

Cor Phys Allied Health : NDIS Service Agreement

This service agreement is between:

NDIS participant/or their representative	
<i>And</i>	
Provider	

Start date	
End date	

Purpose

The purpose of this agreement is to describe the supports provided by *the provider* under your NDIS plan. A copy of your plan is attached. This agreement is in the context of the NDIS, a scheme that aims to:

- support the independence and social and economic participation of people with disability enable people with a disability to exercise choice and control in the pursuit of their goals, and in the planning and delivery of supports.

Responsibilities

Cor Phys Allied Health agrees to:

- treat you with courtesy and respect
- communicate openly and honestly, in a timely manner
- work with you to provide services that suit your needs
- review your services with us when needed, at minimum every 3 months
- give you information about managing complaints or disagreements
- give you information on how to change or cancel supports
- plan and coordinate any transitions to and/or from our services
- listen to your feedback and resolve problems quickly
- protect your privacy and confidential information
- comply with all *the provider* policies
- follow all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, Australian consumer law, and the *Privacy Act 1988*
- give you a minimum of 24 hours’ notice, where possible, if *the provider* needs to cancel, or change, a scheduled service.
- keep accurate records, and issue regular invoices and statements of supports provided.

Participants Responsibilities

Participant or representative agrees to:

- work with *the provider* to ensure that services meet your needs
- treat *the provider* with courtesy and respect
- communicate openly and honestly with *the provider*, and discuss any concerns about services being provided
- provide *the provider* with any plans and/or assessments necessary to deliver safe and quality services e.g. positive behaviour support plan
- reduce identified risks e.g. within your home, when *the provider* staff are delivering services
- pay all invoices for agreed services, transport, and/or other expenses within 28 days
- let *the provider* know if there is a change to your NDIS plan, if it is suspended, replaced by a new plan, or if you stop being an NDIS participant.

Supports and payments

the provider will provide you with services identified in your NDIS plan. Further details are in attachment 1: schedule of supports. All prices are inclusive of GST (if applicable) and include the cost of providing services.

Additional expenses (things not included as part of your NDIS funding) are not included. You must pay for these things, for both yourself and the worker, where applicable.

For NDIA managed funds, *the provider* will create a service booking on the myplace participant portal, and claim payment for services delivered (not including additional expenses) directly from the NDIA.

For self-managed and plan managed funds, *the provider* will invoice you or your nominated plan manager for services delivered (not including additional expenses)

The NDIS sometimes change their service pricing or rules. *the provider* will charge in line with any changes. *the provider* will let you know if this happens, in writing. The NDIS will automatically increase your support budget to cover any price increases.

Participant transport

Transport costs associated with community participation supports and transport supports are not included in the hourly support rate. This includes the cost of public transport, parking fees, road tolls, taxi fares and kms travelled.

the provider charges [____] per kilometre for all kilometres travelled in a workers' vehicle, during a support with you in the vehicle.

You can choose to use some of your core or capacity building budget, to pay for agreed transport costs incurred during community participation supports. You can also pay for a support worker to transport you to, from, or as part of a community participation support.

You can only pay for a *the provider* worker to transport you to an activity that is not a support itself, or a support delivered by another provider (e.g. to work) if you have a transport budget in your plan.

Provider travel

The provider can charge for the time its workers spend travelling to you. This time is charged to your plan, and is deducted from the total budget of the relevant support category. The [NDIS support catalogue](#) explains when *the provider* can claim travel time, and the [NDIS price guide](#) indicates how much time can be claimed:

Non-face-to-face supports and report writing

For some supports, *the provider* can claim for non-face to face activities e.g. report writing or developing support plans for workers. *the provider* will only claim for non-face to face supports agreed in the attachment 1: schedule of supports.

The provider will not claim for administrative tasks such as scheduling supports, training or submitting claims.

Goods and services tax (GST)

For the purposes of GST legislation,

- the *participant* has a [NDIS plan](#)
- the NDIS plan is expected to remain in effect while the supports are provided
- the supply is of [reasonable and necessary supports, and](#) described in the participant's NDIS plan
- there is a [written agreement](#) to deliver these supports, between the *the provider* and *participant*
- the *participant's* will inform *the provider* if there is a change to the NDIS plan, if it is suspended, replaced, or if the participant stops being an NDIS participant.

Cancellations

If a service is cancelled at short notice, or there is a no show, *the provider* can charge 100% of the agreed support fee. A short notice cancellation is when you:

- do not show up for a support within *15 minutes* of the scheduled start time, or
- give less than 7 business days' notice to cancel a support

the provider will only charge for a short notice cancellation (or no show):

- for support items that the price guide allows short notice cancellation claims, and
- when they cannot find other billable work for the relevant worker, and if they must pay the worker for their time.

The NDIS monitors short notice cancellations and may contact *the provider* about participants with a high number of cancellations. *the provider* will work with you to minimise cancellations and make sure your plan is meeting your needs.

Changes to this agreement

Any changes need to be agreed, put in writing, signed, and dated by you and *CPAH*

If either you or *the provider* want to change regular services, at least *2 weeks' notice* should be given. Special circumstances will be discussed on an individual basis.

You must tell *the provider* if there is a change to your current NDIS plan.

Ending this agreement

If you or *the provider* wants to end this service agreement they must give *1 month* notice, ensuring a smooth transition away from the service. If you or *the provider* seriously break this agreement, the agreement can end with no notice.

You must also tell *the provider* if your current NDIS plan is suspended, replaced or if you stop being a NDIS participant. *the provider* will only provide agreed services within the agreement start and end dates, and while you have an active plan. If you still want to receive services from *the provider* after the service agreement end date, or with a replacement plan, you need a new service agreement.

Feedback, complaints, and disputes

the provider welcomes all feedback, compliments, and complaints.

If you are not satisfied with the outcome of your complaint, you can contact:

National Disability Insurance Agency by calling 1800 800 110, visiting www.ndis.gov.au or visiting one of their offices in person.

NDIS Quality and Safeguards Commission by calling 1800 035 544 (interpreters can be arranged), or visiting www.ndiscommission.gov.au/about/complaints.

If you would like support, *the provider* can support you to contact and make a complaint to the National Disability Insurance Agency or NDIS Quality and Safeguards Commission.



Attachment 1: Schedule of supports

Name:			Date of birth:			NDIS number:		
Support category	Support item	Description of support	Unit of service	Number of units	Price per unit	Total	Payment information	Notes

Contact details

	Name	Phone number	Email	Address
Provider contact				
Participant contact				
Alternative participant contact				
Plan manager				



CorPhys
ALLIED HEALTH

Signatures

Representative	Name	Signature	Date
Provider			
Participant			

The parties agree to the terms and conditions of this service agreement:

Cor Phys Allied Health

Empowering Health, Elevating Performance.
Your Partner in Recovery.

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