

NDIS Service Agreement and Policy Summary

Thank you for contacting Comprehensive Literacy and Speech. We look forward to working with you, your child and any other practitioners who provide you with ongoing support. This document includes a service agreement and provides you with a summary of our fees and essential information that help make our services run smoothly. Please scan, take photos, email or post the document back to literacynspeech@gmail.com or PO Box 71, Mirboo North 3871.

Previous assessments: Scanned copies of relevant reports completed during the past twelve months and reports detailing client diagnoses should be attached when returning registration documents. These may also be brought to your initial appointment where copies can be taken.

Privacy Policy: All communication and information you provide is stored securely and only shared with your permission. Comprehensive Literacy and Speech complies with State and Federal Privacy Requirements (The Privacy Act 1988). A copy of our Privacy Policy is available online or on request.

Cancellation Policy: Please respond to the programmed SMS 24 hours before appointment or if unavoidable (due to illness) leave a short voicemail by 8.00 am on the day to cancel a session. It is the parent's responsibility to be aware of school-based events which may impact session availability and alert the therapist as soon as possible in order for adjustments to be made to school schedules wherever possible.

- The client may cancel an appointment by giving at least 24 hours prior notice in which case no session fee will be incurred.
- **Failure to notify cancellation within 24 hours (or before 8am as per above circumstances) will result in the full session fee being billed to the family.**
- It is important to note that cancellation fees are not billable to Medicare or other funding agencies such as Helping Children with Autism
- If the therapist is unable to conduct a scheduled session parents will be notified as soon as possible and an alternative time will be negotiated

Communication: Session notes and invoices will be sent via email within 48 hours of each session. Arrangements can be made to email session notes to your child's teacher and other team members as required with appropriate permission. Occasional newsletters, updates and general communications will also be sent via email. SMS works well for quick updates and is an additional a safety measure if I see your child during school hours when you are unable to attend sessions. Please feel free to store my mobile number for easy recognition and use.

COMPREHENSIVE LITERACY & SPEECH

ABN: 68118771343

NDIS Schedule of supports

Please see below for description of supports

This Service Agreement for (Participant's name) will commence on

...../...../..... until the **review date*** scheduled for/...../.....

(Date/ Month/ Year)

(Date/ Month/ Year)

****This is to flag when report/review will be due sometimes up to 2 months before**

This Service Agreement is for the provision of services listed in the NDID Schedule of Supports. The Participant has been allocated up to \$..... (amount) for the provision of these services. This equates to hours of support | initial assessment/ reassessment | goal review- letter of support (*cross out items which do not apply*)

The participant has selected service provision in: 30 minutes/ 45 minutes, weekly/ fortnightly sessions throughout school terms/ across 52 weeks (*cross out items which do not apply*)

I give permission for **Comprehensive Literacy and Speech** to receive a copy of (participant's) **NDIS plan**** in order to provide speech-language pathology services as detailed in the plan

Signature: _____ Date: _____

* Please note that a minimum of **ONE MONTH'S notice** is required to prepare an **NDIS review/ letter of support** therefore the review date must be completed above and notification of any changes to this date should be provided to the service provider as soon as possible.

****Please attach/ email a copy of the NDIS plan and write funds allocated and plan date above.**

[If the funding for any of the supports provided under this Service Agreement is **managed by the participant:**] The Participant manages the funding for supports provided under this Service Agreement. After each instance of providing those supports, the **Comprehensive Literacy and Speech** will send the participant an invoice for those supports for the Participant to pay. The participant will pay the invoice by direct transfer **within 48 hours** unless otherwise negotiated.

[AND / OR]

[If the funding for any of the supports provided under this Service Agreement is managed by a **Registered Plan Management Provider:**] The Participant has nominated a Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. After each instance of providing those supports, **Comprehensive Literacy and Speech** or the **participant** (as negotiated) will send/present the invoice to the Plan Management Provider for payment **within 7 days**. *If emailed by the Service Provider the Registered Plan Management Provider may require confirmation of services received via phone or email contact with the participant's parent/carer.*

