# SIL RoC Submission Template

**1 July 2020 | Version 1**

## Submission Guidelines

### Introduction

This document is one of two critical documents that create the Supported Independent Living (“SIL”) Roster of Care (“RoC”) - the Submission. The purpose of this document is to provide the National Disability Insurance Agency (“NDIA”) with information about the participant seeking funding for SIL. It is important to provide quality information about the participant’s support needs, capacity and goals, so that the NDIA can make an assessment on the Submission and determine if the proposed RoC is reasonable and necessary.

This document should be read in conjunction to the Guide to using the Supported Independent Living (SIL) Pack and the SIL Operational Guideline.

This Submission will assist in determining the reasonable and necessary model of care to meet the participants support needs. The purpose of this Submission is to identify:

* The individual supports that will be available for the person, focussed on maximising the person’s capacity to be as independent as possible with household decision making, personal care and domestic tasks;
* The supports that are shared between participants to maximise the efficient use of resources;
* The supports available to all residents to ensure the smooth operation and running of the household.

### Aim of the submission process

The submission process is intended to identify the direct (person-to-person) individual and shared supports a participant may require to develop their ability to live independently in the community. The NDIA will assess the Submission to ensure the supports the NDIS will fund are reasonable and necessary.

The Submission also identifies those costs which are excluded. Any arrangements between the provider and a participant for excluded items such as rent, home repairs, maintenance, or how vacancies and selection of new tenants will be managed, is to be agreed upon separately and not form part of the SIL submission.

### Considerations

The Submission must be prepared in consultation with the participant (with assistance from their nominee or representative as needed), and should reflect the participant’s support needs as well as assist with meeting their goals and outcomes (these will have been identified in the initial planning meeting).

The type and extent of supporting documentation required to accompany the RoC Submission will vary based on the level of supports included in the RoC. The NDIA may also provide funding separately from the SIL funding for an independent assessment (for example, an Allied Health Professional review) to be completed. This will assist NDIA planners to determine reasonable and necessary supports based on the evidence of support needs provided. While service agreements are not mandatory for SIL supports, they are strongly encouraged – the RoC approved by the NDIA should be included in the final service agreement.

### Requirements

The following template must be included in the Submission (alongside the RoC Submission Excel tool). Using this template will ensure a more efficient and nationally consistent process, and is intended to result in the Submission being assessed in a timely manner. The template can be modified to include only matters that are relevant to the provider and the participants in the relevant household. Supports that are not covered in each section are to be outlined under the ‘Submission Exclusions’ section of the s\Submission.

Once assessed, if the SIL RoC is reasonable and necessary, the NDIA will use the approved template and associated Roster of Care to determine the funding allocation for this support each time a participants plan is reviewed. No further Submission will be assessed without evidence to support a change in the participants support need.

## 1. Participant Profile

**Provider name and number:** <Enter provider name and registration number>

**Participant name:** <Enter participant full name>

**NDIS participant number:** <Enter NDIS participant number>

**Participant date of birth:** <Enter participant date of birth in dd/mm/yyyy format>

**Participant support needs level:** <Enter participant’s support level (Low/Standard/High/Complex)>

**Participant price level:** <Enter type of rate based on NDIS Price Guide limit for AD (Standard/Higher intensity)>

**USER NOTE: Remove this box before final Submission**

* **A support is considered high intensity if:** the participant requires assistance from a support worker with additional qualifications and experience relative to the participants’ complex needs.The high intensity price limits can be considered when:
	+ There is frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or
	+ There is continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support).
* **The participant support needs level is different to the participant price level**
	+ **Participant support needs level**: this is based on a participant’s functional level and is based on the level of support they need to undertake daily life activities
	+ **Participant price level**: this is based on the NDIS Price guide, and defines rates as either standard or higher intensity (the majority of participants will be using standard intensity rates, unless they meet the specific conditions listed above)
	+ **Support needs level and price level are not dependent on one another. For example, a participant may have high support needs but use the standard intensity rates (as they do not meet the criteria of the Higher Intensity rates)**

**Participant goals:** <Describe and list the participant’s goals in relation to independent living (e.g. the participant might like to learn how to cook, or to dress themselves)>

**Participant disabilities:**<List participant disabilities>

**Current behaviours of concern: Yes / No**

**Date of last positive behaviour support plan review \_\_/\_\_/\_\_**

<List and describe all current behaviours of concern, include detail related to frequency and duration, restrictive practices, professionals involved with the development of positive behaviour support plan and police protocol (if relevant) )>

**Participant’s current support needs:** < Describe the participant’s current support needs (e.g. requires assistance with personal support and hygiene, requires assistance with feeding.)>

**Participant’s need for 1:1 or greater support:** < Where individual support is required, provide detail related to staff ratio required/ frequency and duration of activities – detail total hours required and rational behind the request. A valid reason for the provision of 1:1 supports is needed: for higher support needs participants this could be due to managing behaviours of concern or support to complete personal tasks; for lower support needs this could be due to the supports mix of housemates during a certain period, or assistance with capability building like learning how to cook a meal once a week) >

**Are the participant support needs stable?: Yes/ No**

<If no - Describe how the participant’s needs are likely to change over time>

**Participant Community access – including employment (if any):** <Describe and list any community access activities the participant attends – provide detail as to frequency and duration (days and times), how does the participant get to and from the activity, are there specific protocols for community access.>

**Participant informal and other supports (if any):** <Describe the current informal supports being provided to the participant (e.g. family visits, unaccompanied community access) Provide detail related to frequency and duration.>

**Participant mainstream supports (if any):**<Describe and list any main stream supports, e.g. Doctors appointments, etc.>

