

Support Coordination Service Agreement

Easy Read version



1. Parties

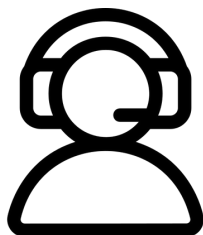


This service agreement is between

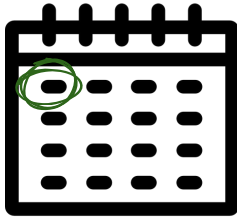


you _____

and

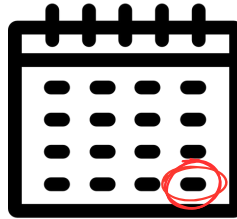


us, Coordination Care Services Pty Ltd



This agreement starts on

____ / ____ / ____



This agreement ends on

____ / ____ / ____



This agreement provide the following service

2. The NDIS and this Service Agreement



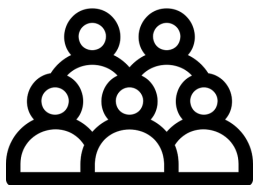
This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).



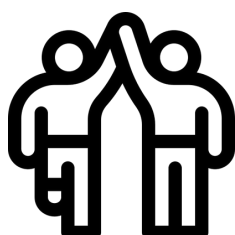
A copy of the participant's NDIS plan is required to ensure support service align to the participants goals and NDIS requirements.

3. Responsibilities: Coordination Care Service (CCS)

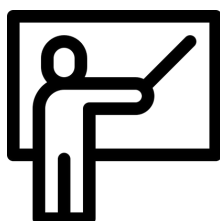
Responsible to provide NDIS support coordination services:



- Connect participants to supports and services in the community



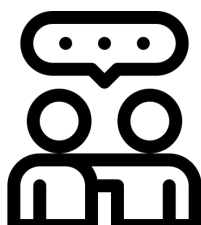
- Support coordination of services to build participants skills to understand and use their plan



- Detail how their plan will be implemented on their Care Plan



- Work with you to get the best outcomes from your funding to achieve your goals



- Assist the participant in preparation for any NDIS reviews

3. Responsibilities: Coordination Care Service (CCS)

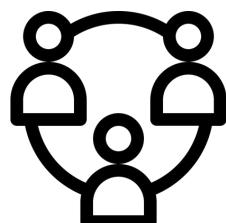
Coordination and Care Services (CCS) agrees to:



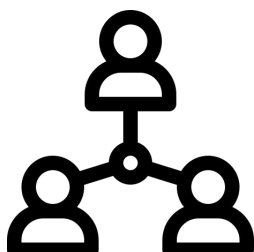
Treat you the participant with courtesy and respect, communicate openly and honestly in timely manner. Listen to participant feedback and resolve problems quickly.



Engage with your nominated representative (if appointed) regarding your matters.



Connect with informal, community and funded supports, enabling you to achieve your goals.



Coordinate supports to assist you to build the skills you need to understand, implement, and use your plan.

3. Responsibilities: Coordination Care Service (CCS)

Coordination and Care Services (CCS) agrees to:



CCS fees will be charged as outlined in your NDIS plan and comply with the approved NDIS guidelines relevant to the funding.



Provide support that complies with all state and federal laws.



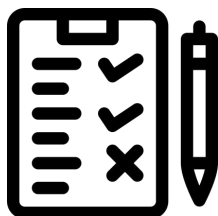
Protect the participants' privacy and confidential information in all formats.



Retain and provide clear and accurate records on services provided to you.

3. Responsibilities: Coordination Care Service (CCS)

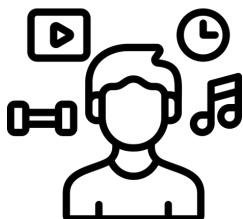
Coordination and Care Services (CCS) agrees to:



Ensure there is a mix of supports to increase your capacity to maintain relationships, manage service delivery tasks, live more independently, and be included in your community.



