Quoting Guidelines

**Introduction**

Like all Australians, participants in the Scheme need access to affordable, appropriate and secure accommodation. Some participants will have additional accommodation needs as a result of their disability.

If NDIA and the participant identify a reasonable and necessary support in the plan for assistance in a Supported Independent Living (SIL) model, the participant or the NDIA will request a registered provider (**provider**) to provide a quote for this arrangement.

The purpose of this quote 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; and
* the supports available to all residents to ensure the smooth operation and running of the household.

**Aim of the quotation process**

The quotation process is intended to identify a price for the NDIA funded supports associated with the provision of support for a participant in the household and the community. Each quote provided is to reflect the individual supports required by the relevant participant. NDIA will assess the quote too ensure the supports are reasonable and necessary

The quote 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 quote.

Vacancy management is the responsibility of the provider and will not be funded by the NDIS.

**Considerations**

If there is major change to the mix, number or support needs of residents in the house, a participant can request a review of supports in their NDIS plan.

If the participant is currently being supported by the provider in a shared accommodation arrangement, the quote is to be prepared on the basis of the detailed knowledge and understanding of the participant’s needs and on the assumption that all supports currently provided will continue. Supporting documentation to verify the level of support requested may be required (refer to list on page 7).

If the participant is unknown to the provider, the provider is to develop a detailed quote of the supports available, to inform the participant’s choice of living arrangement and the NDIA agreement to funding. The NDIA may separately fund an assessment to be completed, to assist in determining the reasonable and necessary supports if such information is not readily available.

An approved quote should be used to form the basis of the Service Agreement with the participant.

**Requirements**

Providers are to use the following template in developing each quote for shared accommodation supports. Using this template will ensure a more efficient and nationally consistent process, and is intended to result in your quote being assessed in a timely manner. The template can be modified to include only matters that are relevant to you and the participants in the relevant household. Supports that are not covered in each section are to be outlined under the ‘Quote Exclusions’ section of the quote.

Each quote will be assessed by the NDIA prior to a participant’s budget being approved. To assist the NDIA in assessing and processing your quote in a timely manner, providers are to complete the templates contained in the Provider SIL Pack and provide any other information as set out in this quoting template.

Participant Profile

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

**Participant goals:**

* <Describe and list the participant’s goals for independent living>

**Participant disabilities:**

* <List participant disabilities>

**Current behaviours of concern:**

* <List any behaviours of concern and provide examples (including frequency)>

**Participant’s current support needs:**

* <Describe the typical supports currently needed for this participant>

**Participant support needs history:**

* <Describe how the participant’s needs have changed over time, and thus your approach>

**Participant informal and other supports (if any):**

* <Describe and list any other supports, e.g. family stays and outings, day programs, etc.>

**Participant mainstream supports (if any):**

* <Describe and list any main stream supports, e.g. nursing support, etc.>

**Participant decision maker:**

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

Property Profile

**Property address:**

<Street Address>

<Suburb>

<Post Code>

<State>

**Number of bedrooms:** <Enter number of bedrooms>

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

**Home modifications or assistive technology:** <E.g. ceiling hoists, ramps, etc.>

**Number of NDIS participants living at property:** <Enter number of NDIS participants in property>

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

**Name(s) of other NDIS participants sharing:**

* <List participant full name>

Participant Outcomes

**Proposed capacity building outcomes:**

The current supports delivered will be focused on the following outcomes:

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

**Prior year capacity building outcomes achieved (if applicable):**

The outcomes achieved in the prior year:

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

Quote

**This quote is submitted on the following basis:**

**<Provider Name>** current knowledge of **<Participant’s Name>** needs as set out under the heading ‘Participant Profile’. If there is a significant change to the participant’s needs, a review may be initiated by the participant or their nominated representative.

The below quote is valid from <**DD/MM/YYYY**> for <**#**>months.

**Quote**

The below quote is based on the expected staffing levels and supports provided:

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount** |
| SIL quote amount (excluding indexation) | $ / week | $X |
| Indexation percentage\* | % / year | X% |

*\*The Agency will automatically include the indexation as indicated above, for the period post 1 July 2019.*

This quote is prepared by:

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

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

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

**Phone:** <XXXX XXX XXX> **Email:** [xxx.xxx@xxx.com](mailto:xxx.xxx@xxx.com)

**Signature:**

**…………………………………………......................... Quote valid from:** <DD/MM/YYYY>

Quote Exclusions

**Quote exclusions:**

The following items are excluded from this quote:

* 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;
* 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.

Attachments

To ensure that your quote is processed in a timely manner, please complete and attach the following as part of your quote:

**New version of the Provider SIL Pack (from 1 July 2018)**

**If you are using the new version of the Provider SIL Pack, please include the following in your quote:**

* **SIL quoting template (this document)**
* **Provider SIL Tool**

**Additional information**

Please attach any additional information or assessments that you feel would 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)