - have a managed psychosocial diagnosis and are well connected to clinical supports. For example, may be accessing treatment options to understand their condition, trial medications and create a recovery plan.
  - have a support network that may be at risk
  - are at mid stages of a degenerative condition
  - may require assistance to transition to alternative living arrangements.

- High (approximately 7-9 hours a month) for example, participants who:
  - are experiencing an unstable psychosocial disability and have a history of long-term hospitalisation and/or history of tenancy instability
  - have limited family and social networks
  - have very low levels of community participation
  - in the absence of support, have difficulty living in the community and are at high risk of hospitalisation or homelessness
  - identify as Aboriginal or Torres Strait Islander and may be living in remote communities
  - are involved with other services such as child protection or justice
  - are living with a diagnosis of a degenerative condition such as; younger onset dementia, Huntington's disease, multiple sclerosis (MS), muscular dystrophy or motor neurone disease (MND). As a result they require support to engage with specialist support organisations to assist with understanding their condition and connecting with available supports. Required where multiple providers are involved.
  - mild to moderate levels of intellectual disability or acquired brain injury and are residing alone and need to ensure proactive supports are in place. They may

require assistance to access and maintain community activities, budgeting, shopping, or similar activities ensuring successful maintenance of their independence.

Important Note: For all levels, these are **examples only** and you **must** use your reasonable and necessary decision making when including supports in a plan.

4.1.3 Specialist Support Coordination (typically up to 100 hours for a 12 month plan)

Participants who have been streamed as Super Intensive may require specialist support coordination as they may have multiple complexities in their circumstances, multi-jurisdictional involvement and limited support networks. This could involve a specialised and/or intensive response within a specialist framework if the participant has high risks in their life situation and/or environment. These could include:

- risk of homelessness due to their behaviours of concern
- interface with justice, housing and/or other complexities
- children living outside the family home under formal voluntary out of home care arrangements as acknowledged by the relevant state or territory authority and the NDIA. Refer to Practice Guide – Children Living in a Formal Voluntary Arrangement Outside their Family Home.

This approach is expected to:

- address barriers and reduce complexity in the participant's environment
- assist to connect the participant with multiple complex supports
- assist to build the participant's capacity and resilience.

You will need to use your reasonable and necessary decision making to determine how many hours will need to be included for specialist support coordination and consider the guidance under the heading of Specialist Support Coordination above if needed. When deciding how many hours, ensure there is enough funding to support the participant as well as to allow the support coordinator to fulfil their reporting requirements.

4.1.4 Referral for Complex Support Needs

When determining the level of support coordination you may identify the participant has complex support needs that require referral into the Complex Support Needs (CSN) Pathway.

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The CSN Pathway aims to provide specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical NDIS Pathway. To refer a participant for assessment by the CSN branch, refer to Standard Operating Procedure – Referral for Complex Support Needs. For more information on the CSN Pathway refer to Practice Guide – Complex Support Needs Pathway.

4.2   Support Coordination Roles

The role of the LAC, Early Childhood Partner (support connection) or support coordinator is to assist the participant to implement their plan. They will ensure the participant can exercise choice and control to, link with the right providers, meet and achieve their goals and locate and coordinate a range of supports. Generally, this will include mainstream, community and funded supports while building on informal networks. They will provide participants with strategies for how to use their support budgets to achieve their goals. Support coordination activities can include supports to build participant resilience in their own network and community.

A support coordinator will need to complete implementation and progress reports as part of their role in supporting the participant. Plan developers should make sure that additional hours are included in the support budget to allow for this to be completed. You will need to use reasonable and necessary decision making to ensure all required inclusions are in the participant's plan.

4.3   Psychosocial Recovery Coach

From 1 July 2020, a new support called psychosocial recovery coach (recovery coach) will be available for NDIS participants and is included in the NDIS Pricing Arrangements and Price Limits.

Generally, if a participant's primary disability is psychosocial disability then you should consider including the support of a recovery coach. Recovery coach support should be included if, in your discussions with the participant, you identify that they require support to link to and maintain engagement with informal, community, mainstream and funded supports; and to build capacity, including strengths and resilience. A recovery coach is available to participants across all streams – General, Supported, Intensive and Super Intensive.

Generally, the participant should not have funding for both recovery coach support and support coordination included in their plan. Support coordination may be considered reasonable and necessary in addition to funding a recovery coach in limited circumstances. For example, funding for a specialist support coordinator may be considered reasonable and necessary if the participant identifies a goal of finding suitable housing.

If the participant had funding for support coordination in their previous plan, discuss the supports a recovery coach can provide. Explain that a recovery coach will be able to provide targeted support for the participant in relation to their psychosocial disability and can support them in their recovery journey.

If the participant is already linked with a support coordinator they can exercise their own choice and control to decide if they want to use their recovery coach funding to continue receiving support from their support coordinator, or they may wish to change to support provided by a recovery coach.

Note: As this is a new support the market may be limited to provide this service. Until the market matures there may not be any recovery coach providers available in the participant's local area. If this is the case and the participant has support coordination included in their plan they can continue to be provided with support through their LAC or support coordinator.

If recovery coach support is included in the plan you must complete the Request for Service System task during plan implementation. See Standard Operating Procedure – Request for Service – Make a request.

For further information refer to the Practice Guide – Psychosocial Disability, Standard Operating Procedure – Psychosocial Recovery Coach Support.

4.4   Children 15 and Under

As of 15 September 2017, the System no longer auto-generates funding for support coordination for participants aged 15 years or under, even if it has been indicated as required in the Guided Planning Questionnaire. Apply reasonable and necessary decision making when determining if funding for support coordination is required. Consider the participant's circumstances and context (including their informal support networks and parental responsibility) and if the support meets reasonable and necessary criteria. Record adequate justification to support and document the decision.

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5.   Prerequisites

- You have had a planning conversation with the participant to understand and identify their current and potential Assistive Technology (AT) support needs, as well as identifying any preferences for specific providers to provide support coordination services.

- You have completed all relevant pre-planning tasks in the System.

- You have read the Standard Operating Procedure – Complete the Determine Funded Supports task.

6.   Procedure

Please note: Data in screenshots is fictional and intended for instructional purposes only.

6.1   Navigate to the support calculator

1. From the Home screen select **My NDIS**.

2. Search for and select the **Participant**. For more information, see the Standard Operating Procedure - Search the NDIS Business System.

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3. From the pathway tab, select the **In Progress** Application.

4. Select **Planning**.

5. The Planning page displays. Select **Determine the Funded Supports**.

6. The **Determine the Support Needs** screen opens.

7. Complete the **Determine the Funded Supports** task for the plan as per the guidance in the Standard Operating Procedure – Complete the Determine Funded Supports task.

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8. Once the plan's funded supports have been completed, select the **Save** button.

9. Select the **Capacity Building** support type.

10. The two **Capacity Building** sub types are displayed.

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11. Manually remove any funding auto-generated for **Support Coordination**.

Support Type > Support Category		
Support Category	Price $	Comment
Capacity Building	3,784.00	
Support Coordination	0.00	

12. Select the expand icon in the **Support Coordination** price field.

Support Type > Support Category			
Support Category	Price $	Comment	
Capacity Building	3,784.00		>
Support Coordination	0.00		>

13. The **Support Calculator** will open. Select anywhere in the **Product** field.

Support Calculator

Product	Price	Quantity	Unit	How Often	Frequency	Total
	0.00	1			1.00	0.00

Item Type

Quote Required ☐ Quote Received ☐

$0.00

Done Cancel

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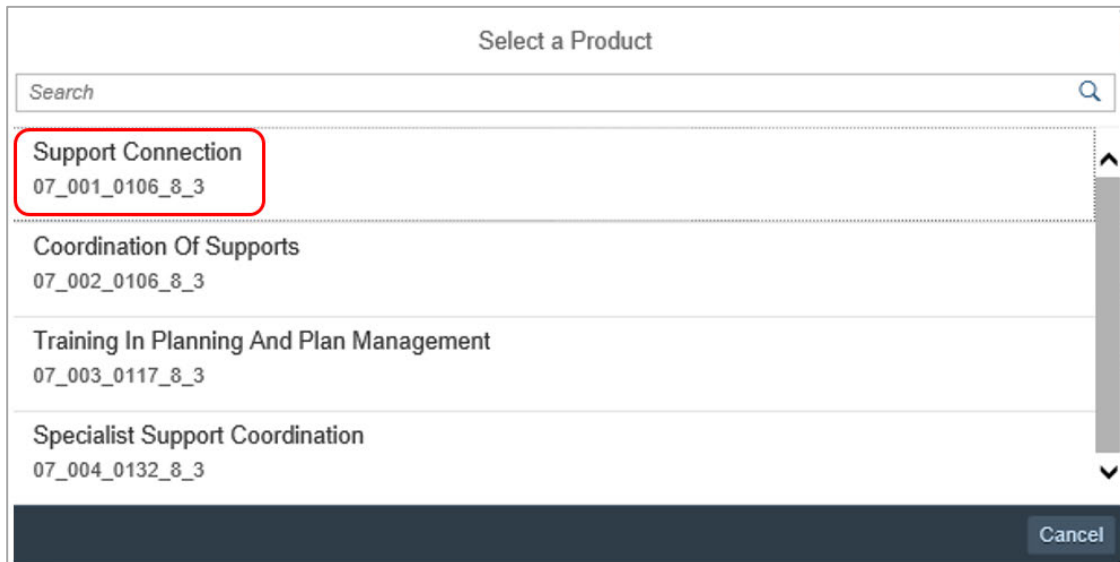OFFICIAL   This document is uncontrolled when printed.
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14. The **Select a Product** screen will open.

15. Continue to add support connection, coordination of supports (support coordination), specialist support coordination or training in planning and plan management using the guidance below.

6.2 Include Support Connection in a plan

1. In the support calculator, select **Support Connection**.

2. Use reasonable and necessary decision making to adjust the **Quantity** as guided

above.

- At **How Often** select **Per Year**.

- Select **Done**.

3. In the **Comment** field record the following: XX hours of support connection to help me connect with my chosen service providers.

4. Select **Submit** when completed.

5. When the form has been submitted, a success message appears. The success message will ask **Are the funded supports correctly aligned to the goals listed in the Participant Statement?**

- If you select **No**, you will be taken directly to the **Participant Statement** to review the goals section and make sure the correct support type boxes have been ticked.

- If you select **Yes**, you will continue as usual.

6. If the TSP has been increased by more than 10%, select **Save** and assign a Plan submitted for executive level review of changes to the TSP interaction to an executive level delegate to review the funded supports.

6.3 Include Coordination of Supports (formerly support coordination) in a plan

Note: In the System support coordination is referred to as coordination of supports.

1. In the support calculator, select **Coordination of Supports**.

2. Use reasonable and necessary decision making to adjust the Quantity as guided above.

- At **How Often** select **Per Year**.
- At **Item Type** select **Stated**.
- Select **Done**.

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3. In the **Comment** field enter the following text: XX hours of Support coordination to support me to connect to, engage with and coordinate my chosen service providers.

Support Coordination	5,090.12		53 hours of support coordination to support me to connect to, engage with and coordinate my

4. Include any other reasonable and necessary supports within the TSP using the **Support Calculator**.

5. If the TSP has been increased by more than 10%, select **Save** and assign a Plan submitted for executive level review of changes to the TSP interaction to an executive level delegate to review the funded supports.

6. When you are satisfied that all supports in the plan are reasonable and necessary and any required executive level reviews are complete, select **Submit**.

6.4   Include Specialist Support Coordination in a plan

1. Navigate to the support calculator, select **Specialist Support Coordination**.

Select a Product

Search

Support Connection
07_001_0106_8_3

Coordination Of Supports
07_002_0106_8_3

Training In Planning And Plan Management
07_003_0117_8_3

Specialist Support Coordination
07_004_0132_8_3

Cancel

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2. Use reasonable and necessary decision making to adjust the Quantity as guided above.

- At **How Often** select **Per Year**.
- At **Item Type** select **Stated**.
- Select **Done**.

3. In the **Comment** field record the following: XX hours of Specialist support coordination to support me to connect to, engage with and coordinate my chosen service providers.

4. Include any other reasonable and necessary supports within theTSP using the **Support Calculator**.

5. If the TSP has been increased by more than 10%, select **Save** and assign a Plan submitted for executive level review of changes to the TSP interaction to an executive level delegate to review the funded supports.

6. When you are satisfied that all supports in the plan are reasonable and necessary and any required executive level reviews are complete, select **Submit**.

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6.5 Training in planning and plan management

You can include supports in the participant's plan aimed at building their capacity to self-manage their NDIS funded supports. The line item **Training in Planning and Plan Management** sits in the **Support Coordination** support category and can be included on a time limited basis if considered reasonable and necessary.

This support does not have to be provided by a support coordinator, however the provider must be registered for this category.

Plan and financial capacity building support may also be provided by a plan manager where there is no coordination of supports funded in the participant's plan. Refer to Standard Operating Procedure – Plan Management and Financial Administration Support Items.
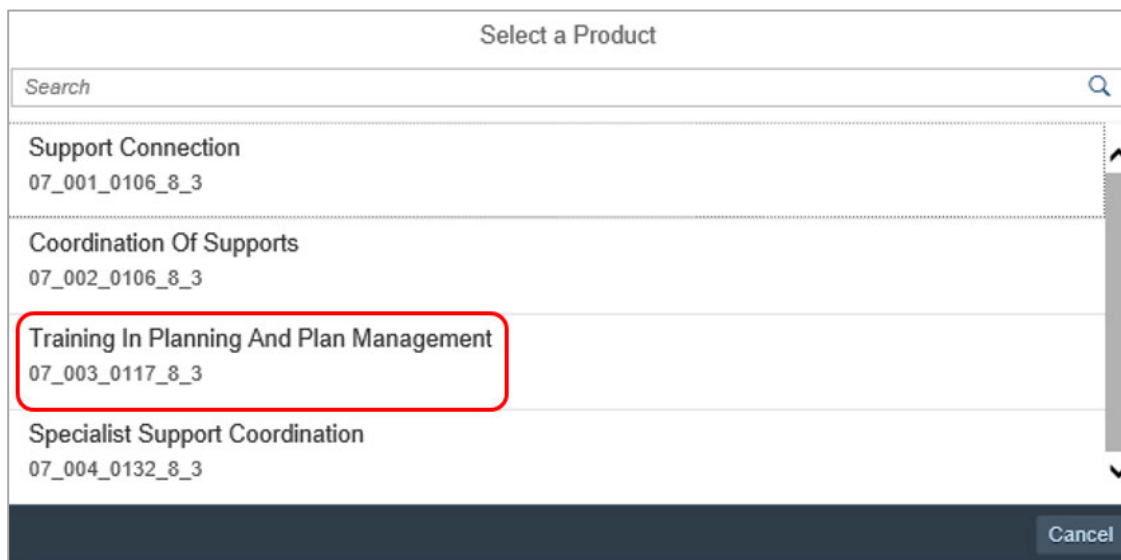
6.6 Next steps

6.6.1 Determine Plan Management

Complete the Standard Operating Procedure – Complete the determine plan management task task before finalising and approving the plan.

6.6.2 Finalise and approve the plan

Complete the Standard Operating Procedure – Review and Submit a Plan for Approval OR the Standard Operating Procedure – Finalise and Approve a Plan task. You will need to include justification for including coordination of supports in the plan.

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7.   Supporting material

- *National Disability Insurance Scheme Act 2013* (section 34)
- *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Practice Guide – Intensive and Super Intensive Participants
- Standard Operating Procedure – Complete the Determine Funded Supports task
- Planning Operational Guideline

8.   Process owner and approver

General Manager, Participant Experience Design.

9.   Feedback

If you have any feedback about this Standard Operating Procedure, please complete our Feedback form.

10. Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	MB0056	Class 2 approved. Included reference to Practice Guide – Complex Support Needs Pathway and Standard Operating Procedure – Referral for Complex Support needs. Included new section on psychosocial recovery coach role.	APPROVED	2020-06-18

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Version	Amended by	Brief Description of Change	Status	Date
6.0	EMN960	Updated recovery coach guidance to clarify: • when a support coordinator may be considered reasonable and necessary in addition to a recovery coach • a participant can continue with their current support coordinator using their recovery coach funding if they choose to.	APPROVED	2020-07-27
7.0	CS0074	Class 1 Approval Updated links relating to the NDIS Business System.	APPROVED	2021-01-18

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Include Support Coordination in a plan

Previous Step:	Pre-planning tasks are completed in the National Disability Insurance Scheme (NDIS) business system (System)
Next Step:	Complete the Determine Plan Management task in the System

1. Purpose

This Standard Operating Procedure (SOP) will support you to consider and include reasonable and necessary support coordination in a participant's plan and should be used alongside the Standard Operating Procedure – Complete the determine funded supports task.

2. Index

3. To be used by

- Plan Developers:
    - Planners
    - Partners in the community (early childhood partners and local area coordinators [LACs])
- NDIA plan delegates.

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4. Scope

Support coordination is a broad term used to describe the three levels of support (support connection, coordination of supports and specialist support coordination). This support can be included in the participant's plan to support them to connect with services whilst strengthening their ability to pursue their goals and aspirations. The provision of support coordination will also help the participant understand how the NDIS operates within a broader ecosystem of supports including disability organisations and mainstream and community supports.

To provide a high quality service to participants, planners and partners are reminded successful planning is centred on the following principles:

- Valuing and respecting the goals and aspirations of the participant.
- Understanding the importance, role and opportunity that may be afforded to the participant by connecting with mainstream, community and informal supports.
- Applying reasonable and necessary judgements in developing and determining the funded supports to assist the participant to pursue their stated goals.
- Determining and assessing the suitability of funded supports against the generated Typical Support Package (TSP).
- Quality interactions which demonstrate empathy and understanding of the participant's disability and needs.

4.1 Levels of support coordination

There are three levels of support coordination which may be included in the plan in the support coordination budget. Use your reasonable and necessary decision making and take into account the goals and aspirations of the participant. Streaming is an important factor to determine the level of support coordination a participant needs. However, it's important that plan developers also take into account a participant's individual circumstances. When you determine the type, level and number of hours to be included in the plan, consider existing informal supports, any additional complexity factors as well as the participant's streaming outcome.

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Note: If support coordination is included in the plan, discuss with the participant if they have any preferred providers for this support and gain their consent for the NDIA to make a referral on their behalf. This information will be required for plan implementation. For further information refer to the Standard Operating Procedure – Make a request for service (support coordination and recovery coach).

4.1.1 Support Connection

Support connection is typically delivered by a participant's Local Area Coordinator (LAC) or Early Childhood Partner. Support connection is a time-limited assistance to strengthen the participant's ability to connect with mainstream and community supports, and establish service agreements and bookings with support providers. The aim is to increase the participant's capacity and ability to maintain relationships, negotiate with service providers and respond to minor service delivery issues.

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4.1.2 Coordination of Support (formerly support coordination)

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4.1.3 Specialist Support Coordination (typically up to 100 hours for a 12 month plan)

Participants who have been streamed as Super Intensive may require specialist support coordination as they may have multiple complexities in their circumstances, multi-jurisdictional involvement and limited support networks. This could involve a specialised and/or intensive response within a specialist framework if the participant has high risks in their life situation and/or environment. These could include:

- risk of homelessness due to their behaviours of concern
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This approach is expected to:

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- assist to connect the participant with multiple complex supports
- assist to build the participant's capacity and resilience.

You will need to use your reasonable and necessary decision making to determine how many hours will need to be included for specialist support coordination and consider the guidance under the heading of Specialist Support Coordination above. When deciding how many hours, make sure there is enough funding to support the participant as well as to allow the support coordinator to fulfil their reporting requirements.

4.1.4 Referral for Complex Support Needs

When determining the level of support coordination you may identify the participant has complex support needs that require referral into the Complex Support Needs (CSN) Pathway. The CSN Pathway aims to provide specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical NDIS Pathway. To refer a participant for assessment by the CSN branch, refer to Standard

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Operating Procedure – Referral for complex support needs. For more information on the CSN Pathway refer to Practice Guide – Complex support needs pathway.

4.2   Support Coordination Roles

The role of the LAC, Early Childhood partner (support connection) or support coordinator is to assist the participant to implement their plan. They will make sure the participant can exercise choice and control to, link with the right providers, pursue their goals and locate and coordinate a range of supports. Generally, this will include mainstream, community and funded supports while building on informal networks. They will provide participants with strategies for how to use their support budgets to pursue their goals. Support coordination activities can include supports to build participant resilience in their own network and community.

A support coordinator will need to complete implementation and progress reports as part of their role in supporting the participant. Plan developers should make sure that additional hours are included in the support budget to allow for this to be completed. You will need to use reasonable and necessary decision making to make sure all required inclusions are in the participant's plan.

4.3   Psychosocial Recovery Coach

From 1 July 2020, a new support called psychosocial recovery coach (recovery coach) will be available for NDIS participants and is included in the NDIS Pricing Arrangements and Price Limits.

Generally, if a participant's primary disability is psychosocial disability then you should consider including the support of a recovery coach. Recovery coach support should be included if, in your discussions with the participant, you identify that they require support to link to and maintain engagement with informal, community, mainstream and funded supports; and to build capacity, including strengths and resilience. A recovery coach is available to participants across all streams – General, Supported, Intensive and Super Intensive.

Generally, the participant should not have funding for both recovery coach support and support coordination included in their plan. Support coordination may be considered reasonable and necessary in addition to funding a recovery coach in limited circumstances. For example,

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funding for a specialist support coordinator may be considered reasonable and necessary if the participant identifies a goal of finding suitable housing.

If the participant had funding for support coordination in their previous plan, discuss the supports a recovery coach can provide. Explain that a recovery coach will be able to provide targeted support for the participant in relation to their psychosocial disability and can support them in their recovery journey.

If the participant is already linked with a support coordinator they can exercise their own choice and control to decide if they want to use their recovery coach funding to continue receiving support from their support coordinator, or they may wish to change to support provided by a recovery coach.

Note: As this is a new support the market may be limited to provide this service. Until the market matures there may not be any recovery coach providers available in the participant's local area. If this is the case and the participant has support coordination included in their plan they can continue to be provided with support through their LAC or support coordinator.

If recovery coach support is included in the plan you must complete the Request for Service System task during plan implementation. Refer to Standard Operating Procedure – Make a request for service (support coordination and recovery coach).

For further information refer to Practice Guide – Psychosocial disability, Standard Operating Procedure – Psychosocial recovery coach support.

4.4   Children 15 and Under

As of 15 September 2017, the System no longer auto-generates funding for support coordination for participants aged 15 years or under, even if it has been indicated as required in the Guided Planning Questionnaire. Apply reasonable and necessary decision making when determining if funding for support coordination is required. Consider the participant's circumstances and context (including their informal support networks and parental responsibility) and if the support meets reasonable and necessary criteria. Record adequate justification to support and document the decision.

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5. Prerequisites

- You have had a planning conversation with the participant to understand and identify their current and potential Assistive Technology (AT) support needs, as well as identifying any preferences for specific providers to provide support coordination services.

- You have completed all relevant pre-planning tasks in the System.

- You have read the Standard Operating Procedure – Complete the Determine the Funded supports task.

6. Procedure

Note: Data in screenshots is fictional and intended for instructional purposes only.

6.1 Navigate to the support calculator

1. From the Home screen select **My NDIS**.

2. Search for and select the **Participant**. Refer to Standard Operating Procedure – Search the NDIS Business System.

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3. From the pathway tab, select the **In Progress** Application.

4. Select **Planning**.

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5. The Planning page displays. Select **Determine the Funded Supports**.

6. The **Determine the Support Needs** screen opens.

7. Complete the **Determine the Funded Supports** task. Refer to Standard Operating Procedure – Complete the Determine the Funded Supports task.

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8. Once the plan's funded supports have been completed, select the **Save** button.

9. Select the **Capacity Building** support type.

10. The two **Capacity Building** sub types are displayed.

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11. Manually remove any funding auto-generated for **Support Coordination**.

Support Type > Support Category		
Support Category	Price $	Comment
Capacity Building	3,784.00	
Support Coordination	0.00	

12. Select the expand icon in the **Support Coordination** price field.

Support Type > Support Category		
Support Category	Price $	Comment
Capacity Building	3,784.00	
Support Coordination	0.00	

13. The **Support Calculator** will open. Select anywhere in the **Product** field.

Support Calculator

Product	Price	Quantity	Unit	How Often	Frequency	Total
	0.00	1			1.00	0.00

Item Type

Quote Required   Quote Received

$0.00

Done   Cancel

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14. The **Select a Product** screen will open.
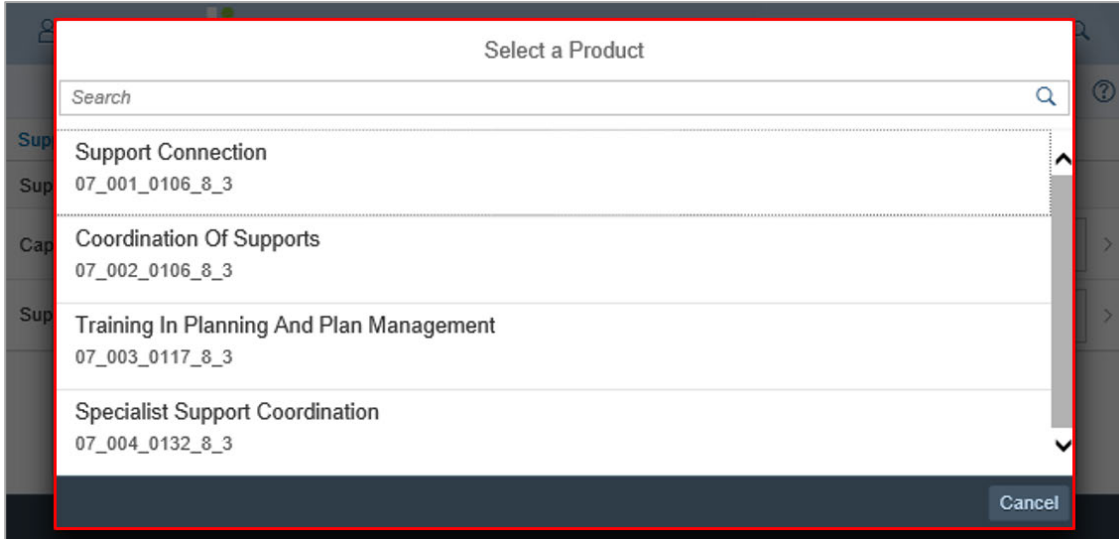
15. Add support using:

- [Include Support Connection in a plan](#)
- [Include Coordination Of Supports (formerly support coordination) in a plan](#)
- [Include Specialist Support Coordination in a plan](#)
- [Training in planning and plan management](#).

6.2 Include Support Connection in a plan

1. In the support calculator, select **Support Connection**.

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2. Use reasonable and necessary decision making to adjust the **Quantity** as guided above.

- At **How Often** select **Per Year**.
- Select **Done**.

