

Q117

SUPPORT COORDINATION CONFLICT OF INTEREST POLICY

POLICY STATEMENT

The purpose of this policy is to effectively identify, disclose and manage any actual, potential or perceived conflicts of interest in order to protect the integrity of Enhanced Lifestyles (EL) and Lifestyle Assistance and Accommodation Service (LAAS) and manage risk. Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service aims to ensure that Customer/Client is aware of any potential conflict of interest that may arise.

This policy applies to the Customers/Clients and employees of Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service.

A conflict of interest occurs when an individual's personal interests' conflict with their responsibility to act in the best interests of the Customer/Client. Personal interests include direct interests as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder). A conflict of interest may be actual, potential or perceived and may be financial or non-financial. These situations present the risk that a person will make a decision based on, or affected by, these influences, rather than in the best interests of the Customer/Client and must be managed accordingly.

Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service aims to:

- Act in accordance with its values
- Comply with its general and specific obligations as a registered provider of supports under the National Disability Insurance Scheme (NDIS)

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Responsibilities

As a registered provider supports under the NDIS, Enhanced Lifestyles (EL) and Lifestyles Assistance and Accommodation Service (LAAS) has responsibilities in relation to:

- Managing conflicts of interest generally
- Managing conflicts of interest in plan management and support coordination
- Offering or receiving gifts, benefits and commissions

Managing conflicts of interest generally

The NDIS Terms of Business for Registered Providers require providers to have policies about potential conflicts of interest in service delivery.

Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service and its employees will ensure that when providing supports to Customers/Clients under the NDIS, including when offering plan management or support coordination services, any conflict of interest is declared and any risk to Customers/Clients are mitigated.

All employees will act in the best interests of NDIS participants and other Customers/Clients, ensuring that participants are informed, empowered and able to maximise choice and control.

Employees will ensure Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service proactively manages perceived and actual conflicts of interest in service delivery.

Employees will:

- Manage, document and report on individual conflicts as they arise
- Ensure that advice to a participant about support options (including those not delivered directly by Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service) is transparent and promotes choice and control)

As required by the NDIA Terms of Business, all participants will be “treat equally, and no participant shall be given preferential treatment above another in the receipt or provision of supports”. (See note below)

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Managing conflict of interest in plan management and support coordination

Members of the Service Delivery and People and Culture team performing plan management and support coordination functions will ensure that:

- The organisation's risk register and/or conflicts of interest register includes the ongoing potential conflict of interest
- They declare to Customers/Clients the potential conflict of interest of Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service being both plan manager and support coordinator and a provider of other supports and affirm the organisation will act as directed by the Customer/Client and in the best interests of the Customer/Client
- Customers/Clients will be presented with a range of choices about providers of supports not only Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service, and employees will not seek to influence the Customer/Client to select Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service
- Notes will be made in CIMS confirming the advice given to the Customer/Client

Gifts, benefits and commission and the NDIS

Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service or its employees must not accept any offer of money, gifts, services or benefits that would cause them to act in a manner contrary to the interests of an NDIS participant. Further, employees must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant. This includes the obtaining or offering of any form of commission by employees of Enhanced Lifestyles and Lifestyles Assistance and Accommodation Service

References

- National Disability Insurance Scheme (Registered Providers of Support) Rules 2013
- Terms of Business for Registered Providers (effective 1 July 2016)

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Notes

This does not prevent providers determining which people they will accept as Customers/Clients because of considerations such as: provider capability, the consequences of NDIS price caps, location, work health and safety, Customer/Client mix and risk appetite.

Policy context: This policy relates to	
Legislation or other requirements	NDIS Act 2013
Contractual obligations	Customer Service Agreement

Documents related to this policy	
Related policies	Q222 – Employee Conflict of Interest Policy Q201 – Code of Ethics and Conduct Policy
Forms, record keeping or other organisational documents	Q241 – Customer Feedback Policy Q269 – Managing Complaints Policy

- ☐ The Customer/Client acknowledges that Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service have made them aware of the potential for Conflict of Interest when entering into a plan management agreement.

Signed by Customer/Client

Signature:

Name:

Date:

Signed by Witness

Signature:

Name:

Date: