

# MSMH POLICY PACK:

## Accountability to Participants, Providers & the NDIS Quality and Safeguards Commission

### What is the NDIA?

The National Disability Insurance Agency (NDIA) works to:

- assist participants to access the NDIS scheme
- manage planning, payments, and pricing
- detect and investigate allegations of fraud.

The NDIA works independently from NDIS Commission.

### What is the NDIS Quality and Safeguards Commission?

The NDIS Commission is an independent Australian government body that provides a nationally consistent approach to quality and safeguards in the NDIS. The NDIS Commission's role is to promote the rights of NDIS participants and work with providers to provide safe and high-quality supports and services to people with disability.

### What is the NDIS Quality and Safeguards Framework?

The NDIS Commission provides a range of quality and safeguarding functions to ensure participants have access to quality assured services. The Quality and Safeguarding Framework process empowers participants to select safe, high-quality NDIS providers to help them achieve their goals. *Mylne Street Mental Health (MSMH)* is an NDIS Registered Provider, implementing policies and procedures to comply with the NDIS Quality and Safeguards Framework:

- Code of Conduct & Risk management
- Mandatory worker screening
- Reportable incident requirements
- Complaints process
- Practice Standards verification

### About this MSMH Policy Pack

This resource aims to support MSMH staff and consumers to participate in high-quality and safe supports which meet NDIS compliance standards for:

- Practice Standards & Code of Conduct
- Human resource management
- Incident management
- Complaint management
- Risk management

## 1. Practice Standards & Code of Conduct

**NDIS Practice Standards** are a series of requirements that set out the standard of service that service providers must deliver to become and remain registered as an NDIS provider. The NDIS Practice Standards create an important benchmark for providers to assess performance and to demonstrate that they provide high-quality and safe supports and services for NDIS participants.

### Practice standard: Individual values and beliefs

**Outcome:** Each participant accesses supports that respect their culture, diversity, values and beliefs. To achieve this outcome, the following indicators should be demonstrated:

- At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and responded to sensitively
- We support each participant's right to practice their culture, values and beliefs.

This MSMH Registration Kit outlines Practice Standards, Policies and Procedures for our:

- Human resource management
- Incident management
- Complaints management
- Risk management, including protection of data.

**The NDIS Code of Conduct** applies to all NDIS service providers and workers. The Code of Conduct sets clear and enforceable expectations for ethical conduct in the delivery of supports and services. In providing supports or services to people with disability, a person covered by the Code must:

- Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions
- Respect the privacy of people with disability
- Provide supports and services in a safe and competent manner with care and skill
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability
- Take all reasonable steps to prevent and respond to sexual misconduct.

Anyone can raise a complaint about potential breaches of the NDIS Code of Conduct, including providers who are concerned about the services of another provider.

[The full code can be found in 'The NDIS \(Code of Conduct\) Rules 2018 \[F2018L00629\]', which is available through the 'Legislation, rules and policies' page of the NDIS Commission website.](#)

For more information visit [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

**MSMH supports all workers to both understand and apply the Code of Conduct in the course of their daily work.**

## MSMH Service Provider's Responsibilities

- Provide supports and services in a safe and competent manner with care and skill
- Act with integrity, honesty and transparency
- Have workers' compensation insurance and public liability to protect services provisions
- Let the Participant know if any contact details set out in this agreement change
- Work with the Participant to provide services relevant to the identified needs
- Consult the Participant if decisions are needed about how the services are provided
- Respect individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions and in accordance with the Abuse, Neglect and Exploitation Policy of Disability Services.
- Take all reasonable steps (see MSMH Policy Pack re Incident, Complaints & Risk management):
  - to prevent and respond to all forms of violence, exploitation, neglect and abuse
  - to prevent and respond to sexual misconduct
  - to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- Listen to the Participant's feedback and resolve problems quickly (see Complaints Policy)
- Regularly review the service with the Participant throughout the life of the NDIS Plan
- Keep clear records about the services provided to the Participant
- Protect the Participant's privacy and confidential information. *We need to know some things about you, relevant to delivery of this Service Agreement. There are laws to make sure your information is kept private. Our electronic records are stored and managed in accordance with Australian Privacy Principles. All personal information gathered during the provision of our therapeutic and counselling assessment and intervention services will remain confidential and secure except when:*
  - a) Failure to disclose information would place the client, or other person, at high risk of harm;
  - b) Client consent has been obtained to exchange **or withhold** information with another agent: e.g., *doctor, specialist, lawyer, step-parent/guardian, teacher, employer, etc;* or
  - c) There is a legal mandate to breach confidentiality (e.g., court subpoenas, mandatory reporting of child abuse, unless reasonable grounds to withhold information). If there are any such matters disclosed in the current course of psychological services, they will be managed lawfully by your provider. Adult clients may choose to deny consent to report historical child abuse whereby they were the victim of the abuse and as an independent adult, do not want the abuse to be reported.
- Invoice (NDIS, Participant or Plan Manager) for services delivered in accordance with the ATOS
- Apply any arrangements agreed with the Participant and described in the ATOS to help the Participant to carry out their responsibilities.

