

## Plan Managed Information Sheet

### Parent Reflection Group

#### Provider Details

**Spectrum Centre WA Pty Ltd** trading as Spectrum Centre

**ABN:** 32 650 874 632

**NDIS Provider Number:** 4050115256

**Email:** admin@spectrumcentre.com.au

**Phone:** 0499 930 811

#### Service Description

This is a live psychology group session facilitated by a neurodivergent-affirming Clinical Psychologist. The session is delivered as an interactive reflective discussion, supporting parents to develop understanding and strategies to support their autistic child's regulation, communication, autonomy and participation. This is a direct therapeutic support delivered in real time, with additional individualised indirect clinician time.

#### NDIS Support Category

**Capacity Building:** Improved Daily Living

**Service type:** Psychology

**Relevant line item** (depending on participant age):

- 15\_001\_0118\_1\_3 Early Childhood Intervention Professional - Psychologist
- 15\_054\_0128\_1\_3 Assessment Recommendation Therapy or Training - Psychologist

#### Session and Billing Details

<b>Session format</b>	Small group (maximum 6 parents)
<b>Session duration</b>	90 minutes (live group)
<b>Billing breakdown per participant</b>	<p><b>Direct (face-to-face or telehealth group session)</b>            90 minutes at 1:6 ratio            = 0.25 hour per participant            = \$58.25</p> <p><b>Indirect clinician time (individualised)</b>            Review of parent reflections and note-taking            15 minutes per participant            = \$56.75</p>
<b>Total cost per participant</b>	\$115 per session

## Claiming Information

This support may be claimed under the participant's **Improved Daily Living funding** where it relates to the child's NDIS goals and available funding.

## Examples of Related NDIS Goals

This support may relate to goals such as:

- developing emotional regulation skills
- supporting social communication and relationships
- increasing independence in routines and daily life
- supporting participation in family and community settings
- supporting parents to understand and respond to their child's needs.

## Plan Manager Confirmation Required

Prior to attendance, please confirm in writing (via email to the parent) that:

- funding is available within the participant's plan
- the support aligns with the participant's goals
- the relevant psychology line item either 15\_001\_0118\_1\_3 (Early Childhood) or 15\_054\_0128\_1\_3
- the invoice for this group session can be processed

**Please provide written confirmation to:** [admin@spectrumcentre.com.au](mailto:admin@spectrumcentre.com.au)

## Important

Attendance at the group indicates parent confirmation that:

- the support aligns with the participant's goals
- funding is available within the plan

## Group Viability

Groups require a minimum number of participants to proceed.

If minimum numbers are not met, the session may be rescheduled or cancelled. In this case, participants will be notified in advance and any payments made will be fully refunded.

**Services are provided in accordance with Spectrum Centre's Service Agreement, which will be provided prior to confirmation of your place.**