



Australian Government

**Department of Families, Housing,
Community Services and Indigenous Affairs**

Helping Children with Autism Package

Early Intervention Service Provider Panel

Operational Guidelines

Part A: Policy Guidelines

October 2009

Together, the Operational Guidelines, Program Guidelines, Terms and Conditions and Schedule all form the FaHCSIA Deed of Agreement for the Autism Early Intervention Service Provider Panel.

Preface

The *Early Intervention Service Provider Panel: Operational Guidelines* for the Helping Children with Autism package provides the basis for the business relationship between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the providers on the Early Intervention Service Provider panel (the Panel). It provides the framework for the operation of the Panel.

The Operational Guidelines consist of:

- Part A: Policy Guidelines
- Part B: FOFMS Guidelines

The Operational Guidelines (Part A and Part B), together with the Letter of Offer, Schedule and Annexure 1, Terms and Conditions, and Program Guidelines form the entire Deed of Agreement relating to membership of the Panel. The Operational Guidelines need to be read in conjunction with each of these documents.

As detailed in Item P8.1 of the Schedule, FaHCSIA reserves the right to vary any aspect of, or replace the Operational Guidelines Part A and Part B from time to time by whatever means it may determine in its absolute discretion provided the changes are not inconsistent with the Deed of Agreement.

Amendments made to the Operational Guidelines will be notified by email to the contact person named in the Deed of Agreement within 20 business days of any variation to the Operational Guidelines.

FaHCSIA will ensure that the most current version of the Operational Guidelines is located within the Literature Tab of the FaHCSIA Online Funding Management System (FOFMS).

It is the responsibility of each provider on the Early Intervention Service Provider Panel to ensure that they are familiar with the content and requirements of the Operational Guidelines Part A and Part B as detailed in the current version maintained in FOFMS.

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Section 1 Background

The Early Intervention Service Provider Panel (the Panel) was established in October 2008 by FaHCSIA as the mechanism to provide increased access to services for children with an autism spectrum disorder (ASD) and their families and carers. To date, the Panel consists of more than 150 multidisciplinary teams across Australia delivering services at over 540 locations.

To be eligible for membership of the Panel, providers must be:

- A multidisciplinary early intervention provider; or
- A consortium of early intervention providers that collectively and collaboratively provide multidisciplinary services.
- Sole Providers (speech pathologists, occupational therapists and psychologists) subject to quality requirements.

Individual early intervention providers, speech pathologists, occupational therapists and child psychologists can form consortia to deliver services through the package. A consortium must include a lead agency. Providers must demonstrate that they provide one or more of the eligible interventions and that these interventions are delivered by qualified and/or experienced staff including at least one or more allied health professionals from at least two of the following disciplines – speech pathology, occupational therapy and child psychology.

FaHCSIA will also consider panel membership from sole providers who must be from the professional groups of speech pathology, occupational therapy and psychology. FaHCSIA reserves the right to determine where there may be a need for sole providers based on gaps in available services, particularly in regional and remote areas, and will make every effort to assist sole providers to join a consortium where possible.

Sole providers will be required to make every possible effort to include multidisciplinary practice into their interventions and are required to have membership of one of the following professional boards.

- **Occupational Therapists** in Queensland, Western Australia, South Australia and the Northern Territory must be registered with the Occupational Therapists Board in the State or Territory in which they are practising; in other States and the Australian Capital Territory, they must be a 'Full-time Member' or 'Part-time Member' of OT AUSTRALIA, the national body of the Australian Association of Occupational Therapists.
- **Psychologists** must be registered, without limitation, with the Psychologists Registration Board in the State or Territory in which they are practising. Psychologists must identify themselves as providers of Autism services and be on the APS Autism and PDD Identified Practitioners List.
- **Speech Pathologists** must be a Certified Practising Speech Pathologist (under Speech Pathology Australia's Professional Self Regulation program). Speech Pathologists practising in Queensland must be registered with the Speech Pathologist Board of Queensland. In all other States, the Australian Capital Territory and the Northern Territory, they must be a 'Practising Member' of Speech Pathology Australia.

Providers are required to have the experience, expertise and capacity in delivering the evidence based multidisciplinary early intervention services required under the Helping Children with Autism (HCWA) package. This includes children living in rural and remote areas, and children from Indigenous and CALD backgrounds.

1.1 What will families receive through the early intervention component of the HCWA package?

The early intervention component of the HCWA package provides eligible families with options for accessing evidence-based early intervention services. Families and carers of eligible children will have access to a funding package of up to \$12,000 (up to \$6,000 per child per financial year) to assist with the financial cost of accessing early intervention services. This means that the funding package can be accessed across a number of financial years. For example, a family might access \$3,000 in the first financial year, \$6,000 in the second financial year and the remaining balance of \$3,000 in the third financial year.

The funding package will support the provision of structured and intensive early intervention services, such as one-on-one intensive activities and tailored group and individual programs that can be delivered in a range of settings. Families will use their funding package to choose the early intervention services that best suit their child from FaHCSIA's Panel. As services are delivered to eligible children, FaHCSIA will make payments in arrears to service providers on the Panel on behalf of families. Further information is in **Section 9**.

Families who reside in an outer regional area or beyond, according to the Accessibility/Remoteness Index of Australia (ARIA+) classification, may also be eligible to access a one-off Outer Regional and Remote (ORR) Payment Outer of \$2,000 per eligible child to cover the additional expenses associated with accessing early intervention services.

Following a review FaHCSIA supported an enhancement to the business rules around the ORR payment to include special consideration criteria such as:

- a) more than one child eligible for funding through the HCWA package;
- b) no suitable service provider delivering services within 100kms of their residential address (one way);
- c) difficulty accessing transport or the road network;
- d) excessive waiting times to access a local provider (over 3 months);
- e) family or other support available in another location.

This funding will provide these families with additional options for accessing early intervention services as well as training, respite, resources (such as computers to access online information and books), and accommodation and travel to and from support. This payment is in addition to any outreach services available to regional and remote areas and is also in addition to the funding package of up to \$12,000 per eligible child.

FaHCSIA will make payments in arrears to the provider on behalf of the family, as services are delivered, up to a maximum of \$6,000 per eligible child per financial year (up to a maximum of \$12,000). Further information about payment of service providers is in **Section 9**.

To be eligible for the early intervention component of the package children must meet the criteria for each of the following:

- Age;
- Diagnosis; and
- Residential eligibility.

Within the context of the Operational Guidelines, eligible children are children who have satisfied each of the eligibility criteria as outlined in this section.

Age

The Australian Government has revised the eligibility criteria for children accessing the early intervention funding via the Early Intervention Service Provider Panel. The expanded criteria will allow access to funding up to a child's seventh birthday, replacing the currently eligibility criteria issued on 2 February 2009, including the special consideration process.

The revised eligibility criteria for children accessing the early intervention funding through the HCWA package is as follows:

- To be eligible for the early intervention funding package a child must have been seen by an Autism Advisor and deemed eligible to access the program before their sixth birthday. The \$12,000 in

funding under the early intervention component can be used until the child's seventh birthday to a maximum of \$6,000 per financial year.

- All eligible children up to the age of six years will now have access to the early intervention funding of up to \$12,000 (up to \$6,000 per financial year) regardless of whether or not they have commenced school.
- Once a child turns seven years of age they are no longer eligible to access funding under the early intervention component of the package.

Eligible children are those aged zero to six years who have been diagnosed in Australia with an ASD.

Diagnosis

The Advisor must sight a written conclusive diagnosis made by or through any one of the following:

- the new Medicare items through the Helping Children with Autism package; **or**
- a State/Territory Government or equivalent multidisciplinary assessment service; **or**
- a private multidisciplinary team; **or**
- Paediatrician; **or**
- Psychiatrist

A multidisciplinary assessment team must consist of a psychologist and speech therapist but may also include an occupational therapist.

An acceptable diagnosis is one of the following as listed in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) IV under Pervasive Developmental Disorders:

- Autistic Disorder
- Asperger's Disorder/Syndrome
- Rett's Disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

Please note that having "similar characteristics" to autism is **not** a conclusive diagnosis.

An acceptable form for a diagnosis to be received by the Advisor should include either:

- letter-head paper, which includes the signature and position of diagnosing person;
- or**
- as an email with 'approved for transmission' in the email by the appropriate diagnosing person

Advisors are expected to have knowledge of their State/Territory diagnostic services, both public and private and would therefore know the signatories on the diagnosis document.

Residential eligibility:

Residential eligibility for access to funding under the package is the same as that for Carer Allowance (Child). That is, both the carer and the child being cared for must be:

- an Australian resident - this means they are living in Australia on a permanent basis and they are either:
 - an Australian citizen, or
 - the holder of a permanent resident visa, or
 - the holder of a Special Category Visa - someone who arrived on a NZ passport and who is not affected by the changes to residence requirements, AND
- have lived in Australia for long enough to satisfy qualifying residence periods or the newly arrived resident's waiting period (whichever applies to the payment being claimed). Note: there are some exemptions.

1.2 How will families access the package?

Access to the funding package is through the Autism Advisor Program. Following diagnosis, the child's medical practitioner or diagnosing clinician will provide the family with information about the package and how to contact their local Autism Advisor.

1.3 Role of the Autism Advisor

Autism Advisors provide a central point for advice, information and linkages to service options for families and carers.

Autism Advisors provide information about local early intervention programs that would best meet the particular needs of their child. This includes up to date information about Panel providers in the family's area, including the interventions the providers deliver, their schedule of fees and their availability (i.e. whether the child will need to be placed on a waiting list). The information provided by the Autism Advisor will assist the family to choose the provider they would like to access. Once they have made the decision, the Autism Advisor will provide the family with the provider's contact details.

Autism Advisors confirm eligibility for the funding package and provide printed confirmation to the family or carer of the child's eligibility. This printed confirmation is known as a *Letter of Introduction* and must be presented when a family or carer first visits a service provider on the Panel. Further information on the *Letter of Introduction* is in **Section 7.1**.

Autism Advisors also support families from rural and remote areas to apply for the Outer Regional and Remote payment.

Autism Advisors can be accessed in a number of ways, including face-to-face, phone and email contact. There are Autism Advisors located in each State and Territory of Australia and can be accessed at the following link - <http://www.fahcsia.gov.au> (<http://www.fahcsia.gov.au/sa/disability/progserv/people/HelpingChildrenWithAutism/Pages/default.aspx>)

Section 2 Early Intervention Service Provider Panel

2.1 What are providers on the Early Intervention Service Provider Panel required to deliver?

Providers on the Panel are required to provide one or more of the following eligible interventions, as defined by Roberts and Prior (2006)¹, to eligible children through the HCWA package:

- Behavioural interventions – application of learning theory and skill development.
- Developmental and social learning interventions – building relationships and development of social emotional capacities.
- Therapy-based interventions – communication and social development or sensory motor development.
- Family-based interventions – working with families to develop skills in working with their children.

Providers must demonstrate that these interventions are delivered by qualified and/or experienced staff. For consortia this must include at least one or more allied health professionals from at least two of the following disciplines who can provide services specifically tailored to the needs of children with an ASD:

- Speech pathology
- Occupational therapy
- Child psychology

Providers must deliver the interventions from the list above in a manner that demonstrates:

- Best practice principles for early intervention services for children with an ASD; and

¹ * Roberts, J. M. A., & Prior, M. (2006) [*A review of the research to identify the most effective models of practice in early intervention of children with autism spectrum disorders*](#), Australian Government Department of Health and Ageing, Australia.

- Value for money.

Information about best practice principles and value for money is in the **Program Guidelines, Section 3.4.**

To ensure high quality services are delivered to children and their families and carers, providers must also:

- Systematically evaluate the child's social, cognitive and/or adaptive functioning before, during and at the end of the intervention;
- Ensure that interventions are delivered by qualified and/or experienced staff;
- Provide effective governance;
- Demonstrate compliance with child safety mandatory requirements; and
- Have an IT system compatible with the FaHCSIA Online Funding Management System (FOFMS).

