Standard Operating Procedure

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Complete the determine the funded supports task

This Standard Operating Procedure (SOP) will help you complete the Determine the Funded Supports task in the NDIS Business System (System).

Note: Do not use this SOP for early childhood approach plans. Refer to Standard Operating Procedure – Determine the funded supports in early childhood.

1.   Recent updates

Date	What's changed
February 2022	The way you find the cost for assistive technology supports has changed. Section 3.3 has been updated to explain you can use the assistive technology budget tool in PANDA to check the benchmark price.
August 2021	Added a step to explain what to do when you submit the guided planning questions and an alert displays. This alert asks you to review the plan management type in the Determine Plan Management task.

2.   Checklist

Topic	Checklist
Prerequisites	You have: ☐ decided what reasonable and necessary supports to include using Our Guideline – Reasonable and necessary supports ☐ viewed and understood the Participant Experience Delivery (PED) Key Performance Indicators (KPIs) and are complying with the PED KPI and target relevant to this task ☐ checked the primary disability is correct ☐ checked the appropriate functional impact assessment tool is complete and attached to the participant's record ☐ checked contacts and communication preferences for the participant are up to date

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Topic	Checklist
	❑ completed all relevant pre-planning tasks
	❑ checked if a mandatory referral to Technical Advisory Branch (TAB) is required for any supports. Refer to TAB - Requesting Advice.
	If no reasonable and necessary supports are identified, you have:
	❑ decided the participant's mainstream, community and/or informal supports meet their current support needs
	❑ made this decision using Our Guideline – Reasonable and necessary supports
	❑ completed all relevant pre-planning tasks.
Actions	If reasonable and necessary supports are identified:
	❑ 3.1 Generate the support plan
	❑ 3.2 Adjust the Typical Support Package (TSP)
	❑ 3.3 Use the support calculator to add specific supports
	If no reasonable and necessary supports are identified:
	❑ 3.4 No reasonable and necessary supports identified

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3. Procedure

3.1 Generate the support plan

1. In **Planning – Staff Tasks**, select the **Determine the Funded Supports** task.

2. The **Determine the Support Needs** screen displays. There are three **Support Types** in the plan budget: **Core, Capacity Building** and **Capital**.

   - If this is the participant's first plan the values displayed are zero. Go to **Step 11** to generate the support plan.

   - If this is a plan review, this screen may display amounts from the previous plan. If you are completing a full plan review you need to delete these amounts and any related support items before generating the support plan. Go to **Step 3.**

Determine the Support Needs		
Support Type		
Support Type	Price $	
Core	5,570.71	>
Capacity Building	16,036.40	>
Capital	2,601.00	>
Total Plan Budget ($)	24208.11	
Plan Duration: 24 months		
	Generate Support Plan	Save	Submit

Notes:

- When you develop the plan, make sure you save regularly to prevent loss of data.

- Supports added using the support calculator and later removed may still appear in the Finalise Plan and Approve task. Check the plan budget reflects your reasonable and necessary decision. Make sure you check the plan budget before you submit the plan for approval or approve the plan.

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3. Select the relevant support category. For example, select **Core**.

4. The **Core** support categories display. Open the **Support Calculator** (two overlapping boxes) for the relevent support category. For example, select **Daily Activities**.

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5. Select **Delete** (trash can) to remove any support items from the previous plan, if needed. Select **Done**.
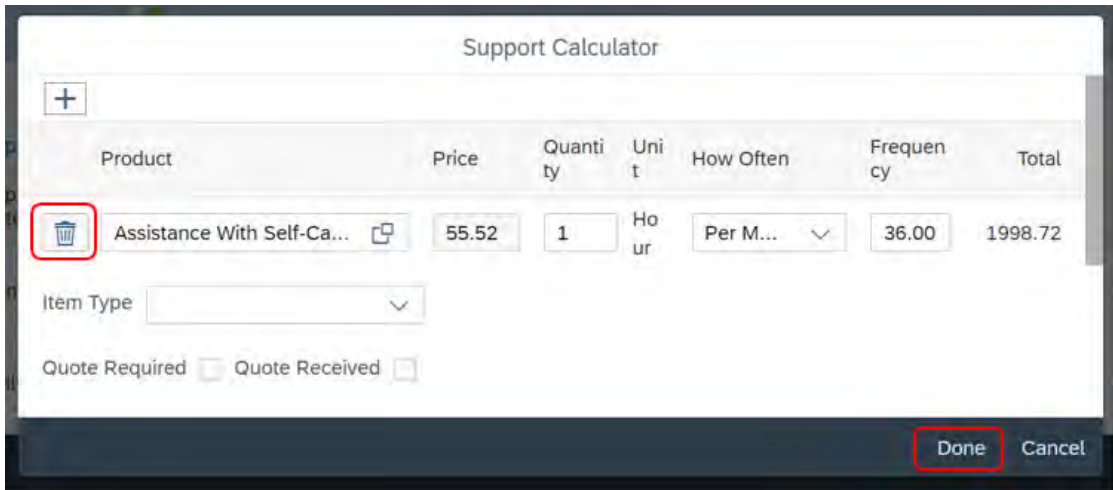
6. If you delete any support items, the message **Do you want to increase the Support Category Price** displays. Select **No**.
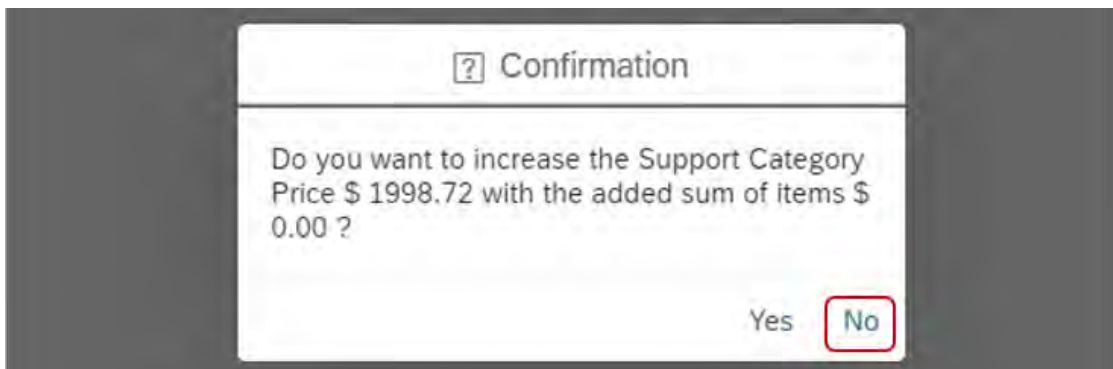
7. The **Core** support categories screen displays. Delete the amount showing in the **Daily Activities** support category.
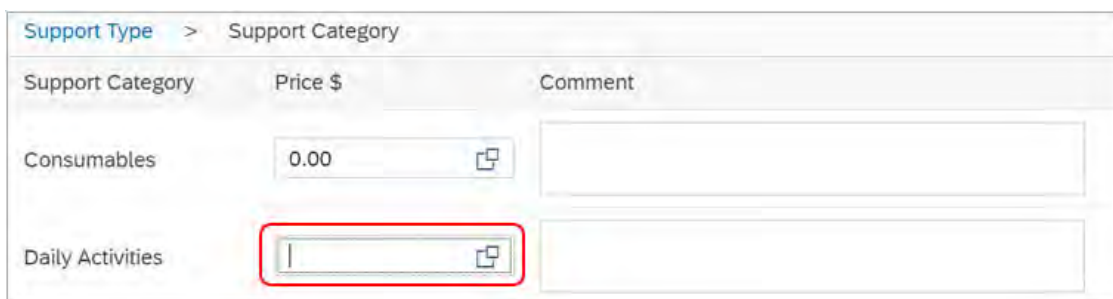
8. Repeat **Steps 3-7** for each support category as needed.

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9. When you are finished, return to the **Determine the Support Needs** screen. Check you have removed all funding that is not reasonable and necessary. Select **Save**.

10. A success message displays. Select **Yes**.

11. Return to the **Determine Funded Supports** task. Select **Generate Support Plan**.

Note: If you select **Per Week** in the **Support Calculator** the **Frequency** will calculate to the whole number without rounding up. For example, a 365 day plan is 52.14 weeks. This means the **Frequency** default calculation is 52 instead of adjusting to 53. This happens automatically when you use the **Generate Support Plan** button.

12. A confirmation message displays. Select **Ok**.

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13. The support plan made up of the Typical Support Package (TSP) displays.

Notes:

- Make a note of the TSP amounts before you make any changes. This will help you determine if your changes increase the TSP by more than 10%.

- The TSP generates Core supports in line with the length of the plan. For example, a 24 month plan will include 24 months of Core supports.

- Capacity Building (CB) and Capital supports generate based on a 12 month plan. This is because most CB and Capital supports are time limited or once off supports. You must consider the participant's circumstances and adjust the supports needed for the length of the plan.

3.2 Adjust the Typical Support Package (TSP)

1. Select **Core**.

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2. TSP funds will show in categories linked to the participant's support needs and goals.

3. The **Participant Goals** are below the support categories. Check the goals are aligned correctly to the goal type before you adjust the TSP. Return to the **Participant Statement** task if you need to make changes.

4. Use reasonable and necessary decision making and adjust the TSP if needed.

5. Include the following comment in the **Daily Activities Comment** field:

I can use core support funding flexibly to help with daily activities and my current disability related needs. It will also help me to work towards pursuing my goals. This may include supports to sustain my informal supports such as respite.

Notes:

- The supports from these Core support categories display as one flexible budget on the participant's plan. Comments also appear on the participant's plan.

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- For funds to be used flexibly the support categories must have the same plan management type.

- Participants can use their Core funding flexibly even if no funding is allocated to the support category.

- You must record comments for fixed (stated) supports. The comments must clearly describe the intent of the support.

- Before making a Core support item fixed (stated), you must consider:

    o the impact on flexibility for the participant and their providers

    o if the support item is categorised by the time of day or by the days of the week. Making this type of support item stated will reduce the participant's choice over when they receive their supports.

- You may need to add comments for specific supports. Go to the Planning intranet page and search for the guidance you need by topic.

- Keep a copy of your comments off the System, for example in a word document. This will help you when the System overrides your comments with its usual summary of the included supports.

6. The Periodic transport check box next to the Transport support category is ticked by default. Untick the transport funding box if the participant's transport funding will be either:

- Agency-managed

- Plan-managed

- the participant does not want their transport as a periodic payment.

You must refer to Standard Operating Procedure – Add transport supports to the participant's plan for guidance on including transport funding in the plan.

| Transport | 1,783.50 | Support to access work, study and community activities. | ☑ > |

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7. Go back to the **Determine the Supports Needs** screen. Select **Capacity Building**.

8. The **Capacity Building** support screen displays.

9. **Participant Goals** are listed below the support categories. Check the goals align correctly to the participant's goal type before you adjust the TSP. Return to the **Participant Statement** task if you need to make changes.

10. Select **Capacity Building**.

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11. Eight support categories display. Capacity building funding generated by the TSP defaults to **CB Choice and Control**. Use reasonable and necessary decision making and adjust the TSP if needed.

Support Category	Price $	Comment	Associated Goal
CB Choice & Control	5,924.80		
CB Daily Activity	0.00		
CB Employment	0.00		
CB Health & Wellbeing	0.00		
CB Home Living	0.00		
CB Lifelong Learning	0.00		
CB Relationships	0.00		
CB Social, Community, Civic	0.00		

Notes:

- You need to apply reasonable and necessary decision making even if no funding has generated in the **CB Choice and Control** budget.

- Unlike the core support budget, CB supports are only flexible in the same CB support category. For example, funding from CB Daily Activity can be used flexibly across all non-stated support items in the CB Daily Activity budget. However, this funding is not flexible to purchase supports from other CB budgets.

- Funding for plan management and financial administration support does not generate in the TSP. If requested by the participant, you must include funding for plan management in **CB Choice and Control**. For more information refer to:

  o [Standard Operating Procedure – Include plan management support items](#)

  o [Standard Operating Procedure – Include financial management capacity building supports](#).

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12. Add a **Comment** describing the purpose of the support for each **Capacity Building** category.

Note: You may need to add comments for specific supports such as therapy supports.

Go to the Planning intranet page and search for the guidance you need by topic.

13. Select the relevant **Associated Goal** from the drop down box.

14. Go to the **Determine the Supports** needs screen. Select **Capital**.

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15. Funding for home modifications, assistive technology, maintenance on equipment or repairs may generate in **Capital Supports**. Funding only generates if you identified the need during your planning conversation and recorded the details in the guided planning questions.

    If funds have generated in this area, refer to:

    - [Our Guideline – Assistive technology](#)

    - Assistive technology (AT) and home modifications standard operating procedures on the [Planning resources intranet page](#).

Support Type	>	Support Category		
Support Category	**Price $**		**Comment**	
Assistive Technology	2,601.00	🗗		
Home Modifications	0.00	🗗		
Participant Goals				
Goal Category	Goal Type		Goal	
			No goals selected	

16. **Participant Goals** are listed below the support categories. Check the goals align correctly to the goal type before you adjust the TSP. Return to the **Participant Statement** task if you need to make changes.

Participant Goals		
Goal Category	Goal Type	Goal
Plan Goals	Social and community activities	I want to build my independence and do more things by myself. I want to explore what assistive technology can help me get around my local community on my own and start to use it.

17. Use reasonable and necessary decision making and adjust the TSP if needed.

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18. Add a **Comment** describing the purpose of the support for each **Capital** budget with allocated funding.

3.3 Use the support calculator to add specific supports

You can use the support calculator to add specific supports or determine the benchmark cost of a support. For example, you can use it to compare a quote, for stated supports, or for some in-kind supports.

1. Go to the relevant support budget (**Core**, **Capacity Building** or **Capital**) for the support you want.

2. Select the expander (2 overlapping boxes) in the price field to open the **Support Calculator**.

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3. The **Support Calculator** displays. Select the expander (2 overlapping boxes) in the **Product** field.
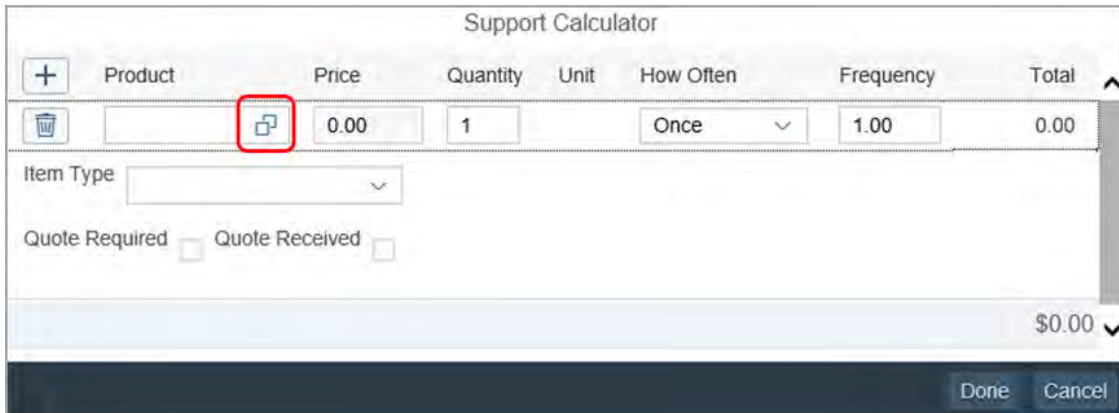
4. The **Select a Product** screen displays. Search for and select the relevant product from the search results.

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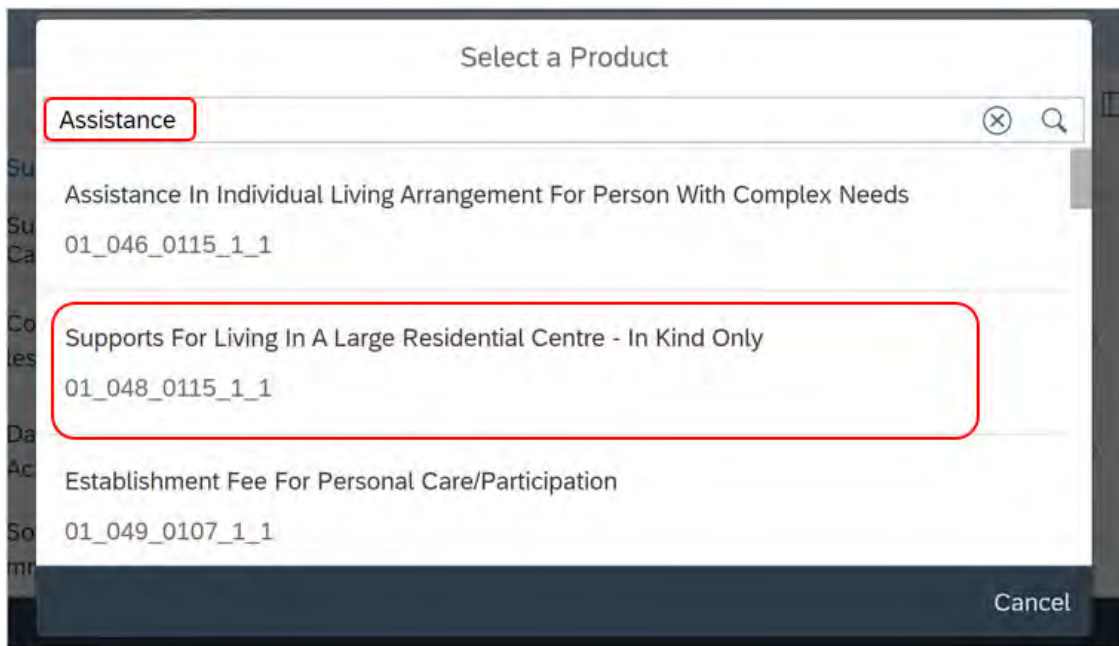
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5. You will return to the support calculator. Update the **Quantity**, **How Often** and **Item Type** fields to reflect the participant's support needs.

Notes:

- Check the **Unit** of measure (each, hours, weeks, years).

- Update the **Quantity** and **How Often** fields to reflect the amount of support the participant needs during their plan. For example, if the Unit of measure is hours, the Quantity is 2 and How Often is per week, this means 2 hours per week of support.

- Do not make any items stated unless there is guidance to do so, for example, behavioural support.

6. To add another support item, select **Add Row** (plus sign). When you have added all support items, select **Done**.

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7. The **Support Category** screen displays. Replace the System generated comment with a more descriptive comment.

Daily Activities	350,290.50	Support for my day to day needs in residing in accommodation with five other people. This assistance
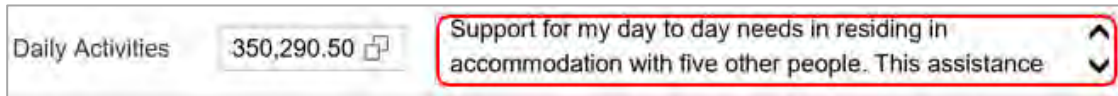
Note: Keep a copy of your comments off the System, for example in a word document. This will help you when the System overrides your comments with its usual summary of the included supports.

8. For **Capital** AT supports use the assistive technology budget tool in PANDA to find the expected price range or benchmark price for the item. For help using the AT budget tool go to Standard Operating Procedure – Add mid cost assistive technology in a plan.

