

This Service Agreement is made for the purpose of providing agreed supports as specified herein.

Glossary of Acronyms

LAAS: Lifestyle Assistance and Accommodation Service

NDIS: National Disability Insurance Scheme

NDIA: National Disability Insurance Agency

ACIA: Australian Community Industry Alliance

Parties

The Service Agreement is for the purpose of engaging services between the following parties:

Client	_____
	(full name)
OR	
Client's Representative on behalf of Client (as stated above)	_____
	(full name)
AND	
Lifestyle Assistance and Accommodation Service, represented by	_____
	(full name)

This Service Agreement will commence on _____ and end on _____

This Service Agreement will remain in place for the duration of your NDIS plan. Where an NDIS plan has finished, a review has taken place and a new NDIS plan is yet to be received by the Client, this Service Agreement will remain in place for that period of time until a new NDIS plan is provided to the Client. Until such time, all terms and conditions of this Service Agreement must be abided by. When the Client receives their new NDIS plan, the Client is required to provide Lifestyles Assistance and Accommodation Service

with (at a minimum) the required billing information as well as sign a new Service Agreement to ensure continuity of services.

Billing Information

Please ensure the following information is correct. All bills will be emailed unless an email address is not supplied.

The way my bills are paid is by:

NDIA Agency Managed

Plan Manager – External

Plan Managed by LAAS

Self-Managed

Invoice attention to:

Address:

Email:

Telephone:

NDIS Details

LAAS supports Clients right to privacy and as such understands that people have the right to choose which information they provide. Please be aware that if you are NDIA Agency Managed, we do require at a minimum your NDIS number, plan start and review date and your date of birth to be able to submit invoices for payment within the NDIS portal.

Please speak to one of our Chief Operations Officer if you have any concerns or require further clarification about the information required.

NDIS Number:

Plan start date:

Plan review date:

Whilst it is not compulsory LAAS strongly encourages the Client to provide a copy of their NDIS plan	YES / NO
The Client agrees to allow LAAS to discuss billing issues with NDIS on your behalf from the commencement of service provision for the duration of this agreement	YES / NO
The Client agrees to allow LAAS to claim an establishment fee from NDIS for Clients who are new NDIS participants	YES / NO
The Client agrees to allow LAAS on your behalf to contact the NDIS regarding your plan and permission to obtain a copy including if an appeal is required	YES / NO
The Client agrees to allow LAAS on your behalf to contact your Plan Manager regarding your service	YES / NO
Plan Manager Name: _____	
Organisation Name: _____	
Phone Number: _____	
Email Address: _____	
The Client agrees to allow LAAS on your behalf to contact your Support Coordinator regarding your service	YES / NO
Support Coordinator Name: _____	
Organisation Name: _____	
Phone Number: _____	
Email Address: _____	

Opt Out

The Client wishes to opt out of the NDIA viewing their customer file or contacting them during an audit	YES / NO
The Client wishes to opt out of the ACIA viewing their customer file or contacting them during an audit	YES / NO

Terms of Payment

- LAAS will seek payment for their provision of supports after the Client receives services.
- LAAS will seek payment from the Client, or representative or NDIS within 14 days of delivering the service.
- Payment for services delivered are expected within 14 days of issuing the invoice.
- Bank account details: BSB 015625; Account 198827512 – please enter your invoice number as the reference number to ensure payments are tracked correctly.
- LAAS takes no responsibility for lost payments due to incorrectly entering payment details and reserves the right to chase up all payments if not received correctly.
- LAAS reserves the right to adjust their rates as necessary, giving 14 days notice to the Client.
- A Service Activity report will be provided to all participants who are Self-Managed along with the invoice which details all individual charges. Plan Managed and Portal Managed participants can request a copy of their Service Activity at any time if required and request for one to be send on a fortnightly basis. Any discrepancies with the Service Activity need to be reported to the Billing Team as soon as possible

Schedule of Supports

- All prices are not GST inclusive (if applicable) and include the costs of providing the supports.
- Additional expenses are the responsibility of the Client and are not included in the cost of the supports. These costs include but are not limited to toilet paper, paper towel, gloves (please see next dot point for further information) straws and cleaning products
- Gloves or PPE (Personal Protective Equipment) will be provided directly to Support Workers and not provided to Clients. EL are responsible for the safety of employees by providing PPE and gloves plus universal precautions should be used during the delivery of supports where employees come into contact with bodily fluids. Any gloves or PPE which is requested by the Client to be used for non-body contact supports i.e. food handling or domestic must be provided by the

Client. Customers can apply for and receive funding for gloves and PPE for Support Workers within the consumables budget (core supports)

- LAAS reserves the right to amend or adjust pricing schedules at any time in line with any review or changes within the NDIS pricing schedule

Day Options

Ratio _____ Price per hour _____

Ratio of Clients per Support Worker, the cost of the Support Worker is divided among the Clients.

