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PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME

Trial Site Public Hearings, April/May 2014

Response to Question On Notice
National Disability Insurance Agency

Question No: 1

How are you working with state jurisdictions and federal agencies on the **interface between health, education, disability, transport, child protection and other systems** while ensuring continuity of supports?

- a. Beyond the operational guidelines, what specific action is the NDIA taking with the Commonwealth and the States to clarify and implement service delivery while ensuring that no NDIS participant is disadvantaged?
- b. How are conflicts regarding these responsibilities being resolved?

Answer:

At its meeting of 19 April 2013, the Council of Australian Governments agreed the responsibilities of the National Disability Insurance Scheme (NDIS) and other service systems. The agreement is reflected in the NDIS rules and operational guidelines.

The National Disability Insurance Agency (NDIA) has developed relationships with local mainstream systems in each of the trial sites to outline how systems will work together to support people with disability.

- a. The NDIA planning process includes consideration of a participant's existing supports prior to transitioning into the NDIS. The participant's NDIS plan is intended to assist the participant to achieve at least the same outcomes in the NDIS, compared to those expected from their previous support.

The NDIA has identified some services that are currently funded through programs transitioning into the NDIA which are not generally funded by the Scheme. In these situations the NDIA can fund the supports for a transitional period while the NDIA works with the participant to build their capacity to provide these supports for themselves or identify more appropriate sources of this assistance.

- b. The NDIS governance arrangements provide a number of forums for the NDIA and governments to identify and resolve issues related to the mainstream interface. Where mainstream issues have implications for multiple jurisdictions, the NDIA and governments will work through the COAG Disability Reform Council structure.

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Question No: 2

The committee has heard that the scheme **lacks flexibility**—that the line by line acquittal approach requires participants to, for example, change their plan if they want to switch days to do the same activity. Can you explain why there is this lack of flexibility when the plan is managed by the Agency? Is it the case that there is more flexibility when the participant self manages or has a plan manager and if so, why?

Can you also explain how each of the four management options work (ie: NDIA, self-managed, plan manager, a combination of these)? For each option, can you outline the acquittal process, the supporting IT system, and the level of accountability and flexibility?

Answer:

The current ICT business system has limited flexibility in all four plan management options. This has resulted in planners needing to add every possible individual support item to a participant's plan to ensure that they had flexibility to vary the days or times of day that they receive a service. This has been a very complex process that has led to issues for both participants and providers and has resulted in plans requiring amendments to increase flexibility.

The National Disability Insurance Agency (NDIA) has worked to address this with enhancements to the business system which allows bundling of supports. This means that the participant will have choice and control to purchase flexibly from all the support items in the bundle – not only the individual support items that have been included in the plan.

The bundles that will be introduced which will allow flexibility within the bundle and across all flexible items in the plan include personal care, community access, interpreting and translating, and transport. If a planner sets up the plan using these bundles then the participant has flexibility to purchase supports for any support item in these bundles.

An employment group has been set up which is fixed, meaning that the participant has flexibility to purchase any supports in the employment bundle but cannot choose to purchase other supports outside the employment supports. The flexibility is limited to employment and related items as this is an investment by the NDIA in the participant's future employability.

There are four plan management options that the participant can choose to implement their NDIA plan. This includes:

- Agency Managed;
- Participant Managed;
- Plan Management Provider;
- Combination.

When the NDIA manages the funds for a participant's plan the providers working with the participant submit claims for supports through the provider portal. To access the participant's plan through the provider portal, the participant needs to give the provider their National Disability Insurance Scheme (NDIS) number and Date of Birth.

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It is highly recommended that they enter into a written service agreement. (A template Model Agreement has been developed in conjunction with National Disability Services and is available for participant and provider use.)

Once the service is delivered, the provider submits a claim and is paid automatically if the support item is in the participant's plan and the provider is registered to offer the support item. Where the acquittal is correct, payment is typically made within two working days. Currently, 97 per cent of claims are paid within this timeframe. A participant can request the Agency to register a provider solely for that participant, i.e. the participant vouches for the provider who is limited to delivering services just to that participant.

When the participant uses a plan manager the claims are processed by the plan manager utilising the provider portal. The processes are similar to agency managed plans with the important difference being that plan managers can use unregistered providers and this could provide greater flexibility.

Participants can request to manage the funds for their plan. The NDIA pays one month's advance of the total plan value into the participant's bank account. The participant submits claims to the trial site finance office who reimburses the amount that has been expended. Participants submit their claims as frequently as they choose. The arrangement ensures that they always have money in their account to meet their NDIS funded expenses. The participant who is self-managing can choose to purchase services from non-registered providers.

Participants are free to manage all or some of their funds with the exception of expensive items like customised wheel chairs and home modifications as these are considered investments by the NDIA in greater independence for the participant and are highly technical and episodic in nature

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Question No: 3

How many people have accessed supported decision making in developing their plans?

Answer:

The National Disability Insurance Agency is currently unable to provide specific data regarding the number of people who have accessed supported decision-making in developing their plans.

Generally, unfunded decision-making supports may be provided by carers, disability advocates, guardians, and nominees. Planners are all trained and briefed to ensure that the participant is supported during the planning process and Local Area Coordinators are also able to assist with decision-making.

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Question No: 4

The committee has heard from service providers that 70 per cent to 80 per cent of **plans are wrong**. According to these service providers, this has resulted in duplication in time and effort, and therefore cost. Can you indicate how often service providers have noted to the Agency that NDIS plans were incorrect and required revision? Can you outline for the committee what checks and balances are in place to ensure that plans are accurate?

Answer:

The National Disability Insurance Agency (NDIA) currently does not formally collect data relating to the frequency of National Disability Insurance Scheme (NDIS) plans being incorrect or when plans have required substantive revision.

However, a key point in the planning process is the provision of a draft plan to the participant by the NDIA planner. While this business practice is expected, it is not currently in the NDIA Standard Operating Procedures.

To improve practice, the Operating Procedures, which are currently being reviewed and updated, will include the requirement to provide the draft plan to the participant. This requirement has already been added to training of new trial site staff. The consistent provision of draft plans to participants will provide an opportunity to rectify errors and to confirm the substance of the plan.

The NDIA is also improving the plan drafting process by developing mechanisms that collect information about services being provided to the participant as early in the process as possible. Combined with pre-planning workshops for participants, this ensures that a clear and comprehensive picture of the person's existing services and supports is incorporated into the plan drafting process.

New changes to participant plans, being introduced in mid-June, will enable participants to more flexibly use their supports, including being able to interchange supports as their needs change. This increased flexibility will reduce the need to make amendments to plans.

At a systemic level, the NDIA is developing the NDIA Quality Management Framework as matter of priority to support consistency of approach and identify and address current and emerging issues with operating procedures. The NDIA Quality Management Framework will encompass a range of mechanisms to review the operations of the agency including internal audits, case reviews and team assessments.

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National Disability Insurance Agency**

Question No: 5

What is the process when a person with disability is unhappy with their planner?

Answer:

If a participant has concerns about their planner, they are entitled to request an alternative planner. A Senior Planner will consider the participant's concerns about the planner, and where appropriate, make necessary arrangements to have another planner assigned.

Participants are also supported to make use of the feedback process. Feedback including complaints can be provided in person at a local National Disability Insurance Agency (NDIA) Office, in writing, by email to feedback@ndis.gov.au or online using the NDIS website ndis.gov.au/feedback. Alternatively, the person can call 1800 800 110 for more information if required.

Where a participant lodges a complaint about their planner, the NDIA will make contact with them to discuss their complaint and may request more information. In order to investigate the complaint, the NDIA will contact the planner to elicit information in relation to the complaint.

Once resolved, the complaints officer will provide the participant with information on how the complaint has been resolved. If dissatisfied with the outcome, the participant may request a review of the complaint by a supervisor or manager, or may seek assistance from the Commonwealth Ombudsman.

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Question No: 6

Can you provide data on how many people are currently going through the NDIA's internal review process and how many cases have been resolved through the Agency's internal process?

Answer:

The *National Disability Insurance Scheme Act 2013* (NDIS Act) provides for the internal review of reviewable decisions made under the NDIS Act.

The Internal Review can be requested at any time within three months after being notified of the decision and is to be carried out by an officer not involved in the original decision. The review officer can confirm, vary or set aside the original decision.

As at 3 June 2014, there were 40 people across the trial sites going through the National Disability Insurance Agency's (NDIA) internal review process. These internal reviews related to the following types of decision:

- 25 related to access decisions (the person was deemed not to meet the access criteria for the scheme);
- 12 related to approvals of a participant's statement of support; and,
- 3 related to a decision not to review a participant's plan.

As at 3 June 2014, 39 internal reviews across the trial sites had been resolved through the NDIA's internal review process. These related to the following types of decision:

- 18 related to the access decision;
- 17 related to approvals of a participant's statement of support; and,
- 4 related to a decision not to review a participant's plan.

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Question No: 7

Can you provide the committee with details of the new services and the nature of these new options that are available to NDIS participants?

Answer:

As at 11 April 2014 there were approximately 400 registered providers in the Barwon trial site area. There has been a range of new services and service providers that are entering the market. The new providers that are registering are generally smaller providers that have been in sub-contracting arrangements to larger specialist disability services in the State systems and are now expanding their business to direct service.

National Disability Insurance Agency's experience has also been that there are some services that are contracting in response to emerging niche markets and identifying new market opportunities that may not have been previously available to them.

New providers are also responding to the demand for services by finding new and innovative ways of providing services to families, including weekend camps and sporting or recreation services which offer families and participants different outlets as a break from their usual routine. Other newer options include services for parents to learn how to support siblings, support/counselling groups for siblings of children with disability, and life transition planning for adult siblings of people with a disability.

Anecdotally it is known that participants who are self-managing their funds are purchasing differently.

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Question No: 8

Can you outline for the committee the consultation that has occurred between planner teams and Local Area Coordinators in terms of dealing with unanticipated demand for community supports, the gaps in the provision of these supports, the capacity of the community to provide these supports and to link NDIS participants into new opportunities?

Answer:

Across National Disability Insurance Scheme (NDIS) trial sites a range of practices are developed and implemented that enable effective consultation between planners, Local Area Coordinators and other stakeholders on issues around supports and participant access to these supports.

These practices include, but are not limited to, strategies such as:

- regular internal site meetings to identify gaps and emerging service provider issues;
- the identification and promotion of better practice across trial sites;
- regular formal and informal meetings with service providers and other community stakeholders;
- actively responding to feedback from scheme participants, their carers and their families and, where possible, incorporating this feedback into practice; and
- identifying and promoting new servicing opportunities as the provider market continues to develop and evolve with the NDIS.

The NDIA also administers Community Inclusion and Capacity Development Program Grants. This involves the allocation of small grants that:

- build community capacity for inclusion and participation of people with disability;
- facilitate mentoring and peer support;
- help provide information to support choice;
- improve access to existing community and disability capability; and
- provide funding or training for community groups to assist people with disability to participate, including accessibility improvements.

The kinds of projects that may be funded under this initiative include parenting programs, parent breaks, professional development, and diagnosis-specific peer support groups.

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Question No: 9

How are providers compensated—in terms of labour costs—for their **travel time** if this cost is not built into their hourly allowance? (p. 19)

[Hansard Reference 17 April 2014](#)

Answer:

Providers are reimbursed for travel beyond a 10km round trip at their usual hourly rate. A calculator is available on the National Disability Insurance Scheme website to enable Agency planners, participants and providers to calculate these amounts.

This pricing arrangement was developed to encourage efficient rostering by providers.

It is an aspect of the current pricing review being conducted by National Disability Insurance Agency in conjunction with National Disability Services (NDS).

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National Disability Insurance Agency**

Question No: 10

NDIA mentioned at the Hobart hearing that the Agency is working with service providers to see how these providers can manage more flexibly the problem of a participant **ordering a service but declining it on arrival**. How common is this occurrence across the trial sites? How, precisely, is the NDIA addressing these issues? Does the NDIA have contingency plans for certain categories of participant to insure against these events? (p. 18)

[Hansard Reference 17 April 2014](#)

Answer:

The National Disability Insurance Agency (NDIA) is unable to accurately report on how often a participant is “ordering but declining a service” as that circumstance would usually be managed by the provider rather than the NDIA.

The NDIA encourages the use of a Service Agreement (a model version is published on the NDIS website) between the participant and the provider to cover such a possibility through an upfront agreement.

If a participant were to refuse a service (a circumstance unknown to the Agency), a provider could only claim if an alternative service is delivered e.g. working through with the person the nature of their problem and finding an acceptable solution. Where the ‘no-show’ is due to provider inability to provide the agreed service (such as staffing unavailability), there is no ability for the provider to claim in any such circumstance.

The NDIA has encouraged providers to look at adopting similar ‘reminder’ systems used by other service sectors which have a model that accommodates “no shows” (e.g. hair dressers, health practitioners, tradespeople).

The subject of cancellations and “no shows” is also the subject of the National Disability Services/NDIS joint working party on pricing for personal care/community access which is due to report to the NDIA Executive in the middle of the year.

The outcomes from this work will be widely promoted with planners, providers and participants.

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Question No: 11

Can you provide the committee with examples of how the **school transition project for people with disability in Tasmania** is working effectively? How many people have successfully made this transition?

Answer:

The School Transition Project was developed to provide an integrated planning experience for students with disability in years 11 and 12. This process aims to bring together the following key stakeholders:

- the National Disability Insurance Agency (NDIA);
- Disability Employment Service (DES) Providers;
- the Department of Human Services (DHS);
- Australian Disability Enterprises (ADE);
- the Department of Social Services (DSS);
- National Disability Co-ordination Officers (NDCO);
- the School; and
- the student and their family/carers.

The project is designed to maximise referral pathways, improve economic participation prospects, and to streamline information sharing and consent requirements. The objective is to minimise duplication of effort, role confusion, and the amount of complexity involved for young people with disability as they transition from schools. The process is driven by school staff, in conjunction with an NDIA planner. Family members are also encouraged to attend.

The aim of the initial meeting in term 3 of year 11 is to explore suitable employment related options for year 12 and beyond. If available, the recommendations contained in the Job Capacity Assessment/Employment Services Assessment, as well as relevant NDIS and school assessments, are discussed. If a student has not tested their Disability Support Pension eligibility it may be recommended they connect with DHS to undergo an assessment.

The NDIA's primary function is to ensure that relevant personal supports are in place. A student's Individual Education Plan is updated by school staff to reflect their integrated goals. A final school/NDIA planning session is held in term 3 of year 12 to ensure that all efforts are aligned in preparation for a student to transition from school. A representative of the chosen post-school activity (e.g. TasTAFE, DES (open employment) or ADE (supported employment)) may also be present if appropriate

Key deliverables from this project to date include:

- the establishment of a Project Advisory Group;
- the development of a Best Practice Guide endorsed by key stakeholders, incorporating the Integrated Planning Model;
- an engagement strategy developed and commenced with State and Catholic Education Colleges and High Schools: "*Informing Aspirations*" Forums scheduled for the week of 10 June 2014 to:
 - develop a clear implementation plan and working arrangements for State-wide roll-out in term 3 of 2014; and
 - establish roles and responsibilities state-wide; and
 - commencement of negotiations with Department of Social Services (DSS) to gain limited access to ESS for NDIS staff.

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The Integrated Planning Model (IPM) primarily led by schools (State, Catholic and Independent) and the NDIA is scheduled to commence in September 2014 (Term 3). While school leavers in 2013 have NDIS plans in place the IPM was not available to trial at that time. Students who have experienced the IPM will be showcased by December 2014.

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Question No: 12

Can you provide the committee with an explanation for the significant **increase in the number of registered service providers in Tasmania**? Can you also provide some insight as to the extent to which this increase is due to providers offering the same type of services or whether it reflects greater innovation and expanded service delivery in the State? (p. 21)

[Hansard Reference 17 April 2014](#)

Answer:

Over 130 providers are registered with the National Disability Insurance Agency (NDIA) to provide services to people with disabilities in Tasmania. Sixteen providers are mainland-based while the rest are all local organisations. All organisations that provide only disability-specific services have registered, and over the past few months many of those organisations have increased the range of services that they are registered to provide.

The NDIA has also seen an increase of registered providers from the non-disability-specific 'mainstream' service sector – for example, taxi companies (to enable invoicing to the NDIA for participants) and the not-for-profit sector.

Disability organisations have increased the services they were initially registered for, thereby suggesting an expansion of service delivery. New providers are coming into the sector, either as sole providers or new not-for-profit organisations, established specifically to meet the needs of NDIS participants.

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Question No: 13

The committee has heard there is a considerable percentage of people who are not fully **activating their plans** or even activating them at all.

- a. What action is needed by a participant for the Agency to judge that a plan has been 'activated'?
- b. What data does the Agency collect on the number of people who have activated their plans, and those who have not?
- c. What evidence is there that plans have not been activated because the requisite services cannot be accessed by the participant?
- d. What support is available to help assist people to activate their plans, particularly those with mental illnesses?
- e. Is it adequate for the Agency to wait to receive an invoice from a service provider to determine whether a plan has been activated?
- f. How does the Agency ensure that the failure to activate a plan does not impact on the level of support provided in future plans?
- g. Should the Agency take a more proactive approach to assisting those people with approved plans who have not activated them, and the reasons why this is the case?
- h. Is the Agency concerned that a low level of plan activation could reflect shortcomings in the planning process and/or the functioning of the market?

Answer:

- a. Once the participant has chosen their providers, they provide them with their name, date of birth and National Disability Insurance Scheme individual administration system identifying number (this is given to the participant by the National Disability Insurance Agency (NDIA) in a letter). Providers link to the participant's record in the system through the Provider Portal. This establishment of provider 'case' records is the point at which the participant's plan is 'activated'. The NDIA is investigating redeveloping reports on the gap between plan finalisation and plan activation.
- b. The NDIA collects the same data on all participants that is provided through the access request process, the participant's statement of goals and aspirations and the statement of participant's support that is developed by the NDIA, which includes informal, mainstream and community and reasonable and necessary funded supports. For 'activated' plans the NDIA also collects data about the claims that providers make for the supports in the plan that they have provided.
- c. No data is collected or kept by the NDIA that would indicate plans had not been activated due to the requisite services not being available.
- d. Support from NDIA staff, including Local area Coordinators (LACs), is offered to participants to assist them to 'activate' their plans, i.e. to choose their providers and develop their agreements with providers. Funded supports can also be added to plans for those who need assistance with the coordination of their supports if necessary. LACs can also assist participants with implementing their plans. Trial sites are implementing a range of strategies to improve the 'activation' of plans, including:
 - for children's plans, asking providers to submit a service plan (FSSP) one month into the plan;

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- providing an active help desk and onsite assistance in provider premises to assist them to claim for the supports provided; and
 - business support is also available to providers through funding to peak bodies like the National Disability Services. In addition regular meetings are held with providers to discuss any difficulties they might be encountering and the NDIA provides on line and telephone support to assist providers who encounter any difficulties.
- e. The NDIA manages plan progress and takes a pro-active stance at implementation through assistance provided by LACs. Reports are being developed to assist staff in monitoring expenditure against plans. This will assist with early detections of plan implementation issues.
- f. As plans are monitored and reviewed, a thorough and comprehensive discussion with the participant occurs which can elicit reasons for the non-activation of support items. This then informs the subsequent plan. Failure to activate a support item does not preclude it from being available in a participant's subsequent plan but could lead to more assistance being provided to the participant or the participant choosing another provider.
- g. See e. above.
- h. The NDIA continues to closely monitor plan activations and to consider changes in processes that may contribute to better planning practices. Full reasons for any delays in plan activations are not yet able to be derived from the available data.

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**Response to Question On Notice
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Question No: 14

The committee understands that 14.7 per cent of applicants to Tier 3 in the Barwon trial site were assessed as **ineligible**. Does the NDIA monitor what happens to these ineligible people? Does it track whether they can access Tier 2 services? Does the Agency assist those who are ineligible for Tier 3 to access Tier 2 services?

The committee understands that the Agency will be given a greater amount of **Tier 2 block funding** over coming financial years (up to \$65.7 million in 2017–18). For the \$1 million that has been allocated for the 2013–14 financial year, how has this been allocated across the trials sites? Can you provide a breakdown and allocating criteria of how Tier 2 block funding will be distributed across the trial sites over coming financial years?

Answer:

As at the end of March 2014, there have been 205 people determined ineligible from 3,108 total access requests in Barwon, a rate of 6.6 per cent.

When a person is determined as ineligible, they are offered a Local Area Coordinator (LAC) to assist them to connect to mainstream and community services. This offer is accepted by some individuals and not others. For some individuals, the engagement with LAC's is short and once off. For others there is more regular contact maintained. LACs in Barwon maintain informal details about gaps and assistance available and share this through emails and local internal databases. This data is being incorporated into the development of a detailed engagement strategy with the community to increase the overall awareness and inclusion of people with disability.

The ICT system has not allowed details on linkage and referral activity with ineligible people to be recorded in a central place at this stage until recently. The \$1 million allocated to Tier 2 funding for 2013-14 was allocated based on a number of factors including population, site size and state government funding for similar purposes.

Tier 2 block funding is currently being reviewed to determine the criteria and allocation of funds for future years.

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Question No: 15

The NDIA told the committee that there is \$550 million allocated to the Agency in the 2013–14 budget for the **cost of capital for housing**. Can you provide a breakdown of how this money has been allocated? How much of this funding has been spent?

Answer:

Over the trial period (to June 2016) the National Disability Insurance Agency (NDIA) has approximately \$45 million of funding for housing across 6 trial sites. This funding is included in the cost of participant plans. There has currently been no money spent in the trial sites so far.

A housing discussion paper is currently being finalised and will be released to the public as the start of a conversation with the community about the role of the NDIS and other systems in assisting people with disability access the housing they need.

Pending responses to the housing discussion paper the NDIA will develop an approach to facilitating innovative housing alternatives within the trial sites.

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Question No: 16

Mr Jim Hungerford of the Shepherd Centre told the committee that while early intervention is very important, 'the NDIS funding model does not work'. As he told the committee '*[T]he NDIS early intervention model is written around \$6,000, \$12,000 and \$16,000 per year. Unfortunately, to provide the level of support to enable these children to speak, the average cost is somewhere between \$18,000 and \$20,000 per child—that is across the children who need less support as well as the children who need the high level of support. So there is a significant shortfall. In conjunction with that, there is the expectation that, for children who have multiple disabilities—and approximately a third of our children have got needs in addition to their hearing loss—there is no increase in the early intervention funding because it is a transdisciplinary package.*' (5 May 2014, p. 33)

Can you provide the committee with data on the **average cost of an early intervention package for a child with hearing difficulties**? Does the Agency accept that for children with severe hearing loss and multiple disabilities, the average package cost is in the region of \$18,000–20,000 per annum? (See also questions 28 and 29, below).

[Hansard Reference 5 May 2014](#)

Answer:

The prices quoted are “benchmark” prices developed in conjunction with early childhood providers in the Barwon region in Victoria and with Early Childhood Intervention Australia.

A child with multiple disabilities may require more intensive therapy and therefore a particular package may be costed above these benchmark prices.

Generally providers are submitting quotations within the benchmark figures, including those with complex needs.

The National Disability Insurance Agency (NDIA) has provided a range of materials which are available from the website which explains the operation of the pricing benchmarks and how providers should submit quotations to the NDIA. There are also principles of good practice for early childhood intervention published on the same site.

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Question No: 17

Can you provide the committee with a summary of what the Agency has done over the past six months to improve the **readability and accessibility of the information and the forms** that it provides to prospective and actual participants?

The committee understands that Agency has contracted a consultancy firm to devise a simpler form of words in the material that is provided to prospective and actual participants. Can you provide details of this arrangement? Which firm has been engaged? What is the cost to the Agency? What is the timeline? Has the Agency provided the firm with specific difficulties with wording that have been raised with NDIA by participants and planners? If so, can you provide details?

Answer:

Before the commencement of the National Disability Insurance Scheme (NDIS) in July 2013, the National Disability Insurance Agency's (NDIA) engagement staff held a series of co-design workshops in each of the trial sites (Barwon, Hunter, South Australia and Tasmania) with potential participants, family members and informal carers. These small group meetings were intended to garner feedback from community members on the design and development of the NDIS. The meetings included people with intellectual disability and family members. A recurring theme of these discussions was that access to information about the NDIS should be as easy to understand as possible and with the minimum amount of jargon.

The NDIA has been developing a suite of "Easy English" products designed to help potential participants enter into the NDIS.

These "Easy English" products use images and minimal text. These were designed internally, and use images that are free for non-commercial use.

The NDIA has also engaged accessible materials specialists The Information Access Group to translate the core product, the 'What is the NDIS' (brochure)?, into "Easy English" at a cost of \$2,310.

The NDIA plans to translate other key NDIS materials into "Easy English" and other required formats and languages to support people with disability and intellectual barriers, while delivering budgetary probity. This includes following the approved Commonwealth procurement guidelines to source suppliers that are value for money.

The Department of Social Services is currently translating some core NDIS materials into seven other languages, Arabic, Chinese (Mandarin and Cantonese), Vietnamese, Turkish, Greek, Italian and Spanish, as part of a broad NDIS communications campaign. It is anticipated these will be available by 1 July 2014.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 18

There were concerns raised at the Newcastle hearing on 5 May with **public liability insurance** for carers of people with disability. It was put to the committee that where people are doing attendant or personal support, they are not covered under the public liability component of their home contents insurance policy nor have they been able to secure a policy that does this (Ms Daley, p. 14). Another witness noted that there was no insurance cover for a carer who is employed to care for someone who lives in the same house (Mr Fitzpatrick, p. 14).

Have these issues of gaps in insurance cover been raised previously with the Agency? If so, has the Agency discussed these concerns with the Insurance Council of Australia?

[Hansard Reference 5 May 2014](#)

Answer:

The National Disability Insurance Agency is in the process of publishing materials developed in conjunction with participants who wish to self-manage.

Workers compensation insurance is readily available for people employed by a participant.

Public liability insurance is available but is more expensive as there is limited call for this type of insurance at this stage.

It is intended to discuss this matter with the ICA but whilst the market remains as small as it is, there may not be a viable business prospect for an insurer. A more attractive market prospect will emerge with increased numbers of participants in the National Disability Insurance Scheme and an increased take-up of self-management of funds by participants.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 19

The committee heard in Newcastle that there is no money for service providers to **train their staff** and that several service providers are currently employing lesser trained staff because they cannot afford to pay the hourly rate.

Can you comment on whether the Agency has received feedback from service providers that there is a shortfall in funding for training staff?

How is the Agency addressing the issue of the increasing the number and quality of disability sector workers with:

- a. state and federal government agencies;
- b. peak disability sector groups; and
- c. registered service providers?

Answer:

Funds have been made available to all state and territory governments through the sector development fund to assist providers to transition to the National Disability Insurance Scheme (NDIS).

In addition many of the peak associations have received funding to enable providers to adapt business processes and train staff to respond to the different requirements of participants in the NDIS.

A major piece of work is being undertaken by consultants commissioned by National Disability Services (NDS) and paid through this same fund to investigate the shape of the future workforce and how the market can respond to the expanding numbers and different skill sets that will be required by participants once the NDIS reaches maturity.

Where specific training is required related to the delivery of support to an individual e.g. training in the most appropriate bowel care, this can be identified and specifically funded within the individuals plan.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 20

The committee heard from Alzheimer's Australia that in assessing and applying for assistance for Alzheimer's patients, there can often be difficulty getting **trained staff** to make an assessment given this expertise usually sits within aged care service provision rather than disability. Can you comment on what expertise exists among planners and other allied health professionals assisting planners to make an assessment of supports for a person presenting with symptoms of Alzheimer's?

Answer:

In order to determine whether a person meets the access requirements, the National Disability Insurance Agency (NDIA) needs to collect information about the person's diagnosis and the impact of their condition on their life. The NDIA does not conduct diagnostic, functional or severity assessments for people wishing to access the scheme. It is the prospective participant's responsibility to provide this information with their access request.

The NDIA has developed an Evidence of Disability Form that the person's health practitioner can complete, or the health practitioner could provide the relevant information by letter. It could include previous assessments they have undertaken.

The NDIA can assist people to collect the information from their health practitioner that is needed to make an access request.

Once someone becomes a participant, the NDIA planner develops an understanding of the participant's disability related support requirements using the NDIA Support Needs Assessment Tool. This is not an assessment of the severity of the participant's condition. As part of the planning and assessment process, NDIA staff are able to organise specialist assessments for people to inform the development of a plan and what reasonable and necessary supports are needed.

NDIA planners, usually allied health professionals, have experience in service delivery for people with disability.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 21

The committee has received evidence on the public record that there *is* **backdating of plans**. At the Newcastle hearing on 5 May, New Horizons told the committee (p. 51) that it has had people who have had their plans presented to them where the start date was more than a month prior to when they were presented with their plan. It noted that some of these people have had 'significant changes to their plans' which means that the provider has been overservicing with no way of recouping the cost. Alternatively, the participant has had to pay the overspent money back to the provider from their own pocket.

The committee is seeking guidance on the Agency's knowledge of the backdating of plans:

- a. Is the Agency aware of a situation in which a participant has been eligible for services and supports from a date prior to the NDIA agreeing to the plan, and therefore the service provider or the participant is out of pocket?

[Hansard Reference 5 May 2014](#)

Answer:

Section 37 of the *National Disability Insurance Scheme (NDIS) Act* states that plans come into effect when the decision has been made to approve the reasonable and necessary supports. The plans are therefore dated to start on the day the decision is made in order to ensure that there is continuity of supports for both participants and of funding for providers.

Backdating cannot be done. There may, however, be some circumstances where a plan may appear to be "backdated" – i.e. the start date was prior to the participant being presented with their plan. This may occur where there is a delay in contacting the participant to arrange the plan presentation, or the Local Area Coordinator could not commence work with the participant immediately. Start dates are part of the plan presentation discussion, and any perceived discrepancies are able to be resolved there and then with the participant.

In very limited circumstances, if the National Disability Insurance Agency (NDIA) approved the provision of a service prior to a plan being finalised (e.g. a crisis plan) then the provider would be paid. In all other circumstances, the provider must only provide service in accordance with the approved supports in a participant plan. Provision of unapproved service will result in non-payment by NDIS.

The NDIA is aware of particular instances where providers are out of pocket. The NDIA has provided an undertaking to service providers that where they have over-serviced due to being unaware of the existence of a plan, they will be compensated for the costs incurred. A process on how to apply this back-pay is currently being developed.

There has not been any expectation by the NDIA that participants should wear the cost of over-servicing due to transitional arrangements, and the NDIA is not aware of this having occurred.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 22

Section 38 of the NDIS Act stated that the CEO must provide a copy of a participant's plan to the participant within 7 days after the plan comes into effect. The committee is concerned that the practice of backdating is quite common and that the reason for this practice is so that the planner can meet the Agency's KPI on plan completion timeframes.

- a. Can you comment on the practice that some planners have set a starting date for plans that commences several months after the plan is sent to the participant?
- b. If so, can the Agency comment on whether there needs to be tighter control and oversight of planners' activities in relation to starting dates for plans by upper management within the Agency?
- c. Is the Agency concerned that its internal KPI on plan completion timeframes is placing unrealistic pressure on planners?
- d. Can you provide the committee with a copy of the Agency's internal KPIs for all processes, particularly those applying to the completion time for a plan?

Answer:

Section 37 of the *National Disability Insurance Scheme Act (NDIS Act)* states that plans come into effect when the decision has been made to approve the reasonable and necessary supports. The plans are therefore dated to start on the day the decision is made in order to ensure that there is continuity of supports both for participants and of funding for providers.

There is no backdating of plans, even though there may be some circumstances where a plan may appear to be backdated (as per the response to Question on Notice 21).

The National Disability Insurance Agency's (NDIA) preference is to present a plan to the participant face-to-face. Depending on the availability of the participant, planner and Local Area Coordinators, the appointment for the presentation may be delayed for more than 7 days after the completion of the Plan. The NDIA considers that a face-to-face appointment is a better method of delivering the plan than mailing the participant a hard copy or by sending it via email without the opportunity to adequately explain the Plan and to answer questions.

- a) Further to the comments above, future dating is also not an option due to the practical application of section 37 of the NDIS Act – that is, the NDIA cannot prepare a plan and approve supports and then have the plan commence at a later date.

The NDIA must enable a seamless transition in funding from previous funding providers to the NDIA, and therefore cannot be flexible with plan start dates – they must start from the date of approval. For example, for an Individual Support Package funded by the Victorian Department of Human Services, the State Government will stop funding the package from the day before the plan is approved, and the NDIA must fund the plan from the date of plan approval.

- b) The NDIA sought clarification from the Department of Social Services on start dates of plans and was advised that there is no ambiguity on the interpretation of section 37 of the NDIS Act – the plan start date must match the date of the decision to approve the funded supports (i.e. also known as the plan approval date).

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National Disability Insurance Agency**

- c) The NDIA has received feedback from some participants that they felt rushed through the planning process. In response, improved processes within the NDIA have streamlined the planning process, increased the confidence of staff as they have learnt on the job, and have increased plan completion efficiency.

- d) The KPIs set for a plan were that planners needed to achieve completion of 10 plans per month on average to meet the KPI targets. Other KPIs are in accordance with the NDIS Act, such as handover within 7 days of plan approval. This is not always possible due to factors outside of the planners control such as the availability of the participant to meet the timeframe. Where the timeframe cannot be met, the reason is expected to be documented in the participant record in the ICT system.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 23

Can you provide details on how a person with disability will be supported if they no longer receive **housing subsidy** from Ageing, Disability and Home Care (ADHC, NSW)? How will they receive a subsidy so they can remain where they are living? The NDIA noted that it will have to negotiate on those issues (p. 39). Can you provide the committee with details of the negotiations that have taken place to date between the NDIA and ADHC to ensure that people with disability continue to be subsidised to remain in their house once ADHC funding is withdrawn?

[Hansard Reference 5 May 2014](#)

Answer:

The *National Disability Insurance Scheme (NDIS) (Supports for Participants) Rules 2013* states that a support will not be funded under the NDIS if it relates to day-to-day living expenses, such as rent or utility fees. The NDIS can only fund this cost if it is an additional living cost that is incurred solely and directly as a result of the participant's disability support needs.

Where a participant's previous supports include assistance which is not generally funded by the Scheme, the NDIA works with the participant to build their capacity to provide these supports for themselves or identify more appropriate sources of this assistance.

A number of participants in the Hunter trial site were receiving a rental subsidy prior to becoming a participant in the NDIS. The National Disability Insurance Agency has commenced negotiations with Housing NSW, NSW Ageing, Disability and Home Care and the provider involved to ensure that participants who were receiving a housing subsidy continue to have access to housing.

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 24

Transport is not provided in plans for children and young people (p. 42).

- a. How do planners take into account the capacity of parents to transport their children to service provider appointments?
- b. What happens to these appointments in the case of children whose parents themselves have an intellectual disability, a mental illness or are too frail and are unable to travel?
- c. Is the Agency satisfied that when block funding is discontinued, community transport services will be properly funded from participants' plans? (p. 46)
- d. Is the Agency satisfied that there is adequate funding in plans to cover transport costs for participants (p. 52–53)?

[Hansard Reference 5 May 2014](#)

Answer:

A participant will generally only be able to access funding through the National Disability Insurance Scheme (NDIS) for transport assistance on the basis that the funding:

- is only provided to participants who cannot use public transport without substantial difficulty due to their disability,
- takes into account any relevant taxi subsidy schemes, and
- does not cover transport assistance for carers to transport their family member with a disability for everyday commitments.

The level of funding for transport support is determined by the purpose of the travel, for example to attend education or employment. The expected levels are:

Level 1: up to \$1,500 per year for participants who are not working, studying or attending day programs, but are seeking to enhance their community access.

Level 2: up to \$2,317 per year for participants who are currently working or studying part time (ie up to 15 hours a week), participating in day programs and for other social, recreational or leisure activities.

Level 3: up to \$3,242 per year for participants who are currently working, looking for work or studying at least 15 hours a week and, because of their disability, cannot use public transport.

There are some cases where a person will have capacity to access public transport but first requires training and support to independently do so. In this circumstance, the plan would include funded support for Travel Training, thus building capacity into the future for that participant.

- a. If a child with disability needs support to attend support provider appointments, the NDIA would consider what would be reasonable for a parent to do with a child without disability of the same age.

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The NDIA would also consider the availability of the family's informal supports to transport children. There are other considerations such as (but not limited to) whether the parent is a sole carer, do they have other caring responsibilities, do they drive and are they employed.

- b. If a parent has difficulty in getting children to appointments, the NDIA plan can include funded support such as (but not limited to) a support worker to assist such parents.
- c-d. Prior to launch of the scheme on 1 July 2013, transport was funded in a variety of ways. The majority of participants have always made a contribution to the cost of their transport. Some providers have charged participants for use of transport, and some providers have used a percentage of the participant's Individual Support Package to cover transport.

Participants were charged varying rates for transport according to the provider (often for the same trip). There have also been rare occasions where transport has been completely funded by a State government. Other instances confounded the actual need for funded transport such as participants travelling to a centre and then to their community activity (two trips instead of one), and/or participants travelling to an activity that is not in their local community when the same activity is offered closer to home. Once participants have transitioned to NDIA, data collected will inform the Scheme on the transportation needs of participants.

Where participant transport costs are included in a participant's plan if their disability prevents to use of public transport, informal support are not accessible or available and their goals result in a need for assistance with transport that is in addition to any of the expected levels of support funding for transport:

- Taxi fare*
- Per kilometer rate for a family member or carer using their own vehicle in place of other NDIS funded transport supports such as taxis. The current rate will be 75 cents per kilometer. This rate only applied for travel that is solely and directly related to the participant's needs (i.e. the trip, or portion of the trip, would not be taken other than to transport the participant) and it does not apply to transport that family members or carers would be reasonably expected to provide to their family member.
- Where a provider transports a participant in the course of providing their funded support NDIS will pay: the provider public transport fare where they accompany the person on public transport of 75 cents per kilometer where they use the provider's vehicle.
- Additional funding may be provided in the participants plan for the purpose of the participant attending vocational training or work.

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 25

The South Australian trial site manager identified '**gaps in supports in mainstream services**'. What are these gaps, how significant are they and what limitations are they putting on the families?

Answer:

Governments have agreed that the National Disability Insurance Scheme (NDIS) should not replace other service systems but rather it should reinforce the obligations of other service delivery systems to improve the lives of people with disability, in line with the National Disability Strategy.

In each trial site, the National Disability Insurance Agency (NDIA) is developing working arrangements with mainstream systems and raising issues through escalation points agreed with trial site governments as well as through the COAG Disability Reform Council structure.

The launch of the NDIS for children in South Australia has focused on the interactions with the education system, child protection system and health system. Within the interface with these systems, the NDIA has been working closely with governments and providers to identify and respond to service gaps.

In some areas perceived gaps have been resolved through identifying pre-existing funding sources, such as the 'Ministerial Advisory Council: Students with Disability' in South Australia, provides funding for the prescription of infrastructure required in schools to enable access.

Current issues being worked through between the NDIA and other systems include: how children with disability and health conditions are supported as outpatients in a community setting; school readiness and transition to school programs; and alternative living arrangements for children aged under 6 years in out of home settings.

Additionally, the NDIA is supporting participants and families to better navigate mainstream systems. This includes a Sector Development Fund project to create a guide to assist families to advocate for their child's learning needs

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 26

Can you explain what each of your trial site managers are doing to create a **positive culture** where planners are listening to clients as opposed to telling them 'I'm the professional who knows best'? What are the quality control mechanisms that are in place to ensure that this is happening? Who reviews these quality control mechanisms and how frequently does this happen?

Answer:

Trial site managers have implemented a range of mechanisms to create a positive culture at the individual and team level. It is the role of the Trial Site Manager and Senior Managers to ensure that planners are aware of their role and the need to listen to, and take account of, the views of participants during the planning process.

At induction, planners receive a range of training modules in a variety of formats (theory, case studies activities and role play scenarios) to provide a robust knowledge base that supports effective planning conversations. Regular coaching is also provided within the context of the line management relationships, typically between a planner and a Senior Planner.

Local site managers may also choose to introduce a range of mechanisms locally including, buddying new planners with existing planners, peer review and case study opportunities. Participant feedback (through surveys or individual feedback sessions) provides a basis for discussion within the senior management team to influence better practices, to identify future training needs and to inform individual supervision and staff coaching.

Internally, developing a disability-positive and disability-confident workplace culture is of paramount importance across the National Disability Insurance Agency (NDIA). Recruitment panels always include a person with lived experience of disability and at times internal training is informed by the direct participation and involvement of participant representative groups.

The need for consistent practice across trial sites is a key focus for the NDIA. To date, the NDIA has implemented quality mechanisms as issues have been identified (for example monthly quality assurance case reviews or internal reviews focussing on a specific issue).

Recently, the NDIA has established an internal Quality and Innovation Team within National Office. As a matter of priority, this team will develop the NDIA Quality Management Framework and a National Quality Action Plan to outline quality mechanisms to be implemented and reported on by trial sites, which will inform continuous improvement across the NDIA and ensure consistent practices including planning practices.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 27

What kind of factors are taken into account when your planners meet with your clients and participants in determining what are the services that they are getting now—as to whether they are reasonable, necessary and should continue on—and what services are no longer reasonable and necessary? (p. 24)

(Please put this question to each of your trial site managers for their response.)

[Hansard Reference 8 May 2014](#)

Answer:

All supports funded by the National Disability Insurance Agency (NDIA) are intended to ameliorate the impact of disability and to promote greater independence and community participation for the participant. Whilst the approach to planning and decision-making is required to be consistent, the application of funding (a decision about reasonable and necessary supports) is expected to differ from person to person, reflecting the particular participant's circumstances, needs, goals and aspirations. This may have the result of plans appearing to be inconsistent, whereas the plan reflects the specific circumstances of the individual.

The planning process in all trial sites follows the same protocols in determining the supports that can be funded as reasonable and necessary, leading to consistency of practice and application across all trial sites. A decision-making tool is available to all planners, as are the National Disability Insurance Scheme Act (NDIS Act), Rules and Operational Guidelines.

These are public documents that outline the factors that the NDIA takes into account in making decisions about participant services and supports. For example, section 33 of the NDIS Act clearly outlines the matters that must be included in a participant's plan and the factors that must be considered in approving a statement of participant supports. Section 34 of the NDIS provides further guiding principles for the decision-maker to have regard to and be satisfied with in determining whether the proposed supports are reasonable and necessary. These sections, combined with further guidance in the Rules and Operational Guidelines, provide a clear framework for NDIA planners in making assessments about supports and services.

The situation in relation to funding of services by the state and territory governments does differ considerably, which may mean that a consistent decision by the agency is perceived as different when compared to the funding previously available for participants. This is minimised by current support details for existing recipients being received by the NDIA as part of the planning process.

There is also the 'no disadvantage' principle that applies, which aims to ensure that where a participant transitions from an existing scheme into the NDIS that the outcomes for the participant are at least the equal of those provided under their previous scheme (refer also to Questions 31 and 32). The majority of participants are being funded to a higher level and for a wider range of disability-specific supports than they were previously.

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 28

The *Operational Guideline—Plan and Assessment—Supports in the Plan—Supports for Early Childhood* states that 'therapeutic supports for children under the age of six should be based on the needs of the child and generally fall into one of three categories: a) Level 1 — low needs - \$6000 to \$8000 per annum; b) Level 2 — medium needs - \$8001 to \$12,000 per annum; c) Level 3 —high needs - \$12,001 to \$16,000 per annum.

The committee is concerned that a significant proportion of children eligible for the NDIS in the South Australian trial site have needed supports greater than \$16,000 per annum. On what basis were these three tiers in the Operational Guidelines devised? How was the upper limit of \$16,000 per annum set? What instructions has the NDIA given to planners that they must follow the framework set out in these tiers in assessing the cost of a child's package?

The NDIA's information for NDIA staff, service providers and participant families on the transdisciplinary approach to service provision states that 'service providers are asked to estimate the cost of delivering a 'typical' suite of interventions for the nominated period for a child'. Can you provide data on the number of mixed service therapy costings (including the cost of a key worker) that exceed the \$16,000 per annum cap?

Answer:

See also Q16.

The different levels and the descriptors of children and their families who are likely to fit those profiles was developed in consultation with the early childhood providers in the Barwon region and with Early Childhood Intervention Australia. The providers worked with National Disability Insurance Agency (NDIA) to develop the typical profiles and then costed the usual intervention that would be delivered.

These are guides only, the individual providers then provide the NDIA with information on the typical suite of services for the children they work with and the associated estimated costs.

NDIA has attempted to promote best practice guidelines for early childhood intervention which requires a key worker and a transdisciplinary approach to interventions for children delivered in their natural settings – home, community, childcare, school etc. The amounts quoted are intended to cover all of these costs.

The prices are benchmarks not upper limits and providers are asked to cost in accordance with the usual profile of children they see. Many of these children have disabilities other than autism or autism combined with another disability. The guidelines are based on the evidence for good practice in early childhood intervention which apply regardless of the actual disability. The specific interventions required by the child to overcome the impact of disability are developed and recorded in an individual family service plan that is specific to the needs of the child and the family.

Information to planners is exactly the same as the information published on the NDIA website in Operational Guidelines on Early Intervention for children and in the Best Practice Framework for early childhood intervention.

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The individual needs of children and the family are taken into account during the planning conversations with the family. The NDIA data indicates that 10.5 per cent of children in the South Australian trial site have packages worth more than \$16,000 per annum. This demonstrates that planners are responding to the specific needs of the child and developing plans accordingly.

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 29

The NDIA noted during the Adelaide hearing that there is ongoing work between the NDIA and the sector to establish 'what the evidence base is, including some of the high-end, complex autism programs'. Can you explain in detail how this work is progressing? What evidence has the Agency gathered that the upper limit of \$16,000 per annum is inadequate?

Can you provide the committee with information on how long it generally takes for NDIS participants under 6 years of age to get a transdisciplinary package greater than \$16,000 per annum?

Answer:

The National Disability Insurance Agency (NDIA) is engaging with experts in the management of autism to determine how best these children are to be managed. The transdisciplinary approach is supported by the Good Practice Guidelines published by the Helping Children with Autism programme of the Department Social Services.

However, the NDIA recognises that these guidelines may require refreshing and updating and will be working with experts in the management of autism to undertake this work. At this stage the NDIA does not have hard evidence of the inadequacy of the \$16,000 benchmark as many agencies are providing services for children with complex needs within these recommended benchmarks and there is evidence that the appropriate levels of discretion are being applied, given that 10.5 per cent of children with approved plans in South Australia (where there is a primary diagnosis of autism) have plans where the agreed costs of transdisciplinary or therapy supports exceed \$16,000.

In some limited circumstances it may be appropriate for higher than \$16,000 worth of support to be provided. In considering whether a higher level of support is needed the delegate should consider:

- a. Previous outcomes achieved with lower levels of therapeutic support,
- b. Impact of disability on multiple body systems,
- c. Intensity of support needed to enable a child to transition successfully into mainstream childcare or school, and
- d. Multiple hospitalisations and medical interventions which require more intensive therapy to allow carers and teachers to assist the child in re-assimilation into mainstream activities.

The length of time it takes to complete a plan for a child depends very much on information available from the family and the treating practitioners on the needs of the child and family. The actual cost of the plan is not the determinant of length of time; it is the availability of the necessary information on which to base a decision.

Many children with higher cost plans will be in need of equipment and an estimated amount for the provision of appropriate equipment is readily built into the overall plan cost. The actual cost of the item/s can be updated when all relevant assessments are completed and the information is available to the Agency.

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**Response to Question On Notice
National Disability Insurance Agency**

Question No: 30

Could the chosen 'single case worker' who manages a team of providers for a child's transdisciplinary package be an allied health professional who is not a registered service provider? Can the role of case worker be filled by a nominee or an advocate?

Can you provide the committee with an outline of the protocols for key workers that clearly specify the role and responsibilities of Early Child Intervention team members when acting as a member of a transdisciplinary team? What are the arrangements for reviewing and changing this role?

Answer:

The role of case worker cannot be filled by a nominee or advocate. It is a professional role undertaken by a practitioner experienced in the management of the child's disability. The key worker role is one of coordinating the other expertise and inputs that are working with the child in the family setting. They ensure understanding by the family and assist the family to develop skills in assisting the child towards its developmental potential. The evidence points to a reduction in stress for families as they develop a relationship with a single, trusted and consistent practitioner.

The role is best undertaken by a practitioner who assumes the primary role with the child and the family and calls on specific expertise from other disciplines as required. In accordance with the best practice model, the primary practitioner ensures that the family, carers and others involved in the child's life are capable of reinforcing techniques prescribed by other disciplines.

Descriptions of the role of the key worker and the transdisciplinary model of service can be found on the National Disability Insurance Scheme's website.

In summary this role involves the following:

Primary service provider / key worker model: This involves a team of professionals from different disciplines that meets regularly and that nominates one member as the primary service provider or key worker. With support from the other team members, the primary service provider works in partnership with parents and other caregivers to support and strengthen their capacity to provide children with opportunities and experiences that will promote the children's learning, development and participation in everyday activities.

The primary service provider's first job is to build a supportive partnership-based relationship with families and other caregivers. The focus is on the child in the context of the family and community, rather than child in isolation. The primary service provider seeks to become an expert on the family's circumstances, routines, interests and values as a basis for helping the family find ways of promoting the develop of the child's competencies in the course of everyday activities.

Another main focus is building the confidence and competence of parents and other caregiver's in promoting the child's development and participation. The aim is not for the primary care provider to work directly with the child to improve functioning, but to build the capacity of those who care for the child to do so.

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**Response to Question On Notice
National Disability Insurance Agency**

The primary service provider also acts as the principal resource and single point of contact for a family, providing them with support, resources and information tailored to meet their individual needs, and helping them access and coordinate the services they need.

The evidence from parents is that they value the input from people who take on this role. If, however, the relationship with a key worker was not working as intended, the team would work with the family to select another worker with whom the family could work.

The evidence base for the model of service provision in early childhood will be reviewed as more information becomes available to the NDIA. Presently the NDIA is engaging with experts in the area of early childhood to review and refine models of service provision.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 31

The committee is seeking guidance on the application of the 'no disadvantage' test. The NDIA has advised that the test relates to outcomes rather than a dollar amount or an amount of therapy.

- a. Can you provide an example of how an NDIS participant could not be disadvantaged if their NDIS package as a whole offers less in dollar terms and in overall support than they had previously?
- b. How can the outcomes be better for a participant if they are receiving less by way of monetary (and service) assistance?

Answer:

The National Disability Insurance Agency (NDIA) is committed to ensuring that people already accessing supports before becoming participants in the National Disability Insurance Scheme (NDIS) are not disadvantaged by this transition. People should be able to achieve at least the same life outcomes in the NDIS, however this does not necessarily mean the same level of funding will be provided.

The NDIA considers a range of matters to determine if a support represents value for money, including:

- a. whether there are comparable supports which would achieve the same outcome at a substantially lower cost;
- b. whether there is evidence that the support will substantially improve the life stage outcomes for, and be of long-term benefit to, the participant;
- c. whether funding or provision of the support is likely to reduce the cost of the funding of supports for the participant in the long term;
- d. whether the support will increase the participant's independence and reduce the participant's need for other kinds of supports.

For example, a participant with multiple sclerosis receiving five hours of care per day through two paid carers, was funded by the NDIS for the purchase and installation of a ceiling track hoist. This reduced the need for paid carer support and overall lifetime support costs by half. For this participant, potential outcomes include greater independence and allowing them to better pursue their personal goals, objectives and aspirations.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 32

Is the 'no disadvantage' test conducted at a single point in time and only once? If so, is the test inadequate given that a participant could be deemed at least as well off at the time of the test but is subsequently worse off (for example, as a result of a worsening condition)? If there are multiple disadvantage tests, what is the trigger for subsequent tests to be conducted (eg: a review of the plan)?

Answer:

The National Disability Insurance Agency (NDIA) is committed to ensuring that people already accessing supports before becoming participants in the National Disability Insurance Scheme (NDIS) are not disadvantaged by this transition. People should be able to achieve at least the same life outcomes in the NDIS, however this does not necessarily mean the same level of funding will be provided.

Once a participant is deemed eligible for NDIS support an individual is assessed and a support plan is developed. At this point in time 'no disadvantage' principles are taken into consideration.

The preparation of a participant's plan should as far as reasonably practical be individualised; directed by the participant; where relevant consider family, carers and significant others; consider availability of informal support, access to mainstream and community supports; and build individual capacity to increase participation and inclusion in community with the aim of achieving individual aspirations.

A review of a participants plan can be triggered in the following different ways;

- a) As a normal part of the planning cycle (at least every 12 months).
- b) As requested by the participant.
- c) When the NDIS initiates a review.

Should a participant's circumstances change the NDIS is required to reassess the participant's support needs taking into account any new aides and equipment and any change to the frequency of supports that may be required. Participants are also obliged to notify the Agency of an event or change of circumstances which affects or is likely to affect their plan, which may be as a result of a worsening condition.

A new plan is then negotiated and put into place that is appropriate for the individual and best meets their changing needs.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 33

The committee has heard that the amount of therapy that some NDIS participants received was halved during the review process after 6 months (see p. 26). Could you carefully examine these specific cases and advise the committee the basis on which a decision was made to halve the level of therapy after only six months?

[Hansard Reference 8 May 2014](#)

Answer:

With reference to changes in the level of support received by a participant once they are in the National Disability Insurance Scheme, the National Disability Insurance Agency (NDIA) analysed data on plan revisions as at the end of March 2014. There is no evidence to suggest that there is a substantial decrease in funded supports on review.

The NDIA also looked at participants who had received a second plan. Only 9 per cent of plans in South Australia have had multiple approved plans since the trial site began. In addition, the majority of these participants initially had a 3-6 month plan and now have a 12 month plan. As a result, we are not able to produce any meaningful analysis of these plans at this time.

As part of NDIA's quality assurance, senior management are identifying with staff any recommendations where there is a significant change in the amount of therapy at review to ensure that this decision is consistent with the participant's current circumstances and the NDIA Act, Rules and Operational Guidelines.

All plans include a scheduled review date. The NDIA is further developing existing information for participants about the plan review process and how they can prepare for, and inform, their plan review. This will include informing them that their next plan will be developed in the context of any new or amended Operational Guidelines.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 34

The committee has received complaints that people are not being contacted in the way they prefer—over the phone or by email. Can you provide the committee with information on what processes have been established to ensure that people can nominate the way they want to be contacted and that these wishes are respected by planners?

Answer:

It is imperative that people with disability are supported in engaging with the National Disability Insurance Agency (NDIA). Participants are asked to nominate their preferred method of contact and this is recorded in the NDIA database. Trial site staff are reminded to review this information prior to making contact with each participant.

Currently the recording of this field is not mandatory and it is clear that this preference is not being recorded consistently. The NDIA is investigating the making of this field mandatory to ensure that staff capture participants' preferred method of communicating in the database.

The NDIA is developing as a matter of priority the NDIA Quality Management Framework. This will include several quality tools that will examine operational practices (including ensuring that a participant's communication preference is followed) and make recommendations for improvements. These tools will include internal audits, file reviews and team self-assessment.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 35

Can you provide the committee with the support-need assessment tool that the Agency uses for both children and adults? (p. 30)

[Hansard Reference 7 May 2014](#)

Answer:

Consistent with the views of the Productivity Commission expressed in its report, the Support Needs Assessment Tool has not been released publicly. It is important to note that the assessment tool is only one part of the planning conversation and that it does not, on its own, determine whether supports are reasonable and necessary. It is not a diagnostic instrument for the assessment of medical conditions.

The NDIA provides information on the overall process in a number of ways:

- a factsheet “Planning and Assessment to Inform Support”;
- a factsheet on the Support Needs Assessment Tool explaining how the tool is used, the life areas that are covered during the planning and assessment conversation, and how the assessment tool influences particular participant plans;
- planning kits explaining the planning process and areas for discussion that the Agency planner might discuss with them;
- the NDIS website also contains the Operational Guidelines and NDIS Rules which provide clarity on the planning and assessment process; and
- pre-planning workshops for participants and families that are now conducted in each site.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 36

Can you provide the committee with an explanation of the process that is in place for newborns to be assessed for eligibility for the NDIS?

Answer:

The National Disability Insurance Agency (NDIA) acknowledges and respects the needs of families at what can be a very stressful and anxious time.

The NDIA in South Australia is working with Local Health Networks to facilitate access to the National Disability Insurance Scheme (NDIS) for families, includes families with newborn children with a disability. This has included clarification of NDIS eligibility and processes to ensure optimal support for families of newborn children. Processes for information provision, support for choice and control and additional assistance for vulnerable families continue to be refined. NDIA has developed local working arrangements with the health system to ensure that the process of accessing the NDIS imposes as few additional demands on the family as possible at this time.

The NDIA is involved with case conferencing prior to discharge with the family and relevant stakeholders.

Each individual situation needs careful consideration and the NDIA continues to discuss and review the approach to supporting families during this particularly challenging time.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 37

Can you provide the committee with details of any processes that the NDIA currently has in place to facilitate a formal feedback system (ie: participants meeting in group sessions on a regular basis to provide feedback)?

Answer:

The National Disability Insurance Agency (NDIA) understands the importance of having a feedback system that enables the accurate collection of issues raised by participants and that monitors the timely resolution of these issues. Such a system should promote community confidence in the Agency's commitment to service delivery.

While the existing NDIA Feedback Management System provides a single feedback management framework, it is recognised that enhancements are required to incorporate better recording and reporting capabilities in capturing feedback and enquiries. To this end, the Agency is implementing an improved approach to increase the input of qualitative data. This will be a 'best practice' approach to inform continuous improvement and is being designed to capture the experiences of people who may not typically engage in more traditional feedback mechanisms. .

The current Feedback Management System is a formal complaint resolution mechanism for people with a disability who wish to make a complaint about a support and/ or a service provided by the Agency, a provider, individual or organisation under the scope of the *National Disability Insurance Scheme Act 2013*.

The Feedback Management process is initiated when an individual makes an enquiry, lodges a complaint, gives a compliment or any other form of feedback. Participants may provide feedback in person at a local launch site office, in writing, by email to feedback@ndis.gov.au or online using the NDIS website at: ndis.gov.au/feedback. Alternatively, the person can call 1800 800 110 for more information if required.

The communication medium chosen by the NDIA to reply/respond to feedback may vary depending upon how the feedback has been initiated, and the personal communication preferences of the individual.

A centralised database is used to record and manage information concerning compliments, complaints and reviewable decisions and is monitored to ensure effective resolution where necessary.

Information about the processes for managing feedback, complaints and reviews are accessible to participants through fact sheets, brochures and online. Alternatively, staff at trial sites can provide the participant with information.

In addition to the formal feedback mechanism, trial sites utilise a number of mechanisms at the local level to receive and record qualitative feedback from participants, including focus groups and individual interviews or surveys. These participant engagement mechanisms will be captured in the National Quality Action Plan (currently under development) which will also include engagement processes across the sites to capture system wide feedback on particular issues. The qualitative information gathered from these activities will be analysed to identify systemic issues and will be fed back through the continuous improvement cycle to improve the performance of the Agency.

The CEO and Deputy CEO have scheduled visits to all trial sites in June, July and August to meet with participants and providers and talk about feedback processes.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 38

How many clients does each Local Area Coordinator have? How is their workload monitored? *(Please put this question to each of your trial site managers for their response.)*

Answer:

On average, Local Area Coordinators (LACs) support 54 participants each. LAC positions are managed both by National Disability Insurance Agency (NDIA) and external support agencies across the trial sites. Senior managers oversee and support workload for LACs through regular supervision. NDIA also monitors external LAC service delivery through regular strategic meetings with contracted agencies.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 39

The transcript of evidence from 16 April in Hobart notes that there is no capacity for service providers to claim for instances where a participant fails to turn up for an appointment. The committee was informed at the Canberra hearing that there is in schedule of fees the scope for people to charge a fee for cancellation that comes out of a person's package (p. 2).

- a. What information has been provided to planners, service providers and participants to advise that in the event of a no-show to a scheduled appointment, a fee is drawn from the participant's package?
- b. How is a 'no-show' reported to the Agency?

[Hansard Reference 14 May 2014](#)

Answer:

The funding made available in a person's plan is largely for two purposes – it enables a person to live with dignity through the provision of personal care or it is intended to achieve a particular outcome such as increased community participation and inclusion. It is therefore critical that the funding made available for these purposes is used towards those ends.

The National Disability Insurance Agency (NDIA) publishes two documents which address the topic of cancellation or “no show” – the Terms of Business for Providers and the Model Service Agreement for use by providers and participants to agree on the type and method of delivery of supports.

In summary, providers and participants are to agree on what notice is required of cancellation of an appointment. The NDIA will only pay a fee for non-delivery of a service when the participant certifies that the absence of advice of cancellation in the required time was unavoidable because of extenuating circumstances.

Feedback from providers is that introduction of these business arrangements has greatly reduced “no shows” and that they are often able to re-schedule appointments so that the participant does receive their service but at a different time.

There is no specific reporting to the NDIA on the failure to deliver a service, except when a provider expresses concern about the lack of engagement with a participant or a participant wishes to change their provider because of their failure to deliver as agreed.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 40

Could you provide the committee with the Agency's policy on how travel times and distances are costed in participants' plans?

There seems to be some confusion and inconsistency in how these times and distances travelled are considered and costed in the trial sites. Can you provide the committee with information on how the Agency publicly communicates its policy on travel costs? (p. 2)

[Hansard Reference 14 May 2014](#)

Answer:

The National Disability Insurance Agency (NDIA) pays services providers at an hourly rate where the travel to provide the service to a participant includes a round trip longer than 10km. This is spelled out in the Pricing Catalogue published for each trial site.

The NDIA also provides a calculator on its public website that enables planners and providers to calculate the time that should be added to direct service provision to cover the additional cost.

The NDIA publishes two documents which address the topic of cancellation or "no show" – the Terms of Business for Providers and the Model Service Agreement for use by providers and participants to agree on the type and method of delivery of supports.

The inclusion of the travel time in the price for providers of personal care and community access is the subject of deliberation by the National Disability Services/NDIA joint working party which is examining inclusions in the price of care for these supports.

Once completed the NDIA will publish the outcomes from the working party and adjust the Pricing catalogue and information for planners, providers and participants.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 41

The committee has observed in its visits to the trial sites to date that there is considerable inconsistency in the approach the Agency takes, how it communicates its message and even in how people are treated.

- a. What measures does the Agency have in place to ensure there is consistency across the trial sites? Does the NDIA benchmark the trial sites against each other?
- b. Does the NDIA encourage flexibility and innovation in the approach that planners take? Are these considerations more important for the Agency than consistency across trial sites?
- c. What training do planners receive to ensure that their messages and approach are consistent, one trial site to the next?

[Hansard Reference 14 May 2014](#)

Answer:

The need for consistent practice across trial sites is a key focus for the National Disability Insurance Agency (NDIA). To date, the NDIA has implemented quality mechanisms under the Quality Assurance Framework and as issues have been identified (for example case reviews or internal reviews focussing on a specific issue) by data collection processes conducted through the Actuarial team. These mechanisms have been developed by external consultants.

Recently, the NDIA has established an internal Quality and Innovation Team within National Office. As a matter of priority, this team will further develop and build upon the current Quality Assurance Framework into a comprehensive NDIA Quality Management Framework.

This will include a National Quality Action Plan which will outline quality mechanisms to be implemented and reported on by trial sites, which will inform continuous improvement across the agency and ensure consistent practices.

The NDIS is designed to support a consistent approach to the planning and decision making processes to ensure a fair, accountable and transparent approach (this is achieved through the NDIA Operational Guidelines and Standard Operating Procedures). However this consistency will not result in plans looking the same, as this would be contrary to the intent of individualised funding and participant choice and control. Instilling consistency in planning and decision making processes will enable trial site staff to increase their focus on plan innovation and flexibility.

There may be some factors which will require a more localised approach to supporting participants and contribute to variations of practices between sites. This includes the individual bilateral agreements and local issues like variation in the availability or type of service providers.

Planners receive induction training on the service delivery and technical functions of the role in a variety of formats to ensure a robust knowledge base that supports effective planning conversations with people with disability. This training is supported by on-the-job training such as shadowing existing planners and observing senior planners.

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The progress of planners is monitored by individual supervision and the performance management process, which can identify further learning and development needs. Work is underway to consolidate the NDIA training resources through the development of E-Learning modules.

In addition, Directors - Service Delivery are employed at each trial site. These Directors are responsible for ensuring their teams deliver supports consistent with the legislation, rules, guidelines and standard operating guidelines. Planners are also supported by Senior Planners in their team.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 42

What percentage of overall packages that have been reviewed have been substantially downgraded? (p. 3)

[Hansard Reference 14 May 2014](#)

Answer:

As at the end of March 2014, data for plan revisions received by a participant once they have entered the National Disability Insurance Scheme (NDIS) (for changes in the level of support) shows no evidence to suggest that there was a substantial decrease in funded supports on review.

In relation to participants who had received a second plan, only nine per cent of plans in South Australia have had multiple approved plans since the trial site began. The majority of these participants initially had a three to six month plan and now have a 12 month plan. In the other trial sites, only 1-2 per cent had a second plan. As a result it is not possible to produce any meaningful analysis of these plans at this time.

For participants who were receiving state funded disability supports prior to entering the NDIS, these participants may have had an expectation that their previous state funded support would be funded by the NDIS.

In practice, most participants will have a “blend” of informal, mainstream and funded supports. NDIS funded supports coordinate with, but do not replace or duplicate, sustainable informal or mainstream supports.

The NDIS funds ‘reasonable and necessary’ supports for participants to:

- Enable the participant to pursue their goals and objectives in the plan;
- Promote independence, social and economic participation;
- Ensure value for money;
- Strengthen the sustainability of informal supports; and
- Reduce the future need for disability supports.

Decisions made in relation to funded supports identified in the participant’s plan are evidence based and take into account:

- the benefit of the support to the participant;
- the appropriateness of the level or context of the service in enhancing the functional capacity of the participant;
- the efficacy of the support; and
- whether the support is specifically related to the person’s disability.

The rationale and process for decision making in relation to the level of support included in participant plans is documented in participant records to ensure ongoing quality assurance, transparency and equity.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 43

Can you provide the committee with a response to the invoicing problems, and fraud more generally, that were raised by Mr Peter Valentine of the Geelong Taxi Network at the public hearing in Geelong (see transcript from 14 April, pp 33–34)?

[Hansard Reference 14 May 2014](#)

Answer:

The National Disability Insurance Agency (NDIA) has in place a Fraud Control Framework and Fraud Control Plan that conforms with the Commonwealth standards. This includes a fraud detection program and risk-based analytical profiles that are designed to identify anomalies in individual transactions. These anomalies are then investigated further to determine whether they are indicative of systemic control weaknesses, or warrant further examination as potentially fraudulent.

Additionally, the NDIA has in place a dedicated fraud tip-off line, and fraud reporting information on its external and staff websites. Fraud prevention efforts are directed into three main areas: rectifying weaknesses in controls as they become known; information on the external website; and information and training for NDIA staff.

No potential cases of fraud by providers or participants, identified either through the analytical work or the tip-off line, have been substantiated to date.

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Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 44

In the Agency's view, where are the big risks for the NDIS currently? (p. 6) What are the Agency's highest priorities in terms of the scheme as a whole?

[Hansard Reference 14 May 2014](#)

Answer:

The Department of Social Services (DSS) commissioned KPMG to review the planning and strategies for the National Disability Insurance Scheme transition to full scheme. This independent report was provided to DSS and the National Disability Insurance Agency (NDIA) Board in late February 2014. A number of recommendations have already been implemented and further actions are being considered.

Further to this report, the NDIA Board has commissioned KPMG to look at an optimal timetable in transitioning to full scheme. Findings from the KPMG inquiry are due in July 2014.

The NDIA Board will consider these findings and along with internal assessments, will advise governments of optimum timelines, associated risks, mitigation options and priorities for the scheme.

**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE
NATIONAL DISABILITY INSURANCE SCHEME**

Trial Site Public Hearings, April/May 2014

**Response to Question On Notice
National Disability Insurance Agency**

Question No: 45

What impact would a delay in the implementation of the Scheme have on the Agency's resources and budget, the State and Territory Governments' commitments, and the current path of transition? (p. 6) Can you provide the committee with a copy of the terms of reference for the KPMG inquiry?

[Hansard Reference 14 May 2014](#)

Answer:

The National Disability Insurance Agency (NDIA) Board has commissioned KPMG to look at an optimal timetable in transitioning to full scheme. Findings from these investigations are due in July 2014 and will consider impacts in relation to implementation

The results from the KPMG findings will assist the NDIA Board inform government regarding risks and mitigation strategies associated with the optimal timetable for transition.

In response to a Senate Estimates question on notice, the complete Request for Tender documentation (Question 400) has been published at:

www.aph.gov.au/Parliamentary_Business/Senate_Estimates/claccte/estimates/add1314/Social%20Services/index

This included the Terms of Reference.