

Complex Needs Payment Application Form

Applications for a Complex Needs Payment must be approved by DCJ **prior** to engagement of services or expenditure of funds. Immediate ‘in principle approval’ is sought when an immediate service or support is required.

Please refer to the [**Business rules: Eligibility Criteria for PSP Complex Needs Payments**](https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/service-providers/out-of-home-care-and-permanency-support-program/health-and-education-pathways/complex-needs-payment-business-rules.pdf) and the [**Complex Needs Application Process Overview**](https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/service-providers/out-of-home-care-and-permanency-support-program/contracts-funding-and-packages/complex-needs-payment-application-process-overview.pdf) for further information.

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| **Child/young person’s details** |
| Name |       | DOB/Age  | Choose date | ChildStory # |       |

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| **Current PSP service packages**  |
| Case plan goal package | Choose package | Service type / Baseline package | Choose package | Child needs package | Choose package |
| Specialist package*These packages provide additional funding and are considered when assessing the application.* |  4+ sibling placement option [ ]  Additional carer support [ ]  | Date of last re-CAT  | Choose date |
| Has the child already received a Complex Needs Payment for same service/support? |  Yes [ ]  No [ ]   | Date of approval | Choose date |

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| Service provider details |
| Service provider  |       | DCJ unit with secondary case responsibility  |       |

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| **Application for:** |
| 1. Therapeutic Behaviour Support [ ] 2. Disability Care[ ]  | 3. Additional Rostered Staff [ ] 4. Discretionary Extraordinary Placement Support [ ]  |
| Has in principle prior approval been given? | Yes [ ]  No [ ]  | Details |       | Date of approval | Choose date  |

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| Complex Needs Payment duration & amount *Maximum 12 months (Therapeutic Behaviour Support, Disability Care and Discretionary Extraordinary Placement Support) or 6 months (Additional Rostered Staff)* |
| One off Complex Needs Payment?  | Yes [ ]  No [ ]   | If no, what is the length of time?  | Start date | Choose date | End date | Choose date |
|  | GST exclusive | GST on applicable items |
| Total estimated cost of the service or support | $       | $       |
| Service provider’s financial contribution towards the cost of the service or support (Foster Care applications only) | $       |
| Total amount of additional funding being sought from DCJ | $       | $       |

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| Confirmation of referrals made to any of the below programs *Where applicable* |
| Intensive Therapeutic Transitional Care Outreach?  | Yes [ ]  No [ ]  | Any other programs delivered by DCJ?  | Yes [ ]  No [ ]  |
| Intensive Family Preservation (IFP), placement stability services? | Yes [ ]  No [ ]  | If yes, program name and outcome of the referral?  |       |

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| **Rationale for Complex Needs Payment**  |
| 1. **Detail the specific service or support being applied for**
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| *Describe the service(s) or support(s) required for the child or young person. Detail who the service(s) or support(s) will be provided by. Include how long the service(s) or support(s) are required (frequency/duration) where applicable.* *
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| 1. **Outline why the service or support is required**
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| *Outline why the child requires the service(s) or support(s). Include details of any diagnoses, as well as findings or recommendations of clinical assessments (where relevant), safety concerns or impact on placement stability etc. Describe the intended/expected outcome.**

*Outline why the service/support cannot be provided by mainstream healthcare services or by the NDIS where applicable.* *

*If applying for* ***Additional Rostered Staff****, explain the current staffing arrangements and how additional short-term rostered staff will de-escalate and stabilise the care arrangement. Describe the details of a step-down plan including timeframes.* *

*Detail how ongoing review will occur to monitor and assess the effectiveness of the services or supports. Include the outcome of any recent complex case panels. If a previous application has been approved for Additional Rostered Staff, attach an updated plan that outlines the actions taken to implement the step down plan submitted with the last complex needs application.**
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| 1. **Outline why additional funding is being requested**
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| *For Additional Rostered Staff outline how the level of staffing required is over and above that funded through ITC funding.* *For Foster Care applications outline what funding from existing PSP packages has been expended to meet the child’s needs. Provide a clear justification for why the service(s) or support(s) cannot be funded via the child’s PSP packages.* *
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| **Evidence to support the complex needs application** *Where applicable, list & attach the supporting clinical evidence, from a qualified medical or allied health professional, that confirms the child requires behavioural support, intellectual and/or physical disability services. Please also include other relevant evidence such as construction quotes, car upgrade quotes etc. This information is essential to assess the application.* |
| Evidence type *For example: Case plan, behaviour support plan, financial plan, NDIS plan, GP or specialist reports, risk management plan, case notes, CAT application, services/support quotes.*  | Attached |
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| Service provider approval: *In submitting this form, and typing your name, you are acknowledging that the information above is accurate and consistent with your agency records.* |
| Position | Name | Date |
| Service Provider Principal Officer or delegate |       | Choose date |
| Service Provider contact for financial matters |       |
| Service Provider contact for casework matters |       |

**DCJ Approvals[[1]](#footnote-1)**

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| Position | Supported/Approved | Name | Date |
| Lead Contract Manager[[2]](#footnote-2)and | Supported/Not supported |       | Choose date |
| CFDU Manager Client Services  | Supported/Not supported |       | Choose date |
| DCJ Director[[3]](#footnote-3)  | Supported/Not supported |       | Choose date |
| Executive District Director | Supported/Not supported |       | Choose date |
| Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services | Approved/Declined |       | Choose date |

1. Applications for the same service over an annualised amount of $50,000 require Deputy Secretary approval (financial year). [↑](#footnote-ref-1)
2. Endorsement by the lead contract manager is required. Where the child is managed by another district the lead contract manager should liaise with the local commissioning and planning team to inform their endorsement. Note: the lead contract manager endorses only the financial justification, total amount and contribution on behalf of the agency. [↑](#footnote-ref-2)
3. In line with district processes, applications can be supported by Director Community Services, Director Operations or Director Commissioning and Planning (for Statewide contracts). [↑](#footnote-ref-3)