

Revised Responses received 7 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: 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:

This revised response supersedes the response tabled on 16 June 2014.

Consistent with the National Disability Strategy, governments have agreed the National Disability Insurance Scheme (NDIS) should not replace other mainstream service systems but rather the NDIS should reinforce the obligations of other service delivery systems to assist in improving the lives of people with disability. This agreement is reflected in the NDIS rules and operational guidelines.

Within the Intergovernmental Agreement (IGA) for the NDIS Launch, the Council of Australian Governments (COAG) has committed to provide continuity of support to people with disability currently receiving services to ensure that they are not disadvantaged in the transition to the NDIS.

In each trial site, the National Disability Insurance Agency (NDIA) has developed relationships with local mainstream systems to outline how systems will work together to support people with disability. This includes local referral protocols and mechanisms for resolving specific individual situations.

The NDIA seeks to initially resolve conflict at the local level between NDIA site management and local officials. Issues are escalated when resolutions are unable to be achieved.

The NDIS governance arrangements provide a number of forums for the NDIA and governments to identify and resolve issues related to the mainstream interface. The NDIA and governments work through the COAG Disability Reform Council structure when mainstream issues have implications for multiple jurisdictions (e.g. bilateral forums; the Disability Policy Group; and Senior Officials Working Group).

Some specific areas of mainstream interface that the NDIA has encountered and will be seeking policy direction to ensure the NDIA takes a consistent national approach to funding supports for participants include:

- a. funding for skills and capacity building programs for children prior to school age (for example, early intervention programs which simulate a classroom setting);
- b. the scope of the NDIS' responsibility for personal care at school;
- c. out-of-home residential options for children who are under 18 and cannot live at home due to their disability;
- d. modifications to public and community housing (for example, where a child participant in public housing requires fencing of a property to prevent absconding); and
- e. responsibilities of the NDIS and justice system for people with disability who require secure and semi-secure accommodation settings to safeguard the community.

The NDIA and governments have been working through areas where further policy clarification is required. While the mainstream interface policy is being clarified, the NDIA and governments have agreed interim arrangements to ensure that people with disability are able to access the supports they require and that gaps do not emerge.

**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: 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:

This revised response supersedes the response tabled on 16 June 2014.

- a. The only action required for the National Disability Insurance Agency (NDIA) to consider a plan 'activated' is for a participant to provide their chosen provider with their name, date of birth and individual National Disability Insurance Scheme (NDIS) number. Providers then link to the participant's record in the system through the NDIA's Provider Portal. This action creates a provider 'case' record and is the point at which the participant's plan is considered 'activated'. NDIA can then view provider case details, including the date the provider 'linked' to the participant, for funded supports in the plan.
- b. As outlined in the above answer (a), the NDIA collects data on when a participant and provider 'link' based on Provider Portal action. To enable linking data to be collected, the participant's plan must contain at least one support for which the provider has registered. Linking ensures providers can claim for support provided (although linking is not necessary for participants who self-manage their plan). The most reliable data collected by the NDIA on plan activation is through claiming. NDIS actuarial data collates quarterly reports which provide reports of 'activation' activity based on the percentage of plans that have had a claim. The reliability of these results however can be impacted by other matters such as in-kind arrangements and provider claiming lags.
- c. The NDIA is not aware of a problem with low plan activation in terms of the delivery of services to participants. What is of concern is the inability of providers to lodge claims in accordance with business process. This is being addressed with individual providers and more generally through a training program on business management as a follow up to the recent pricing review. In recent times, a Service Gap Register has been adopted by the South Australian and Northern Territory trial sites to assist with the identification of

services which are not available to participants in remote locations. Regular trial site reporting also allows for any service gaps or issues to be communicated to the NDIA National Office and these are monitored regularly by the NDIA.

- d. The NDIA has developed a number of resources to assist people to activate their plans and engage service providers. These resources include fact sheets, guides and a service agreement template. The NDIA also offer participants and their carers the support of a Local Area Coordinator (LAC). LAC support includes meeting with participants and their carers to discuss available mainstream and community supports, as well as assisting them in the development of agreements with chosen providers. LACs can also facilitate regular communication with both the provider and participant to ensure smooth plan implementation. In addition, a participant may choose the services of a Plan Management Agency to assist with choosing and engaging an appropriate service provider, manage support services and where applicable, provide assistance and guidance with the self-management of funds. The fee for Plan Management is written into the plan and is not a cost the participant has to find from within the other funded supports in their plan.
- e. As outlined in the above answer to (a), the only action required for the NDIA to consider a plan 'activated' is for a participant to provide their chosen provider with their unique information and for providers to then link to the participant's record in the system through the NDIA's Provider Portal. This action creates a provider 'case' record and is the point at which the participant's plan is considered 'activated'. For this reason, the NDIA does not need to wait until a claim or invoice is received from a service provider to determine whether a plan has activated unless a participant is self-managing.
- f. The NDIA proactively manages plan progress and implementation. As plans are monitored and reviewed, the NDIA can initiate discussions with participants where there may be non-activation of support items. This then informs subsequent plans. 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 in the engagement of a provider, or the participant choosing an alternative provider to implement support items in their plan.
- g. As outlined in the response to question (f) the NDIA undertakes thorough and comprehensive discussions with participants during plan reviews which can elicit reasons for the non-activation of support items. A key function of the LAC role is to also assist to mitigate any issues relating to delays in plan activation. LAC assistance is offered to participants to assist them to 'activate' their plans; for example, to assist participants choose develop agreements with their chosen providers. Funded supports can also be added to plans for those who need assistance with the coordination of their supports if necessary. Trial sites are also actively applying a range of strategies to minimise any provider claiming issues including both operating a help desk and providing onsite assistance in provider premises where necessary to assist providers to claim for supports. The NDIS also ensures business support is available to providers through funding to peak bodies like National Disability Services.
- h. The NDIA continues to closely monitor plan activations as well as considering changes in processes that may contribute to better planning practices. Reasons for any delays in plan activation are not yet available but any concerns expressed by service providers have been approached in a proactive manner by the NDIA. Examples of this include the redevelopment of the service provider portal to assist providers with claims, as well as a price review of key disability supports to build a more competitive market to underpin choice and control 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: 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:

This revised response supersedes the response tabled on 16 June 2014.

In Barwon, the number of people not meeting National Disability Insurance Scheme (NDIS) access requirements as a percentage of total eligibility cases is 3.6 per cent rather than the 14.7 per cent stated.

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.

Trial site experience demonstrates that for some individuals, engagement with LACs is short and one-off. For others there is more regular contact maintained. For example, in the Barwon trial site, a prospective participant who did not meet the access requirements due to age was assisted by a LAC to a local support group. The LAC facilitated registration with the group and ensured the group understood his disability and were able to be of assistance. Other LAC supports have included assisting individuals to access mainstream supports such as financial services, health services and other community services such as neighbourhood houses. These types of referral and linkages to services are key elements of the LAC role and often require LACs to work closely with those who do not meet access requirements, as well as peer support groups, community organisations and local disability initiatives.

At present the ICT system does not capture the precise numbers of people who do not meet access requirements who are assisted by the LACs. Work is underway to enable this to be done.

The \$1 million allocated to the Community Inclusion and Capability Development (CICD) Fund for the 2013-14 financial year was utilised across the trial sites to fund projects that assisted not for profit and community organisations increase social and community participation for people with disability; did not provide direct support for individuals; and did not replace existing jurisdiction funding.

Criteria for funding allocation also relate to population, trial site size and state government funding for similar purposes. In addition, 50 per cent of the funds were retained by National Office for projects that would benefit from allocation across sites rather than being site specific.

Examples of the CICD projects include the Hackham West Community Centre Training for Volunteers and Staff in South Australia. This project has resulted in children with disabilities to be included in their local community centres program.

In Victoria, a program was designed and delivered to assist the local community neighbourhood houses implement music-based playgroup programs to enable children with a disability to be included. The purchase of suitable musical equipment has enabled children with disability to participate in the community setting.

A project to develop tools to assist participants to self-manage their plans has been completed and will be available to all participants across the trial sites.

The National Disability Insurance Agency (NDIA) is currently reviewing and refining the allocation of Tier 2 block funding to take into account the greater amounts that will be allocated over the coming financial years. This will include ensuring guidelines adequately reflect other NDIA strategic directions, such as priorities relating to mental health, as well as responding to the specific needs of trial site locations including any new and emerging gaps that may come to light, particularly as trial sites expand. This will be undertaken in conjunction with trial site engagement directors and trial site managers.

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Trial Site Public Hearings, April/May 2014

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

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).

Answer:

This revised response supersedes the response tabled on 16 June 2014.

The National Disability Insurance Scheme's average cost for an early intervention package for a child with a hearing impairment is \$15,321.

There are 77 children with deafness/hearing loss as their primary disability aged 0-6 years as at the end of March 2014 across all trial sites. Of these 77 children, 54 have early intervention supports. Of these 54 children, 17 had early intervention supports exceeding \$16,000, and 27 had their whole package (that is, all supports) exceed \$16,000.

