

# CONSULTATION DRAFT

February 2026

## Provider guideline

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# Definitions

Defined terms are shown throughout in **bold** text when they first appear.

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|--|---|
| <b>Accepted injury</b>                     | refers to a participant's eligible injury and any other personal injury the NIISQ Agency has decided to support under the NIISQ.  |
| <b>Approved service</b>                    | treatment, care and support stated in a participant's MyPlan to be a necessary and reasonable treatment, care and support need as a result of a participant's accepted injury.<br>Approved services are linked to a specific provider and described in a participant's MyPlan. Amendments to approved services may only occur in line with the NIISQ Act.   |
| <b>Attendant care and support services</b> | services to help a participant with everyday tasks, that are a personal assistance service or service to assist the participant in the community.   |
| <b>Challenging behaviours</b>              | behaviours that present as a significant risk of harm to the participant and/or others or severely limiting the participant's ability to engage in the community. Examples include: <ul style="list-style-type: none"><li>• physical or verbal aggression</li><li>• property damage</li><li>• inappropriate social or sexual behaviour</li><li>• extreme withdrawal or lack of initiation</li><li>• self-injurious behaviour</li><li>• repetitive/stereotypical or self-stimulatory behaviour impacting daily activities.</li></ul> |
| <b>Eligible injury</b>                     | a serious personal injury which entitles a person to support as a participant in the NIISQ.<br>Serious personal injuries, as defined in NIISQ Act, include <ul style="list-style-type: none"><li>• traumatic brain injury</li><li>• permanent spinal cord injury</li><li>• multiple or high-level amputations</li><li>• permanent injury to the brachial plexus</li><li>• burns, or inhalation burn</li><li>• blindness caused by trauma</li></ul> <p>Note: For full requirements, refer to the NIISQ Act and NIISQ Regulation.</p> |
| <b>Human rights</b>                        | include (but are not limited to) rights protected under the <i>Human Rights Act 2019</i> and others, such as: <ul style="list-style-type: none"><li>• liberty and freedom of movement</li><li>• dignity</li><li>• freedom from abuse, neglect or exploitation.</li></ul>  |

|                                  |  |
|----------------------------------|--|
| <b>Information request</b>       | <p>a notice asking for information needed to decide a payment request. An information request:</p> <ul style="list-style-type: none"> <li>• is issued within 28 days of receiving the payment request</li> <li>• states that the payment request will lapse if the information is not provided by the due day.</li> </ul> <p>The due day will be at least 10 days after the information request is given.</p>              |
| <b>MyPlan</b>                    | a support plan prepared and approved by NIIAQ Agency and approved under section 26 of the NIIAQ Act.   |
| <b>MyPlanning</b>                | the process of assessing necessary and reasonable treatment, care and support needs under sections 25-27 of the NIIAQ Act.   |
| <b>NIIAQ</b>                     | the National Injury Insurance Scheme, Queensland.  |
| <b>NIIAQ Agency</b>              | the National Injury Insurance Agency, Queensland.  |
| <b>NIIAQ Act</b>                 | the <a href="#">National Injury Insurance Scheme (Queensland) Act 2016</a> .   |
| <b>NIIAQ Regulation</b>          | the <a href="#">National Injury Insurance Scheme (Queensland) Regulation 2016</a> .  |
| <b>NIIAQ-approved adviser</b>    | <p>a person who is appropriately qualified to give advice on attendant care and support, home modifications or vehicle modifications, approved by the NIIAQ Agency under the NIIAQ Act and section 22 of the NIIAQ Regulation.</p> <p>Note: for injured workers, this includes advisers qualified to assess workplace modification needs.</p>  |
| <b>Serious incident</b>          | a significant adverse act or event involving a NIIAQ participant, occurring or alleged to have occurred in connection with the provision of treatment, care and support services by a service provider (see: <a href="#">Reporting serious incidents guideline</a> ).  |
| <b>Service approval</b>          | a written notice detailing the approved services a provider can provide to a participant. A service approval is consistent with a participant's MyPlan.  |
| <b>Service provider</b>          | includes service providers registered in the NIIAQ register of providers, and service providers not registered in the NIIAQ register of providers.   |
| <b>Substitute decision-maker</b> | <p>a person, other than a participant, who is lawfully authorised to make a decision to consent to restrictive practices on behalf of a participant. This may include:</p> <ul style="list-style-type: none"> <li>• an adult guardian appointed under the <i>Guardianship and Administration Act 2000</i>.</li> <li>• a person empowered to make these decisions under the <i>Powers of Attorneys Act 1998</i>.</li> </ul> |

# Overview

This guideline is for service providers. We may use the term 'you' when we are referring to a service provider, and we use the terms 'us' and 'we' when we are referring to the NISQ Agency.

A reference to a 'participant' includes, for a child participant, their parent or guardian, or substitute decision-maker.

The *Provider guideline* is designed to assist **service providers** funded or being assessed under the NISQ. It outlines your role as a service provider and explains how we perform our statutory functions. The guideline is divided into five sections:

- |                |  |   |
|----------------|--|---|
| <b>Part 1:</b> | Information for service providers                      | provides general information, including: <ul style="list-style-type: none"><li>• linkage to the <i>Treatment, care and support guidelines</i></li><li>• application to injured workers supported under the <i>Workers' Compensation and Rehabilitation Act 2003</i></li><li>• how the NISQ Agency handles your information</li><li>• requirements for using NISQ branding</li><li>• standalone provider guidelines</li><li>• how the NISQ Agency responds to offences or suspected offences under the NISQ Act.</li></ul> |
| <b>Part 2:</b> | How we administer the NISQ                             | <ul style="list-style-type: none"><li>• focuses on the NISQ Agency's role under the NISQ Act and NISQ Regulation') specifically aspects which have a direct connection to service providers.</li></ul>  |
| <b>Part 3:</b> | How service providers support participants             | explains the role of service providers in delivering approved services to participants.   |
| <b>Part 4:</b> | Payments   | details the payment process for approved services, including: <ul style="list-style-type: none"><li>• issuing information requests</li><li>• what happens if a payment request is refused.</li></ul>  |
| <b>Part 5:</b> | When a service provider should contact the NISQ Agency | outlines situations where service providers should contact the NISQ Agency.   |

# Part 1: Information for service providers

The *Provider guideline* assists service providers when working with the NISQ Agency and is based on existing requirements contained in the NISQ Act and the NISQ Regulation. If any part of the *Provider guideline* is inconsistent with the NISQ Act or NISQ Regulation in a specific situation, the provisions of the Act and Regulation take precedence over the guideline.

In addition, the *Provider guideline* includes information about other laws that may affect participants and service providers, including **human rights** considerations.

Any existing obligations that a service provider has under a state, territory or Commonwealth law continue to apply to the provision of treatment, care or support to a NISQ participant.

## Relationship to the *Treatment, care and support guidelines*

The [Treatment, care and support guidelines](#) provide information on how we assess a participant's needs for treatment, care and support, and should be read alongside the *Provider guideline*.

While the [Treatment, care and support guidelines](#) focus on assessing whether specific supports can be funded, the *Provider guideline* focuses on service providers and the administrative processes required for the NISQ to operate effectively.

## Application to injured workers

The *Provider guideline* applies to service providers delivering services to injured workers supported under the *Workers Compensation and Rehabilitation Act 2003*, except that payments for treatment, care and support for injured workers are subject to the WorkCover Queensland tables of costs.

## How we handle your information

We use your information in accordance with our [privacy policy](#), published on our website. Information about service providers is typically disclosed during the assessment of a participant's needs for treatment, care and support, as well as for referrals related to external investigatory, enforcement and compliance purposes.

## Using your information to assess needs

Your information may be shared with other entities if it is necessary for performing a function under the NISQ Act. This may include sharing information with another entity for the purpose of determining whether a provider is appropriate. For example:

- verifying registration status with the NDIS Commission
- validating whether a service provider is regulated by a professional regulatory body
- checking for any adverse findings against the service provider.

