



Business Rules: Eligibility Criteria for Complex Needs Payments for PSP Providers

COMPLEX NEEDS

The specialist package for complex needs is a one-off or time limited payment that is only accessible in extraordinary circumstances for children¹ in out-of-home care (OOHC) or under the parental responsibility of the Minister. The payment is intended to promote placement stability and support achievement of a child's permanency goal. The payment will not necessarily cover the full projected cost of proposed services.

Applications for a Complex Needs Payment must be approved by DCJ Deputy Secretary prior to the engagement of a service or expenditure of funds. Immediate 'In Principle Approval' can be sought where there is an urgent need to put a service or support in place.

A Complex Needs Payment is not intended to be ongoing or reoccurring however, for some Intensive Therapeutic Care (ITC) providers and Interim Care Model (ICM) service providers, the use of additional rostered staff *may* be required outside of this arrangement.

Applications will only be considered by DCJ where:

- there is a demonstrated need for specific time-limited supports with clearly identified outcomes
- 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 evidence, by a relevant professional, to support the application
- the service/support **cannot** be funded through the child's existing Permanency Support Program (PSP) packages and that the provider has demonstrated their financial contribution to the services required (Foster Care applications only)
- the level of staffing required is over and above that funded through ITC funding or ICM Baseline Package Funding/ (Additional Rostered Staff ITC/ICM applications only). Note: Staffing inclusions for the 2 and 4-bed ITC and ITC-SD Homes is outlined in the PSP PLA Schedule 1.

The Complex Needs Payment categories are:

1. Therapeutic behaviour support
2. Disability care
3. Additional rostered staff
4. Discretionary extraordinary placement support

Service providers must list any assets, upgrades or improvements (for example vehicles, home modifications) funded by the department on their asset register and record that the funding was

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

provided by DCJ under the PSP. 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.

<p>Immediate in principle approval, followed by formal application</p>	<p>An immediate in principle approval process is only available where a service or support is needed to be put in place urgently to address safety or welfare concerns. All other request must be submitted using the full application process.</p> <p>Use the email template to apply. In principle approval is given for a maximum period of 4 weeks pending the outcome of the formal application.</p> <p>A completed application form, along with supporting evidence, is submitted to DCJ within five business days following in principle approval.</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 Step 2 as soon as practicable, no later than the following day.</p> <p>For further information regarding steps, refer to the application process overview.</p>
<p>Duration</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.
<p>Briefing notes</p>	<p>A briefing note, seeking approval of expenditure, must be provided by the DCJ nominated unit (usually the Child and Family District Unit) 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>Minimum review period</p>	<p>Where a child's service/support requires monitoring this occurs monthly 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>

Therapeutic Behaviour Support

<p>Description</p>	<p>A Complex Needs Payment for therapeutic behaviour support will only be considered in extraordinary circumstances where a child requires time-limited intensive therapeutic behaviour support. This includes assessment, development</p>
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	<p>and implementation of a trauma informed behaviour support plan, by a specialist therapeutic service provider.</p> <p>It is only available in situations where the service provider's internal specialist services cannot manage the child's behaviour and/or needs and there are no appropriate mainstream health and/or disability services available. Where DCJ holds primary case responsibility, accessing relevant DCJ services such as an internal psychologist must also be explored.</p>
Eligibility	<ul style="list-style-type: none"> • The child is in foster or kinship care. The child is exhibiting extreme behaviours, supported by data measuring the duration and frequency, that places them at risk of harm to themselves or others. • There are records and evidence that outline the therapeutic behaviour support strategies already implemented by the service provider as part of the behaviour support plan, and why the strategies have not achieved the desired outcomes. • There is supporting clinical evidence from a qualified medical or allied health professional that the child is assessed with acute mental health and/or significantly challenging behaviours and requires specialist services. • The service provider and/or professional outlines how provision of these services will meet the child's needs. • The service provider cannot meet the total cost of the service or support within the child's PSP funding packages. • 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). • The service provider demonstrates their financial contribution to the services. • 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 programs implemented by DCJ to support children or young people in statutory OOH, where applicable.
Disability care	
Description	<p>A Complex Needs Payment for disability care 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. This category excludes funding of additional rostered staff.</p>
Eligibility	<ul style="list-style-type: none"> • The child is in foster care or kinship care. • There is supporting clinical evidence from a qualified disability or medical professional that the child requires intellectual and/or physical disability services. • The service provider and/or professional outlines how provision of these services will meet the child's needs. • The service provider cannot meet the total cost of the service or support within the child's PSP funding packages.

	<ul style="list-style-type: none"> • The service or support cannot be met, within a reasonable period of time, through mainstream health and/or disability services, including the NDIS. • The service provider demonstrates their financial contribution to the services. • The service provider demonstrates that all other options have been explored including re-application of the CAT or ITTC Outreach and any other programs implemented by DCJ to support statutory OOHC, where applicable.
Additional notes	<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. • 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.

Additional rostered staff

Description	<p>A Complex Needs Payment for additional rostered staff is only considered in very limited circumstances 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) 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.
Additional notes	<p>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 their homes 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 <p>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:</p> <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, and • funding cannot be cross-subsidised across other houses with lower levels of night supports.

Discretionary extraordinary placement support

Description	A Complex Needs Payment for discretionary extraordinary placement support will only be considered in truly extraordinary circumstances.
Eligibility	<ul style="list-style-type: none"> • The child is in foster care, kinship care or ITC. • There is supporting evidence, from a relevant professional, that the service or support is critical 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. • The service provider cannot meet the total cost of the service or support within the child’s total PSP funding packages • The service or support cannot be met, within a reasonable period of time, through mainstream health and/or disability services, including the NDIS. • The service provider demonstrates their financial contribution to the services. • The service provider demonstrates that all other options have been explored including re-application of the CAT or ITTC Outreach and any other programs implemented by DCJ to support statutory OOHC, where applicable.

Key documents:

- [Complex needs payment – Application process overview](#)
- [Complex needs payment – Application form](#)
- [Complex needs payment – Immediate in principal approval email template.](#)