



NIISQ Agency

Service Provider Standards

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Service Provider Standards

1 Background

The National Injury Insurance Agency, Queensland (NIISQ Agency) administers and pays for necessary and reasonable treatment, care and support for participants in the National Injury Insurance Scheme, Queensland (NIISQ).

The NIISQ Agency values the important role service providers play in providing necessary and reasonable treatment, care and support to participants. The NIISQ Agency works collaboratively with service providers, the participant and other stakeholders to assist participants to achieve their goals and to empower participants to live their best lives.

NIISQ provides care and support to those who sustain eligible serious personal injuries in a motor vehicle accident in Queensland on or after 1 July 2016, regardless of who is at fault in the accident. The NIISQ Agency administers NIISQ in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016* (the Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (the Regulation) to fund necessary and reasonable treatment, care and support for NIISQ participants.

These standards apply to both registered and non-registered service providers who work with the NIISQ Agency. When service providers agree to provide services for NIISQ participants, they are required to adhere to the following standards.

1.1 NIISQ Agency primary contact

The Support Planner is the primary contact for service providers in relation to the participant's accident related treatment, care and support.

- Each participant will be allocated a NIISQ Support Planner
- The Support Planners role is to empower the participant to manage their injury, achieve their personal goals and maximise their independence and participation in the community including employment
- The Support Planners are qualified allied health and case management professionals.

1.2 How service needs are identified

NIISQ participants work with their Support Planner to develop a goal orientated plan, called a Support Plan. Treatment, care and support must align to the participant's Support Plan.

Service providers must provide services that are participant-centred, and goal orientated. Service providers must be able to describe how the services they provide supports the participant in achieving their goals.

1.2.1 Funded services

The NIISQ Agency will pay for the participant's necessary and reasonable treatment, care and support services related to their eligible motor vehicle accident injury or injuries. Treatment, care and support is defined in section 8 of the Act.

The NIISQ Agency will review treatment, care and support service requests to ensure they are:

- necessary and reasonable;
- clinically justified;
- outcome focused and;
- in line with the Clinical Framework for the Delivery of Health Services (Clinical Framework), as appropriate.

The following treatment, care and support can be funded by the NIISQ Agency for participants who sustained their injuries in an eligible accident:



Medical and pharmaceutical treatment (e.g. doctor's appointments, medication)



Dental treatment



Rehabilitation (e.g. physiotherapy, occupational therapy, speech therapy)



Respite care



Aids and appliances (e.g. wheelchairs) other than ordinary personal or household items



Prostheses



Educational and vocational training



Home and transport modifications (e.g. ramps or bathroom rails)



Attendant care and support services (e.g. personal care and domestic services)



Ambulance transportation.

1.2.2 Not Funded Services

The NIISQ Agency will generally not fund:

- Treatment, care and support not related to the participant's motor vehicle accident injuries
- Treatment, care and support for a person other than the NIISQ participant (except for family counselling where applicable)
- Services or expenses that are not treatment, care and support as defined under the Act

- Treatment, care and support services that are not necessary and reasonable in the circumstances.

1.2.3 Necessary and reasonable

Under the Regulation, the NIISQ Agency is required to assess whether requests for treatment, care and support are necessary and reasonable.

To assess if a request is necessary and reasonable, the NIISQ Agency requires information to verify that:

- the participant agrees with the recommended treatment, care and support request and provider
- the service relates directly to the participant's Support Plan goal/s
- the service being requested will (or is likely) to be of benefit to the participant – in an objective, measurable and functional way
- the service being requested is needed in relation to the injuries sustained in the motor vehicle accident
- the service is best practice and is well supported by high level research evidence to deliver results for the purpose intended in the request
- there is demonstrable cost-effectiveness
- the provider has the necessary qualification and experience
- the provider is located in close proximity to the participant
- the provider can provide service in a way that is appropriate to the participant's culture, ethnicity and age.

Please refer to the NIISQ [Guideline for necessary and reasonable considerations](#) located on the NIISQ Agency website <https://niis.qld.gov.au/> for further information.

