Local Coordination Operational Policy – Self-management of Funded Supports

# Purpose

This Policy provides the framework for the self-management of funded disability-related supports in Local Coordination plans.

# Scope

This Policy applies to all Local Coordination areas and is applicable to people with disability accessing Local Coordination support.

# Definitions

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| Term  | Definition |
| Self-management | The management of funded supports in a plan by either the person with disability or a representative acting on their behalf. The person or their representative receives the funds, engages supports and services and is responsible for meeting relevant legal obligations. Where a representative manages the supports and services, they receive funds on trust to be spent according to the person’s approved plan, and may be wholly or partially responsible for meeting legal obligations. |
| Service provider management | The management of funded supports in a person’s plan by a contracted service provider. The service provider receives the funds, engages staff and is responsible for meeting relevant legal obligations. On agreement with the service provider, the person and/or their representative may actively direct the provision of those supports to the extent they desire and have capacity to do so. |
| Shared management | This is a type of service provider management under which the funded supports in a plan are managed in a shared arrangement between a person and a service provider. The service provider receives the funds, and the person or their representative engages staff. The person or their representative and the service provider share responsibility for meeting relevant legal obligations, as agreed between the parties. |
| Combination management | The combination of both self-managed and service provider managed supports in a plan. |
| National Standards for Disability Services | The quality benchmarks for service delivery required of individuals and organisations providing services to people with disability. |
| Capacity | The ability, time and willingness to manage funded supports, and to develop and maintain the required knowledge and skills with appropriate support and opportunity. |

# Principles

* People with disability have the right to exercise choice and control in the selection, design and implementation of their supports and services. People with disability can self-manage funded supports in their plan, to the extent that they desire and have capacity to do so. A person who self-manages will be supported to maintain and develop their capacity for self-management.
* People with disability have a right to live in an environment free from neglect, abuse, violence, intimidation and exploitation. The Department of Communities has a role in supporting the safety and wellbeing of eligible people with disability. A person and/or their representative who undertakes self-management is responsible for the service quality and safeguarding measures of their self-managed supports.
* The level of funded supports in a plan will be determined in accordance with the principles of reasonable and necessary support to achieve plan goals. The management option chosen does not affect the quantity of funded supports.

**Introduction**

**Support management decisions**

As part of the planning process, decisions will be made with each person and/or their representative about how funded supports in a plan will be managed. The Local Coordinator will discuss the management options available and provide information about each option, including self-management. This will allow the person and/or their representative to make informed decisions that maximise their choice and control.

A person may choose to self-manage some or all of the funded supports in a plan either themselves or through a representative acting on their behalf. The Local Coordinator will presume the person has the capacity to self-manage, and will assist the person or their representative to self-manage to the extent it is feasible for them to do so.

**Supporting self-management**

Where a person with disability and/or their representative expresses an interest in self-managing funded supports, the Local Coordinator will provide information and refer the person and/or their representative to appropriate resources to build their understanding of self-management.

As part of plan development and preparation for self-management, the Local Coordinator will incorporate flexibility in the person’s proposed strategies and supports to maximise the person’s choice and control in the achievement of goals in their plan.

**Capacity to self-manage funded supports**

The Local Coordinator will support the person and/or their representative to develop their understanding of, and capacity to fulfil, the responsibilities of self-management. The Local Coordinator will collaborate with the person and/or their representative to complete a ‘Self-Management Checklist’ (see Appendix 1), which outlines the tasks and responsibilities of self-management.

The Checklist will be required on a one-off basis at the development of the person’s new plan. Thereafter a new Checklist is only required where:

* the person and/or their representative requests a significant change to the number or complexity of funded supports to be self-managed
* the person and/or their representative requests to change the person self-managing the funds
* there is evidence that the person and/or their representative has not been able to meet all the responsibilities of self-management in their current plan
* circumstances for the person and/or their representative have changed in a manner that may impact on their capacity to continue self-management
* there is a significant change to relevant legislation.

If a review of a decision relating to self-management is required, the Checklist may be utilised as documentation of the self-management planning process.

**Implementation**

**Implementation of self-management**

Where a person or their representative has the ability, time and willingness to self-manage funded supports, self-management will be approved as part of the person’s plan in accordance with the relevant Individual Funding Delegation Framework for approval of plans.

The person or their representative will complete and sign the ‘Acceptance of Grant Funds Agreement’ document (see Appendix 2). This Agreement is a legal contract between Communities and the person receiving the funds. In approving self-management and entering the contract, Communities is not responsible for the compliance of the person and/or compliance of their representative with any applicable legal obligations.

Funds will be paid in advance, with installments depositted into a dedicated account reserved solely for the pupose of self-managed funds. The person receiving the funds may also elect to have funds paid in arrears (reimbursement).

Once self-management is implemented, the Local Coordinator will continue to support the person and/or their representative. The Local Coordinator will conduct an evaluation of self-management at least annually as part of the plan monitoring and review process.

Self-management will not be approved where the person is bankrupt or insolvent under administration or has been convicted of fraud or similar offences, or where self-management presents an unreasonable risk to the person with disability. Where a person is subject to bankruptcy proceedings, this may not preclude the person from undertaking self-management, but will be considered as part of the approval process.

Self-managed funds cannot be used to employ family members; or to replace or supplement the income of family members (see Local Coordination Operational Policy - Family Members as Paid Support Workers).

**Responsibilities associated with self-management**

Under self-management, the person and/or their representative is responsible for:

* managing any funds provided in a plan under a self-managed option. This includes acquitting the funds and meeting other agreed accountability requirements
* ensuring funds are used in accordance with Communities policies
* purchasing the supports identified in the plan including sourcing, arranging and paying for supports and related costs
* assessing and monitoring the quality of services they purchase, and taking all reasonable steps to ensure that appropriate safeguards are in place and the rights of the person with disability are upheld at all times
* complying with any and all applicable legal requirements associated with employing staff and engaging contractors.

The representative is responsible for supporting the person with disability to self-manage, by assisting the person and/or acting on their behalf, on a voluntary basis. The representative must act honestly, diligently and in good faith, and support decisions that reflect the person’s choices and preferences. Where the person’s choice or preference cannot be ascertained, their representative has a duty to make a decision based on what the person would likely want and is in the person’s best interests.

The Local Coordinator will support the person and/or their representative by:

* providing information and discussing support management options, including self-management, as part of the plan development process
* referring the person and/or their representative to additional resources to support and build capacity for self-management
* incorporating flexibility in the person’s strategies and supports to maximise the person’s choice and control in the achievement of plan goals
* discussing the obligations and responsibilities associated with self-management
* working with the person and/or their representative to complete the Checklist
* monitoring the progress of the plan
* providing information and updates on quality and safeguarding matters to the person and/or their representative where relevant
* conducting an evaluation of self-management with the person and/or their representative at plan review.

**Safeguarding under self-management**

A person and/or their representative who self-manages funded supports is responsible for exercising diligence with service providers, maintaining appropriate safeguarding measures and taking all reasonable steps to ensure that their self-managed supports reflect the National Standards for Disability Services.

If abuse or neglect of a person with disability is suspected or alleged, appropriate and immediate action must be taken to ensure the safety of the person. The matter must be discussed with the relevant authorities. The Local Coordinator should also be contacted at the earliest opportunity for support and advice.

Where concerns arise or relevant information on safeguarding matters becomes available, the Local Coordinator will consult with the Area Manager, and advise and support the person and/or their representative as appropriate. The Local Coordinator will also consider whether a review of the person’s self-management arrangements is required.

The Local Coordinator and all other officers will respond to an allegation or concern in accordance with relevant Communities policies.

Approval for self-management may be withdrawn or suspended if concerns or allegations arise in relation to the person’s safety and welfare, the capacity of the person and/or their representative to self-manage, and/or the quality of the services provided to the person.

**Purchasing and engaging supports under self-management**

A person who self-manages funded supports is responsible for remitting the costs of supports and services provided, and fulfilling the legal obligations associated with directly engaging staff as either employees or independent contractors. These include, but are not limited to, pre-employment checks, occupational health and safety regulations, workers’ compensation, superannuation, taxation, and other insurances.

