

Permanency Support Program Eligibility Rules: Complex Needs Specialist Package



Complex Needs Specialist Package Description

- The Permanency Support Program (PSP) specialist package for complex needs is a one-off or time limited payment that is accessible in extraordinary circumstances for children¹ in out-of-home care (OOHC) or under the parental responsibility of the Minister and who are case managed by a PSP Provider. The payment is intended to promote placement stability and support achievement of a child's permanency goal.
- A Complex Needs Payment is not intended to be ongoing or reoccurring, however, for some Intensive Therapeutic Care (ITC) and Interim Care Model (ICM) PSP Providers, the use of additional rostered staff *may* be required outside of this arrangement.

PSP Provider Responsibilities

- PSP Providers are required to respond to the needs of children to ensure their safety, welfare and wellbeing. PSP Providers develop a model of care to meet the roles and responsibilities of case management. This is expected to be delivered within the PSP funding model. DCJ is not responsible for meeting the additional financial models of PSP Providers should they sit outside the PSP funding parameters.
- Complex Needs applications will not be approved solely on the basis that the cost of the service or support is unable to be met within the PSP packaged care service model. All casework, cost neutral and/or funded options are to be explored before submitting a complex needs application. Decisions about services or supports need to be made based on cost effective service delivery and the needs of the child or young person.
- Services are to be delivered in-house where possible. Any decision to outsource or subcontract² is required to be approved as a subcontracting arrangement and is

¹ Throughout this document 'child and young person' is shortened to 'child'; 'children and young people' is shortened to 'children'.

² Refer to the [PSP Program Level Agreement](#) and [DCJ Subcontracting policy](#) for additional information

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expected to be funded within the PSP packaged care service model. A value for money approach is expected.

- PSP Providers are responsible for ensuring services and supports are put in place to meet the needs of children in their care from the existing PSP packages, irrespective of additional financial approval from DCJ. A declined or not progressed response to an application does not negate the responsibility of the provider to ensure services or supports are provided to the child.

Complex Needs Applications

- Applications are made in advance of the service or support start date - allow at least 15 business days for processing. **Retrospective applications will not be processed.**
- Where there is an urgent need to put a service or support in place and the eligibility rules are met, PSP Providers can indicate on the application form that this is an 'urgent' request and provide a rationale for the urgent nature of the request.
- Applications for the complex needs package will only be considered by DCJ where:
 - there is a demonstrated need for specific time-limited supports with clearly identified outcomes.
 - there are exceptional circumstances where the service or support required is over and above what is funded within the PSP packaged care service model the service/support cannot be funded through the child's existing PSP packages.
 - the service/support cannot be provided through mainstream health services, and/or NDIS.
 - the eligibility criteria for one or more categories, outlined below, has been met and there is supporting evidence, from a relevant professional, a quote for services, and/or a relevant plan (behavioural, financial, case plan), to support the application.
 - for ITC/ICM additional rostered staff only - the level of staffing required is over and above that funded through ITC funding or ICM Baseline Package Funding. Note: Staffing inclusions for the 2 and 4-bed ITC and ITC-SD Homes is outlined in the PSP PLA Schedule 1.

DCJ may seek additional information for applications as required on a case by case basis where there is an identified risk or there is insufficient information provided.

- The Complex Needs application categories are:
 1. Therapeutic behaviour support
 2. Disability supports and services
 3. Additional rostered staff
 4. Discretionary extraordinary placement support
- The eligibility rules for each category is outlined in the table below.

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- Approved complex needs payments will not necessarily cover the total cost of the services/supports. Complex needs requests should only be for costs beyond that provided within the PSP package funding. The application should clearly show the amount being requested.
- Service providers must list any assets (subject to threshold in the Funding Agreements), upgrades or improvements (for example vehicles, home modifications) funded by the department on their asset register and record that the funding was provided by DCJ under the PSP program.
- DCJ reserves the right to enter into a standard form of agreement with the carer in relation to services fully or partially funded by the Minister.

Process Details	
<p>Urgent requests</p>	<p>An 'urgent request' approval process is available where a service or support is needed to be put in place immediately to address safety or welfare concerns. All other requests are submitted using the standard application timeframe.</p> <ul style="list-style-type: none"> • Any application for urgent approval must be able to demonstrate how they meet the eligibility criteria for the relevant category. • A fully completed application form, along with all supporting evidence, is submitted to DCJ with 'urgent' indicated in the relevant section and a brief explanation of why urgent approval is required. The urgent timeframe being met is dependent on all relevant information being provided to DCJ. • Applications \$250,000 and over cannot be processed within the 2 business day timeframe. <p>For further information regarding steps and timeframes, refer to the application process overview.</p> <p>Where additional rostered staff are required to be put in place after hours to ensure a young person's safety, the provider should make immediate decisions in the interests of a young person's safety, welfare and wellbeing. Complete the application form as soon as practicable, no later than the following day.</p> <p>"Urgent" means that it is a critical matter that requires the Deputy Secretary's immediate action or attention. A delay in making an application for a known or planned service or support does not constitute an urgent request.</p>
<p>Duration</p>	<p>Applications are for a:</p> <ul style="list-style-type: none"> • Maximum period of up to 6 months for Category 3 – Additional Rostered Staff • Maximum period of up to 12 months for Categories 1, 2 or 4. • It may be possible to reapply for the payment subject to meeting the eligibility criteria and approval process.
<p>Payments and invoices</p>	<p>Invoices detailing actual costs are to be submitted to DCJ either:</p> <ul style="list-style-type: none"> • in full for a one-off service or support • on a quarterly basis where an ongoing service or support is required • monthly for all Additional Rostered Staff for the approved period.