Detailed information on the last four of the additional requirements is in the **Program Guidelines at Section 3.4.**

Many providers have also made a commitment to engage or partner with specialised providers and community based allied health service professionals to deliver early intervention services to families from Indigenous and culturally and linguistically diverse (CALD) backgrounds, and families in rural and remote areas.

Section 3 Development of intervention and service delivery plan

FaHCSIA is keen to maximise the choice families have about the types of interventions they access, the services they use, and the providers who support them. Providers on the Panel must therefore work appropriately with families and carers to support their right to choose the services they access for their child.

Providers must inform families of the interventions they deliver and their associated schedule of fees. Together, the family and provider will decide on the early intervention strategy and develop a mutually agreeable service delivery plan (also known as the Individual Service Plan) that best meets the needs of the child and the family.

An example of a best practice service delivery plan is one that meets the needs of the family, supports the purpose of the program and is measurable against the program outcomes. The *Purpose of the Program* and the *Program Outcomes* are in **Program Guidelines, Section 2.1.**

3.1 Settings

Early intervention services can be delivered individually and with peers, and in various settings according to the child's needs. Including typically-developing peers for at least a part of the program is highly desirable but peer interaction needs to be supported.

3.2 Service Delivery

Providers must ensure that early intervention services delivered under the package:

- Are well structured, organised, regular and predictable and focused on specific objectives;
- Are consistently managed;
- Focus on attention, compliance, imitation, language and social skills;
- Provide a highly supportive teaching environment to maximise learning. Strategies will include modeling, prompting, praise, shaping and generalisation;
- Have a low child/staff ratio for centre based programs with a maximum of 2-4 children per adult.

Early intervention services provided must also have an ASD specific content and focus and include:

- Teaching joint attention skills, play and imitation skills;
- Building functional communication skills. This may include language and Alternative and Augmentative Communication (AAC) such as picture systems, gestures and signing;
- Teaching social interaction skills in a supported environment;

- Daily living skills, e.g. toileting, washing hands, eating;
- Management of sensory issues;
- Generalisation of learning strategies to new situations and with new people;
- Management of undesirable or challenging behaviours;
- Early engagement and recognising emotions.

3.3 Service Delivery design

Early Intervention services for children under the HCWA package must:

- i. Have a functional approach to problem behaviours including teaching alternative appropriate skills and positive behaviour support, and communication skills to replace the behaviours of concern.
- ii. Be designed in collaboration with the family and include family involvement. Through advice and information families are supported to help their child with play, social and communication skills development, and with the management of challenging and repetitive behaviours. Families, teachers and therapists are to collaborate in preparing the child for transition to school or to another setting.
- iii. Be designed and implemented by multidisciplinary teams.
- iv. Must provide systematic connection and integration between the early intervention program and the next stage for the child, whether this transition is to school or to another therapeutic or special education setting. Transition support into school is critical for the two years leading up to school.
- v. Ensure that the child's social, cognitive and/or adaptive functioning before, during and at the end of their treatment plan is systematically evaluated and reported according to the requirements of the Deed of Agreement.

Note:

- Evaluation of the child's social, cognitive and/or adaptive functioning before the start of the intervention provided by the service provider should be similar to an intake assessment, and should be based on the assessment of the child conducted as part of the diagnosis (where possible). Children already attending a service provider on the Panel are not required to undertake a new assessment or evaluation for continuing intervention services.
- The systematic evaluation conducted during the course of the intervention program consists of the clinical notes written by the therapist, preferably at the end of each session with the child. This should not be a separate assessment unless recommended by the service provider or requested by the family. Parents and carers should be provided with a copy of all assessments, evaluations and/or reports.
- Funding under the early intervention component of the HCWA package is for the delivery of early intervention services and should not be primarily used for assessments or evaluation. Evaluation should occur as part of the ongoing delivery of an intervention without significant extra cost to the family.
- Systematic evaluation at the end of the intervention refers to evaluation of both individual intervention types (i.e. speech therapy, etc.) as well as a summary report by the service provider's multidisciplinary team of the child's progress and/or development as a result of the intervention.
- Providers will use these evaluations to determine the effectiveness of the intervention and to inform the decisions made by the family or carer about the interventions that might best suit their child and family.
- Standardised assessment tools will need to be adapted to ensure they are contextually and culturally appropriate for each child and their family.

3.4 Service delivery models

The model employed to deliver early intervention services to children with ASDs and their families must be consistent with one or more of the following models and be delivered by appropriately qualified personnel:

- i. Facility-based individual visits:
Early intervention services that are provided to the child and/or parent or carer at the site of the registered early intervention or child care provider.
- ii. Parent-child groups:
Early intervention services that are provided at the site of a registered early intervention provider or at a community-based site (e.g. playgroup, pre-school, day care centre, family day care, or other community

preschool settings) to a group comprised of parents/carers and children.

iii. Group development intervention:

Early intervention services that are provided to a group of eligible children at the site of a registered child care centre or in a community-based setting where children aged zero to six years of age typically attend (this group may also include children with an ASD and/ or children without disabilities).

iv. Home and community based individual visits by appropriately qualified personnel:

Early intervention services that are provided to the child and parent/carer (including other family members) at the child's home or any other natural environment in which children aged zero to six years of age are typically present. These settings can include child care settings. For rural and remote families innovative approaches are encouraged. This may include e-therapy or therapy via teleconference with qualified personnel.

v. Parent Training:

Training to provide parents with the skill, knowledge and confidence to deliver specific interventions in the home environment.

vi. Innovative models of service delivery:

Early intervention services that are provided to children and families living in rural and remote areas. This includes children from Indigenous families or families from culturally and linguistically diverse backgrounds. Following an initial face to face consultation with a family a provider might deliver, for example, a support service based on the video footage of the child taken by the family, followed by telephone consultations. Other examples include teleconference, video conference and outreach services.

