

UPDATE TO SERVICE AGREEMENT FOR PERSONAL SUPPORTS TO PARTICIPANTS THAT LIVE ALONE

READ THIS BEFORE USING THIS DOCUMENT



This document contains information that must be included in the service for each NDIS participant (the “**participant**”) who lives alone and is assisted with Daily Personal Activities (“**personal supports**”) by a sole worker. This is required under changes to the conditions of registration for providers of personal supports that come into effect on 19 December 2020.

This document has been prepared in plain English, but language and content should be adapted so that it is appropriate for the needs and circumstances of the participant.

STEP 1 – Complete risk assessment:

Assess the participant’s circumstances and relevant risk factors relating to mobility, communication and the person’s level of contact and face-to-face engagement with people in their personal support network.

STEP 2 – Update this document with information from risk assessment:

Update [Table A](#) to identify personal supports that are / will be delivered under the service agreement.

Describe the process for selecting workers who will deliver the supports in clause [\[2\]](#).

Update [Table B](#) to include factors identified in risk assessment.

Update [Table C](#) with the Communication Plan which identifies how communication and checks with the participant will occur.

Update [Table D](#) with the Monitoring and Supervision Plan which identifies how the sole worker will be supervised and the support monitored.

STEP 3 – Update service agreement

The existing service agreement should also be reviewed to make sure it is up to date, appropriate and that it reflects the requirements of the NDIA Price Guide. If using the document below, make sure that the updated agreement refers to and confirms that the schedule is a part of the service agreement.

If costs for non-face-to-face activities or travel will be charged, make sure that this is documented in the service agreement. Ensure that the participant is involved in the process and that the reasons for the changes are explained (including why non-face-to-face activities and/or travel have been included).

STEP 4 – Sign updated document(s)

After the document below is finalised and explained to the participant, it is attached as a “schedule” to the service agreement. The updated service agreement and the schedule should be signed by the appropriate person(s).

Note: the MPS Law ‘*Risk Assessment for Personal Supports to Participants Who Live Alone*’ includes a template to guide development of the Communication Plan and Monitoring and Supervision Plan.

The risk assessment template and other free resources can be accessed at www.mpslaw.com.au/ndis. For an accessible version of this document, please contact us.

SCHEDULE X

DAILY PERSONAL ACTIVITIES

The Provider will deliver assistance with Daily Personal Activities (“**personal supports**” or “**supports**”) to the Participant in their home. This document (“**Schedule X**”) sets out the processes that the Provider and the Participant have agreed for communicating with each other about the personal supports that are delivered. This document also lists the actions that the Provider will take to supervise and monitor worker(s) who work by themselves when they deliver the supports to the Participant.

1. PERSONAL SUPPORTS DELIVERED TO THE PARTICIPANT UNDER THE SERVICE AGREEMENT

[Table A](#) lists each item of personal support that is, or will be, delivered to the Participant in their home by a sole worker.¹ The Participant and the Provider agree that the individual supports that the Provider delivers may change over time, based on the Participant’s needs, preferences and circumstances.

Table A

Type(s) of personal support
<input type="checkbox"/> Assistance with Self Care
<input type="checkbox"/> Assistance with Self Care (Night-time Sleep Over)
<input type="checkbox"/> Assistance with Personal Domestic Activities
<input type="checkbox"/> On-Call Overnight Monitoring
<input type="checkbox"/> Assistance with Self Care (High Intensity)
<input type="checkbox"/> Specialised Home-based Assistance for a Child
<input type="checkbox"/> Other:

2. PROCESS FOR SELECTING WORKERS WHO WILL DELIVER THE SUPPORTS

The Participant confirms that they [**do / do not**] want to be involved in selecting workers. The Participant and the Provider have agreed that, where a personal support is to be provided by a sole worker in the Participant’s home, the worker will be selected by [*insert description of process for involving participant in the selection of workers. Where participant is not involved in selecting, insert description of how participant informed about workers that have been selected*].

The Provider will use reasonable efforts to ensure that this process for selecting workers is followed. The Provider will consult with the Participant for feedback on any preferences that the Participant has for the worker(s) who will be delivering the supports listed in [Table A](#).