9. Review the final budget amounts and select **Submit**.

Determine the Support Needs	
Support Type	
Support Type	Price $
Core	220,699.01
Capacity Building	16,036.40
Capital	2,601.00
Total Plan Budget ($)	239336.41
Plan Duration: 24 months	

Generate Support Plan Save Submit
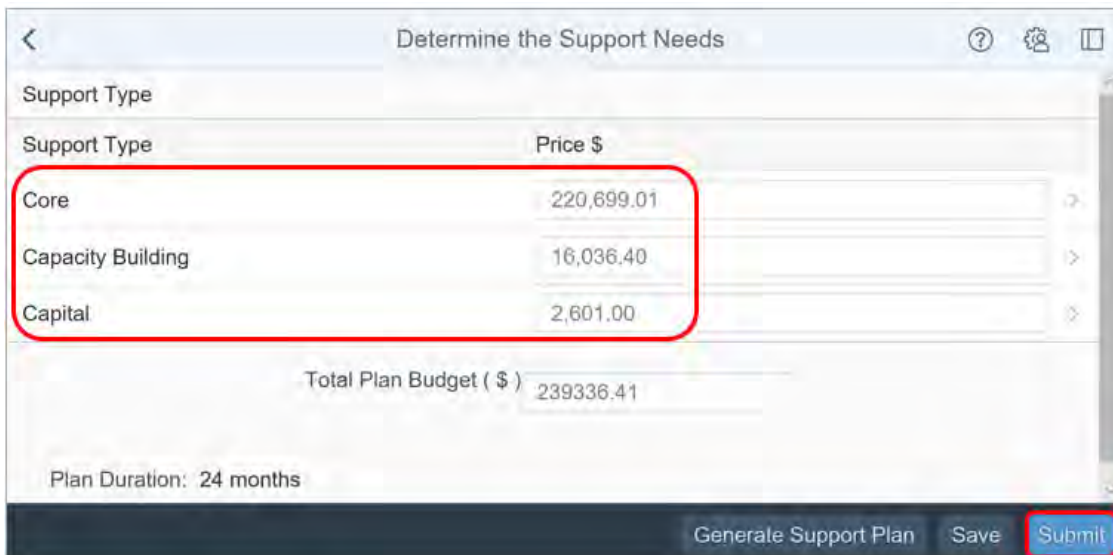
10. If an alert displays to proceed to review the **Determine Plan Management** Task, select **OK**.

The next set ... individual circumstances: how you ...
whether thes...

rently live with?	Alone
g arrangements?:	Private hom
urself dressing?:	Yes
urself dressing?:	Yes

Information

Changes to this task may have an effect on Plan Management, please review the Determine Plan Management Task.

OK

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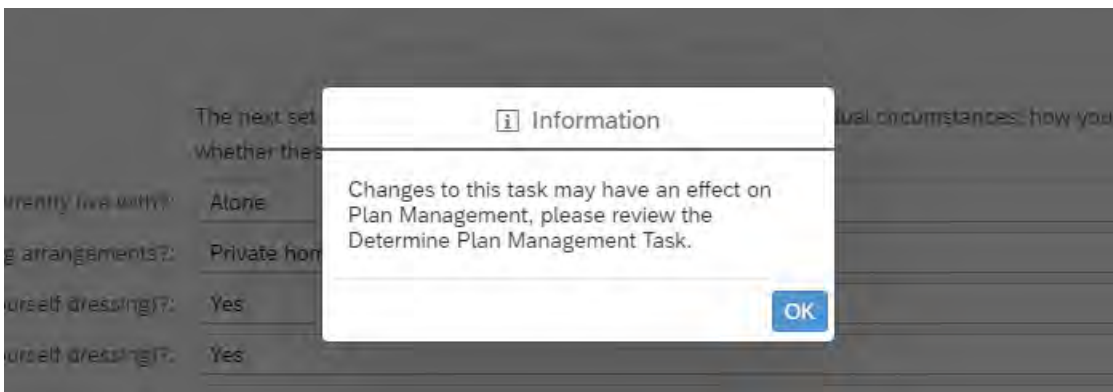
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11. A success message displays. This success message asks **Are the funded supports correctly aligned to the goals listed in the Participant Statement?**
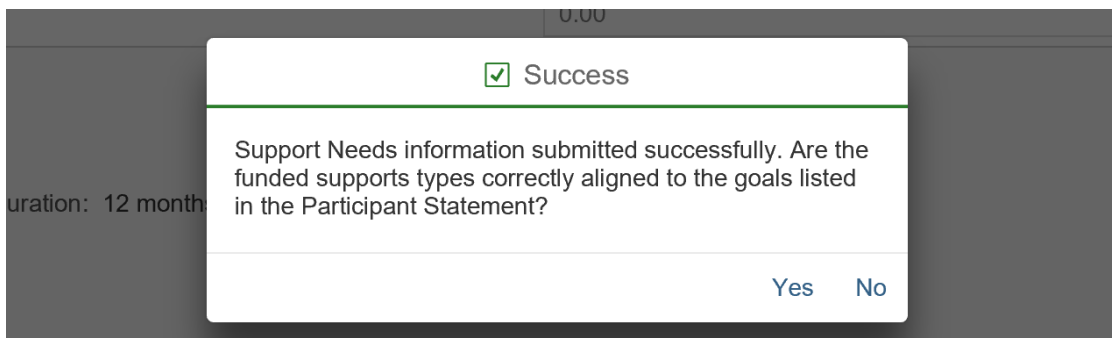
- If you select **No** you return to the **Participant Statement** to review the goals section and correct the support type boxes.

- If you select **Yes** you return to the planning screen.

3.4 No reasonable and necessary supports identified

1. In **Planning – Staff Tasks**, select the **Determine the Funded Supports** task.

2. If the plan is a plan review, delete any funding and related support items showing from the previous plan. Refer to Section 3.1, steps 1-7.

3. Do not generate the support plan.

4. Submit the task with $0.00 funding.
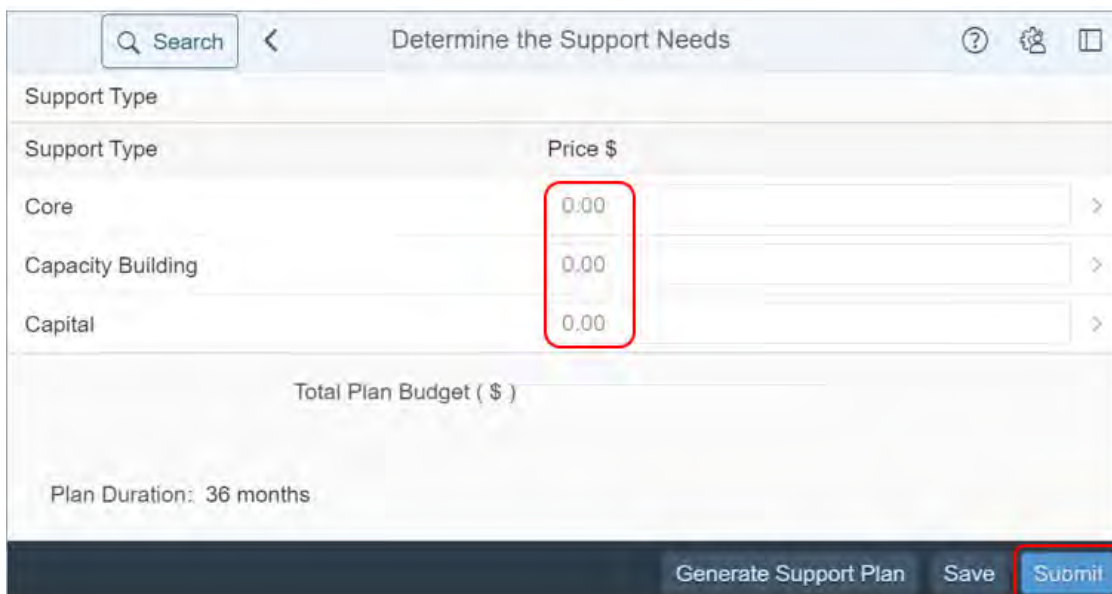
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5. If the participant has requested supports add an **Interaction** using Interaction templates – Planning – Declined supports.

If the participant has not requested supports, add an **Interaction** in the **Review and submit plan for approval** or **Finalise and approve the plan task**. Record details of your conversation with the participant in the interaction.

3.5 Next Steps

1. If reasonable and necessary supports are identified: Go to **Determine Plan Management**. Refer to Standard Operating Procedure – Complete the determine plan management task.

2. If no reasonable and necessary supports are identified: Go to **Review and Submit plan for Approval** or **Finalise and Approve the plan**. Refer to Standard Operating Procedure – Review and submit plan for approval or Standard Operating Procedure – Finalise and approve a plan.

4. Related procedures or resources

- Our Guideline – Reasonable and necessary supports

- Planning intranet page

- Interaction templates – Planning – Declined supports

- Standard Operating Procedure – Add transport supports to the participant's plan

- Standard Operating Procedure – Add mid cost assistive technology in a plan

- Standard Operating Procedure – Determine the funded supports in early childhood

- Standard Operating Procedure – Complete the determine plan management task

- Standard Operating Procedure – Finalise and approve a plan

- Standard Operating Procedure – Include plan management support items

- Standard Operating Procedure – Include financial management capacity building supports

- Standard Operating Procedure – Review and submit plan for approval

5. Feedback

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

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6. Version control

Version	Amended by	Brief Description of Change	Status	Date
4.0	NAN927	Class 1 approval. Plan developers must refer to relevant resources on the Planning Intranet page when specific supports.	APPROVED	2021-05-27
5.0	CW0032	Class 1 approved Added a step to explain what do to when you submit the guided planning questions and an alert displays. This alert asks you to review the plan management type in the Determine Plan Management task.	APPROVED	2021-08-26
6.0	CW0032	Class 2 Approved Update of resource at 3.3 to include AT Item budget tool to find benchmark cost of assistive technology	APPROVED	2022-01-31

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Determine the funded supports in early childhood

This Standard Operating Procedure (SOP) will assist you to complete the following in the NDIS Business System (System):

- Use the support calculator.
- Determine the funded supports for participants younger than 7.

Note: Do not use this SOP for participants who are older than 7. Refer to Standard Operating Procedure – Complete the determine the funded supports task. This SOP is for early childhood partners and delegates.

1. Recent updates

Date	What's changed
August 2022	The following updates have been made in section 3.2 Enter Capacity Building Funding: - Updated comments recorded on child's plan (section 3.2 step 9). - New step and associated comment added about considering a plan management statement if there is a risk that the plan budget may be overspent (section 3.2 step 10). - Updated line item name from 'Capacity Building Supports for Early Childhood – Other therapy' to 'Capacity Building Supports for Early Childhood – Other professional' to align with Price guide language changes.
January 2022	The following updates have been made: Updated to align with streamlined planning process updates.

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	• SOP name changed from SOP – Determine the funded supports in ECEI to SOP – Determine the funded supports in early childhood to align with Our Guideline – Early childhood approach. • Transitioned to new SOP template.

2. Checklist

Topic	Checklist
Pre-requisites	☐ You are familiar with Practice Guide – Early childhood planning and have decided what reasonable and necessary supports to include using Our Guideline – Reasonable and necessary supports. ☐ You are familiar with Our Guideline – Early childhood approach. You have: ☐ Checked and updated any participant details that have changed, including contacts and communication preferences. Refer to Standard Operating Procedure – Update participant details. ☐ Checked evidence of the participant's disability is attached in Inbound Documents. Refer to Standard Operating Procedure – Add or change disability. ☐ Confirmed participant streaming. Refer to Standard Operating Procedure – Update participant streaming. ☐ Updated the Severity Tools (including the PEDI-CAT). Refer to Standard Operating Procedure – Complete the update the severity tools task. ☐ Completed Participant Statement. Refer to Standard Operating Procedure – Complete the participant statement and Practice Guide – Early childhood planning for example NDIS plan goals. ☐ Completed informal community and mainstream supports. Refer to Standard Operating Procedure – Record informal, community and mainstream supports. ☐ Updated the Outcomes Questionnaire. Refer to Standard Operating Procedure – Complete the update the outcomes questionnaire task.

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Topic	Checklist
	❑ Updated the Family Questionnaire. Refer to Standard Operating Procedure – Complete update the family questionnaire task.
	❑ Completed Risk Assessment, Refer to the Standard Operating Procedure – Complete the risk assessment task.
	❑ Updated the Guided Planning Questions (saved but not submitted). Refer to Standard Operating Procedure – Complete the guided planning questions.
	❑ Completed the Planning Conversation Tool (PCT) by ticking the box to state your reasonable and necessary declaration.
	❑ Verified my NDIS contact. Refer to Standard Operating Procedure – Add, check or change a My NDIS contact.
	❑ Created an Early childhood planning conversation interaction. Refer to Interaction templates – Pre-planning.
Actions	❑ 3.1 Determine the Funded Supports
	❑ 3.2 Enter Capacity Building Funding
	If required:
	❑ 3.3 Enter Core Supports Funding
	❑ 3.4 Enter Capital Supports Funding
	Then:
	❑ 3.5 Next steps

3. Procedure

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

3.1 Determine the Funded Supports

1. Navigate to the **Planning – Staff Tasks** page and select the **Determine the Funded Supports** task.

2. The **Determine the Support Needs** screen displays. There are 3 **Support Types** in the plan budget **Core, Capacity Building and Capital.** For further information refer to Practice Guide – Early childhood planning.

   Note: For plans for participants younger than 7, a Typical Support Package is **not** generated. **Do not click on Generate Support Plan.**

   • If this is the participant's first plan, the values displayed will all be zero. Continue to section 3.2 Enter Capacity Building Funding.

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- If the plan has changed, this screen may display amounts from the previous plan. You will need to delete these amounts and any related support items. Continue to step 3.

3. To manually remove the auto-generated supports from a previous plan, select each support type where funding is displayed.

4. If funding has been entered at the **Support Item Level**, select each **Support Category** with funding using the **Expander** (2 overlapping squares).

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5. Select **Delete** (trash can) next to the line item.

6. Select **Done.**

7. The message **Do you want to increase the Support Category Price** displays. Select **No**.

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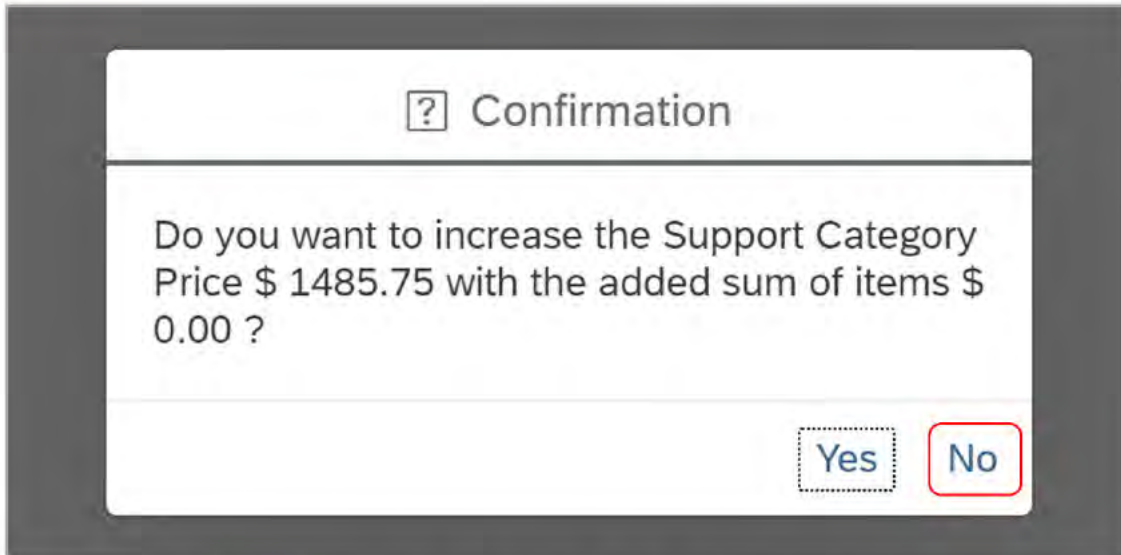
8. Click into the **Price $** box and delete the figure amount in the box.

   Note: This will also remove any funding that had been entered at the Support Category Level.

9. Select the **Support Type** button and repeat for any the other budgets until all price fields are cleared.

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3.2 Enter Capacity Building Funding

1. From the **Support Type** screen select **Capacity Building**. The support categories **Capacity Building** and **Support Coordination** are displayed.

2. Select the support category **Capacity Building**. All of the Capacity Building supports will be displayed.

3. Open the support calculator from the **CB Daily Activity** category by selecting the **Expander** (2 overlapping boxes).

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Support Type > Support Category > Capacity Building	
Support Category	Price $
CB Choice & Control	0.00
CB Daily Activity	0.00

4. The **Support Calculator** screen opens. Select the **Expander** (2 overlapping boxes) in the **Product** field.

5. Select the **Capacity Building Supports for Early Childhood – Other Professional**. The search field can also be used to find the item.

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6. Enter the quantity required, to the nearest 0.5 or whole number, based on supports calculated using the <u>Practice Guide – Early childhood planning</u>.

7. Select **Done**.

8. Delete the auto-generated **Comment.**

9. Enter the relevant comment:

Note: Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand the support included in their child's plan.

<insert the first 2 paragraphs, and choose the relevant third paragraph – delete any red instructional text>

This funding is for capacity building - early childhood supports. To achieve the best outcomes it is important that these supports are delivered within the home and community, by early childhood professionals. These professionals should have a Bachelor's degree or higher and have registration or membership with relevant professional bodies, such as an occupational therapist, speech pathologist, physiotherapist, psychologist, social worker, early childhood teacher and developmental educator.

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Professionals should use a best practice model, all working together as a team with your family to pursue your goals for <insert participant name> and preferably using a key worker model. It is expected the supports are delivered in line with the NDIS Commission's NDIS Practice Standards and Quality Indicators for Early Childhood Supports, the NDIS Code of Conduct and the NDIS Pricing Arrangement and Price Limits.

<and add one of the relevant comments below>

This funding includes time for professionals to build the capacity of those supporting <insert participant name>, at home, childcare, preschool and/or school <remove setting if not required>. It is expected that an annual progress report on <participant's name> outcomes will take your providers approximately <include between 2-6 hours as per the Guide - Appendix 2> per year and it is strongly recommended they collaborate to use the NDIS early childhood provider report form. This funding also includes <hours> for Assistive Technology (AT) assessment <remove if not required>.

<or>

This funding includes time for professionals to build the capacity of those supporting <insert participant name>, at home, childcare, preschool and/or school <remove setting if not required>. It is expected that an annual progress report on <participant's name> outcomes will take your providers approximately <include 2-6 hours per year> and it is strongly recommended they use the NDIS early childhood provider report form. Funding of 9 hours is also included for a report on <participant name> functional assessment, goals and recommendations following a 3-month period of intensive early childhood supports. This funding also includes <hours> for Assistive Technology (AT) assessment <remove if not required>.

10. Link the funding in the support category to the participant's **Associated Goal** using the drop-down box next to the comment.

11. Return to the **Support Category** section of the System and enter any additional reasonable and necessary support items. Record any relevant comments.

Support Type	>	Support Category	>	Capacity Building

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12. If there is a risk that the plan budget may be overspent, a plan management statement may be considered (refer part 3 of the NDIS Plan Management Rules). This may include setting a maximum monthly spend across the length of the plan to purchase capacity building early childhood supports. If required, include the text below in the comment that is printed on the plan.