Consult with you and give you time to consider decisions about your support provision.



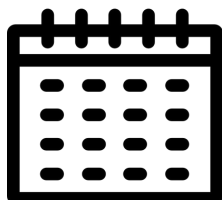
Work with you to arrange for supports that fit your needs.



Provide invoices for work completed in a timely manner.

3. Responsibilities: Coordination Care Service (CCS)

Coordination and Care Services (CCS) agrees to:



Review overall provision of supports annually, or within the lifetime of the plan, or as required to support any NDIS plan review.



Welcome customer feedback information regarding both compliments and complaints via CCS website.



Give the participant the required notice if the provider needs to end the Service Agreement (see Section 6).



Ensure the participant is informed regarding their rights and has access to our charter of rights at www.coordinationcare.com.au

3. Responsibilities: Coordination Care Service (CCS)

Coordination and Care Services (CCS) agrees to:



Provide the participant with timely and accurate feedback regarding any incidents, accidents or hazards relating to our services.



In the case of an emergency or disaster, call 000.

CCS will continue to provide services within the constraints of what is practicable. This may mean alternative staff will be providing support coordination services.



In collaboration with the participant, we will complete a risk assessment based on their NDIS Plan and ensure strategies to treat known risks are discussed.

4. Responsibilities of the Participant or Participant Representative

Participant and/or Participant Representative Responsibilities

I the Participant or Participant representative agree to:



Treat CCS staff with courtesy and respect.



Respect the rights of CCS staff regarding
workplace health and safety and being
free from harassment.



Abide by the terms of your
agreement with CCS.

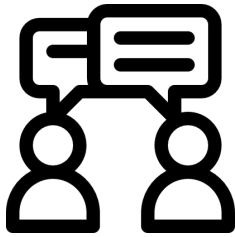


Provide CCS with a copy of your
NDIS plan.

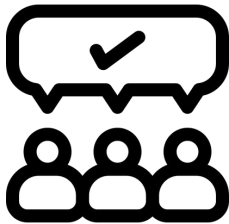
4. Responsibilities of the Participant or Participant Representative

Participant and/or Participant Representative Responsibilities

I the Participant or Participant representative agree to:



Let CCS know immediately if my NDIS plan is suspended or replaced by a new plan, or if I stop being a participant in the NDIS.



Work with CCS to make sure that the support coordination service delivered meets my support needs.



Talk to CCS if I have any concerns about the services or supports being provided.



Provide information that will help CCS better meet my needs.

4. Responsibilities of the Participant or Participant Representative

Participant and/or Participant Representative Responsibilities

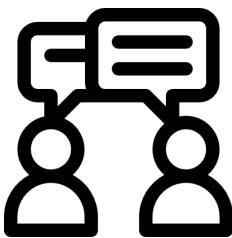
I the Participant or Participant representative agree to:



Understand that my needs may change over time, however changes in my services provision will be limited to within my plan funding section caps and rules.



Accept responsibility for my actions and choices even though this may involve some level of risk.



Tell CCS if I wish to opt out of their support coordination service. More information is listed in Section 6: Ending Service Agreements.



Not request CCS employees to provide services outside the agreement or CCS policies and procedures.

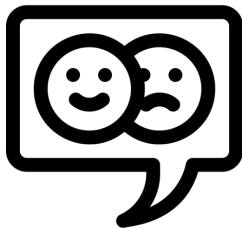
4. Responsibilities of the Participant or Participant Representative

Participant and/or Participant Representative Responsibilities

I the Participant or Participant representative agree to:



Consent that the NDIS Commission or its delegates can review my file. I can remove this consent at any time by contacting CCS.



Provide feedback to CCS regarding any incident, accident or hazard that occur that relate to their NDIS plan or their ability to achieve their goals



Ensure all invoices and payments are made on time.

5. Changes to this Service Agreement



If changes to the delivery of support coordination services are required, the parties agree to discuss and review this Service Agreement. The parties agree that any changes to this Service Agreement will be in writing, signed and dated by both parties (and their representatives if required).

6. Ending this Service Agreement

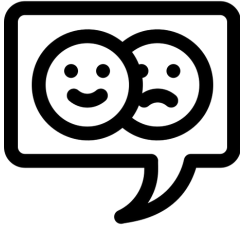


Should either party wish to end this Service Agreement they must give **fourteen (14) days' notice.**

During the notice period, both parties will work towards a smooth transition of Support Coordination services to ensure continuity of supports to the participant.

If either party seriously breaches this Service Agreement, the requirement of notice will be waived.

7. Feedback, complaints, and disputes



Participant feedback to CCS
Phone (02) 6056 6900
emailing jamesp@coordinationcare.com.au

or by mail to Level 2, 111-113 Hume Street
Wodonga Victoria 3690.

or National Disability Insurance Scheme by
calling 1800 800 110

www.ndis.gov.au

8. Goods and Services Tax (GST)



All invoices from Coordination Care
Services Pty Ltd include GST.

Note that the NDIS will pay the total
amount nominated on the invoice
within the limits of NDIS funding
guidelines and their plan.

9. Cancellation of Appointments or Non-Attendance

At CCS we acknowledge that things can change due to unforeseen circumstances. There may be situations that occur that prevent you from attending scheduled appointments. If this occurs, please notify us as soon as practicable so we can reschedule the meeting.



If an appointment is cancelled by you within two business days, or you do not attend your appointment, a 90% service fee for all costs with the scheduled appointment will be charged, including travel where applicable.

If an appointment is cancelled by CCS, you will not be charged, and we will book another appointment as soon as possible.

After three cancellations, CCS will review your agreement, and determine ways to assist you in attending your appointments.

10. Service Fees



Coordination and Care Services Pty Ltd will seek payment for the provision of their support services monthly.

All charges will be in accordance with the NDIS price guide. Details of the services provided are listed on the monthly invoice, to enable Participants or their representatives to confirm a delivery of a service and their approval for payment.

Outstanding payments



CCS will cancel all services where outstanding invoices are more than 30 days in arrears. Actions may include contacting the Participants Plan Managers if applicable.

CCS will contact the NDIA for all invoices over 90 days. Participant reports or summaries will not be released until all payments are made.

11. Method of payment (please select method)

- **Agency managed**



- Payments can be made directly from the funding body to Coordination and Care Services (CCS).
- CCS is to claim for the service via the NDIA Provider Portal.

By ticking the box, I agree to CCS creating a service booking for the total amount agreed upon within the service agreement.

- **Plan managed**



- Payments can be made to an intermediary Plan Manager who facilitates funds for and on behalf of the clients.
- Services will be invoiced weekly to the client/Representative or Plan Manager specified below.
- All invoices are payable within 7 days.

Plan Manager Information

Organisation

Name of Contact Person

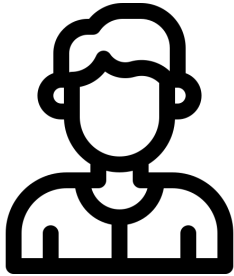
Address

Email Address

Contact Phone Number

11. Method of payment (please select method)

- **Self managed**



- Direct payment from client/representative
- Services to be invoiced weekly to clients/representatives and be payable with 7 days
- If for some reason the fees cannot be paid for a period, please contact us to discuss your circumstances and determine a solution

Self Managed Information

Name of Contact Person

Address

Email Address

Contact Phone Number

12. Question and Answers

- **What is Coordination and Care Services (CCS) and how does it work?**



- CCS works with you to understand your NDIS plan. Our support coordinators assist you to build the skills you need to understand, implement and use your plan to achieve your goals. We work with you to improve your ability to connect with the community through informal and funded support networks. We work with you to help with your NDIS plan review.