## Participant Responsibilities

- Approve invoices for payment for services provided as stipulated by the Service Agreement
- Work with the Provider to ensure the services provided meet the Participant's needs
- Treat the Service Provider with courtesy and respect
- Talk to the Service Provider about any problems with the services being provided
- Tell the Service Provider if there is a change to the current NDIS plan
- Let the Service Provider know if any contact details change and
- Give the Service Provider the notice required to end the Service agreement.

## 2. Human Resource Management

**Worker screening** is a way to check that the people who are working or wish to work with the NDIS don't present an unacceptable risk to people with disability. In addition to worker screening, MSMH aims to protect NDIS participants by promoting a positive workplace culture that does not tolerate abuse, neglect or exploitation.

MSMH ensures that key personnel and staff who provide specified supports and services have an appropriate Worker Screening Check to protect the rights of all NDIS participants to access NDIS services and supports that are safe and of high quality. MSMH further ensures that staff knowledge, skills and currency of employer suitability indicators are maintained through ongoing performance and compliance reviews and regular professional development activities.

### Practice Standard for Human Resource Management

**Outcome:** Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

#### Indicators

MSMH maintains records of:

- worker identity (birth certificate, Passport or Drivers Licence)
- right to work for non-citizens (passport, ImmiCard and visa status)
- pre-employment checks (AHPRA Registration, Yellow or Blue Card)
- worker qualifications and experience (resume, certificates of qualifications/registration)
- completion of mandatory training (e.g., NDIS Worker Orientation Module)
- continuing professional development and supervision (e.g., log of annual compliance)

MSMH Provider Suitability is articulated in the Participant Service Agreement (Appendix 1).

### Human Resource Policy & Procedure

- MSMH recruits quality employees through open selection methods and evaluation against selection criteria that promote best practice. Employee screening ensures suitability.
- Throughout the year, it is the responsibility of each service provider to submit, to the MSMH Clinic Director, evidence of currency (e.g., registration, driver's license, continuing professional development and supervision records, etc).
- Annual performance and compliance reviews are conducted by the Clinic and Administration Managers to maintain our provider suitability and records.
- The Administration Officer collates and safely stores all evidence of employee suitability.

### 3. Incident Management

NDIS Providers must have internal management and reporting arrangements in place that ensure all incidents (not just reportable incidents) are recorded, and that actions are taken to respond to them and prevent such incidents from happening again. Incident management systems must be proportionate to

the size of the organization and the types of supports or services delivered. All registered providers must report all serious incidents (including allegations) to the NDIS Commission.

When notified of a reportable incident, the NDIS Commission will determine the action required. This may include require carrying out an investigation or taking specified action to protect participants.

#### **Most reportable incidents must be:**

- notified to the NDIS Commission within 24 hours, and
- followed up with a detailed report, within 5 business days, about the incident and response.

#### **The unauthorised use of restrictive practice must be:**

- notified to the NDIS Commission within 5 business days, but
- reported within 24 hours if there is harm to a participant.

In all cases, the organization must provide an assessment of:

- the impact on the NDIS participant
- whether the incident could have been prevented
- how the incident was managed and resolved
- what, if any, changes are required to prevent further similar events occurring
- whether other persons or bodies need to be notified.

#### **Practice Standard for Incident Management**

Outcome: Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

#### Indicators

MSMH maintains:

- Incident Management Policy
- Incident Report Form (Appendix 2: *Notifications Form*)
- MSMH *Reactive* Notifications Register, inclusive of Training Events

MSMH Incident Management is articulated in the Participant Service Agreement (Appendix 1).

The incident management process can be simplified into four steps:

1. Receive
2. Record
3. Respond
4. Resolve

## Incident Management Policy & Procedure

*MSMH has processes for identifying, assessing, managing and resolving allegations, acts or incidents that cause or have the potential to harm another person or cause disruption to the professional standing or operation of MSMH within the community:*

To achieve this, MSMH will uphold to the following incident management principles:

- support participants, staff and psychologists to recognise and report incidents.
- support participants, staff, and psychologists to communicate concerns or incidents; and advise participants about advocacy services provided by The National Disability Advocacy Program – email [disabilityadvocacy@dss.gov.au](mailto:disabilityadvocacy@dss.gov.au)
- involve participants, staff, psychologists and other advisors in the management and review of incidents with regard to procedural fairness and transparency.
- maintain records about incidents and their management and make available to this information to relevant stakeholders as appropriate.
- use the information from the review of incidents to improve safety and quality.
- incorporate risks identified in the review of incidents into the risk management process.
- regular 'review and act' processes to improve the effectiveness of incident management.

### **To achieve the above Principles:**

- Incident reporting and mandatory training for identifying an incident is provided to all staff during initial induction, and refresher training annually, and following any reportable incident.
- Incidents can include (but are not limited to) physical hazards, challenging or violent behaviour, data breaches, administrative errors, clinical incidents and ethical breaches.
- All staff and psychologists in MSMH will uphold a code of conduct consistent with that of registered providers under the National Disability Insurance Scheme Incident Management and Reportable Incidents Rules 2018 and reportable incident requirements of the NDIS Act 2013 Subsection 73Z(4), e.g., death or serious injury; abuse or neglect; unlawful sexual/physical contact or assault; sexual misconduct, including grooming; or use of an unauthorised restrictive practice to a person with a disability.
- a *Data Breach Plan* exists, and data protection is indicated in the *Participant Service Agreement*.
- Participant contact person is recorded on consent forms and updated as required.
- an incident report form (Appendix 2: *Notifications Form*) is utilised categorising:
  - the type of incident
  - whether it is a reportable incident under the NDIS Scheme Act 2013
  - a description including the believed date/time/ location details
  - any Police Incident Number
  - the names/contact details for those involved and any witnesses
  - actions taken and any risk mitigation acts
  - communications undertaken and
  - the name/s of the person recording and managing the incident.

N.B.: A copy of the Incident Report will be provided to the relevant participant/carer.

## The incident management process can be simplified into four steps:

### 1. Receive

The MSMH Notifications Form (Appendix 2) is discussed and provided, as part of the MSMH Policy Pack, to all participants at intake when completing the Participant Service Agreement (Appendix 1). The MSMH Policy Pack is also accessible via our website. Notifications may be in person, via email, via post to our mailbox. Part 1 of the Notifications Form to be completed by the incident notifier.

### 2. Record

- Following receipt of an Incident Notification Form, MSMH Management will convene to:
  - Document the incident on Sheet 1 of the Incident Register
  - Review the nature of the incident and determine accountable course of action
  - Document the actions on Part B and report back to the Incident Reporter (if identifiable).
- In the event of an incident report by 'heresay', the receiving MSMH employee will document the incident on Part 1 of the Notifications Form for management.
- the Clinic Manager or nominee, such as the Administrative Officer will be responsible for the recording of statistical information on Sheet 2 Data Entry of the Incident Register (MSMH Reactive Notifications Register).

### 3. Respond

The Clinic Director or Clinic Manager, where appropriate will assume the duty of reporting to the NDIS Quality & Safeguards Commission, via the [NDIS Commission Portal](#), when reportable incidents involve NDIS participants or providers.

The Clinic Director **will report within 24 hours (*immediate notification form*)**, in the event of:

1. the death of an NDIS participant
2. serious injury of an NDIS participant
3. abuse or neglect of an NDIS participant
4. unlawful sexual or physical contact with, or assault of, an NDIS participant
5. sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
6. the unauthorised use of a restrictive practice in relation to an NDIS participant.

Other reportable incidents involving NDIS participants or providers will be [reported within 5 days](#).

All reportable incidents include the following processes:

- Involve participants, staff, providers and other advisors in the management and review of incidents with regard to actions, risk mitigation, procedural fairness and transparency.
- Where possible, the incident notifier will be contacted before a written response which will include details on how to make further contact following receipt of the written advice.
- Include what further action may be available to the incident notifier to escalate the matter for a further review by the MSMH Director or make a complaint with an external agency such as the Australian Health Practitioner Regulation Agency (AHPRA, 1300 419 495) or NDIS.
- If requested the MSMH Director will provide a further review to check the soundness of the incident response and allow for additional information not already provided to be included.
- Ensure the appropriate response is actioned to improve service delivery.
- Ensure the incident notifier's response to the incident management process is recorded.

**N.B.: Under the NDIS Act 2013, not all incidents are reportable**, for example, if the impact of an act is negligible; or the act is in accordance with a behaviour support plan; and specifically if obtaining the information could prejudice the conduct of a criminal investigation or expose the NDIS participant to harm.

## 2. Resolve

- The incident response Part B is reported back to the Incident Reporter (if identifiable).
- Any additional information about NDIS reportable incidents; and a [final report are submitted](#).
- Where appropriate, aggregated incident data (and mitigation strategies) are used to inform referrers, third party funders and clients to enhance quality care.
- The incident register (MSMH Reactive Notifications Register) is reviewed regularly in concert with associated policies such as *Complaints Policy*, and *Risk Management Policy*.
- Completed clinical / other notification management records are kept, informing ongoing quality improvement. As with clinical records, incident management records are maintained for 7 years from the date of recording.

[Information about incident reporting is available on the 'Reportable incidents' page of the NDIS Commission's website](#). To contact the reportable incidents team, call **1800 035 544**.

## 4. Complaints Management

The NDIS Commission is responsible for handling complaints about NDIS providers when the person:

- is unable to resolve issues with their provider or
- does not feel empowered to make a direct complaint.

The NDIS Commission will work with both parties to facilitate a resolution. If an issue is serious or unable to be resolved through conciliation, the NDIS Commission has the power to investigate and take compliance action.

**MSMH empowers people** to speak up by promoting a workplace culture that encourages, values and learns from complaints will help you continuously improve your practice.

### Practice Standard for Complaints Management

**Outcome:** Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints made by all parties are welcomed, acknowledged, respected and well-managed.

#### Indicators:

MSMH maintains:

- Complaints Management Policy
- Complaints Record Form (Appendix 2: *Notifications Form*)
- MSMH Reactive Notifications Register

Reference to Complaints Management is in the Participant Service Agreement (Appendix 1).

## Complaint Management Policy & Procedure

**Any person may make a complaint, including an anonymous complaint.** The complaint management process can be simplified into four steps: Receive, Record, Respond & Resolve.

### 1. Receive

The MSMH Notifications Form (Appendix 2) is discussed and provided, as part of the MSMH Policy Pack, to all participants at intake when completing the Participant Service Agreement (Appendix 1). The MSMH Policy Pack is also accessible via our website. Complaints may be in person, via email, via post to our mailbox. Part 1 of the Notifications Form to be completed by the complainant, their nominee, support person, or member of the MSMH staff.

### 2. Record

- Following receipt of a Complaint, MSMH Management will convene to:
  - Document the complaint on Sheet 1 of the Complaint Register
  - Review the nature of the complaint and determine accountable course of action
  - Document the actions on Part B and report back to the plaintiff (if identifiable).
- In the event of a complaint by 'heresay', the receiving MSMH employee will document the complaint on Part 1 of the Notifications Form for management.
- The Clinic Manager or nominee, such as the Administrative Support Officer will be responsible for the recording of statistical information in the Complaint Register.

### 3. Respond

- Involve participants, staff, providers and other advisors in the management and review of complaints with regard to actions, risk mitigation, procedural fairness and transparency.
- Where possible, the complainant will be contacted before receiving written advice with details on how to make further contact following receipt of the written advice.
- Include what further action may be available to the complainant to escalate the matter for a further review by the MSMH Director or make a complaint with an external agency such as the Australian Health Practitioner Regulation Agency (AHPRA, 1300 419 495) or NDIS.
- The complaints management and resolution system of a registered NDIS provider must require a complaint to be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws.
- If requested the MSMH Director will provide a further review to check the soundness of the decision and allow for additional information not already provided to be included.
- Ensure the appropriate response is actioned to improve service delivery.
- Ensure the complainant's response to the complaints process is recorded.

### 4. Resolve

- The complaint response Part B is reported back to the plaintiff (if identifiable).
- Where appropriate, aggregated complaint data (and mitigation strategies) are used to inform referrers, third party funders and clients to enhance quality care.
- The complaint register is reviewed regularly in concert with associated policies such as *Incident Management Policy*, and *Risk Management Policy*.
- Completed clinical / other notification management records are kept, informing ongoing quality improvement. As with clinical records, complaint management records are maintained for 7 years from the date of recording.

If participants are unsatisfied with the management of their complaint, they may contact the NDIS for further management. To contact the complaints management team, call **1800 035 544**.

[Information about complaints management is available on the NDIS Commission's website.](#)

## 5. Risk Management

MSMH promotes a workplace culture that is safe and supportive, encouraging vigilance to matters that pose a risk to staff, visitors, and consumers. MSMH values and learns from risk management practices that enable continuous quality improvement.

The Objectives of MSMH Risk Management practices are to:

- Promote a safe environment for clients, carers and staff.
- Protect confidentiality of participant information.
- Establish the minimum standards for clinical risk assessment and management.
- Assist both services and individual staff to understand and apply the principles of clinical risk assessment and management.

Mylne Street Mental Health, as a small practice, implements its Policy through planning and reporting protocols (e.g., monthly whole-of-team meetings, fortnightly individual supervision sessions) that inform practice and ensures the safety of clients, staff and community.

### Practice Standard for Risk Management

Outcome: Risks to participants, workers and the provider are identified and managed.

#### Indicators

MSMH maintains records:

- Risk Management Policy
- Risk Notifications Form (Appendix 2: *Notifications Form*)
- Risk Assessment Form (Appendix 3)
- MSMH Notifications & Events Register, inclusive of Training Events
- Insurances
  - Public Liability
  - Professional Indemnity
  - Employee Workcover

### Risk Management Policy & Procedure

The Risk Management process can be simplified as: Identify, Evaluate, Manage and Review.

#### 1. Identify

MSMH acts to identify internal and external risks that may pose a threat to the healthcare system, our organisation, our team and/or our visitors and participants. Risks may be identified in the context of consumer services, clinical and/or administrative supervision sessions (conducted weekly within our organisation); and via monthly Team Meetings which include a standing agenda item to scan for identifiable risks by reviewing Potential Risks to Persons and Property.

All risks identified by verbal or written notification from persons within or beyond our organisation are documented via our MSMH Notification Form (Appendix 2). Our procedures were reviewed in line with recommendations of [WorkSafe Queensland](#).

## Potential Risks to Persons, Assets, Environment and/or Reputation

Identifiable risks generally fall under the following categories:

### Potential Risks to Self:

- Self-neglect, self-harm including repetitive self-injury, and suicide,
- Absconding and wandering (which may also be a risk to others)
- Drug and alcohol abuse
- Actions that diminish quality of life (including dignity, reputation, social and financial status).

### Potential Risks by/to Other People:

- Reckless or challenging behaviour that endangers people or property
- Emotional or Physical Stressors (harassment/abuse, stalking, violence, aggression)
- Psycho-social, clinical, ethical, legal, financial negligence or abuse
- Environmental hazards (physical, chemical, biological, mechanical)
- Administrative system errors, data breaches

## 2. Evaluate

Once a risk has been identified and documented via the MSMH Notification Form, MSMH Management completes a systematic analysis using the Risk Assessment Matrix. *Adapted from: [Mazia et al 2019](#)*

Risk analysis allows MSMH Management to define the:

- probability that the risk will cause a harmful consequence
- potential severity of the consequences
- context of the risk and consequences (people, assets, environment, reputation).

Consequence	People (P)		Slight Injury	Minor Injury	Major Injury	Single Fatality	Multiple Fatalities
	Asset (A)		Slight Damage	Minor Damage	Local Damage	Major Damage	Extensive Damage
	Environment (E)		Slight Effect	Minor Effect	Localized Effect	Major Effect	Massive Effect
	Reputation (R)		Slight Impact	Local Impact	Industry Impact	National Impact	Global Impact
	Severity rating		5 Negligible	4 Minor	3 Moderate	2 Major	1 Catastrophic
Probability	A: Very likely	Happens several times per year at MSMH	Moderate	High	High	Very High	Very High
	B: Likely	Happens several times per year in mental health sector	Low	Moderate	High	High	Very High
	C: Possible	Incident has occurred at MSMH	Low	Low	Moderate	High	High
	D: Unlikely	Heard of incident in mental health sector	Very Low	Low	Low	Moderate	High
	E: Very unlikely	Never heard of in the mental health sector	Very Low	Very Low	Low	Low	Moderate

Depending on the outcome of the risk evaluation, action is determined according to analysis of the severity and level of risk and potential consequences. Risk evaluation helps to determine the priority for action. Risks that have the potential to cause the greatest harm are addressed first, e.g., A1.

## 3. Manage

The most effective control of risk is to eliminate the identified hazard so far as is practicable. Where risk remains, risk management will involve minimising the risks as far as reasonably practicable through human resource management, body corporate management, clinical management and administrative measures.

Risks that have been identified are managed with priority attention to risks or hazards that have potential to cause the greatest harm, that is by management of concerns that warrant the greatest level of protection and reliability. With reference to the above Risk Assessment Matrix, priority is indicated by alpha-numeric order and level of risk, e.g., A1, A2, B1, A3, A4, B2, B3, C1, C2, A5, etc.

Risks involving potential harm to persons may be immediately reportable, reportable within 24 hours, or reportable within 5 days (see Incident Management Policy and Procedures).

All risks/hazards need to be managed according to evaluated level of risk:

<b>Very Low/Low:</b>	Monitor indicators and ensure safety precautions are in place.
<b>Moderate:</b>	Consult with Director or Senior Management Team. The risks should be reviewed with stakeholders. Consider the hazards involved and implement a safety strategy. If in doubt of risk resolution, re-classify as High Risk.
<b>High/Very High:</b>	If risk mitigation/safety management response is not feasible within the scope of practice at Mylne Street Mental Health, facilitate onward management by appropriate acute response team/service.

**Risk management responses are documented to guide implementation of protection measures.**

#### **4. Review**

Following implementation of Risk Management procedures, the MSMH Management Team review events to determine:

- Could the incident have been prevented
- How well the incident was managed and resolved
- What action was required to prevent future risk/hazard or to minimise their impact.

All identified risk/hazards are recorded on the MSMH Notifications Register in association with incident and complaint notifications.

#### **Insurance**

Mylne Street Mental Health requires the organisation and its service providers to maintain protection in case of liability for compensation for injury to third parties or property at work. Our mental health providers maintain current policies for Public Liability and Professional Indemnity. Employees wages and medical costs are protected in the workplace by WorkCover Queensland insurance.

## Appendix 1: Participant Service Agreement

# Mylne Street Mental Health Pty Ltd

ABN: 24 205 447 544



Offices: Suites 4 & 6, 4 Mylne Street, Toowoomba  
Post: PO Box 6570, Toowoomba West, QLD 4350  
Phone: 07 4638 8464 | Fax: 07 3547 8484  
Email: admin@msmh.com.au  
[www.mylnestreetmentalhealth.com.au](http://www.mylnestreetmentalhealth.com.au)

## NDIS Service Agreement made between MSMH and the Participant

Name of Participant: \_\_\_\_\_ NDIS ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant's Representative (Parent or Legal Guardian): \_\_\_\_\_

- Contact Person Phone Number and Email been updated in Client Records? [ ] yes
- A copy of the current NDIS Plan, for the participant, attached to this Agreement? [ ] yes

Agreement start date: \_\_\_\_\_ Agreement review date: \_\_\_\_\_

MSMH Providers will, as a contractor and not as an employee, provide the services described in the Table of Services at the end of this agreement (*herein ATOS*).