## Using your information for enforcement and compliance referrals

The NISQ Agency has the authority to report a serious incident, including the use of restrictive practices on a participant without authorisation), to various entities as outlined in the *Reporting serious incidents guideline* (see: [Reporting serious incidents guideline](#)).

The NISQ Agency can also report significant concerns about a provider's appropriateness (not related to a serious incident) to the relevant entity, such as the Office of the Health Ombudsman.

## Service provider's use of NISQ Agency branding

Service providers must not use the NISQ logo or describe their services as "NISQ services" in any form of communication – such as websites, email signatures, promotional materials or advertisements – without prior written approval from the NISQ Agency.

This is to prevent misunderstandings, including the incorrect perception that the NISQ Agency is directly involved in delivering your services to a participant. However, service providers listed on the register of providers (see: Registered with the NISQ) who have been issued specific communication protocols by the NISQ Agency may use the logo and refer to services in accordance with those guidelines.

## Additional information for providers

We have also published standalone provider guidelines for particular types of treatment, care and support. These guidelines include:

### [Positive behaviour supports guideline](#)

provides information about the supports available to participants with **challenging behaviours**.

This guideline sets out the general requirements for supports to be assessed as necessary and reasonable. For more information, refer to the [Positive behaviour supports guideline](#).

### [Reporting serious incidents guideline](#)

provides important information related to the provision of treatment, care and support to participants in the NISQ. This includes:

- what a **serious incident** is, and categories of serious incidents
- what a service provider should do when a serious incident occurs
- information about incident management systems
- the NISQ Agency's authority to refer a service provider for investigation, disciplinary action or criminal investigation
- deregistration of a service provider.

The guideline also reaffirms that any existing obligations a service provider may have under a state, territory or Commonwealth law continue to apply to the provision of treatment, care or support to participants in the NISQ. For more details, refer to the [Reporting serious incidents guideline](#).

To effectively work with us, providers are encouraged to maintain up to date knowledge of all current and future guidance material developed by the NIISQ Agency.

This may include standalone guidelines, fact sheets, newsletters and information published on the NIISQ website.

## **Fraud**

Under the NIISQ Act, it is an offence to defraud or attempt to defraud the NIISQ Agency or deliberately mislead or attempt to deliberately mislead the NIISQ Agency. Involvement in these offences may also constitute an offence in itself.

Penalties for these offences include **400 penalty units** (\$66,760), or **18 months imprisonment**.

Fraud investigations are conducted in accordance with the NIISQ Act and the *Motor Accident Insurance Act 1994*. For more information about the prosecution approach taken by the Motor Accident Insurance Commission, refer to their [website](#).

## **Contacting the NIISQ Agency**

### **Participant-related communication**

we will advise you on the best way to contact the NIISQ Agency for each participant and notify you of any changes.

### **Provider-related communication**

for provider-related queries, or to notify us of any significant changes to your business (see: Part 5: When a service provider should contact NIISQ Agency) please contact [serviceprovider@niis.qld.gov.au](mailto:serviceprovider@niis.qld.gov.au).

### **Invoices**

please submit invoices via the instructions provided here: [Payment and invoicing - National Injury Insurance Scheme, Queensland](#).

## Part 2: How we administer the NIISQ

The NIISQ Agency is a part of the Queensland Government and is responsible for administering the NIISQ. NIISQ was established in 2016 by the NIISQ Act. The purpose of the NIISQ Act is to ensure that people who are seriously injured in motor vehicle accidents in Queensland receive necessary and reasonable treatment, care and support, regardless of fault. The NIISQ Agency administers NIISQ by:

- assessing the treatment, care and support required by participants and
- making payments for the treatment, care and support for participants.

In addition, the NIISQ Agency has a range of functions and powers which support the administration of NIISQ (including deciding who is eligible to participate in NIISQ). There are also general principles which the NIISQ Agency must have regard to in performing its functions.

The costs of NIISQ, including all treatment, care and support, are paid for by Queensland motorists. As far as possible, the NIISQ Agency must manage NIISQ in a way that ensures its operation is financially sustainable. The level of treatment, care and support received by participants remains evidence-based, reflective of community expectations, and provide value for money.

The NIISQ Agency also makes decisions in relation to treatment, care and support for injured workers in accordance with the *Workers' Compensation and Rehabilitation Act 2003*. By design, the approach to assessing treatment, care and support for injured workers is for practical purposes the same as for participants in the NIISQ.

### Maintaining a register of providers

Under the NIISQ Act the NIISQ Agency is responsible for keeping a register of **registered service providers** on its website, registering service providers and deregistering service providers.

NIISQ service providers that require registration are:

- attendant care and support services that are personal assistance services or services to assist a person to participate in the community
- supports related to home modifications, and
- services for the coordination of supports.

**Providers of treatment, care or support outside of the categories listed above are not required to be registered.**

During the registration process, the NIISQ Agency collects information about you and the services which you provide, including details such as your accreditation against a relevant Quality and Safeguarding Framework. This information is used to streamline the assessment of a participant's needs for treatment, care and support.

If you are included on the register of service providers, the NIISQ Agency will provide you with a notice of registration. For more information about registration, see: Registered with the NIISQ.

### Paying for treatment, care and support

Payments for NIISQ treatment, care and support provided can be made to the participant or another person, including a service provider, provided they have incurred the expense for the treatment, care or support.

The NIISQ Agency most commonly makes payments directly to a service provider on behalf of a participant. For more information about how we make payments, see: Part 4: Payments.

## How we assess needs

We refer to the process of assessing needs and making (or amending) a support plan as a support needs assessment or '*MyPlanning*', and the participant's support plan as a '*MyPlan*'.

The way we assess a participant's needs for treatment, care and support is prescribed in the NISQ Act. Following the initial assessment of a participant's needs (which is conducted as soon as practicable after a participant joins NISQ), we make a **MyPlan**.

A participant's MyPlan describes all the services which can be funded by the NISQ. The [Necessary and reasonable guideline](#) provides general information about how we decide whether something will be included in a MyPlan and funded under NISQ. If the NISQ Agency decides that something is 'necessary and reasonable', it becomes an **approved service** and can be funded under the NISQ.

The [Necessary and reasonable guideline](#) also provides information about:

- how we decide whether a treatment, care and support need is a result of the participant's **accepted injury**.
- how we rely on advice from **NISQ-approved advisers** when we assess specific treatment, care and support needs

While **MyPlanning** occurs at least once a year, we can undertake an additional support needs assessment at any time. Changes to a participant's circumstances may result in the NISQ Agency initiating MyPlanning. Sometimes, changes in the provision of support can trigger MyPlanning, including an assessment of the appropriateness of the provider (see: When a service provider should contact the NISQ Agency).

Participants are at the centre of MyPlanning. We consult with the participant throughout MyPlanning to understand what they consider to be necessary and reasonable, their abilities and limitations, and their individual goals. Participants can choose their service provider however the NISQ Agency is responsible for deciding whether treatment, care or support is an approved service, including whether the treatment, care and support is provided by an appropriate provider.

When assessing participant's needs for treatment, care and support, the NISQ Agency may require information from providers and other external sources. To facilitate this, providers may use a suite of forms and templates to provide information to the NISQ Agency about a participant's needs. The use of these templates ensures the relevant information is provided to the NISQ Agency. For more details, see [Forms and templates - National Injury Insurance Scheme, Queensland](#).

When we assess needs for certain types of treatment, care and support, the NISQ Act requires us to obtain advice from NISQ-approved advisers about a participant's needs. This includes participant needs for attendant care and support, home modifications and vehicle modifications.

## Approving services

Following an assessment, we are required to consider whether treatment, care or support for, or relating to a participant's assessed needs is provided by an appropriate service provider. This forms part of the 'necessary and reasonable' decision-making process. The factors we consider when deciding whether a service provider is appropriate include whether:

- the service provider and their staff are appropriately qualified (see: Qualified to provide support)
- the service provider is appropriate for the participant (see: Appropriate in the participant's context)
- the service provider is acceptable to the participant (see: Acceptable to the participant)

- there is an actual or perceived conflict of interest for the service provider in providing the support to the participant (see: Actual or perceived conflict of interest)
- the service provider's fees are reasonable (see: Whether fees are reasonable)
- the service provider is registered to provide the support (see: Registered).

We will also compare your services with those of other suitable service providers to assist in determining whether the support provided by you is cost-effective.

Once we have completed an assessment and have decided that treatment, care or support is necessary and reasonable, we ensure the participant's MyPlan reflects the approved services.

The NISQ Agency communicates details of approved service to you via a Service Approval.

When approved services are provided, the NISQ Agency will pay for the services (subject to other requirements under the NISQ Act and discussed below under Payments process).

## Service approvals

The NISQ Agency will give a service provider a **service approval** which explains the approved services which the service provider can provide to the participant. The service approval aligns with the treatment, care and support described in a participant's MyPlan (which are approved services), but is specifically for service providers.

Service approvals are to facilitate understanding of the treatment, care and support which can be provided and invoiced by service providers. The service approval is not a contract for services between the NISQ Agency and the service provider, nor is it a contract for services between the NISQ Agency and the participant.

If the NISQ Agency undertakes an assessment of needs and amends a participant's support plan, it will reissue or cancel service approvals consistent with the new amendments. This could include circumstances such as:

- the service provider is no longer acceptable to the participant
- the participant relocates to a different location
- the provider is no longer considered appropriate

The content of a service approval should be carefully considered by a service provider. It will be used by the NISQ Agency to assess payment requests (invoices) received from you. If a payment request is inconsistent with a service approval, then the NISQ Agency may not approve it (see: Payments process).

Services delivered without a service approval are not guaranteed payment. Submission of updated fee schedules from providers does not constitute the NISQ Agency's acceptance of these rates.

## Qualified to provide support

We are required to consider whether you and your staff are appropriately qualified to provide the treatment, care or support to a participant.

Whether a service provider is appropriately qualified will depend on the type of treatment, care or support, the participant's needs, and other factors identified during MyPlanning. The [Treatment, care and support guidelines](#) provide information about qualifications as general indicators for particular types of treatment, care and support.

**Example 1:** The [Medical and pharmaceutical treatment guideline](#) defines a fertility medical specialist as a medical practitioner who is appropriately qualified to provide advice about infertility including a specialist in reproductive endocrinology and infertility.

**Example 2:** The [Dental treatment guideline](#) defines a dental specialist as any person who holds a Specialist Title as regulated under the *Health Practitioner Regulation National Law* by the Australian Dental Board (and, in some cases, the Australian Medical Board) for a particular dental specialty.

In addition to professional qualifications, the NISQ Agency considers other factors to determine whether a service provider may, or may not, be qualified to provide treatment, care or support to a participant. This includes:

- level of experience
- compliance with relevant quality and safeguarding frameworks
- whether the service provider has, or intends to subcontract any aspects of service delivery to a third party
- an understanding of, and adherence to, the Clinical Framework for the Delivery of Health Services (see: [Necessary and reasonable guideline](#))
- compliance with relevant state and Commonwealth laws (including workplace health and safety laws)
- current and adequate insurance coverage appropriate to your business
- incident management systems, complaints procedures and continuous improvement frameworks
- sound organisational management, including the provision of ordinary business resources, and
- confirmation of capacity to provide services to a participant in a way that meets their assessed needs.

Generally, a service provider is not considered appropriate if they undertake a subcontracting arrangement for service provision for NISQ participants.

## Appropriate in the participant's context

We consider whether you are appropriate in the context of the participant's:

- location
- age
- culture, and
- ethnicity.

These factors are required to be considered under the NISQ Act and NISQ Regulation. As a public entity, we are also required to adhere to the *Human Rights Act 2019*.

**Example:** a service provider delivering attendant care and support services to assist a child participant to participate in the community should be able to demonstrate that they have the appropriate staff, skills and procedures expected of a business providing support to children in Queensland.

