

# Supported independent living – provider guidance

For information about what supported independent living (SIL) does and doesn't include and how we make SIL funding decisions, please read our [Supported independent living operational guideline](#).

This guidance is to be viewed alongside the guideline and the [NDIS Pricing Arrangements and Price Limits](#).

## How to support participants to explore home and living options

If a participant has a new goal to explore home and living options or a change in circumstances, they are encouraged to complete the [Home and Living Supports Request form](#).

Participants don't have to complete the form but it helps document any home and living goals, their current circumstances, strengths, barriers and ongoing requirements.

The NDIA will review the completed form and any other supporting information. We then identify appropriate.

## Supported independent living funding decision process

Roster of care submissions help to communicate the type and level of support a participant requires.

It sits alongside other information we need to decide what supports meet the participant's needs and the amount of support that is reasonable and necessary, including:

- any assessments of the participant's support and accommodation needs
- allied health professional reports
- daily support need reports.

We only require a roster of care in two situations:

- As part of the supporting information for a participant's first plan with SIL.
- If the participant has experienced a change in circumstances, and this change in support needs can't be delivered within the participant's existing funding.

We do not require a roster of care if one of the above situations is not present.

A roster of care does not determine the amount or type of support the participant will get in their plan. Any supports must be discussed and agreed with the participant and delivered within their approved budget.

The NDIA does not approve or endorse a participant's roster of care. We do not provide any feedback about an individual's roster of care. If there are concerns about a roster of care, providers should work with the participant, and their support coordinator, to ensure the roster of care supports the participant to pursue their goals.

## Decision process

The aim of the home and living supports decision process is to make sure we fund the right option for participant's care and support that will work for them now, and in the long-term.

We consider if the supports will assist the participant to:

- pursue their goals
- improve or sustain their functional capacity, helping participants do more things with less support
- reduce or sustain their need for person-to-person supports
- create better connections with their family, community, health services, education and employment.

The NDIA continually seeks to improve the accuracy and timelines of our SIL decision making processes. We will continue to work on practice improvements to that purpose.

## Pricing arrangements and price limits

Assistance in Supported Independent Living support items are in the Assistance with Daily Life support category, listed in the NDIS Pricing Arrangements and Price Limits.

This set of supports provide assistance with, or supervision of, tasks of daily life in a shared living environment, with a focus on developing the skills of each individual to live as autonomously as possible.

The support is provided to each person living in the shared arrangement in accordance with their need. The [Supported independent living operational guideline](#) provides detail about the types of services that are included and excluded from SIL.

We do not consider vacancy costs when we make a SIL funding decision. Providers must not increase the price of supports or claim additional funds from other participant's plans to cover vacancy periods. Service agreements should include how providers manage vacancies.

Please refer to the [NDIS Pricing Arrangements and Price Limits and Support Catalogue](#) for more information.

## **SIL service bookings**

When we decide a participant's SIL funding we will automatically create 2 service bookings for the participant's current SIL provider. One service booking will be created for the annual SIL plan value (all supports excluding irregular supports) under the category Core – Assistance with Daily Life. A second line item level service booking will be created for irregular supports.

Without service bookings in place, providers cannot claim for supports delivered, unless the participant's plan is plan managed. Providers can create or adjust service bookings with participant consent at any time. Learn more about [managing service bookings](#).

Occasionally SIL budgets may be plan-managed. If this occurs, providers must work with the participant's plan manager to organise payment, as advised by the participant.

Learn how to make payments requests in the [myplace provider portal step-by-step guides](#).

## **Provider compliance**

All providers must deliver supports within the approved funding amount, as agreed to by the participant. This means participants pay the same amount for SIL under an automatically extended plan as under their original plan.

Details about provider's compliance obligations and the NDIA's compliance monitoring, including what actions may be taken, can be found on:

- [Your legal requirements](#)
- [Provider compliance monitoring](#)

Providers concerned they may be in breach of, or at risk of breaching, their responsibilities under the [Provider Payment Assurance Program](#) should contact the NDIA on 1800 800 110 or email [provider.support@ndis.gov.au](mailto:provider.support@ndis.gov.au).

## Funding and budgets

A participant's SIL funding is not linked to a specific provider, existing service or a provider-determined support model.

Once the participant has an approved plan, providers can discuss the exact supports to be delivered within the approved funding and manage support delivery.

Participants will be notified in writing of their SIL funding decision.

If a participant is new to SIL or has had a change of circumstances that results in their SIL funding changing, the NDIA will communicate the participant's funding decision to:

- the SIL provider listed in the participant's roster of care
- the participant's support coordinator.

We will communicate the following information to the SIL provider and the support coordinator:

- the annual funding value for irregular SIL supports
- the annual funding value for the regular SIL plan
- the total funding value for the SIL plan (category level amount)
- the estimated funding value for weekly SIL supports (not including irregular support days).

This will include information on any variations from the roster of care submission.

