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# Child Development Service - Eligibility and Access Procedure

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## 1. Purpose

WA Country Health Service (WACHS) Child Development Service (CDS) provides early intervention services in country WA for families of children experiencing developmental delay or difficulty impacting on function, participation and/or parent-child relationship.

This procedure document provides the eligibility criteria to access services offered by WACHS CDS. The criteria provide the rules for engaging with WACHS CDS. Access to CDS services is based on the presenting concerns and in collaboration with the family.

Absence of this procedure may result in variable criteria being used across WACHS to determine eligibility, which could result in inequitable access to services.

## 2. Procedure

### 2.1 Key considerations

When reviewing a referral to determine eligibility for and access to services the following must be considered:

- The child is the focus of care and their best interests are the primary consideration in all decisions. Clinicians are to think critically and use the best available evidence in making decisions about access to services and the provision of care.
- Newly referred clients must meet all eligibility criteria before receiving developmental services within the parameters of the CDS program.
- There may be circumstances where a referral that does not meet the eligibility criteria may still be considered for services. This is to be on a case-by-case basis and must be discussed with the Tier 4 manager prior to accepting the referral or commencing services.
- A referral that is out of scope for WACHS CDS must be re-directed to the relevant WACHS program. WACHS clinicians must ensure that there is no wrong door for families to access services.
  - If the referral is not intended for CDS e.g. acute medical presentation, follow local processes to redirect the referral to the appropriate team.
  - If the referral is intended for CDS and following intake it is determined that CDS is not the most appropriate service discuss the redirection of the referral with the family.eg a referral to WACHS mental health program
- When a referral is made to an external service explicit consent from the client must be obtained and documented prior to re-direction of the referral to external services.
- CDS strives to provide culturally safe services to children and their families. Clinicians must consider the cultural context and use the best available supports (e.g. Aboriginal health services) to make decisions about eligibility and access to services and the provision of care. [WACHS Aboriginal Health Strategy 2019-24](#)
- Central to the WACHS CDS is engagement with those who are most vulnerable and disadvantaged, and provision of services that are timely, acceptable, affordable, accessible and appropriate to families.
- Eligibility and access to services may change throughout the client journey, and when relevant, conclusion of service provision and/or alternative service provider options are

to be discussed with parents/guardians. It is the responsibility of staff to monitor ongoing client eligibility.

## 2.2 Eligibility to receive services

To be eligible for free services through WACHS CDS, the child must meet the following eligibility criteria:

- live in a WACHS region (see [Child Development Services Directory](#))
- under the age of 16 years at the time of referral. Active clients may receive services up until 18 years
- Medicare eligible, including:
  - Medicare card holder/listed on a Medicare card
  - visiting Australia from a country with a Reciprocal Health Care Agreement (RHCA)
  - an asylum seeker with a Medicare eligible visa or evidence of asylum seeker status.

Each intake team in the region determines if a newly referred child meets the eligibility criteria to receive developmental services within the parameters of the CDS program. It is the responsibility of clinicians to monitor ongoing client eligibility.

Active clients are deemed ineligible when they no longer meet any one of the eligibility criteria. In these instances, alternative services and resources are to be discussed with the family. Should the change in eligibility status be temporary, flexible re-entry may apply as per the [Child Development Service Flexible Re-entry Procedure](#).

## 2.3 When eligibility criteria is not met

There may be circumstances where a referral that does not meet eligibility may be considered for services. This is to be on a case-by-case basis and must be discussed with the Tier 4 manager prior to accepting the referral and commencing services.

Where eligibility and/or decisions related to access to services are disputed, parent/guardians are to be advised of the feedback processes available through [WA Country Health Service - Provide feedback](#).

### **Does not live in a WACHS region**

Child development services for children living in the greater Perth region are available through the Child and Adolescent Health Service (CAHS) Child Development Service. Direct the family and/or referrer to the [Child and Adolescent Health Service | CAHS - Child Development Service](#).