2 Standards

2.1 Compliance

NIISQ service providers, are required to:

- comply with all relevant legislative requirements, such as the *Charter of Human Rights and Responsibilities 2006* and the *Queensland Human Rights Act 2019*
- comply with all relevant national standards relating to the delivery of treatment, care and support services
- comply with all other responsibilities relating to their profession or service (e.g. TGA regulations, AHPRA registration)
- comply with all NIISQ Agency policies, procedures and guidelines
- adhere to industry relevant quality and safeguarding standards refer to point 2.2
- seek prior approval from the NIISQ Agency prior to delivering a service to a participant refer to point 2.5
- provide best practice intervention including adhering to any clinical guidelines
- communicate and collaborate respectfully with the participant, the NIISQ Agency and other stakeholders
- charge the NIISQ Agency a reasonable fee
- invoice in accordance with the NIISQ Agency requirements.

Health professionals must also follow the principles of the [Clinical Framework for the Delivery of Health Services](#) within the standards and boundaries of their professional expertise. The Clinical Framework is based on the following principles:

- measurement and demonstration of the effectiveness of treatment
- adoption of a biopsychosocial approach
- empowering the participant to manage their injury
- implementing goals focused on optimising function, participation and/or return to work/health

- base treatment on best available research evidence.

For further details on specific standards refer to point 4 of this document relating to Attendant care and support services.

2.2 Service Provider Registration

In accordance with the Act and Regulation providers of **attendant care and support services, coordination of treatment care and support, and home modifications must be registered.**

All NIISSQ Agency registered service providers are required to comply with:

- the Terms of Registration
- these service standards and associated NIISSQ Agency policies.

Failure to comply with these requirements may result in a registered service providers registration being suspended or revoked. The NIISSQ Agency will work with registered service providers to try and resolve any issues prior to suspending or revoking their registration. If a registered service provider disputes the NIISSQ Agency's decision to suspend or revoke their registration, they may email the NIISSQ Agency at procurement@niis.qld.gov.au.

Registered service providers may also, by written notice, request to have their registration suspended or revoked. For registered service providers who are delivering services to NIISSQ participants at the time of registration suspension or revocation, the NIISSQ Agency's transition out requirements must be complied with.

2.2.1 Service provider register

Details of all registered service providers are recorded in the register of providers and published on the NIISSQ website. It is the registered service providers responsibility to provide accurate and current service information for publication. Registered service providers must advise the NIISSQ Agency of any changes to authorised representatives, contact information, service scope or capability.

Refer to Appendix A for Attendant Care and Support specific standards.

2.2.2 Response time

Participants, their families/carers and health practitioners will be directed to the published register to select a registered service provider that meets their requirements. This may involve the participant arranging a time to meet with multiple registered service providers to find the right fit. As part of the selection process, the NIISSQ Agency will contact registered service providers to check their capacity to provide the required services (including information about the hours and days support is required).

Registered service providers have one (1) business day to respond to the NIISSQ Agency (by return email), with the following information:

- a) their ability to accept the request for service and commence service delivery within the required timeframes, or
- b) request additional time (timeframe required) to review the request for service and determine their capacity to deliver services.

The proposed timeframe for commencement of the services is agreed between the service provider, the Support Planner and the participant.

2.2.3 Service coverage

NIISSQ participants live throughout Queensland and interstate, therefore services are required across Queensland (including metropolitan, regional and rural areas) and other states and territories. The list of registered providers will combine to provide the service coverage required to support NIISSQ participants across Australia.

Registered service providers will be required to deliver services in the service areas identified in their Registration Application.

2.2.4 Reporting

2.2.4.1 Annual reporting

All registered service providers are required to submit annual compliance reports. These reports are due on the first Friday in February each year and must be submitted (using the relevant template) to procurement@niis.qld.gov.au.

2.2.4.2 Bi-annual reporting

Registered service providers who have direct contact with a NIISSQ participant (e.g. deliver services) are required to submit six (6) monthly compliance reports.

Reports must be submitted (using the relevant template) to procurement@niis.qld.gov.au, and are due on the first Friday in August and February each year.

Failure to submit the relevant reporting may result in a service provider being de-registered or having their registration status suspended.

