



Complex Needs Application Guidance

Overview of the Complex Needs specialist package

The complex needs specialist package under the PSP packaged care service model is a one-off or time limited payment that is only accessible in extraordinary circumstances. The package can only be accessed (where eligible) for children¹ in out-of-home care (OOHC) or under the parental responsibility of the Minister (PR Minister), and in a placement with a PSP Provider.

The below contains key package, funding and child level considerations that DCJ use when reviewing and considering applications for Complex Needs. This guidance is designed to help you work through the policy and process requirements for Complex Needs applications and is to be read in conjunction with the Complex Needs business rules.

Application considerations and evidence requirements

When reviewing an application for additional time-limited funding via Complex Needs DCJ considers:

1. the service and/or support required including whether:
 - a. it is already covered as a PSP package inclusion
 - b. it is available through universal services
 - c. whether it is over and above what the package funding covers warranting additional funding
2. the funding requested including whether there is sufficient evidence to support the application.

CRITERIA	CONSIDER	EVIDENCE
Date of service/support	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Does the start date of the service/support required allow 15 business days from the date of application (as per <u>application process</u> timeframe)? • The date <u>must</u> be in the future as approval <u>must</u> be sought prior to the expending of funds. <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • If not, has an immediate in principle application been submitted/approved? • Does the application clearly outline the start date of the service/support required? 	<ul style="list-style-type: none"> • Start dates align with the business rules requirements

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

	<ul style="list-style-type: none"> • Is the Complex Needs application submitted within 5 working days of the immediate in principle approval with relevant documents/evidence? • Has a Principal Officer (or authorised delegate) signed/approved the application? 	
<p><u>Immediate in principle applications only</u></p> <p>Critical and urgent</p>	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • The request appears to align with the business rules for eligibility • Approval is only available where a service or support is needed to be put in place urgently to address safety or welfare concerns. • An urgent matter is one that is critical and requires the Deputy Secretary’s immediate action or attention. • A delay or oversight in making an application does not constitute an urgent request. • The immediate in principle application must be approved by a Principal Officer (either in the email trail or as the signatory to the request) and outline a clear narrative of what the service is, and why it is required. <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • The service start date is within 14 days, and the application outlines the requirement for the service/support was not previously known. • An immediate in principle approval does not result in an automatic approval on the full application. • The timeframes for processing and response are outlined in the <u>Complex Needs Payment Approval Process Overview</u>. In principle approval is given for a maximum period of 4 weeks pending the outcome of the full application. 	<ul style="list-style-type: none"> • Application outlines critical need to address safety and welfare • Application outlines that there has not been a delay in making the urgent request
<p>Eligibility of child to receive Complex Needs support</p>	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Is the child in OOHC or PR Minister? <p><u>Foster Care:</u></p> <ul style="list-style-type: none"> • Is the child in a placement with a PSP Provider? • Does the payment promote placement stability and support achievement of the child’s permanency goal? • Is the duration of the service/support less than 12 months? • Is the application for therapeutic behaviour support, disability care or discretionary placement support? <p><u>ITC/ICM:</u></p> <ul style="list-style-type: none"> • Is the child in an ITC or ICM placement with a PSP Provider? • Is the application for additional rostered staff or discretionary extraordinary placement support? • Does the payment promote placement stability and support achievement of the child’s permanency goal? 	<ul style="list-style-type: none"> • Placement record • PSP Provider • Application outlines how the service/support will promote stability and/or achievement of case plan goal

	<ul style="list-style-type: none"> • Is the duration of the service/support less than 6 months (additional rostered staff) or up to 12 months (discretionary extraordinary placement support)? <p><u>SIL/TSIL</u></p> <ul style="list-style-type: none"> • Is the provider contracted to provide TSIL or SIL? • For TSIL - Is the application for additional rostered staff or discretionary extraordinary placement support? • For SIL - Is the application for therapeutic behaviour support, additional rostered staff, disability care or discretionary placement support? • Does the payment promote placement stability and support achievement of the child’s permanency goal? • Is the duration of the service/support less than 12 months? <p>Notes</p> <ul style="list-style-type: none"> • ACA/IPA/ 18+SIL or 18+TSIL placements are not eligible for complex needs. • ICM providers delivering ‘placement only’ services are eligible for Additional Rostered Staff and discretionary placement support only. • ICM providers or other PSP providers that have primary case responsibility for a child in an ICM placement are also eligible for Disability Care and Therapeutic Behaviour Support. 	
<p>PSP Packages (FY)</p>	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • The service cannot be funded through child’s existing PSP packages. • Clear detail needs to be provided of what has been expended from the child’s existing PSP packages and a rationale why additional funding is required. This requires a narrative and expenses for the current FY to be outlined. <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • What PSP Packages is the Service Provider receiving for the child? • Is the child part of a sibling group within the same placement or PSP Provider? • What is the total Case Plan Goal, baseline, Child Needs and Specialist funding for the child (or sibling group)? • Are there other packages that may be more appropriate, for example additional carer support or sibling 4+ package? <p><u>ICM/ITC</u></p> <ul style="list-style-type: none"> • What is the total Case Plan Goal, Child Needs and Specialist funding for the child (ICM only)? 	<ul style="list-style-type: none"> • Application outlines that the Case Plan Goal / Child Needs / Baseline/ Specialist packages have been utilised for the FY.

	<ul style="list-style-type: none"> • What ITC house and child package payment is the child receiving (2-bed or 4-bed)? 	
Financial consideration	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Has the PSP Provider demonstrated their financial contribution to the services required (foster care only)? This requires both a narrative and FY financial detail. • Does the application outline how the total cost of the service or support cannot be met within the child's PSP funding packages? This requires both a narrative and FY financial detail. <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • Does the application outline how the child's individual packages (foster care, ICM, THBC, TSOP, SIL/TSIL) or Child baseline Package (ITCH and ITCH-SD) have been utilised and why those packages cannot fund the service/support requested? • Are there additional specialist packages that the child would be eligible for that would meet the costs of the service/support requested (i.e. Additional Carer Support)? • Has consideration been given to a CAT review (if required, ICM/Foster care only)? • Has there been previous Complex Needs Applications paid which contribute to the overall funding the agency has received in the same financial year to support the child's case plan goal (whether these are for the same or different services/supports)? 	<ul style="list-style-type: none"> • Application outlines the PSP Provider's financial contribution (foster care only) to the services required accompanied by a clear narrative • Application outlines how the relevant Baseline / Case Plan Goal / Child Needs / Specialist packages have been utilised • Evidence of consideration to CAT review (if required) • Application needs to be supported with easy to follow financial evidence
Time-limited	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Is there a demonstrated need for specific time-limited supports with clearly identified outcomes? <p>Note:</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 (Therapeutic Behaviour Support), 2 (Disability Care) or 4 (extraordinary discretionary placement support)². <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • Has consideration been given to other resources to provide the service internally or part of (such as caseworker conducting transport, supervising contact)? • Would a Specialist Package be more appropriate? 	<ul style="list-style-type: none"> • Application outlines that the payment is one-off or time limited • Application outlines that the Service Provider cannot resource the support/service internally, or that this is a repeat request

² It may be possible to reapply for the payment subject to meeting the eligibility criteria and approval process.

	<ul style="list-style-type: none"> • Should the NDIS be providing the support, if so this should be escalated • Has ITTC Outreach been considered/referred for this matter? • Is the proposed service contributing to the child's permanency plan? For example if family time is currently supervised by an agency, are there plans for someone in the child's family, network or community identified to transition into this role over time? 	
Mainstream supports	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Does the application outline why mainstream services (for example. occupational therapy, speech therapy, physiotherapy, social work, dietician, paediatrician, psychology and therapeutic support, disability services, other funded programs) cannot be utilised? • If there is an NDIS plan, does the application provide evidence of use of the NDIS plan or rationale why the NDIS plan has not been utilised? <p><u>Other considerations:</u></p> <ul style="list-style-type: none"> • Has a referral been made to mainstream services and how long is the waiting list? 	<ul style="list-style-type: none"> • Application outlines that mainstream services have been considered and cannot be utilised within a reasonable period of time (such as Mental Health services, other health services) • Application outlines that the NDIS funding package has been drawn down on (if applicable)
Evidence by relevant professional	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Is the child exhibiting extreme behaviours that places them at risk of harm to themselves or others? If so, is there a Behaviour Support Plan? • Does the application include current evidence from a relevant professional that supports the application for the service/support being requested? • Evidence can include things like the case plan, behaviour support plan, NDIS plan, financial plan, quotes for service, report from GP or other medical or allied health specialist. <p><u>Other considerations:</u></p> <p>Has a referral been made to mainstream services? How long is the waiting list?</p>	<ul style="list-style-type: none"> • Application outlines therapeutic behaviour support strategies already implemented and why the strategies have not achieved the required outcome • Application outlines evidence, from a relevant professional, that the service/support is critical to meet the child's needs and that without it the child's health, safety, wellbeing or compliance with a court order would be compromised
Additional rostered staff	<p><u>Business rules requirements:</u></p> <ul style="list-style-type: none"> • Is there a demonstrated need for how additional short-term rostered staff will de-escalate and stabilise the placement? • Is there a plan outlining the step-down of the time-limited additional rostered staff including timeframes 	<ul style="list-style-type: none"> • Application outlines that the payment is one-off or time limited • Application outlines that the Service Provider cannot