### **Child is not under the age of 16 years at the time of referral**

Discuss with the family and consider alternative services, including referring to their General Practitioner.

### **Medicare ineligible persons**

At times, a referral may be received for a Medicare ineligible family or child, including:

- overseas visitors (not covered by Reciprocal Health Care Agreement)
- international students on a student visa

- some asylum seekers (unable to provide Medicare card or documentation supporting their claim for asylum, as listed in the [WA Health Fees and Charges Manual](#) (section 1.3).

If the child is not Medicare eligible, this is to be recorded appropriately in the patient demographics and when adding the incoming referral.

In line with the WA Health Fees and Charges Manual, (link below) where a person is Medicare ineligible, a fee may apply. When a Medicare ineligible child is identified, a discussion must be had with the parent/guardian to inform them of the fees and to determine whether they would like to proceed with CDS services.

Alternative service provider options (if available) must be discussed with parent/guardian.

If the parent/guardian wish to proceed with CDS services, they must provide informed financial consent (verbal), and this must be documented in Community Health Information System (CHIS).

Refer to the following for further information:

- [WA Health Fees and Charges Manual](#) (Medicare ineligible non-admitted fees are provided in section 5.14).
- [Ineligible Overseas Patients \(sharepoint.com\)](#)
- [Information for Overseas Visitors and Students brochure](#) (available in English and other languages)
- [Debt Management \(sharepoint.com\)](#)

## 2.4 Service access when eligibility criteria is met

Once a child is deemed eligible to receive CDS services, clinicians are to determine service access and whether CDS is the most suitable service option for the child.

When there is adequate information on the referral for the intake team to determine what CDS service options may benefit the child and family, the child is offered an appointment or waitlisted for services. At this stage, the Child Development Service - Entry to Service Procedure (under Development) applies.

Where there is inadequate information on the referral, a clinician will contact the parent/guardian to discuss their concerns and priorities to determine the most appropriate CDS service options for the child and family. As well as being a referral triage discussion, it may include aspects from the Child Development Service - Entry to Service procedure (under development).

Central to the WACHS CDS is engagement with families in a timely, acceptable, accessible and appropriate manner. Refer to the [Engagement Procedure](#).

Clinicians are to discuss alternative services with the parent/guardian when it becomes evident that an alternative service would be more appropriate. No external provider should be specifically promoted or recommended by WACHS staff. Refer to [Allied Health Collaborative Arrangements with External Providers Guideline](#).

Access to services is generally considered appropriate when:

- the client presents with developmental delay or difficulty impacting on function, participation and/or parent-child relationship and the delay or difficulty is not the result of general medical, surgical or acute conditions or injuries. If a referral is related to a medical, surgical or acute condition, it must be re-directed to the appropriate service
- parents/guardians have previously, where possible, accessed community nursing, universal or primary health care services for support regarding typical childhood concerns including nutrition, mealtimes, sleeping, toileting, behaviour, play and parent-child relationships.

### 2.5 Prioritisation

Once Eligibility and access have been determined, the [WACHS Allied Health Clinical Prioritisation Framework](#), [Allied Health Clinical Prioritisation Framework – Child Development Services Guide](#), and the [Allied Health Clinical Prioritisation Framework Profession Guides](#) provide guidance to support clinical prioritisation of clients accessing CDS services.

### 2.6 Clinical Presentations and Services Out of Scope for CDS

As per the Child Development Service Procedure (under development) and the [Allied Health Clinical Prioritisation Framework – Child Development Services Guide](#), out of scope services refer to those services that are not within core service requirements for WACHS CDS. A service is considered out of scope for CDS if:

- it is not associated with a developmental delay or difficulty i.e. children's skills are within the normal range
- the delay or difficulty is a result of general medical, surgical or acute conditions or injuries. These children should be managed through the site's local Outpatient processes.
- it is solely associated with a health issue e.g., Diabetes
- it is an acute mental health difficulty including risk of harm to self and/or others
- a client receiving similar services from another government-funded agency
- it is a core responsibility of other service providers e.g. Department of Education, Child and Adolescent Mental Health Service
- the clinical presentation requires specialist skills outside the scope of the WACHS workforce e.g. Autism Spectrum Disorder assessment
- an emergency or crisis response is required
- the child's skills are within normal range
- the required services are not aligned to organisational priorities and resourcing.

When a family's needs are out of scope for CDS, clinicians are to identify and support families to access other service options. A referral that is out of scope for WACHS CDS must, where possible, be re-directed to the relevant WACHS program or external service and not simply declined. Explicit consent from the client must be obtained and documented prior to re-direction of the referral to external services.

When a child is a participant of the National Disability Insurance Scheme (NDIS) and has an approved NDIS plan, services funded within the NDIS plan are to be delivered by NDIS providers. Note that children receiving NDIS funded services continue to access CDS diagnostic and medical services as appropriate. CDS are to provide services to children who are participants of the National Disability Insurance Scheme (NDIS) if:

- a client has been identified as potentially needing WACHS for 'maintenance of critical NDIS supports; or
- the client's service need is separate from their NDIS disability condition. E.g., a child accessing NDIS for a hearing impairment presenting with gross motor delay.

Regardless of NDIS status, WACHS retains responsibility for the delivery of health services to all people in the community. Refer to the NDIS Maintenance of Critical Supports - Advice for Allied Health Services for further information about the health services that WACHS maintains responsibility for.

### 2.7 Discipline specific scope

Refer to Allied Health Practice Framework Profession Guides for service scope specific to the following disciplines:

- [Audiology Guide](#)
- [Dietetics Guide](#)
- [Occupational Therapy](#)
- [Physiotherapy Guide](#)
- [Child Development Service Psychology Service Guide](#)
- [Speech Pathology Guide](#)
- [Social Work Guide](#)

When a service is identified as being out of scope for WACHS CDS, both the client and referrer are to be advised that it is not a service delivered by WACHS CDS. The client should then be supported to access another WACHS program or an alternative service provider.

### Referral declined letter templates

Letter templates are available to support communication with a referrer when their referral is not accepted. [Child Development Services \(sharepoint.com\)](#) Templates cover the following reasons:

- Parent/legal guardian consent not indicated on the referral
- Child lives outside of WACHS catchment area
- Child aged over 16 years at time of referral
- Not Medicare eligible
- Access to services-not the most appropriate service
- Currently waitlisted for or receiving services.

### 2.8 CAHS-WACHS CDS Transfers

When families move between CAHS CDS and WACHS CDS services, it is important to ensure an equitable and stream-lined transfer to ensure continuity of care. This is outlined in [MOU CAHS Community Health and WACHS 2022 to 2025](#)

It is also important to follow the applicable referral management process to ensure accuracy and comparability of referral data reporting:

- **New Referral:** when a client has been referred to a WA Health CDS provider but not yet commenced services, the initial date of referral is maintained on re-allocation to the other agency.

- **Management of Active clients:** a clinical handover must be completed in accordance with MP 0095/18 [Clinical Handover Policy](#) and WACHS [Allied Health Clinical Handover Policy](#) where a client is transitioning from active management with one CDS service to active management with the other CDS.

## Community Health Information System (CHIS)

Refer to CHIS user guides: [CHIS Resources \(sharepoint.com\)](#)

## 3. Roles and Responsibilities

**Allied Health Managers (CDS)** are responsible for ensuring that information regarding this procedure is to be provided to current staff via regional communication channels and included in the induction processes for new WACHS employees working in CDS.