### Service Provider Responsibilities

- Provide supports and services in a safe and competent manner with care and skill
- Act with integrity, honesty, and transparency
- Have workers' compensation insurance and public liability to protect services provisions
- Let the Participant know if any contact details set out in this agreement change
- Work with the Participant to provide services relevant to the identified needs
- Consult the Participant if decisions are needed about how the services are provided
- Respect individual rights to freedom of expression, self-determination, and decision-making in accordance with the Abuse, Neglect and Exploitation Policy of Disability Services.
- Take all reasonable steps (see MSMH Policy Pack re Incident, Complaints & Risk management):
  - to prevent and respond to all forms of violence, exploitation, neglect and abuse
  - to prevent and respond to sexual misconduct
  - to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- Listen to the Participant's feedback and resolve problems quickly (see Complaints Policy)
- Regularly review the service with the Participant throughout the life of the NDIS Plan
- Keep clear records about the services provided to the Participant
- Protect the Participant's privacy and confidential information. *We need to know some things about you, relevant to delivery of this Service Agreement. There are laws to make sure your information is kept private. Our electronic records are stored and managed in accordance with Australian Privacy Principles. All personal information gathered during the provision of our therapeutic and counselling assessment and intervention services will remain confidential and secure except when:*
  - b) Failure to disclose information would place the client, or other person, at high risk of harm;
  - c) Client consent has been obtained to exchange **or withhold** information with another agent: e.g., *doctor, specialist, lawyer, step-parent/guardian, teacher, employer, etc;* or
  - d) There is a legal mandate to breach confidentiality (e.g., court subpoenas, mandatory reporting of child abuse, unless reasonable grounds to withhold information). If there are any such matters disclosed in the current course of psychological services, they will be managed lawfully by your provider. Adult clients may choose to deny consent to report historical child abuse whereby they were the victim of the abuse and as an independent adult, do not want the abuse to be reported.
- Invoice (NDIS, Participant or Plan Manager) for services delivered in accordance with the ATOS
- Apply any arrangements agreed with the Participant and described in the ATOS to help the Participant to carry out their responsibilities.

## Participant Responsibilities

- Approve invoices for payment for services provided as stipulated by the ATOS
- Work with the Provider to ensure the services provided meet the Client's needs
- Treat the Service Provider with courtesy and respect
- Talk to the Service Provider about any problems with the services being provided – see *attached policies regarding Incident Reporting and Complaints Management*
- Tell the Service Provider if there is a change to the current NDIS plan
- Let the Service Provider know if any contact details change and
- Give the Service Provider the notice required (see below) to end this agreement.

## MSMH/NDIS Agreement, Table of Services (ATOS)

Edit/delete table items as relevant to client negotiations and approved funding

### Participant's Current Therapeutic Goals (in relation to NDIS Plan):

e.g.

- 1] I would like to improve my health and well-being.
  - physical and psychological symptom management
- 2] I would like to increase my independence in the home.
  - self-confidence, social communication and social problem-solving skills.
- 3] I would like to increase my independence in the community.
  - engage in social-occupational groups.

Registration Groups	Item # & Description	Nature of Service Provision: <i>How, when, where, provider details.</i>	Fees*
Assistive Products for Personal Care & Safety	03_090000911_0103_1_1 Low-cost AT for Personal Care & Safety		\$100/unit
0128: Therapeutic Supports Assessment, training, development and/or therapy to assist in the development or increase of skills for independence and community participation.	15_043_0128_1_3: <b>Counselling</b> Individual or group provision to a participant of a support to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources, to help the participant work towards their personal goals and gain greater insight into their lives		\$156.16
N.B. items can be used to claim: <ul style="list-style-type: none"> <li>• Non face-to-face support</li> <li>• Provider travel</li> <li>• Short notice cancellation</li> <li>• NDIA requested reports</li> </ul>	15_053_0128_1_3: <b>Therapy Assistant - Level 2</b> Therapeutic support by an allied health assistant working under the delegation and supervision of a therapist, where the therapist is satisfied that the allied health assistant is able to work without direct supervision at all times.		\$86.79
	15_054_0128_1_3: <b>Psychologist</b> Assessment, Recommendation, Therapy or Training (including Assistive Technology)		\$214.41
<b>TOTAL (proposed) MSMH Therapy Services per agreement.</b>			<b>\$</b>

\*For the purposes of GST legislation, the Parties confirm that services will be GST-free: a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the [National Disability Insurance Scheme Act 2013](#) (NDIS Act), in the Participant's NDIS plan currently in effect under section 37 of the NDIS Act.

### Notes:

1. Support items can be delivered to individual participants or to groups of participants. Where a support item is delivered to a group of participants the provider will **claim for the relevant fraction of the time** of the support from each participant's plan.
2. In addition to direct services, support items can be used to claim for:
  - Non face-to-face support
  - Provider travel
  - Short notice cancellation
  - NDIA requested reports

## Changing or Ending this Agreement

If the Participant and/or Service Provider want to modify the terms of the current agreement, such changes must be negotiated together, written into the Plan, dated and signed by both parties. If either the Participant or the Service Provider want to end this agreement, each agrees to give **4 weeks' notice** to the other. If the either party seriously breaches this agreement, that notice period will not be required. NDIS approved Cancellation fees apply without reasonable notice.

## Agreement Signatures

The Participant and the Service Provider agree to the terms set out above.

The Participant confirms receipt of the MSMH Policy Pack including:

- Practice Standards & Code of Conduct
- Human resource management
- Incident management
- Complaints management
- Risk management

Signature of Client (or Parent/Guardian):

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature on behalf of Service Provider:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## NDIS PRICE GUIDE NOTES

Each support that a provider supplies to a participant can be classified as one of the support items listed in the *Price Guide* and the *NDIS Support Catalogue*. **Providers claim payments against the support item that aligns to the service they have delivered.** Each support item has a unique reference number, according to the following structure:



e.g. **01\_013\_0107\_1\_1 - Assistance with Self-Care Activities - Standard - Saturday**

Support Category	Sequence Number	Registration Group	Outcome Domain	Support Purpose
01	013	0107	1	1

## Support Categories

Support categories align with participant NDIS Plan goals and may address one or more of 8 domains:

- |                         |                                       |
|-------------------------|---------------------------------------|
| 1. Daily Living         | 5. Work                               |
| 2. Home                 | 6. Social and Community Participation |
| 3. Health and Wellbeing | 7. Relationships                      |
| 4. Lifelong Learning    | 8. Choice and Control                 |

NDIS participant budgets are allocated to three separate support **purposes**:

1. CORE - Supports that enable participants to complete activities of daily living.
2. CAPITAL - Investments, such as assistive technologies - equipment, home or vehicle modifications, or for Specialist Disability Accommodation (SDA).
3. CAPACITY BUILDING - Supports that enable a participant to build independence and skills.