2.2.4.3 Accreditation progress report

Registered service providers who are working towards accreditation are required to submit quarterly reporting. These reports can be on the registered service provider's template and must demonstrate how the registered service provider is progressing with their accreditation against an industry recognised quality and safeguarding framework. Reports must be submitted to procurement@niis.qld.gov.au.

2.2.4.4 Ad hoc reporting

Registered service providers may be requested to provide additional reporting as reasonably required by NIISSQ Agency.

2.2.5 Meetings / Forums

Registered service providers may be required to attend meetings with NIISSQ Agency representatives, as agreed by both parties based on the level of service and risk.

NIISSQ Agency will organise a forum for registered service providers delivering attendant care and support services at least once per year. These forums will provide an opportunity for registered service providers and NIISSQ Agency staff to come together and discuss issues facing the sector, opportunities to improve service delivery for NIISSQ participants and guest speakers. It is highly desirable that registered service providers delivering services to NIISSQ participants attend these forums.

2.3 Quality and Safeguarding Framework

Registered service providers are required to be accredited under an industry recognised Quality and Safeguarding Framework (e.g. Human Services Quality Framework (HSQF), Australian Community Industry Standards (ACIS), NDIS Quality and Safeguarding Framework). The accreditation must include the scope of services that will be delivered for the duration of the contract between the registered service provider and NIISSQ Agency. In some circumstances NIISSQ Agency may consider working with a registered service provider who is not accredited under a specific quality and safeguarding framework. In these circumstances the registered service provider will be required to submit a plan outlining their approach to becoming accredited under an industry recognised quality and safeguarding framework within 12 months.

It is acknowledged that NIISSQ participants have a diverse range of support needs due to their injuries and therefore the registered service provider may not have accreditation across all the identified services and user groups.

Registered service providers are required to notify the NIISSQ Agency procurement team immediately at procurement@niis.qld.gov.au if their accreditation changes, including changes in the scope, significant corrective actions identified through surveillance audits and where their accreditation has lapsed.

2.4 Assessment of care needs

An assessment of the participant's care needs is undertaken by an independent health provider to identify the participant's needs. The care needs assessment considers the participant's individual circumstances, life stage, treatment regime, rehabilitation program, personal goals and the care and support that arises from the eligible motor vehicle injury/ies.

2.5 Approval for treatment, care and support

All treatment, care and support services require prior approval from the NIISSQ Agency.

It is important that the service provider deliver the treatment, care and support as detailed in the NIISSQ Service Approval. Continuing to treat after an approval has ceased or providing a service that has not been approved may mean that the NIISSQ Agency is unable to provide funding.

There is no guarantee of payment unless prior approval has been provided. If funding is requested after a service has been delivered, the NIISSQ Agency is still required to assess whether the request is necessary and reasonable before considering paying for the service.

Service providers are required to provide the NIISSQ Agency adequate documentation, detailing how the request for service aligns to the participant's support plan. The NIISSQ Agency will use this information to make decisions on whether requests are necessary and reasonable.

The NIISSQ Agency may ask for extra information from service providers, the participant, or other parties to help with decision making. The decision will be communicated in writing within 28 days.

It is the responsibility of all service providers to ensure that the treatment, care and support they provide is:

- goal orientated (as defined in the Support Plan)
- participant-centred
- cost effective
- evidence based
- promotes independence

2.6 Participant-centred practice

Service providers must ensure that participants are informed, empowered and able to maximise choice and control. Service providers must not (by act or omission) constrain, influence or direct decision making by a participant and/or their family in any way that could limit that person's access to information, opportunities and choice and control.

Service providers must proactively manage participant-centred practice, including through the development and maintenance of policies and processes. These policies must include information to:

- ensure your organisational or ethical values do not impede a participant's right to choice and control;
- manage, document and report on any conflicts, or potential perceived conflicts, as they arise;
- ensure that advice to a participant about support options (including those not delivered directly by the service provider) is transparent and promotes choice and control.

Service providers must have governance arrangements to ensure that the best interest of participants is maintained at all times, that all participants are treated equally, and that no participant is given preferential treatment above another in the receipt or provision of treatment, care and support.

2.7 Collaboration

The NIISSQ Agency requires providers to work collaboratively and cohesively when providing services to participants. The NIISSQ Agency also require providers to ensure that their workforce is appropriately trained and qualified to provide services to participants with serious personal injury.