### Clinical CDS staff are responsible for:

- working collaboratively with families to deliver services for children and families as per the policy, procedures and discipline-specific guidelines
- creating and maintaining a safe, welcoming environment for children and families to enhance service engagement
- understanding the reporting responsibilities and communicate any concerns about a child's safety or well-being to the appropriate staff member
- engaging in recommended training and develop clinical competencies to effectively deliver effective services for children and families
- adhering to obligations regarding information sharing and record keeping, maintaining standards of confidentiality and accuracy.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring and evaluation of this procedure is to be carried out by the Child Development Service Leadership group and local managers with CDS program responsibility to determine effectiveness and relevance. It is to be reviewed every five years by methods including feedback from clients and stakeholders and consultation by managers with allied health staff as part of regular clinical supervision processes.

The application of this procedure is to be discussed in team meetings and monitored by managers and staff. Staff are to be oriented to relevant CDS policies on commencement with the program and through audits of clinical practices.

## 5. References

Queensland Health. [Child development in Queensland Hospital and Health Services. In Act Now for kids 2morrow: 2021 to 2030 Queensland Health 2021](#). Available from: [https://www.childrens.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0022/177124/Child-Development-ACT-NOW-2.pdf](https://www.childrens.health.qld.gov.au/__data/assets/pdf_file/0022/177124/Child-Development-ACT-NOW-2.pdf)

Early Intervention Foundation. [What is early intervention?](https://www.eif.org.uk/what-is-early-intervention) [Internet]. Available from: <https://www.eif.org.uk/what-is-early-intervention>

Child and Adolescent Health Service (CAHS). [Eligibility and Access to Services Policy. 2021.](#)

## 6. Definitions

Term	Definition
<b>Eligibility</b>	Rules for engaging with CDS services based on Government funding criteria.
<b>Access to services</b>	Determined collaboratively with the parent/guardian and is based on the suitability of CDS specialist developmental services for the client's presentation and/or needs.
<b>Developmental delay</b>	Describes a delay in the acquisition of a skill or milestone otherwise expected of a child at a particular age, within a single domain or may be across multiple areas of development (global developmental delay). The delay in development is considered to be temporary and likely to resolve with early intervention. <sup>1</sup>
<b>Active client</b>	A client who is open to receive services from CDS.
<b>Early intervention</b>	Identification and provision of effective early support to children and young people who are at risk of poor outcomes. <sup>2</sup>
<b>Community health Information System</b>	Community health Information System (CHIS) is a WACHS electronic client medical record system used for CDS.
<b>National Disability Insurance Scheme</b>	National Disability Insurance Scheme (NDIS) is a national scheme for people with disability, administered by the National Disability Insurance Agency (NDIA).

## 7. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	Child Development Service Staff
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0095/18 <a href="#">Clinical Handover Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Collaborative Arrangements with External Providers Guideline</a></li> <li>• Child Development Service - Entry to Service procedure (under development)</li> <li>• <a href="#">Child Development Service Flexible Re-entry Procedure</a></li> <li>• <a href="#">Engagement Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Clinical Prioritisation Framework – Child Development Services Guide</a></li> <li>• <a href="#">Allied Health Clinical Prioritisation Framework Profession Guides</a></li> <li>• CAHS <a href="#">Guidelines for protecting Children-2020</a></li> <li>• <a href="#">Child Development Services Directory</a></li> <li>• <a href="#">WA Health Fees and Charges Manual</a></li> <li>• <a href="#">WACHS Allied Health Clinical Prioritisation Framework</a></li> <li>• WACHS <a href="#">Child Development Services (sharepoint.com)</a></li> <li>• WACHS <a href="#">CHIS Resources (sharepoint.com)</a></li> <li>• WACHS <a href="#">NDIS Maintenance of Critical Supports- Advice for Allied Health Services</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">WACHS CDS Referral Form</a></li> </ul>
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3353
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	2.06, 2.07
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil



## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	28 October 2024	28 October 2024	New Procedure

## 9. Approval

<b>Policy Owner</b>	Executive Director Clinical Excellence
<b>Co-approver</b>	Nil
<b>Contact</b>	Senior Program Manager, Child Development Service
<b>Business Unit</b>	Population Health
<b>EDRMS #</b>	ED-CO-24-329355

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