vii. Resources

1. Resources must form an integral part of the child's intervention program under the HCWA package. Therefore intervention resources must be used directly by the family and child as part of an eligible intervention being delivered by the provider and currently being accessed by the child under the HCWA package.
2. The professional delivering interventions should make a professional assessment of resources that would assist the child's therapy. The required intervention resources may also be included in the initial and subsequent treatment plans for the child.
3. The intervention resources must be sourced or provided to families directly by the Early Intervention Service Provider delivering intervention to the child under early intervention funding.
4. Expenditure for intervention resources is limited to 35% of the family's early intervention funding to a maximum of \$4,200 in total (\$2,100 per financial year). Families do not have to spend the full 35% of their early intervention funding on intervention resources. This portion of the funding can also be used (all or in part) for direct intervention.
5. If the provision of an intervention resource is already included in the price of an intervention this cannot be claimed a second time under the intervention resources policy.
6. For a service provider to claim an intervention resource in FOFMS the family must first sign the service delivery record at the time of delivery of the intervention resource to the family.
7. Intervention resources must be claimed through FOFMS under the Case Claims Tab. When claiming for resources, select the Resource option from the Service Provider field. Select the unit of measure that corresponds to the intervention that the intervention resource was used in e.g. session. A claim in FOFMS for an intervention resource must include the intervention type and describe the intervention resource/s in the free text field, e.g. speech pathology – PECS cards.
8. Providers should be aware that families are able to purchase intervention resources from other providers on the Panel that the families are receiving intervention from; either prior to or concurrently with the interventions and intervention resources they are currently accessing.

9. Regular monitoring of FOFMS that identifies spending in excess of this amount will result in payments not being processed.
10. Please direct questions about this policy to your FaHCSIA contract manager.

Section 4 Personnel

Early intervention services must be delivered by the Specified Personnel and by the qualified and/or experienced personnel outlined in the Deed of Agreement.

4.1 Specified Personnel

For consortium arrangements, FaHCSIA understands that providers on the Panel may undergo changes in the Specified Personnel from time to time. A change to the original composition of the disciplines delivering the early intervention services may be permissible if the new composition complies with the overall requirement. That is, the new composition may be permissible under the Deed of Agreement if it includes at least one or more Specified Personnel (i.e. allied health professionals) from at least two of the disciplines referred to above.

For example, in a practice where the only two allied health providers are a speech pathologist and a child psychologist, the speech pathologist cannot be replaced with another child psychologist. In this case, the speech pathologist can be replaced with either another speech pathologist or an occupational therapist.

FaHCSIA must be notified in writing within five business days if Specified Personnel are unavailable or unable to provide services. If the unavailability or removal of specified personnel means the organisation no longer meets the eligibility requirements for member of the Panel, providers must replace these people with other Specified Personnel satisfactory to FaHCSIA.

4.2 Qualified personnel

Qualified personnel within the early intervention component of the package include teachers, therapists and child care personnel who:

- Have been specifically trained in working with children with ASDs, and have the knowledge and skills required for their special needs;
- Are approved to deliver services to the extent authorised by their licensure, certification or registration, to eligible children with ASDs;
- Have appropriate licensure, certification, or registration in the area in which they are providing services; and
- Can provide, if required, expertise in providing training, support and professional supervision to undergraduates and post graduate students.

Section 5 Sub Contracting

5.1 Sub Contracting Arrangements under the Early Intervention Service Provider Panel

Under the Early Intervention Service Provider Panel (the Panel), service providers are able to subcontract delivery of eligible services to qualified allied health professionals and/or other relevant providers that meet the eligibility requirements who are not employees or consortium members of the panel provider.

Subcontracting the delivery of eligible interventions to qualified professionals (under the FaHCSIA eligibility) allows Panel providers to cater to changes in demand for their services, without a direct impact on their staffing and resources. The ability to utilise subcontractors in time of peak demand to deliver eligible interventions should enable Panel providers to expand their client base and capacity without having a longer

term impact on staffing and physical resources.

5.2 What constitutes subcontracting under the Panel?

A subcontracting arrangement is when a Panel service provider contracts, rather than employs, another allied health professional to deliver services on behalf of that Panel service provider.

In order to conform to the subcontracting arrangements allowable under the Panel, the Panel provider is responsible for:

- The development and structure of the intervention that will be delivered by the subcontractor;
Note: The subcontractor is NOT permitted to deliver their own services or interventions or additional services or interventions that are outside the scope of the interventions prescribed by the Panel provider for delivery to eligible children under the Panel arrangements.
- The establishment of the agreed fee schedule for the interventions delivered by the subcontractor;
Note: Eligible interventions delivered under the Panel arrangements by subcontractors cannot be charged to clients at a rate higher than the rate charged by the Panel provider for the normal delivery of that intervention.
It is allowable however to pay the subcontractor less than the scheduled fee amount normally charged by the Panel provider for that intervention. This enables Panel providers to offset the additional costs associated with the subcontracting arrangements.
- The ownership and maintenance of client records associated with interventions delivered by the subcontractor;
- The booking of appointments for the interventions delivered by the subcontractor;
- The billing and receipting of fees for interventions delivered by the subcontractor from either FaHCSIA or the client; and
- The direct payment of the subcontractor for the interventions provided.

Panel providers must notify FaHCSIA in writing of the names and qualifications of subcontractors employed to deliver eligible interventions.

Panel providers are also responsible for ensuring that subcontractors have the correct educational qualifications to deliver the set interventions and meet the requirements for working with children and police checks as detailed under **Item P** of the **Deed of Agreement Schedule**.

5.3 Adding a consortium member

To register a consortium member, the Lead Agency will need to provide FaHCSIA the details of the consortium member – including their legal name, ABN and address – and an original Memorandum of Understanding between the Lead Agency and the potential consortium member. FaHCSIA will then send a Deed of Variation for the Lead Agency to sign, and once the signed copy is received, they will be a registered consortium member with the Lead Agency.

Section 6 Schedule of fees

The early intervention services delivered by providers must represent value for money for the families and carers of eligible children.

Value for Money

Value for money is determined by the provider's ability to achieve the planned outcomes for eligible children as specified in the Program Guidelines. Value for money is also determined by the best value price, quality and quantity of the provider's early intervention service. Value for money is reflected in the provider's fee schedule and the early intervention strategies and service delivery plans the provider has in place for their clients.

To support families to make choices about the services they will access and how they will spend their funding package, FaHCSIA will publish the eligible interventions offered by each provider through the

package and their associated schedule of fees. The information is available on the FAHCSIA website.

Providers must not change their fees without first notifying FaHCSIA of those changes. Providers will need to contact their Contract Manager advising of the intended changes. The changes will be uploaded to the FaHCSIA website within four weeks on confirmation of receipt and eligibility of changes.

Only the eligible interventions as outlined in the Program and Operational Guidelines can be included in the provider's schedule of fees. When creating or updating schedule of fees, providers are required to provide their schedule of fees in the Fee Schedule Template which is available on the FaHCSIA website or from their contract manager. When creating or updating schedule of fees, providers should consider the following:

i. Assessment

The HCWA package's early intervention component requires evaluation of the child's social, cognitive and/or adaptive functioning before, during and at the end of the intervention. Assessment and reporting within a specific treatment plan or intervention are within scope of the package.

Some services may do one-off assessments for families, not necessarily as a stage of treatment. This is outside the scope of the package and therefore cannot be published on the FaHCSIA website in a schedule of fees. For further information on Assessment is in **Section 3.3**.

ii. Parent Training

The early intervention funding under the HCWA package was appropriated to increase access to direct early intervention for children with ASDs and cannot be used to cover the cost of professional training in interventions. Any training that contributes towards a professional qualification is not eligible to be funded under the HCWA package.

Family-based interventions that provide parents and carers with the practical skills to support their child's development are eligible for funding under the early intervention component of the HCWA package. This can include training in the basics of eligible interventions under the early intervention component of the HCWA package provided the training does not contribute to a professional qualification. This will enable parents to use a working knowledge of the intervention to contribute to their child's development by providing consistent guidelines outside of the clinic setting.

iii. School/Pre school support

Preschool/School visits: Visits for general observation or discussion with teachers is out of scope of the HCWA package. If the visit is for support training for an individual child's program then this is within the scope of the HCWA package.

Consultancy to daycare/ kindy/ preschool: As with above, this can only be included if this is specific assistance for supporting a specific child. Reports provided to teachers or stand alone written recommendations are out scope of the HCWA package.

iv. Diagnosis

Diagnosis will not receive funds through the early intervention component of the HCWA package. All children will have a diagnosis before accessing the HCWA package early intervention component.

v. Music Therapy

Music Therapy is not an eligible intervention within the HCWA package.

vi. Counselling

Counselling is not an eligible therapy or intervention under the Program Guidelines of the HCWA package and counselling for parents and carers is out of the scope of the HCWA package.

vii. Travel/cancellation

These costs are not included under the HCWA package. Providers may implement their own business rules to deal with these however these cannot receive separate funds through the package. FaHCSIA will only fund for services delivered. The following disclaimer is at the bottom of each panel member's fee schedule:

Please note that there may be travel fees and/or cancellation fees associated with some services.

For more information please contact service provider as these are not included in the Helping Children with Autism Package.

viii. Academic & other educational based services

The early intervention component of the HCWA package will only reimburse for eligible interventions as outlined in the Program Guidelines and Operational Guidelines. Educational support is not included in the package, however transition to school programs which support the individual child's treatment/intervention plan being implemented at the school is within scope of the HCWA package.

ix. Physiotherapy

Physiotherapy is not an eligible service for therapy or intervention under the HCWA package.

x. Playgroup

Playgroup as it is traditionally known is not eligible under the early intervention component of the HCWA package. The specific intervention of Play therapy is however within scope of the HCWA package.

xi. Family/sibling support

As outlined in your Program Guidelines, only the direct eligible intervention for an individual eligible child, or training for parents on the specific techniques for delivering an intervention in the home are in scope of the HCWA package. Other services to families such as counselling, support networks, sibling support are out of scope of the HCWA package.

Section 7 Confirmation of eligibility

To be eligible for the early intervention funding package a child must have been seen by an Autism Advisor and deemed eligible to access the program before their sixth birthday. The \$12,000 in funding under the early intervention component can be used until the child's seventh birthday to a maximum of \$6,000 per financial year.

Although the provider may be providing early intervention services to eligible children, it is only children who have a *Letter of Introduction* from an Autism Advisor who are eligible to receive early intervention services under the package (i.e. only these children will have access to the funding package of up to \$12,000).

7.1 Letter of Introduction

Families and carers will be given printed confirmation of the child's eligibility and the details of their client record created by the Autism Advisor in FOFMS. This is known as the Letter of Introduction.

The family or carer must provide this document to any provider on the Panel they visit. It is used to confirm the child's eligibility for the funding package of up to \$12,000. It will confirm their eligibility status and provide the necessary details for the provider to access the Client Record in FOFMS.

The Letter of Introduction includes the child's name, child's CRN, address and details of the funding package available to the child.

Providers should not be entering the child's CRN in FOFMS without having sighted the client's *Letter of Introduction*.

7.2 Client Record in FOFMS

Client Consent

The provider requires the consent of the client to access, view or enter client data in the FaHCSIA Online Funding Management System (FOFMS) when providing a service or making a claim for payment in FOFMS. FaHCSIA requires the consent of the client in order to send their Monthly Activity Statement and to contact them for the purpose of evaluating the program.

Please Note: Providers are required to have each child's parent/ carer sign a *Client Consent to Claim Payment Form* prior to providing services to the child. Providers are also required to have the child's parent/ carer sign a *Service Delivery Record Form* after each service is delivered. Both the Client Consent to Claim for Payment Form and the Service Delivery Record Form are available in FOFMS in the Literature Tab. Information on capturing client consent is in the **Operational Guidelines Part B, Section 4.3**.

Client Record

If eligible, and with the consent of the family or carer, the details of the child will be entered into FOFMS by the Autism Advisor. The child's CRN and date of birth will be entered into FOFMS by the Autism Advisor in order to create a Client Record in FOFMS.

The provider must then enter the child's CRN in FOFMS in order to access the child's Client Record. The Client Record details the amount of funding that is available within the financial year to spend on early intervention services under the package as well as the overall balance.

The amount shown in the Client Record will vary from family to family. This will depend on whether the family is visiting a provider to access services for the first time under the package or whether they are accessing the services of an additional provider. For example:

- The amount shown in the Client Record of the child of a family visiting a provider to access services for the first time will be \$12,000 (i.e. \$6,000 per financial year);
- The Client Record of a child who has already accessed early intervention services under the package through another provider will show the balance of the remainder of their funding package.

Once a child is no longer eligible to receive the early intervention funding, any unspent funding will be returned to FaHCSIA.

Priority of access

Priority of access must be given to eligible children in the year immediately prior to starting full time formal school. The second priority is eligible children in the two years prior to starting full time formal school.

Section 8 Privacy Issues

When the CRN is combined with the date of birth of the child to access the Client Record in FOFMS, the CRN must be treated as personal information under the Privacy Act 1988 (Privacy Act) because it becomes information about an individual whose identity can be deduced. Information about the National Privacy Principles (NPPs) is at the Terms and Conditions, Clause 15.

Issues regarding Consent and the requirement to use a child's CRN in FOFMS

Although a child's CRN must initially be entered in FOFMS to access the child's Client Record, it is important that the child's family or carer does not perceive the disclosure of the CRN to the provider as being mandatory to receiving early intervention services under the package.

The mandatory disclosure of personal information will render any consent obtained from the client ineffective under the Privacy Act 1988 (Privacy Act) as the consent would be made without any real choice.

CRNs must not be used by a provider on the Panel for any purpose other than creating a Case Record for a Client

Section 9 Claims for payment

The provider must allow each family to determine the proportion of their funding package they would like to allocate toward the cost of each service. Examples of the financial arrangements a family might make are in the section below.

The opportunity must also exist for families and carers to renegotiate this arrangement on each visit. This provides the family with the option of spreading the terms of the payment by adding their own contribution to the cost of each service.

FaHCSIA will make payments to Panel members on behalf of families and carers for services delivered. Payments will only be made to the provider in arrears on a fee for service basis.

9.1 How will service providers be paid when they deliver services?

Once the provider has commenced delivery of the agreed services the provider submits claims, with the approval of the family, to FaHCSIA for payment.

Note: FaHCSIA will not make payments to providers for early intervention services delivered to eligible children *prior* to the start date of the Deed of Agreement.

It is important to note that the funding package of up to \$12,000 cannot be used:

- i. To subsidise or cover the gap between the cost of allied health services under the new autism-specific Medicare items. Separate to the allocated 20 services under these new Medicare items, families can use their funding package to offset or cover the ongoing cost of the early intervention services eligible under the package. For information about the new Medicare items for diagnosis and early intervention treatment for children with ASDs refer to the Department of Health and Ageing website at www.health.gov.au/autism;
- ii. For interventions other than the interventions deemed eligible within the context of the early intervention component of the HCWA package;
- iii. To reimburse the provider for services that are not measurable against the planned outcomes of the early intervention component of the HCWA package.

Providers enter the details of the services provided to the child, the family and/or carer and invoice the Department through FOFMS. For a provider to interact with FOFMS, it is necessary for the provider to be recorded in the system as a provider. Further information about the training provided by FaHCSIA to support the use of FOFMS is in the **Operational Guidelines Part B, Section 1.5**.

A family or carer may choose to advise the service provider of the proportion of their funding package they would like to allocate toward the cost of each service. Families can choose to either use all of their funding to cover service delivery or they can use part of it and also make their own financial contribution to the cost of services.

For example, if a provider invoices a client for \$150.00 the family might ask the provider to claim the full amount from FaHCSIA. Alternatively the family might decide to pay the provider \$50.00, and consent to the provider submitting a claim to FaHCSIA for payment of the balance (i.e. \$100). In either case, only the amount claimed from FaHCSIA will be deducted from the child's overall funding package balance.

The opportunity must exist for families and carers to renegotiate this arrangement on each visit to give them the option to spread the term of the funding package by adding their own contribution to the cost of each service.

Within FOFMS, providers will be able to view the balance of the funding package for each child they deliver services to. Details of conditions for payment are in **Operational Guidelines Part B, Section 4.5**.

9.2 GST

There are 2 types of GST relationships. There is one between client and provider which may or may not be a GST-able relationship, depending on the service provided. This relationship is not relevant to FaHCSIA. Then there is the relationship between provider and FaHCSIA. This relationship is not GST-able. FaHCSIA does not receive anything from the provider; the Department is merely a remitter of funds. Therefore what the provider puts to FaHCSIA is a total amount to be claimed.

What this means

The amount FaHCSIA pays the provider is GST exclusive (for FaHCSIA purposes) – irrespective of whether it is a GST-able item between the client and provider. Therefore the amount FaHCSIA pays is just the total amount claimed and is GST exclusive for FaHCSIA purposes, even if the total amount the provider claims includes GST with respect to the client provider relationship.

FOFMS is not an accounting system for providers; it is a mechanism for providers to claim a payment from FaHCSIA. This means that providers will have their own accounting system and methods for remitting GST to the tax office.

9.3 Activity Statements

FaHCSIA will generate a monthly report known as the *Monthly Activity Statement* for each child who has had claims processed in FOFMS during the preceding month. The *Monthly Activity Statement* will detail the child's name, provider name and contact details, the services received during the month, the amount paid by FaHCSIA on the child's behalf and the remaining balance of the funding package.

Families who have not had claims processed in FOFMS during the month will not receive an Activity Statement. Activity Statements will be emailed to families via FOFMS. Families who do not have an email address will be able to receive their Monthly Activity Statement via ordinary mail. Further information about Activity Statements is in the **Operational Guidelines Part B, Section 3.3**.

9.4 Change of address

If a client moves from one address to another the provider may update the client details in FOFMS provided they have been given proof of the new address before making those changes. Proof of address may include, for example, a utilities bill or a tenancy agreement. At the same time, the provider must also complete the checklist in FOFMS indicating that they have seen proof of a change of address. Please retain on file the documentation for the proof of address. Information about changing a family's residential address in FOFMS is in the **Operational Guidelines Part B, Sections 4.1 and 4.8**.