**Participant decision maker:** <Name the person responsible for making decisions on behalf of the participant (e.g. Participant, mother, father, guardian, etc.)>

<Provide contact detail of decision maker (email address/postal address/phone number)>

## 3. Property Profile

**Property address:**

<Street Address>

<Suburb>

<Post Code>

<State>

**Type of overnight support provided in the property:**

<On call/Inactive/Active – provide detail as to the need for active support if active>

**USER NOTE: Remove this box before final Submission**

* Inactive night time sleepover supports: provides a participant with assistance with, or supervision of, personal tasks of daily life where overnight support is needed, but the caregiver can sleep when not required to provide support. This support applies to any day of the week and on public holidays. This support item includes up to two hours of active supports provided to the participant for the duration of the period. Providers may claim for the third or additional hour at Saturday rates on weekdays, or at applicable rates on other days (Saturday, Sunday or Public Holidays).
* Active night time supports: is any support to an individual participant that commences at or before midnight on a weekday and finishes after midnight on that weekday, or commences before 6:00 am on a weekday and finishes on that weekday (unless that support is a Public Holiday Support, Saturday Support, Sunday Support or a Night-time Sleepover Support)

**Number of staff rostered for overnight support:** <Enter number of staff>

**Number of bedrooms:** <Enter number of bedrooms and provide detail on the usage of rooms

**Number of vacancies:** <Enter number of vacancies and intention to fill in the next 12 months>

**Number of dwellings:** <Enter number of dwellings on property>

**Are supports shared with others not residing at the property:** <Yes/No – if yes, provide detail (e.g. active overnight support shared with neighbouring house residents – five people supported overnight in total)?>

**Physical home details (SDA information, home modifications or assistive technology:** <e.g. SDA registration, ceiling hoists, ramps, etc.>

**Name(s) of other NDIS participants sharing support:** <Enter the names of all NDIS participants sharing supports >

**Number of non-NDIS participants living at property:** <Number of non-NDIS participants>

## 4. Participant Outcomes

**Proposed capacity building outcomes -** The current supports delivered will be focussed on the following outcomes:

| Outcome | How will this be measured | What does success look like |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Prior year capacity building outcomes achieved (if applicable -** The outcomes achieved in the prior year:

| Outcome | How was this measured | What was achieved |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 5. Declaration

**<Participant/Nominee name>** has consented to <**provider name**> submitting this participant profile and associated documents on behalf of <**participant**> to enable an assessment of the proposed supports for the purpose of the NDIA making a reasonable and necessary funding decision. <**Participant**> has been provided with a copy of the RoC and its summary. In the event of a significant change to the participants needs, the participant or their nominated representative may initiate a review of this Submission.

**<Participant/Representative name> has been provided with a copy of this Submission and all associated documents related to the participant on the \_\_/\_\_/20\_.**

This Submission is prepared by:

**Name:** <Name of person preparing Submission>

**Name of provider:** <Provider Name>

**Position:** <Position held at provider>

**Phone:** <XXXX XXX XXX> **Email:** xxx.xxx@xxx.com

**Signature:**

**………………………………………….........................** <DD/MM/YYYY>

**NDIA USE ONLY – Final approved amount:**

The below approval is based on the expected staffing levels and supports provided in attached RoC Submission. Providers are required to submit regular claims using ratios that reflect the support that has been delivered to the participants. Participants and providers are able to agree on adjustments to the supports based on the initial RoC submitted where needed, however this must be within the allocated weekly budget. If the approved annual SIL budget is exhausted prior to the end of the plan, no further funds will be allocated for SIL without supporting evidence as to the needs for the sustained increase in supports.

**<DD/MM/YYYY>**

| Item | Units | Amount |
| --- | --- | --- |
| Approved SIL amount (excludes indexaion) | $ / week | $ X |

## 6. Submission Exclusions

Costs related to everyday living expenses are excluded from being included in this Submission. More detail about the types of supports that cannot be funded by SIL are listed in the SIL Operational Guidelines. These include (but are not limited to):

* Indexation (Fair Work Commission and Equal Remuneration Order increases to rates are automatically applied to the value of SIL Submissions as decisions are made);
* Temporary Transformation Payments (TTP);
* Cost of groceries;
* Rent
* Utilities – gas, electricity, water, telephone, internet;
* Household budgeting/bill paying activities;
* Expenses related to holidays, including travel costs associated;
* Personal care supports while participant is hospitalised;
* Disability health related supports;
* Items covered in other sections of the NDIS price guide (such as transport costs, assistive technology, personal care while in the workplace, plan management, financial intermediary supports, clinical or allied health services, etc.); and
* SDA related costs (property maintenance costs, repairs, vacancy costs, etc.)

If a participant’s personal contribution is required to cover these additional costs, the method for determining this will be discussed separately with the participant during the development of a Service Agreement, as it is recognised that the NDIA is not responsible for funding these items.

## 7. Attachments

To ensure that the Submission is processed in a timely manner, please complete and attach the following:

### Provider SIL Pack (from 1 July 2020)

Ensure the following documents are included in the Submission:

* SIL RoC Submission Template (this document)
* SIL RoC Submission Tool (the Excel document)

### Additional information

Please attach any additional information or assessments that can help the Agency understand the participant’s individual support needs, or assist with the reasonable and necessary decision making process. Information can include:

* Clinical assessments and reports
* Behavioural assessments/plans
* Incident reports
* Individual routines
* Police reports
* Risk assessments
* Statements from previous/other providers (if applicable)
* Standardised assessments such as:
	+ Lawton’s Instrumental Activities of Daily Living
	+ Assessment of motor and processing skills
	+ Allen’s model of cognitive disability
	+ Functional Independence Measure (for high levels of disability)