To facilitate best possible outcomes for the participant, service providers should contact the Support Planner to collaborate over any change in:

- Circumstances
- Changes to treatment, care and support needs
- Updates on the participant's progress
- Any other change that relates to the provision of treatment, care and support.

2.8 Payment

Service providers must charge a reasonable fee (normal market rate) for the treatment, care and support they provide. For NIISQ Agency to be able to pay invoices, all new service providers will need to complete a NIISQ Vendor Form. All new service providers will receive a NIISQ Vendor Form when they are engaged to deliver services. NIISQ Agency is **unable** to pay any service provider who does not return their NIISQ Vendor Form.

All invoices should be sent to: accounts@niis.qld.gov.au. The [How to invoice NIISQ Agency guide](#) on the NIISQ website provides details of the requirements for all invoices submitted to NIISQ Agency. Submission of a correctly rendered invoice means that service providers will receive payments sooner. Invoices will be paid by electronic transfer.

2.9 Rates

Any request for a change to the schedule of rates must be submitted in writing and agreed upon by the NIISQ Agency.

2.10 Release of information

NIISQ Agency will make appropriate information available to service providers where consent has been obtained from the participant or their decision maker and it is deemed to be of benefit to the participant.

When information is shared with service providers, they are required to adhere to privacy and confidentiality obligations under the *Information Privacy Act 2009* (Qld).

Any information saved onto participant records (including service provider reports and correspondence) may be subpoenaed by courts, or shared with third parties such as CTP insurers, or participants. Please take this into consideration when sending any written material to NIISQ Agency.

Please refer to the NIISQ website for full details on our [privacy policy](#).

3 Other requirements

3.1 Criminal history check

To enhance a participant's safety when receiving treatment, care and support services, the NIISQ Agency requires that personnel who are directly involved in the delivery of services hold a criminal history check relevant for their work.

In Queensland there are three options for criminal history check, the Yellow Card, the Blue Card and the National Police Certificate.

Further information about the requirements for criminal history checks can be found in the [NIISQ Agency Criminal History Screening Policy](#) on the NIISQ website.

3.2 Managing complaints

Service providers are required to have a complaints process to manage any complaints relating to the provision of services to NIISQ participants. Service providers must not discontinue the provision of goods or services, refuse access or otherwise take retribution against a person because they have made a complaint. A service provider's complaint process must be provided to participants and be made available upon request by the NIISQ Agency.

3.3 Reportable incidents

Service providers must notify NIISQ Agency of any reportable incidents within one working day of becoming aware of it. For further details on reportable incidents, please refer to the [NIISQ Agency Reportable Incident Policy](#).

3.4 Reporting children at risk of harm

The *Child Protection Act 1999* requires certain professionals (mandatory reporters) to make a report to Child Safety if they suspect that a child is at risk of harm. Doctors, registered nurses and child advocates are some of the professions considered to be mandatory reporters. If a service provider believes that a child is being harmed or is at risk of harm, Child Safety Queensland should be contacted on 07 3235 9999 (24 hours a day).

3.5 Restrictive Practices

NIISQ Agency has a zero tolerance to violence, abuse, neglect or exploitation of participants. Service providers who employ staff are expected to take prompt action against an employee who does engage in these practices, including reporting such occurrences to the Police and to NIISQ Agency.

NIISQ Agency recognises that positive behaviour support plans are best practice when working with participants with challenging behaviours. NIISQ Agency supports the reduction and elimination of the use of restrictive practices and require that the least restrictive option is implemented, if required. Restrictive practices must not be used with participants without the appropriate authorisation.

4 Specific Standards - Attendant care and support

4.1 Overview

Attendant care and support service providers are required to complete a formal registration process before becoming a NIISQ Agency registered service provider refer to 2.2 above. A service provider may provide a broad range of services, some of which require registration and others that do not.

While attendant care and support services are usually delivered in the participants' home, on some occasions there may be a need for these services to be delivered in a centre or other location.

4.2 Service commencement

A participant's need for attendant care and support services often arises following their discharge from hospital or a rehabilitation facility. Therefore, the NIISQ Agency requires timely service delivery for participants.

