

## WORKFLOW PROCESS TO CLAIMING

### CASOP TEAM MEMBERS RESPONSIBILITIES

#### 1. NEW CLIENT/NEW PLAN DATES FOR CURRENT PARTICIPANT

Team Member to develop Service Agreement with the following mandatory information

- NDIS number beginning with 4 and 9 digits long
- DOB
- Correct Spelling of Surname
- Start date of Service Agreement
- End date of plan
- How their funding is managed that we will be claiming for ie: the service you are providing: Agency/Plan/Self – Plan/Self manage require the correct email address of where to send invoices to
- Budget category and line item where we will be claiming the payment from
- Amount of funding allocated to us
- Once you complete and submit the service agreement, it will automatically be sent to our Admin team.
- Inform the Admin team if there has been a mistake on the service agreement

**No Service Agreement in place, do not log a case note on the system until one is in place and date your case notes accordingly.**

## 2. UNDERSTANDING DIFFERENT WAYS PARTICIPANTS CAN MANAGE THEIR FUNDING:

- **AGENCY MANAGED PARTICIPANTS** – CASoP Admin create a service booking on the NDIS Portal and claim payment from here based on the hours generated on your report which are based on the case notes that you have logged. We will email you if we have any difficulty in connecting a participant to the portal.  
Agency managed means that a person can ONLY use a person/service that is a registered provider of the NDIS.
- **PLAN MANAGED PARTICIPANTS** – A plan manager is like an accountant. CASoP Admin will email an invoice to the plan manager using the email address that you provided in their service agreement. The plan manager makes the claim on the participants behalf and pays CASoP.  
A person can use BOTH NDIS registered and non registered people/services for their supports, as long as the support is linked to their disability.
- **SELF MANAGED PARTICIPANTS** - CASoP Admin will email an invoice to the participant/participant nominee using the email address that you provided in their service agreement. The participant/participant nominee will pay CASoP directly.  
A person can use BOTH NDIS registered and non registered people/services for their supports, as long as the support is linked to their disability.
- **MIXED MANAGED PARTICIPANTS** - Some participants may manage their funding all three ways, with different budgets being managed differently. Please just remember that we only need to know how the funding is managed that relates to the services you are providing.

### 3. UNDERSTANDING BUDGETS AND ASSOCIATED LINE ITEMS

The NDIS has created the following plan budget/support categories that are found in an NDIS plan:

SUPPORT PURPOSE	OUTCOMES FRAMEWORK DOMAIN	SUPPORT CATEGORY (Plan Budgets)
CORE	Daily Living	1. Assistance with Daily Life
	Daily Living	2. Transport
	Daily Living	3. Consumables
	Social & Community Participation	4. Assistance with Social & Community Participation
CAPITAL	Daily Living	1. Assistive Technology
	Home	2. Home Modifications
CAPACITY BUILDING	Choice & Control	1. Coordination of Supports
	Home	2. Improved Living Arrangements
	Social and Community Participation	3. Increased Social and Community Participation
	Work	4. Finding and Keeping a Job
	Relationships	5. Improved Relationships
	Health & Wellbeing	6. Improved Health and Wellbeing
	Lifelong Learning	7. Improved Learning
	Choice and Control	8. Improved Life Choices
	Daily Living	9. Improved Daily Living Skills

Within each budget, there are associated line items linked to that budget which provide more detail about the individual service that was provided.

Some budgets, like the core budget, have many associated line items, whereas a budget like Behaviour Support, only has three.

When you log a case note with a line item that does not fit with the person's budget category, we will receive an error and the claim will not go through, or a plan manager will send the invoice back and not pay us.

The NDIS price guide shows you all the budgets and their associated line items, so it would be beneficial for you to get familiar with the price guide to ensure you have a good understanding. Don't worry about all the line items in core like consumables and assistive technology items, but get familiar with the line items that you use for the support/s you provide. If you are a Support Coordinator, even doing tasks for another Support Coordinator, you need to understand the budgets and line items when making referrals. Otherwise you risk making a referral to a service that the person does not actually have funding for in their plan. You can imagine the trouble this causes if the organisation provides the service and then cannot get paid.

You can view the most updated price guide directly on the NDIS website found on the link below:

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

#### 4. USING CAREMASTER AND KEEPING ACCURATE RECORDS

Your case notes directly correspond to what we claim from a participants funding.

Do not log a case note if you have not provided us with A Service Agreement for the current planning period for either new or current participant. We cannot claim for anyone that we do not have a service agreement for. If you are unsure how to enter funding information or log a case note, please watch the video found in our Team Training folder on our website.

If you are working with someone that is out of funds, but want to keep track of the work that you have provided, please use the 'Out of Funds' case note button as this won't affect claiming.