We will notify the SIL provider as decisions are made. We will email the information to the SIL provider's primary contact email in the provider's record. Providers can update their contact information via the [NDIS Quality and Safeguards Commission website](#) or via Provider Digital Access (PRODA).

In most circumstances we will continue funding an existing SIL participants' SIL supports at the current value in their plan. Where this is the case, providers should support participants to work within the approved budget.

Refer to the [Supported independent living operational guideline](#) for information on when participant SIL funding might need to change.

The NDIA will automatically adjust SIL funding to reflect any funding changes that materially impact on the participant's SIL plan value, such as any indexation changes.

In some circumstances we may review SIL funding decisions outside a scheduled review. This could be because an error has occurred or to ensure the amount of support remains reasonable and necessary.

The participant's approved SIL funding may not match the total value in the provider's proposed roster of care. The NDIA will explain funding decisions to the participant and their representatives. This will occur during the planning conversation and will be detailed in the participant's approved plan.

All participants who receive SIL are also funded for a support coordinator to help the participant implement their plan. Their role includes discussing with providers the supports they are to deliver within the participant's plan funding.

Under the NDIA Act, the NDIA cannot accept requests to review participant plans from providers. If a participant doesn't agree with the decision we've made, they can ask for an internal review of our decision. They'll need to ask for an internal review within 3 months of getting their plan. Learn more about [reviewing our decisions](#).

Providers must ensure that service bookings and payment requests align with the participant's plan funding, the [NDIS Pricing Arrangements and Price Limits](#) and the [NDIS Code of Conduct](#).

The NDIA acknowledges providers' ongoing commitment to delivering high quality SIL supports. The NDIA continues to work with participants and providers to support improved outcomes for SIL participants.

We encourage providers to contact the NDIA's provider engagement branch for information and ongoing advice about delivering SIL supports.

## **Automatic plan extensions**

If a plan review has not occurred by the time the participant's current plan ends, it will be automatically extended by 365 days.

An automatic plan extension also updates any existing SIL service bookings, to ensure support continuity for participants. The duration and quantity of supports will reflect the new duration of the plan but will not reflect the original service booking in the plan.

To modify automatically extended service bookings to match the original plan, providers should update the unit price and quantity in service bookings. Learn more about [managing service bookings](#).

## Roster of care submissions

The roster of care template and tool provide the NDIA with information about the participant seeking new or revised SIL funding.

The roster of care submission is considered with all other information outlined in the [Supported independent living operational guideline](#).

Providers must consult with the participant, or their nominee, to compile the information included in the roster of care submission.

Providers must include sufficient detail in the roster of care template and tool to allow the NDIA to decide the reasonable and necessary support needs of the participant. The roster of care submission is only one of the pieces of information the NDIA uses to help us determine the right amount of funding.

View the [Guide to using the Provider SIL Roster of Care Tool](#) for guidance on completing a roster of care.

Once completed, providers can send us the roster of care tool and template or give it to the participant and their support coordinator to be included in the participant's home and living supports request or plan review.

Roster of care submissions and Home and Living forms will not trigger a review of a participant's plan or other further action. The roster of care is not an agreement of the funding that will be included in the participant's plan. Learn more about [plan reviews](#).

All provider enquiries about the roster of care submissions or supporting information must be emailed to [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)

Rosters of care can no longer be submitted to the NDIA using the [SIL@ndis.gov.au](mailto:SIL@ndis.gov.au) email address.

## High intensity supports

A support is considered a high intensity support if the participant requires assistance from a support worker with additional qualifications and experience relevant to the participant's complex needs.

If the participant requires high intensity supports, providers must include evidence to support this in the roster of care submission template. Evidence or supporting information can include:

- reports or occupational therapy assessments
- medical and allied health reports.

Reports must not be older than two years and should be from an independent service provider.

## Overnight supports

SIL is suitable for people who need some level of overnight support.

If the participant needs up to two hours of awake support overnight, we will fund sleepover support.

If the participant needs more than two hours of awake support overnight, we fund active overnight support. Active overnights are where the support worker is awake during normal sleeping hours to support the participant because of their disability.

The [Supported independent living guideline](#) provides information on how we generally fund overnight supports.

## Irregular SIL supports

Participants have separate funding in their plan for irregular SIL supports. Irregular supports are the supports needed for unexpected situations.

Irregular supports might be required if the participant becomes ill or their day program is cancelled and additional support is needed for a period that was not initially planned and rostered for.

The [Supported independent living guideline](#) provides information on how many days of irregular support we generally fund.

Refer to the claiming rules in the [NDIS Pricing Arrangements and Price Limits](#) and learn how to create a payment request for irregular SIL supports in the [myplace provider portal step-by-step guides](#).

## Programs of support

Providers of group-based supports like SIL can enter into a program of support agreement with the participant.

Please see the [NDIS Pricing Arrangements and Price Limits](#) for more information on programs of support.