NIISQ

National Injury Insurance Scheme, Queensland

# Provider guideline

# Contents

# Definitions

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

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| **Accepted injury/ies** | means a participant's eligible injury, or another personal injury that the NIISQ Agency has decided to support under NIISQ. |
| **Another personal injury** | means a personal injury sustained by the participant in the same motor accident that caused the participant's eligible injury. |
| **Approved service** | means 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. |
| **Attendant care and support services** | services to help a participant with everyday tasks that are a personal assistance service or service to assist the participant in the community. |
| **Challenging behaviours** | behaviours that present a significant risk of harm to the participant and/or others, or that severely limit the participant's ability to engage in the community. Examples include:<br>• physical or verbal aggression<br>• property damage<br>• inappropriate social or sexual behaviour<br>• extreme withdrawal or lack of initiation<br>• self-injurious behaviour<br>• repetitive/stereotypical or self-stimulatory behaviour impacting daily activities. |
| **Eligible injury** | means the serious personal injury that entitles a person to support as a participant in NIISQ.<br>Serious personal injuries, as defined in the NIISQ Act, include:<br>• traumatic brain injury<br>• permanent spinal cord injury<br>• multiple or high-level amputations<br>• permanent injury to the brachial plexus<br>• burns, or inhalation burn<br>• blindness caused by trauma<br>Note: for full requirements, refer to the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) and *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation). |

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| **Human rights** | include (but are not limited to) rights protected under the *Human Rights Act 2019* and others, such as:<br>• liberty and freedom of movement<br>• dignity<br>• freedom from abuse, neglect or exploitation. |
| **Information request** | means a request seeking additional information to enable the NIISQ Agency to respond to a payment or service request. |
| **MyPlan** | means a support plan prepared and approved by NIISQ Agency and approved under section 26 or amended under section 27 of the NIISQ Act. |
| **MyPlanning** | the process of assessing necessary and reasonable treatment, care and support needs under sections 25, and making or amending a support plan under section 26 or 27 of the NIISQ Act. |
| **NIISQ** | the National Injury Insurance Scheme, Queensland. |
| **NIISQ Agency** | the National Injury Insurance Agency, Queensland. |
| **NIISQ Act** | the *National Injury Insurance Scheme (Queensland) Act 2016*. |
| **NIISQ Regulation** | the *National Injury Insurance Scheme (Queensland) Regulation 2016*. |
| **NIISQ-approved adviser** | means a person who is appropriately qualified to provide advice about attendant care and support, home modifications or vehicle modifications, and approved by the NIISQ Agency under the NIISQ Act and section 22 of the NIISQ Regulation.<br>Note: for injured workers, this includes advisers who are qualified to assess workplace modification needs. |
| **Restrictive practice** | is any of the following practices (as defined in the *Disability Services Act 2006*) used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others:<br>• containing or secluding the adult<br>• using chemical, mechanical or physical restraint on the adult<br>• restricting access of the adult. |
| **Serious incident** | means a significant adverse act or event involving a NIISQ participant that occurs, or is alleged to have occurred, in connection with the provision of treatment, care and support services by a service provider (see: Reporting serious incidents guideline). |
| **Service approval** | a written notice detailing the approved services a provider can provide to a participant. A service approval is consistent with a participant's MyPlan. |
| **Service provider** | includes registered and unregistered providers of treatment, care and support, but excludes a family member of the participant. |

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| **Service request** | is a written request for treatment, care and support to be provided to a participant for a particular period, made under section 28 of the NIISQ Act. |
| **Substitute decision-maker** | a person, other than a participant, who is lawfully authorised to make decisions about the use of restrictive practices on a participant. This may include an adult guardian appointed under the *Guardian and Administration Act 2000*, or a person empowered under the *Powers of Attorney Act 1998*. |

# Overview

This guideline is for **service providers**.

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

The Provider guideline supports service providers funded, or being assessed, under NIISQ. It outlines the provider's role and explains how the NIISQ Agency perform our statutory functions.