Day Options Hours are 9am – 3pm.

The days that the Client will be in attendance:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Clients must provide 24 hours notice if unable to attend Day Options.

There is a 1 week closure in July and a 3 week closure over the Christmas/New Year period.

Client Contribution Fee

The Client will also make a contribution when attending Day Options of \$15 per day

Goal Setting and Review

As a part of the Day Options program the Client may specify goals related to the activities they participate in and the outcomes that they wish to achieve. The Client can specify their goals related to skills development as well as social and community participation. Progress in these areas will be tracked as a part of the Day Options program by the Support Workers.

The Clients progress will be reviewed annually to discuss progress in achieving the Clients goals and set new goals as required.

The review will also touch on the support ratio and feedback on services delivered.

Security Surveillance

The Day Options facility uses security cameras to ensure the safety of Clients. These cameras are located in common spaces only, not in any private spaces such as toilets and bathrooms.

I acknowledge and consent to the presence of the security cameras at the Day Options facility

Responsibilities of LAAS

LAAS agrees to:

- Once agreed, provide supports that meet the Client's needs at the Client's preferred times.
- Communicate openly and honestly and in a timely manner.
- Seek Client consent for release of personal information or involvement in any LAAS managed event or activity.
- Treat the Client with courtesy and respect.
- Respect the Client's rights to choice and control of their services and their dignity of risk.
- Consult the Client on decisions about how supports are provided.
- Assign suitable Support Workers that meet the Client's requirements where possible. (e.g. cultural diversity, interest mapping, fluent in preferred languages, matching required skills, etc.)
- Keep the Client informed of the management of feedback and complaints.
- Listen to the Client's feedback and resolve in a timely manner.
- Give the Client a minimum of 48 hours' notice if LAAS wish to end the Service Agreement. (see 'Ending this Service Agreement' below for more information.)
- Protect the Client's privacy and confidential information.

- Provide supports in a manner consistent with all relevant laws and keep accurate records on the supports provided to the Client.
- Provide up to date information and statements on the supports delivered to the Client as well as their budgetary position.

Responsibilities of Client or Representative

The Client's representative agrees to:

- Inform LAAS about how they wish the supports to be delivered to meet the Client's needs.
- Accept responsibility for their choices and actions under dignity of risk.
- Notify LAAS for any withdrawal of consent in writing for the release of any personal information or involvement in any LAAS managed event or activity.
- Notify LAAS immediately of any changes to or reviews of their NDIS Plan.
- Minimum engagement of 1 hour of service. Where a service is less than 1 hour, 1 hour will still be charged to the Client.
- Standard business rounding will be applied in 15-minute increments which equals 0.25.
- Treat LAAS and its employees with respect and dignity.
- Communicate with LAAS if the Client has any concerns about the supports being provided.
- Give LAAS a minimum of 24 hours' notice if the Client cannot make a scheduled appointment; and if the notice is not provided by then, LAAS cancellation policy may apply.
- Give LAAS the required 14 days' notice if the Client needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information).
- Pay all invoices within 14 days of receiving services.

Reviewing the Service Agreement

This Service Agreement will be regularly reviewed to ensure that the supports being delivered are continuing to assist the Client in their daily life and achieving their goals.

These reviews will be conducted over the phone with the Client or representative and will examine their needs, budget, goals and satisfaction.

- I do not wish to review my service agreement throughout the duration of my plan/agreement
- I would like to be contacted once every 3 months to conduct a review
- I would like to be contacted once every 6 months to conduct a review

In the event changes to support and delivery of services are required these changes to the service agreement will follow process outlined below.

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 communicated, discussed and agreed to by both parties.

Ending this Service Agreement

Your service agreement will end as per the end date or if your NDIS plan is extended when your new NDIS plan comes into effect. Until such time, all terms and conditions of the service agreement must be abided by.

Should the Client wish to end this Service Agreement and exit our SIL service they must give notice 14 days prior to their start date with their new service provider.

Should LAAS wish to end this Service they must first give 14 days' notice to exit under normal circumstances, unless in the case of outstanding payments when LAAS can give 5 days' notice of termination.

If either party seriously breaches this Service Agreement the requirement of notice will be waived. However, where outstanding monies are owed to LAAS the Client is still required to make payment within 14 days from the end date of the service.

Feedback and Complaints

If the Client wishes to give LAAS Feedback, the Client can talk to a Senior Support Worker or the appropriate manager on 8584 6569 or submit a Feedback form (secured from an LAAS employee) by email or post. There are four categories of Feedback a Client can submit:

- Comment
- Suggestion
- Complaint
- Compliment

Feedback and complaints are a vital part of the process for improving the services of LAAS and will be treated with deserved respect.

