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:** John Citizen

**NDIS participant number:** 12345678

**Participant date of birth:** 15/7/1988

**Participant level of support:** High

**Participant goals:**

* John enjoys watching cooking programs and would like to be able to cook some meals for his housemates and family.
* John would like to meet new friends and participate in social activities with his new friends.

**Participant disabilities:**

* Mild intellectual disability
* Cerebral Palsy assessed as Level 4 on the Gross Motor Function Classification System – GMFCS
* Autism

**Current behaviours of concern:**

* John is unable to cope with loud noises or crowded areas. This increases his anxiety and may trigger challenging behaviours such him verbally abusing strangers or screaming.
* There is an effective behaviour support plan in place to assist staff to support John appropriately and minimise incidents.
* John will often enter other house mate’s bedrooms without invitation. This can result in physical altercations with housemates.

**Participant’s current support needs:**

* John needs 1:1 support with personal care during certain times of day (e.g during meal times, using bathroom, etc.). He is currently unable to be left unattended while using the bathroom/shower.
* John is unable to handle cash unsupervised and is at risk of being exploited if unsupported in the community.
* Two person lift is need to support John in and out of bed.

**Participant support needs history:**

* Two years ago John required 2:1 support full time and was unable to access the community due to high levels of anxiety and behaviours of concern. With clinical and medical intervention John now is able to share support (requiring only a few hours of 1:1 support) and is able to participate in community activities with supervision and support from staff.

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

* John attends a day activity four days per week (Monday, Tuesday, Wednesday and Friday) between 10 am and 2 pm.
* John is transported to and from this activity by house staff, round trip is 30 minute duration.
* Staff do not support John at this activity. John is supported by his day activity staff.
* John goes home to his family for Sunday lunch each week.
* John is transported to and from his family home by staff which is a one hour round trip. No support is required by staff at his family lunch, John’s family provide all supports.
* John is dropped off at 11 am and picked up to return home at 4 pm each Sunday.

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

* Dr XYZ, is John’s treating Psychiatrist. John has quarterly appointments with Dr XYZ.
* Surgical and contracture release and post-surgical treatment (OT and Physio) provided by Health.

**Participant decision maker:**

* Mary Citizen (John’s mother)

Property Profile

**Property address:**

123 Main Street

Timbuctoo

9999

NSW

**Number of bedrooms:** 5

One bedroom is used by staff for sleepover shift, there is also a sensory breakout room, three bedrooms for residents.

**Number of dwellings:** 1

**Home modifications or assistive technology:** ramps, grab rails.

**Number of NDIS participants living at property:** 2

**Number of non-NDIS participants living at property:** 1

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

* Jane Doe

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** |
| John would like to be able to prepare and cook meals for his housemates and family. | Number of meals John is able to prepare. | John is able to prepare and cook five different meals.  John hosting a family dinner once a fortnight. |
| John would like to make more friends and participate in activities with those friends. | Number of new friends made or number of times John attends new activities. | John having a new network of friends and increase participation in social activities. |
|  |  |  |
|  |  |  |
|  |  |  |

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

The outcomes achieved in the prior year:

|  |  |  |
| --- | --- | --- |
| **Outcome** | **How was this measured** | **What was achieved** |
| John would like to spend more time with family and would like to have more contact with them. | Number of family visits (or other means of communication). | John now attends a family lunch once a week on a Sunday.  John has learnt how to use Skype to contact his parents and does so every Wednesday. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Quote

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

**Provider XYZ** current knowledge of **John Citizen** 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 <**15/07/2018**> for **6** months.

**Quote**

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

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount** |
| SIL quote amount (excluding indexation) | $ / week | $3,500 |
| Indexation percentage\* | % / year | 2.25% |

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

This quote is prepared by:

**Name:** Sally Song

**Name of provider:** Provider XYZ

**Position:** Housing Support Division

**Phone:** <02 9999 9999> **Email:** [Sally.Song@ProviderXYZ.com](mailto:Sally.Song@ProviderXYZ.com)

**Signature:**

**…………………………………………......................... Date signed:** <01/07/2018>

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)