If a family moves to an outer regional or remote area

If a family becomes eligible for the Outer Regional and Remote one off payment of \$2,000 as a result of moving from one address to another, the Outer Regional and Remote (R&R) eligibility flag in FOFMS will be automatically checked. When this occurs, the provider will inform the family of the change to their record. Providers are unable to claim for the outer regional and remote payment on behalf of families.

Families must go to their Autism Advisor to verify their change of address. The Autism Advisor will make the claim on their behalf. **The provider must inform the family if the R&R flag is checked.**

If a family moves from an outer regional or remote area

A family is not liable to repay the \$2,000 payment to FaHCSIA if they move from an outer regional or remote area to an area where they are no longer eligible for the payment.

Further information on changing the client's information in FOFMS is in the **Operational Guidelines Part B, Section 4.1**.

9.5 Conflict of Interest

FaHCSIA advises that staff who are parents of carers of a child (or children) receiving services from an organisation through the HCWA package, must not enter or approve the claims for payment in FOFMS. This is to ensure that potential conflicts of interest do not occur.

Section 10 Ceasing of Eligibility

A child will no longer be eligible for the early intervention component of the package or for the remaining

portion of the unspent funding package of up to \$12,000 once they turn seven years of age.

Special provisions apply to children whose 6th birthday fell between 27 October 2008 and 18 October 2009, who will have access to the early intervention funding for one calendar year from 19 October 2009 to 18 October 2010. They will have a maximum of up to \$6,000 to use within this year of eligibility. No child will exceed the \$12,000 limit. This provision will end on the 18 October 2010.

Once a child is no longer eligible to access the early intervention funding, the provider needs to exit the Client's Case in FOFMS. Further information on exiting a Case in FOFMS is in **Operational Guidelines Part B, Section 4.7**.

Section 11 Program Governance

11.1 Operational Legislation and Policies

Providers are to ensure that early intervention services are delivered in accordance with all relevant Commonwealth and state and territory legislation. The provider is also responsible for ensuring that:

- The Terms and Conditions of the Deed of Agreement are met;
- Service provision is effective, efficient, and appropriately targeted;
- The highest standards of duty of care are applied; and
- Services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations. These include but are not limited to the:
 - Privacy Act 1988 and National Privacy Principles (NPPs);
 - Racial Discrimination Act 1975;
 - Sex Discrimination Act 1984;
 - Disability Discrimination Act 1992;
 - National Standards for Disability Services (1993);
 - Any applicable Occupational Health & Safety (OH&S) and Equal Employment Opportunity (EEO) laws;
 - Any applicable state or territory law relating to discrimination; and
 - Any state or territory laws regarding young people who are under 18 years of age such as mandatory reporting requirements, working with children registration and police checks (e.g. Child Care Programs). Further information is in **Section 13.1**.

Providers should also be aware of any case-based law that may apply or has an effect on their service delivery.

Providers must ensure that the service meets health and safety requirements and all license, certification, and/or registration requirements in the area in which they are providing services.

Each provider must develop policies on the following:

- Complaints mechanisms (refer to **Section 14**);
- Privacy and confidentiality;
- Mandatory reporting and police checks (refer to **Section 13.1**);
- Occupational health and safety, including staff safety and security.

11.2 Signatories to the Deed of Agreement

Signatories to the Deed of Agreement are legally responsible for ensuring the delivery of the agreed outcomes and compliance with the Agreement (which includes the Operational Guidelines). In the case of a consortium, the Deed of Agreement will be with the lead agency.

11.3 Primary contact person

The service provider must notify FaHCSIA if the primary contact person named in the Letter of Offer accompanying the Deed of Agreement changes, or their contact details change.

11.4 Debt Recovery

Any overpayments that arise through the delivery of early intervention services under the package may be treated as a “Recoverable Amount”.

Where it is not expected that payments will continue to be made to the service provider using FOFMS, the debt will be forwarded to the Collector of Public Monies and the provider will be invoiced for the Recoverable Amount to be paid in full within 20 business days.

Where it is expected that payments will continue to be paid to the provider for other services, the debt will be offset using FOFMS against future payments due to the provider under the Agreement, or any other arrangement or agreement between the provider and FaHCSIA.

11.5 Audit and Compliance Strategy

As part of FaHCSIA’s Audit and Compliance Strategy providers are required to keep client details regarding interventions, dates, claims for payment from FaHCSIA, Activity Statements, proof of change of address, and forms signed by families authorising the provider to make claims on their behalf.

FaHCSIA may conduct random audits to verify information submitted by you. To inspect and copy your records FaHCSIA may exercise any of their rights of entry and inspection under the **Terms and Conditions, Clause 7.3**.

Section 12 Reporting

12.1 Performance Reporting

Reports from providers

Providers who have delivered early intervention services to eligible children are required to report to FaHCSIA each quarter on the performance standards and specified outcomes of the early intervention component of the package in accordance with the **Deed of Agreements Terms and Conditions, Section 7.4**.

The Early Intervention Service Provider Panel Quarterly Report template provided by FaHCSIA through the Literature Tab on the FaHCSIA Online Financial Management System (FOFMS) must be used to complete the report. All fields in the report template are mandatory unless otherwise specified by FaHCSIA. The report includes:

- Waiting lists, time to receive services, unmet needs, cost of providing services;
- Complaints;
- Staffing;
- Barriers to service delivery;
- Workforce capacity issues; and
- Performance against the purpose and planned outcomes of the package

Further information is in the **Schedule, Item E**.

Reporting Timeframes

A provider must provide the Early Intervention Service Provider Panel Quarterly Report to the Departmental Officer specified at Item O (Clause 32 of the Agreement) within 10 working days of the completion of the September, December, March and June Quarters.

12.2 Data from other sources

Reporting will be based on performance indicators collected through client surveys, FOFMS, directly from providers on the Panel and through an external evaluation process. Examples of performance measures

collected in this manner include:

- Increased access to early intervention for children aged zero to six years diagnosed with an ASD;
- Improved overall wellbeing of eligible children;
- Improved strategies and skills of parents and carers to meet the needs of eligible children; and
- Improved capability of eligible children to attend full time formal school and participate in everyday life.

The complete list of performance indicators is in the **Program Guidelines, Attachment 1**.

