

Better Start for Children with Disability Initiative

# Fee Schedule Template for Service Providers

The following template sets out the fees and services of your organisation. The information entered in this form will be published on the Department’s website at [www.fahcsia.gov.au/betterstart/](http://www.fahcsia.gov.au/betterstart/) for families who are looking for a Better Start service provider.

# Out of scope services

It is important that you understand that some services / therapies cannot be charged to Better Start. Out of scope services are listed in section 4.2 of the Operational Guidelines, which are available to view or download here:

<http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/better-start-for-children-with-disability-initiative/early-intervention-service-provider-panel-application-process/better-start-for-children-with-disability-operational>

Some examples of out of scope services are comprehensive multi-part assessments, professional training courses or workshops, and any services which are already provided or subsidised by Australian Hearing or State / Territory Governments.

If you are unsure if a given therapy or service can be charged to Better Start, you can call our helpline on 1800 778 581 or email us at better.start@fahcsia.gov.au.

# Returning the Fee Schedule Template

**For new applicants:** Attach the fee schedule to your application by clicking on the + symbol in the application form and selecting your saved fee schedule. We will assess the fee schedule with your application material and contact you once the assessment is completed. If you are accepted to the panel, your fee schedule will be uploaded to the FaHCSIA website.

**For existing providers:** Please mark changes to your fee schedule in red, or enable “track changes” mode in Word and email it to better.start@fahcsia.gov.au for processing. Once we have checked the changes, your updated fee schedule will be uploaded to the FaHCSIA Website.

# Contact information

This information will be used by parents to locate and contact your service. If you deliver from additional locations, or you have consortium members who deliver from additional locations, you must include their addresses. You can choose to include their phone numbers and email addresses if you want parents to contact them directly.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Address (required)** |  | **Additional Delivery Locations** |  |  |  |
|  |  |  |  |  |  |  |  |
| Name |  e.g. Smith Therapy |  | Name |   |  | Name |   |
| Address |  e.g. 123 Example Street, Suburb, Postcode |  | Address |   |  | Address |   |
| Phone |   |  | Phone |   |  | Phone |   |
| Email |   |  | Email |   |  | Email |   |
| Website |   |  |  |  |  |  |  |
|  |  |  | Name |   |  | Name |   |
|  |  |  | Address |  |  | Address |   |
|  |  |  | Phone |   |  | Phone |   |
|  |  |  | Email |   |  | Email |   |

If you have more locations, enter the details here by copying and pasting the above fields.

# Instructions for completing the fee schedule

**Intervention domains:** Please tick all that apply.

**Delivery location:** Enter the service provider name and the street address from which services will be delivered. For mobile-only services, please provide the suburb(s) which you can cover.

**Profession:** Click on the text to open a drop-down menu and select a profession. For multidisciplinary services, select “multidisciplinary” and list the professions in the same cell.

**Service:** Briefly describe the type of services you will offer under Better Start.

**Duration:** Please indicate the typical length of each service.

**Total cost:** Enter the overall cost of the service listed. For instance, if a service runs for 2 hours and costs $100 per hour, you would enter $200 in the total cost.

# Better Start Fee Schedule

Please complete this table for all of your delivery locations and the delivery locations of any consortium members or subcontractors. If you have more than four locations, you can copy and paste the table to a new page of this document.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervention Domains** | **Delivery location** | **Profession** | **Service** | **Duration** | **Total cost** |
| [ ]  Language and communication[ ]  Self-care, self-regulation and life skills[ ]  Physical / sensory / psychomotor development[ ]  Social and emotional development[ ]  Cognitive development and learning skills   | e.g.Smith Therapy,123 Example Street, Suburb, Postcode | Choose an item.  | e.g. initial assessment |  X hours | $X  |
| e.g. standard session |   |   |
| e.g. home / school visit |   |   |
|   |   |   |
| [ ]  Language and communication[ ]  Self-care, self-regulation and life skills[ ]  Physical / sensory / psychomotor development[ ]  Social and emotional development[ ]  Cognitive development and learning skills    |   | Choose an item.  |   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| [ ]  Language and communication[ ]  Self-care, self-regulation and life skills[ ]  Physical / sensory / psychomotor development[ ]  Social and emotional development[ ]  Cognitive development and learning skills   |   | Choose an item.  |   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| [ ]  Language and communication[ ]  Self-care, self-regulation and life skills[ ]  Physical / sensory / psychomotor development[ ]  Social and emotional development[ ]  Cognitive development and learning skills   |   | Choose an item.  |   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Once you have completed the fee schedule, save a copy as “Fee Schedule – *Your Trading Name*” and email it to better.start@fahcsia.gov.au for processing if it is an update, or attach it to your application by clicking on the + symbol and selecting the saved fee schedule.