



ecm

EDUCATIONAL CASE MANAGEMENT  
CLINICAL ALLIED HEALTH SERVICES

✉ info@ecmonhudson.com ☎ 02 4969 8060 🖱 www.ecmonhudson.com

NDIS SERVICE AGREEMENT

This Service Agreement is made between: Participant & Provider: ECM on Date:

Participant's Name

Participant's Name Date of Birth

Funding Details

NDIS Number	NDIS Plan Provided	Yes	No
NDIS Start Date	NDIS Finish Date		
Who pays invoices (tick)	Self-managed	Plan Manage	Agency Managed

Plan Manager Details

Services / Interventions

This Agreement is made for providing support services on an hourly rate under the Participant's NDIS plan and which may include a combination of the following as per NDIS current guidelines and ECM registrations:

- a. Improved Daily Living Skills-
  - i. Individual Counselling \$156.15
  - ii. Psychology \$222.99
  - iii. Speech Pathology \$193.99
  - iv. Occupational Therapy \$193.99
  - v. Exercise Physiologist \$193.99
  - vi. Social Work \$193.99
  - vii. Allied Health Assistants \$ 86.79
  - viii. Comprehensive and Clinical Reports hourly rate
  - ix. Assessments hourly rate
  - x. Progress Reports hourly rate
  - xi. Resources compiled by clinician (Non face to face) hourly rate
  - xii. Group Programs as per NDIS Guidelines
- b. Improved Relationships-
  - i. Specialist Behavioural Intervention Support \$222.99
  - ii. Behaviour Management Plan & Training in Behaviour Management Strategies \$222.99 (hourly rate)

The Parties agree that this Agreement is made in the context of the NDIS, which is a scheme that aims to  
1. Support the independence and social and economic participation of people with disability; and  
2. Enable people with a disability to exercise choice & control in pursuing their goals & planning & delivering their support services.



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### Total funding available for this SA (if known):

Capacity Building: Improved Daily Living	Yes	No
\$		
Capacity Building: Improved Health and Well-being	Yes	No
\$		
Improved Relationships Specialist	Yes	No
\$		
Improved Relationships Plan	Yes	No
\$		

### Funding Agreements

I agree resources and travel costs can be claimed:	Yes	No
I agree that appointments will be put on hold if three consecutive invoices are not paid:	Yes	No
I agree appointments will be put on hold if three consecutive short notices occur:	Yes	No
I agree to appointments being rescheduled if clinician unavailable:	Yes	No
I agree that NDIS Progress Reports are charged at an hourly rate:	Yes	No
I agree that Clinical assessments and reports (if required) are charged at an hourly rate:	Yes	No
I agree with Short Notice Cancellations and Missed appointments to be charged:	Yes	No

### Planned Interventions

A more detailed breakdown of the costs can be provided on request. Recommendations and appointment allocation specific to each discipline are often more accurate after the initial appointment with the clinicians and when therapy plans are compiled incorporating NDIS goals. Quantity allocated for each service may vary based on therapy plans, changes in participant goals, and/or due to unforeseen circumstances. Future appointment lists will be issued which will determine allocation of funds and consistency.

I agree that both the Participant and Provider will determine the allocation of funds: Yes No

### Responsibilities of Provider

1. Provide participant a copy of this service agreement (if requested)
2. Provide you/your Caregiver with a written therapy plan tailored to the client's support requirements.
3. Work collaboratively and communicate effectively with all providers.
4. Consult you/your Caregiver on the provision of support.
5. Communicate in an open, honest, and prompt manner.
6. Listen to comments and address complaints; provide opportunities: feedback/complaints/mediation.
7. Describe the management of disagreements and/or complaints.
8. Maintain accurate and timely records of the assistance provided using Power Diary.
9. Guard your privacy and sensitive information.
10. Operate under all privacy requirements- informed consent
11. All ECM employees must file child abuse and neglect reports.
12. Inform you/your carer how, if necessary, to locate alternative service providers and provide a four-week notice if ECM must terminate the service agreement, including a written summary.
13. Review the services consistent with laws/policies/legislations
14. 14. ECM will provide written/electronic notification to participants two weeks before implementing changes.
15. Write evaluation reports and intervention plans, including comprehensive assessment/progress reports.
16. Communicate any changes to your future appointment schedule.