In addition to those factors mentioned above, a strong indicator of whether a service provider is appropriate is their ability to demonstrate an understanding of how the following may impact the delivery of supports to a participant:

- sex
- gender
- disability
- religion

- socio-economic factors
- literacy (including digital literacy)
- language and communication barriers
- informal support networks, and
- past trauma.

Service providers should understand and accommodate a participant's communication preferences and demonstrate the capability to communicate appropriately and respectfully with participants, their families and other stakeholders.

**Working with children** – all service providers who work with children must comply with their legal obligations to be considered an appropriate service provider for a participant who is a child. This includes compliance with the:

- *Child Protection Act 1999* (including mandatory reporting obligations)
- *Child Safe Organisations Act 2024*, which includes adherence to the *Child Safe Standards and Universal Principle* and the *Nationally Consistent Reportable Conduct Scheme*.

More information about the *Child Safe Organisations Act 2024* can be found on the [Queensland Family and Child Commission website](#).

## Acceptable to the participant

Whether a participant considers a service provider to be acceptable is an essential factor in determining whether the NISQ Agency will decide that a service provider is necessary and reasonable. If a service provider is no longer acceptable to a participant, the NISQ Agency will typically initiate an assessment of their support needs to identify another suitable service provider.

**Example:** if the relationship between a participant and their service provider has broken down, and the participant no longer wishes to receive services from the service provider, the NISQ Agency will undertake an additional assessment of needs to identify an alternative service provider. The participant's MyPlan will be updated to reflect the outcome of the assessment. The original provider will be notified and will receive a service approval amendment or cancellation.

## Actual or perceived conflict of interest

The NISQ Agency will consider whether a service provider has, or may have, a conflict of interest in providing treatment, care or support to a participant.

If you believe that there is an actual or potential conflict of interest in providing treatment, care or support to a participant, or you think that a conflict may be perceived, you should disclose this to the NISQ Agency.

A conflict of interest may be:

- **financial** – where there is a likelihood of potential financial loss or gain, or
- **non-financial** – where there is no financial component, but there may be self-interest, personal or family relationships or other affiliations.

The NISQ Act and NISQ Regulation do not limit the circumstances which may constitute a conflict of interest. As a result, it is important to contact the NISQ Agency as early as possible if you identify a potential conflict.

**Example:** a service provider is close personal friends with an employee at NIISQ Agency. While the NIISQ Agency has its own processes for identifying and managing conflicts of interests for employees, the service provider should disclose their relationship and work with the NIISQ Agency to manage the conflict.

Depending on the nature of the conflict, it may not necessarily exclude the possibility that the NIISQ Agency will approve the service provider to provide services to the participant. Understanding the nature of the conflict and working collaboratively with the NIISQ Agency will minimise the likelihood of adverse outcomes for the participant, the service provider and the NIISQ Agency.

A service provider who is also a NIISQ-approved adviser should notify the NIISQ Agency if they are requested to deliver both services to the same NIISQ participant. The NIISQ Agency is responsible for ensuring a clear separation between the delivery of participant services and the provision of objective advice to the Agency.

## Reasonableness of fees

The NIISQ Agency is required to consider whether a service provider's fees are reasonable and whether the treatment, care or support is cost-effective. As a part of assessing cost-effectiveness, we consider the cost of treatment, care or support with the cost of same or similar treatment, care or support provided by other suitable service providers.

The NIISQ Agency uses the WorkCover Queensland tables of costs for different kinds of services as a reference point when assessing whether a service provider's fees are necessary and reasonable for participants in the NIISQ. The tables of costs are not a "cap" or "price limit". While they are expected to serve as a reliable indicator of a service provider's fees, the NIISQ Agency ensures that the participant's individual circumstances are considered in determining whether treatment, care or support is necessary and reasonable.

Payments for treatment, care and support for injured workers supported under the *Workers' Compensation and Rehabilitation Act 2003* are subject to the WorkCover Queensland tables of costs.