3. In the **Comment** field record the following: XX hours of support connection to help me connect with my chosen service providers.

4. Select **Submit** when completed.

5. When the form has been submitted, a success message appears. The success message will ask **Are the funded supports types correctly aligned to the goals listed in the Participant Statement?**

- If you select **No**, you will be taken directly to the **Participant Statement** to review the goals section and make sure the correct support type boxes have been ticked.

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- If you select **Yes**, you will continue as usual.

6.3   Include Coordination Of Supports (formerly support coordination) in a plan

Note: In the System support coordination is referred to as coordination of supports.

1.   In the support calculator, select **Coordination Of Supports**.
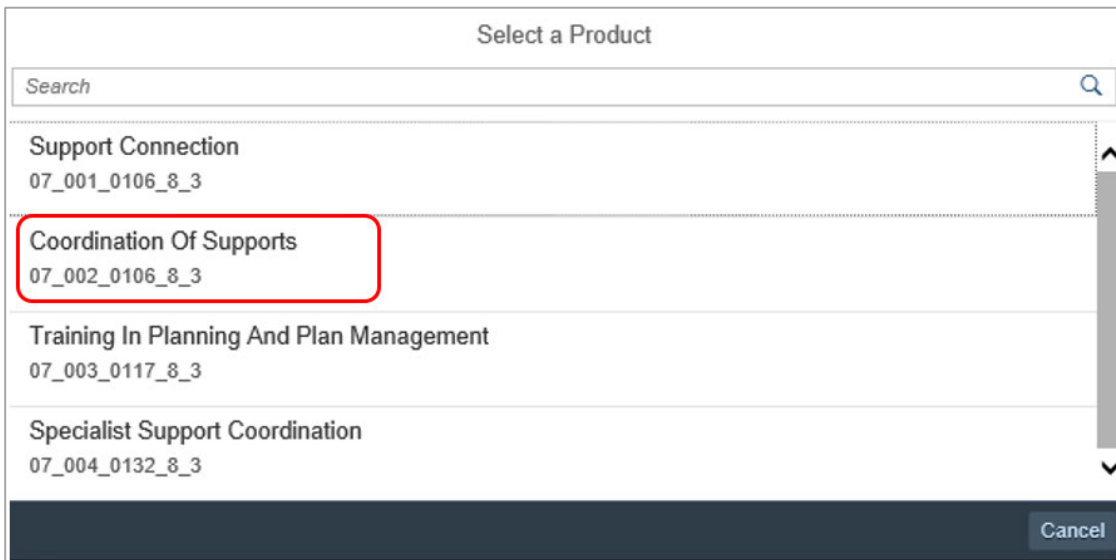
2.   Use reasonable and necessary decision making to adjust the **Quantity** as guided above.
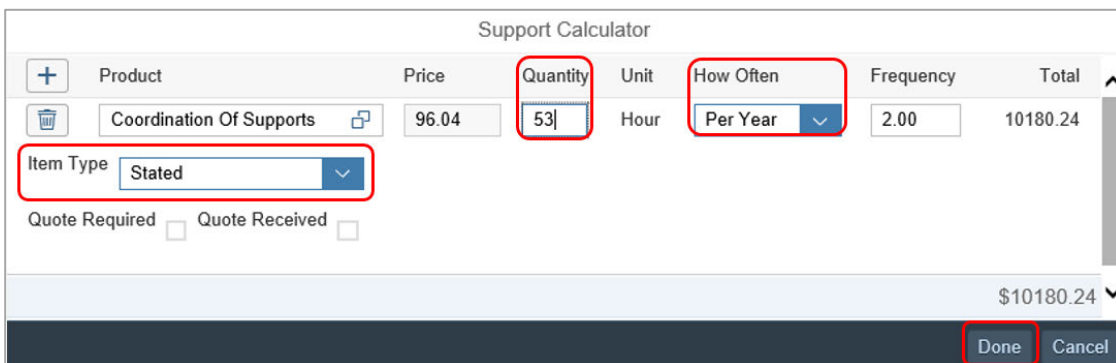
- At **How Often** select **Per Year**.
- At **Item Type** select **Stated**.
- Select **Done**.

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3. In the **Comment** field enter the following text: XX hours of support coordination to support me to connect to, engage with and coordinate my chosen service providers.

| Support Coordination | 5,090.12 | | 53 hours of support coordination to support me to connect to, engage with and coordinate my |

4. Include any other reasonable and necessary supports using the **Support Calculator**.

5. When you are satisfied that all supports in the plan are reasonable and necessary, select **Submit**.

| | Generate Support Plan | Save | Submit |

6.4   Include Specialist Support Coordination in a plan

1. In the support calculator, select **Specialist Support Coordination**.

Select a Product

Search

Support Connection
07_001_0106_8_3

Coordination Of Supports
07_002_0106_8_3

Training In Planning And Plan Management
07_003_0117_8_3

Specialist Support Coordination
07_004_0132_8_3

Cancel

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2. Use reasonable and necessary decision making to adjust the **Quantity** as guided above.

- At **How Often** select **Per Year**.
- At **Item Type** select **Stated**.
- Select **Done**.

3. In the **Comment** field record the following: XX hours of specialist support coordination to support me to connect to, engage with and coordinate my chosen service providers.

4. Include any other reasonable and necessary supports using the **Support Calculator**.

5. When you are satisfied that all supports in the plan are reasonable and necessary, select **Submit**.

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6.5 Training in planning and plan management

You can include supports in the participant's plan aimed at building their capacity to self-manage their NDIS funded supports. The line item **Training in Planning and Plan Management** sits in the **Support Coordination** support category and can be included on a time limited basis if considered reasonable and necessary.

This support does not have to be provided by a support coordinator, however the provider must be registered for this category.

Plan and financial capacity building support may also be provided by a plan manager where there is no coordination of supports funded in the participant's plan. Refer to Standard Operating Procedure – Include financial administration capacity building supports.

6.6 Next steps

6.6.1 Determine Plan Management

Complete the Standard Operating Procedure – Complete the Determine Plan Management task before finalising and approving the plan.

6.6.2 Finalise and approve the plan

Complete Standard Operating Procedure – Review and submit a plan for approval OR Standard Operating Procedure – Finalise and approve a plan. You will need to include justification for including coordination of supports in the plan.

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7. Supporting material

- *National Disability Insurance Scheme Act 2013* (section 34)
- *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Practice Guide – Participants streamed as Intensive or Super Intensive
- Standard Operating Procedure – Complete the Determine the Funded Supports task
- Planning Operational Guideline

8. Process owner and approver

General Manager, Participant Experience Design.

9. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our Feedback form.

10. Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	MB0056	Class 2 approved. Included reference to Practice Guide – Complex Support Needs Pathway and Standard Operating Procedure – Referral for Complex Support needs. Included new section on psychosocial recovery coach role.	APPROVED	2020-06-18

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Version	Amended by	Brief Description of Change	Status	Date
6.0	EMN960	Updated recovery coach guidance to clarify: • when a support coordinator may be considered reasonable and necessary in addition to a recovery coach • a participant can continue with their current support coordinator using their recovery coach funding if they choose to.	APPROVED	2020-07-27
7.0	CS0074	Class 1 Approval Updated links relating to the NDIS Business System.	APPROVED	2021-01-18
8.0	JS0082	Class 1 Approval	APPROVED	2022-02-23

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Make a Request for Service (support coordination and recovery coach)

This Standard Operating Procedure (SOP) will help you complete the Request for Service task in the NDIS Business System (System).

The Request for Service must be completed by the plan developer.

1. Recent updates

Date	What's changed
October 2021	• Updated guidance to advise partners now complete the request for service for any partner developed plans.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ confirmed the participant has support coordination or psychosocial recovery coach (recovery coach) funding in their approved plan ❑ confirmed consent for the NDIA to make the referral has been recorded in the participant's record ❑ completed all planning tasks ❑ confirmed the participant's preferred communication method for the service provider to contact them (for example, email, phone).
Actions	❑ 3.1 Check the participant has chosen their preferred provider ❑ 3.2 Create a Request for Service ❑ 3.3 Enter provider details into the Request for Service ❑ 3.4 Select providers using the Random System Selection option (support coordination providers only) ❑ 3.5 Review the Request for Service ❑ 3.6 Submit the Request for Service ❑ 3.7 Make a manual Request for Service ❑ 3.8 Next steps

3. Procedure

3.1 Check the participant has chosen their preferred provider

1. Check the participant has provided details of their preferred provider(s) to deliver support coordination or recovery coach services. This can be up to five providers in order of preference.

   - If all preferred providers are **registered providers**, go to section 3.2 Create a Request for Service

   - If all preferred providers are **non-registered providers**, go to section 3.7 Make a manual Request for Service

   - If preferred providers are a **mix of registered and non-registered providers**, go to step 2

   - If there are no preferred providers:

     – for support coordination, go to step 3

     – for recovery coach services, go to step 4

2. Is the participant's first preference a registered provider?

   - Yes**:**

     – Use the **Request for Service** task in the System to make the Request for Service. Use the guidance in section 3.2 Create a Request for Service to do this. Include all registered providers in order of the participant's preference.

     – Once all registered providers have declined the Request for Service, complete the section 3.7 Make a manual Request for Service.

   - No:

     – You need to complete the actions in section 3.7 Make a manual Request for Service.

     – If the non-registered provider declines the request and the participant has no other preferred non-registered providers, you need to complete the **Request for Service** task in the System. Use the guidance in section 3.2 Create a Request for Service to do this.

3. Would the participant like the System to randomly choose support coordination providers?

   - Yes – go to 3.2 Create a Request for Service

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- No – go to step 4

4. To assist the participant to identify and consider suitable options you can use:

   - the **Provider Finder,** or

   - your knowledge of services in the participant's community.

   If you need help to do this, refer to the [Standard Operating Procedure – Use the provider finder](#).

   Note: Staff cannot recommend a provider to the participant. It's always the participant's choice to select a provider. The NDIA cannot influence this in any way.

   The participant may request more time to decide their preferred provider. You need to monitor and follow-up with the participant until you complete the **Request for Service** task.

5. Once the participant has chosen their preferred provider(s), go back to step 1 to find out what step to follow next.

3.2   Create a Request for Service

You must complete the **Request for Service** task to connect the participant with their preferred registered provider of:

- support coordination, or

- psychosocial recovery coach (recovery coach) services.

The task will generate detailed information about the participant's individual needs and funded supports. This will be sent to registered providers via the myplace provider portal.

Note: Do not include any sensitive personal information within the Request for Service proposal. If the provider needs additional details, discuss these with the provider once they have accepted the proposal.

1. From **Implement – Staff Tasks**, select **Request for Service**.

2. The **My Request for Service Proposals** screen opens. Select **Add** (plus sign).

3. The **Create Proposal** screen displays. Complete the fields using the followings steps.

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4. Complete the **Purpose of Referral** field.

Include:

- whether the referral is for support coordination or recovery coach support

- the reasons the participant has been funded and referred for support coordination or a recovery coach

- whether there are particular things the participant needs a support coordinator or recovery coach support to focus on, such as exploring housing options

- the expected outcomes from the support coordination or recovery coach referral

- any other information the provider needs to understand how they might support the participant.

5. Complete the **Type of Funded Support Coordination Request** field.

- For **support coordination** select the relevant level of support coordination included in the participant's plan. You can find information about the levels of support in Standard Operating Procedure – Include support coordination in a plan and Standard Operating Procedure – Include psychosocial recovery coach support in a plan.

The options are:

  – **Support Connection**

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- Coordination of Supports

- Specialist Support Coordination

- **Flexible** (only select this option where the level of support coordination in the participant's plan is not 'stated').

- For **recovery coach** select **Flexible**.

6. Complete the **Participant Contact** field. Do this if the participant needs the support of their authorised representative to work with a support coordinator or recovery coach. If the provider should contact the participant directly, leave this field blank.

   Select the **Participant Contact** field to search for and select the participant's plan nominee or child representative. The address, phone and email details of their authorised representative will be included on the Request for Service.

7. The **Post Implementation Report Due Date** automatically shows eight weeks from the day of entry into the System. Change this if required.

   This due date will show on the Request for Service in myplace. The provider will not receive reminder notifications.

8. The **Additional Implementation Reports Due On** field is optional.

   You can select from the drop down list to suit the participant's circumstances. For example, the participant's circumstances may require more frequent reports to monitor and track the participant's plan implementation progress. Where you require additional reports this should be factored into the participant's support coordination or recovery coach budget. Generally, for recovery coach support the level of hours suggested in the Standard Operating Procedure – Include psychosocial recovery coach support in a plan covers reporting requirements. Only where you require additional reports would you need to add extra funding.

   The options are:

   - **Monthly**

   - **Quarterly**

   - **Semi-Annually.**

9. Update the **End of Plan Report Due Date.** Add the date when the NDIA expects the support coordinator or recovery coach to submit the End of Plan Report.

10. Complete the **Participant Context** field.

    Include specific information to help the support coordinator or recovery coach understand the participant's individual circumstances. Include how these circumstances may affect how the participant is able to implement their plan, and how they might affect the delivery of recovery coach or support coordination services.

For recovery coach support you need to state the Request for Service is for recovery coach support, not support coordination.