Standard service: services are in place within three (3) weeks from date of formal request. In circumstances where registered service providers are required to recruit appropriate personnel an additional three (3) weeks may be provided. Registered service providers must contact the NIISQ participant's Support Planner immediately if there will be a delay in the commencement of services.

Express services: services are in place within 48 hours from date of formal request. Registered service providers are required to notify the Support Planner immediately if they are unable to commence service delivery within the 48-hour express time frame.

4.3 Support worker recruitment

The participant must be actively involved in the recruitment or selection of support workers wherever possible. It is recognised that recruitment or choice of specific staff is not always possible for an express commencement, but it is an expectation for standard commencement services. Registered service providers must ensure that all relevant personnel have the specified experience, capabilities and training required to meet the individual participant's needs.

To ensure there is no conflict of interest and to preserve normal family and friend roles, NIISQ does not support participants' family and friends being recruited as paid support workers.

Refer to Appendix A – point 5.2 for roles and responsibilities of a support worker.

4.4 My Attendant Care and Support (AC&S) Plan

All participants in receipt of an attendant care and support program must have a My Attendant Care and Support (AC&S) plan. Registered service providers, in collaboration with the participant, must develop the My AC&S plan based on the approved services. The My AC&S Plan must be flexible and responsive to the participants individual needs and should match a participant's lifestyle requirements as far as possible. Participants' involvement in decisions relating to the actual use of attendant care and support hours is integral.

This plan must be signed by the registered service provider and the participant and returned to the NIISSQ participant's Support Planner. The My AC&S Plan ensures that all parties understand the service arrangements and expectations.

Click here to download '[My AC&S Plan](#)' template from the NIISSQ website.

4.5 Participant focused training

Participants with very complex needs may require a support worker to be recruited and trained prior to the commencement of services. This would not be suitable for express services (refer to 4.2 service commencement). The NIISSQ Agency will consider paying for training in instances where support workers need to develop specific skills over and above the general level of capability expected, to meet an individual participant's specific support needs. A training plan must be developed for each participant's individual needs. Registered service providers are responsible for ensuring that the skills developed through the participant related training are transferred to new staff delivering services to the participant.

A participant's circumstances and/or needs may change significantly over time. In these circumstances additional training may become necessary. In such circumstances the registered service provider may discuss this with the participant's Support Planner on a case by case basis.

It is expected that care coordinators and support workers will actively engage with, and follow through with, any training provided by the participant's service providers e.g. occupational therapists, physiotherapists, speech pathologists, psychologists, and exercise physiologists.

4.6 Service reviews

The Support Planner will initiate a review of any new attendant care and support services approximately two (2) to four (4) weeks after commencement. The service review ensures that the supports are appropriate and meeting the participant's needs. This review may be by phone or in person.

Following the initial review, the Support Planner will arrange further reviews of the participant's care needs as indicated by their individual needs and situation. A review may be initiated based on a request submitted to the NIISSQ Agency from anyone involved in the participant's treatment, care and support including the participant or their decision maker, a health practitioner, NIISSQ Agency or the registered service provider. Any ongoing changes to the participant's attendant care and support services resulting from the review will be discussed with the participant and registered service provider and require approval by the NIISSQ Agency. The registered service provider is required to incorporate any agreed changes into an updated My AC&S Plan that clearly outlines the updated service arrangements.

Registered service providers should only deliver the services that have been approved in writing by NIISSQ Agency. The exception to this is in emergency situations or situations where non-planned urgent care is required.

Registered service providers are required to seek feedback from the participant in relation to the attendant care and support services being delivered. If any concerns are raised, the registered service provider should advise the NIISSQ participant's Support Planner.

4.7 Emergency or non-planned care provision

In situations where, registered service providers consider a participant to be at risk of injury or rapid health deterioration, or there is a non-planned significant change in circumstances that requires the provision of additional care, the additional care should be delivered as appropriate. If the care needs of the participant are beyond the role of the registered service provider, they must facilitate appropriate medical and/or emergency treatment for the participant. The registered service provider must notify the participant's Support Planner as soon as possible with information on the specific reason/s and the additional care required. If this occurs outside of the NIISSQ Agency business hours the registered service provider must notify the NIISSQ participant's Support Planner the next business day.

4.8 Change in approved registered service provider

It is anticipated that there are times when it is appropriate to change from one registered service provider to another. Such a change could be due to participant choice, change in the participant's individual needs, advice from the participant's treating team or NISQ Agency or the registered service provider no longer being able to deliver the services required. Another registered service provider may be engaged for a specific reason for example to allow for a participant's work or holiday in another location for a short period of time.

If the attendant care and support services are to be transferred, regardless of reason for the transfer, the exiting registered service provider must work respectfully and collaboratively with the incoming registered service provider to ensure continuity of care for the participant.

The preferred notice period for changing a registered service provider is a minimum of four (4) weeks, however it is noted that there may be circumstances where this is not possible. In these circumstances the NISQ Agency and the registered service provider will work together to determine an agreed timeframe for the transition. The exiting registered service provider will work with all involved parties including the participant and incoming attendant care and support registered service provider. The exiting registered service provider will provide a discharge report/letter outlining information pertinent to the provision of attendant care and support services for the participant. This will include information about the participant's specific needs, any considerations of delivering a service and (if required) any risks they have encountered.

4.9 Participant hospital admission

The NISQ Agency is not able to fund the provision of care while the participant is admitted to a Queensland Health Hospital and Health Service (see section 9(1)(e) of the Act for information on excluded services). The NISQ Agency may consider funding care in a private hospital in exceptional circumstances with prior approval being required.

4.10 Service interruptions and cessation

NISQ Agency expect participants wherever possible, to provide registered service providers with notification of their cancellation of a rostered shift or shifts. NISQ Agency will advise participants of this in the course of discussing the attendant care and support service requirements. The participant's My AC&S Plan must include the relevant contact details for advising the registered service provider of any shift changes and/or cancellations.

A cancellation may be for one shift or for a period of time. When it is not possible to give advanced notice due to the unexpected nature of the reason for cancellation (e.g. hospital admission), the registered service provider should be given as much notice as possible by the relevant person, preferably by 4pm on the day prior to the day of the next rostered shift.

When the registered service provider is unable to provide the regular support worker for a shift they are required to identify options to provide suitable cover arrangements, notify the participant as early as possible before the commencement of the shift and inform the participant of the details of the support worker who will be attending instead. Where cover arrangements are not possible, or the participant declines the offered services, the registered service provider must notify the NISQ participant's Support Planner.

4.11 Service termination

Registered service providers must immediately notify the participant and their Support Planner if they are no longer able to provide attendant care and support services to the participant on an ongoing basis. All parties must be notified a minimum of four (4) weeks prior to planned service termination to ensure service continuity, as guided by the above procedure for changing the registered provider.

Registered service providers must have written policies and procedures regarding service termination which must be communicated to all personnel and made available to all existing and potential participants. Registered service providers must work with the incoming registered service provider. As attendant care and support services are determined by the individual participant's needs, there may be a need to vary the above timeframes in some cases.

4.12 Overnight care

A participant's attendant care and support requirement may include the need for overnight care e.g. a sleepover. The following provides an outline for determining the difference between a sleepover and active support:

4.12.1 Sleepover

The sleepover shift is a continuous period of 8 hours incorporating up to two 30-minute wake ups, with a minimum of 4 hours of work rostered before and/or immediately after the sleep over period.

In circumstances where the support worker is required to undertake active support amounting to more than one (1) hour (two 30-minute wake ups) and up to four (4) hours in total, within the sleepover period, an hourly rate for the additional time spent working (only) will be paid on top of the overnight sleepover rate.

Where the hours worked during the sleepover amount to more than four (4) hours, the sleepover will be converted to active support for the entire night. In these circumstances the overnight sleepover rate is not payable as the whole shift is paid at the agreed hourly rate. As this change is due to the immediate needs of the participant no prior approval is required, however the registered service provider must notify the NIISQ participant's Support Planner the next business day.

4.13 Indirect services

In addition to payment for services, NIISQ Agency may pay specific fees for in-direct services that are associated with the delivery of quality services for participants.