The guideline is divided into five sections:

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| **Part 1: Information for service providers** | provides general information, including:<br>• linkage to the Treatment, care and support guidelines<br>• application to injured workers supported under the *Workers' Compensation and Rehabilitation Act 2003*<br>• how the NIISQ Agency handles the provider's information<br>• requirements for using NIISQ branding<br>• standalone provider guidelines<br>• how the NIISQ Agency responds to offences or suspected offences under the NIISQ Act. |
| **Part 2: How the NIISQ Agency administer NIISQ** | explains the NIISQ Agency's role under the NIISQ Act and NIISQ Regulation, focusing on matters relevant to service providers. |
| **Part 3: How service providerssupport participants** | explains the role of service providers in delivering approved services to participants. |
| **Part 4: Payments** | explains the payment process for approved services, including:<br>• issuing information requests<br>• what happens if a payment request is refused. |
| **Part 5: When a service provider should contact the NIISQ Agency** | outlines situations where service providers should contact the NIISQ Agency. |

# Part 1: Information for service providers

The *Provider guideline* supports service providers working with the NIISQ Agency and is based on existing requirements in the NIISQ Act and the NIISQ Regulation. If any part of the *Provider guideline* is inconsistent with the NIISQ Act or NIISQ Regulation, the provisions of the Act and Regulation take precedence.

The *Provider guideline* also 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 NIISQ participant.

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

The *Treatment, care and support guidelines* provide information about how the NIISQ Agency 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 NIISQ 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 the NIISQ Agency handles the provider's information

The NIISQ Agency uses the provider's information in accordance with our Privacy policy, available on our website. Information about service providers may be disclosed when assessing a participant's needs for treatment, care and support, and for referrals related to external investigatory, enforcement and compliance activities.

### Using the provider's information to assess needs

The provider's information may be shared with other entities where necessary to perform a function under the NIISQ Act. This may include sharing information to determine 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 the provider's information for enforcement and compliance referrals

The NIISQ Agency may report a serious incident, including the use of restrictive practices on a participant without authorisation, to relevant entities as outlined in the Reporting serious incidents guideline.

The NIISQ Agency may 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 NIISQ Agency branding

Service providers must not use the NIISQ logo or describe their services as 'NIISQ services' in any communication (such as websites, email signatures, promotional materials or advertisements) without prior written approval from the NIISQ Agency.

This requirement prevents misunderstandings, including the perception that the NIISQ Agency is directly involved in delivering the provider's services to a participant. Service providers listed on the register of providers (see: Registered with NIISQ) who are issued specific communication protocols by the NIISQ Agency may use the logo and refer to services in accordance with those protocols.

## Additional guidance information for providers

The NIISQ Agency has also published standalone provider guidelines for particular types of treatment, care and support. These guidelines include:

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| *Positive behaviour supports guideline* | provides information about supports available for participants with **challenging behaviours** or where **restrictive practices** may be required.<br><br>It outlines 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 information about serious incidents, including:<br>• what a **serious incident** is and the categories of serious incidents<br>• what service providers must do when a serious incident occurs<br>• requirements for incident management systems<br>• the NIISQ Agency's authority to refer a service provider for investigation, disciplinary action or criminal investigation<br>• deregistration of a service provider.<br><br>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 NIISQ. 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 to deliberately mislead or attempt to deliberately mislead the NIISQ Agency. Involvement in these offences may also constitute an offence in itself.

Maximum penalties for these offences are **400 penalty units** ($69,080 and adjusted each financial year), 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, refer to the Motor Accident Insurance Commission website.

## Contacting the NIISQ Agency

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| **Participant-related communication** | the NIISQ Agency will advise the provider on the best way to contact the NIISQ Agency for each participant and notify the provider of any changes. |
| **Provider-related communication** | for provider-related queries, or to notify us of significant changes to the provider's business (see: Part 5: When a service provider should contact NIISQ Agency), contact serviceprovider@niis.qld.gov.au |
| **Invoices** | submit invoices in accordance with the instructions on the NIISQ website: Payment and invoicing - National Injury Insurance Scheme, Queensland. |

# Part 2: How the NIISQ Agency administers NIISQ

The NIISQ Agency is a part of the Queensland Government and is responsible for administering NIISQ. NIISQ was established in 2016 by the NIISQ Act. The purpose of the NIISQ Act is to ensure 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
- making payments for treatment, care and support.

The NIISQ Agency also has functions and powers that support the administration of NIISQ, including deciding who is eligible to participate. 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. The Agency must manage NIISQ to support its long-term financial sustainability and the level of treatment, care and support received by participants must be evidence-based, reflect 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*. The approach to assessing treatment, care and support for injured workers is generally the same as for NIISQ participants.

## Maintaining a register of providers

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
- 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 the provider and the services the provider provides, including accreditation against relevant quality and safeguarding frameworks. This information helps streamline the assessment of participant needs.

If the provider is included on the register of service providers, the NIISQ Agency will provide the provider with a notice of registration. For more information about registration (see: Registered with NIISQ), and the NIISQ website.

## Paying for treatment, care and support

Payments for NIISQ treatment, care and support may be made to the participant or another person, including a service provider, if 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 the NIISQ Agency make payments, see: Part 4: Payments.

## How the NIISQ Agency assesses needs

The NIISQ Agency refers to the process of assessing needs and making or amending a support plan as a support needs assessment or ‘MyPlanning’. A participant’s support plan is called a ‘MyPlan’.

The way the NIISQ Agency assesses a participant’s needs for treatment, care and support, and the way the NIISQ Agency decide **service requests** is prescribed in the NIISQ Act. Following the initial assessment of a participant’s needs (which is conducted as soon as practicable after a participant joins NIISQ), the NIISQ Agency develop a **MyPlan**.

A participant’s MyPlan describes all the services which can be funded by the NIISQ. The *Necessary and reasonable guideline* provides general information about how the NIISQ Agency decides whether something will be included in a MyPlan and funded under the NIISQ. The approach described in the Necessary and Reasonable Guideline has general application to necessary and reasonable treatment, care and support decision making for both MyPlan and service request decisions.

If a service request is made by a person that is not the participant, the person making the request must give a copy to the participant.

If the NIISQ Agency decides that something is 'necessary and reasonable', it becomes an **approved service** and can be funded under NIISQ.

The *Necessary and reasonable guideline* also provides information about:

- how the NIISQ Agency decides whether a treatment, care and support need is a result of the participant's accepted injury.
- how the NIISQ Agency uses advice from **NIISQ-approved advisers** when assessing specific treatment, care and support needs.

**MyPlanning** occurs at least once each year and may occur more often if needed. Changes in a participant's circumstances or service provision may trigger a reassessment, including reviewing provider appropriateness (see: Part 5: When a service provider should contact the NIISQ Agency).

Participants are at the centre of MyPlanning. The NIISQ Agency consults 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 NIISQ 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 needs for treatment, care and support, the NIISQ 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 NIISQ Agency about a participant's needs. The use of these templates ensures the relevant information is provided to the NIISQ Agency. For more details, see Forms and templates - National Injury Insurance Scheme, Queensland.

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

## Approving services

After an assessment, the NIISQ Agency considers whether treatment, care and support is provided by an appropriate service provider as part of the 'necessary and reasonable' decision-making process. The factors the NIISQ Agency considers 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 with the NIISQ).

The NIISQ Agency will also compare the provider's services with those of other suitable service providers to assist in determining whether the support provided by the provider is cost-effective.

Once the NIISQ Agency has completed an assessment and has decided that treatment, care or support is necessary and reasonable, the NIISQ Agency ensures the participant's MyPlan reflects the approved services. Approved services are linked to a provider and described in a participant's MyPlan. Amendments to approved services may only occur in line with the NIISQ Act.

The NIISQ Agency provides details of approved services through a service approval.

When approved services are provided, the NIISQ Agency will pay for the services, subject to other requirements under the NIISQ Act (see: Payments process).

## Service approvals

The NIISQ Agency issues a **service approval** that outlines the approved services that a service provider can provide to a 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 clarify what treatment, care and support services can be provided and invoiced by service providers. The service approval is not a contract for services between the NIISQ Agency and the service provider, and it is not a contract for services between the NIISQ Agency and the participant.

If the NIISQ 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 NIISQ Agency to assess payment requests (invoices) received from the provider. If a payment request is inconsistent with a service approval, then the NIISQ Agency may not approve it (see: Payments process).

Services delivered without a service approval are not guaranteed payment. Please contact the NIISQ Agency if urgent services are required.  Submission of updated fee schedules from providers does not constitute the NIISQ Agency's acceptance of these rates.

## Qualified to provide support

The NIISQ Agency is required to consider whether the provider and the providers 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 NIISQ 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 the provider's business
- incident management systems, complaints procedures and continuous improvement frameworks
- sound organisational management, including the provision of ordinary business resources
- confirmation of capacity to provide services to a participant in a way that meets their assessed needs.

### Appropriate in the participant's context

The NIISQ Agency considers whether the provider is appropriate in the context of the participant's:

- location
- age
- culture
- ethnicity.

These factors are required to be considered under the NIISQ Act and NIISQ Regulation. As a public entity, the NIISQ Agency is 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
- 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 NIISQ Agency will decide that a service provider is necessary and reasonable. If a service provider is no longer acceptable to a participant, the NIISQ 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 NIISQ 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 NIISQ Agency will consider whether a service provider has, or may have, a conflict of interest in providing treatment, care and support to a participant.

If the provider identifies an actual, potential or perceived conflict of interest in providing treatment, care or support to a participant the provider should disclose it to the NIISQ Agency.

A conflict of interest may be:

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

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

**Example:** a service provider who has a personal relationship with a NIISQ Agency employee. While the NIISQ Agency has its own processes for identifying and managing conflicts of interests for employees, the service provider should disclose this so it can be appropriately managed.

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 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, the NIISQ Agency considers 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
- services for the coordination of supports.

Providers of treatment, care and 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 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 the NIISQ Agency may need from providers to approve services

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

| *When the NIISQ Agency is assessing whether the provider is:* | *The NIISQ Agency may need information about:* |
|---|---|
| **Qualified** | • formal qualifications and/or the provider's employees' formal qualifications<br>• compliance with any relevant quality and safeguarding frameworks<br>• capacity to provide services as needed by a participant<br>• level of relevant experience. |
| **Appropriate in the participant's context** | • service areas<br>• capability to deliver services that accommodate a participant's individual, cultural and social circumstances. |
| **Acceptable to the participant** | • whether the provider is acceptable to the participant. |
| **Actual or perceived conflicts of interest** | • whether there is an actual or perceived conflict of interest<br>• information about how actual or perceived conflicts of interest can be managed. |
| **Whether fees are reasonable** | • whether the provider fees align with the WorkCover Queensland table of costs (where applicable)<br>• how the provider's fees are otherwise justified or structured. |

# Part 3: How service providers support participants

## Service provider role

As a service provider, the provider's role is to provide approved services to participants. The provider should familiarise itself with the service approval provided by the NIISQ Agency (see: Service approvals) and be aware that if the provider submits a payment request (invoice) that 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.

## Existing responsibilities

The NIISQ Agency's service approval to a provider does not replace, reduce or transfer a provider's existing responsibilities. The provider is responsible for ensuring that the provider's organisation has appropriate business and governance arrangements in place to deliver approved services safely and in accordance with all relevant laws and professional requirements.

This includes but is not limited to:

- supply and maintain necessary business resources required to deliver services, including workplace health and safety resources and equipment for the provider's workers (for example, personal protective equipment (PPE) and technology devices such as iPads and mobile phones used by staff to deliver services)

- engage personnel with necessary qualifications, experience, registrations and clearances and ensure personnel adhere to relevant professional codes of practice and national registration standards
- maintain current and adequate insurance coverage appropriate for the size and scope of the provider's business
- maintain and apply fit-for-purpose feedback and complaints management processes, and respond to complaints in a timely and appropriate way
- ensure workplace health and safety for the provider's workers and comply with all relevant workplace health and safety legislation and regulatory requirements (including workplace health and safety standards)
- have appropriate risk management systems in place
- protect participant and NIISQ information, including during the communication, transfer and storage of information
- use of artificial intelligence (AI) tools ethically, transparently and in a compliant way. This includes any disclosure of participant personal information to AI tools is in compliance with all relevant legal and professional obligations.

The NIISQ Agency may request information from providers to confirm these types of arrangements when assessing provider appropriateness, or where concerns are raised.

## Participant Safeguarding

The *Serious incident guideline* and the *Positive behaviour supports guideline* provide frameworks for managing serious incidents and implementing behaviour supports. They do not replace the provider's responsibility to report risks to participant safety or serious incidents to the appropriate authorities. This may include notifying relevant entities such as Child Safety Services, Queensland Police, the Aged Care Quality and Safety Commission or the Queensland Civil and Administrative Tribunal.