You don't need to include details about the participant's daily life, goals or plan budget in this field. This information will auto-populate from the System in the next step.
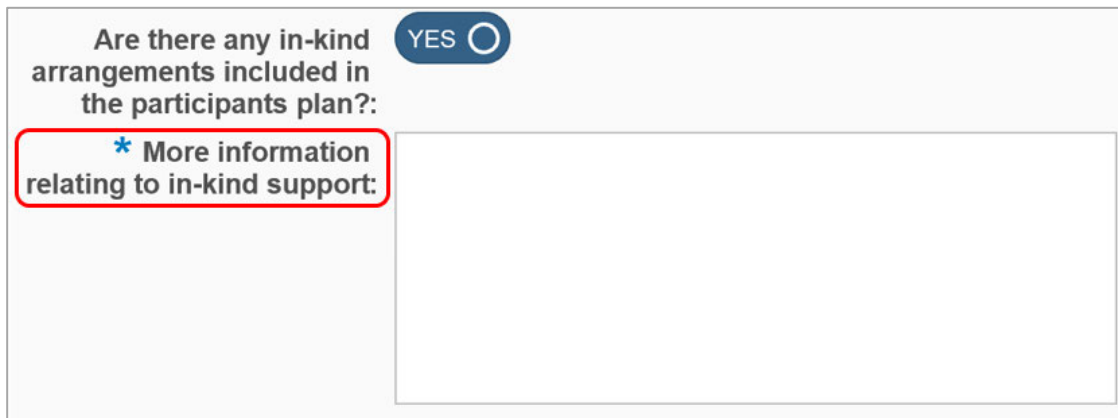
11. Select the **RFS NDIS Contact** field. Search for and select the staff member who the support coordinator or recovery coach can contact with any queries about the Request for Service. This person's first name, and last initial will be included on the Request for Service.

12. Leave the **Support Budget** and **Plan End Date** fields. They will auto-populate from the plan details when you save the Request for Service proposal.

13. Complete the **Referrals for Assessments** field if the participant requires connection to a provider for assessments during their plan. For example, assistive technology and home modifications. If the plan doesn't include funded supports for assessments include 'No referrals for assessments are required in this plan'.

14. Complete the **Additional Comments** field. Include any other information the support coordinator or recovery coach needs to know to support the participant. This may include:

- Request for Service NDIS contact details

- information about additional implementation and progress reports and the email address to send these to

- information on other services or systems the participant engages with, such as education, justice, health or aged care

- for flexible support coordination, include details of the supports to be provided

- for recovery coach, state the Request for Service is for recovery coach support, not support coordination

- for recovery coach, describe the level (number of hours) of recovery coach support to be provided. The plan includes hours at the weekday day time rate. It's up to the participant to discuss with their recovery coach when it suits them best to use the support. A recovery coach will be able to claim a weekday daytime, evening, night, weekend and public holiday rate. Refer to Price Guides and Pricing (external) for further information.

- for Restricted Access participants, you must include details about the Restricted Access status. The provider needs to know that the NDIA will need to create service bookings for agency managed services. Providers cannot initiate service bookings

for Restricted Access participants. A Restricted Access Officer can use the Request for Service process to connect the participant with their support coordinator or recovery coach.

- Details of any handover process. You may need to schedule an appointment for the planner to introduce the participant to the support coordination or recovery coach provider and discuss the plan implementation or recovery coach process. You need to include information about how the appointment will be scheduled.

15. At **Are there any in-kind arrangements included in the participant's plan** field, slide the button to yes, if required.

If you select yes, a field will appear for **More Information relating to in-kind support**. Update this field to include information about the in-kind supports provided in the plan. This includes which plan supports and budgets are in-kind, and details of the in-kind provider the participant is using.

16. Select **Save**. The Request for Service proposal will now populate with information from the participant's plan.

17. A success message displays. Select **OK**.

18. The **Review Proposal** screen displays.

If the participant:

- provided details of their preferred provider(s), go to [section 3.3 Enter provider details into the Request for Service]

- would like the System to randomly choose support coordination providers, go to [section 3.4 Select providers using the Random System Selection option (support coordination only)].

3.3 Enter provider details into the Request for Service

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1. From the **Review Proposal** screen, select **Edit.**

2. The **Create Proposal** screen displays. In the **Provider Selection** section, select **Number**.

∨ Provider Selection					
				Random System Selection	+
Sequence	Number	Name	Address	Outlet Addresses	S..
RFS Provider 1	⬚				

3. The **Select: Provider** screen displays. Search for the provider by typing the Provider ID, Legal name, Trading name, or Head Office email in the **Provider Name** field. Select **Go** to search.

Select: Provider	
Registered Providers Only: ☑	Provider Name: Murray
★ Registration Group: 1 Item ∨	Email:
Provider ID:	
	Go

4. The **Select: Provider** screen displays the results. Check the following fields to make sure you have the correct provider:

   - trading name (not their Legal name)
   - Provider ID
   - head office address (if address is not suppressed)
   - email
   - distance from the participant's home address.

   Select the button next to the correct provider. This will add the provider to the Request for Service.

5. Select **Add** (plus sign) to add more providers in the participant's order of preference. To delete a provider from the list, select **X** on the far right side of the provider details.

6. Once you have recorded the provider details, select **Save**.

7. A success message appears. Select **OK**.

8. Go to section 3.5 Review the Request for Service

3.4 Select providers using the Random System Selection option (support coordination providers only)

Complete this procedure when, in exceptional circumstances, a participant is unable to choose their preferred provider(s). The System can randomly select suitable providers within 20kms (or up to 50km) of the participant's home address.

You should first attempt to assist the participant to consider suitable providers using:

- the **Provider Finder,** or
- your knowledge of services in the community.

If you need help to do this go to section 3.1 Check the participant has chosen their preferred provider.

1. From the **Review Proposal** screen, select **Edit.**

2. The **Create Proposal** screen displays. In the **Provider Selection** section, select **Random System Selection.**

3. Provider details automatically populate in the **Provider Selection** field.

   The **Source** field will show the letter S (System generated) or letter M (manually generated). This is for internal reporting purposes.

4. To add more providers select **Add** (plus sign). To remove a provider, select the **X** on the far right side next to the provider details.

5. Once you have recorded the provider details, select **Save**.

6. Go to section 3.5 Review the Request for Service.

3.5 Review the Request for Service

Use this procedure to check the information is correct before you submit the **Request for Service** proposal to providers.

Some information will be transferred into the Request for Service proposal from the participant's plan. If any of these details are incorrect, you need to correct these in the participant's plan.

Other information will be manually entered into the Request for Service. If any of these details are incorrect, you need to edit the Request for Service.

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1. Check the **Details** and **Provider Selection** sections to make sure the information is correct.

2. Check the details that have automatically generated under each of the headings in **Part A: Request for Service** are correct. Review the following:

- **Part 1 & 2** shows the participant's details and contact information (System generated).

- **Part 3 & 4** shows the details of the support coordination or recovery coach request.

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- **Part 5** shows the referrals for assessment.

- **Part 6** shows the participant context information including:
  - disability information (System generated)
  - participant's daily life (System generated)
  - living arrangements, relationships and supports (System generated)
  - participant context information (entered when you created the **Request for Service** proposal).

- **Part 7** shows the participant's goals from their plan.

- **Part 8** shows the funded supports from the participant's plan, listed under each support category.

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3. Go to section 3.6 Submit the Request for Service.

3.6 Submit the Request for Service

1. Once you review the **Request for Service proposal** and confirm it is accurate, select **Submit.**

2. A message will appear asking you to confirm you have consent to submit the **Request for Service** on the participant's behalf. If you have a record of this consent, select **OK**. If not, contact the participant and record the details of this consent before proceeding. If you need help to do this, refer to Standard Operating Procedure – Consent and Authority.

3. A success message displays. Select **OK**.

4. To return to the **My Request for Service Proposals** screen, select **Cancel**.

5. Go to section 3.8 Next steps.

3.7 Make a manual Request for Service

Complete the following steps for non-registered preferred providers.

This form doesn't currently have information to make a referral to non-registered recovery coach providers. Until it does, state that the request is for a recovery coach not a support coordinator. Do this in the **Requested support coordinator details** and the **Monitoring and reporting** sections of the form.

1. Complete the manual Request for Service Form

2. Send the form to the participant's preferred non-registered provider

3. Upload the form to **Inbound Documents**.

3.8 Next steps

For information about what happens when a Request for Service is made refer to Appendix 4.1.

1. Once the **Request for Service** task is finalised and a support coordinator or recovery coach is appointed, you must finalise the implementation process. To do this complete the final steps in the Standard Operating Procedure – Complete the implement the plan task. This includes:

   - recording the Implementation Conversation Interaction template

   - confirming the support coordination or recovery coach arrangements.

2. Monitor the plan.

   For information about what happens when the participant changes providers during the plan period refer to Appendix 4.2.

4. Appendices

4.1 What happens when a Request for Service is made

1. The first provider on the list will automatically receive:

   - the **Request for Service** proposal in their myplace provider portal for action.

2. Providers have four business days to review and respond to the Request for Service. The System will automatically extend this due date to reflect national, state, and territory based public holidays.

3. The provider will:

   - assess their ability and capacity to support the participant

   - consider factors such as the participant's specific needs, and the skill set and capacity of the organisation

   - accept or decline the request.

4. When a provider accepts the Request for Service referral, they can immediately contact the participant to begin providing support coordination or recovery coach support. They will work with the participant and their NDIS contact to complete all plan implementation tasks. To do this they will use the resources in the myplace provider portal and the NDIS

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website. For example, support coordination or recovery coach progress reports, additional implementation reports, and referrals for assessment.

5. If the provider declines the referral or the referral expires, the System will make a referral to the next provider on the list. The System will continue to do this until either:

- a provider accepts the request, or

- all listed providers decline the referral. If this occurs, the **RFS NDIS Contact** will get a work item sent to their inbox in the System. The **RFS NDIS Contact** will need to consider alternative solutions.

4.2 What happens when the participant changes providers during the plan period

Sometimes the participant will change support coordination or recovery coach providers mid-plan. When this happens, the original support coordinator or recovery coach should help with the handover and transition, as much as possible. This includes completing their own referral on the participant's behalf. If it's not possible for the support coordinator or recovery coach to assist in the transition, the NDIS will provide additional support for the participant to connect to the new support coordination or recovery coach provider.

5. Related procedures or resources

- myplace Provider Portal and Resources (external)

- Implementation Conversation Interaction template

- Standard Operating Procedure – Consent and Authority

- Standard Operating Procedure – Include psychosocial recovery coach support in a plan

- Standard Operating Procedure – Include support coordination in a plan

- Standard Operating Procedure – Complete the implement the plan task

- Standard Operating Procedure – Use the provider finder

- Request for Service Form – Non-registered support coordination providers

- Standard Operating Procedure – Monitor, edit, cancel a request for service

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our Feedback Form.

If you have any feedback about the Request for Service System functionality or questions about the way we engage with registered or non-registered providers, please email the Intermediaries team.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CW0032	Class 2 approval The Standard Operating Procedure – Request for Services has been split into two: • Request for Service – Make a request • Request for Service – Monitor, edit, cancel a request. Existing guidance has been reformatted into the following step-by-step procedures, to make the process clearer: • Check the participant has chosen their preferred provider • Make a manual Request for Service.	APPROVED	2021-02-22
2.0	MB0056	Class 2 approval. Request for service should be completed by partners if they developed the plan.	APPROVED	2021-10-07

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Make a Request for Service (support coordination and recovery coach)

This Standard Operating Procedure (SOP) will help you complete the Request for Service task in the NDIS Business System (System).

The Request for Service must be completed by the plan developer.

1. Recent updates

Date	What's changed
June 2023	Note added at 3.2 reminding staff to use participant's preferred name and their pronouns when adding additional comments in the Request for Service Proposal.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ confirmed the participant has support coordination or psychosocial recovery coach (recovery coach) funding in their approved plan ❑ confirmed consent for the NDIA to make the referral has been recorded in the participant's record ❑ completed all planning tasks ❑ confirmed the participant's preferred communication method.
Actions	❑ 3.1 Check the participant has chosen their preferred provider ❑ 3.2 Create a Request for Service ❑ 3.3 Enter provider details into the Request for Service ❑ 3.4 Select providers using the Random System Selection option (support coordination providers only) ❑ 3.5 Review the Request for Service ❑ 3.6 Submit the Request for Service

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Topic	Checklist
	❑ [3.7 Make a manual Request for Service](#) ❑ [3.8 Next steps](#) ❑ [4.1 What happens when a Request for Service is made](#) ❑ [4.2 What happens when the participant changes providers during the plan period](#)

3. Procedure

3.1 Check the participant has chosen their preferred provider

1. Check the participant has provided details of their preferred provider(s) to deliver support coordination or recovery coach services. This can be up to five providers in order of preference.

   - If all preferred providers are **registered providers**, go to [3.2 Create a Request for Service.](#)

   - If all preferred providers are **non-registered providers**, go to [3.7 Make a manual Request for Service.](#)

   - If preferred providers are a **mix of registered and non-registered providers**, go to step 2.

   - If there are **no preferred providers**:
     o for support coordination, go to step 3
     o for recovery coach services, go to step 4.

2. Is the participant's first preference a registered provider?

   - **Yes:**
     o Use the **Request for Service** task in the System to make the Request for Service. Use the guidance in [3.2 Create a Request for Service](#) to do this. Include all registered providers in order of the participant's preference.
     o Once all registered providers have declined the Request for Service, complete [3.7 Make a manual Request for Service.](#)

   - **No**:
     o You need to complete the actions in [3.7 Make a manual Request for Service.](#)

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o If the non-registered provider declines the request and the participant has no other preferred non-registered providers, you need to complete the **Request for Service** task in the System. Use the guidance in 3.2 Create a Request for Service to do this.

3. Would the participant like the System to randomly choose support coordination providers?

- **Yes** – go to 3.2 Create a Request for Service
- **No** – go to step 4.