4.13.1 Program establishment

NIISQ Agency may pay a program establishment fee for new care programs approved for a period of three (3) months or longer. The program establishment fee is paid to ensure the implementation of a quality attendant care and support program. Where a program establishment fee is approved the registered service provider should submit an invoice detailing the administrative services provided to establish a quality service for the participant. This could include:

- additional communication strategies required to meet the participant's needs, for example, translating the service provider complaints brochure
- additional liaison with the participant's treating team, for example, attendance at a team meeting
- training the participant in the attendant care recruitment process
- other administrative duties involved in the establishment of the participant's attendant care program.

The program establishment fee will only be payable when justification for the above is submitted for approval. This should be no later than 30 days following commencement of services.

Should the program cease within the initial four (4) months, the registered service provider may be required to provide a full or partial refund to NIISQ Agency. The amount to be refunded will be based on the weeks of service provision and demonstrated use of the funds.

4.13.2 Regional and remote communities

NIISQ Agency recognises that some participants may live in regional, remote and very remote areas and as a result there may be greater challenges (e.g. higher service delivery costs, limited staff) with the delivery of attendant, care and support services. In these situations, the NIISQ Agency will work with the registered service provider to identify the most appropriate solution to support quality service delivery for participants.

4.13.3 Worker expenses in care delivery

NIISQ Agency may pay for additional costs associated with the provision of attendant care and support to meet a participant's treatment, care and support goals. This may include the cost for the support worker to participate in a treatment or rehabilitation activity. Prior approval must be sought from NIISQ Agency and these costs are to be included in the fortnightly invoice.

Appendix A: Service and Support Types - Attendant Care and Support

1. Service Types

Service provider registration is required to provide any of the service types within the attendant care and support service group, these include:

1.1. Personal care (ACS002)

Personal care includes supporting participants to maximise their independence, participate in rehabilitation and perform / facilitate tasks they would normally do for themselves, including:

- bathing / showering / oral hygiene
- toileting and continence
- dressing and grooming
- transfer and mobility
- eating and drinking
- taking medication
- fitting and use of aids and appliances, hearing and communication devices
- organisation and planning for daily life (e.g. bill paying, grocery planning)
- undertaking rehabilitation activities e.g. regular and routine exercises or stretches, communication and memory strategy practice (where required support worker will receive necessary training from appropriate therapist)
- health support tasks (bowel care/basic wound management).

1.2. Nursing care (ACS006)

Nursing care refers to direct personal care tasks that require professional skills, training and expertise that are required as part of an attendant care and support program. Depending on the complexity of the services, nursing care can be delivered by an Assistant in Nursing (AIN), Enrolled Nurse (EN) or a Registered Nurse (RN) (including clinical nurse and nurse practitioner). Nursing care services may include:

- catheter change
- tracheostomy change
- complex wound management
- PEG change.

1.3. Family unit support (ACS011)

Family unit support is delivered by the support worker by actioning directions of the participant (parent/family member) to support their daily engagement with the family unit, including:

- preparing activities
- meal preparation.

1.4. Community support (ACS003)

Community support services are delivered outside of the home and involve supporting a participant to access the community.

Community support includes providing participants with assisted attendance at medical, rehabilitation, social and recreational activities and facilitating the participant's independence in undertaking community activities e.g. facilitating independent public transport use or independent grocery shopping.

Travel may form part of the delivery of community support services and could include driving a service provider vehicle, driving the participant's vehicle, or accessing public transport.

1.5. Day programs (ACS003)

Day programs are structured group activities designed to develop, maintain or support the capacity of independent living and social interactions. These programs may be conducted in, or from a centre-based setting. Day programs can include group activities delivered in a centre-based setting or excursions/activities conducted by centre based staff but held away from the centre.

Supports, meals and/or light refreshments, transport and personal care (required as part of attendance at the program) all form part of the day program.

1.6. Respite care (ACS009)

Respite care is assistance received by a carer from a substitute carer who provides supervision and assistance to the participant. The participant's informal carers (family member) may or may not be present during the delivery of the service. Respite care is provided to give informal carers relief from their caring role. Respite care can be delivered in the participant's home or another dwelling (e.g. day centre).