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<p>Briefing notes</p>	<p>A briefing note, seeking approval of expenditure, must be provided in conjunction with the Complex Needs application form, by the DCJ nominated unit (usually the Child and Family District Unit) if the costs exceed the Executive District Directors financial delegation, to the:</p> <ul style="list-style-type: none"> • Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services for applications over \$250,000 (projected annualised financial year cost) • Secretary for applications over \$500,000 (projected annualised financial year cost). <p>PSP providers are required to submit all required information to support the completion of a briefing note where the relevant financial approval is required.</p> <p>For home modifications or vehicle purchase, where the circumstances are complex and require information not requested within the complex needs application form, there should be an accompanying briefing note from the District.</p>
<p>Minimum review period</p>	<p>Where a child's service/support requires monitoring this occurs monthly or as directed by the relevant complex care panel (or district equivalent).</p> <p>Any subsequent applications will require evidence of monitoring of any step down or transition plans from the complex care panel. For Additional Rostered Staff, an updated plan that outlines the actions taken to implement the step down plan submitted with the last complex needs application is required.</p>

ELIGIBILITY RULES

1. Therapeutic Behaviour Support

<p>Description</p>	<p>A Complex Needs Payment for therapeutic behaviour support will be considered in extraordinary circumstances where a child requires time-limited intensive therapeutic behaviour support, over and above what is already included within the child's allocated PSP packages. This includes assessment, development and implementation of a trauma informed behaviour support plan, by a specialist therapeutic service provider.</p> <p>Where DCJ holds primary case responsibility, accessing relevant DCJ services such as an internal psychologist must be explored.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • The child is in foster care or relative/kinship care (including not in placement) or Supported Independent Living (SIL under 18). • The child is exhibiting extreme behaviours, experiencing placement instability, or requires time-limited intensive therapeutic supports due to their emotional/mental health wellbeing. • There is a behaviour management plan in place and/or there is a mental health plan and Health Care pathways linked up with the child, where relevant. • The service or support cannot be met, within a reasonable period of time, through mainstream health and/or disability services, including the National Disability Insurance Scheme (NDIS) or access is exhausted and without access the child's safety, welfare or wellbeing would be at risk. • The service provider demonstrates all other available options have been explored including re-application of the Child Assessment Tool (CAT), Intensive Therapeutic Transitional Care (ITTC) Outreach and any other

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	programs implemented by DCJ to support children or young people in statutory OOHC, where applicable.
2. Disability Supports and Services	
Description	<p>A Complex Needs Payment for disability supports and services is only considered in extraordinary circumstances where a child or their carer is unable to access mainstream services and/or specialist disability services through the NDIS or the services required cannot be accessed within a reasonable period of time, where the child's safety, welfare or wellbeing will be compromised.</p> <p>This category excludes funding of additional rostered staff.</p>
Eligibility	<ul style="list-style-type: none"> • The child is in foster care or relative/kinship care, not in placement, or SIL (under 18 years). • There is supporting clinical evidence from a qualified disability or medical professional that the child requires intellectual and/or physical disability services. • The PSP provider and/or professional outlines how provision of these services will meet the child's needs. • The service or support cannot be met, within a reasonable period of time, through mainstream health and/or disability services, including the NDIS and the child's safety, welfare and wellbeing (or the carer or key household members) is likely to be compromised. • The service provider demonstrates that all other options have been explored including review of the NDIS plan, re-application of the CAT or ITTC Outreach and any other programs implemented by DCJ to support statutory OOHC, where applicable.
Note	<p>The NDIS mandate is to provide reasonable and necessary disability supports. The level and type of supports funded through the NDIS depends on the individual needs of each child and the National Disability Insurance Agency (NDIA) assessment of reasonable and necessary support.</p> <p>The NDIA may consider the following supports as 'reasonable and necessary' supports for children in care:</p> <ul style="list-style-type: none"> • Supports for children required as a direct result of their disability. This includes supports that enable families and carers to sustainably maintain their caring role, such as community participation, therapeutic and behavioural supports, aids and equipment and supports to help build capacity to navigate mainstream services. • Supports required due to the impact of a child's impairment on functional capacity where they are in OOHC and have support needs that are above those of a child of a similar age. The diversity of OOHC arrangements is recognised and the level of reasonable and necessary supports reflects the circumstances of the child. <p>DCJ has developed resources and guidelines for funded service providers and DCJ Casework staff outlining the NDIS access, planning and review process; roles and responsibilities and where to go for further information. See DCJ information about the NDIS.</p> <p>PSP Providers can contact their CFDU and request assistance from the Engagement and Family Support (EFS) team where there are barriers to accessing or utilising appropriate NDIS funding.</p>

