

Occupational Therapy & Allied Health Assistant NDIS Referral



Participant Details

Name: _____ NDIS No: _____
Plan Start: _____ Plan End: _____
Diagnosis: _____
Date of Birth: _____ Age: _____
Address: _____
Email: _____ Phone: _____
Best contact details if different from above:
Name: _____ Contact: _____

Are you referring yourself? Yes No
Occupational Therapy Approved in NDIS Plan: Yes No Amount: _____
Travel Milage Cost Approved in NDIS Plan: Yes No Amount: _____
Current Living Arrangement: _____
Communication: _____ Please describe: _____

NDIS Goals

- 1.
- 2.
- 3.
- 4.
- 5.

Reason for Referral

*Please note that these hours are only estimates and Health Works only charges for work completed

Functional Assessment (ADL) (20hrs)	Home Modifications Assessment (20-30hrs)
Assistive Technology/Equipment Prescription (20hrs)	Driving assessment (20hrs)
Pre-Planning/NDIS Access Assessment	SIL/SDA Housing Assessment (30-40hrs)
Paediatric Assessment (15hrs)	Paediatric Therapy
Adult Lifeskills/Therapy	Allied Health Assistant Therapy
Other:	

Support Coordinator Details

Name: Organisation:
 Email: Phone:

NDIS Local Coordinator Details

Name:
 Email: Phone:

Funding and Payment

Funding Type:

Details for who is responsible for paying the account:

Company Name: Contact Person:
 Phone: Email for invoices:

NDIS portal and I authorise Health Works to create a service booking for the house nominated in a signed service agreement.

GP Details

Name: Practice Address:
 Email: Phone:

Other Practitioners Involved

Name: Organisation:
 Email: Phone:

Name: Organisation:
 Email: Phone:

Name: Organisation:
 Email: Phone:

THE FOLLOWING MUST BE COMPLETED FOR THIS REFERRAL TO BE ACCEPTED:

All relevant fields above must be completed
Email support@healthworksnsw.com a copy of NDIS Plan
Email support@healthworksnsw.com a copy of all past reports
Sign Health Works NSW Service Agreement below

HEALTH WORKS NSW PTY. LTD. NDIS SERVICE AGREEMENT

Non Remote (MM1-3)

SERVICE AGREEMENT

NAME: National Disability Insurance Scheme (Participant), and is made between:

Participant' representative-if required (name): and **Provider:** Health Works NSW Pty.Ltd

This Service Agreement will commence on: *until end of current plan*

Start & end date of NDIS plan

This Service Agreement is made for the purpose of providing supports under the Participant's National Disability Insurance Scheme (NDIS) plan.

The Parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- Support the independence and social and economic participation of people with disability, and
- Enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

SERVICES

Total OT hours:

\$193.99 per hour inc GST **Occupational Therapy**

Total AHA hours:

\$86.79 per hour inc GST **Allied Health Assistant**

I agree to the associated travel costs

Permission for relevant images to be shared by Health Works for the purposes of QA/Marketing/Website Publication/Social Media Yes No

AGREEMENT SIGNATURES

The Parties agree to the terms and conditions of this Service Agreement.

Name of [Participant / Participant's representative]:

Signature of [Participant / Participant's representative]:

Date:

Name of authorised person from Health Works NSW:

Signature of authorised person from Health Works NSW:

Date:

SCHEDULE OF SUPPORTS

Support	Description of support	Price and payment information	How the support will be provided
Improved Daily Living Skills - Individual assessment, therapy and/or training (includes assistive technology)	Direct OT service provision which may include but not be limited to the following: <ul style="list-style-type: none"> • Non - Face - To – Face Support Provision • Provider Travel • Short notice Cancellations • NDIA Requested Reports • Liaison with stakeholders • Program/Resource Development • NDIA and Health Works reporting and compliance • Travel <p><i>Health Works will charge for travel as set out in the NDIS guidelines.</i></p>	<p><i>Please note prices are as per the NDIS pricing guide (1 July 2022) and will be subject to change as updated versions are released.</i></p> <ul style="list-style-type: none"> □ \$193.99 per hour inc GST Occupational Therapy □ \$86.79 per hour inc GST Allied Health Assistant □ \$1.00 per kilometre Occupational Therapy 	Services will be completed by Health Works Occupational Therapist or our Allied Health Professional –at Participant’s home and or in our office/rooms or via Zoom or telehealth. <ul style="list-style-type: none"> • Detailed Occupational Therapy Assessment, equipment trial(s), set up, training, coordination & liaison and research with required parties relating to sourcing appropriate equipment, equipment prescription and fitting, follow up sessions/home visits for trials. • Responding to NDIS requests • Submitting additional information and sourcing of additional quotes when requested by NDIS or client. • Time taken for responding and actioning client communication including but not limited to phone calls and emails and a file establishment fee. <p><i>**Health Works will complete and submit assessment reports and quotes; however, it is then the client’s responsibility to follow up with NDIS regarding progress of the submitted equipment requests.</i></p> <p><i>It is the client’s responsibility to inform the Occupational Therapist once they have received notification from NDIS of equipment approvals. Once informed of this, the Occupational Therapist will be able to arrange for sign off of the equipment and ensure suitability of delivered products. **</i></p>