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NDIS Schedule of Supports

Support	Description of support	Price	How the support will be provided
Speech- Language Assessment (Hourly rate)	Speech- Language Assessment may include: <ul style="list-style-type: none"> • Identification of area(s) of concern • Parent/Carer report of current skills and developmental and treatment history • Standardised assessments (see below) • Non-standardised -parent report checklists • Observations of the child in different environments • Consultation and information gathering from doctors, therapists, teachers, childcare staff and carers • Report writing, letters or emails to share the results of an assessment 	\$190 per hour* \$145 for 45 minutes \$95 for 30 minutes	Speech- Language Assessment will be provided by a Certified Practising Speech Pathologist (CPSP) registered with the national body Speech Pathology Australia (SPA).
Specific Standardised Assessment: CELF-5 / PPVT-5 Peabody Picture Vocabulary Test	<ul style="list-style-type: none"> • Assessment session \$190: (60-90 mins) • Report writing & data analysis \$380 (90-120 mins) • Test subscription & scoring \$50 test price) 	\$600:00	Assessment may occur in the clinic setting or by arrangement in an appropriate space at the client's school.
Speech- Language Intervention/ Therapy	Speech- Language Intervention/Therapy may include: <ul style="list-style-type: none"> • Use of structured activities and play-based tasks within therapy sessions to meet the identified goals and needs of the child. • Regular re-evaluation of progress towards goals • Observations of the child in different environments • Parent education • Provision of information and resources • Time to link with key professionals involved with the client • Time to write reports, letters or emails to share the results of the therapy progress 	\$190 per hour* \$140 for 45 minutes \$95 for 30 minutes	Speech- Language Intervention/ Therapy provided by a Speech Pathologist (CPSP) registered with the national body (SPA). Therapy may occur in the clinic setting or by arrangement in an appropriate space at the client's school.
NDIS letter of support –	A letter outlining the functional impact of the client's disability in support of an application or review for access to NDIS - summary of observations and previous assessment	\$285 90 minutes	Summary of therapy observations and previous assessments matched to NDIS goals in consultation with parent/carer.
Travel to provide therapeutic supports	This is the travel time the therapist takes to travel to and from an appointment that is not delivered at one of the clinic room locations	Travel is not currently charged as the clinician consolidates visits to each location where possible	

* The price guide for NDIS therapy supports (excluding psychology and physiotherapy) remains at \$193.99 on July 1st 2022. Claims for speech pathology services are made under item code 01_665_0128_1_3

**Costs associated with therapy services and treatment do not incur GST under the NDIS.

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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 Participant or Service Provider wish to end this Service Agreement they must give notice **2 weeks prior to ceasing**. If either Participant or Service Provider seriously breaches this Service Agreement the requirement of notice will be waived.

Service Agreement for Speech Pathology Services

Child's Name:

Parent/ Carer:.....
(Person named above is responsible for payment of the registered client's service charges)

Address:

Preferred email:

Preferred phone (SMS reminders will be sent to this number):

Alternative/ Emergency contact: Name (Relationship.....)

Phone.....

Consent: Please ~~strike out~~ option(s) you wish so that it reads as you intend.

I do / do not provide consent for Rosemary Hughes to work with my child and store relevant information.

I do / do not provide consent for Rosemary Hughes to communicate electronically, verbally and in writing with all members of my child therapy and education team.

I do / not provide consent for Rosemary Hughes to take photos and/ or record audio or video during therapy sessions that assist in the assessment or teaching of my child. These materials can be messaged to a parent on request, will be deleted after use or can be stored with appropriate security by the therapist (Please select preferred option).

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Fees and Payment:

I am aware of the cancellation policy and the need to notify the therapist 24 hours prior to the appointment or by 8.00 am on the day of any scheduled session in the case of illness/ emergency in order to avoid the full fee being charged.

I am aware that fees may be subject to an annual increment on July 1st of each year.

I understand that **prompt payment of accounts within 7 days** (unless otherwise negotiated/notified) will ensure ongoing therapy service provision. Late payment may incur a late fee of \$45 (not rebated by NDIS) and will put further scheduled appointments at risk of cancellation with a 3 strikes policy applied for consistent late payment.

Payment method:

- Self-managed NDIS client:** Client NDIS number
Electronic Fund Transfer on invoice (preferred)
Internet Transfer: BSB: 633-000 Acc. Name: R A Hughes Acc. No: 150429694

- NDIS Plan-managed:** Client NDIS number
Plan Management Company
Contact Person
Email for invoices

I accept the terms of this service agreement.

Name: _____ Signature: _____

Date: _____

Please do not hesitate to contact me with any queries or if I can be of further assistance

Rosemary Hughes

Speech Pathologist

Master of Speech Pathology, Certified Practicing Member of Speech Pathology Australia (SPA)

Specialist Literacy Teacher

Diploma of Education (Primary), Graduate Diploma of TESOL, Master of Educational Leadership (Literacy)

Contact: 0488781407 literacynspeech@gmail.com