## Registered with the NIISQ

There are certain circumstances where treatment, care and support must be provided by a service provider that is registered under the NIISQ Act, otherwise, it would constitute excluded treatment care and support. As described in Part 2, the categories are:

- attendant care and support services that are personal assistance services or services to assist a person to participate in the community
- supports related to home modifications, and
- services for the coordination of supports.

Providers of treatment, care or support outside of the categories listed above are not required to be registered.

If any of the above services are provided by a person who is not a registered service provider, they will meet the definition of excluded treatment, care and support. While excluded treatment, care and support is not required to be funded under the NIISQ, the NIISQ Agency may decide to fund them in certain circumstances. The [Necessary and reasonable treatment, care and support guideline](#) provides more information about excluded treatment, care and support.

## **Types of information we may need from you to consider whether a participant's treatment, care and support is provided by an appropriate provider and approve services**

The table below provides examples of the types of information we may need from you. For registered service providers, a significant amount of this information is typically collected during the registration process.

*When we are assessing whether you are:*

*We may need information about:*

### **Qualified**

- formal qualifications and/or your employees' formal qualifications
- compliance with any relevant quality and safeguarding frameworks
- capacity to provide services as needed by a participant
- level of relevant experience.

### **Appropriate in the participant's context**

- service areas
- capability to deliver services that accommodate a participant's individual, cultural and social circumstances.

### **Acceptable to the participant**

- whether you are acceptable to the participant.

### **Actual or perceived conflicts of interest**

- whether there is an actual or perceived conflict of interest
- information about how actual or perceived conflicts of interest can be managed.

### **Whether fees are reasonable**

- whether your fees align with the WorkCover Queensland table of costs (where applicable)
- how your fees are otherwise justified or structured.

## Part 3: How service providers support participants

### Service provider role

As a service provider, your role is to provide approved services to participants. You should familiarise yourself with the service approval provided by the NIISQ Agency (see: Service approvals) and be aware that if you submit a payment request which is inconsistent with the service approval, the NIISQ Agency may not approve it.

While the NIISQ Act and NIISQ Regulation do not prescribe specific requirements for how treatment, care and support is provided to participants, only those supports and services that are consistent with the approved services will be funded under the NIISQ.

### Service provider and participant agreements

While it is not required, a participant and a service provider may enter into an agreement for the delivery of approved services.

Establishing an agreement consistent with the approved services can help both the participant and the service provider set clear expectations regarding service delivery. We have developed a [template](#) which you and a participant can use for **attendant care and support services**.

If you are unsure about whether an agreement you have entered into with a participant is consistent with the approved services or relates to an accepted injury, you should contact the NIISQ Agency. Contacting the NIISQ Agency early can help minimise the likelihood of the NIISQ Agency refusing a payment request (see: Payments process).

### Transition to a new provider

It is sometimes necessary for a participant to change from one provider to another. This may occur due to:

- participant choice
- changes in the participant's needs or circumstances
- the current provider is no longer considered an appropriate provider, or
- the current provider no longer has the capacity to deliver the required services.

When transitioning services, it is important that sufficient notice is provided, and the outgoing and incoming providers work collaboratively and with the participant to ensure the participant's treatment, care and support continues with minimal disruption.

## Part 4: Payments

As described above in Part 2: How we administer the NIISQ, a participant's treatment, care and support needs are assessed, and approved services are outlined within their MyPlan. During this process, prospective service providers are identified and assessed to determine whether the services they provide are necessary and reasonable. At this stage, we may need additional information about you (see: Part 3: How service providers support participants and Types of information we may need from you to approved services).

New NIISQ service providers will be asked to complete a service provider/vender creation form to enable them to be set up within the NIISQ system with accurate details for processing payments.

### Payments process

After treatment, care or support is provided to the participant in accordance with the Service Approval, the standard payments process is as follows:

- Step 1**
- the service provider submits a payment request (usually in the form of an invoice) for the approved services they have provided.
  - invoices must be made within six (6) months of the services provided.
- Step 2**
- the NIISQ Agency assesses the payment request (invoice) and its alignment with the Service Approval, and will either:
    - approve the payment request
    - request more information about the payment request
    - refuse a payment request

### The NIISQ Agency approves the payment request

If the NIISQ Agency approves the payment request, it will pay the invoice within 28 days of the approval.

