

# MY PLAN SUPPORT SERVICE AGREEMENT

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## Agreement

This Service Agreement is between Plan Support Agency Pty Ltd trading as "My Plan Support" and the participant/representative in the National Disability Insurance Scheme.

This agreement is made according to the rules and goals of the National Disability Insurance Scheme (NDIS), which aims to:

- *support the independence and social and economic participation of people with disability*
- *enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.*

## Supports offered by My Plan Support

- Receiving invoices:
  - Directly from provider
  - Via participant
- Process claims through the NDIS Portal
- Pay supplier invoices
- Providing login details to the Participant/nominated representative for My Plan Support Client Portal to gain access to budget progress including:
  - Copies of Provider invoices
  - Breakdown of budget totals remaining
  - Monthly statements
- Process client reimbursement claims
- Liaison and consultation regarding budget expenditure.

## Responsibilities of My Plan Support

- Communicate openly and honestly in a timely manner
- Treat the Participant/nominated representative with courtesy and respect
- Listen to the Participant/nominated representative's feedback and resolve any problems quickly
- Protect the Participant's privacy and confidential information as per Australian Privacy Principles (APPs), which are contained in the Privacy Act 1988

## Responsibilities of the Participant/nominated representative;

- Provide information as requested by My Plan Support in a timely manner
- Treat My Plan Support staff with courtesy and respect
- Discuss any concerns about our service with My Plan Support staff
- Advise My Plan Support immediately if the Participant's NDIS plan is suspended or replaced by a new NDIS plan, or the Participant stops being a participant in the NDIS.
- Check budget balances by logging into the MPS portal, email correspondence or contacting your Plan Administrator.
- Only purchase supports that the NDIA define as reasonable and necessary with reference to the intent of your NDIS plan.

## What is the cost of plan management?

This is a free service to you. Payment for My Plan Support services will be claimed directly from NDIA from the Improved Life Choice budget. This claim consists of a set up fee and a monthly processing fee. *This monthly processing fee will cover the plan from the start date to the end date.*

Prices subject to change by NDIS pricing guide updates and remote or very remote locations. Increases to Plan Management fees will be automatically updated in accordance with the NDIS Price Guide

<https://www.ndis.gov.au/providers/price-guides-and-information>

If you engage My Plan Support part-way through your plan term we may withdraw the funding allocated for the plan term up to and including the month in which you engage us. This is to cover invoices that accumulate from services rendered prior to our engagement and will be processed by us after that date.

## Budget Management

The Participant/nominated representative will provide My Plan Support with the details of their support budget as per their current NDIS plan. The Participant/nominated representative can nominate to share their plan with My Plan Support through the NDIS myplace portal.

## Payment claims

Appointing My Plan Support to engage in plan management services provides the Participant/nominated representative the opportunity to choose between various providers for the support approved in the Participants current NDIS plan. My Plan Support will process claims in accordance with the NDIS pricing guide. Once these supports or services are delivered the provider or Participant/nominated representative will claim payment for those supports or services from My Plan Support Agency by forwarding invoices to [accounts@myplansupport.com.au](mailto:accounts@myplansupport.com.au)

## GST - Goods and Services Tax

For the purposes of the GST Act, the parties confirm that:

- *a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act), in the Participant's NDIS plan currently in effect under section 37 of the NDIS Act;*
- *My Plan Support Agency will pay GST as per specified in National Disability Insurance Scheme Act 2013 (NDIS Act).*

## End Date - Ongoing Agreement

The Service Agreement will operate for the duration of time My Plan Support provides plan management services to the participant/NDIS nominated representative until we are notified otherwise in writing by the participant/NDIS nominated representative.

This will include the current and any future plans allocated to the Participant and extends to plan extensions, NDIA plan review changes and/or plan renewal.

My Plan Support will monitor your plan through the NDIS portal and notify you when adjustments are made for plan extensions or a new plan and budget have been set up. This ongoing agreement allows My Plan Support to continue to provide plan management services and process accounts from your providers, minimising disruption to services during these changes.

## Ending this Service Agreement

Should either Party wish to end this Service Agreement they must give one month's notice in writing. If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

## Feedback and Complaints

All calls are recorded for training and quality assurance purposes.