The prices paid for self-managed supports will cover all the costs associated with self-management, including direct costs such as wages, indirect costs such as insurance, and ancillary costs such as book-keeping if required.

**Self-Management as an ongoing Plan management option**

If a decision is made to withdraw approval for the self-management of funding, sufficient documentation and evidence to substantiate this decision must be recorded within LADS and in the Local Coordinator’s endorsement comments of the new Plan. A formal communication must be sent to the self-manager advising them of this decision.

# Other related documents

Disability Services Act 1993 and Disability Services Regulations 2004

Local Coordination Operational Policy – Individualised Funding

Local Coordination Operational Policy - Family Members as Paid Support Workers

Local Coordination Operational Policy – Self-Management of Funded Supports

Local Coordination Operational Policy – Funded Supports in the Plan – Reasonable and Necessary

Local Coordination Operational Policy – Safeguarding

Local Coordination Operational Policy – Supported Decision-Making

Local Coordination Operational Policy – Ongoing Engagement and Plan Monitoring

Local Coordination Operational Policy – Plan Development and Plan Changes

Local Coordination Operational Policy – Plan Management Decisions

Local Coordination Operational Policy – Review of Plans

Local Coordination Operational Policy – Safeguarding

Local Coordination Self-Management Guide

Self-Management Checklist

Acceptance of Grant Funds Agreement (Person)

Acceptance of Grant Funds Agreement (Representative)

# Document control

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| Contact | Program Support: programsupport@communities.wa.gov.au ; State-wide Services, Community Services Division |

# Amendments

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Description** |
| 1  | July 2017 | Program Support | Review by July 2019 |
| 2 | January 2021 | Program Support, State-wide Services, Community Services Division | Review by January 2022 |

**Appendix 1: Self-management Checklist**

This document confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of Person/Representative] [Name of Local Coordinator]

have discussed the responsibilities of self-management.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of Person/Representative]

[ ]  has read and understood the Self-Management Guide, and other relevant documents such as the National Standards for Disability Services

[ ]  can comply with all applicable legal requirements

[ ]  can meet legal responsibilities when engaging individuals as employees or independent contractors

[ ]  will maintain a dedicated bank account reserved solely for the purpose of self-managed funds (where funds are paid in advance)

[ ]  will take all reasonable steps to ensure that self-managed supports and services reflect the National Standards for Disability Services

[ ]  can source supports to undertake self-management, as well as specialist advice, training and development, if required

[ ]  will ensure that self-managed supports are consistent with the strategies and goals in their individual plan

[ ]  will ensure that accurate and up-to-date records will be kept

[ ]  will submit acquittal reports within agreed timeframes

[ ]  will have appropriate safeguarding measures in place

[ ]  is not currently subject to bankruptcy proceedings or bankrupt or insolvent under administration\*

[ ]  has not been convicted of fraud or similar offences\*

Additional responsibilities for the Representative only:

As the representative for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can:

[Name of Supported Person] [Name of Representative]

[ ]  support decisions that reflect the Supported Person’s choices and preferences, and act in their best interests

[ ]  hold funds on trust for the benefit of the Supported Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Local Coordinator Date

\*Being subject to bankruptcy proceedings may not preclude a person from undertaking self-management, but will be considered as part of the approval process. If a person is currently bankrupt or insolvent under administration, or has been convicted of fraud or similar offences, self-management will not be approved

**APPENDIX 2: Acceptance of Grant Funds Agreement – Person**

**Self-management of funded supports**

These are the terms and conditions for the provision of funds by the Department of Communities (Communities) in relation to the supports and services agreed in the plan for [Name of Person].