The funding in this budget is to be used across the full plan period. Therefore, you need to ensure you manage the budget, and set a monthly amount against your capacity building budget, to provide your child with the necessary supports until the plan reassessment.

Note: Further information for adding supports, such as plan management, can be found in the Standard Operating Procedure – Include plan management support items.

3.3 Enter Core Supports Funding

1. If Core supports have been identified, from the **Support Type** screen **Core.**

2. The support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are displayed.

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3. Enter reasonable and necessary funding amount in the **Price** column or open the **Support Calculator** from the **Consumables** category by selecting the **Expander** (2 overlapping boxes) to enter a specific support.

4. After allocating the reasonable and necessary funding amount enter the **Comment**. Make sure this is personalised to reflect the individual participant you are planning for.

For example:

> Funding for assistive technology: $<insert budget amount> is included for the purchase of low cost assistive technology, and minor repairs to assistive technology, to support <participant's name> to achieve his/her goals and outcomes.

5. Repeat the above steps if any funding is required in Core **Daily Activities**.

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6. Enter a **Comment** to support the inclusion of Core supports in the plan. Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand the support included in their child's plan. Further information on core supports can be found in the Practice Guide – Early childhood planning.

For example:

> Support to sustain <participant's name> family and assist with his/her personal care.
>
> Hours are based on <frequencies (hours/rate/days/weeks)> and can be used flexibly.

3.4 Enter Capital Supports Funding

1. If Capital supports have been identified, from the **Support Type** screen select **Capital**.

2. The support categories **Assistive Technology** and **Home Modifications** are displayed.

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3. Enter reasonable and necessary funding amount in the **Price** column or open the **Support Calculator** from the **Assistive Technology** or **Home Modifications** category by selecting the **Expander** (2 overlapping squares) to enter a specific support. For further information refer to the Practice Guide – Early childhood planning or the Our Guideline – Assistive technology and/or Standard Operating Procedure – Include home modification supports in plans.

4. Enter a **Comment** to support the inclusion of **Capital** supports in the plan. Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand this support in their child's plan and expectation for assessment prior to purchase.

3.5 Next steps

1. Once all supports have been included in the plan you can return to the **Determine the Funded Support** screen by selecting **Support Type**.

Note: At any time, you can select **Save** to save the form and return to complete it later.

2. When the form is complete, select **Submit**.

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

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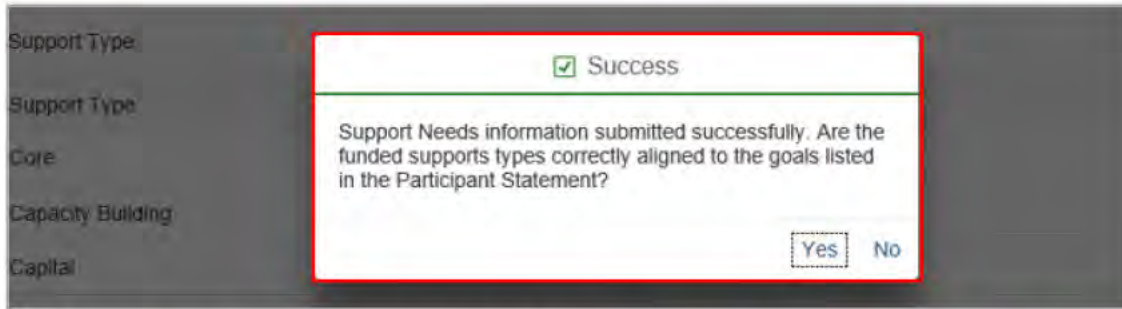
- If you select **No**, you will be taken to the **Create-NDIS Participant Statement** page to review the goals section and make sure the correct support type boxes have been ticked.

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

4. The **Planning - Staff Tasks** page displays. **Determine the Funded Supports** has a green tick to show it is now complete.
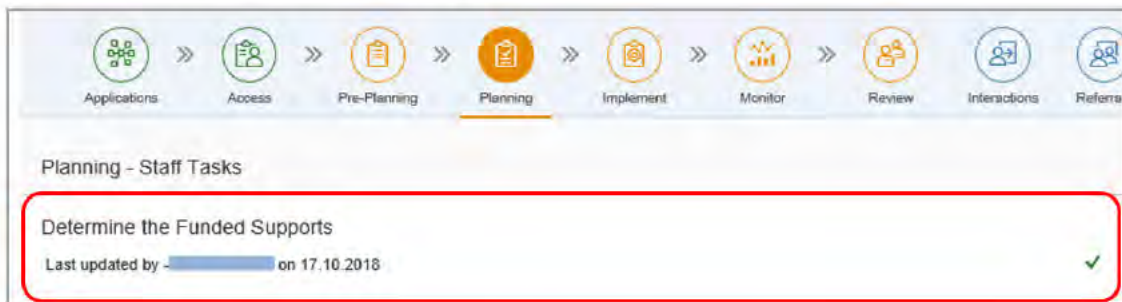
4. Related procedures or resources

- Our Guideline – Reasonable and necessary supports
- Our Guideline – Assistive technology
- Our Guideline – Early childhood approach
- Practice Guide – Early childhood planning
- Standard Operation Procedure – Update participant streaming
- Standard Operating Procedure – Record and verify identity for an individual
- Standard Operating Procedure – Verify identity for a third party organisation
- Standard Operating Procedure – Complete the update severity tools task
- Standard Operating Procedure – Complete the participant statement

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5. Feedback

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

6. Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	CM0032	Class 2 Approved	APPROVED	2020-03-11
6.0	EMN960	Class 1 Approved SOP name changed from SOP – Determine the funded supports in ECEI to SOP – Determine the funded supports in early childhood to align with Our Guideline – Early childhood approach.	APPROVED	2022-01-20

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Version	Amended by	Brief Description of Change	Status	Date
		Transitioned to new SOP template.		
7.0	CW0032 LKM002 LS0042	Class 2 approved. Updates to section 3.2 Enter Capacity Building Funding.	APPROVED	2022-08-26

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Practice Guide – Understanding Therapy Supports

Contents

1.   Purpose

The content of this document is OFFICIAL. This Practice Guide provides guidance on what to consider when including therapy supports in the participant's plan. It contains information to guide conversations about how therapy supports may help participants to achieve their goals. The areas covered include:

- roles of allied health professionals and how they can assist participants to build independence

- reports

- assessments

- planning conversation considerations

- justifying decisions.

2.   To be used by

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

3.   Scope

Therapeutic supports assist participants to develop skills to build independence in the home, community, place of education and work. Allied health professionals (AHPs) develop therapeutic supports in their specialist area. They may also prescribe assistive technology.

AHPs develop strategies to improve outcomes for participants in areas including:

- mobility

- movement

- personal and social well-being

- managing diets and nutrition

- organisation

- communication

- self-care

- cognitive capacity

- social skills

- moods and emotion

- modifying the environment to make it more accessible.

This Practice Guide provides you with considerations for making a reasonable and necessary decision on the therapeutic supports to include in the participant's plan.

3.1   Early Childhood Early Intervention (ECEI)

Refer to [Early Childhood Services Branch resources](#) if you are using an Early Childhood Early Intervention approach to develop a plan for the participant aged under seven.

3.2   Multidisciplinary teams

A multidisciplinary team is a team of professionals who work with one another and share the job of evaluating, planning and providing therapy services to the participant. Individuals may be treated by one or more AHPs from different specialisations at the same time to optimise benefits and outcomes of therapy.

3.3   Assessments

You can ask the participant to have an assessment when you need further information to make a decision on supports. This can help you determine if the request for therapeutic supports meets the reasonable and necessary criteria.

When the participant first requests therapy supports it is important that you have the information you need to demonstrate that the support is best practice, value for money and will assist the participant to meet their goals. You will also need guidance from a suitably qualified allied health professional on the amount of support that the participant will need to achieve their goals. You can get this information through an assessment.

Before asking the participant to have an assessment you need to:

- review all existing information and determine that additional information is needed
- consider the costs and benefits of the request
- consider how it will assist you to decide whether to approve funded supports
- determine the type of assessment that is likely to produce the information you need
- specify the information to be provided in the assessment
- make sure the request aligns with the [objects](#) and [general principles](#) in the NDIS Act.

When you request an assessment for therapeutic supports, make sure you include funding for the assessment. See [6.1 Capacity Building supports](#).

Requests should clearly specify:

- The functional area to be assessed. Some examples are communication, activities of daily living, balance and mobility, orthotics.
- The information you need in the assessment. For example:

- How the therapeutic support will build the participant's independence.

- How the participant's informal, community and mainstream supports will help them to achieve their goals.

- How the gains or outcomes will be measured.

- The expected time the participant will need to achieve the outcome.

- The NDIS contact person to forward the information to.

If this is not the participant's first plan have a discussion with your team leader to consider if an auto-extension of the participant's current plan would be appropriate and reschedule the plan review to a time suitable for the participant.

3.3.1 Assistive Technology or Home Modification Assessments

When including Assistive Technology (AT) or Home Modification (HM) support in a plan an assessment may be required that considers the participant's environment, skill building, selection of support and ongoing support. Templates to help participants and assessors provide the information required are located on the Providing assistive technology page of the NDIS website.

Detailed information on the ATHM process can be found in:

- Our Guidelines – Assistive Technology

- ATHM guidance on the Planning resources Intranet page

3.3.2 Housing

Participants who identify a housing goal will need to undergo relevant assessments by AHPs to determine their most suitable housing solution and support needs. These will be used to assist with determining whether the participant's housing and support needs are reasonable and necessary. Detailed information on housing supports is in the Practice Guide – Identifying Housing Solutions.

3.4 Progress Reports

As the goal of therapy supports is to build or maintain the participant's independence, requests for future therapy support will generally reduce over time. There may be instances where supports remain the same or increase. Some examples include:

- the participant has not progressed as expected

- a change in circumstance

- the participant had difficulty attending sessions.

If the report does not have enough information to justify continued support at the same level or an increase in support you should talk to the participant during the planning conversation

to gather further information. Refer to 5.1 Planning conversations about therapy supports and 6.1.2 What if I decide not to include all of the AHP recommendations?

Progress reports should also include information on how the proposed supports will further increase independence and the risks or impacts on other supports.

A progress report should include:

- a summary of the supports provided

- how the support has helped the participant achieve or work towards their goals

- the measurable gains the participant has made since receiving therapeutic supports

- how the participant has been linked to additional informal, community or mainstream supports to help them achieve their goals

- any barriers encountered and how these have been resolved

- any risks to the participant or others.

4.   Allied Health Practitioners

AHPs hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs may be, but are not limited to; occupational therapists, psychologists, speech pathologists, physiotherapists, exercise physiologists, prosthetist or orthotists, podiatrists, dieticians or respiratory therapists. They assess, prevent, diagnose and treat a range of conditions and illnesses to help people:

- develop skills and abilities to manage their disabilities

- become more independent

- become healthier and more active

- increase function to build capacity.

The information below will give you a snapshot of information for each AHP including:

- their role

- how they support people

- tasks and approaches they use and the benefits of these

- where to go for further information.

Note: Not all activities listed in this section will meet the reasonable and necessary criteria.

For guidance on the responsibility of other government services or broader systems of support refer to Mainstream Interfaces intranet page.

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4.1   Allied Health Assistants

Allied health assistants (AHAs), also known as therapy assistants, work under the supervision of AHPs. AHAs can have a range of skills and qualifications. These include TAFE certificates, working towards a qualification in an AHP discipline, experience working in specific areas and, in remote or rural areas, AHAs may receive on the job training.

AHAs assist with less complex clinical and non-clinical tasks. These tasks will vary based on the AHA's experience, knowledge and skill level. Some of the tasks include but are not limited to; assisting with therapy or exercise programs, implementing a therapy program developed by the AHP, supporting and supervising activities of daily living, and working towards independence goals.

4.2   Dietitian

Dietitians support people to maintain or improve their health and wellbeing through nutrition and dietetics. Doctors may refer individuals to dietitians to help them with specific health conditions and to address nutritional concerns which may include weight, nutritional deficiencies and other diet related conditions. Dietitians provide evidence-based nutrition services, dietary counselling and therapy.

Refer to the Dietitians Association of Australia (external) for more information.

Dietitians can support NDIS participants with Disability Related Health Supports. For further information refer to the Our Guideline – Nutrition supports including meal preparation.

Task/Approach	Benefit
Develop a healthy eating or nutritional meal plan so you can:	- assist, guide and build your capacity to eat a healthy diet - receive nutritional needs and consume adequate nutrients to keep healthy - improve your overall quality of life through healthy eating - train you, family members or support staff to implement a nutritional meal plan.

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Task/Approach	Benefit
Address sensory eating difficulties so you or your child can:	- work to build willingness to try and accept different foods and textures - reduce level of discomfort at mealtime - improve food intake - increase independence - feel more comfortable when sharing a meal with friends or family

4.3   Exercise Physiologist

Exercise physiologists assess people who have existing, or are at risk of developing, medical conditions or injuries. Exercise physiologists are different to personal trainers. Personal trainers work with people to improve their physical fitness in order to stay healthy. Exercise physiologists treat medical conditions or injuries using exercise-based interventions that may include health and physical activity education, advice and support.

Refer to the Exercise and Sports Science Australia (external) for more information.

Task/Approach	Benefit
Develop a personalised exercise plan so you can:	- improve your physical and mental wellbeing following; stroke, acquired brain injury, mental health, multiple sclerosis, etc. - increase your endurance so you can perform activities for longer periods of time - improve your overall quality of life through exercise

4.4   Maintenance Therapy

Maintenance therapy can also be called maintenance care. It is used to assist the participant to maintain their current capacity, achieve small incremental gains or prevent further decline. Maintenance care can be provided through a 'delegated' model. This means that the therapist can train family or staff to provide support to the participant to implement strategies on a more regular basis. You should discuss using a delegated model of maintenance care with the participant.

When using a delegated model the therapist will regularly reassess the participant's maintenance program to make sure it continues to meet their needs. They may need to adjust a program or update training to the participant and their supports.

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Requests for maintenance therapy should be supported by an assessment or report that includes recommendations of supports and how the participant will be linked to additional informal, community or mainstream supports to help them to achieve their goals.

4.5   Music Therapy

Registered Music Therapists (RMTs) have a university degree in music therapy. They are registered and abide by the Australian Music Therapy Association Code of Ethics.

Music therapy is different to music lessons. RMTs use research-based practice and work as part of a multidisciplinary team to assist people with communication, motor skills, mobility, mood, emotions, cognitive capacity, identity and self-confidence. Music therapists always work with other AHPs and would not generally be funded in isolation.

Refer to the Australian Music Therapy Association (external) for more information.

Task/Approach	Benefit
Use rhythmic and motivational elements of music to:	• increase your range of movement • increase your fine motor skills
Work with other AHPs to write a song to:	• motivate you to complete a phrase • motivate you to practice multi-word phrases • motivate you to participate in movement activities • motivate you to use speech • support your emotional regulation
Vocally improvise with people to:	• motivate you to use pre-speech sounds • motivate you to practice how to produce pre-speech sounds

4.6   Occupational Therapist

Occupational therapists (OTs) work with people to teach them how to be as independent as possible with their everyday tasks. This can include taking care of themselves, working, volunteering, and participating in hobbies, interests and social events. They support people to build knowledge and skills, modify existing skills, find new ways of doing activities, and to manage change.

OTs can also prescribe assistive technology supports like wheelchairs, shower chairs and scooters and can make recommendations on home or vehicle modifications, if required.

Refer to the Occupational Therapy Australia (external) for more information.

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Task/Approach	Benefit
Develop memory activities so you can:	• remember people's names • remember routines • recall instructions • remember where you put things
Recommend modifications or equipment for your everyday environment so you can:	• be more independent • manage fatigue • manage pain and discomfort • improve accessibility of your home
Make recommendations on functional skills for the workplace so you can:	• develop skills required to enter into work • support you to meet the functional requirements of the workplace
Develop a management plan for everyday activities so you can:	• be more independent at home • be more independent in the community • increase activities in the community
Use manual therapy techniques on the upper body so you can:	• move more easily to perform everyday activities such as self-care, eating, dressing and play
Develop attention and focus so you can:	• play sports/games • engage and contribute to conversations • read, write or watch a movie • write a list and do the grocery shopping • prepare a meal
Develop adaption activities for managing change so you can:	• cope with meeting someone new • be imaginative and creative • develop or build your sense of humour
Develop your fine motor skills so you can:	• hold a pencil and write your name • improve your writing, colouring, drawing, etc.

Task/Approach	Benefit
	• manage smaller objects such as pegs, knives, forks, etc.
Develop self-caring skills so you can:	• manage your own showering and toileting • tie your shoe laces • get dressed, clean your teeth, brush your hair, etc.
Develop hand-eye co-ordination activities so you can:	• throw, catch, kick, etc. • learn to complete daily activities

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4.7 Orientation and Mobility Specialist

Orientation and Mobility Specialists (O&MS) work primarily with people who are blind or have low vision to learn skills that enable them to move as independently as possible in a range of indoor and outdoor environments. An O&MS supports participants to build on their confidence, knowledge and skills which can include the use of mobility aids, orientation to a range of environments, vision education and development of sensory awareness.

O&MS's can equip participants with the skills and concepts they require to move safely and confidently through their chosen environment, be it moving within their home, getting to school, using public transport for work or recreation purposes, or generally accessing the community.

Refer to Orientation and Mobility Association of Australasia (external) for further information.

Task / Approach	Benefit
Provide strategies and skill development to move safely within your chosen environments, so you can:	- access the community and services - access education services - increase mobility skills and confidence to perform self-care independently - feel safe and familiar within your surroundings - maintain your orientation in a range of environments - reduce isolation.
Provide advice, assessments and the prescription of mobility aids, devices and assistive technology suited to individual need, so you can:	- access information indoors and outdoors related to travel information such as signage and wayfinding - use smart phones and other technologies to access information in 'real time' such as public transport timetables, maps and notifications - use a mobility aid or device to enable safer access to the community - continue to access the community.
Develop concepts, so you can:	build an understanding of body awareness, spatial and positional concepts; travel and locational concepts.

Task / Approach	Benefit
Make various recommendations based on functional O&M assessments that support allied health practitioners and other stakeholders in their delivery of services and care, so you can:	• work in collaboration with your other practitioners so they are aware of your low vision needs and build capacity in their role when working with you • make recommendations related to safe access to indoor and outdoor environments.

4.8   Orthoptist

Orthoptists work with people of all ages who have vision loss due to an eye condition or neurological involvement that causes difficulty understanding what is seen. Orthoptists provide participants with knowledge about how their vision works and support participants build skills in enhancing their functional vision for everyday activities. They are experts in helping participants to use their vision to improve independence and confidence to live the life they choose.

Orthoptists either modify the existing ways in which participants use their vision or develop new strategies that help people partake in activities and manage change. They do this by providing therapy training to help improve the way participants optimise their remaining vision. This may include eccentric viewing training to help utilise peripheral vision or scanning training to help navigate through their environment or easily locate objects.

Orthoptists can also make various recommendations for assistive equipment to assist with near and distance vision including electronic or portable magnification devices, equipment that utilises optical character recognition, lighting enhancement and glare control. Refer to Orthoptics Australia (external) for more information.