Providers must continue to meet their obligations under state, territory and Commonwealth laws, including those relating to responding to abuse, neglect or exploitation.

## Working collaboratively

Providing services under NIISQ involves collaboration and clear communication by service providers with the NIISQ Agency, participants including family members and other service providers and stakeholders. This ensures the NIISQ Agency has the information required to assess participant needs and make payments for approved services. Importantly this also supports participants to achieve their goals.

## 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.

An agreement that aligns with approved services can help both the participant and the service provider set clear expectations for service delivery. The NIISQ Agency has developed a *My Care and Support Agreement* template that the provider and a participant can use for attendant care and support services.

If the provider is unsure about whether an agreement the provider has entered into with a participant is consistent with the approved services or relates to an accepted injury, contact the NIISQ Agency.

Early contact can reduce the risk of payment requests being refused (see: Payments process).

### Transition to a new provider

A participant may need to change service providers. 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
- the current provider no longer has the capacity to deliver the required services.

When services are transitioned, sufficient notice should be provided. Outgoing and incoming providers should work collaboratively with the participant to ensure continuity of care with minimal disruption.

# Part 4: Payments

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

New NIISQ service providers will be asked to complete a service provider/vendor creation form to enable them to be set up in NIISQ systems with accurate payment details.

## Payments process

After services are delivered in line with the service approval, the standard payment process is:

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| **Step 1** | • the service provider submits a payment request (usually an invoice) for the approved services they have provided.<br>• invoices must be submitted within six months of the services being delivered. |
| **Step 2** | • the NIISQ Agency assesses the payment request (invoice) and its alignment with the service approval, and will either:<br>– approve the payment request<br>– request more information<br>– refuse the payment request. |

### The NIISQ Agency approves the payment request

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

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

If the NIISQ Agency needs more information, an information request will be issued to the provider and/or

the participant.

For payment requests, an information request:

- is issued within 28 days of receiving the payment request
- states that the payment request will lapse if the information is not provided by the due day.

The due day will be at least 10 days after the information request is issued.

### The NIISQ Agency refuses the payment request

If the NIISQ Agency refuses a payment request, the provider will notify be notified of the decision.

## Information to be included in a payment request

To help us assess the provider's payment request and process the provider's invoice as quickly as possible, all invoices should:

- be a valid tax invoice
- include information consistent with the service approval, such as:
  - service approval number
  - provider rate or fee
  - service description.

For more information, please refer to the NIISQ website.

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

There are certain changes that providers should inform the NIISQ Agency about as they may impact the administration of NIISQ or the payments process for treatment, care or support.

## Substantive changes

The NIISQ Agency may undertake an assessment of needs at any time it considers appropriate (see: How the NIISQ Agency assesses needs). When the NIISQ Agency decides to fund services provided by the provider, the NIISQ Agency bases this decision on the information available to us at the time, including whether:

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

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

- the provider is no longer accredited with a relevant Quality and Safeguarding framework such as the NDIS Commission and this was a consideration when determining registration or provider appropriateness.
- the provider's AHPRA registration status changes
- the NDIS Commission makes an adverse finding about the provider
- the provider no longer has the capacity to deliver required services
- key personnel specifically considered as part of the decision to approve services no longer work for the provider's organisation
- a registered/endorsed/nominated individual within a registered service provider (e.g. services for the coordination of support) no longer works for the provider's organisation
- there is a proposed change to registered/endorsed/nominated personnel that require registration
- the provider's ABN changes
- a participant indicates they no longer wish to receive services from the provider
- there is an actual, potential or perceived conflict of interest.

In some circumstances, the NIISQ Agency may share the provider's information with other entities (see: How the NIISQ Agency handle the provider's information). This may identify a significant change that triggers a reassessment of needs and a decision that the provider no longer meets the necessary and reasonable criteria for a participant. This may also trigger a decision that a provider no longer meets the requirements for registration (if NIISQ registration is required).

## Other changes

If the provider's business details change, including financial information required for payments, the provider should contact the NIISQ Agency to avoid disruption to payments. The provider may need to complete a new Service provider bank details form (see: Payments process).

NIISQ

National Injury Insurance Scheme, Queensland

# Contact us

National Injury Insurance Agency, Queensland

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

**Email** 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

Visit **niis.qld.gov.au**
or scan the QR code

NIISQExG13v1

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.