### The NIISQ Agency requests more information about the payment request

If the NIISQ Agency needs more information about a payment request, it will issue an **information request** to you and/or the participant.

### The NIISQ Agency refuses the payment request

If the NIISQ Agency refuses a payment request submitted by you, it will notify you of the decision.

### Information to be included in a payment request

To help us assess your payment request and process your invoice as quickly as possible, all invoices should:

- being in the form of a valid tax invoice, and
- contain information consistent with the relevant Service Approval, such as service approval number, provider rate/fee and service description.

For more details, please refer to the [NIISQ website](#).

## Part 5: When a service provider should contact the NISQ Agency

The NISQ Agency collaborates and communicates with service providers on a continuous basis. However, there are certain changes that we need to be informed about because they may impact the administration of the NISQ or the payments process for treatment, care or support.

### Substantive changes

The NISQ Agency may undertake an assessment of needs at any time it considers appropriate (see: How we assess needs). When we decide to fund services provided by you, we base this decision on the information available to us at the time, including whether:

- you are qualified
- you are appropriate in the participant's context
- you are acceptable to the participant
- there is an actual or perceived conflict of interest
- your fees, and
- you are registered.

A significant change to your organisation may impact on whether your services remain necessary and reasonable. For example, this may occur if:

- you are no longer accredited with a relevant Quality and Safeguarding framework such as the NDIS Commission
- your AHPRA registration status changes
- the NDIS Commission has made an adverse decision about you
- you no longer have the capacity to provide the services needed by a participant
- key personnel specifically considered as part of the decision to approve services no longer work for your organisation
- a registered/endorsed individual within a registered service provider (e.g., services for the coordination of support) no longer works for your organisation
- there is a proposed change to registered/endorsed personnel that require registration
- your ABN changes
- a participant has expressed to you that they no longer want you as their service provider
- there is an actual, potential or perceived conflict of interest, or
- your fees change, or you provide us with an updated fee schedule.

In some circumstances, the NISQ Agency may also provide your information to other entities (see: How we handle your information). When we do this, it may make us aware of a significant change that could trigger an assessment of needs and a decision that you no longer meet the necessary and reasonable criteria for a participant.

### Other changes

If there are changes to your business, including changes in financial information necessary for payments, you should contact the NISQ Agency to ensure there is no interruption to the payment process. You may need to re-complete the *Service provider bank details* form (see: Payments process).



National Injury Insurance  
Scheme, Queensland

## Contact us

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National Injury Insurance Agency, Queensland

 **Request a callback** 1300 607 566  
Monday to Friday 8.30am–5.00pm

 **Email** [enquiries@niis.qld.gov.au](mailto:enquiries@niis.qld.gov.au)

### Accessibility information

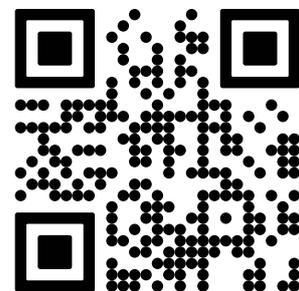
**Do you mainly speak a language other than English?  
Or, do you have difficulty speaking or hearing?**



We can arrange to call you with an interpreter who speaks your language or through the National Relay Service (NRS). NRS can help if you're d/Deaf or find it hard to hear or speak to hearing people on the phone.

View our accessibility information: [niis.qld.gov.au/contact-us](https://niis.qld.gov.au/contact-us)

Visit [niis.qld.gov.au](https://niis.qld.gov.au)  
or scan the QR code



The information provided in the *Provider guideline* is intended to provide general guidance. The guideline is not legal advice. Please refer to the *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulation 2016* for more details about the National Injury Insurance Scheme, Queensland. It is intended that the guidelines will be modified and updated over time as the NIISQ develops.