**Appendix 2: Notifications Form**

**Mylne Street Mental Health Pty Ltd**

ABN: 24 205 447 544



**Offices: Suites 4 & 6, 4 Mylne Street, Toowoomba**  
Post: PO Box 6570, Toowoomba West, QLD 4350  
Phone: 07 4638 8464 | Fax: 07 3547 8484  
Email: admin@msmh.com.au  
www.mylnestreetmentalhealth.com.au

**NOTIFICATIONS FORM**

This form is being used to report a (please circle one):

**COMPLIMENT**

**COMPLAINT**

**INCIDENT**

**HAZARD/RISK**

The Directors and Managers of MSMH aim to support clients, volunteers and/or staff members to understand their rights and access the procedure for incident reports.

**PART 1** Completed by person involved within 24 hours or as soon as possible and provided to the Directors and Managers of MSMH in person or post: MSMH, PO Box 6570, Toowoomba West, 4350.

**YOUR PERSONAL DETAILS**

Staff       Visitor       Client       Volunteer       Other: \_\_\_\_\_

**You may remain anonymous, but this may affect how we can manage the report.**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Gender  M  F      Preferred Contact Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**If you are providing feedback on another person’s behalf, please provide their details below.**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Gender  M  F      D.O.B. if a Child:    /    /

Preferred Contact Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

What is your relationship: \_\_\_\_\_ Have they given permission:    Yes / No

If not a child, provide signature of person giving permission to provide information:

**Signed:**

**N.B.: A copy of the Notification Form will be provided to the relevant person, participant/carer.**

**DETAILS of the Compliment, Complaint, Incident, Hazard or Risk**

**Please record the details of your notification:**

*If regarding a child, accurately record what the child said when describing what happened.*

**Please provide the name / position of any person/s who the notification involves:**

**What events led to making this notification (compliment, complain, incident, hazard report):**

**What were the approximate dates of the relevant events?**

**Please detail any injuries and if medical attention was received:**

**Please provide the contact details of anyone who saw what happened:**

**Have you already acted in relation to this information?      Yes / No**

If yes, with whom and what was the outcome?

**What outcome would you like as a result of providing this information?**

**Declaration**

I declare the information provided is true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to provide feedback about our service.**

**PART 2: Completed by Clinic or Admin Manager and to be returned to the Notifier**

Date Received: \_\_\_\_\_ Actioned by:

**Formulation of Events** (in consultation with person/s involved):

*Include risk assessment rating.*

**Was the complaint, incident, risk reportable? Yes / No**      **Within: [ ] 24 hours; [ ] 5 days?**

*If yes, describe when and how reported.*

**Was additional action required? Yes /No**

*e.g.*, Notifications and resolutions may be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws.

*Describe:*

**Were these actions taken? Yes / No**

*Describe and date each action:*

**Was the notification entered in the MSMH *Reactive* or *Proactive* Notifications Register? Yes / No**

**Has the NDIS Commissioner been:**

[ ] notified of updated information

[ ] provided a [final report](#) of any investigation or assessment and subsequent action?

Internal Review Date: \_\_\_\_\_

If you have any further queries regarding the management of this notification, please do not hesitate to contact the Clinical Director of this practice.

**The Clinical Director**

Mylne Street Mental Health

PO Box 6570

Toowoomba West, QLD 4350

Phone: 07 4638 8464 | Fax: 07 3547 8484

Email: [admin@msmh.com.au](mailto:admin@msmh.com.au)

[www.mylnestreetmentalhealth.com.au](http://www.mylnestreetmentalhealth.com.au)

## Appendix 3: Risk Assessment Form

Mylne Street Mental  
Health Pty Ltd

ABN: 24 205 447 544



Offices: Suites 4 & 6, 4 Mylne Street, Toowoomba

Post: PO Box 6570, Toowoomba West, QLD 4350

Phone: 07 4638 8464 | Fax: 07 3547 8484

Email: admin@msmh.com.au

www.mylnestreetmentalhealth.com.au

## RISK ASSESSMENT FORM

### 1. Describe the Identified Risk to Persons, Assets, Environment and/or Reputation

<p><b>To Self, e.g.:</b></p> <ul style="list-style-type: none"> <li>• Self-neglect, self-harm, repetitive self-injury, suicide</li> <li>• Absconding and wandering</li> <li>• Drug and alcohol abuse</li> <li>• Actions that diminish quality of life (including dignity, reputation, social and financial status).</li> </ul>	<p><b>By or To Others, e.g.:</b></p> <ul style="list-style-type: none"> <li>• Reckless or challenging behaviour</li> <li>• Emotional or Physical Harm</li> <li>• Psycho-social, ethical, legal, financial abuse/neglect</li> <li>• Environmental hazards (physical, chemical, biological, mechanical)</li> <li>• Administrative system errors, data breaches</li> </ul>