In accepting these funds, I confirm that I have discussed the following terms and conditions with the Local Coordinator or Operations Support Officer, and I agree that:

* I have read and understood the Self-Management Guide and I have completed the Self-Management Checklist with the Local Coordinator. I acknowledge that I am ultimately responsible for deciding who I engage to support me and for meeting the legal obligations associated with engaging individuals as either employees or independent contractors. Communities is not responsible in any way for the decisions that I make in this regard.
* I acknowledge that the funds must only be used for the purposes as identified in my plan. Funds paid in advance must be paid into a dedicated account reserved solely for the purposes of self-managed funds. I will discuss with the Local Coordinator any funds that are not required within the period of my plan.
* I will be required to repay to Communities any funds not spent in accordance with my plan.
* I will keep receipts and records of how the funds are spent and will provide them to Communities within the agreed timeframe. I understand that Communities may undertake an audit and will take appropriate action for any misuse of funds.
* I will notify the Local Coordinator immediately of any material change in circumstances that may affect my plan or my capacity to self-manage funded supports.
* I understand that approval for self-management of funds may be suspended or withdrawn if concerns or allegations arise in relation to my capacity to self-manage, or about the quality of the services being provided to me.
* I am not currently subject to bankruptcy proceedings or bankrupt or insolvent under administration. I will notify Communities immediately if this changes.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person’s name (receiving the funds)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SignatureDate:  |   |

I acknowledge that I have determined that [Name of Person] may self-manage funded supports as agreed in their plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Coordinator/Area Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date:

**Acceptance of Grant Funds Agreement – Representative**

**Representative management of funded supports**

These are the terms and conditions for the provision of funds by the Department of Communities (Communities) in relation to the supports and services agreed in the plan for the Supported Person [Name of Supported Person].

In accepting these funds, I confirm that as the Representative for the Supported Person I have discussed the following terms and conditions with the Local Coordinator or Operations Support Officer, and I agree that:

* I have read and understood the Self-Management Guide and I have completed the Self-Management Checklist with the Local Coordinator. I acknowledge that as Representative I may act as the agent of the Supported Person or in my own capacity, and that I am either partially or wholly responsible for deciding who I engage to support the Supported Person and for meeting the legal obligations associated with engaging individuals as either employees or independent contractors. Communities is not responsible in any way for the decisions that I make in this regard.
* When I enter into contracts for the benefit of the Supported Person I must make it clear to the service provider whether I am acting in my capacity as the agent of the Supported Person or whether I am doing so in my own capacity. I understand I may be wholly or partially responsible for meeting relevant contractual obligations.
* I understand my responsibility to take all reasonable steps to protect the safety and wellbeing of the Supported Person. I must notify Communities if the safety or wellbeing of the Supported Person is compromised or threatened.
* I acknowledge that in my capacity as Representative, I must endeavour to reflect the Supported Person’s choices and preferences, and must act in the best interests of the Supported Person at all times.
* I will notify the Local Coordinator immediately of any material change in circumstances that may affect the plan for the Supported Person, or my capacity to manage funded supports.
* I acknowledge that I will hold the funds on trust for the benefit of the Supported Person. Funds paid in advance must be paid into a dedicated account reserved solely for the purposes of managed funds.
* I acknowledge that the funds must only be used for the purposes as identified in the plan for the Supported Person. I will discuss with the Local Coordinator any funds that are not required within the period of the plan for the Supported Person.
* I will be required to repay to Communities any funds not spent in accordance with the plan for the Supported Person.
* I will keep receipts and records of how the funds are spent and will provide them to Communities within the agreed timeframe. I understand that Communities may undertake an audit and will take appropriate action for any misuse of funds.
* I understand that approval for management of funds may be suspended or withdrawn if concerns or allegations arise in relation to either my capacity as Representative of the Supported Person to manage funds on behalf of the Supported Person, or the quality of the services being provided to the Supported Person, or Communities forms the view that the management arrangement is no longer in the interests of the Supported Person generally.
* I am not currently subject to bankruptcy proceedings or bankrupt or insolvent under administration. I will notify Communities immediately if this changes.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Representative’s name (receiving the funds)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SignatureDate:  |   |

I acknowledge that I have determined that [Name of Representative] may manage funded supports on behalf of [Name of Supported Person] as agreed in the plan for [Name of Supported Person].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Coordinator/Area Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date: