

NDIS SERVICE AGREEMENT



PARTIES

This Service Agreement is for _____ (**participant's name**), a participant of the National Disability Insurance Scheme, and is made between the participant and Little Star Speech Therapy (SK & CS Hamall Family Trust).

SUPPORTS

This Service Agreement will commence on _____ (date) until _____ (date).

Location of service: _____

When (day/s): _____

Fee schedule: Current NDIS session rate ** subject to change with CPI increase (GST inclusive)

Travel cost: Travel for off-site visits will incur a charge in **minutes of time** from the clinician's base location (previous location) to the client's next location. Charges may vary from 5 min, 10 min, 15 min, 20 min, 25 min to max 30 min. Travel will be a separate fee at the current NDIS rate

Km's traveled from the base location to the client's next location will be a separate fee based on the current *Health Professionals and Support Services Award 2020*

Total Budget/Cost of Service for 12 months: \$11,639.40 (based on current NDIS rate)

*Budget includes initial assessment, weekly treatment, 2-hour progress summary report

*Subject to change according to NDIS price arrangements, or if additional services provided (ex. program development, travel costs, etc.)

METHOD OF PAYMENT

NDIS Portal

- Payment made through the NDIA Provider Portal
- Claimed by Admin Staff at Little Star and receipt sent to caregiver
- Little Star will create a service booking on the Provider Portal for the total amount agreed upon in the service agreement
- Service booking is subject to change in line with NDIS Price Guide

Self-Managed

- Direct payment from the client/advocate
- Payment can be made via EFTPOS or bank transfer
- Payment to be made immediately after the appointment or within 2 business days of the service

NDIS SERVICE AGREEMENT



Plan-Managed (3rd Party Payment)

- Payment made by third party who is facilitating the funds on behalf of the client
- Invoiced immediately after the appointment to specified plan manager
- Details of Plan Manager indicated below:

Organisation	
Name of Contact Person	
Address	
Email	
Contact Phone	

ALLIED HEALTH ASSISTANT (AHA)

Little Star Speech Therapy engages Allied Health Assistants (AHA's) to provide speech pathology services to clients at a reduced rate. AHA's are students who are under the guidance of a full practicing speech pathologist.

- We will discuss the possibility of an AHA with you prior to any appointments booked (if an AHA is available)
- A reduced hourly rate as per the NDIS price guide will be charged
- There is no obligation for the client to see an AHA

RESPONSIBILITIES OF THE PROVIDER/THERAPIST

The provider/therapist agrees to:

- Review the provision of supports every 3 months with the participant
- Provide supports that meet the participant's needs at a set time and day and frequency of visits (weekly etc..)
- Communicate openly and honestly in a timely manner
- Treat the participant with courtesy and respect
- Consult the participant on decisions about how supports are provided
- Give the participant information about managing complaints or disagreements (see privacy policy)
- Listen to the participant's feedback and resolve problems quickly
- Give the participant notice if the provider has to reschedule/change a scheduled appointment
- Give the participant notice for ending the Service Agreement
- Protect the participant's privacy and confidential information (see Little Star Speech Therapy's privacy policy)
- Issue regular invoices and statements of supports delivered to the participant

RESPONSIBILITIES OF THE PARTICIPANT (OR REPRESENTATIVE)

The participant (or representative) agrees to:

- Inform the therapist about how they wish the supports to be delivered to meet the participant's needs
- Treat the therapist with courtesy and respect
- Talk to the therapist if the participant has any concerns about the supports being provided
- Accompany the participant to all therapy sessions
- Wait for the participant in treatment room/waiting room until therapy supports have completed
- Deliver home practice with the participant on a daily basis (or as negotiated between the therapist and participant's representative)
- Let the provider/therapist know if the NDIS plan is suspended or replaced by a new NDIS plan or if the participant stops being an NDIS participant

EMERGENCY OR DISASTER ARRANGEMENTS

- In the event of an emergency or disaster (ex. natural disaster, human-caused disasters, other incidents including pandemics) and the client is unable to access face-to-face supports, we will strive to ensure continuity of supports for the client.
- Little Star Speech Therapy will ensure that each client's Support Plan will be put into place in the event of an emergency or disaster.

PAYMENT OF SUPPORTS DELIVERED

The following services will be charged against the participant's NDIS plan (in minutes/hours of time consumed).

- Non-refundable booking fee for initial assessment/consultation (1-hour current NDIS rate, applied to the total cost of the initial appointment)
- Initial consultation with a speech therapist
- Standardised assessment for speech, language or literacy with a speech therapist
- Report writing time
- Delivery of treatment (therapeutic supports)
- Administration time in relation to the client (ex. client notes, building a program)
- Interim assessment of participant's speech and/or language skills
- NDIS Progress Reports/Review Reports or summaries
- Travel-time and Km's
- Phone calls/emails in relation to the client
- Development of resources for the participant

- Meetings on/off-site in relation to the client
- Program development time including:
 - Conducting thorough research and preparation
 - Setting and regularly reviewing goals tailored to your child's progress
 - Designing personalized sessions that cater specifically to your child's needs
 - Collaborating between our allied health professionals and assistants
 - Consulting with other professionals as required
 - Sending follow-up emails/communication to keep you informed

ENDING A SERVICE AGREEMENT

To end a Service Agreement, participants will need to give the provider a notice period of **"2-weeks"** before ending the agreement. This is the current minimum time frame as recommended in the NDIS Pricing Arrangements. Please note that 100% of the scheduled fee can be charged during the 2-week notice period.

You are required to complete an **"exit form"** when ending services at Little Star.

CANCELLATIONS/HOLIDAYS AND "NO SHOWS" FOR APPOINTMENTS

If a participant books an initial appointment/consultation with a speech therapist and does not show or cancels the appointment, there will be no refund of the booking fee. If the participant needs to reschedule the initial appointment, Little Star will **apply the change once**.

If a participant makes a short-notice cancellation (or no show) for a treatment session, the provider will charge the NDIS plan 100% of the fee agreed upon by the Service Agreement. A cancellation fee will be charged if the participant has failed to give **'2 clear business days'** notice before **8:00am** (ex. If a client has an appointment anytime on Monday, the clinic must be notified of the cancellation by 8:00am the preceding Thursday).

If a participant is unwell and a doctor's certificate is provided to the clinic within 48 hours, the cancellation fee will be completely waived.

If the clinician has travelled to an **off-site location** (ex. school/home/preschool) and is not notified of the participant's absence, the travel fee and km's fee will still apply.

If the participant is going on a holiday and unable to attend their regular appointment, Little Star can hold the appointment spot for a maximum time of 3-weeks unless reception staff can make alternate arrangements to hold the spot. Please consult with reception staff as soon as possible.

There is no limit on the number of short notice cancellations (or no shows) that a provider can claim in respect of participant. Providers have a duty of care to their participants and if a participant has an unusual number of cancellations, then the

NDIS SERVICE AGREEMENT



provider will seek to understand why they are occurring. The NDIA will monitor claims for cancellations.

PROBLEMS OR CONCERNS

If you have any problems or concerns please contact:

Administration/Reception: reception@littlestarspeechtherapy.com.au or adminofficer@littlestarspeechtherapy.com.au or landline (02) 4952 3856

If you have further questions or your problem has not been fixed please contact the NDIA and they can provide further assistance: ph. 1800 900 110

AGREEMENT

- I have read, understood and agree to the terms and conditions as listed above
- I am aware that NDIS delegates (ex. auditor) may review the client's file and contact me for an interview. If I am unable to participate in an interview, I will be required to 'opt out' (ex. via letter, email).
- I agree to my child being occasionally observed by a Little Star Director, Clinical Educator or Senior Clinician for quality improvement purposes and staff supervision.
- I am happy to be offered the option to work with an AHA (student) charged at the reduced rate.

SIGNATURE AND DATE

NAME: Participant's Name

SIGNATURE

DATE

LITTLE STAR SPEECH THERAPY
(T/A SK & CS HAMALL PTY LTD)

Santay Kashik

SIGNATURE

DATE