Task / Approach	Benefit
Provide strategies to use your residual vision with daily routines, so you can:	• access the community • access education services • improve mobility to move confidently and safely in your environment • perform self-care independently • search and find objects you are looking for • feel comfortable and safe using household appliances

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Task / Approach	Benefit
	- participate in social and recreational activities - participate and contribute to household activities - engage in play activities - support concept development of daily tasks such as eating, drinking, dressing, communication and maintain personal hygiene.
Make various recommendations based on the functional vision assessment to support other allied health practitioners in their delivery of services and care, so you can:	- work in collaboration with your other practitioners so they are aware of your low vision to complement their role with you - develop balance and proprioception skills during mobility - use vision to develop gross and fine motor control - incorporate vision into developing communication and language - establish daily routines.
Provide input on the size and detail of pictures and print materials and alternative communication systems, so you can:	- read books and magazines - access mobile phone and other electronic devices - access the community by reading signs etc.
Improve visual attention, so you can:	- read, write, play games and use the computer - engage in conversation and develop/maintain relationships - participate in a hobby or play activities - learn new daily tasks or hobbies.
Help coordinate vision with movement, so you can:	- look, reach and engage in objects, toys, games, hobbies - participate in daily activities - play ball games.

4.9   Physiotherapist

Physiotherapists assess, diagnose, treat, and prevent a wide range of health conditions and movement disorders affecting the muscles and/or bones. For example, they help repair damage, reduce stiffness and pain, increase mobility, and improve quality of life.

Refer to the Australian Physiotherapy Association (external) for more information.

Task/Approach	Benefit
Joint mobilisation or manipulation so you can:	• improve mobility to move more easily and to perform self-care more independently • do activities you enjoy for a longer time • manage and possibly reduce pain and discomfort
Muscle stretching and tailored exercises so you can:	• improve your coordination, strength and flexibility • manage your own health and wellbeing • improve your mobility
Assess and recommend mobility aids or assess whether the mobility equipment you are using suits your needs so you can:	• feel confident that the equipment you are using is suitable for you, for example, walker, wheelchair or standing frame etc. • feel comfortable and safe using the equipment recommended to you by your allied health practitioner(s)

4.10 Podiatrist

Podiatrists assess, diagnose, treat, and manage conditions of the feet, ankles and legs. They also provide rehabilitation for people when they have medical and surgical conditions which affect their lower limbs. A podiatrist may prescribe foot orthoses to provide pressure distribution to treat and prevent corns, calluses and ulcers.

Refer to the Australian Podiatry Association (external) for more information.

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Task/Approach	Benefit
Assess and recommend foot orthoses so you can:	- improve your independence to complete your daily living activities - increase your mobility and enable you to participate in the activities you choose - reduce pain so that you can participate more enjoyably in life - increase your independence in the community
Develop a management plan so you can:	- maintain foot health - manage and possibly reduce discomfort

4.11 Prosthetist or Orthotist

Prosthetists/orthotists assess and treat the physical and functional limitations caused by illnesses and/or disabilities including limb amputations. They can prescribe, design, fit, and monitor prostheses or orthoses.

The easiest way to explain the difference between a prosthetist and an orthotist is:

- a prosthetist works with devices designed to **replace** a limb, or another part of the body

- an orthotist works with devices designed to **assist** a limb or another part of the body

A prosthetic device is used to replace a person's limb entirely (for example, foot, leg or arm) while an orthotic device is used to enhance/support a person's limb or other body part (for example, spinal braces, leg splints or foot supports).

Refer to the Australian Orthotic Prosthetic Association (external) for more information.

Task/Approach	Benefit
Assess and prescribe devices so you can:	- improve your independence to complete your daily living activities - increase your mobility and enable you to participate in the activities you choose - reduce pain so that you can participant more enjoyably in life - increase your independence in the community

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4.12 Psychologist

A psychologist is a person who is trained in the science and profession of how people think, behave, and learn. Psychologists work with people, and often their families, to help them make desired changes to behaviours. For example, to overcome relationship problems, anger issues, substance abuse or provide strategies to better manage a person's mental health disorders (for example, anxiety, depression, eating disorders or bipolar disorder).

Refer to the Australian Psychological Society (external) for more information.

Task/Approach	Benefit
Counselling so you can:	- develop your skills to help you deal with anxiety and/or depression - understand and work through your relationship problems - work through overcoming eating disorders, learning difficulties, substance abuse, etc. - learn to deal with any trauma or abuse you may have experienced - develop skills to help you deal with any mental health issues you face on a daily basis
Controlled breathing techniques, grounding skills or relaxation techniques so you can:	- reduce your stress levels - remain calm when you are in difficult a situation, for example, using public transport, in a noisy or confronting environment, etc. - feel more in control when you are distressed - decrease symptoms of depression, increase motivation and manage anxiety - improve the quality of your sleep and daily routine - increase your confidence to help you with building and maintain existing and new relationships - take part in activities in the community that you enjoy

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4.13 Speech Pathologist

A speech pathologist can diagnose and treat communication disorders. This includes supporting those who have difficulties with speaking, listening, understanding language, social skills and stuttering. They work with people to help improve communication using their voice or through assistive technology (for example, Picture Exchange Communication Symbols, talking buttons). They can also help people who experience difficulties swallowing food and drink safely.

Refer to the Speech Pathology Australia (external) for more information.

Speech Pathologists can support NDIS participants with Disability Related Health Supports. For further information refer to Our Guideline - Dysphagia supports.

Task/Approach	Benefit
Develop a plan to form speech and words so you can:	• learn new sounds and use new words
Develop communication skills so you can:	• build your understanding of language • speak more fluently • develop your social skills • learn new sounds and use new words
Develop language skills so you can:	• learn how to ask for something • tell someone how you are feeling • learn how to convey a message • improve your relationships • improve your social skills • build your confidence to have conversations
Develop speech fluency so you can:	• learn new skills to help reduce stuttering • have a flowing conversation with someone

Task/Approach	Benefit
Develop saliva control techniques so you can:	- increase your self-esteem - prevent your lips or skin from drying and cracking - improve your speech - prevent infection and discomfort - eat and drink more comfortably
Develop mealtime assistance strategies so you can:	- learn how to chew and swallow so that you can eat and drink in a safe way - become more independent at meal times - socialise more independently

5.   Pre-planning

5.1   Planning conversations about therapy supports

The planning conversation gives you an opportunity to understand the participant and the way previous and future therapeutic supports will assist them to achieve their goals.

These points can guide you to get the information you need to make a reasonable and necessary decision about future therapeutic supports in an understanding manner.

5.1.1 Preparing for the meeting

- Review all allied health reports or assessments prior to the planning meeting. These will give you an understanding of how effective the supports have been across the plan period and provide an indication of future needs. For further information, refer to 3.4 Progress reports and 3.3 Assessments.

- Be aware this is a sensitive conversation. Participants have individual needs and progress towards goals at different rates. It is important to build rapport and display empathy, as well as make sure the participant understands this is a confidential conversation and they can choose who does and does not attend the meeting.

5.1.2 Planning conversations

- Provide information to the participant about the role of the allied health professional to build their independence and capacity – the Allied Health Practitioners section can assist.

- Encourage the participant to talk about their experiences with allied health professionals. Are they progressing as they expected? Are they happy with the people providing the support?

- Talk about the bigger picture. How are all of the participant's supports working together to reinforce strategies?

- Are people working together to help the participant achieve their goals? For example, if they have strategies to help them increase their gross motor skills and attend school, is the school helping them to implement these strategies throughout the day?

- What people in the participant's life can help them to apply the strategies? It is important to acknowledge that informal supports are not therapy assistants or support workers. They may however be able to reinforce suggestions by allied health professionals and create consistency. For example, if the participant is learning to communicate through exchanging pictures, family members can learn the right way to exchange pictures with them to communicate what they need or want.

- If the participant has support workers to assist with activities of daily living and an occupational therapist has provided some strategies to build their independence in this area, are support workers assisting them to build their independence by encouraging them to use these strategies?

- If the participant has not progressed towards their goals as expected and is requesting a similar amount of support, have a discussion about any barriers they may have experienced:

  o Are the providers meeting their expectations?

  o Were there barriers to attend sessions? If yes, how were or will these be addressed?

  o How will this support assist them to do more things on their own?

  o What differences do they expect following the supports? Describe how this looks in day-to-day life.

  o Do the important people in their life know how to support them to build independence?

  o If they will continue to require support how will this allow them to build independence?

- Where an allied health professional has/will develop recommendations and strategies for the participant:

  o How will the participant be supported to implement the strategies?

  o Are there things that can be done in other environments to support the participant to build these skills? For example, where the participant is building independence in communicating, are there strategies that others at their place of employment can implement?

> o   How can people where they live support them to improve their independence at home?

5.1.3 Following the meeting

Compare the information provided in the planning conversation.

- Does it match the information in the allied health report?

- Does it match information from other reports such as other allied health professionals, support workers, family, the accommodation they live in, school, other services?

If you notice a difference talk, to the participant to determine the support that they want.

6.   Planning

Refer to Our Guideline – Reasonable and Necessary Supports.

6.1   Capacity Building - Daily Activity supports

The frequency of therapy will depend on the participant's individual circumstances. When making a reasonable and necessary decision about the therapeutic supports to include in the participants plan use the following information:

- the participant's knowledge and experience with how therapeutic supports interact with their condition

- assessments

- reports

- published information about the therapeutic supports such as the TAT digest or research journal articles.

All information is important in determining if the support meets the reasonable and necessary criteria for the participant. Where information from all four information sources do not match talk to your line manager. If you are still uncertain refer to the Technical Advisory Branch (TAB) .

6.1.1 Value for money

Value for money considers:

- whether a support will represent value for money over time

- the cost of other available supports that can help the participant reach the same goal.

When determining if therapeutic supports are value for money, consider:

- If investing in therapeutic supports early is likely to have the long-term benefit of significantly improving life stage outcomes for the participant or reducing their

support needs. For example, is it likely that the use of therapeutic supports for early intervention will increase the participant's independence and decrease reliance on supports throughout life?

- If investing in therapeutic supports is likely to reduce the participant's support needs in the short and medium term. For example, will increasing the participant's independence in self-care reduce the amount support worker hours needed each day.

- If investing in the support will delay the need, or avoid reliance, on additional supports. For example, will maintenance therapy delay the functional impact of a degenerative condition allowing participants to maintain independence for longer?

- Whether there are similar supports that would have the same outcome at a lower cost.

6.1.2 What if I decide not to include all of the AHP recommendations?

The AHP providing the assessment or report is a qualified professional who has met and worked with the participant.

There may be times when you do not believe the supports the AHP recommends meet the reasonable and necessary criteria. Some reasons may include:

- the information conflicts with other reports or information you collect in the course of the planning conversation

- the support hours requested are higher than expected

- the supports requested may not be considered best practice

- the supports requested may not seem value for money

When this happens, you need to:

- review all reports and supporting information

- review your planning conversation with the participant

- speak to the AHP to get further information and discuss any differences

- seek advice from your team leader

When this is not the participant's first plan and you still require more information you should have a discussion with your team leader to consider if an auto-extension of the participants current plan is appropriate to allow the participant to submit the required information. You will then be able to develop a plan that includes the reasonable and necessary therapeutic supports, reducing delays and the need for an unscheduled plan review.

When you make a decision to include supports in the participant's plan that are different to the AHP's recommendations you must:

- write a clear justification detailing:

- o the reason the supports recommended do not meet the reasonable and necessary criteria

- o evidence to support this decision (for example, consultation with your team leader or TAB advice)

- o what other lower cost/alternative supports were considered

- Speak to the participant and clearly communicate:

- o the funding that was included in the plan

- o a justification for any decision that is different from the AHP's recommendation. For example, rather than the participant receiving weekly physiotherapy from an AHP it is considered best practice that the participant build their capacity to complete self-managed physiotherapy exercises at home with the program regularly reviewed by the physiotherapist. Provide information on where you sourced this information.

You need to make sure you are open and transparent with your decision making to avoid confusion for the participant and unnecessary plan reviews.

6.1.3 Comments

The comments printed on the plan should provide information the participant needs to understand the purpose of therapeutic supports. You must include:

- the purpose of the funding

- the goals the therapy is supporting the participant to achieve. For example, communication, activities of daily living, assistive technology, identifying housing needs.

- the amount of funding. Including an amount of funding in the plan instead of support hours enables the participant to negotiate supports with their provider. If the participant would like more information on working with providers, show them the Making a service agreement page on the NDIS website.

- any expectations of the AHP to submit a progress report or assessment.

For example, '$900 of funding for a speech pathologist to assess and provide strategies to increase your expressive communication skills. Assessments and reports tracking your progress must be submitted to the NDIS 6 weeks before your plan review.'

6.1.4 Justifications

Your justification for therapeutic assessments and supports will include:

- how the supports will assist the participant to achieve their goals

- the amount of support included

- the information you have used to come to this decision

- how this will help the participant join in social and/or economic activities

- how the support will build independence and reduce reliance on supports

- how this support is required in addition to support received from families, carers, informal networks and the community

For example:

- <The participant> has a goal to improve their expressive communication as they currently use one or two words to communicate and become frustrated when not understood. <The participant's> workplace have reported that this frustration is impacting their ability to maintain friendships and is reducing the independence <the participant> previously had at work. An OT assessment in the previous plan period recommended that <participant> works towards improving their communication skills to reduce frustration. Information indicates that the last communication assessment was conducted when <participant> was in high school, 12 years ago.

- 15 hours of therapeutic support has been included for a speech therapist to assess, provide recommendations and develop resources for <participant> to develop expressive communication skills. The assessment is to include strategies for <participant> and their family and carers to increase verbal communication. The expected outcome of the communication strategies is to increase <participant's> independence, reduce their frustration, improve interpersonal relationships and improve independence in the workplace.

- The participant will be supported to implement these strategies at home by family members, supported by employees at their workplace, and supported by informal and formal supports in the community to use identified strategies when they are having difficulty communicating.

6.2   Case example - Multidisciplinary team using music therapy

Arnold is a 10 year old boy who lives at home with his parents and two older siblings. He has a diagnosis of Down Syndrome and is experiencing difficulty with communication, social skills and mobility. He attends a mainstream school where he receives support from a teacher's aid. During the previous plan, Arnold had difficulties building rapport with his therapists due to negative behaviours and difficulty travelling to, and waiting in, the therapist's office. This resulted in intermittent engagement and Arnold not using all of his capacity building supports. Assessments from the previous plan period have recommended using a multidisciplinary approach of music, occupational, and speech therapy focused on skill building in Arnold's natural environments to assist him to achieve his goals.

6.2.1 Assessment recommendations:

- 16 hours Occupational Therapy to work towards Arnold's goal of "To join in playground games with friends."

  o Develop strategies to assist Arnold to increase motor control.

  o Develop strategies to assist Arnold to increase social skills.

  o Provide guidance to important people in Arnold's life on ways he can be supported to join in games and the types of exercises and games he can do to build his endurance and muscle control.

  Expected Outcomes: Arnold will participate in a structured climbing activity or game with two peers with minimal adult support.

- 12 hours of speech therapy to work towards Arnold's goal of:

  "Be able to tell people what I want or need."

  o Communicate using 1-2 word phrases.

  o Support communication through picture exchange while developing speech.

  o Provide guidance to the important people in Arnold's life on techniques specific to Arnold to assist with communication.

  Expected outcomes: Arnold will use 1-2 word picture exchange to request a motivating item or a need.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists by:

  o Writing a song to motivate Arnold to participate in 1-2 word phrases.

  o Use rhythmic and motivational elements of music to encourage Arnold to engage and participate in gross and fine motor activities.

  Outcomes - Arnold will engage with the occupational therapist, speech pathologist and music therapist to develop his communication and motor skills.

- $300 of Low cost AT to develop communication supports. Picture exchange

- Travel associated with delivery of supports in Arnold's natural environments

- 10 hours of report writing

6.2.2 Planning conversation

During the planning conversation, Arnold and his family discussed with the planner how they and other people in Arnold's life can assist him to develop his skills and become more independent. The strategies they discussed included:

- AHPs will meet at the start and mid-way through Arnold's plan to discuss strategies and how these will complement each other.

- Each AHP will develop strategies to assist Arnold to work towards his goals and guide the people in Arnold's life on building his skills and independence.

- The school is using picture exchange with other students and will support Arnold to use picture exchange if he is unable to verbalise his wants or needs.

- Arnold's siblings are close to him and enjoy playing games. They can find it difficult when he gets upset. Arnold's parents and siblings have shown enthusiasm with structuring some group activities/games with the family to help him develop his social skills.

- Arnold attends Scouts on a Thursday night. He has a support worker to assist him to attend and participate in activities. The support worker can implement strategies to assist Arnold to be more independent in interactions with peers.

6.2.3 Justifications

Core – Consumables

$300 of Low Cost assistive technology has been included for the development of individualised picture exchange cards as recommended by the speech pathologist. These cards will support Arnold to communicate which will develop independence and increase participation in social, school and community activities. This will reduce reliance on supports in the future. Funding has been included in Capacity Building – Daily Activities for Arnold's supports to receive training on implementing communication strategies.

Capacity Building – Daily Activities

45 hours of support has been included in for a multidisciplinary team to build Arnold's capacity in communication, mobility and social skills. The multidisciplinary team will meet at the start and mid-way through the plan period to create consistency in their approach.

Arnold has difficulties in the last plan period engaging with therapists and is highly motivated by music. A report from allied health professionals has recommended a music therapist be engaged to develop strategies that will motivate Arnold to engage with other therapists to develop his skills. This will increase participation in school, home and community life and is likely to result in a reduced need of supports in the future.

Arnold will be assisted to implement communication, mobility and social skills strategies by his family at home, teacher's aide at school and support worker during Scouts.

Funding has been included for:

- 16 hours Occupational Therapy to work with Arnold to achieve his goal of joining in playground games with friends. The OT will provide training to informal and formal supports on how to implement these strategies.

- 12 hours of speech therapy to work with Arnold to achieve his goal of telling people what he wants or needs. The speech therapist will work with Arnold to develop strategies to communicate using picture exchange while he develops 1-2 word

phrases in speech. The speech therapist will provide training to informal and formal supports on how to implement these strategies.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists.

- 10 hours of report writing to understand the benefits and gains achieved by Arnold across the plan period.

Funding has been included for travel of the allied health professionals to deliver supports in Arnold's natural environments.

6.2.4 Outcomes

This information provides enough evidence for the planner to make a reasonable and necessary decision to include the recommended therapeutic support hours in Arnold's next plan. This included information from the planning conversation on the participant's lived experience and information in the allied health reports.

7. Supporting material

- Our Guideline - Disability-related health supports

- Early Childhood Services Branch resources

- Practice Guide – Assistive Technology

- Practice Guide – Identifying Housing Solutions

- Our Guideline - Nutrition supports including meal preparation

- Our Guideline – Dysphagia supports

- Our Guideline – Reasonable and Necessary Supports

- Speech Pathology Australia (external)

- Australian Psychological Society (external)

- Australian Orthotic Prosthetic Association (external)

- Australian Podiatry Association (external)

- Australian Physiotherapy Association (external)

- Occupational Therapy Australia (external)

- Australian Music Therapy Association (external)

- Exercise and Sports Science Australia (external)

- Dietitians Association of Australia (external)

- Mainstream Interfaces intranet page

- [Objects](#) and [general principles](#) in the NDIS Act 2013

- [Our Guidelines – Planning - Appendix 1 - Table of guidance on whether a support is most appropriately funded by the NDIS | NDIS](#)

- [Our Guidelines – Requesting further information or reports to inform a participant's plan](#)

- [Our Guidelines – Assistive Technology](#)

8.   Feedback

If you have any feedback about this Practice Guide, please complete our Feedback form.

9.   Version change control

Version No	Amended by	Brief Description of Change	Status	Date
6.0	JC0075	Minor changes to when staff should refer to TAB for advice. Class 2 approval	APPROVED	2020-12-04
7.0	NAN927	Class 1 edits and approval Minor change to comments required in plan. Updated AT link to external OG.	APPROVED	2021-01-06

Practice Guide – Early childhood planning

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Contents

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1.   Purpose

The content of this document is OFFICIAL. This Practice Guide will help you prepare and approve NDIS plans (plans) for participants younger than 7. It will help you develop plans following the principles of the early childhood approach and will assist you to complete the required pre-planning and planning tasks in the NDIS Business System (System).

2.   To be used by

Plan developers – early childhood planners, National Disability Insurance Agency (NDIA) planners and plan delegates (delegates).

3.   Scope

This Practice Guide will support you to develop and approve plans for participants younger than 6, with developmental delay or younger than 7 with disability. It will guide you on how to develop a plan with a participant and their family or carers; and determine reasonable and necessary funded supports. When completing the pre-planning and planning tasks, National Disability Insurance Agency (Agency) staff including early childhood partners must consider the best practice principles in early childhood intervention, these are highlighted in Our Guideline – Early childhood approach. The Agency must be satisfied that the funded supports in the participant's plan meet each of the reasonable and necessary criteria outlined in section 34 of the *National Disability Insurance Agency Act 2013* and the NDIS Rules 2013, 2014 and 2016. For further information go to Our Guideline – Creating your plan and Our Guideline – Reasonable and necessary supports.

In areas where there is no early childhood partner or if there is complexity of planning other Agency staff may be required to complete a plan reassessment. Refer to Standard Operating Procedure –- Update participant streaming for further information. Delegates need to be skill tagged in early childhood to complete planning activities in this case, you can seek further guidance from the Early Childhood Services (ECS) Branch. For further information refer to ECS Learning & Development.

Note: Most often the child representative will be the participant's parent or carer. In this Practice Guide reference to the participant's parents, family or carer also includes any other child representative.

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4. Pre-planning

4.1 Overview

Plans for participants younger than 7, are built by gathering information relevant to the participant and their parent or carer during pre-planning.

Note: When calculating Capacity Building supports for participants younger than 7 refer to Appendix 2, Guide for calculating early childhood capacity building supports (the Guide).

Plan preparation

Following an access met decision you are required to make initial contact with the participant's parents or carers to commence the plan preparation. You will then create a Plan Preparation interaction, refer to Interaction templates – Pre-planning.

Pre planning

The pre-planning stage involves gathering information regarding the participant's daily life, the family or carers' goals for the participant, current and potential supports and the functional impact of the participant's developmental delay or disability on their daily life.

The participant's plan should be individualised and directed by the participant's family or carers. Plans should respect the role of the participant's family or other significant people (informal supports) and strengthen their capacity to support the participant. For further information refer to our guideline which explains the principles we follow to create a plan.

4.2 Pre-planning tasks

The Early childhood approach booklet (booklet) is an internal resource designed to support your initial conversations with the family or carer. It explains the early childhood approach, the role of the early childhood partners and available supports. It also offers a place for parents and carers to write about their priorities for their child, supports available, goals for their child, and important next steps.

The booklet includes an opportunity to complete an ecomap, which is an effective method to understand the current supports in the child's life. An ecomap is a visual representation of the family's informal and formal supports. The ecomap centres on the family living in the home together. Informal supports are drawn at the top of the ecomap and formal services are included below. For further guidance, view this training video on how to complete an ecomap.

The completed booklet should be kept by the family or carers who can share it with mainstream supports and providers. A scanned copy of the ecomap should be uploaded to the participant's record.

Where early connections including early supports, have been provided, the early childhood partner will have already gathered information about the participant and their family. Refer to the participant's Evidence of developmental delay form, if this is the case.

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For children living in statutory out of home care you must confirm with the state or territory child protection agency who the child representative is and who needs to be involved in the planning meeting or given the opportunity to contribute. For example: the participant, state or territory child protection services, foster carer(s), guardian, parent(s), other family members or provider(s).

Discuss with the relevant case manager the value in foster carers and/or other family members contributing to the child's plan where appropriate. Foster carers can provide information about the day-to-day life of the child. If this is not possible, the case manager should be encouraged to obtain any information that would be useful in developing the child's plan from foster carers and bring this with them to the planning meeting. In these circumstances it is essential you do not share personal information, such as home address, on the child's plan or in other correspondence. It may be appropriate to record the address of the child protection agency as the child's home address in the business system. For further information refer to the Practice Guide – Children living in statutory out of home care.

4.3 Participant details

Participant details can be updated at any stage of the participant pathway. It is important the participant's details are kept up-to-date in the System. For further information refer to the Standard Operating Procedure – Update participant details.

4.4 Streaming

If the participant's circumstances have changed the participant's streaming may need to be updated by a delegate. For further information refer to the Standard Operation Procedure – Update participant streaming.

4.5 Severity Tool

The severity tool used for all participants younger than 7, is the PEDI-CAT tool. This may have been administered during early connections or during the planning conversation. You should note the current PEDI-CAT scores (including age percentiles for later justification) and enter them into the System. Attach the PEDI-CAT Summary Report to the System as an inbound document. For further information refer to Standard Operating Procedure – Manage inbound documents.

You will complete the PEDI-CAT at each plan reassessment, with the exception of a plan reasssment (light touch or renewal), where the PEDI-CAT is **not** required to be completed.

The PEDI-CAT will generate T Scores, which need to be entered into the System. This will then generate a PEDI-CAT Rating, as shown in the table below:

Severity Tool Categories

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PEDI-CAT Rating	T Score Criteria
Profound	<10 across all domains
Severe	<10 in at least two domains
Moderate	One domain <10 **or** at least two between 10-19
Mild	All other scores outside the above criteria

When the T-score is generated and displayed as <10 (less than 10), record the score as 1 in the System. If the T-score generated is greater than or equal to 10 record the exact score in the System.

The Responsibility domain on the PEDI-CAT should **not** be administered for participants younger than 3.

Should a participant present with a completed functional assessment via an alternative tool the score should be recorded in the System in addition to the PEDI-CAT. For example, if a participant presents with Autism, include the DSM 5 level or for Cerebral Palsy include the GMFCS score. Further information is available in the Cerebral Palsy Severity Tool.

Note: Severity level or severity tool are terms used in **internal** communications only and should not be used when speaking directly with participants and their families. Instead, you should refer to them as 'assessment tools' which help us learn more about their child's development and what their child can do in everyday activities.

The Internal Agency Assessment Tool **should not be used** and reflects a default score which should be ignored. For further information, refer to the Standard Operating Procedure - Complete the Update the Severity Tools task.

4.6 Participant's disabilities

A delegate is responsible for updating a participant's primary and/or secondary disability in the System. If new information is provided early childhood partners should request that a disability is added or changed in the participant's record.

4.7 Early childhood planning note pad – optional

The early childhood planning note pad (planning note pad) is an optional resource designed to help you document the planning conversation with the family. The planning note pad can be used to capture planning notes relating to the participant's current supports and functional impact on daily life. The planning note pad also includes a template to help you document the Core supports - daily timetable and to calculate hours for Capacity Building supports, intensive Capacity Building supports and Daily Living (capacity support needs) using the Guide (Appendix 2), and the alternative method (Appendix 3).

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You will then summarise the information captured in the planning note pad and include this in the relevant areas in the System. All information related to the functional impact of the participant's needs and calculations of supports must be documented in the justification comments (refer to the Standard Operating Procedure – Review and submit plan for approval for further information). This can also be done directly into the System if you prefer to not use the planning note pad. You will also use the planning conversation interaction to document a summary of your conversation with the family or carer.

4.8 Complete the Participant Statement

The participant statement captures information about the participant's life, relationships, living arrangements and plan goals. You may assist the participant's family or carers' to prepare their statement, if required.

The statement should be written in the participant's family or carer's own words, and is recorded on the participant's plan.

In some cases the participant's family or carer may have prepared pre-planning documents that contains information they would like included in the participant statement. The booklet can be used by the participant's family or carers to support the preparation of the participant statement. Where possible you can enter this information directly into the System. For further information, refer to the Standard Operating Procedure – Complete the participant statement.

Plan goals

When developing a plan for participants younger than 7, goals should be written in the voice of their family or carer. The goals should represent what the participants' family or carers would like their child to pursue during the plan period (ignore any reference in the System to medium to long term life goals for children younger than 7). If the participant's family or carers have identified a longer list of goals, you can group **similar** goals together. For example, group all communication goals together and add them to the System as one in '**My Plan Goal**' so all goals can be captured in the System.

If families or carers require support with writing goals refer to Appendix 1 - Example NDIS plan goals. This lists example goals, across the different developmental areas of need that may be used to guide the planning conversation. The example goals are optional, you can support the family to further individualise the goals if the family prefer.

The following prompts may help to guide a discussion:

- What activities does your child need assistance with?

- What supports are already in place? Are they working well?

- What are the priorities for your child and your family?

- What would you like your child to be able to do?

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- Where is it important for this to happen and who should this happen with?

Recording goals

When each participant goal is recorded in the System, you must select a Goal Type which best represents a life domain aligning with the NDIS outcomes framework.

When developing a plan for participants younger than 7, the commonly used Goal Types are: daily life; health and wellbeing; learning, relationships and social and community activities.

My plan goals

The **My plan goals** field for each goal should include broad examples related to the relevant developmental areas of need.

How I will achieve this goal

The **How I will achieve this goal** field for each goal should include examples of functional outcomes expected to be achieved over the plan duration. These should follow the general principles of SMART (specific, measurable, achievable, realistic, timeframe) goals.

Note: Information recorded in this field print in the goals section of the participant's plan.

How I will be supported

Consideration needs to be given to existing and available Informal, Community and Mainstream supports.

You will discuss with family or carers the ongoing availability and suitability of Informal, Community and Mainstream supports in assisting the participant to pursue their goal(s). The discussion should also include supports that the participant is likely to commence over the duration of the plan (for example, starting school). Record this information in the 'How will I be supported' section.

Note: Information recorded in this field will print in the goals section of the participant's plan.

4.9   Informal, community and mainstream supports

Your conversations with the participant's family or carers should include a discussion about which community and mainstream services or supports will assist the participant to pursue their plan goals. For further information refer to Our Guideline – Mainstream and community supports overview and the Standard Operating Procedure – Record informal, community and mainstream supports.

4.10 Outcomes and Family Questionnaires

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Complete the Outcomes Questionnaire and Family Questionnaire during pre-planning prior to the Risk Assessment and Guided Planning Questions. Before completing these questionnaires the question in the Participant School Determination section needs to be answered. The answer to this question will determine which questions will be included in the Outcomes Questionnaire. For further information refer to the Standard Operating Procedure – Complete the update the outcomes questionnaire task.

4.11 Complete the Risk Assessment

The risk assessment enables you to identify risks and safeguards in the participant's life. The questions explore risks associated with the participant, their family or carers and their support network. For further information refer to the Standard Operating Procedure – Complete the risk assessment task.

Compensation

The compensation questions in the risk assessment identify whether the participant has received, or may be entitled to receive, compensation. If the participant's child representative responds **Yes** to these questions and it has been identified that the participant may receive (or has received) compensation, refer to Compensation intranet page for further guidance.

Plan management

The participant's child representative must be fully informed about the plan management options, tasks, responsibilities and the risks and benefits associated with each option. This will support them to make an informed decision about their plan management preference. For further information refer to the Standard Operating Procedure – Complete the determine plan management task.

Plan duration

Early childhood intervention aims to achieve outcomes for participants that result in reduced Capacity Building budgets and increased transitions (exits) from the Scheme. For participants younger than 7, a maximum plan duration of 24 months may be recommended. If you are recommending a plan duration that is longer than 12 months, consider the child's likely attendance at, or their transition to an early childhood education setting or school during the next plan period when determining the funded supports.

Due to the significant changes in early childhood and the likelihood that many children will need their eligibility reassessed, 24 month plans should not be considered for participants younger than 7 if:

- They are likely to exit the Scheme due to improved functional capacity and require their eligibility re-assessed at 6 years of age.

- They are a child with developmental delay who has turned 5.

- The Capacity Building supports in their current plan exceed $25,000 per annum.

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- There is likely to be a significant change in circumstances or supports.

- There are identified risks to the participant and/or their family or carer.

A plan duration of up to 12 months is likely to be appropriate in any of the circumstances listed above.

Shorter plan durations under 12 months can be considered, especially if there are any exceptional circumstances which are likely to impact the participant during the plan period.

For further information go Our Guideline – Creating your plan, Support tool to determine CEO-initiated plan reassessment type within 100 days of plan reassessment date and Standard Operating Procedure – Complete the risk assessment task.

4.12 Guided Planning Questions

When developing a plan for a participants younger than 7, the Guided Planning Questions are completed and saved, but not submitted. Do not press 'Submit'. For further information, refer to Standard operating procedure – Complete the guided planning questions.

4.13 Verify my NDIS Contact

The NDIS contact provides participants' families or carers with a consistent point of contact throughout the stages of the participant pathway.

The NDIS contact details will appear on the plan as well as the myplace portal, making contacting the Agency as easy as possible.

For participants younger than 7 the single point of contact will be either:

- Early childhood partner – typically this will be for participants who are streamed as General, Supported or Intensive; **or**

- An NDIA planner – for participants who don't have an early childhood partner in their local area or participants who are streamed Super Intensive or require the Complex Support Needs pathway.

To create, update, change and verify a participant's My NDIS Contact, refer to Standard Operating Procedure – Add, check or change a My NDIS contact.

4.14 Relationships

The names and contact information of relevant relationships identified by the participant's family or carers needs to be recorded; including assigning the participant's child representative or guardian.

For information on child representatives, refer to Our Guideline – Child representatives. For information on how to record child representatives in the System, refer to the Standard Operating Procedure – Record the child representative request, or for children in statutory

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out home care, refer to the [Practice Guide – Children living in statutory out of home care](#) and [Standard Operating Procedure – Add the guardian as a contact](#).

4.15 Bank account details

Bank account details of the listed child representative on the System are required for any participant where part or all of their NDIS funding is being self-managed.

Refer to the [Standard Operating Procedure – Collect and update bank account details](#) for further information.

4.16 Unable to complete pre-planning

If the participant's child representatives are unable to engage in pre-planning, you should explore options to overcome any barriers. For example, alternative meeting venues, times or engaging other informal, community or mainstream supports to assist them to progress pre-planning where appropriate.

If there is a reason the participant's child representative still cannot participate in pre-planning, record this in the [Interaction template – Pre-planning](#) titled 'Unable to complete Pre-Planning'.

If further attempts have been made to progress pre-planning and you have been unable to contact the participant's child representative, follow the process in the [Standard Operating Procedure – Unable to contact the participant](#).

5. Planning

5.1 Overview

The NDIS funded supports are determined in accordance with the reasonable and necessary decision making criteria, for further information go to [Our Guideline – Reasonable and necessary supports.](#)

In early childhood, you must also consider the [best practice principles in early childhood intervention](#), which are highlighted in [Our Guideline – Early childhood approach](#). The [Would we fund it](#) guides explain how we make decisions about commonly requested items. These guides can be used to support your conversations with families, to explain what the NDIS will and will not typically fund. The early childhood approach does not base funding in plans for participants younger than 7 on typical support package (TSP) generated through the Guided Planning Questions. Instead refer to [the Guide.](#)

5.2 Supports in the Capacity Building (CB) budget

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Funding in the Capacity Building budget in plans for participants younger than 7, is typically included in the Improved Daily Living Skills support category. Inclusion of funding in other Capacity Building support categories, should only be done under exceptional circumstances and recorded in the justification comments.

The Capacity Building budget will be determined based on the participant's number of high and medium to low areas of need. The areas of need consider current functioning across the developmental areas: Physical Development, Cognitive Development, Language and Communication skills, Emotional Development, Social Development, Self-Care skills, Hearing and/or Vision. When determining if an area of need is a **high** or **medium to low** need, consider the level of effort required over the course of the plan to support the child's development. For example, an area of need that may require regular, frequent and sustained early intervention supports over the duration of the plan is likely to be a high area of need. A shorter burst of early intervention support followed by occasional reviews is likely to be a medium to low area of need.

When one area of need is impacting other areas of need it may be identified as high. For example, a significant language delay may have further impacts on social and emotional development, language and communication would therefore be considered a high area and social and emotional development may be considered as medium to low.

To determine the level of 'Capacity Building Supports for Early Childhood Interventions – Other Professional' to be included in the plan, apply the Guide to the identified areas of need. The Guide will typically provide a level of Capacity Building supports that will allow participants to pursue their plan goals. The Capacity Building justification for reasonable and necessary supports will be recorded in the justification comments.

Funding under 'Capacity Building for Early Childhood Intervention – Other Professional' is intended to provide best practice models of early childhood intervention (ECI). ECI is often provided through a key worker who is the main person working alongside the family to support the child's progress. For further information go to Our Guideline – Early childhood approach.

Intensive level of Capacity Building supports in early childhood

The Guide will typically provide a level of Capacity Building supports that will allow participants and families to pursue their plan goals. In exceptional circumstances however, an intensive level of Capacity Building support may be required. The Intensive capacity building supports in early childhood form (Intensive form) is an internal document and must be completed for all requests for intensive supports.

A request for an intensive level of Capacity Building support is where the requested level of Capacity Building support is greater than the 'severe and profound' level in the Guide including funding to support natural settings and/or transition to school. The request must be considered irrespective of the number of high areas of need identified. For example, if a provider and parent have requested 180 hours of support (this is above the severe and

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profound level on the Guide), the request must be considered by completing the Intensive form.

Where more than one provider is engaged, the requested level of intensive supports refers to the sum of requests of all the Capacity Building supports across all the providers.

It is important that you look at both the hours and the rates that form part of the request. This is because some supports, like group or therapy assistance, are likely to be quoted at a different rate compared to the individual rate for 'Capacity Building Supports for Early Childhood – Other Professional. For example, a recommendation for 150 hours of group therapy for 12 months at $50 per hour, comes to a total of $7500.00, if this is the total that is recommended for capacity building supports, this falls within the Guide and would not be considered an intensive level of support.

When should you complete the Intensive form?

You must complete this form when:

- a family or carer request an intensive level of Capacity Building support

- a provider or health professional recommends an intensive level of Capacity Building support; and/or

- when you believe an intensive level of Capacity Building support is required.

Do not complete the Intensive form where a parent or carer does not want to access the level of intensive supports (their request fits within the Guide) requested by a provider, a health professional/s or the early childhood partner. Instead complete the Interaction template – Pre-planning – Planning Conversation to record a summary of your conversation with the family or carer during the planning process.

Do not complete the Intensive form for supports relating to:

- core supports

- disability-related health supports (for further information on disability-related health supports go to our guidelines).

- assistive technology, or Capacity Building supports related to assistive technology

- behaviour support plans with restrictive practices.

Note: If you are recommending intensive support for a child with a degenerative condition, complete the Intensive form **and** contact the ECS Partner Practice team via ECS Partner inbox.