4. To assist the participant to identify and consider suitable options you can use:

- the **Provider Finder**, or
- your knowledge of services in the participant's community.

If you need help to do this, refer to the Standard Operating Procedure – Use the provider finder.

Note: Staff can't recommend a provider to the participant. It's always the participant's choice to select a provider. The NDIA cannot influence this in any way.

The participant may request more time to decide their preferred provider. You need to monitor and follow-up with the participant until you complete the **Request for Service** task.

5. Once the participant has chosen their preferred provider(s), go back to step 1 to find out what step to follow next.

3.2 Create a Request for Service

You must complete the **Request for Service** task to connect the participant with their preferred registered provider of:

- support coordination, or
- psychosocial recovery coach (recovery coach) services.

The task will generate detailed information about the participant's individual needs and funded supports. This will be sent to registered providers via the myplace provider portal.

Note: Do not include any sensitive personal information within the **Request for Service** proposal. If the provider needs additional details, discuss these with the provider once they have accepted the proposal.

1. From **Implement – Staff Tasks**, select **Request for Service**.

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2. The **My Request for Service Proposals** screen opens. Select **Add** (plus sign).
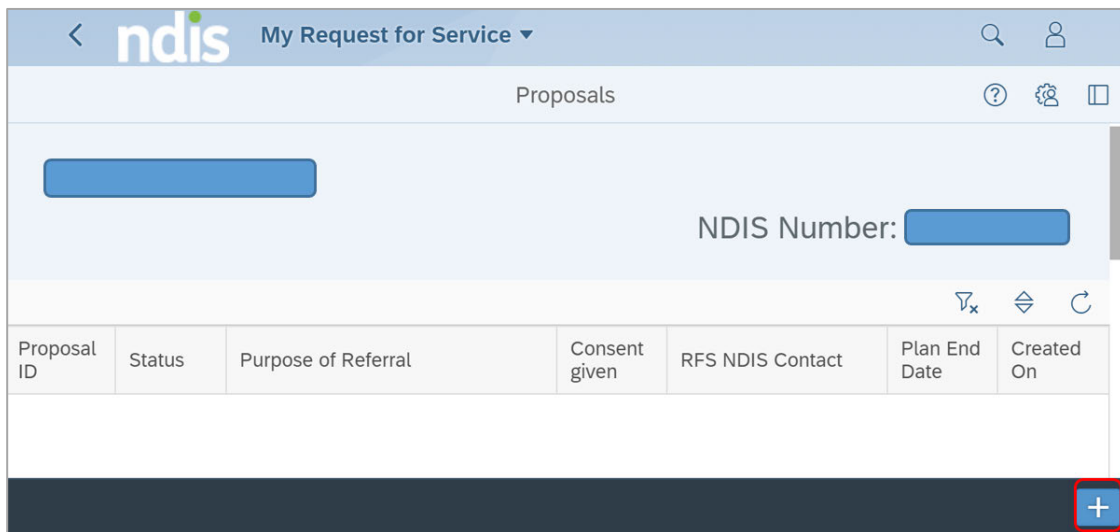
3. The **Create Proposal** screen displays. Complete the fields using the followings steps.

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4. Complete the **Purpose of Referral** field.

   Include:

   - whether the referral is for support coordination or recovery coach support

   - the reasons the participant has been funded and referred for support coordination or a recovery coach

   - whether there are particular things the participant needs a support coordinator or recovery coach support to focus on, such as exploring housing options

   - the expected outcomes from the support coordination or recovery coach referral

   - any other information the provider needs to understand how they might support the participant.

5. Complete the **Type of Funded Support Coordination Request** field.

   - For **support coordination** select the relevant level of support coordination included in the participant's plan. You can find information about the levels of support in Standard Operating Procedure – Include Support Coordination in a plan and Standard Operating Procedure – Include Psychosocial Recovery Coach support in a plan.

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The options are:

- o **Support Connection**
- o **Coordination of Supports**
- o **Specialist Support Coordination**
- o **Flexible** (only select this option where the level of support coordination in the participant's plan is not 'stated').
  - For **recovery coach** select **Flexible**.

6. Complete the **Participant Contact** field. Do this if the participant needs the support of their authorised representative to work with a support coordinator or recovery coach. If the provider should contact the participant directly, leave this field blank.

   Select the **Participant Contact** field to search for and select the participant's plan nominee or child representative. The address, phone and email details of their authorised representative will be included on the Request for Service.

7. The **Post Implementation Report Due Date** automatically shows eight weeks from the day of entry into the System. Change this if required.

   This due date will show on the **Request for Service** in myplace. The provider will not receive reminder notifications.

8. The **Additional Implementation Reports Due On** field is optional.

   You can select from the drop down list to suit the participant's circumstances. For example, the participant's circumstances may require more frequent reports to monitor and track the participant's plan implementation progress. Where you require additional reports this should be factored into the participant's support coordination or recovery coach budget. Generally, for recovery coach support the level of hours suggested in the [Standard Operating Procedure – Include Psychosocial Recovery Coach support in a plan](#) covers reporting requirements. Only where you require additional reports would you need to add extra funding.

   The options are:

   - **Monthly**
   - **Quarterly**
   - **Semi-Annually**.

9. Update the **End of Plan Report Due Date.** Add the date when the NDIA expects the support coordinator or recovery coach to submit the End of Plan Report.

10. Complete the **Participant Context** field.

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Include specific information to help the support coordinator or recovery coach understand the participant's individual circumstances. Include how these circumstances may affect how the participant is able to implement their plan, and how they might affect the delivery of recovery coach or support coordination services.

For recovery coach support you need to state the **Request for Service** is for recovery coach support, not support coordination.

You don't need to include details about the participant's daily life, goals or plan budget in this field. This information will auto-populate from the System in the next step.

11. Select the **RFS NDIS Contact** field**.** Search for and select the staff member who the support coordinator or recovery coach can contact with any queries about the Request for Service. This person's first name, and last initial will be included on the Request for Service.

12. Leave the **Support Budget** and **Plan End Date** fields. They will auto-populate from the plan details when you save the **Request for Service** proposal.

13. Complete the **Referrals for Assessments** field if the participant requires connection to a provider for assessments during their plan. For example, assistive technology and home modifications. If the plan doesn't include funded supports for assessments include 'No referrals for assessments are required in this plan'.

14. Complete the **Additional Comments** field. Include any other information the support coordinator or recovery coach needs to know to support the participant. This may include:

- **Request for Service** NDIS contact details

- information about additional implementation and progress reports and the email address to send these to

- information on other services or systems the participant engages with, such as education, justice, health or aged care

- for flexible support coordination, include details of the supports to be provided

- for recovery coach, state the **Request for Service** is for recovery coach support, not support coordination

- for recovery coach, describe the level (number of hours) of recovery coach support to be provided. The plan includes hours at the weekday daytime rate. It's up to the participant to discuss with their recovery coach when it suits them best to use the support. A recovery coach will

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be able to claim a weekday daytime, evening, night, weekend and public holiday rate. Refer to NDIS Pricing Arrangements and Price Limits (external) for further information

- for Restricted Access participants, you must include details about the Restricted Access status. The provider needs to know that the NDIA will need to create service bookings for agency managed services. Providers cannot initiate service bookings for Restricted Access participants. A Restricted Access Officer can use the **Request for Service** process to connect the participant with their support coordinator or recovery coach

- Details of any handover process. You may need to schedule an appointment for the planner to introduce the participant to the support coordination or recovery coach provider and discuss the plan implementation or recovery coach process. You need to include information about how the appointment will be scheduled.

Note: Make sure you refer to the participant using their preferred name and their pronouns. If you're not sure what pronouns someone uses, please ask.

15. At **Are there any in-kind arrangements included in the participants plan** field, slide the button to **Yes**, if required.

If you select **Yes**, a field will appear for **More Information relating to in-kind support**. Update this field to include information about the in-kind supports provided in the plan. This includes which plan supports and budgets are in-kind, and details of the in-kind provider the participant is using.

16. Select **Save**. The **Request for Service** proposal will now populate with information from the participant's plan.

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17. A success message displays. Select **OK**.

18. The **Review Proposal** screen displays.

If the participant:

- Provided details of their preferred provider(s), go to 3.3 Enter provider details into the Request for Service.

- Would like the System to randomly choose support coordination providers, go to 3.4 Select providers using the Random System Selection option (support coordination only).

3.3 Enter provider details into the Request for Service

1. From the **Review Proposal** screen, select **Edit.**

2. The **Create Proposal** screen displays. In the **Provider Selection** section, select **Number**.

3. The **Select: Provider** screen displays. Search for the provider by typing the Provider ID, Legal name, Trading name, or Head Office email in the **Provider Name** field. Select **Go** to search.

4. The **Select: Provider** screen displays the results. Check the following fields to make sure you have the correct provider:

- trading name (not their Legal name)

- Provider ID

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- head office address (if address is not suppressed)
- email
- distance from the participant's home address.

Select the button next to the correct provider. This will add the provider to the Request for Service.

5. Select **Add** (plus sign) to add more providers in the participant's order of preference. To delete a provider from the list, select **X** on the far right side of the provider details.

6. Once you have recorded the provider details, select **Save**.

7. A success message appears. Select **OK**.

8. Go to 3.5 Review the Request for Service

3.4 Select providers using the Random System Selection option (support coordination providers only)

Complete this procedure when, in exceptional circumstances, a participant is unable to choose their preferred provider(s). The System can randomly select suitable providers within 20kms (or up to 50km) of the participant's home address.

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You should first attempt to assist the participant to consider suitable providers using:

- the **Provider Finder**, or
- your knowledge of services in the community.

If you need help to do this, go to 3.1 Check the participant has chosen their preferred provider.

1. From the **Review Proposal** screen, select **Edit.**

2. The **Create Proposal** screen displays. In the **Provider Selection** section, select **Random System Selection.**

3. Provider details automatically populate in the **Provider Selection** field.

   The **Source** field will show the letter S (System generated) or letter M (manually generated). This is for internal reporting purposes.

4. To add more providers select **Add** (plus sign). To remove a provider, select the **X** on the far right side next to the provider details.

5. Once you have recorded the provider details, select **Save**.

6. Go to 3.5 Review the Request for Service.

3.5   Review the Request for Service

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Use this procedure to check the information is correct before you submit the **Request for Service** proposal to providers.

Some information will be transferred into the **Request for Service** proposal from the participant's plan. If any of these details are incorrect, you need to correct these in the participant's plan.

Other information will be manually entered into the **Request for Service**. If any of these details are incorrect, you need to edit the Request for Service.

1. Check the **Details** and **Provider Selection** sections to make sure the information is correct.

2. Check the details that have automatically generated under each of the headings in **Part A: Request for Service** are correct. Review the following:

- **Part 1 & 2** shows the participant's details and contact information (System generated).

- **Part 3 & 4** shows the details of the support coordination or recovery coach request.

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- **Part 5** shows the referrals for assessment.

- **Part 6** shows the participant context information including:
  - disability information (System generated)
  - participant's daily life (System generated)
  - living arrangements, relationships and supports (System generated)
  - participant context information (entered when you created the **Request for Service** proposal).

- **Part 7** shows the participant's goals from their plan.

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- **Part 8** shows the funded supports from the participant's plan, listed under each support category.

3. Go to 3.6 Submit the Request for Service.

3.6 Submit the Request for Service

1. Once you review the **Request for Service** proposal and confirm it is accurate, select **Submit**.

2. A message will appear asking you to confirm you have consent to submit the **Request for Service** on the participant's behalf. If you have a record of this consent, select **OK**. If not, contact the participant and record the details of this consent before proceeding. If

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you need help to do this, refer to Standard Operating Procedure – Check third party consent or authority, and the Standard Operating Procedure – Record third party consent.

3. A success message displays. Select **OK**.

4. To return to the **My Request for Service Proposals** screen, select **Cancel**.

5. Go to 3.8 Next steps.

3.7   Make a manual Request for Service

Complete the following steps for non-registered preferred providers.

This form doesn't currently have information to make a referral to non-registered recovery coach providers. Until it does, state that the request is for a recovery coach not a support coordinator. Do this in the **Requested support coordinator details** and the **Monitoring and reporting** sections of the form.

1. Complete the manual Request for Service - Non-Registered Support Coordination Providers Form.

2. Send the form to the participant's preferred non-registered provider.

3. Upload the form to **Inbound Documents**.

3.8   Next steps

For information about what happens when a Request for Service is made refer to Appendix 4.1.

1. Once the **Request for Service** task is finalised and a support coordinator or recovery coach is appointed, you must finalise the implementation process. To do this complete the final steps in the Standard Operating Procedure – Complete the Implement the Plan task. This includes:

   - recording the Interaction templates – Implementation – Implementation Conversation

   - confirming the support coordination or recovery coach arrangements.

2. Monitor the plan.

   For information about what happens when the participant changes providers during the plan period refer to Appendix 4.2.

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4. Appendices

4.1   What happens when a Request for Service is made

1. The first provider on the list will automatically receive:

   - the **Request for Service** proposal in their myplace provider portal for action.

2. Providers have four business days to review and respond to the Request for Service. The System will automatically extend this due date to reflect national, state, and territory based public holidays.

3. The provider will:

   - assess their ability and capacity to support the participant
   - consider factors such as the participant's specific needs, and the skill set and capacity of the organisation
   - accept or decline the request.

4. When a provider accepts the **Request for Service** referral, they can immediately contact the participant to begin providing support coordination or recovery coach support. They will work with the participant and their NDIS contact to complete all plan implementation tasks. To do this they will use the resources in the myplace provider portal and [myplace provider portal and resources](external) (external). For example, support coordination or recovery coach progress reports, additional implementation reports, and referrals for assessment.