All packages of support for children are assessed on an individual basis. In addition to the therapy and educative components that is typical in early intervention supports, some examples of other supports that may be included in a plan are equipment, continence aids, assistive technology such as communication devices, home and vehicle modifications and supports to the family to continue to sustain the caring role.

As at March 2014, 15 per cent of plans for children are above the annual highest benchmark price of \$16,000 for early childhood intervention. Providers are generally submitting quotations within the benchmark figures, including those for children with more complex needs.

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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?

Answer:

This revised response supersedes the response tabled on 16 June 2014.

Section 37 of the *National Disability Insurance Scheme Act 2013* (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.

The National Disability Insurance Agency (NDIA) is aware of particular instances where service providers have been out of pocket. The NDIA has provided an undertaking to these 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. The NDIA has undertaken to reimburse any out of pocket expenses to providers once verification of services delivered is provided to the NDIA.

In very limited circumstances, if the NDIA approved the provision of a service prior to a plan being finalised (e.g. a crisis plan), 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 an unapproved service will result in non-payment by the NDIA.

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
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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:

This revised response supersedes the response tabled on 16 June 2014.

- a. Section 37 of the *National Disability Insurance Scheme Act 2013* (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. The practice of some planners setting a start date for commencement of plans several months after the plan is sent to the participant arose as a result of some initial phasing practices that are no longer in place.
- b. The National Disability Insurance Agency (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.

There is currently oversight of planner activities through regular reporting and monitoring of plan start dates and approvals at local site level. This provides trial site management with visibility of how plan activities are progressing and they can address any issues identifying discrepancies between plan start dates and approvals. Trial sites are also required to report regularly to the NDIA National Office to ensure any local site issues are addressed at an executive level where necessary.

- c. Planners are required to complete 10 plans per month. The NDIA believes this to be a realistic and achievable target, noting that the numbers of plans are adjusted up or down depending on the complexity of issues presented by a participant. The NDIA has introduced an amended service delivery model which will assist in identifying the amount of support a participant will require during the planning process up front. This will assist in ensuring planners have a balanced workload.

Although there is no evidence to suggest this is related to internal KPIs placing pressure on planners, the NDIA has put in place a number of strategies to reduce pressure on both participants and planners. For example, introducing pre-planning workshops which enable participants to start thinking about goals and aspirations and what they would like to achieve under the NDIS. This has in turn improved experiences for both participants and planners as it has increased the efficiency of planning conversations as participants are better informed and prepared.

- d. The KPIs set for plan completion 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 providing a participant with their plan within a seven day time frame following plan approval.

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Trial Site Public Hearings, April/May 2014

**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:

This revised response supersedes the response tabled on 16 June 2014.

The National Disability Insurance Agency (NDIA) is involved in work to establish evidence-based guidance for children with autism however, at present there is little evidence promoting the efficacy of one type of program over another in helping children with autism attain their developmental milestones. The Commonwealth Government has established a trial to test the efficacy of combining child care with specific interventions to address behaviours and other difficulties associated with autism. These trials will not finish until June 2015 so the results will not be available for some time. The Department of Social Services has also commissioned a research study to examine how such programs might complement the National Disability Insurance Scheme (NDIS) and this work has now commenced.

Longer term studies such as these are necessary to ensure best practice approaches are developed. However, the NDIA acknowledges the need to have a more solid evidence base in the shorter term to assist decision making for staff, providers and parents. For this reason, the NDIA is contracting a paediatrician who is an internationally recognised epidemiologist and academic to convene a group of experts to provide expert advice on the evidence-base for management of autism. This work will lead to the development of more specific guidelines for needs assessment and 'reasonable and necessary' interventions for children with autism.

It is anticipated that this work will be completed by the end of the calendar year. This work will be published and made available to providers, parents and NDIA planners and will provide much more definitive evidence to guide the early decision making in the NDIA in relation to autism assessment and intervention.

The NDIA accepts that a longer term approach must complement these more immediate solutions. The NDIA is focused in the short term on completing these specific guidelines for needs assessment and 'reasonable and necessary' interventions for children with autism based on the expert advice received from the consultant paediatrician and the expert group; however, the Agency will maintain an interest in the outcomes of these longer-term trials and studies.

In relation to trans-disciplinary packages of \$16,000 per annum, the NDIA does not have evidence of the inadequacy of this guideline, as many agencies are providing services for children with complex needs within these recommended guideline 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 trans-disciplinary or therapy supports exceed \$16,000.

In some limited circumstances it may be appropriate for more than \$16,000 worth of support to be provided and in considering whether a higher level of support is needed planners 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.

In relation to how long it generally takes for NDIS participants under 6 years of age to get a trans-disciplinary package, it is important to note that 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.

Actuarial data as at end March 2014 shows that for a child aged 0 – 6 years who has a primary disability of Autism and is receiving Early Intervention supports, the average time from the date of eligibility to the date a plan is first approved is 42 days. There is very little difference in plan approvals between plans under or exceeding \$16,000. Actuarial data demonstrates a 40 day time period between the date of eligibility and the date a plan is first approved for packages under \$16,000; and a 46 day time period between the date of eligibility and the date a plan is first approved for packages of \$16,000 and over.

**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: 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 (e.g.: a review of the plan)?

Answer:

This revised response supersedes the response tabled on 16 June 2014.

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. There is no specific 'test' or rule that is applied to achieve 'no disadvantage'; rather it is a principle that is considered during planning. The intent is to ensure 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 or the same support items will be funded.

Once the NDIA determines that a participant meets the NDIS access criteria, a plan is developed. In developing a plan for a participant, the NDIA applies the considerations for 'reasonable and necessary' as outlined in the *National Disability Insurance Scheme Act 2013*, Rules and Operational Guidelines. The NDIA takes into account the agreement of governments reflected in the Intergovernmental Agreement that the NDIS will continue to enable the person to achieve the same outcomes, to the extent permitted by the legislation.

The NDIA uses information provided by participants as well as other information gathered from governments and service providers to determine what supports a participant was receiving prior to entering the NDIS.

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

Participants are also obliged to notify the NDIA 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.

Should a participant's circumstances change the NDIA may reassess the participant's support needs taking into account any new aids and equipment and any change to the frequency of supports that may be required.

**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: 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?

Answer:

This revised response supersedes the response tabled on 16 June 2014.

The Department of Social Services (DSS) commissioned KPMG to review the planning and strategies for the National Disability Insurance Scheme (NDIS) transition to full Scheme. This independent report was provided to DSS and the National Disability Insurance Agency (NDIA) Board in late February 2014.

The NDIA's highest priority is planning for transition to full Scheme, including the optimal timeframe for this transition. Further to the above report, the NDIA Board commissioned KPMG to advise on an optimal timetable in transitioning to full Scheme. This timetable is being developed to minimise the risks associated with moving to full Scheme.

Market readiness is a key consideration for the full Scheme roll out, including the capacity of providers to respond to new funding models and develop new service delivery models to meet participant needs and respond to increased choice and control. Workforce demands created by the introduction of the NDIS are also under consideration by the NDIA and governments to ensure providers are able to access a skilled and available workforce during the expansion years. Participant readiness is also being considered by the NDIA, including strategies to increase readiness and pre-planning capacity building.

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

The optimal timetable will also influence the service delivery operating model which will accommodate the intake of new participants as well as the intake of existing users of state and territory programs. The development of this operating model is now underway. The model will reflect the key principles of the Scheme, lessons learnt from trial sites, industry research, market capacity, workforce capacity, information technology, and participant readiness.

As well as considering the optimal timetable for full Scheme priority, other high priorities for the NDIA Board and NDIA Executive currently include:

- establishing robust internal governance and mechanisms for learning from the trials;
- supporting three new trial sites and Year 2 expansion of existing sites;
- progressing a comprehensive market design framework and support effective development and transition of the existing sector, including through introduction of an efficient price; and
- assisting policy discussions to finalise the design of Tier 2 for full Scheme; the national approach to quality and safeguards; and the role of the NDIA in responding to housing demand.

Numbers of Local Area Coordinators by site

The table below relates to your request on the number of Local Area Coordinators by site

As at 30 June 2014

Number of Local Area Co-ordinators employed by NDIA	
ACT (hybrid Planning and Support Co-ordinators)	25
Barwon	35
Charlestown	23*
Tennant Creek (hybrid Planning and Support Co-ordinators)	4
Perth Hills (hybrid Planning and Support Co-ordinators)	8
South Australia	14
Tasmania (8 outsourced LACs in Tasmania)	8**
Total	

Note:

* 14 Ability Links – contracted by the New South Wales Government as part of the Government's in-kind contribution to NDIS and their role is to primarily focus on community development, connections and linkages, not plan implementation.

** 8 outsourced LACs in Tasmania (BaptCare and Mission Australia). Contracted directly by NDIA. Under this contract, their role is primarily establishing community connections and plan implementation for NDIA participants. This number increases to 12 as of 7 July 2014.

Implementation Plans: this is the only request still outstanding from the Agency (waiting on state and territory approval).