- **What happens after my NDIS Plan is approved?**



- Firstly, congratulations as you now have NDIS funding to work towards achieving your goals. You then need to select a support coordinator to help you put your plan into action. At CCS we believe we are best placed to help you get the most from your funding through working with you and your support team.

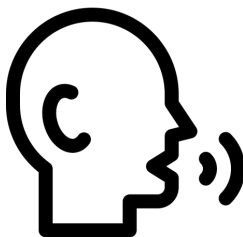
12. Question and Answers

- **Do I have to use Coordination Care Services (CCS) as my support Coordinator?**



- No. Choice and control remains with you regarding your funding and how you want to implement your funded services. We believe we are best placed to support you to achieve your goals as we have worked with you during your NDIS application process.

- **What happens if there is no funding in my plan for support coordination?**



- There are other ways for you to make your plan work for you. You can use a plan manager to help with some of complexity regarding rolling out your plan. Please talk to us as there are many ways forward.

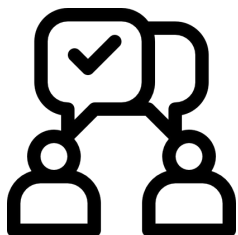
11. Question and Answers

- **Other information and support offered by Coordination Care Services (CCS).**



- At CCS we are here to help if you have and questions regarding the funding in your NDIS plan. We take pride in providing you with any information in a timely manner that can assist you in maximising the benefits from your funding. There are always better ways to get the most from your funding to achieve your goals.

- **Can you opt out of Coordination and Care Services?**



- Yes. Choice and control remain with you regarding your plan and how you use your supports. Our focus is on you and supporting your choices. If you prefer to move onto another provider, we will do our best to make sure there is a smooth transition.

12. Question and Answers

- **Individuals right to a support person, representative or advocate.**



- All participants have the right to have a support person to help them with their NDIS Plan. This support person can help a participant with many aspects of their plan. CCS just needs the support person details and have them sign off on our Advocacy Form where appropriate.

- **Can I change my Representative, support person or advocate?**



- Yes, the participant has the right to change their support person, advocate or Representative at any time. CCS needs to be informed and new arrangements signed off.

12. Question and Answers

- **Access for interpreter support if required.**



- At any time, if things are not clear due to language differences, CCS is happy to provide interpreter support to ensure clear understanding of any information to do with our support coordination service.

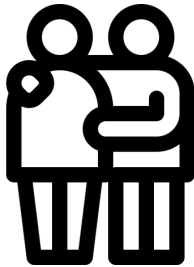
- **Privacy and confidentiality of information**



- All information supplied to Coordination and Care Services is treated as confidential. For more information, please go to www.coordinationcare.com.au

12. Question and Answers

- **Coordination and Care Services feedback – compliments and complaints.**

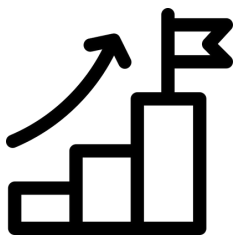


- At CCS, we are always happy to receive feedback regarding our services and support. If you have any compliments or complaints, please provide feedback either via phoning or emailing CCS. Alternatively you can provide feedback via our website www.coordinationcare.com.au or to the NDIS via their website www.ndis.gov.au

13. Consent to share information

The collection, holding, use and disclosure of personal information by CCS is protected by Privacy Amendment (Enhancing Privacy Protection) Act 2012.

CCS will not disclose/use information about you for any secondary purpose unless you would reasonably expect us to do so to:



- Directly support your primary purpose of achieving the goals set out in your NDIS Plan. (For example, some communication is typically required with your service providers, your support team and NDIA representatives).



- Prevent or lessen a serious threat to life, health or safety of an individual.

13. Consent to share information

Coordination and Care Services NDIS Audits and Accreditation Renewal



The NDIS may select your file as part of the accreditation renewal process for CCS. Thus, we require your approval for an NDIS auditor to have access to your file as part of their review of CCS internal processes.