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### Responsibilities of Participant

- Late cancellations (including No Shows) fees are defined as less than 2 BUSINESS days' notice from your scheduled appointment. This will incur 100% of the appointment fee charged against the NDIS Plan (or credit/debit card on file if you are self-managed or you have run out of NDIS funds).
- You agree to inform ECM of any Changes inc Early Review, Change of Circumstances or Plan Extension
- You may be required to participate in a NDIS Audit Process. You can opt out of this.
- You agree to assist ECM with liaising with Plan-Managers regarding outstanding invoices when required.
- You are agreeing to pay for NDIS services as per NDIS Pricing Arrangements and Price Guide.
- If Self-Managed, you agree that invoices are paid at the time of the scheduled appointment.
- If Self-Managed, you agree that late cancellations will be charged to the credit/debit card on file, or you will be charged the outstanding fee at the time of your next appointment.
- You agree that you have adequate funding in your NDIS plan for the services allocated to and provided by Educational Case Management. You agree to inform ECM if your NDIS budget has been exhausted.
- You will be expected to pay privately if you have any outstanding invoices with ECM.
- Depending on the client's needs, sessions are typically 50 minutes long.
- Non-face-to-face fees apply to therapy plans, resources (communication books, chat books, social stories), observations, equipment assessment, tele/video conference, email support, and training
- Co-operate with ECM to ensure that the delivered services and supports meet your requirements
- Communicate with third parties if you need clinicians to provide services outside the scope of practice.
- Participate actively in therapy and follow-up.
- Provide a safe environment for ECM clinicians in the home when your support is being delivered.
- Notify ECM of any changes to your situation that may affect the arrangement.
- Contact ECM if you have concerns about the provided services or support.
- Provide ECM with reasonable notice if you wish to modify or terminate this agreement.
- Failure to comply with the terms of the service agreement may result in ECM withdrawing services, terminating the service agreement, cancelling all scheduled appointments ,notifying the NDIS legal department, and/or referring the client to a debt collection agency.
- Pay for Educational Case Management's services according to the NDIS Fees.

### Feedback and Complaints and Disputes

ECM values feedback as a chance to improve our services or to learn when we're performing well. Our Practice Manager can provide you with a copy of our Feedback and Complaints Policy and all applicable forms. Contact the Practice Manager, at 4969 8060 or [practicemanager@ecmonhudson.com](mailto:practicemanager@ecmonhudson.com) if you want to provide ECM with feedback or lodge a complaint. If you are not satisfied The National Disability Insurance Agency – 1800 800 110 or [www.ndis.gov.au](http://www.ndis.gov.au); NDIS Quality and Safeguards Commission – 1800 035 544 [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au); Disability Ombudsmen NSW – 1800 451 524 or [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au); Newcastle Disability Advocacy on (02) 4927 0111 or email [newcastle@da.org.au](mailto:newcastle@da.org.au)

### Consent

**CONSENT TO SHARING INFORMATION:** Permission is given to obtain and exchange appropriate written or verbal information with NDIS Plan Manager Yes      No

Permission is given until I withdraw my authority in writing or for the following period from the date of this authority: *By signing this form, I declare that the information is true and correct. I acknowledge that I have read and understood the terms and conditions. I authorize ECM to store my clinical records on Power Diary Management system. I authorize ECM to store my debit/credit card and debit payments from my nominated debit/credit card (only applies to self-managed funds). I acknowledge I am personally liable for fees if my NDIS funds do not cover the service.*

Name: Signature Date

Nominated representative (if applicable): Signature Date

Administration Name: Signature Date