RESPONSIVE SUPPORT PROVISION AND MANAGEMENT POLICY AND PROCEDURE

Purpose

To ensure that the participant has access to responsive, timely, competent and appropriate supports that meet their needs, desired outcomes and goals.

To provide management and program design, individual planning, coordination and Support Management.

Scope

To ensure staff are always trained and act professionally when developing plans that empower the participant to achieve their needs, goals and aspirations.

To keep participants informed on their plan whilst undertaking a holistic approach that incorporates strengths-based and person-centred strategies.

POLICY

- All services and Support Plans are developed and delivered in collaboration with the participants or their advocates. All participants, family members, representatives or advocates must be included in any decision-making processes, choice of strategies or activities and approval for all aspects of their Support Plan. Support Management will consist of delivery, monitoring, review and reassessment in a timely manner.
- Director or their delegate will ensure that the least intrusive options are planned using contemporary evidence-informed practices which meet participant’s needs and help achieve desired outcomes.
- Reasonable efforts will be made to match the participant's key worker requirements to our current frontline workers.
- We will collaborate with all relevant parties, including other service providers and only share information with the consent of the participant. Our team will consult to ensure that we meet individual needs.
- Director will ensure that only appropriately trained Staff work with the participant. The process of allocation will incorporate a skill and knowledge review of a potential frontline worker.
- Full Care Lifetime will utilise this policy to ensure the organisation maintains a contemporary approach to support management services.

PROCEDURE

Support Management Principles

Support Management includes Screening; Comprehensive assessment; Support Planning & Support Plan implementation; Monitoring; Review; and Case closure.

Director or their delegate will:

- Match available resources, Staff to the participant's needs.

- Participants have the right to choose the gender of their support workers under NDIS choice and control principles.
- Providers must respect and accommodate these requests unless exceptional circumstances apply.
- Cultural, religious, and personal preferences must be upheld without discrimination.
- Providers should maintain a diverse workforce to support participant choice.
- Any limitations must be clearly communicated, with alternatives offered.
- Privacy and dignity must be prioritized in all discussions and decisions.
- Participants must be informed of this right when setting up service agreements.
- Concerns should be addressed through a clear complaints process.
- Compliance with anti-discrimination laws and the NDIS Code of Conduct is required.
- Policies should be regularly reviewed for alignment with NDIS guidelines.
- Work across the service boundaries to ensure that the participants with complex care needs can have access to a full range of allied health, health and social support services they need.
- Provide a single point of contact for the participants that require a complex range of services and/or require intensive levels of support.
- Full Care Lifetime's service is screened for eligibility and suitability in accordance with applicable program guidelines and the Access to Supports Policies & Procedure.
- Verify that consent for assessment and services were received and are recorded in the participant's file.
- Review referral to confirm eligibility and suitability.
- Contact participant to arrange assessment.
- Obtain consent for interpreters, advocates, or other service providers if needed.
- Determine need for clinical assessment and arrange appropriate staff.
- Ensure participant's representatives (family, advocate, carers) are contacted and assisted.
- Conduct assessment per organisation's policies and participant's needs.
- Within 5 days, contact referrer and existing providers for additional information if required.
- Arrange specialised assessments if necessary.
- Explore support options, including in-house resources and brokerage services.
- Organise case conference with relevant stakeholders if needed.
- Document outcomes in Support Plan and inform participant of ongoing review.
- With consent, share Support Plan with General Practitioner or Representative.
- Full Care LIfetime ensures with participants consent to attend the assessment as appropriate determine whether the clinical assessment of the participants' health condition is required and arrange appropriate staff to attend assessment

  Develop a Support Plan that includes a Plan of Action that meets the participant's needs, requirements and aspirations. The support plan will include:
  - Participant information - personal details, health details, cultural and spiritual requirements, sexual identification, Aboriginal and Torres Strait Islander
  - Goals
  - Advocate
  - Interpreter requirement
  - Consent forms
  - Active engagement planning
  - Plan to develop, sustain and strengthen independent life skills.
  - Medical information including conditions, doctors, medications, use and management.
  - Risks to participant and staff - management of the risk, if required.
  - Any financial budget requirements (if application).
  - The participant's involvement in any planning and decision-making process.

Monitor the relevancy of the Support Plan through regular contact with the participant and other representative and service providers involved in the well-being of the participant.

The Support Review is an essential element in the provision of focused and relevant supports, occurring at various points in the support continuum, depending on the needs of the participant or family, urgency and complexity of the family's needs and changes in family circumstances. Support Plan Reviews may be held to:

- Determine if the current roles and responsibilities of Staff and organisations are meeting the needs of the individual.
- Review if the frontline workers are meeting participant's goals.
- Review the purpose, intent, and direction of the intervention.
- Review the service currently being supplied against the participant's strengths, needs, goals and aspirations.
- Review previous assessment and determine if any more are required.
- xzRe-assess the participant using the relevant assessment tool.
- Review using evidence gathered during work with the participant.
- Review the status of the support plan.
- Make decisions relevant to the participant – ensuring that all parties are informed.
- Review goals/actions.
- Schedule a case conference with a participant and/or relevant stakeholders to ensure their active involvement and to inform changes in service are discussed.
- Plan towards transfer and/or closure if relevant.
- Records any changes to a Support Plan in the participant's file or notes and, if necessary.
- Assess the need to change the Service Agreement.

Exiting the Service

When the participant's needs begin to exceed program resources, or should the Participant change to another service provider, the Director will:

- Refer to the Transition and Exit notes in the Support Plan.
- Follow the guidance of Full Care Lifetime Policy - Transition and Exit Policy and Procedures.
- Inform the participant on any potential risk of transferring or exiting.
- Negotiate participant handover arrangements with the new service provider.
- Inform participant of risk related to leaving the service.