¹ A worker is a “sole worker” when the person usually works by themselves without close or direct supervision from another person.

If the Participant's usual or preferred worker is not available, reasonable efforts will be made to provide a worker that meets the Participant's preferences, including the worker's gender.

The Participant understands that sometimes the Provider may not be able to meet the Participant's preferences for the worker(s) who are delivering personal supports to them. The Participant understands and agrees that the Provider has made no promises or guarantees about the workers who will be delivering the supports.

The Provider will establish and implement processes for communicating with the Participant about how the supports are being delivered by the worker(s) and supervising the performance of any worker who delivers personal supports to the Participant in their home (see [4] below).

Any feedback, concerns or questions about the supports or the workers delivering the supports can be raised with the Provider during an Agreement Check-In Meeting (see [4] below) or at any time when communicating with the Provider's staff or through the Provider's complaints and feedback process.

2.1 Worker screening

All persons employed or otherwise engaged by the Provider to deliver personal supports are screened to make sure they meet the requirements of the *National Disability Insurance Scheme (Practice Standards–Worker Screening) Rules 2018*.

3. ASSESSMENT OF RISK FACTORS

[Table B](#) lists the key risk factors that have been identified by the Provider as having a significant impact on the Participant's engagement with their community.

Table B

Risk category	Risk factors	
Personal contact	Does not receive supports from any other NDIS provider that involve regular, face-to-face contact.	<input type="checkbox"/>
	Limited or no regular face-to-face contact with relatives, friends or other people acquainted person is well acquainted with.	<input type="checkbox"/>
Physical Mobility	Relies on other people to be physically mobile or to facilitate their physical mobility.	<input type="checkbox"/>
	Uses equipment to enable them to be physically mobile or to facilitate their physical mobility.	<input type="checkbox"/>
Communication	Without the assistance of another person the Participant has limited or no ability to communicate.	<input type="checkbox"/>
	The Participant uses equipment to communicate with others, including to enable or facilitate the use of a phone or other device.	<input type="checkbox"/>

3.1 Written risk assessment

The Provider will document its assessment of the above risk factors and give a copy of that assessment to the Participant. If the Provider becomes aware of any change in circumstances that may have a significant impact on the delivery of personal supports to the Participant, the Provider will update the risk assessment to take account of that change and provide a copy of the updated assessment to the Participant.

4. MONITORING THE SUPPORTS & COMMUNICATING WITH THE PARTICIPANT

The Participant and the Provider agree that the Provider will check with the Participant (“Participant Check-In”) at least [*specify period*] to check that the Participant is satisfied with the personal supports delivered by the Provider. The Participant Check-In must be carried out by someone other than the support worker. The person checking with the Participant must communicate directly with the Participant about their satisfaction with supports being provided.

The Participant Check-In will usually be held as a [*identify primary way meeting will be held e.g. face-to-face / telephone etc.*] meeting. The Participant and the Provider agree that the Participant Check-In meeting may be held in other ways from time to time.

4.1 Communicating and obtaining feedback

[Table C](#) lists the methods for communicating, how often each method of communication will be used, and the Provider’s staff who are responsible for communicating with the Participant. The Participant and the Provider agree that the method or frequency of communication may change from time-to-time.

Table C

Communication method	Frequency	Outcomes / notes
<input type="checkbox"/> Face-to-face contact *	<i>Specify period e.g. weekly, fortnightly etc.</i>	<i>Include any relevant information documented in Communication Plan.</i>
<input type="checkbox"/> Face-to-face contact (online / virtual)	<i>e.g. monthly</i>	
<input type="checkbox"/> Telephone		
<input type="checkbox"/> SMS		
<input type="checkbox"/> Survey		
<input type="checkbox"/> Other:		

* Face-to-face contact must occur directly with the Participant in their home. The level of face-to-face contact that is appropriate will depend on the individual’s communication support needs and the level of contact the person has with people in their support network.