### 2. Evaluate the Risk using the Risk Assessment Matrix

Consequence	People (P)	Slight Injury	Minor Injury	Major Injury	Single Fatality	Multiple Fatalities	
	Asset (A)	Slight Damage	Minor Damage	Local Damage	Major Damage	Extensive Damage	
	Environment (E)	Slight Effect	Minor Effect	Localized Effect	Major Effect	Massive Effect	
	Reputation (R)	Slight Impact	Local Impact	Industry Impact	National Impact	Global Impact	
	Severity rating	5 Negligible	4 Minor	3 Moderate	2 Major	1 Catastrophic	
Probability	A: Very likely	Happens several times per year at MSMH	Moderate	High	High	Very High	Very High
	B: Likely	Happens several times per year in mental health sector	Low	Moderate	High	High	Very High
	C: Possible	Incident has occurred at MSMH	Low	Low	Moderate	High	High
	D: Unlikely	Heard of incident in mental health sector	Very Low	Low	Low	Moderate	High
	E: Very unlikely	Heard of in the mental health sector	Very Low	Very Low	Low	Low	Moderate

Assessed Probability of Risk: A / B / C / D / E

Assessed Severity of Risk: 1 / 2 / 3 / 4 / 5

Risk Assessment Outcome Level: Very Low/Low; Moderate; High/Very High

Is the risk reportable? Yes (*immediately 000, < 24 hours, < 5 days*) or Not Reportable

Has the risk been reported? Yes/No

If the risk has been reported, provide details including date of report, to who/which agency:

### 3. Manage

The most effective control of risk is to eliminate the identified hazard so far as is practicable. Where risk remains, risk management will involve minimising the risks as far as reasonably practicable through human resource management, body corporate management, clinical management, and administrative measures.

**If the risk was reported, what action followed the report?**

**What further action is required?**

**Has the risk/hazard been recorded on the Proactive Notifications Register? Yes/No**

**Is the risk/hazard assessed to be beyond a Low level? Yes/No**

*If response is "no" because the risk has been eliminated or minimised to a Very Low or Low level of remaining risk, monitor and ensure safety precautions are followed.*

**If the risk remains above a low level, consider appropriate action depending on risk level:**

- **MODERATE:** Consult with Director or Senior Management Team.  
The risks should be reviewed with stakeholders.  
Consider the hazards involved and implement a safety strategy.  
If in doubt of risk resolution, re-classify as High Risk.
- **HIGH/VERY HIGH:** If risk mitigation/safety management response is not feasible within the scope of practice at Mylne Street Mental Health, facilitate onward management by appropriate acute response team/service.

**Describe the protection measures to be implemented:**

Who	
What	
When	
Where	
How	

### 4. Review

Could the incident have been prevented? Yes/ No

How well was the incident was managed and resolved? *Very well, Well, Satisfactory, Poorly, Very poorly*  
*Provide details to justify evaluation.*

What action is required to prevent further occurrence of similar risk/hazard, or to abate impact?

Signature:

Print Name:

Designation:

Date:

## Appendix 4: LEGISLATION, RULES AND POLICIES

The role of the NDIS Quality and Safeguards Commission is supported by a range of legislation, rules, guidelines, and policies to inform provider obligations under the Quality and Safeguards Framework.

**Legislation:** [National Disability Insurance Scheme Act 2013](#)

**[The NDIS Rules 2018](#)** set out further details of the information provided in this Policy Pack.

- [NDIS Code of Conduct \[F2018L00629\]](#)
- [Provider Registration and Practice Standards \[F2018L00631\]](#)
- [Restrictive Practices and Behaviour Support \[F2018L00632\]](#)
- [Specialist Disability Accommodation Conditions \[F2018L00627\]](#)
- [Specialist Disability Accommodation – Participating Jurisdictions \[F2018L00626\]](#)
- [Incident Management and Reportable Incidents \[F2018L00633\]](#)
- [Complaints Management and Resolution \[F2018L00634\]](#)
- [NDIS Provider Definition \[F2018L00628\]](#)
- [Protection and Disclosure of Information \[F2018L00635\]](#)
- [Practice Standards – Worker Screening \[F2018L00887\]](#)
- [Transitional Rules \[F2018L00630\]](#)

### Guidelines

- [National Disability Insurance Scheme \(Procedural Fairness\) Guidelines 2018](#)
- [National Disability Insurance Scheme \(Approved Quality Auditors Scheme\) Guidelines 2018](#)
- [National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018 \(Notifiable Instrument\)](#)
- [Specialist Disability Accommodation \(SDA\) Design Category Requirements Guidelines](#)

### Policies

- [NDIS Quality and Safeguarding Framework](#) describes the guiding principles of the NDIS Quality and Safeguards Commission.
- [Intergovernmental Agreement on Nationally Consistent Worker Screening for the NDIS](#)
- [Procedures for determining breaches of the Australian Public Service Code of Conduct and for determining sanction](#)

For more information, visit [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au) or call **1800 035 544**.