Section 13 Quality Assurance

13.1 Child safety

Providers must comply with all child safety mandatory requirements. They will need to confirm that staff and volunteers working with children have undergone a Police Check and, in NSW, Queensland, WA and Victoria that staff and volunteers have also undergone a Working with Children Check. This requirement applies to both current and future staff and volunteers.

Further, providers must ensure that

- Staff and volunteers are not prohibited under a law of the Commonwealth, state or territory from being employed or engaged in any capacity where they may have contact with children; and
- The service complies with all other requirements of applicable laws of the Commonwealth, state or territory, in which the Activity or part of the Activity is being conducted in relation to employment of Persons or engagement of Persons in any capacity where they may have contact with Vulnerable Persons.

Further information is in the **Schedule, Item P**.

Mandatory reporting

All states and territories, other than Western Australia, have implemented a mandatory reporting system to require doctors, nurses, police officers and teachers to report all suspected child abuse, including physical abuse and neglect. Mandatory reporting applies to anyone who:

- in the course of their professional work or other paid employment delivers health care, welfare, education, children's services, residential services or law enforcement wholly or partly to children under the age of 16 years; and/or
- holds a management position in an organisation the duties of which include direct responsibility for or direct supervision of a person referred to above and that person has reasonable grounds (that arise as a consequence of their employment) to suspect that a child is at risk of harm.

Section 14 Reviews and Complaints

14.1 Review of a decision

Families who wish to appeal a decision should in the first instance write to the Branch Manager, Mental Health and Autism to seek a review.

14.2 Complaints made to the provider

FaHCSIA requires that providers on the Panel have their own effective Complaints Management System in place, which is:

- Consistent with Australian Standards on Complaint Handling;
- Flexible enough to encourage consumers to raise concerns;
- Supported with sufficient resources (financial, physical and human) to ensure that it is implemented effectively; and
- Supported by written policies and procedures, including a clear structure of officers responsible for

the management of complaints and the complaints process.

14.2 Complaints made to FaHCSIA

FaHCSIA has a formal complaints service. The FaHCSIA Complaints Management System (CMS) aims to provide:

- FaHCSIA clients with an accessible process that handles complaints in a timely, professional and consistent manner; and
- information to assist FaHCSIA to improve its customer service and administrative processes.

Any member of the public who is dissatisfied with FaHCSIA's service(s), or the service of a FaHCSIA funded service provider can make a complaint.

The FaHCSIA CMS handles complaints about: unreasonable delay; inadequate service, explanation or reasons; legal error; factual error in decision making process; human error; procedural deficiency; unprofessional behaviour by an officer; breach of duty/misconduct by an officer; discriminatory action or decision; flawed administrative process; and/ or inadequate knowledge/training of staff.

As the purpose of the system is to assist in improving FaHCSIA's processes as a department, the system does **not** handle complaints about: Government policy; Legislation; reviews over eligibility for a benefit or entitlement; ministerial correspondence; Freedom of Information requests; or Complaints made to providers on the Panel as these will be covered by their own complaints mechanisms required under the Deed of Agreement.

Complaints can be lodged with FaHCSIA by:

Phone: 1800 634 035

Fax: (02) 6204 4587

Email: complaints@fahcsia.gov.au

Post: FaHCSIA Complaints, PO Box 7576, Canberra Business Centre, 2610

Or by telephoning 1300 653 227.

If providers on the Panel are dissatisfied at any time with FaHCSIA's handling of their complaint, they can also contact the Commonwealth Ombudsman at www.ombudsman.gov.au or by telephone on 1300 632 072.

14.3 Procedural and operational complaints

For assistance with any procedural information contained in these Guidelines, providers should contact their Contract Manager identified in their Deed of Agreement or email ASDPanel@fahcsia.gov.au.

For technical assistance with FOFMS, providers should contact their Contract Manager identified in their Deed of Agreement or email ASD.support@fahcsia.gov.au.

Questions relating to security or logon assistance can be directed to the FOFMS Support Helpdesk on **1800 020 283** or email FOFMS@fahcsia.gov.au.

Section 15 Security of Information

The Archive Act 1983 requires service providers to store records in a secure place and dispose of these records in an appropriate manner. Providers must also ensure that records containing personal information are retained for five years following the expiration or termination of the Deed of Agreement.

All electronic records created by providers in FOFMS will be stored in accordance with FaHCSIA's electronic record keeping policies and procedures.

The Commonwealth owns the records produced by FaHCSIA. They are not owned by an individual provider on the Panel or FaHCSIA.

15.1 Freedom of information

The Freedom of Information Act 1982 (the FOI Act) gives the public the right to access information in the possession of FaHCSIA with certain limited exceptions. Information collected or held by FaHCSIA may be made available on request, unless exempted under the relevant provision of the Act or under specific legislation that provides for the confidentiality of that information.

FaHCSIA has a statutory obligation to observe the FOI Act and must help all applicants make a valid application under the Act. FaHCSIA will observe strict timeframes when acknowledging and responding to requests made for access to documents under the FOI Act. Any application for access to documents under the FOI Act must be made by letter or statement, or (where available) by completing a form.

Section 16 FaHCSIA National Office Responsibilities and Accountabilities

The Early Intervention Service Provider Panel is managed by the Autism Spectrum Disorders Branch within FaHCSIA. FaHCSIA is responsible for:

- Providing a monthly Activity Statement through FOFMS to families/carers who have received early intervention services during the preceding month;
- Providing support and assistance to providers on the Panel;
- Providing constructive feedback to providers on the Panel;
- Managing the program in line with the FaHCSIA guidelines; and
- Reviewing the Panel, in the context of a review of the Helping Children with Autism package.

Freedom of information

Please refer to **Section 15**.

Complaints

Please refer to **Section 14**.

Contact information

The primary contact for the Panel is the Contract Manager identified in the Deed of Agreement. Any inquiries relating to the content of the Operational Guidelines should be directed to this person in the first instance.

Inquiries about the HCWA package in general should be directed to:

ASD@fahcsia.gov.au; or
Mental Health and Autism Branch
Department of Families, Housing, Community Services and Indigenous Affairs
PO Box 7576
Canberra Business Centre ACT 261