##### New Participant

- Completion of service agreement
- Create participant profile on CareMaster
- Enter ALL their contact details and ensure these details are updated when required
- Enter their funding information
- Enter service agreement completion date
- Upload all documents relating to participant

##### Current Participant

- Completion of service agreement for new plan period
- Update any contact details that have changed
- Update their funding information and ensure you end date the last plan if ended earlier than original date
- Update service agreement completion date
- Upload all documents relating to participant

##### Invoice Report on CareMaster:

- Generate your invoice report as many times as you like during the fortnight to ensure all details are correct. This is a good way to see if you are missing any information like case notes, or NDIS numbers.
- Update any information and re run your invoice report to check
- You may want to generate your own invoice in your own accounting system if you use one for tax purposes. That is a discussion to have with an accountant.

#### HOW TO RUN YOUR REPORT:

1. Log into CareMaster.
2. On the left-hand side select Report.
3. Then select worker/volunteer.
4. A new screen will come up to the right.
5. In the box 'report type', scroll down to find the report called 'Coordinator Hours V3 and select.
6. Date Box: Enter the dates that you would like to view your report for.
7. Coordinator Box: Start typing your name and a drop-down list will appear, select your name.
8. Select Export,
9. The report will appear as an excel file down the bottom of your screen.
10. If you are unsure, watch the video on running the report. This can be found in the Team Training folder on our website.

#### Things to Remember:

1. **Your report will only be as accurate as the details you enter when you set up the client on CareMaster and enter all their current funding information. It is not our Admin team's role to check these are correct, it is your job. If information in your report is incomplete, we will not claim for these services.**

**We will endeavour to claim for the services we were unable to in the following fortnight as long as you have fixed the error/s.**

2. **Please read the comments in your report which will tell you what your errors were. These comments will also tell you whether a service booking has ended. If a service booking has ended, you need to have a new service agreement completed within the next fortnight if you would like us to claim for services that you have provided.**
3. **No service agreement = no claim**
4. **All case notes need to be logged by the Sunday night at the end of each billing period.**
5. **Any case notes logged after the Sunday will be missed on your report and you will miss out on being paid those supports.**
6. **We are here to help, please reach out if you need support.**

## CASOP ADMIN TEAM RESPONSIBILITIES

### 1. Generate your Invoice Report Monday morning:

- All case notes **MUST BE** logged by midnight on the Sunday at the end of the billing cycle.
- Please **DO NOT** add case notes after the Sunday as they will not be included in your report.

### 2. Service Agreements:

- Connect all agency managed participants to the NDIS portal based on the details that you have provided in the service agreement
- Inform you if there is any issue when attempting to connect a participant to the NDIS Portal if they are agency managed.

### 3. Claiming:

- Responsible for all claiming based on the case notes you log on caremaster
- Send off all invoices to plan managers and participants that self manage as noted in your invoice and service agreement.
- Email team members if a service booking has ended within the claiming period and ask you to have a new SA completed before you log any further case notes.
- We will not make a claim for anything that is not within the fortnight. For example, we understand that sometimes service bookings end abruptly due to a random plan review or a plan extension. Due to this, we will make a claim if there is remaining funds within the service booking. Please note, this is for **AGENCY MANAGED** participants only. A plan manager will reject an invoice that does not fall within a current plan period.
- Email team member if there has been an error in claiming due to insufficient funds. Therefore it is **ESSENTIAL** that you track your hours. If you use CareMaster properly, the system will track these hours for you. If there are insufficient funds you will be paid according to what we were able to claim (if anything) for that participant.

Please note, we will **NOT** be completing a service booking to fix an error, all service agreements **MUST** be completed and submitted prior to generating your invoice.

#### 4. Payment:

- Pay each team member according to the hours we were successfully able to claim.
- Email you your invoice report which will outline your amount to be paid and any comments and errors.
- The most common errors that we cannot claim for are:
  - Insufficient Funds – if you are using CareMaster correctly, you should be able to track your funds to see if you are running out.
  - Inactive Service Booking – the end date is prior to the current fortnight we are claiming for
  - No service booking
  - Incorrect Budget or line item on your invoice report – this means you have entered a case note with incorrect funding details
- Make a note to try again for any errors the following fortnight. That gives you 2 weeks to fix any errors that you can, and we will make the claim the following fortnight.

#### IN SUMMARY

We ask you to please understand the following:

1. Logging accurate case notes is a requirement of your job.
2. We cannot fix your errors for you, but we can tell you what the error is so that you can fix it.
3. If you fix your errors after receiving your report, we will not be doing the claim until the following fortnight.
4. Cut off date for Service agreements for the fortnight you are claiming for must be submitted by the Sunday evening to enable us to connect/have invoice details for claiming on the Monday morning.
5. Any service agreements after this date will be included in the following fortnight so please ensure your case notes are dated appropriately.
6. We cannot claim for anyone that we do not have a service agreement for.