If you wish to provide feedback for services offered by My Plan Support or lodge a complaint you can do this by;

- By completing a feedback form on our website [www.myplansupport.com.au](http://www.myplansupport.com.au) or from within your MPS Portal under "Feedback"
- By telephoning us on **1300 266 289**
- By emailing us [info@myplansupport.com.au](mailto:info@myplansupport.com.au)
- Contacting the NDIS Quality and Safeguards Commission on **1800 035 544**

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## MAKING THIS AGREEMENT - Please read, complete and sign this document

I received help completing this form by

Name:

## PARTICIPANT CONTACT DETAILS

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Participant name as stated on NDIS Plan:

Preferred Name:

D.O.B.

Home address:

Post Code:

Phone number:

Email address:

## NDIS PLAN DETAILS

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NDIS Number:

Plan dates:

to

*If you receive a plan extension, we will continue our services unless we are notified*

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## PREFERRED CONTACT METHOD

Please contact me via;

☐

Email

☐

Phone

☐

Text message

## INFORMATION SHARING CONSENT

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By signing this form you are authorising the exchange of information between My Plan Support staff and other professionals involved with the Participant/nominated representative in the National Disability Insurance Scheme.

I hereby give my permission for My Plan Support to communicate with other service providers in connection with my care and support through the National Disability Insurance Scheme. I understand that My Plan Support may hold information gathered about me from the various agencies and as such my rights under the Privacy Act will not be affected.

### Statement of Consent:

- I understand that information may be held about me/or the participant regarding the NDIS plan.
- I understand that my plan manager may need to exchange information with other My Plan Support staff members, as needed, during the period we are accessing a service provided by My Plan Support
- I recognise that this authority will remain in place for as long as My Plan Support is engaged to support the Participant/nominated representative in the NDIS
- I am able to update my consent at any time to reflect any changes in my family's circumstances.

**I give My Plan Support permission to have contact with the following agencies:**

<input type="checkbox"/>	<b>OR Any or all of the below (as necessary)</b>
<input checked="" type="checkbox"/>	Service Providers e.g. Speech therapist, OT etc
<input type="checkbox"/>	Support Coordinator
<input type="checkbox"/>	Local Area Coordinator
<input type="checkbox"/>	Early Childhood Provider
<input type="checkbox"/>	Dept. of Ageing, Disability and Home Care
<input type="checkbox"/>	Department of Community Services
<input type="checkbox"/>	Other Early Childhood Intervention Services
<input type="checkbox"/>	Family Support Service
<input type="checkbox"/>	National Disability Insurance Agency (NDIA)

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.** Should you have any questions about this process, or wish to withdraw your consent please contact My Plan Support on 1300 266 289 or [info@myplansupport.com.au](mailto:info@myplansupport.com.au)

## OTHER IMPORTANT INFORMATION

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Are there any court orders that relate to the participant? (e.g. family law, guardianship)

☐

Yes

☐

No

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### INVOICE PROCESSING Please tick one:

☐

**No Invoice Approval Required.** Pay invoices for me without needing my approval for each one. You will be notified when an invoice is received and processed.

OR

☐

**I wish to approve invoices.** Notify me on the receipt of each invoice and I will approve each one through the MPS portal before it is processed.

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### CORRESPONDENCE

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I would like my NDIS nominated representative to receive emails from My Plan Support regarding my budgets (as listed with the NDIS)

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**By signing this document, I agree to the terms stated above.**



Participant Signature:

Date:

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**NDIS APPROVED PLAN NOMINEE** - leave this blank if you don't have one.

NDIS Nominated representative as stated on NDIS Plan:

Relationship to Participant:

☐

Plan nominee

☐

Guardian

☐

Parent

☐

Child Support Case Manager

Phone number:

Email address:



Your parent, nominee, guardian or case worker's

Signature:

Date:

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## COORDINATOR OF SUPPORT PORTAL ACCESS CONSENT - leave this blank if you don't have one.

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What is a Coordinator of Supports?

A Coordinator of Supports will **help you to find the right services to assist you in meeting your goals.**

A support coordinator will work with you to ensure a mix of supports are used to increase your capacity to maintain relationships, manage service delivery tasks, live more independently and be included in your community.

**By signing this form you are authorising access to your nominated Support Coordinator and Staff from their Organisation to view your My Plan Support Participant Portal.**

I would like my *Support Coordinator* to view my budgets in my My Plan Support portal



Yes



No

*Company:*

*Address:*

*State:*

*Postcode:*

*Phone number:*

*Company email address:*

**This access will remain active until I notify My Plan Support of any changes in Support Coordination.**

*Current COS contact:*

*Email address:*



**Participant Signature:**

**Date:**