4.2 Worker supervision and monitoring of supports

[Table D](#) lists the actions that the Provider will take to supervise the performance of any member of the Provider’s staff who are, or will be, delivering personal supports by themselves in the Participant’s home. The Provider has prepared a plan for how the supports are monitored and the performance of the worker will be supervised (“**Monitoring and Supervision Plan**”). A copy of the Monitoring and Supervision Plan has been given to the Participant. Information about the actions listed in [Table D](#) is in the Monitoring and Supervision Plan.

Table D

<i>Delete all that do not apply</i>	How often	Purpose / Notes
<input type="checkbox"/> Participant Check-in visits*	<i>Specify period e.g. weekly, fortnightly, monthly</i>	In-person supervision of worker(s) to ensure performance consistent with agreement. Participant safety and wellbeing check.
<input type="checkbox"/> Onsite monitoring*		Scheduled / unscheduled visits to observe supports being delivered and the support provision environment.
<input type="checkbox"/> Online / virtual observation of worker(s) in Participant’s home		Supervision of worker(s). See <i>Monitoring and Supervision Plan</i>
<input type="checkbox"/> Reports to Key Personnel**		Information relating to care and skill with which personal supports delivered.
<input type="checkbox"/> Review of progress notes and other records		Check that records being kept appropriately and monitor for issues of concern.
<input type="checkbox"/> Other:		

* As far as reasonably possible, there must be visits by a supervisor to the Participant’s home. Onsite monitoring and Participant Check-Ins may occur as part of same visit.

** Regular reports to key personnel are required only if one of the risk factors in [Table B](#) is identified.

5. ENGAGEMENT WITH OTHER PROVIDERS

The Participant [**is / is not**] receiving supports or services from another provider. The Participant [**has / has not**] given their consent for information from the risk assessment referred to at [3] above to be shared with other providers.

Include the below paragraph where there are other providers delivering supports

The Participant and the Provider agree that it is important for there to be communication with other providers. The Provider will communicate with other providers by [***insert description of process for engaging and communicating with other providers***].

Participant

Provider

Participant's (or legally appointed decision maker)
signature (if choosing to sign)

Signature of Provider's staff member

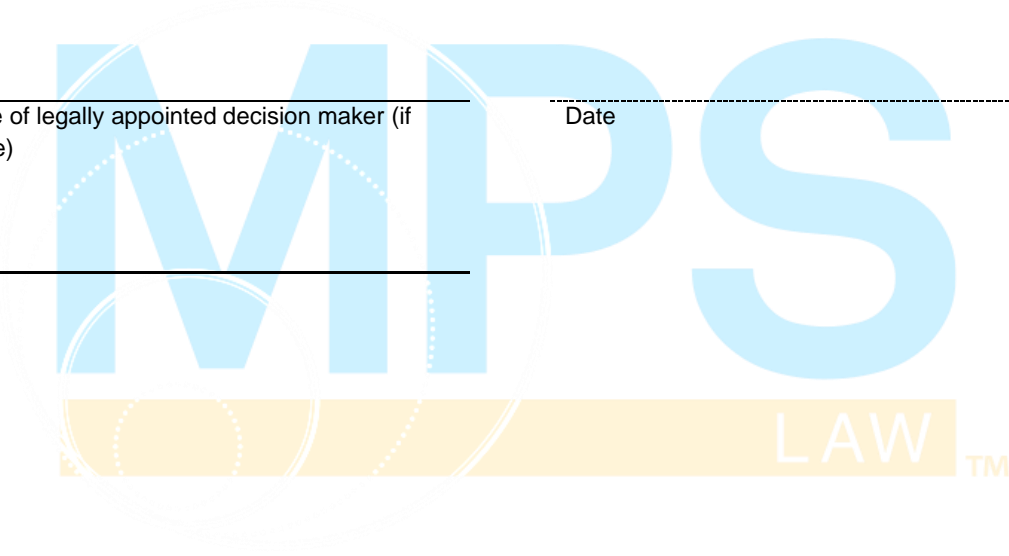
Full name of Participant

Full name of Provider's staff member

Full name of legally appointed decision maker (if
applicable)

Date

Date





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Version	Date	Author	Status	Change Description
1.0	13 / 12 / 20	Kai Sinor	Approved	N / A