Contact Details

The Client (*or their representative*) can be contacted on:

Contact Name: _____

Organisation Name: _____

Phone (Business Hours): _____

Phone (After Hours): _____

Mobile: _____

Email: _____

Postal Address: _____

Emergency Contacts

Emergency Contact Person: _____

Emergency Contact Phone: _____

2nd Emergency Contact
Person: _____

2nd Emergency Contact
Phone: _____

Agreement Sign Off

I agree to the terms and conditions of this Service Agreement.

I agree to abide by the terms and conditions of QF103 - Customer Confidentiality Agreement.

I agree to abide by the terms and conditions of Q225 - Customer Code of Conduct Agreement, and I commit to the required standards of behaviour and practice as outlined in this Agreement.

I consent to my image being used as per the QF216 - Media Consent Form including any limitations specified by me within.

I confirm that the information provided is correct to the best of my knowledge at the time of signing.

I agree to the terms outlined in Q313 – Customer/Client Contribution to Supported Independent Living Policy and understand what my contribution is and how it is used.

I agree to inform Lifestyle Assistance and Accommodation Service of any changes in circumstances related to this service agreement or my NDIS plan within 48 hours of the change taking place. It is my responsibility to provide this information to ensure continuity and continuation of my services

Signature

Signature of Client or their
representative on behalf of Client

Name of Client or name of their
representative

Date

Signature of authorised person LAAS

Name of authorised person LAAS

Date

Office use only

Initial Client Contact

Responsible	Task	Initial	Date Complete
CRO or W8SDO	Complete initial Customer intake form		
CRO or W8SDO	Book in appointment for CRO, if greater than 10 hours. Phone appointment if less than 10 hours. Include initial Customer info with funding type in calendar invite. On initial Phone Call		
CRO or W8SDO	If required – post/email out paperwork		
W8SDO	Create Potential Customer in CIMS (Follow CIMS process)		

Initial Client Sign-up

Responsible	Task	Initial	Date Complete
CRO	Documentation Signed <ul style="list-style-type: none"> • QF115 Service Agreement (Fee for Service) • QF115b Service Agreement (COS) • QF115c Service Agreement (NDIS Rollout) • Funding (copy of) • QF126b Customer Consent to Collect • QF126 Customer Consent to Share • QF306 Individual Support plan • QF217 Roster Template • QF216 Media Consent • QF105 WHS Home Safety Inspection (If home visit complete) • My Safety Plan • 8 Week Transition • Basecamp W8 project 		

Responsible	Task	Initial	Date Complete
CRO	If Applicable: Support Coordinate/Plan Management Forms <ul style="list-style-type: none"> • Complete Form Checklist • QF115 Service Agreement • Schedule of Supports • Funding (Copy of) • QF126b Customer Consent to Collect • QF126 Customer Consent to Share • QF128 Individual Support Plan Summary 		
TO BE COMPLETED WITHIN 48 HOURS OF HME VISIT			
CRO	Home Visit progress note added to CIMS with any follow up actions flagged		
CRO	Customers goals added into CIMS		
CRO	Customer opted out of sharing goals		
CRO	Budget completed and attached to service agreement		
CRO	NDIS Plan or if Customer does not consent to giving NDIS Plan, Ensure Start date, End date, NDIA number and budget is recorded.		
CRO	Complete or arrange LA to Conduct WHS assessment (Where Customer is under 10 hours)		
CRO	Budget and Plan given to Accounts		
CRO	CRO completed data entry		
ADMIN	Setup Customer roster		
ADMIN	Scan and give pack to W8 SDO		
ADMIN	Update NDIS rollout Spreadsheet and NDIS control Spreadsheet		

ADMIN	Send out letter with all signed copies of documents to Customer (Service Agreement, Consent to collect and share, Code of Conduct, Media, Confidentiality)		
ADMIN	Save all Documents to H Drive		

Service Delivery Setup

Responsible	Task	Initial	Date Complete
W8SDO	CIMS complete Customer profile in file		
W8SDO	NDIS Information – Enter in NDIS ID, Set reminder for 12 weeks from end of plan for visit.		
W8SDO	Set reminder for 8-week Transition contact on CIMS		
W8SDO	Add and set reminders for Customer Review Dates		
W8SDO	Set up Cost Code in TeleClock		
W8SDO	Lock Cost Code to Customer number or		
W8SDO	Organise token if required		
CRO	Create an 8-week Transition region for customer and add customer to region		
CRO	Exit Customer from Potential Customer region		
W8SDO	Advise L&D of any specific training requirements, set reminders for following up and utilise training request form.		
W8SDO	Request admin to create Communication Book for Customer if required		
ADMIN	Create Communication Book & Send to Customer		

CRO	Develop a Roster Template		
W8SDO	Source LA's for roster, Complete recruitment form if required		
W8SDO	Arrange Meet & Greet using control sheet		
W8SDO	Provide a copy of dashboard to new LA's on team		
W8SDO	Notify Operations team of New Customer using Quick Parts in outlook		