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What to consider when completing the Intensive form

The Intensive form is made up of 9 parts. Parts A to C ask you to record participant details, any available reports and who is making the request. Parts D to E prompt you to consider the impact of the participant's disability on daily life, including mainstream participation, to determine if intensive supports are needed. If intensive supports are needed, Parts F to G prompt you to consider provider recommendations and other evidence against the reasonable and necessary criteria. Part H supports you to make a funding recommendation informed by the provider quote, if it is reasonable and necessary to do so. Part I supports you to make a funding recommendation based on an alternative method, where provider recommendations cannot be used.

The Intensive form will help you to consider the available evidence relating to a request or the need for an intensive level of support. It is expected that a request and the evidence be considered against the principles of the early childhood approach, the principles relating to plans (NDIS Act 2013 s 31), the reasonable and necessary criteria (NDIS Act 2013 s 34) and the NDIS (Supports for Participants) Rules 2013. The below documents should also be considered when reviewing a request:

- Autism CRC early intervention report.

- best practice principles in early childhood intervention which underpins the early childhood approach.

The evidence can come from multiple sources, including but not limited to:

- parent or carer information (for example information gathered during a planning conversation, parent or carer's statement),

- information from childcare, preschool and schools,

- providers and other professionals involved with the child (for example paediatrician).

When more than one provider is engaged, consider the information that is available from all providers to address the questions on the Intensive form. Reference the evidence you have considered in Part B of the intensive form, stating who reported the information (for example mother's name, provider's name) and the date. This information must be uploaded onto the System, in Inbound Documents for reports or statements and in the case of conversations, these are recorded as an Interaction using the Interaction template – Pre-planning – Planning Conversation.

It is important to remember that provider recommendations will be considered against the reasonable and necessary criteria. The NDIS plan includes funding for reasonable and necessary supports to help the family pursue their child's goals. It is the family's choice to engage with their preferred provider(s) which can include accessing specific programs.

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Where provider reports are not available and/or evidence is insufficient to meet the reasonable and necessary criteria

There will be instances where the answers to Part D of the intensive form demonstrate that an intensive level of support is required, however, provider reports are not available (Part F 6.1) or there is insufficient evidence to meet the reasonable and necessary criteria (Part F 6.3). This may occur for participants who are yet to receive their first NDIS plan, participants who are yet to commence early intervention, or if the professional report does not have the required information.

When this occurs, funding for a 3 month period of intensive support can be included in a 12 month plan. Funding for the remaining 9 months of the plan is built using a pro rata amount based on the Guide. You can add 9 hours to the plan on the support item 'Capacity Building Supports for Early Childhood – Other Professional to allow for an assessment and report to be completed. This will enable the family to begin (or continue) with services whilst obtaining the required evidence to address Part F 6.2. It is not expected that the report will include information on outcomes for this period. Appendix 3 provides examples of how to calculate 3 months of intensive supports within a 12 months plan.

It is important to make every effort to gather the necessary evidence before recommending or approving a plan (12 months) with a 3 month period of intensive supports. If sufficient evidence can be obtained and 12 months of intensive funding can be considered it will negate the need for a participant requested plan reassessment.

When the family has gathered the required evidence, they can ask for a plan reassessment if their situation and support needs have changed since the plan was approved and the plan no longer meets the participant's needs. Any new evidence and recommendations will be considered to help decide if we approve the plan reassessment.

This is different to the family requesting a review of the decision. A family can ask for an internal review if they do not agree with the original decision. For example, if the family are not satisfied with the original decision to include 3 month period of intensive supports within a 12 month plan. Supporting the family with information to help them select the right review may prevent any delays in having the review considered.

For further information on participant requested plan reassessment refer to Our Guideline – Changing your plans and Our Guideline – Reviewing our decisions or use the Choose the Right Request Tool.

Calculating funding for a level of intensive supports

When you have determined that intensive supports are likely to be required (Part D) and have considered the information relating to the child's mainstream participation (Part E) you will need to consider the level of Capacity Building support you recommend funding in the plan. At Part F (6.1 or 6.3), you have already determined whether in a 12 month plan the intensive supports will be funded for a 3 month period or up to the 12 months. The next step

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is to determine whether you will be basing your funding recommendation for intensive supports, on provider recommendations or you will be using an alternative method.

When provider report(s) are available and they include recommendations for funded supports it is important to consider each of the provider recommendations and evaluate them against the reasonable and necessary criteria (Part G). Based on your evaluation, if there are no significant reasonable and necessary concerns identified, the provider recommendations may be used to inform your funding recommendation at Part H.

This can also include making minor adjustments to the provider recommendation to ensure it meets all the reasonable and necessary criteria. For example, minor adjustments to represent value for money (NDIS Act 2013 s 34(c)) can include:

- removing recommended hours for provider travel (not including remote MMM6, very remote MMM7)

- accepting the recommended hours, but applying NDIS rate

- adjusting a 52 week recommendation to 48 weeks (or for 3 months)

- adjusting provider recommendations for report writing to 2-6 hours, to allow for a progress report to be completed for a plan reassessment.

When using provider recommendations to inform your funding recommendations, do not include additional funding based on the Guide for the period of the plan that is at an intensive level.

If provider reports are not available (Part F 6.1), or the provider recommendations are not likely to meet the reasonable and necessary criteria after any minor adjustments are considered (Part G), your funding recommendation in the plan will be based on an alternative method (Part I). Refer to Appendix 3 to calculate a level of intensive Capacity Building supports using an alternative method that is not based on a provider recommendation. However, the alternative method should not be used when the required supports are intensive, for shorter bursts of time (for example, sometimes seen in recommendations for supports for children with physical disabilities) or when the alternative method comes to a total amount that is greater than the provider's recommendations. Instead an individualised approach will be required, and your recommendation is included at Part I. For further assistance speak to your team leader or contact the ECS Branch.

All funding for intensive supports must be entered on the System as a funded support category 'Daily Activities' using the support item 'Capacity Building Supports for Early Childhood – Other Professional'. If you are using the provider recommendation to inform your calculations, be sure to convert any hours that are typically funded at lower rate (for example: therapy assistant hours, group therapy hours) to the equivalent hours before placing your recommendation on the support item 'Capacity Building Supports for Early Childhood – Other Professional.

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The completed Intensive form should be referenced in the justification comments – Capacity Building in the Review and Submit Draft Plan tab on the System and within the Interaction 'Early childhood Plan Submitted For Approval' on the System. The Intensive form should also be attached in the System in Inbound Documents.

Complete an Interaction for Early childhood – declined supports if you are recommending less than what was requested by the family or carer. For example, when you have adjusted the provider quote, or when you are recommending 3 months of intensive supports within a 12 month plan.

Add an alert to the System when 3 months of intensive supports are funded in a 12 month plan. For example – 'Funding for a 3 mth period of intensive CB support has been included within a 12 mth plan for an assessment and report. Contact <partner org> once this is available. Refer to interaction number <xx>.

Support coordination

Funding for support coordination is generally not included in plans for participants younger than 7, streamed general, supported and intensive.

Support coordination is likely to be considered reasonable and necessary for children who:

- live in remote and very remote areas and any other non-partner areas

- are streamed super intensive, as the National Delivery role does not cover additional implementation support.

There may be other circumstances where the level of support the participant's family or carer needs to implement their child's plan is above what the early childhood partner and service provider (i.e their key worker) can provide. In these circumstances funding for support coordination may be required.

For example:

- The support a participant requires involves significant interface between numerous services (such as the NDIS, child protection services and health services) and it is evident that support coordination is required in addition to the support that would be expected of the partner and the provider.

- It has been recommended by the early childhood partner that increased monitoring and support is required due to identified risks and/or significant underutilisation of plans.

- Where a family requires culturally safe coordination of supports that responds to their cultural identity and language diversity, to support their engagement.

- Where there are barriers to accessing and coordinating supports for the participant which are related to a parent's health or disability needs.

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- Where the early childhood partner has provided regular support to a participant streamed intensive and a hand over to National Delivery will occur during the plan period.

- Where a combination of complex support needs has been identified.

When support coordination is being recommended, it is important to consider all the available evidence to determine whether the support is needed and what level of support may be reasonable and necessary.

When support coordination is funded in a child's plan, it is beneficial for early childhood partners to continue to check in during the plan period to ensure the child and their family are well supported.

Support coordination may not be required on an ongoing basis and the need for the support should be reviewed at plan reassessment. The level of support required will depend on the child and family's individual circumstances. This should be clearly outlined and justified within the system to reflect the barriers and individual support needs for the child and family.

Note: Involvement with child protection alone is not sufficient justification to include support coordination in a child's plan. Principles of family centred practice suggest that additional 'professionals' involved in a family's life can have other negative consequences for family functioning and wellbeing.

For further information refer to the Practice Guide – Children living in statutory out of home care and Standard Operating Procedure – Include support coordination in a plan.

Specialist behaviour support

Early Childhood Intervention (ECI) providers are likely to provide positive behaviour support as part of Capacity Building supports for early childhood for example, for emotional regulation. However, if regulated restrictive practices are identified as being considered or indicated, they must only be used as part of a behaviour support plan developed by, or under the direct supervision of, a behaviour support specialist who is recognised as being suitable by the NDIS Quality and Safeguards Commission. Behavioural support intervention in the context of restrictive practices requires funding under the support category Improved Relationships. The early childhood approach recognises that collaborative and coordinated teamwork is an essential best practice for ECI therefore the behaviour support specialist can operate within the key worker model, or any collaborative model, as part of the team around the child to reduce and eliminate the use of restrictive practices. The ECI sector needs to embed a clear commitment to the reduction and elimination of restrictive practices as per the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.

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As a child's behaviour support needs can be met through early childhood intervention, only in exceptional circumstances would specialist behavioural intervention support be required within early childhood intervention and this would usually be due to an identified restrictive practice. In cases where there is sufficient evidence to support the need for specialist behavioural intervention support, plan developers should apply the guidance in the Practice Guide – Positive behaviour support and behaviours of concern and the Standard Operating Procedure – Behaviour intervention supports.

Under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, restrictive practices are subject to regulation. Restrictive practices can only be used based on an assessment of behaviour with the appropriate authorisation from the relevant state or territory and where it is part of a Behaviour Support Plan that has been developed by a registered behaviour support specialist.

If there is the use of restrictive practices or restrictive practices are indicated or being considered, you must make a referral for advice to the Technical Advisory Branch (TAB) via the TAPS. The referral must take place prior to inclusion or exclusion of funding related to restrictive practice in the participant's NDIS plan. Refer to the TAB mandatory referrals page for more information.

5.3   Supports in the Core budget

Core supports assist a participant to manage aspects of their daily living such as self-care and support to sustain informal support (respite).

There are four Core support categories:

- **Consumables:** this may include continence products (generally for participants five years and older) or for children who, for example, require Disability-related health supports, Auslan support or low cost AT. For further information refer to the Practice Guide – Continence supports or relevant Would we fund it guide.

- **Daily Activities:** this may include assistance with self-care and support to sustain informal support.

- **Social, Community and Civic Participation:** this may include individual and group based community, social and recreational activity participation.

- **Transport**: this may include in-kind student transport. For further information refer to the Practice Guide – In-kind.

When recommending Core supports you should ensure the level of support meets the reasonable and necessary criteria as appropriate to the participant's circumstances and capture this information in the justification comments – Core. This involves considering typical parental responsibility for a young child and the supports available through community and mainstream services, for example through early childhood and education services. For

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plan reassessments, you should also consider how the family's capacity has built over the previous plan period and current support needs. Refer to Standard Operating Procedure – Review and submit plan for approval for example justification comments.

Information detailing the child's participation in community and mainstream settings and the times of the day where support above typical parental responsibility is required, needs to be clearly outlined in the justification comments – Core. You will need to provide clear calculation of the amount of hour/s per day and how many day/s per week additional support is required within the justification comments – Core. It is recommended that this information is captured in a timetable where there are complex support needs for a child or family. You may use the timetable template provided in the planning note pad. When using a timetable, refer to the document with the timetable in your justification comments – Core and attach it to Inbound documents.

The informal support provided by parents and carers, siblings and other family members is vitally important to children. Typically the supports provided to children for support with daily activities and community access is provided by family or carers. Some children also receive support from mainstream services such as childcare. Where participants younger than 7 require a level of support with daily activities significantly beyond the level usually required for children of the same age, funded supports in the plan may be required. This support however is not intended to replace the usual care and supervision provided by family or informal carers or what is available through community and mainstream services.

Where there are considerations for including support in a plan to assist in sustaining informal supports an understanding of a participant's overall support needs is required. This includes identifying the range of informal supports which are available and what is needed so they can be sustained.

The following considerations should always be described in the justification comments – Core when recommending Core funding in a plan under any of the following five scenarios:

Sustaining informal supports (respite) overview

Consider:

- The impact of the participant's developmental delay or disability on the level of support required for daily activities. Is support required which is significantly above what would generally be considered typical family responsibility for children of a similar age? If yes, please describe including the times of the day and pressure points.

- Who are the participant's informal supports including the primary carer(s)?

- Is there a goal related to the support which is being considered? It is important that any justification for funding recommendations show how the funding will support a plan goal. Are there any changes or fluctuations that may occur during the course of

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the plan which will affect required funding? For example, is an interim period of funded support required while other supports such as assistive technology or behavioural management strategies are being put into place or assistive technology accessed?

Support required with daily routines such as completing personal care

Where a participant requires support with personal care activities significantly beyond what is usually required for children of the same age, the family may require support so they can sustain the care they provide to the participant.

A weekly timetable (refer to the planning note pad), can help to evidence the participant and family routine, highlighting where the pressure points are during the week. Additional points which should be considered are listed below and can be demonstrated in the weekly timetable:

- Does the participant have personal care support needs, significantly above similar age children, for example complex feeding support needs, manual handling?

- What are the tasks that require support, how long do they take and how frequently is the support required?

- Who is in the family home when the support is required e.g. one parent or carer, both parents or carers, extended family?

- Are there simultaneous caring demands on parents or carers for other family members? If yes, describe?

- Are there particular pressure points during the week where support is required?

- Does the support that will be funded through the Capacity Building budget also provide support with the participant's personal care needs? For example, therapy assistance.

- Are there any changes which are likely to occur during the course of the NDIS plan? For example, an assistive technology assessment is pending which will lead to assistive technology support for manual handling and may result in a reduction in the need for Core funding.

- Are there any other considerations?

If support for personal care is required you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Support required so parents or carers have time to attend to daily tasks

Where a participant's needs related to their developmental delay or disability is significantly impacting on the parent or carers' ability to complete daily tasks (for example, parents or carers attending to their own appointments) additional points which should be addressed are:

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- What are the parent or carers' daily tasks that are impacted by the participant's needs? What are the frequency and duration of these activities?

- Does the participant attend childcare, kindergarten or school? If so, can the participant's parents or carers attend to daily tasks during this time?

- If the participant does not attend mainstream activities such as childcare, kinder or school are they able to? If not, include information noting, support can only be considered if the barriers relate to the participant's developmental delay or disability.

- Can a typical babysitter or mainstream support provide the support? If not, are the barriers to accessing supports related to the participant's developmental delay or disability?

- Can the parent or carer carry out daily tasks whilst another informal support (for example second parent or carer, grandparent) is caring for the participant?

- Are there any other considerations?

If support is required to support primary carers to attend to daily tasks you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Support for parents or carers to attend to other responsibilities such as siblings needs

Where a participant's needs related to their developmental delay or disability is significantly impacting on parent or carers' ability to attend to siblings needs (for example, parents or carers are unable to take a sibling to sporting activities) additional points which should be addressed are:

- What are the participant's parent or carers caring responsibilities in addition to caring for the participant?

- What are the siblings (or other family members) needs or activities that are being impacted? Please include frequency and duration of activities.

- Is support required to support an event which is not typical of the weekly routine, for instance, parent or carer attending sibling's graduation?

- Can the parent or carers attend to the participant's sibling's needs whilst the participant is present (for example, activities at home or community activities which parent or carer usually attends with siblings such as sporting games)? If not, what are the barriers?

- Can informal supports provide the required support? For example, can one primary carer or extended family member provide support whilst the other is attending to sibling's needs?

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- Can a typical babysitter or mainstream support provide the support? If not, are the barriers to accessing supports related to the participant's developmental delay or disability?

- Can the sibling's activity be completed at the time the participant is engaged in mainstream activity such as childcare, kinder or school?

- Are there other considerations?

If support is required to support primary carers to attend to other caring responsibilities you should demonstrate clear calculations for specific number of hours to include as a subtotal. For example, consider whether a sibling's activity is based on school term rather than every week of the year.

Support for parents or carers to sustain their caring role by having a break from caring for the participant

Where a participant's needs related to their developmental delay or disability is significantly impacting on the ability to have a break from caring for the participant additional points which should be addressed are:

- Can support be provided by other informal supports for example extended family or friends? If not, include the barriers.

- Is the participant able to be cared for by a typical babysitter? If not, what are the barriers?

- If the support requested is for parents or carers to spend time together or to attend social events consider the time and frequency parents or carers with a young child typically spend together without the child. For example, it may be considered typical for parents or carers to be able to go out without the child up to 4 times per year.

- Are there any other considerations?

If support is required to support parents or carers to have a break from caring for the participant, you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Core budget flexibility

There is capacity to make the Core support categories Consumables, Daily Activities and Social, Community and Civic Participation flexible. This means that they can be set up so that funding from one Core category (such as Daily Activities) can be used to purchase supports from another Core category (for example Consumables) that have the same fund management type (such as Agency Managed).

Although Core funds can be set up to be used flexibly, it is important that the participant's family and carers understand that the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives. In a plan for a participant younger

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than 7, typically this flexibility is not required because the funding in each category is determined at the time of planning based on participant's needs and goals.

5.4 Supports in Capital budget

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home and community. It may be identified through the planning conversation that assistive technology and/or home modifications are required to meet the participant's needs. This information will need to be captured in the justification comments – Capital.

Unlike the Core support budget, Capital support categories are **not** flexible between assistive technology and home modifications.

Note: Capital support items must not be added to a plan (even if they are quote required) unless there is sufficient evidence that the assistive technology meets reasonable and necessary criteria.

Assistive Technology

Includes equipment for mobility, personal care, communication and recreational inclusion such as wheelchairs, pressure mattresses, standing frames, bathing and toileting equipment, personal readers and vision equipment, hearing devices and vehicle modifications. For further information refer to Our Guidelines – Assistive technology.

Home modifications

Includes interior and exterior home modifications, consultation and project management. For further information on including funding for home modifications within a plan, refer to the Standard Operating Procedure – Include minor home modification supports in plans or Standard Operating Procedure – Include complex home modification supports in plans.

5.5 Linking goals to supports

When entering funding into a support category in the System, the related goal(s) need to be selected. This is because a participant can only receive funded supports if the supports will assist the participant to pursue the goals included in the participant's statement, NDIS Act 2013 (s.34 (1) (a)). An important part of successful plan implementation is ensuring the participant's family and carers understand the way the plan is intended to support the participant to pursue the plan goals.

Justification for Reasonable and Necessary Supports

Justification comments must be recorded before the plan can be submitted for approval. Plan developers and delegates are responsible for providing adequate and succinct justification comments. It is best practice to include the following information:

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- Succinct summary of the child context and impact of disability or developmental delay

- description of the support and reasons for including it in the plan

- how the proposed support enables the participant to pursue goals

- how the proposed support meets the reasonable and necessary criteria

- any relevant supporting evidence to support the inclusion of proposed supports.

For best practice examples as well as templates of the justification comments, refer to the Standard Operating Procedure – Review and submit plan for approval.

5.5.2 Supports not recommended

During the planning conversation you may determine that supports requested by the family or carer:

- would not be funded by the NDIS, or

- would not be considered reasonable and necessary to fund, or

- would be recommended to fund at a level lower than what was requested by the family or carer.

Where you are not recommending supports be included in the plan, there must be a clear outline of what supports the family or carer requested, and your reasons for not recommending those support. If you are recommending a level of support lower than the level requested by the family or carer, there must also be a clear outline of your reasoning for this. Supports not recommended should be documented in the Interaction template – Planning – Early childhood declined supports.

If a request for support was made by the participant's early childhood provider, however not requested by the family or carer this should be documented in the Interaction template – Pre-planning – Planning conversation. A declined supports interaction is not required if the family or carer has not requested a support.

5.6 Review and submit plan for approval

You will need to review and progress the draft plan for approval. To progress a plan for approval refer to the Standard Operating Procedure – Review and submit plan for approval.

Once the plan is ready for approval complete the interaction to record information for the delegate to consider prior to approval in Interaction template – Planning – Early childhood plan submitted for approval.

6. Finalise and approve plan

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This task is completed by a delegate and involves determining if the proposed plan meets the reasonable and necessary criteria under s.34 of the NDIS Act 2013. The delegate will review and consider information within the System such as:

- Planning conversation interaction

- Participant streaming

- Severity tools (including the PEDI-CAT)

- Participant Statement, including plan goals

- Informal and community/mainstream supports

- Outcomes Questionnaire and Family Questionnaire

- Guided Planning Questions

- Risk assessment, including plan duration

- Plan management

- Relevant inbound documents e.g. assessment reports

- Justification comments are recorded in the Review and submit draft plan tab on the System.

If the delegate believes the funded supports in the plan may not meet the reasonable and necessary criteria, they should have a conversation with the plan developer (usually the early childhood partner). This conversation will allow the delegate to determine if there is further information available to assist them to make a reasonable and necessary decision. Refer to the Standard Operating Procedure – Undertake the plan alignment meeting for further information.

Following the conversation the delegate may determine that the supports in the plan meets the reasonable and necessary criteria. If not, they may modify the funded supports and include a justification and document supports not approved in the Early childhood declined supports Interaction. The plan, including the plan management decision should then be finalised. The date the delegate approves the plan is the date the plan comes into effect.

Once a plan is approved, the NDIA must provide a copy of the plan to the participant's child representative within seven days of the plan coming into effect. A participant's approved plan can be provided in alternate accessible formats. This provision is satisfied by the plan being sent to the participant's child representative or by being able to view it in the participant portal.

The approval of a statement of supports is a reviewable decision under NDIS legislation.

For more information refer to the Standard Operating Procedure – Finalise and approve a plan.

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7. Early childhood planning documents

7.1 Planning document list and purpose

Table 1 outlines the early childhood planning process documents required, their purpose and when to use them.

Early childhood planning document type	Document purpose	When to use the document
Pre-planning Interaction – Planning conversation	Ensure a summary of information from the planning conversation is recorded, including the family or carers report of functional information related to their child's developmental delay or disability and any requests made.	Post planning conversation.
Planning note pad (optional)	An optional template to support the plan developer to record information from the planning conversation, Core supports- daily timetable, funding calculations and any other relevant notes.	During the planning conversation.
Intensive form	A form that must be completed when you consider the available evidence relating to a request or the need for an intensive level of support.	When completing pre-planning and planning tasks. This form must be completed when there is a request or the need for an intensive level of Capacity Building supports above the Guide. The completed form must be uploaded onto the System as an inbound documents.
Justification comments	Ensure functional and family information relating to all requests is recorded in accordance with the reasonable and necessary criteria.	When completing pre-planning and planning tasks to provide a summary of the funded supports recommended.

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Early childhood planning document type	Document purpose	When to use the document
Planning Interaction Early childhood plan submitted for approval	Copy and paste the justification comments into the Early childhood plan submitted for approval - Initial Plan or Plan Reassessment (full) Ensure notes related to plan approval are available for the delegate to consider. For example, plan duration and plan management. Planning Interaction Early childhood plan submitted for approval - Plan Variation (light touch/renewal): Ensure notes related to the light touch plan variation are available for the delegate to consider.	When submitting the plan for approval. When submitting the plan for approval.
Planning Interaction – Early Childhood declined supports	Ensure supports requested by the child representative that are not being recommended by the plan developer are recorded for the delegate to consider. The delegate may use this template if they decline a support or reduce the level of support recommended by the partner.	When submitting the plan for approval.

8. Next steps

Once the participant's plan is approved, the delegate will assign an Interaction back to the early childhood partner to commence plan implementation. Refer to Plan approved and ready for Implementation interaction in Interaction templates – Planning. Where there are exceptional circumstances and the participant has funding for support coordination in their plan, a referral to the chosen support coordinator is required.

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Note: For most participants streamed General, Supported and Intensive the Interaction will be assigned to an early childhood partner (where available).

Please refer to the Practice Guide – Early Childhood - Implementation and the Using the supports in my child's NDIS plan factsheet for further information.

9. Appendices

9.1 Appendix 1: Example NDIS plan goals

When developing participant plan for participants younger than 7, the goals should be written in the voice of the family or carer. The goals should represent what the participant's family or carers would like their child to pursue during the plan period.

Area of Need	Example Goals
Physical development Ability to move around the home (crawling/walking), ability to move to perform everyday routines and activities, moving about in the community and manipulating objects and using hands Larger muscle development (body, arms, legs) Smaller muscle development (hands, fingers)	**Goal 1** <Parent/carer name/s> would like <child's name> to move independently and to join in activities with others. **How I will achieve this goal** <Child's name>, for example, will/will begin to crawl, sit, walk, run, paint, draw, hold a cup or spoon, play with balls. **How I will be supported Option 1** <Child's name>, will be provided with opportunities at home and in <name any relevant community setting, early childhood settings, education setting> to practice skills and strategies to support the goal. There will be a plan in place that assists <child's name> and <parent/carer name/s> to achieve the goal. And, if relevant, add: The early childhood partner will support the family to connect to a provider delivering early childhood supports. The early childhood partner will support the family to connect to community or other broader services. <If known, name these services e.g. 'to connect to a local preschool and a local paediatrician'> **How I will be supported Option 2 – transition out of Scheme**

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Area of Need	Example Goals
	<Child's name>, will be provided with opportunities at home and in <name any relevant community setting, early childhood settings, education setting> to practice skills and strategies to support the goal. There will be a transition plan in place that will support the family with information to connect to community or other broader services to achieve this goal. <If known, name these services e.g. 'to connect to community health services, private providers, Medicare plans'; e.g. 'to connect to a local preschool and a local paediatrician'>.
Self-care skills Sleeping, eating, dressing, teeth cleaning and going to the toilet	**Goal 2** <Parent/carer name/s> would like <child's name> to take care of themselves as best as they can. **How I will achieve this goal** <Child's name>, for example, will/will begin to take themselves to the toilet, start dressing themselves, feed themselves. **Goal 3** <Parent/carer name/s> would like <child's name> to follow daily routines more independently. **How I will achieve this goal** <Child's name>, for example, will/will begin to get ready for bed, follow the morning routine, getting ready for pre/school.
Language and communication skills Understanding words and language including gesture/Key Word Sign (KWS)/Australian Sign Language (Auslan) Communicating wants and needs through facial expressions,	**Goal 4** < Parent/carer name/s> would like <child's name> to communicate with those around them. **How I will achieve this goal** <Child's name>, for example, will/will begin to use words to request food, follow simple instructions around the home. **Goal 5**

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Area of Need	Example Goals
gesture, KWS, Auslan, vocalisations or speech Social communication and interaction with others	<Parent/carer name/s> would like <child's name> to tell others what they want. **How I will achieve this goal** <Child's name>, for example, will/will begin to tell others that they wants to eat or drink, say/sign 'can I play?' **Goal 6** < Parent/carer name/s> would like <child's name> to understand what others say to them. **How I will achieve this goal** <Child's name>, for example, will/will begin to follow instructions like 'bring me your shoes', answer 'what is your name?'
Social development How the child relates, interacts and plays with others Initiating play or conversation and responding to others Waiting, sharing, taking turns in play Playing by self, parallel play, cooperative play with other children	**Goal 7** < Parent/carer name/s> would like <child's name> to play with other children. **How I will achieve this goal** <Child's name>, for example, will/will begin to share and take turns with another child, will be able to greet and say goodbye to peers, play happily and make friends (for example be invited to a party).
Cognitive development Understanding and remembering information Learning new things Practicing and using new skills, planning and making decisions, problem solving Developing pretend play skills Developing play interests	**Goal 8** < Parent/carer name/s> would like <child's name> to do or learn new things and to join in activities with others. **How I will achieve this goal** <Child's name>, for example, will/will begin to recognise their name, play a game with their sibling, play with messy materials, retell a favourite story, explain the rules of a simple game. **Goal 9**

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Area of Need	Example Goals
Safety awareness Sensory/information processing	< Parent/carer name/s> would like <child's name> to remember what they need to do in a familiar routine. **How I will achieve this goal** <Child's name>, for example, will/will begin to pack up their toys, complete the steps for dressing with minimal support, ask for a turn. **Goal 10** < Parent/carer name/s> would like <child's name> to play longer with toys and stay longer at activities. **How I will achieve this goal** <Child's name>, for example, will finish a painting, engage in group time at child care, and persist with a challenging task. **Goal 11** < Parent/carer name/s> would like <child's name> to follow rules that help them stay safe. **How I will achieve this goal** <Child's name>, for example, will/will begin to stop at the curb, hold hands, and follow safety instructions with some support.
Emotional development Emotional regulation Emotional awareness Behaviours of concern	**Goal 12** < Parent/carer name/s> would like <child's name> to name their feelings. **How I will achieve this goal** <Child's name>, for example, will/will begin to say they are feeling happy, sad, and angry or scared. **Goal 13** < Parent/carer name/s> would like <child's name> to calm more quickly when they are upset. **How I will achieve this goal** <Child's name>, for example, will respond appropriately when told 'no', talk about why they are upset, use

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Area of Need	Example Goals
	soothing strategies, ask for and/or accept help, re-engage in an activity after being upset. **Goal 14** < Parent/carer name/s> would like <child's name> to go to places outside of the home. **How I will achieve this goal** <Child's name>, for example, will begin to consistently separate calmly from their loved one in order to start gymnastics/ soccer/ play on the playground/ go to child care/ preschool/ go to a friend's house.
Vision supports Blindness and low vision	**Goal 15** < Parent/carer name/s> would like <child's name> to plan and carry out routine activities independently at home and at preschool. **How I will achieve this goal** <Child's name>, for example, will/will begin to locate rooms and landmarks in indoor and outdoor settings to find items of need such as clothing items, toys, food, play equipment. **Goal 16** < Parent/carer name/s> would like <child's name> to explore a variety of objects to gather information. **How I will achieve this goal** <Child's name>, for example, will/will begin to use both hands together to manipulate objects, touch a variety of textures; temperatures; shapes and sizes.
Hearing supports Permanent hearing loss, deafness	**Goal 17** < Parent/carer name/s> would like <child's name> to understand and communicate with those around them. **How I will achieve this goal**

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Area of Need	Example Goals
	<Child's name>, for example, will/will begin to hear and recognise sounds around them like cars, birds, dogs barking; to have access to speech sounds so they can understand what is being said; to follow conversations in noisy places for example childcare/preschool; to communicate <using modality of choice> and socially participate in activities with peers.
Sustaining Informal Supports/Respite (related to Core supports, where applicable)	**Goal 18** <Parent/carer name/s> would like to sustain their care of <child's name> and have their personal care and daily routines support needs met. **Goal 19** <Parent/carer name/s> would like to have time to attend to their daily tasks whilst ensuring <child's name> support needs are met. **Goal 20** <Parent/carer name/s> would like to be supported to maintain their caring role for of <child's name>. **Goal 21** <Parent/carer name/s> would like <child's name> sibling/s to participate in community and social activities whilst ensuring <child's name> support needs are met.

9.2 Appendix 2: Guide for calculating early childhood capacity building supports (the Guide)

Following the early childhood approach, the reasonable and necessary funded supports in a plan are built based on the family and carers' goals for the participant, the functional impact of participant's disability or developmental delay on daily life and the level of support required to pursue the plan goals. This Guide is used to select a level of Capacity Building supports to meet a participant's plan goals.

Information regarding functional impact of developmental delay or disability on a participant's daily life is gathered during the planning conversation with the family. A summary of this information is recorded in the Pre-planning Interaction – Planning conversation and the justification comments – Capacity Building. This information is used to identify the 'high areas

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of need' and 'medium to low areas of need' when selecting an appropriate level of funding for Capacity Building supports based on the tables below. The areas of need consider current functioning across the developmental areas: Physical Development, Cognitive Development, Language and Communication skills, Emotional Development, Social Development, Self-Care skills, Hearing and/or Vision. The justification comments are placed in the Review and submit draft plan tab in the System, and copy and pasted into the Interaction - Early childhood – Plan Submitted for Approval – First Plan or Plan Reassessment (full) within 100 days of plan reassessment date.

There are 5 levels of supports that can be recommended using this Guide: 'mild', 'mild-moderate', 'moderate', 'moderate-severe' or 'severe and profound'. The funding levels enable the delivery of best practice in early childhood intervention, which includes the key worker model. Where appropriate, additional hours can be considered for the support required by the participant in early childhood settings (for example, preschool or childcare) and to support transition to the first year of school.

For goals that may require consultation with a psychologist (high areas of need emotional development and/or cognitive development) or with a physiotherapist (high area of need physical development) include additional hours to allow for the higher rates that a provider may claim, as per the current NDIS Pricing arrangements. This will ensure sufficient funding is included in a plan should a family or carer choose to access support from a psychologist and/or physiotherapist during the course of the plan.

There are state or territory based differences relating to the claimable rates for psychologists and physiotherapists and guidance is provided in the tables below to assist with what to include in a plan. Please note, for NT, SA, TAS and WA although there are two options for including additional hours, only one addition is made to a plan at (b) (that is b(i) or b(ii)). When plan goals may require both psychology and physiotherapy support include the amount at b (i) only. This is because the additional funding has been calculated with respect to all the Capacity Building hours and any adjustment needs to only be factored in once.

The level of Capacity Building support is recorded in the justification comments – Capacity Building. The funding is then transferred to the System on the Capacity Building Support Item Name '**Capacity Building Supports for Early Childhood Interventions – Other Professional'** (Support Item Number 15_005_0118_1_3).

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9.3 Appendix 3: An alternative method to calculating intensive supports above the Guide (alternative method)

There will be instances where there is evidence that intensive Capacity Building supports is required (as demonstrated in the Intensive form), but you will not be determining the level of funded supports based on the parent or carer request or provider recommendation. This may be because **provider recommendations do not always consider** the principles relating to plans (NDIS Act s.31), the reasonable and necessary criteria (NDIS Act s.34) and NDIS (Supports for Participants) Rules 2013 and the principles of the early childhood approach. In the absence of acceptable provider recommendations, the plan developer may consider applying an alternative calculation. The alternative method (below) can be used where the supports that are required are regular, intensive and for a sustained period of time.

Steps for calculating an intensive level of early childhood support

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10. Supporting material

- Choose the Right Request Tool

- NDIS Act 2013

- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector

- NDIS (Restrictive Practices and Behaviour Support) Rules 2018

- NDIS Quality and Safeguards Commission

- NDIS Rules 2013, 2014 and 2016

- Our Guideline – Early childhood approach

- Our Guideline – Mainstream and community supports overview

- Our Guideline – Creating your plan

- Our Guideline – Reasonable and necessary supports.

- Our Guideline – Reviewing our decisions

- Our Guideline – Changing your plan

- Our Guideline – Assistive technology

- Our Guideline – Child representatives

- Our Guidlines – Continence supports

- Practice Guide – Children living in statutory out of home care

- Practice Guide – Positive behaviour support and behaviours of concern

- Practice Guide – Early Childhood – Implementation

- Practice Guide – Early Childhood – Supports for children who have a permanent hearing loss (including children who are deaf)

- Choose the Right Request Tool

- Standard Operating Procedure – Add the guardian as a contact

- Standard Operating Procedure – Behaviour intervention supports

- Standard Operating Procedure – Complete the determine plan management task

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- [Standard Operating procedure – Complete the guided planning questions](#)

- [Standard Operating Procedure – Complete the participant statement](#)

- [Standard Operating Procedure - Complete risk assessment](#)

- [Standard Operating Procedure – Add, check or change a My NDIS contact](#)

- [Standard Operating Procedure – Determine or revoke a child representative](#)

- [Standard Operating Procedure – Determine the funded supports in early childhood](#)

- [Standard Operating Procedure – Finalise and approve a plan](#)

- [Standard Operating Procedure – Include minor home modification supports in plans](#)

- [Standard Operating Procedure – Include complex home modification supports in plans](#)

- [Standard Operating Procedure – Record informal, community and mainstream supports](#)

- [Standard Operating Procedure – Manage inbound documents](#)

- [Standard Operating Procedure – Review and submit plan for approval](#)

- [Standard Operating Procedure – Unable to contact the participant](#)

- [Standard Operating Procedure – Update participant details](#)

- [Standard Operating Procedure – Update participant streaming](#)

- [Standard Operating Procedure – Complete the update the outcomes questionnaire task](#)

- [Standard Operating Procedure – Collect and update bank account details](#)

- [Standard Operating Procedure – Include support coordination in a plan](#)

- [Standard Operating Procedure – Undertake the plan alignment meeting](#)

- [Interaction templates – Pre-planning](#)

- [Interaction templates – Planning](#)

- [Using the supports in my child's NDIS plan Factsheet](#)

- [NDIS early childhood booklet](#)

- [Evidence of developmental delay form](#)

- [Early childhood planning note pad](#)

- [Intensive capacity building supports in early childhood form (Intensive form)](#)

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- [Cerebral Palsy Severity Tool](#)

- [Would we fund it](#)

- [Pricing arrangements](#)

- [NDIS Support Catalogue rates](#)

- [Autism CRC early intervention report](#)

- [Best practice principles in early childhood intervention](#)

11. Feedback

If you have any feedback about this Practice Guide please complete the [ECS Branch feedback form](#).

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12. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	MBT613	Class 2	APPROVED	2019-01-24
1.1	IIW664	Class 1	APPROVED	2020-03-13
2.0	CM0032	Class 2	APPROVED	2020-07-24
2.2	IIW664	Class 1	APPROVED	2020-08-26
3.0	CM0032	Class 2	APPROVED	2021-02-23
4.0	CM0032	Class 2	APPROVED	2021-03-25
5.0	CM0032	Class 2	APPROVED	2021-04-13
6.0	CM0032	Class 2 Updated terminology to align with OG early childhood approach. Plan duration information added.	APPROVED	2021-08-26
7.0	CM0032	Class 2 Updated planning process to reflect streamlined planning approach	APPROVED	2022-01-20
8.0	LJ0007	Class 1 Replace pronouns	APPROVED	2022-05-04
8.2	LJ0007	Class 1 Approval Update link provided by SG&P for OG Continence Supports	APPROVED	2022-06-16

9.0	LKM022	Class 2 Approval Update SOP and OG links and remove continence supports example Updates to reflect changes in price guide	APPROVED	2022-07-08
9.5	LJ0007	Class 1 Approval	APPROVED	2022-08-09
10.0	FC0007	Class 1 approval	APPROVED	2022-12-20
11.0	LKM022	Class 2- Update to support coordination section and other CI	APPROVED	2023-02-06
11.1	IIW664	Class 1 Approval	APPROVED	2023-02-28

Advisory Team Advice Form – Request No. s47F - personal privacy

Request title: Request for NDIS to fund Applied Behavioural Analysis (ABA) link therapy and Music Therapy for 10 year old child with Autism Spectrum Disorder (ASD).