PAYMENTS

Self-Managed Plans:

- After providing those supports, Health Works will send the Participant an invoice for those supports for the Participant to pay.
- Terms of payment are strictly 14 days from the date of invoice. Should payment not be received by Health Works NSW, a late payment fee of 10% will be charged. The late payment fee will accrue interest and will escalate by 10% every 30 days that the payment remains outstanding.

Agency managed:

- After providing those supports, Health Works NSW will claim payment for those supports from the NDIA.

Plan Managed:

- After providing those supports, Health Works NSW will claim payment for those supports from the Plan Manager directly.

RESPONSIBILITIES OF PROVIDER (HEALTH WORKS NSW PTY. LTD.) AND PARTICIPANT

The *Provider* agrees to:

- Once agreed, provide supports that meet the Participant's needs at the Participant's preferred times.
- Review the provision of supports at least 3 monthly with the Participant.
- Communicate openly and honestly in a timely manner.
- Treat the Participant with courtesy and respect.
- Consult the Participant on decisions about how supports are provided.
- Give the Participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- Listen to the Participant's feedback and resolve problems quickly.
- Give the Participant a minimum of 24 hours' notice if the Provider must change a scheduled appointment to provide supports.
- Give the Participant the required notice of 1 month if the Provider needs to end the Service Agreement.
- Protect the Participant's privacy and confidential information.
- Provide supports in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, and the Australian Consumer Law; keep accurate records on the supports provided to the Participant, and
- Issue regular invoices and statements of the supports delivered to the Participant.

The *Participant* agrees to:

- Inform the Provider about how they wish the supports to be delivered to meet the Participant's needs.
- Treat the Provider with courtesy and respect.
- Talk to the Provider if the Participant has any concerns about the supports being provided.
- Give the Provider a minimum of 24 hours' notice if the Participant cannot make a scheduled appointment; and if the notice is not provided by then, the Provider's cancellation policy will apply, which is charging the scheduled and allocated time for the appointment i.e., you will be charged 1 hour plus travel.
- Give the Provider the required notice if the Participant needs to end the Service Agreement of 1 month
- Let the Provider know immediately if the Participant's NDIS plan is suspended or replaced by a new NDIS plan or the Participant stops being a participant in the NDIS.

CHANGES TO THIS SERVICE AGREEMENT

If changes to the supports or their delivery are required, the Parties agree to discuss and review this Service Agreement. The Parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the Parties.

ENDING THIS SERVICE AGREEMENT

Should either Party wishes to end this Service Agreement they must give at least 2 weeks' notice. If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

FEEDBACK, COMPLAINTS AND DISPUTES

If the Participant wishes to give Health Works NSW feedback, the Participant can talk to Health Works NSW Team on (02) 5317 8282 or email nicole@healthworksnsw.com

If the Participant is not happy with the provision of supports and wishes to make a complaint, the Participant can talk to Nicole Green (Director) on 0458 236 129.

If the Participant is not satisfied or does not want to talk to this person, the Participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

GOODS AND SERVICES TAX (GST)

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;

The Participant's NDIS plan is expected to remain in effect during the period the supports are provided; and

The *Participant* will immediately notify Health Works if the Participant's NDIS Plan is replaced by a new plan or the Participant stops being a participant in the NDIS.

Provider Name	Phone	Email	ABN	Address
Health Works NSW Pty Ltd	02 5317 8282	support@healthworksnsw.com	34163851152	Orange Arcade Suite 5, 150 Summer Street, Orange 2800