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3. Additional Rostered Staff	
Description	<p>A Complex Needs Payment for additional rostered staff is only considered in <u>very limited circumstances</u> where a child has significant and complex needs that:</p> <ul style="list-style-type: none"> • place them at risk of harm to themselves or others in the household, • are unable to be met without additional short-term rostered staff to de-escalate or stabilise the care arrangements.
Eligibility	<ul style="list-style-type: none"> • The child is in ITC (including ITC Significant Disability), SIL/TSIL (under 18) or Interim Care. • The service provider demonstrates how additional short-term rostered staff will de-escalate and stabilise the care arrangements. • A plan is submitted that includes a time-limited period in which the service provider will step-down the need for additional rostered staff. The plan includes timeframes for review and indicators of change to demonstrate how step down will be assessed. • The service provider cannot meet the total cost of the service or support within the child's PSP funding packages. • The level of staffing required is over and above that provided through ITC or ICM funding. • Applications for additional rostered staff will not be accepted solely for the purpose of meeting the cost of a particular client configuration, such as 1 child in a 2 bed home, or 3 children in a 4 bed home. These configurations are expected to be funded from within contracted pricing.
Note	<p>ICM, ITC and ITC-Significant Disability service providers must ensure the staffing roster is flexible to adapt to the intensity of direct care required.</p> <p>Before requesting Complex Needs, service providers should take into account their overall staffing across all the provider's homes in that hub to determine if staffing ratios can be leveraged elsewhere.</p> <p>Applications will need to include information about:</p> <ul style="list-style-type: none"> • whether the child or young person is in a 2 or 4 – bed ITC Home or ITC-SD Home • other children and young people in the home with approved additional rostered staff • in general, complex needs payment requests for active night shifts will not be supported. DCJ may consider complex needs payment requests for active night shifts in rare circumstances, where: <ul style="list-style-type: none"> • a risk management plan demonstrates the need for an active night shift based on the support needs of children in a house • active night shift is used for more than 40 per cent of the time within a house for 6 months (each application period), and • funding cannot be cross-subsidised across other houses with lower levels of night supports within the provider's volume in that hub
4. Discretionary extraordinary placement support	

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<p>Description</p>	<p>A Complex Needs Payment for discretionary extraordinary placement support will only be considered in extraordinary circumstances where the service or support is over and above what is funded within the PSP packaged care service model. This category should only be used where categories 1-3 do not apply.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • The child is in a foster care/relative kinship care, ITC (not ITTC), SIL/TSIL (under 18), or ICM placement, or is not in placement or on restoration support (PRM) (see notes section for children in HCEA placements). • There is supporting evidence³ that the service is required to meet the child's needs and that without it the child's health, safety or wellbeing or compliance with a court order would be compromised; AND • The service or support is over and above what is funded within the PSP packaged care service model; AND • The service or support cannot be met, within a reasonable period of time, through mainstream health and/or disability services, including the NDIS; AND • The PSP Provider demonstrates that all other casework, cost neutral or funded options have been explored (such as support networks, education supports for transport, re-application of the CAT or ITTC Outreach, non-fee based support services, or any other programs funded by DCJ to support statutory OOH, where applicable).
<p>Note</p>	<p>For high cost emergency arrangements (HCEA) such as Alternate Care Arrangements, Individual Placement Arrangements or Short Term Emergency Placements, the case managing PSP Provider may only make a complex needs application for discretionary support for child related needs. The above eligibility criteria applies and all relevant evidence must be provided. The HCEA provider is not eligible for complex needs applications and additional funding requests for costs related to the emergency care arrangement, such as additional rostered staffing, are managed separately and approved by the Executive Director HCEA, in line with current processes.</p> <p>Orthodontic braces may be applied for under this section where the child's health and wellbeing would be compromised without them. There should be evidence of the need of the service from a relevant professional (dentist/orthodontist). General dental is covered by the packages and providers should also utilise the child dental benefit schedule where applicable.</p> <p>Where there has been minimal spend against the PSP Packages, the expectation is that the PSP Provider will use package funding in the first instance, regardless of whether it is listed as a package inclusion. Any request for complex needs funding should outline the total cost of service, minus any package funding or other rebate such as Medicare or insurances.</p>

Key documents for complex needs can be found on the DCJ website:

<https://dcj.nsw.gov.au/service-providers/oohc-and-permanency-support-services/contract-and-funding/funding-and-financial-support.html>

³ Evidence could include, but not limited to, the child's current case plan, behavioural support plan, financial plan, NDIS plan, Court orders, GP or other specialist report. Evidence should be relevant to the current application only.