5. If the provider declines the referral or the referral expires, the System will make a referral to the next provider on the list. The System will continue to do this until either:

   - a provider accepts the request, or
   - all listed providers decline the referral. If this occurs, the **RFS NDIS Contact** will get a work item sent to their inbox in the System. The **RFS NDIS Contact** will need to consider alternative solutions.

4.2   What happens when the participant changes providers during the plan period

6. Sometimes the participant will change support coordination or recovery coach providers mid-plan. When this happens, the original support coordinator or recovery coach should help with the handover and transition, as much as possible. This includes completing their own referral on the participant's behalf. If it's not possible for the support coordinator

or recovery coach to assist in the transition, the NDIS will provide additional support for the participant to connect to the new support coordination or recovery coach provider.

5. Related procedures or resources

- [myplace provider portal and resources (external)](#)
- [Standard Operating Procedure - Interaction templates - Implementation](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Include Psychosocial Recovery Coach support in a plan](#)
- [Standard Operating Procedure – Include support coordination in a plan](#)
- [Standard Operating Procedure – Complete the Implement the Plan task](#)
- [Standard Operating Procedure – Use the Provider Finder](#)
- [Request for Service Form – Non-Registered Support Coordination Providers](#)
- [Standard Operating Procedure – Monitor, edit, cancel a Request for Service (support coordination and recovery coach)](#)
- [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our [Feedback Form.](#)

If you have any feedback about the Request for Service System functionality or questions about the way we engage with registered or non-registered providers, please email the [Intermediaries](#) team.

7. Version control

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Version	Amended by	Brief Description of Change	Status	Date
1.0	CW0032	Class 2 approval The Standard Operating Procedure – Request for Services has been split into two: • Request for Service – Make a request • Request for Service – Monitor, edit, cancel a request. Existing guidance has been reformatted into the following step-by-step procedures, to make the process clearer: • Check the participant has chosen their preferred provider • Make a manual Request for Service.	APPROVED	2021-02-22
2.0	MB0056	Class 2 approval. Request for service should be completed by partners if they developed the plan.	APPROVED	2021-10-07
3.0	EMN960	Class 1 approval Note added to ensure someone's preferred name and correct pronouns are used when recording information about a participant.	APPROVED	2023-02-03

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Record support coordination information

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a **local area coordinator**, **early childhood partner** and all NDIA staff (**planner, payment officer, internal review officer, complaints officer, participant service officer, access officer, quality officer, technical advisor, SDA officer, NCC officer, provider support**) to:

- understand support coordination needs
- record support coordination needs information.

Recent updates

October 2023

Current guidance.

Before you start

You have:

- read article Complete personal and environmental circumstances
- read article **Create Personal and Environmental Circumstances case**
- read article Record carers information
- read Guide - Conversation style guide.

Understanding support coordination

What is support coordination

Support coordination is a capacity building support which helps the participant to:

- understand and use their NDIS plan to pursue their goals
- connect them with NDIS providers, community, mainstream and other government services

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- build their confidence and skills to use and coordinate supports.

If we think it is reasonable and necessary, we can include a fixed amount for a support coordinator. They can help a participant use their plan and make the best use of the plan supports.

When you record answers to the support coordination questions, consider how we classify these supports as a guide:

- **Yes** - more than 9 hours per month is **Support Coordination – Level 1a**

- **Yes** - 6-9 hours per month is **Support Coordination – Level 1b**

- **Yes** - 4-6 hours per month is **Support Coordination – Level 1c**

- **Yes** - 2-4 hours per month is **Support Coordination – Level 2**

- **Yes** - 1-2 hours per month is **Support Coordination – Level 3**

- **Yes** - up to 1 hour per month is **Support Coordination – Level 4**

- **Yes** - connection and monitoring is **Support Coordination – Level 5**

- **Yes** - connection only is **Support Coordination – Level 6**

- **No** - is **Support Coordination – Level 7**

- **Unsure/Blank** - is **Support Coordination – Level 7**

- **Yes** – 100 hours per year is **Recovery Coach – Level 1**

- **Yes** – 50 hours per year is **Recovery Coach – Level 2**

- **Yes** – 30 hours per year is **Recovery Coach – Level 3.**

The Typical Support Package (TSP) will guide the person developing the plan to determine funded supports. This advice is for use as guidance and is not intended to be used as a rule.

Record support coordination information

Ask the person the support coordination questions in the **Personal and Environmental Circumstances case** and record their answer.

Note: Don't read the response options to the person out loud. Listen carefully to their answers. You may need to select the most appropriate option for each question.

Use your interpersonal skills in a guided conversation to seek answers to each question. Explain to the person we need the right information **before** we make an eligibility decision.

You **must** record a response for each mandatory field marked with an asterisk. Then select **Next** to continue.

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Note: The PEC case **Steps** and questions are dynamic and may change. This will depend on the person's situation and age, as well as the response options selected for some questions.

Next steps

No further steps required.

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Add or update support coordination funding in a plan approval case

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a **planner delegate** to:

- understand what support coordination is
- understand levels of support coordination
- understand support coordination roles
- add support coordination funding
- update support coordination funding.

Recent updates

October 2023

Current guidance

Before you start

You have:

- read and understood Our Guideline – Reasonable and necessary (external)
- made a decision to include support coordination funding in a participant's plan
- read and understood article Understand the product catalogue
- read and understood article Support Categories.

What is support coordination?

Support coordination is a broad term used to describe the three levels of support. The three levels of support are:

- support connection

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- coordination of supports

- specialist support coordination.

This support can be included in the participant's plan to support them to connect with services whilst strengthening their ability to pursue their goals and aspirations. The provision of support coordination helps the participant understand how the NDIS operates within a broader ecosystem of supports. This includes disability organisations and mainstream and community supports.

To provide a high quality service to participants, planners and partners are reminded successful planning is centred on the following principles:

- Valuing and respecting the goals and aspirations of the participant.

- Understanding the role of mainstream, community and informal supports and the benefit to the participant by connecting them with these supports. Applying reasonable and necessary decision making in developing and determining the funded supports to assist the participant to pursue their goals.

- Quality interactions which demonstrate empathy and understanding of the participant's disability and needs.

Levels of support coordination

There are three levels of support coordination which may be included in the plan in the support coordination budget. Use your reasonable and necessary decision making and consider the participant's goals and aspirations.

Streaming is an important factor to determine the level of support coordination a participant needs. It's important that plan developers take into account a participant's individual circumstances. When you determine the type, level and number of hours to be included in the plan, consider:

- existing informal supports

- any additional complexity factors

- the participant's streaming outcome.

Note: If support coordination is included in the plan, discuss with the participant if they have a preferred provider for this support. Gain the participant's consent for the NDIA to make a referral on their behalf. This information will be required for plan implementation. You can add

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this information in the **Handover Notes**. For further information refer to articles Complete the request for service and Add handover notes for a plan approval case.

Support connection

Support connection is typically delivered by a participant's local area coordinator (LAC) or early childhood partner. Support connection is a time-limited assistance to strengthen the participant's ability to connect with mainstream and community supports. This includes establishing service agreements with support providers. The aim is to increase the participant's capacity and ability to maintain relationships, negotiate with service providers and respond to minor service delivery issues.

Generally support connection is the primary role of the partner. Participants who reside in an area that is supported by an LAC or early childhood partner, will usually not require additional funding to be included in their plan. This is, however, dependent on the level of support the participant needs to implement their plan. You will need to consider all information available to you to make this decision as each participant's circumstances are different.

Coordination of Support (formerly support coordination)

Coordination of support is delivered by a support coordinator. Consider including coordination of support in a participant's plan to assist in strengthening the participant's capabilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. This may include:

- resolving points of concern
- unexpected service delivery issues
- developing capacity and resilience in a participant's network
- coordinating supports from a range of suppliers or providers.

Participants requiring this level of support will have usually been streamed Intensive.

The support coordinator should focus on addressing barriers and reducing complexity in the support environment. At the same time, they should ensure the participant is supported to connect with and build their capacity and resilience. It may also involve development of an intervention plan which will be delivered by disability support workers.

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You may need to add or change the coordination of support funding to enable the participant to receive the right level and type of support to implement their plan and address any complexities in their life. You can do this if you have the evidence to support the change.

Note: When a support coordinator is providing capacity building supports, immediately moving to a partner - LAC or early childhood may disadvantage the participant. In this case you can include 3 months of coordination of support in the new plan. Include a request that the support coordinator completes a warm handover to the partner at the end of those 3 months.

The below provides some guidance for including funds for coordination of support in the plan. You will need to consider all information available to you when deciding if funding meets NDIS funding criteria.

Low (1-2 hours a month/approximately 24 hours per year) for example, this could be considered when the participant:

- has elderly parents who are needing to explore and establish a range of supports including housing options and future planning issues for their son/daughter

- lives in a group home or large residential facilities and has a strong informal support network with no identified risks

- is adjusting to vision, hearing and other sensory loss type conditions.

Medium (3-6 hours a month/approximately 48-72 hours per year) for example, for participants who:

- have a managed psychosocial diagnosis and are well connected to clinical supports. For example, may be accessing treatment options to understand their condition, trial medications and create a recovery plan.

- have a support network that may be at risk

- are at mid stages of a degenerative condition

- may require assistance to transition to alternative living arrangements.

High (approximately 7-9 hours a month) for example, participants who:

- are experiencing an unstable psychosocial disability and have a history of long-term hospitalisation and/or history of tenancy instability

- have limited family and social networks

- have very low levels of community participation

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- in the absence of support, have difficulty living in the community and are at high risk of hospitalisation or homelessness

- identify as Aboriginal or Torres Strait Islander and may be living in remote communities

- are involved with other services such as child protection or justice

- are living with a diagnosis of a degenerative condition such as younger onset dementia, Huntington's disease, multiple sclerosis (MS), muscular dystrophy or motor neurone disease (MND). As a result they require support to engage with specialist support organisations to assist with understanding their condition and connecting with available supports. Required where multiple providers are involved.

- mild to moderate levels of intellectual disability or acquired brain injury and are residing alone and need to make sure proactive supports are in place. They may require assistance to access and maintain community activities, budgeting, shopping, or similar activities ensuring successful maintenance of their independence.

Note: For all levels, these are examples only and you must use your reasonable and necessary decision making when including supports in a plan.

Specialist Support Coordination (typically up to 100 hours for a 12 month plan)

Participants who have been streamed as Super Intensive may require specialist support coordination. These participants may have multiple complexities in their circumstances, multi-jurisdictional involvement and limited support networks. This could involve a specialised and/or intensive response within a specialist framework if the participant has high risks in their life situation and/or environment. These could include:

- risk of homelessness due to their behaviours of concern

- interface with justice, housing and/or other complexities

- children living outside the family home under formal voluntary out of home care arrangements as acknowledged by the relevant state or territory authority and the NDIA. Refer to Guide – Children living in a formal voluntary arrangement outside their family home.

This approach is expected to:

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- address barriers and reduce complexity in the participant's environment

- assist to connect the participant with multiple complex supports

- assist to build the participant's capacity and resilience.

You will need to use reasonable and necessary decision making to determine how many hours to include for specialist support coordination. You should consider the guidance under the heading of Specialist Support Coordination above. When deciding how many hours, make sure there is enough funding to support the participant as well as to allow the support coordinator to fulfil their reporting requirements.

Referral for Complex Support Needs

When determining the level of support coordination you may identify the participant has complex support needs. These needs may require a referral into the Complex Support Needs (CSN) Pathway. The CSN Pathway aims to provide specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical NDIS Pathway. To refer a participant for assessment by the CSN branch, refer to How to refer a participant to CSN through PACE.

Psychosocial recovery coach

Generally, the participant should not have funding for both recovery coach support and support coordination included in their plan. Support coordination may be considered reasonable and necessary in addition to funding a recovery coach in limited circumstances. For example, funding for a specialist support coordinator may be considered reasonable and necessary if the participant identifies a goal of finding suitable housing.

The market may be limited to provide this service. Until the market matures there may not be any recovery coach providers available in the participant's local area. The LAC or support coordinator can continue to provide support if the participant has support coordination included in their plan.

For further information refer to articles Add psychosocial recovery coach funding in a plan approval case and Support Categories.

Support coordination roles

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The role of the LAC, early childhood partner (support connection) or support coordinator is to assist the participant to implement their plan. They will make sure the participant can:

- exercise choice and control to link with the right providers
- pursue their goals
- locate and coordinate a range of supports.

Generally, this will include mainstream, community and funded supports while building on informal networks. They will provide participants with strategies for how to use their support budgets to pursue their goals. Support coordination activities can include supports to build participants' resilience in their own network and community.

A support coordinator will need to complete implementation and progress reports as part of their role in supporting the participant. Plan developers should make sure that additional hours are included in the support budget to allow for this to be completed. You will need to use reasonable and necessary decision making to make sure all required inclusions are in the participant's plan.

Add support coordination funding

1. In the **Plan Approval** case, select the **Draft Budget** tab.

2. Select **New Support Category**.

3. Enter **Support Coordination and Psychosocial Recovery Coaches** in the **Support Category** field. **Note**: The support category will be locked to Capacity Building.

4. Select the **Budget Type** from the drop-down list. **Note**: The **Budget Type** for this support will default to **Stated**.

5. Select the **Instalment Type**. **Note**: The **Frequency** and **Plan Duration** fields will be locked. To change the plan duration, refer to article [Change plan duration](#).

6. Enter the **Amount** for this support.

7. Select **TSP Variance Reason** from drop-down list.

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8. Record **Additional Description** about why the participant needs this support. **Note**: This will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan implementation meeting.

9. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.

10. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, refer to article Add budget justifications. **Note**: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |%, you will need to remove these before you can select save.

11. If you're using evidence to support your justification, select the **Evidence Used** checkbox.

12. Select the **Evidence Type** from the drop-down list:

    - If you select **Document**, go to step 13
    - If you select **Other**, go to step14.

13. Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, refer to article Add and link evidence to a case.

14. Enter the **Evidence Explanation** into the free text field.

15. If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat step 12.

16. Select **Save**.

Update support coordination funding

1. In the **Plan Approval** case, select the **Draft Budget** tab.

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2. Select **Support Coordination and Psychosocial Recovery Coaches** from the **Stated Budget** items.

3. Select the **Budget Type** from the drop-down list. **Note**: The **Budget Type** for this support will default to **Stated**.

4. Select the **Instalment Type**. **Note**: The **Frequency** and **Plan Duration** fields will be locked. To change the plan duration, refer to article Change plan duration.

5. Enter the **Amount** for this support.

6. Select **TSP Variance Reason** from drop-down list.

7. Record **Additional Description** about why the participant needs this support. **Note**: This will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan implementation meeting.

8. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.

9. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, refer to article Add and link evidence to a case.**Note**: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |%, you will need to remove these before you can select save.

10. If you're using evidence to support your justification, select the **Evidence Used** checkbox.

11. Select the **Evidence Type** from the drop-down list:

- If you select **Document**, go to step 12
- If you select **Other**, go to step13.

12. Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, refer to article Add and link evidence to a case.

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13. Enter the **Evidence Explanation** into the free text field.

14. If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat step 11.

15. Select **Save.**

Remove funding for support coordination

1. In the **Plan Approval** case, select the **Draft Budget** tab.

2. Select **Support Coordination and Psychosocial Recovery Coaches** from the **Stated Budget** items.

3. If removing the support item, scroll to bottom and select **Remove Support from Budget**.

4. Select **Yes** to **Are you sure you want to remove?**

5. Select **Save**.

Next steps

1. If you have added or updated support coordination funding, you will need to make a fund management decision. Refer to article Make fund management decision.

2. If you need to add further supports, refer to article Change the draft budget.

3. If you are ready for the plan meeting, refer to article Prepare for the plan meeting.

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Include Support Coordination in a plan

Previous Step:	Pre-planning tasks are completed in the National Disability Insurance Scheme (NDIS) business system (System)
Next Step:	Complete the Determine Plan Management task in the System

1. Purpose

This Standard Operating Procedure (SOP) will support you to consider and include reasonable and necessary support coordination in a participant's plan and should be used alongside the Standard Operating Procedure – Complete the determine funded supports task.

2. Index

3. To be used by

- Plan Developers:
  - Planners
  - Partners in the community (early childhood partners and local area coordinators [LACs])
- NDIA plan delegates.

4.   Scope

Support coordination is a broad term used to describe the three levels of support (support connection, coordination of supports and specialist support coordination). This support can be included in the participant's plan to support them to connect with services whilst strengthening their ability to pursue their goals and aspirations. The provision of support coordination will also help the participant understand how the NDIS operates within a broader ecosystem of supports including disability organisations and mainstream and community supports.

To provide a high quality service to participants, planners and partners are reminded successful planning is centred on the following principles:

- Valuing and respecting the goals and aspirations of the participant.
- Understanding the importance, role and opportunity that may be afforded to the participant by connecting with mainstream, community and informal supports.
- Applying reasonable and necessary judgements in developing and determining the funded supports to assist the participant to pursue their stated goals.
- Determining and assessing the suitability of funded supports against the generated Typical Support Package (TSP).
- Quality interactions which demonstrate empathy and understanding of the participant's disability and needs.

4.1   Levels of support coordination

There are three levels of support coordination which may be included in the plan in the support coordination budget. Use your reasonable and necessary decision making and take into account the goals and aspirations of the participant. Streaming is an important factor to determine the level of support coordination a participant needs. However, it's important that plan developers also take into account a participant's individual circumstances. When you determine the type, level and number of hours to be included in the plan, consider existing informal supports, any additional complexity factors as well as the participant's streaming outcome.

The generated TSP will also guide you in determining the funded supports. The following is provided for guidance only and is not intended to be used as a rule.

If the TSP is exceeded by more than 10% because of a reasonable and necessary decision, clear evidence from a relevant professional must be attached as an inbound document in the NDIS Business System (System). Justification for any changes, in line with the attached evidence, must be recorded in the **Review and Submit Plan for Approval** task.

Note: If support coordination is included in the plan, discuss with the participant if they have any preferred providers for this support and gain their consent for the NDIA to make a referral on their behalf. This information will be required for plan implementation. For further information refer to the Standard Operating Procedure – Make a request for service (support coordination and recovery coach).

4.1.1 Support Connection

Support connection is typically delivered by a participant's Local Area Coordinator (LAC) or Early Childhood Partner. Support connection is a time-limited assistance to strengthen the participant's ability to connect with mainstream and community supports, and establish service agreements and bookings with support providers. The aim is to increase the participant's capacity and ability to maintain relationships, negotiate with service providers and respond to minor service delivery issues.

Participants who reside in an area that is supported by an LAC or Early Childhood Partner, should generally not require additional funding to be included in their plan as this is the primary role of the partner. This is, however, dependent on the level of support the participant needs to implement their plan. You will need to consider all information available to you to make this decision as each participant's circumstances are different.

For participants streamed General or Supported:

- If supported by a partner, you can remove the funding generated in the **Support Coordination** budget. In doing so, you should assess if the participant requires referral to a specific support connector, such as a CALD organisation or a preferred Aboriginal and Torres Strait Islander provider.

If not supported by a partner, amend the generated **Support Coordination** budget to reflect your reasonable and necessary consideration. As a guide, this would typically be an hour a month (around 12 hours for a 12 month plan) of support connection.

4.1.2 Coordination of Support (formerly support coordination)

Coordination of support is delivered by a support coordinator. Consider including coordination of support in a participant's plan to assist in strengthening the participant's capabilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. Participants requiring this level of support will have usually been streamed at the Intensive level. This may include resolving points of concern, unexpected service delivery issues, developing capacity and resilience in a participant's network and coordinating supports from a range of suppliers or providers.

The support coordinator should focus on addressing barriers and reducing complexity in the support environment, while ensuring that the participant is supported to connect with, and build their capacity and resilience. It may also involve development of an intervention plan which will be delivered by disability support workers.

There may not be enough funding in the generated TSP to meet the participant's coordination of support needs. You may need to adjust the coordination of support funding to enable the participant to receive the right level and type of support to implement their plan and address any complexities in their life.

Note: When a support coordinator is providing capacity building supports, immediately moving to a partner - LAC or Early Childhood may disadvantage the participant. In this case you can include 3 months of coordination of support in the new plan, with a request that the support coordinator completes a 'warm handover' to the partner at the end of those 3 months.

The below provides some guidance for including funds for coordination of support in the plan however you will need to consider all information available to you when making your reasonable and necessary decision.

- Low (1-2 hours a month/approx. 24 hours per year) for example, this could be considered when the participant:

- has elderly parents who are needing to explore and establish a range of supports including housing options and future planning issues for their son/daughter
- lives in a group home or large residential facilities and has a strong informal support network with no identified risks
- is adjusting to vision, hearing and other sensory loss type conditions.

- Medium (3-6 hours a month/approx. 48-72 hours per year) for example, for participants who:
  - have a managed psychosocial diagnosis and are well connected to clinical supports. For example, may be accessing treatment options to understand their condition, trial medications and create a recovery plan.
  - have a support network that may be at risk
  - are at mid stages of a degenerative condition
  - may require assistance to transition to alternative living arrangements.

- High (approximately 7-9 hours a month) for example, participants who:
  - are experiencing an unstable psychosocial disability and have a history of long-term hospitalisation and/or history of tenancy instability
  - have limited family and social networks
  - have very low levels of community participation
  - in the absence of support, have difficulty living in the community and are at high risk of hospitalisation or homelessness
  - identify as Aboriginal or Torres Strait Islander and may be living in remote communities
  - are involved with other services such as child protection or justice
  - are living with a diagnosis of a degenerative condition such as younger onset dementia, Huntington's disease, multiple sclerosis (MS), muscular dystrophy or motor neurone disease (MND). As a result they require support to engage with specialist support organisations to assist with understanding their condition and connecting with available supports. Required where multiple providers are involved.

– mild to moderate levels of intellectual disability or acquired brain injury and are residing alone and need to make sure proactive supports are in place. They may require assistance to access and maintain community activities, budgeting, shopping, or similar activities ensuring successful maintenance of their independence.

Note: For all levels, these are **examples only** and you **must** use your reasonable and necessary decision making when including supports in a plan.

4.1.3 Specialist Support Coordination (typically up to 100 hours for a 12 month plan)

Participants who have been streamed as Super Intensive may require specialist support coordination as they may have multiple complexities in their circumstances, multi-jurisdictional involvement and limited support networks. This could involve a specialised and/or intensive response within a specialist framework if the participant has high risks in their life situation and/or environment. These could include:

- risk of homelessness due to their behaviours of concern
- interface with justice, housing and/or other complexities
- children living outside the family home under formal voluntary out of home care arrangements as acknowledged by the relevant state or territory authority and the NDIA. Refer to Practice Guide – Children living in a formal voluntary arrangement outside their family home.

This approach is expected to:

- address barriers and reduce complexity in the participant's environment
- assist to connect the participant with multiple complex supports
- assist to build the participant's capacity and resilience.

You will need to use your reasonable and necessary decision making to determine how many hours will need to be included for specialist support coordination and consider the guidance under the heading of Specialist Support Coordination above. When deciding how many hours, make sure there is enough funding to support the participant as well as to allow the support coordinator to fulfil their reporting requirements.

4.1.4 Referral for Complex Support Needs

When determining the level of support coordination you may identify the participant has complex support needs that require referral into the Complex Support Needs (CSN) Pathway. The CSN Pathway aims to provide specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical NDIS Pathway. To refer a participant for assessment by the CSN branch, refer to Standard Operating Procedure – Referral for complex support needs pathway. For more information on the CSN Pathway refer to Practice Guide – Complex support needs pathway.

4.2 Support Coordination Roles

The role of the LAC, Early Childhood partner (support connection) or support coordinator is to assist the participant to implement their plan. They will make sure the participant can exercise choice and control to, link with the right providers, pursue their goals and locate and coordinate a range of supports. Generally, this will include mainstream, community and funded supports while building on informal networks. They will provide participants with strategies for how to use their support budgets to pursue their goals. Support coordination activities can include supports to build participant resilience in their own network and community.

A support coordinator will need to complete implementation and progress reports as part of their role in supporting the participant. Plan developers should make sure that additional hours are included in the support budget to allow for this to be completed. You will need to use reasonable and necessary decision making to make sure all required inclusions are in the participant's plan.

4.3 Psychosocial Recovery Coach

From 1 July 2020, a new support called psychosocial recovery coach (recovery coach) will be available for NDIS participants and is included in the NDIS Pricing Arrangements and Price Limits.

Generally, if a participant's primary disability is psychosocial disability then you should consider including the support of a recovery coach. Recovery coach support should be included if, in your discussions with the participant, you identify that they require support to link

to and maintain engagement with informal, community, mainstream and funded supports; and to build capacity, including strengths and resilience. A recovery coach is available to participants across all streams – General, Supported, Intensive and Super Intensive.

Generally, the participant should not have funding for both recovery coach support and support coordination included in their plan. Support coordination may be considered reasonable and necessary in addition to funding a recovery coach in limited circumstances. For example, funding for a specialist support coordinator may be considered reasonable and necessary if the participant identifies a goal of finding suitable housing.

If the participant had funding for support coordination in their previous plan, discuss the supports a recovery coach can provide. Explain that a recovery coach will be able to provide targeted support for the participant in relation to their psychosocial disability and can support them in their recovery journey.

If the participant is already linked with a support coordinator they can exercise their own choice and control to decide if they want to use their recovery coach funding to continue receiving support from their support coordinator, or they may wish to change to support provided by a recovery coach.

Note: As this is a new support the market may be limited to provide this service. Until the market matures there may not be any recovery coach providers available in the participant's local area. If this is the case and the participant has support coordination included in their plan they can continue to be provided with support through their LAC or support coordinator.

If recovery coach support is included in the plan you must complete the Request for Service System task during plan implementation. Refer to Standard Operating Procedure – Make a request for service (support coordination and recovery coach).

For further information refer to Practice Guide – Psychosocial disability, Standard Operating Procedure – Psychosocial recovery coach support.

4.4   Children 15 and Under

As of 15 September 2017, the System no longer auto-generates funding for support coordination for participants aged 15 years or under, even if it has been indicated as required

in the Guided Planning Questionnaire. Apply reasonable and necessary decision making when determining if funding for support coordination is required. Consider the participant's circumstances and context (including their informal support networks and parental responsibility) and if the support meets reasonable and necessary criteria. Record adequate justification to support and document the decision.
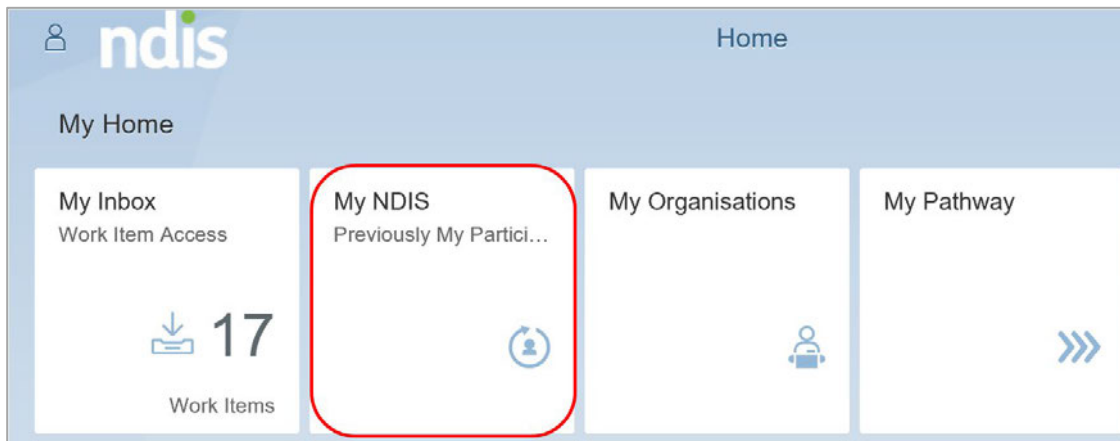
5. Prerequisites

- You have had a planning conversation with the participant to understand and identify their current and potential Assistive Technology (AT) support needs, as well as identifying any preferences for specific providers to provide support coordination services.
- You have completed all relevant pre-planning tasks in the System.
- You have read the Standard Operating Procedure – Complete the Determine the Funded supports task.

6. Procedure

Note: Data in screenshots is fictional and intended for instructional purposes only.

6.1 Navigate to the support calculator

1. From the Home screen select **My NDIS**.

2. Search for and select the **Participant**. Refer to Standard Operating Procedure – Search the NDIS Business System.

3. From the pathway tab, select the **In Progress** Application.

4.   Select **Planning**.

5.   The Planning page displays. Select **Determine the Funded Supports**.

6. The **Determine the Support Needs** screen opens.

7. Complete the **Determine the Funded Supports** task. Refer to Standard Operating Procedure – Complete the Determine the Funded Supports task.

8. Once the plan's funded supports have been completed, select the **Save** button.

9. Select the **Capacity Building** support type.

Support Type	Price $	
Core	135,828.50	>
Capacity Building	11,849.60	>
Capital	31,395.90	>
Total Plan Budget ($)	179074.00	

10. The two **Capacity Building** sub types are displayed.

Support Type > Support Category			
Support Category	Price $	Comment	
Capacity Building	3,784.00		>
Support Coordination	0.00		>

11. Manually remove any funding auto-generated for **Support Coordination**.

Support Type > Support Category		
Support Category	Price $	Comment
Capacity Building	3,784.00	
Support Coordination	0.00	

12. Select the expand icon in the **Support Coordination** price field.

Support Type > Support Category			
Support Category	Price $	Comment	
Capacity Building	3,784.00		>
Support Coordination	0.00		>

13. The **Support Calculator** will open. Select anywhere in the **Product** field.

14. The **Select a Product** screen will open.
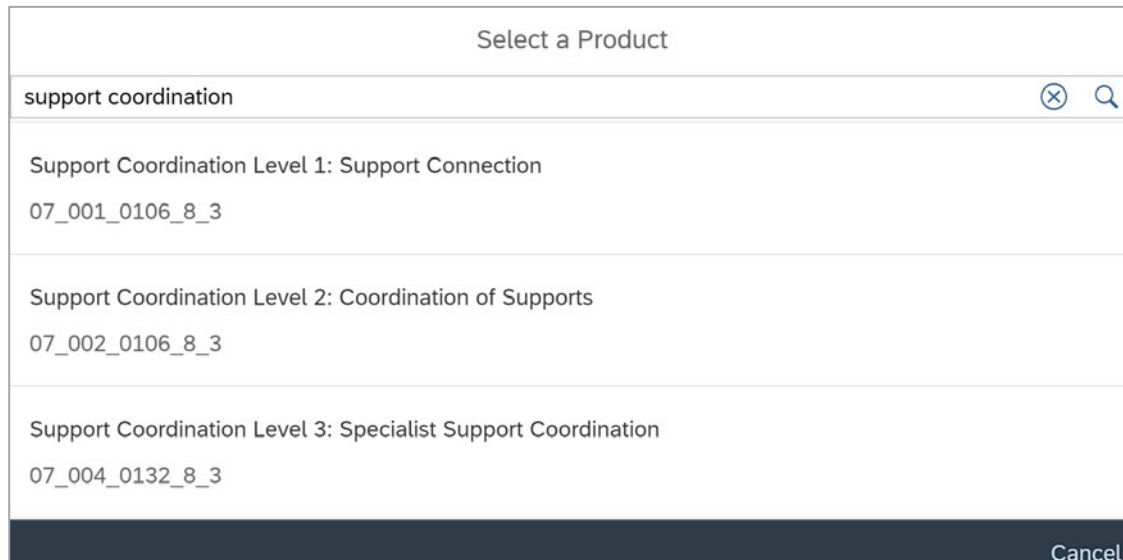
15. Add support using:

- Include Support Connection in a plan

- Include Coordination of Supports (formerly support coordination) in a plan

- Include Specialist Support Coordination in a plan.

6.2   Include Support Connection in a plan

1.   In the support calculator, select **Support Connection**.

2.   Use reasonable and necessary decision making to adjust the **Quantity** as guided above.

- At **How Often** select **Per Year**.

- Select **Done**.
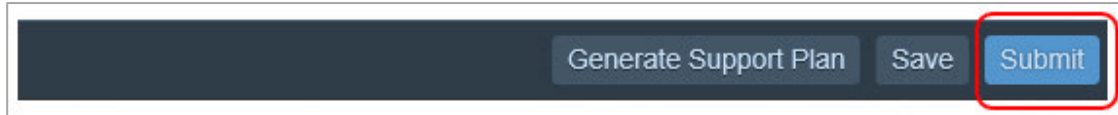
3.   In the **Comment** field record the following: XX hours of support connection to help me connect with my chosen service providers.

4. Select **Submit** when completed.
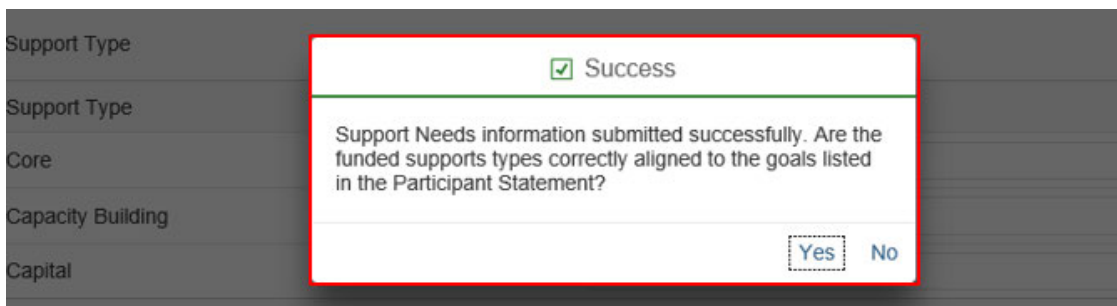

5. When the form has been submitted, a success message appears. The success message will ask **Are the funded supports types correctly aligned to the goals listed in the Participant Statement?**

- If you select **No**, you will be taken directly to the **Participant Statement** to review the goals section and make sure the correct support type boxes have been ticked.
- If you select **Yes**, you will continue as usual.

6.3 Include Coordination of Supports (formerly support coordination) in a plan

Note: In the System support coordination is referred to as coordination of supports.

1. In the support calculator, select **Coordination Of Supports**.

2. Use reasonable and necessary decision making to adjust the **Quantity** as guided above.

- At **How Often** select **Per Year**.

- At **Item Type** select **Stated**.

- Select **Done**.

3. In the **Comment** field enter the following text: XX hours of support coordination to support me to connect to, engage with and coordinate my chosen service providers.

Support Coordination	5,090.12	⊡	53 hours of support coordination to support me to connect to, engage with and coordinate my

4. Include any other reasonable and necessary supports using the **Support Calculator**.

5. When you are satisfied that all supports in the plan are reasonable and necessary, select **Submit**.

	Generate Support Plan	Save	Submit

6.4   Include Specialist Support Coordination in a plan

1. In the support calculator, select **Specialist Support Coordination**.

Select a Product

support coordination   ⊗ 🔍

Support Coordination Level 1: Support Connection

07_001_0106_8_3

Support Coordination Level 2: Coordination of Supports

07_002_0106_8_3

Support Coordination Level 3: Specialist Support Coordination

07_004_0132_8_3

Cancel

2. Use reasonable and necessary decision making to adjust the **Quantity** as guided <u>above</u>.

- At **How Often** select **Per Year**.
- At **Item Type** select **Stated**.
- Select **Done**.

3. In the **Comment** field record the following: XX hours of specialist support coordination to support me to connect to, engage with and coordinate my chosen service providers.

4. Include any other reasonable and necessary supports using the **Support Calculator**.

5. When you are satisfied that all supports in the plan are reasonable and necessary, select **Submit**.

6.5   Next steps

6.5.1 Determine Plan Management

Complete the Standard Operating Procedure – Complete the Determine Plan Management task before finalising and approving the plan.

6.5.2 Finalise and approve the plan

Complete Standard Operating Procedure – Review and submit a plan for approval OR Standard Operating Procedure – Finalise and approve a plan. You will need to include justification for including coordination of supports in the plan.

7.   Supporting material

- *National Disability Insurance Scheme Act 2013* (section 34)
- *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Practice Guide – Participants streamed as Intensive or Super Intensive
- Standard Operating Procedure – Complete the Determine the Funded Supports task
- Our Guidelines

8.   Process owner and approver

General Manager, Participant Experience Design.

9.   Feedback

If you have any feedback about this Standard Operating Procedure, please complete our Feedback form.

10. Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	MB0056	Class 2 approved. Included reference to Practice Guide – Complex Support Needs Pathway and Standard Operating Procedure – Referral for Complex Support needs. Included new section on psychosocial recovery coach role.	APPROVED	2020-06-18
6.0	EMN960	Updated recovery coach guidance to clarify: • when a support coordinator may be considered reasonable and necessary in addition to a recovery coach • a participant can continue with their current support coordinator using their recovery coach funding if they choose to.	APPROVED	2020-07-27
7.0	CS0074	Class 1 Approval Updated links relating to the NDIS Business System.	APPROVED	2021-01-18
8.0	JS0082	Class 1 Approval	APPROVED	2022-02-23

Version	Amended by	Brief Description of Change	Status	Date
9.0	ED0024	Class 1 Approval Removed section – Training in planning and self management. This support is no longer funded and the SOP – Include financial management capacity building supports has been decommissioned.	APPROVED	2023-03-30

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The following tables includes data up to 31 December 2023.
Excludes the plans of participants where the plan was their first approved plan after access met.
Therefore the tables only refer to second and subsequent plans, where a change in the inclusion/exclusion of Support Coordination can be examined.
Where participants have had more than 1 plan review over the 25 months, they would be included in each month where they had a plan review.

Support Coordination - changes in inclusion/exclusion of Support Coordination budget for Plan Reviews in each month from January 2022

Month of Plan Review	Number Plan Review in			No Change (a) incl/excl SC	PrevPlan Excluded SC, NewPlan Included SC			PrevPlan Included SC, NewPlan Excluded SC		
	SAP	PACE	TOTAL		SAP	PACE	TOTAL	SAP	PACE	TOTAL
Jan-22	30,882	-	30,882	28,890	1,470		1,470	522		522
Feb-22	36,171	-	36,171	34,162	1,529		1,529	480		480
Mar-22	39,505	-	39,505	37,284	1,764		1,764	457		457
Apr-22	32,198	-	32,198	30,381	1,448		1,448	369		369
May-22	39,847	-	39,847	37,605	1,812		1,812	430		430
Jun-22	35,710	-	35,710	33,493	1,859		1,859	358		358
Jul-22	26,020	-	26,020	24,142	1,574		1,574	304		304
Aug-22	30,874	-	30,874	28,770	1,783		1,783	321		321
Sep-22	25,755	-	25,755	23,829	1,671		1,671	255		255
Oct-22	25,602	-	25,602	23,715	1,627		1,627	260		260
Nov-22	31,296	-	31,296	28,979	2,037		2,037	280		280
Dec-22	22,842	100	22,942	21,281	1,482	<11	1,482	175	<11	175
Jan-23	23,313	292	23,605	21,826	1,492	11	1,503	270	<11	270
Feb-23	24,348	347	24,695	22,815	1,608	22	1,630	232	18	250
Mar-23	27,321	485	27,806	25,532	1,945	16	1,961	288	25	313
Apr-23	17,617	431	18,048	16,555	1,291	<11	1,291	177	16	193
May-23	25,478	524	26,002	23,806	1,882	18	1,900	274	22	296
Jun-23	29,826	477	30,303	27,987	2,012	16	2,028	273	15	288
Jul-23	18,514	442	18,956	17,508	1,254	21	1,275	166	<11	166
Aug-23	24,826	668	25,494	23,401	1,834	19	1,853	228	12	240
Sep-23	23,490	980	24,470	22,313	1,840	42	1,882	256	19	275
Oct-23	23,558	1,058	24,616	22,394	1,892	47	1,939	270	13	283
Nov-23	14,012	6,166	20,178	18,414	1,291	203	1,494	221	49	270
Dec-23	11,909	6,434	18,343	16,451	1,301	297	1,598	226	68	294
TOTAL	640,914	18,404	659,318	611,533	39,698	712	40,410	7,092	257	7,349

(a) includes those participants where (i) both the old and new plan did not have Support Coordination included,
    and (ii) both the old and and new plan included Support Coordination budget.