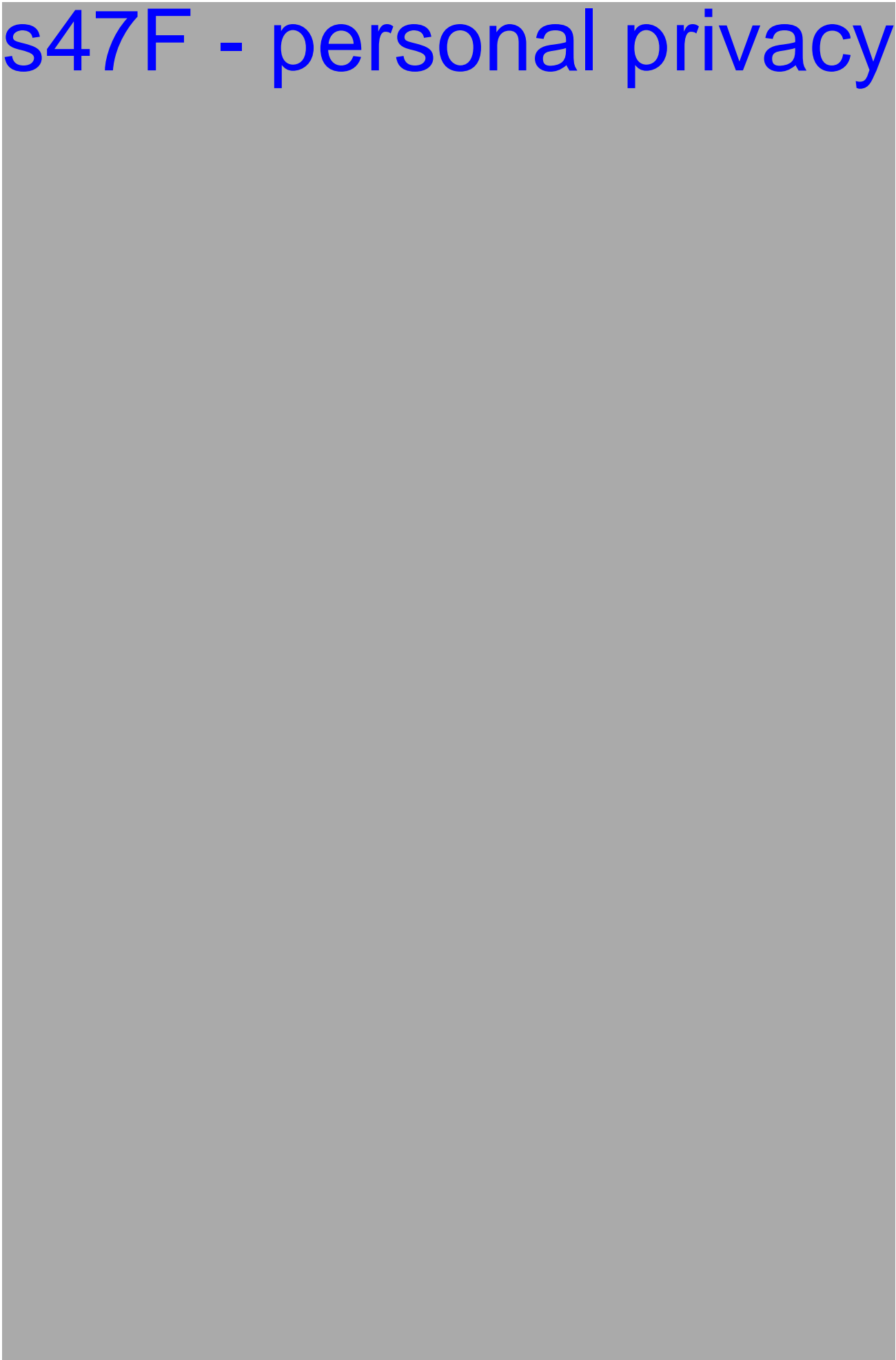**Date requested received:** s47F - personal privacy

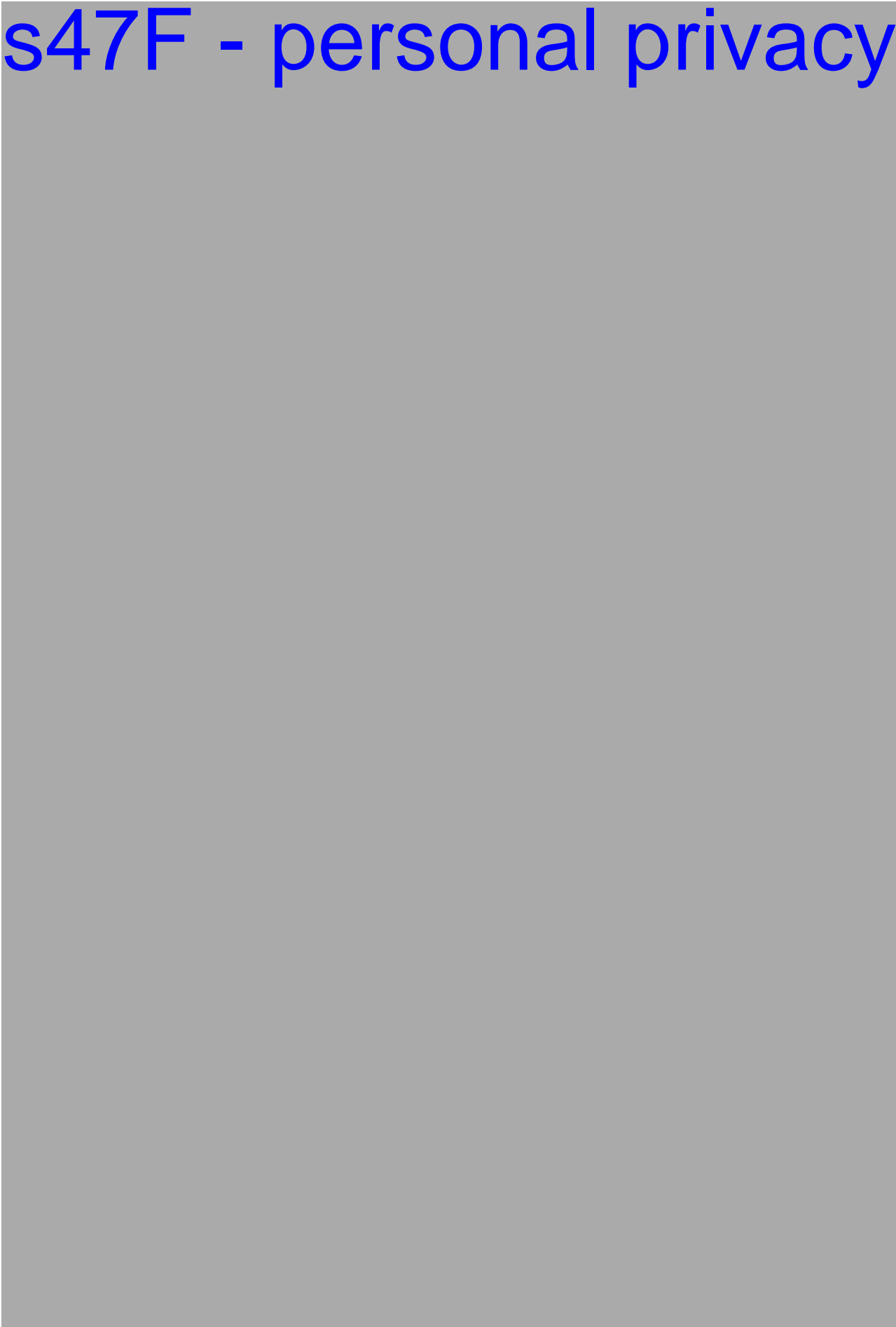**Advisor:** s22(1)(a)(ii) - irrelevant material

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Summary and review of documents/literature/verbal information

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Raising Children Network; *Applied Behaviour Analysis (ABA) is a behavioral type of therapy claimed to improve social, communication and academic skills and skills for daily living, and decreases difficult behaviour. The ABA theory identifies various teaching techniques that generally involve breaking down complex skills (or behaviours) into smaller steps and teaching them through the use of clear instructions, rewards and repetition. Research has shown established positive results however the therapy is high intensity that is required for effectiveness.*

ABA approach and its techniques can help children with autism spectrum disorder (ASD) learn new ways of interacting with others, improve academically and use the skills they learn in different settings – for example, at home, school and in the community.

Given the variation how ABA is applied, outcomes of specific programs need to be evaluated to judge their success. Parents usually play an active role in a child's ABA program to help a child transfer skills learn to other contexts.

Autism Spectrum Disorder: Evidence- based/evidence-informed good practice for supports provided to preschool children, their families and carers.

Autism Spectrum Disorder – evidence based.

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"Reviews *and guidelines that provide evidence about intensity (hours per week) and duration of intervention report that comprehensive programs that have been evaluated and shown to be effective are most commonly provided for between 15 and 25 hours a week, suggesting a midpoint of 20 hours and for a least 1 year.* " A further statement clarifies, "*Factors , other than evidence about intervention effectiveness, that need to be taken into account when making decisions about the level of support for young children included ethical and equity considerations , and also the way parents adjust to their child and their individual needs*" It should be noted that while this report is related to good practice for children aged from birth to school age, there is some evidence that ABA is considered suitable for children and adults with development disabilities including autism spectrum disorder (Raising Children).

In this document this is further clarified "interventions *can be delivered by professionals, parents/carers and siblings/peers.* "pg. 17.

This information highlights the following factors:

- An intervention is effective if applied on a regular and intensive basis.
- Further factors need to be considered regarding the child's individual needs (ability to respond to this type of intervention).
- The intervention can be delivered by a trained practitioner, a parent or a sibling.

Music Therapy;

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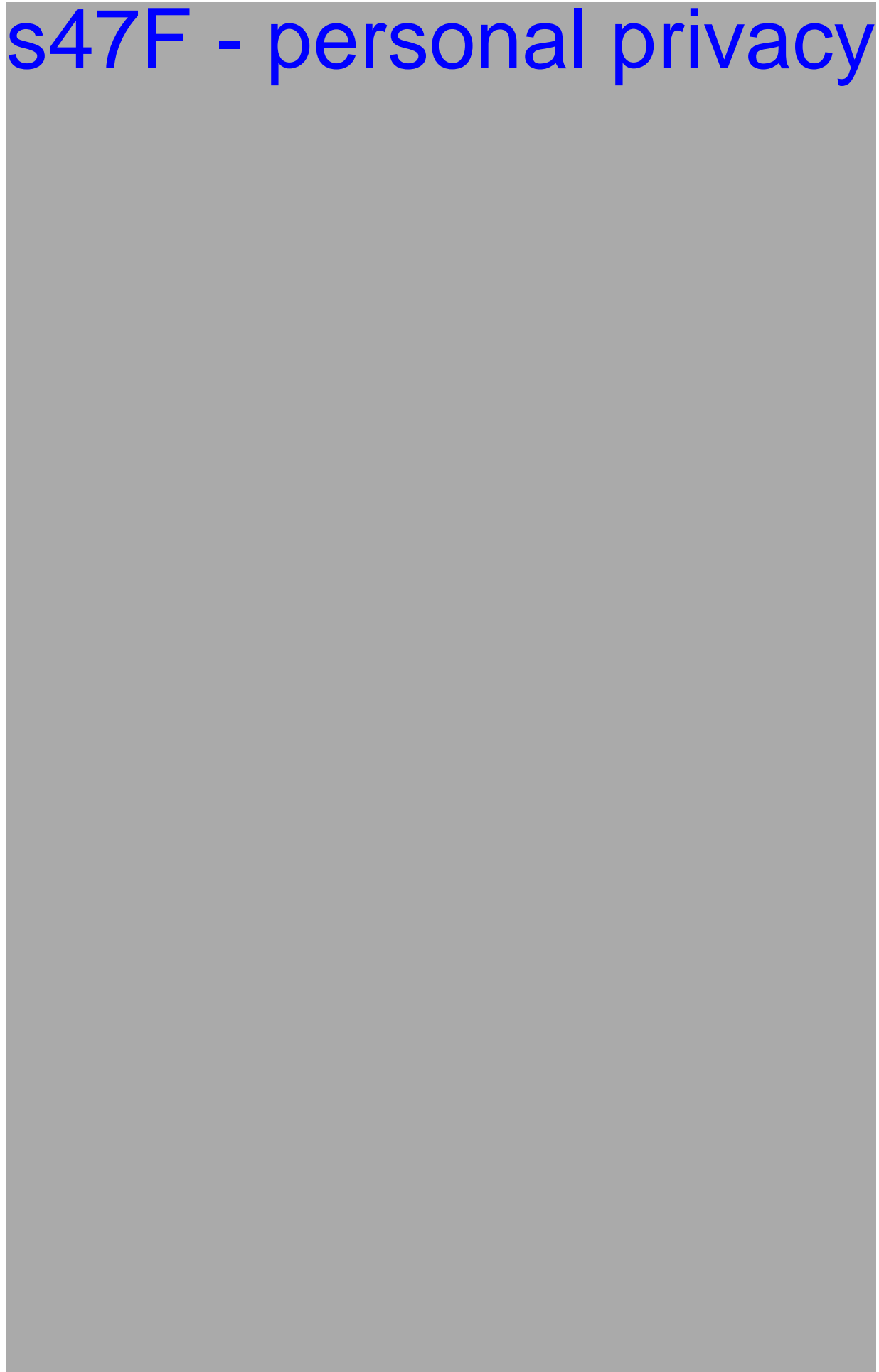
NDIS Act 2013 Section 34

NDIS Support for Participant Rules 2013 Schedule 1 - School Education

7.13   *The NDIS will be responsible for supports that a student requires that are associated with the functional impact of the student's disability on their activities of daily living (that is, those not primarily relating to education or training attainment), such as personal care and support, transport to and from school and specialist supports for transition from school education to further education, training or employment that are required because of the student's disability.*

7.14   *The NDIS will not be responsible for personalising either learning or supports for students that primarily relate to their educational attainment (including teaching, learning assistance and aids, school building modifications and transport between school activities).*

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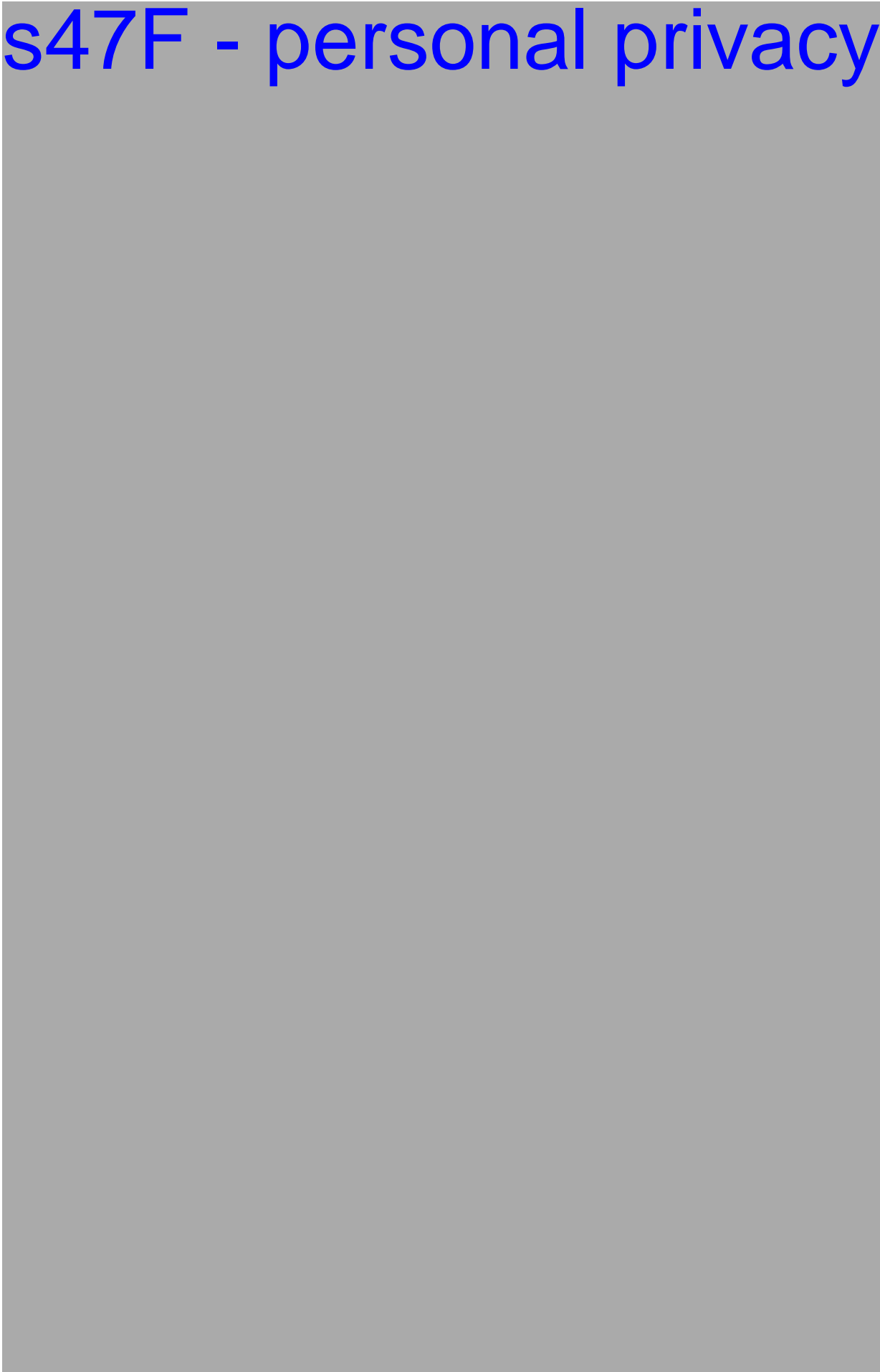
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Opinion/Advice:

As per the NDIS Act (2013), all criteria in Section 34 must be met to determine whether a request for supports is considered reasonable and necessary.

1. **ABA intervention:**

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2. **Music Therapy:**

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

Recommendations:

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Cleared by: s22(1)(a)(ii) - irrelevant material   **Date:** s47F - personal pr **2017**

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When using this advice to assist with decision making it should be dealt with carefully. The Technical Advisory Team (TAT) is not the decision maker. Decision makers should base their decisions on the relevant law, and take into account the TAT advice and other relevant factors. The decision letter should be a self-contained document with the decision maker's reasons set out. Reasons contained in the TAT advice may be paraphrased in the decision as the decision maker's reasons, however the TAT advice (or its existence) should not be disclosed.

Taking these steps will avoid the risk of the advice being disclosed in any potential future legal proceedings. If this is unclear, you should contact your Service Delivery Director to discuss.