

## NDIS Schedule of Supports – Supplementary

Participant Name:	x		
Date of Birth:	/ /	NDIS Number:	x
NDIS Plan Dates:	/ / - / /		
Plan Management Style:	<input type="checkbox"/> NDIS/Portal Managed	<input type="checkbox"/> Self-Managed	<input type="checkbox"/> Plan Managed
Plan Manager, if applicable:	x		
Support Coordinator, if applicable:	x		
A copy of this form should be provided to:	<input type="checkbox"/> Participant	<input type="checkbox"/> Support Coordinator	<input type="checkbox"/> Plan Manager
	<input type="checkbox"/> Other: x		
Modified Monash Model (MMM) Classification for Participant's Home: <small>Rating will be confirmed by FOT</small>	<input type="checkbox"/> MMM1, MMM2 & MMM3 = up to 30 minutes travel each way <input type="checkbox"/> MMM4 & MMM5 = up to 60 minutes travel each way		

**SCHEDULE Number: #**      commences on the following date:      / /

Support	Description of Support	Fee	Approval
<b>Therapeutic Supports – Occupational Therapy</b>	<p><i>NDIS Item Number: 15_056_0128_1_3 - Assessment, Recommendation, Therapy &amp;/or Training (including Assistive Technology) - Other Therapy</i></p> <ul style="list-style-type: none"> <li>Face-to-Face sessions for assessment &amp; intervention</li> <li>Non-Face-to-Face intervention – including but not limited to research; development of resources; liaison with suppliers, supports &amp; builders; coordination of quotes; preparation of modification specifications, written reports &amp; intervention plans.</li> <li>Travel – see further information below</li> </ul>	All services are \$179.00 per hour (GST free)	x hours OT plus estimated travel = x hours of approval
<b>Therapeutic Supports – Occupational Therapy Assistant</b>	<p><i>NDIS Item Number: 15_007_0118_1_3 - Therapy Assistant - Level 1</i></p> <ul style="list-style-type: none"> <li>Face-to-Face therapy sessions as part of a treatment program developed by the treating Occupational Therapist</li> <li>Non-Face-to-Face intervention - including but not limited to preparation for sessions; development of resources.</li> <li>Travel – see further information below</li> </ul>	All services are \$45.00 per hour (GST free)	x hours including travel
<b>Cancellation Policy</b>	<p><i>NDIS Item Number: 15_056_0128_1_3 or 15_007_0118_1_3</i></p> <p>Facilitate OT reserves the right to charge 50% of the service at the hourly rate for 'short-notice' (less than 2 business days' notice) or 'no-show' cancellations.</p>	50% of the planned session fee at the applicable hourly rate	
<b>NOTES ON TRAVEL</b>	<p>All effort will be made to minimise travel costs, via appointment scheduling and allocation. Travel is charged in accordance with the relevant NDIS Price Guide in place at the time of service delivery. As at 01/07/2019, the maximum amount of claimable travel is determined based on MMM Classification. The relevant MMM classification for the Participant's home will be determined by Facilitate OT, via the tool recommended by NDIS - <a href="https://beta.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator#hwc-map">https://beta.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator#hwc-map</a>. Facilitate Occupational Therapy Services reserves the right to alter the travel policy if the NDIA amends the NDIS Price Guide - <a href="https://www.ndis.gov.au/providers/price-guides-and-information">https://www.ndis.gov.au/providers/price-guides-and-information</a></p>		
<b>NOTES ON HOURLY FEE</b>	<p>Facilitate OT reserves the right to adjust hourly rates for Occupational Therapy and Therapy Assistant services, in accordance with the relevant NDIS Price Guide in place at the time of service. Facilitate OT will provide written notice of any planned changes with a minimum of 8 weeks' notice.</p>		
<b>NOTES ON PAYMENT TERMS</b>	<p>Regardless of the process for payment, no assessment or therapy reports will be released until payment is received. For self- and plan-managed participants, if Invoices are not paid according to the invoice terms, services will be placed on hold until payment is received.</p>		
x	x	x	
<b>Participant / Representative Signature</b>		<b>Participant / Representative Name</b>	
<b>Date</b>			
<small>Office Use only</small>	<small>Portal / P.M. Approval</small>	<small>Coreplus Approval Entry</small>	<small>Scanned &amp; Uploaded</small>