2. Away from home support

NIISQ Agency can approve the provision of attendant care and support to address a participant's injury related needs when they are away from home and assesses a participant's requirements on a case by case basis. In preparation for this, their care needs may be reassessed if it is anticipated that these needs may be different due to the change in environment. NIISQ Agency will encourage the participant to provide a notice period of no less than (3) three months prior to travel.

Where possible, an appropriate registered service provider at the destination will be utilised. When a local registered service provider is not available NIISQ Agency will consider other options to ensure the participant's needs are met.

3. Support Types

The support required for these services may include physical assistance, supervision and monitoring, cognitive support such as prompting or support to guide behaviour and facilitate independence.

3.1. Physical assistance

This refers to physical assistance provided to undertake tasks participants are unable to complete independently, including:

- physical support and /or guidance and/or supervision for transfers, mobility and personal care
- undertaking complex manual handling support involving the use of equipment for transfers and mobility
- the handling of oxygen equipment.

3.2. Cognitive and behavioural support

This refers to cognitive support to undertake tasks participants are not able to complete independently or support to guide behaviours, including:

- providing verbal prompting and/or guidance
- supervision while undertaking tasks
- implementing a cognitive support program as established by the treating team, e.g. memory and organisational strategies
- implementing a complex behaviour support plan.

3.3. Clinical / high level support

This refers to services that require significant experience and understanding of health needs and may require nursing support, including:

- continence care for a participant with a spinal cord injury including catheterisation, and complex bowel care such as a high enema
- undertaking complex wound management and pressure care
- undertaking ventilation management, trachea tube care and medication administration.

4. Home services

Home services are often required to complement a participant's attendant, care and support services. Home services include but are not limited to services that enable participants to live comfortably and safely within their own home. If a service provider only provides home services, they do not need to be a registered service provider (engagement is through a separate process). However, if a service provider is delivering home services as part of a participant's attendant, care and support services the service provider is still required to be a registered service provider.

4.1. Domestic assistance (ACS004)

Domestic assistance supports participants with tasks that involve the everyday operation and maintenance of a household, including:

- meal preparation
- cleaning
- dishwashing
- clothes washing and ironing
- unaccompanied shopping.

4.2. Home or garden maintenance (ACS005)

Home or garden maintenance refers to the maintenance of a participant's home, garden or yard to keep their home in a safe and habitable condition.

Home maintenance involves basic maintenance such as changing light bulbs, replacing tap washers, window cleaning, changing smoke alarm batteries, and cleaning external gutters.

Garden maintenance includes lawn mowing, pruning and rubbish removal to ensure safe and easy access for the participant to their home.

5. Role specific responsibilities

5.1. Attendant care and support assessor

The assessment of a participant's attendant care and support needs is completed following consultation with the participant, treatment providers, registered service provider (if the participant is already receiving attendant care and support) and the NISQ participant's Support Planner. The attendant care and support assessor is independent to the registered service provider.

5.2. Support worker

The support worker is responsible for the delivery of attendant care and support services as specified in the My AC&S Plan. A support worker should be recruited or assigned to a participant based on the:

- skills, knowledge and training required to deliver the specific service type/s required to meet the needs of the participant
- the participant's choice
- consideration of preference or suitability such as age, gender, culture, linguistic and/or religious background
- professional boundaries of the Support Worker (i.e. ensuring there are no conflict of interest issues).

All support workers must have obtained the required criminal history check (including Blue Card requirements, where required), relevant skills and experience to undertake the role, and any other clearance relevant to the work.

5.3. Registered nurse

The registered nurse is responsible for the delivery of services within their scope of registered nursing practice that are delivered as part of a participant's attendant care and support program.

All registered nurses are required to have the relevant qualifications, demonstrated competence and be registered and licenced with the Australian Health Practitioner Regulation Agency (AHPRA).

5.4. Care coordinator

Service providers must identify a staff member who undertakes the care coordination role for the day to day management of each participant's attendant care and support services. The care coordinator oversees the rostering and management of the participant's services and is the key contact for Support Planners. It is up to the

service provider to determine the overall role of the care coordinator, however NISQ Agency expect the following activities:

- managing the provision of the services, including supervision and rostering of staff
- ensuring each participant's services are delivered as per the My AC&S Plan
- facilitating the participant's involvement in the planning and/or coordination of their care including completion of the My AC&S Plan.