	<p>and review indicators of how the step-down will be assessed?</p> <ul style="list-style-type: none"> • The level of staffing required is above that provided through ITC or ICM funding? • Active night shifts will only be considered in <u>rare</u> circumstances. <p><u>Other considerations:</u></p> <p><u>ITC</u></p> <ul style="list-style-type: none"> • Prior to applying for complex needs, have you ensured the staffing roster has been utilised flexibly? • Has staffing across all your agency’s homes been taken into account? • Does the application outline whether the child is in a 2 or 4 bed ITC home or ITC-SD home? • Does the application outline the current staffing arrangements within the home taking into consideration other children in the home with approved additional rostered staff? • Should the NDIS be providing the support? Has consultation with DCJ’s Engagement and Family Support team occurred? • Is there a risk management plan demonstrating the need for an active night shift? • For active night applications (ITC) - Does the application outline that the active night shift will be used for more than 40% of the time within the house and that active nights included in funding packages have already been exhausted? • For ITC applications - Has funding been cross-subsidised across other houses with lower levels of night supports? • What has the hourly rate been based on? <p><u>SIL/TSIL</u></p> <ul style="list-style-type: none"> • Has the staffing roster been utilised flexibly? • Does the application outline the current staffing arrangements for the young person, and if residing with other young people in TSIL/SIL, other approved additional rostered staff? • Should the NDIS be providing the support? DCJ may consult with EFS • Is there a risk management plan demonstrating the need for an active night shift (if relevant to the application)? 	<p>resource the support/service internally, or that this is a repeat request</p>
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Guide for when can a provider request Complex needs for Additional Rostered staff in ITCH and ITC-SD³?

³ DCJ assessment rules and guidance for Intensive Therapeutic Care (ITC) Homes and ITC Significant Disability Homes

2 Bed funding inclusions for direct care staff		
Funding staffing inclusions	Staffing inclusions	Exceptions
Direct Care Staff when 1 child in placement with one vacant bed	1 staff member during the day (1:1) Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)	<ul style="list-style-type: none"> • A risk management plan demonstrates the need for an active night shift. The risk assessment should clearly evidence the support needs of children in a house, and • Active night shift is used for more than 40% of the time within a house, and • Funding cannot be cross-subsidised across the provider’s other houses with lower levels of night supports (e.g. houses that do not require active night staffing). • 2:1 staffing support is required for day and/or night shifts.
Direct Care Staff when 2 children in placement	2 staff during the day (2:2) Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)	

4 Bed funding inclusions for direct care staff		
Funding staffing inclusions	Staffing inclusions	Exceptions
ITC Homes Direct Care Staff when 1 child in placement	2 staff during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)	
ITC Homes Direct Care Staff when 2 – 4 children in placement	2 staff during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)	<ul style="list-style-type: none"> • If one child requires 1:1 staffing support when there are three other children. • If an active night shift is required for more than the 40/60 split already included in funding then Complex Needs may be considered when: <ul style="list-style-type: none"> ○ A risk management plan demonstrates the need for an active night shift. The risk assessment should clearly evidence the support needs of the children in a house, and ○ Active night shift is used for more than 40% of the time within a house, and ○ Funding cannot be cross-subsidised across the provider’s other houses with lower levels of night supports (e.g. houses

		that do not require active night staffing)
ITC - Significant Disability Direct Care staff when 1 - 2 children in placement	2 staff during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)	<ul style="list-style-type: none"> • If two children and young people are in the home and more than 2 staff are needed during the day. • If an active night shift is required for more than the 40/60 split already included in funding, then Complex Needs may be considered when: <ul style="list-style-type: none"> ○ A risk management plan demonstrates the need for an active night shift. The risk assessment should clearly evidence the support needs of the children in a house, and ○ Active night shift is used for more than 40% of the time within a house, and ○ Funding cannot be cross-subsidised across the provider’s other houses with lower levels of night supports (e.g. houses that do not require active night staffing)
ITC - Significant Disability Direct Care staff when 3-4 children in placement	2 staff during the day Funded with an Awake night shift all the time (through the ITC SD child package)	<ul style="list-style-type: none"> • When more than 2 staff are needed during the day. • When more than one awake night staff needed at night: <ul style="list-style-type: none"> ○ A risk management plan demonstrates the need for more than one active night shift. The risk assessment should clearly evidence the support needs of children in a house, and ○ Funding cannot be cross-subsidised across other houses with lower levels of night supports (e.g. houses that do not require active night staffing).

For a summary of SIL and TSIL funding inclusions, please see [PSP Packages Eligibility Rules and Inclusion](#).

Service requirements SIL and TSIL (under 18 only)

- Each young person has an assigned caseworker. Casework is flexible and scaled according to the young person’s needs as they move towards independence.
- Furnished accommodation that is stable, appropriate and affordable.
- PSP provider pays the difference between the young people’s contribution towards rent and the actual rent charged for the property. The young person contributes a proportion of their income towards rent and utilities (aligned with DCJ Charging Rent Policy).



- PSP provider is responsible for any repairs and maintenance of properties but (where appropriate), negotiate the repayment of property damage debts with the young person responsible for the damage
- Provide:
 - living skills training and support which include self-care, home management and budgeting;
 - assistance with access to education, training and vocational and employment
 - assistance to support financial self-sufficiency;
 - a 'stay put' option for young people exiting the program who have demonstrated the capacity to maintain a tenancy;
 - education and support to develop parenting skills, where appropriate; and
 - ongoing support after completing the program as required up until age 25.

TSIL services must also be designed to provide the following:

- Therapeutic Specialist in line with the ITC service requirements
- Access to health and counselling services, therapeutic intervention, welfare and community resources, specialist medical, allied health and dental services.