Your information remains confidential and remains within your file. Also, CCS may contact you by phone to introduce the auditors if they have any specific questions.

You have the right to not take part of the audit. The choice is up to you.

I do not wish to take part in any NDIS Audits.

14. Schedule of Supports

NDIS Line Item

As per NDIS Pricing Arrangements and Price Limits

- 07_001_0106_8_3
Level 1 Support Connection
- 07_002_0106_8_3
Level 2 Coordination of Supports
- 07_004_0132_8_3
Level 3 Specialist Support
Coordination
- 07_101_0106_6_3
Psychosocial Recovery Coaching
(Weekday Daytime)

Support Coordination



Total
hours: _____

Cost
Per Hr: _____

Total
Cost: _____

15. Your Support Coordinator

Support Coordinator name

Email

Contact Phone Number

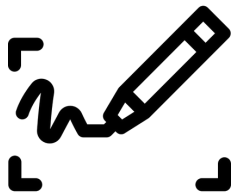
Email Address

Normal Days of Work

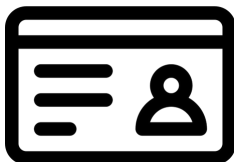
16. Agreement Signatures

The parties agree to the terms and conditions of this Service Agreement.

Participant Signature



Signature (participant/participant's representative)



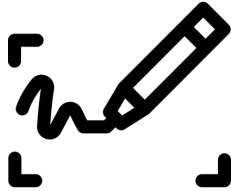
Name (of participant/participant's representative)

Date _____ / _____ / _____

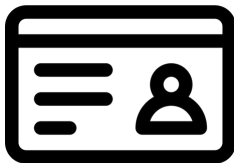
16. Agreement Signatures

The parties agree to the terms and conditions of this Service Agreement.

Coordination and Care Services Signature



Signature of authorised person



Name of authorised person

Date ____ / ____ / ____

or Verbal/Email Consent

Name of authorised person

Signature of authorised person

Date ____ / ____ / ____

Time _____

Copy of Service Agreement Provided to Participant Via:

Email

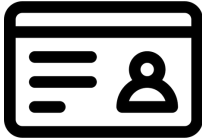
Post

In Person



Authority to Act as the Participant Representative

1. Participants Details



Name _____



Date of birth _____ / _____ / _____



Address _____



Mobile _____

Home _____

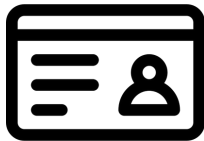
Work _____



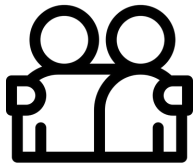
Authority to Act as the Participant Representative

2. Participant Representative Details

Please enter details of the person you would like to give authority to act on your behalf.



Full name _____



Relationship to you _____



Postal Address



Email address (if applicable)



Mobile _____

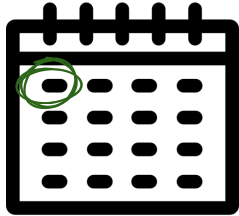
Home _____

Work _____



Authority to Act as the Participant Representative

3. Authority to Act



Effective from date:

____ / ____ / ____



I authorise CCS to act on the instructions of my nominated representative above.



I authorise CCS to give access of my plan to my representative via its online business platform at same level of access and authorisations.



I understand CCS is not responsible for any actions of my representative using this authority.



I understand this authority comes into effect from the date above or from when form is received, whichever is the later.



Authority to Act as the Participant Representative

3. Authority to Act

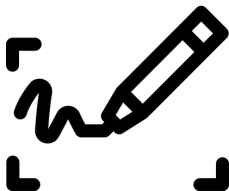


- I understand I am giving my nominated representative authority to access my information in person, by telephone, email and letter.



- I understand I can cancel this authority at any time by contacting CCS, revoking consent from that date.

4. Approval: Participant and Representative to Sign



Participant Signature:

Date: ___ / ___ / ___



Representative Signature:

Date: ___ / ___ / ___