

**NDIS Submission**  
**August 2019**

- NDIS Planning
  - In the ACT the planners appear to have minimal knowledge of disabilities and mental health. The plans in the ACT are well below par especially with children and people with a mental illness
  - No understanding of the legislation
  - No understanding that parents are having poorer outcomes with the NDIS than prior to the NDIS
  - No case management for parents to assist them with implementation of the plans as would have occurred pre NDIS. Support Coordination is non-existent for children with a disability. This leads to plans not being utilised as parents are not aware of what they can use the plan for
  - LAC is of no assistance as they are not available to assist parents with their child's plan or contact participants without Support Coordination
  - Many plans are not being utilised due to the participant being unable to access support without support coordination
  - No understanding by the NDIS that people cannot just find services and manage services and there is no need for support coordination. The NDIS and plans are complex and there is a strong demand for support coordination on an ongoing basis for participants.
  - Planners ignoring reports from providers stating the number of hours needed. For children there is only minimal hours of support from providers. This means that many children are getting 80-90% less than pre NDIS.
  - Supports such as OT, Physio, Psychology, Speech, etc is usually only given at 3-6 hours per year and not considered to be an ongoing support for the child/ person with a disability.
  - Planners making the decision on what they will put to the delegate rather than putting everything to the delegate and allowing the delegate to make the decision based on all the available evidence
  - Planners refusing to ask for Support Coordination or Plan Management for clients
  - LAC workers have little or no knowledge of mental illness. One planner refused to ask for support for a client's diagnosis of Schizophrenia as they did not believe they had schizophrenia despite the meeting occurring in an inpatient mental health unit. This planner also in front of a treating psychiatrist stated that a participant did not have paranoid schizophrenia and would be asking for the participants plan to be ended and not continued.
  - Transport to appointments which has assisted many with a mental illness have ongoing support and improvement in their mental health have been ceased by the NDIS. The current Transport Allowance is not be approved for participants and they now have no way of getting to appointments and accessing the community. This is a dangerous precedent as it will most likely lead to a deterioration in the mental health of participants.
  - You lose the Mobility Allowance from Centrelink when you become an NDIS Participant however this does not mean you get the transport allowance from the NDIS. For a lot of participants this is a great financial strain in losing this financial assistance. If they

can't get the travel allowance they should be able to retain the Mobility Allowance from Centrelink

- NDIS planners have refused to give plan management to participants despite the fact that their current providers are not registered and they will lose these services if their plans are not plan managed. The NDIS planners have stated that they should not be using unregistered providers
- Basically the NDIS in the ACT is giving poor outcomes for people now that they are forced to use the NDIS for service provision. They have less funding than pre NDIS and therefore less support and outcomes
- Supported Independent Living
  - This is virtually non-existent in the ACT. The NDIS in the ACT is reluctant to approve this in plans stating that participants need to learn to live in the community and their own homes and their carers just have to learn to cope. Despite this they will not approve extra funding so that participants can remain at home.
  - Supported independent Living, Support Accommodation and Short Term Accommodation are rarely approved in the ACT
- Ongoing Concerns
  - Uneducated planners – from the planners in the ACT it appears that they do not understand the needs of people with a disability or mental illness.
  - , and do not have empathy for the participants of the NDIS. They refuse to answer questions from participants and providers. Their reputation from their previous roles have indicated that they are not supportive of people with a disability or mental illness.
  - A change in management to people with an empathy for people with a disability or mental illness would benefit the ACT.
  - The ACT seems to have the attitude that people with a disability or mental illness does not happen here and so therefore the NDIS is not needed
  - Increase awareness of what is like to have a disability or mental illness and what their needs are.
  - Removal of Transport Allowance since July 2019
  - Removal of transport to appointments and community access since July 2019
  - Lack of service provision in the ACT
  - **Access, planning and other processes still need improvement for people with psychosocial disability.**

It is our experience that NDIS access and planning processes do not work for clients with mental health issues/psychosocial disability. These participants are systematically disadvantaged by processes which present barriers to them and planners who don't understand mental health. People with co-morbidities or co-existing psychosocial and other disability are the worst affected, as the NDIS notion of a primary and secondary disability does not give a true picture of their situation. We also experience that plans for people with psychosocial disability prepared by in the ACT are far too often inadequate and have to go to review.

We understand that psychosocial disability components of the Complex Needs Pathway are being trialled in SA and Tasmania. When will better processes for participants with psychosocial disability come into place for all participants?

- **Expired plans leaving providers out of pocket**  
Participant Plan reviews often take a long time to be completed. This can lead to the participant's plan expiring before a new plan is put in place. When a plan expires, providers are expected to continue to provide service to the participant, and many providers do so in any case based on a sense of duty of care, in particular when the participant has complex needs and/or few informal supports. At such a time providers cannot invoice for service through the normal process, although recovery of costs is usually possible later, providing the assistance provided is still funded in the new plan. We and our colleagues have many experiences of emailing 'Provider Payments' for assistance in these case, but never hear back. The lack of response leaves providers out of pocket. For a small business or sole trader even a relatively small outstanding fee can have a big impact on financial viability. Getting a payment for the service can take months and a number of approaches through different channels including attending the NDIA office in person. This leaves small providers at great risk and a contingency mechanisms needs to be put in place for instances where plans expire.  
How and when will this risk to market sustainability be addressed?
- **NDIA feedback and enquiry avenues not responsive.**  
NDIA provides a number of different avenues for feedback and enquiries, such as the "feedback@ndis" email address and online contact form. Unfortunately our experience is that most often our enquiries and requests are not responded to. Timely responses to enquiries are often critical for participants and for providers trying to ensure participants can access appropriate and necessary services and supports, and consequently the lack of response leads to plan funds not being fully utilised and participants not getting access to necessary supports.  
What plans and processes are in place to improve response times and when can improvements in response times be expected to materialise?
- Providers not able to get support for payment request from provider payments or provider support
- Admin staff not putting NDIS consents on clients files appropriately – I have consent on these forms however on the portal I get letters stating "Consent Withdrawn"
- Admin Staff have limited knowledge about guardianship and financial management on a state by state. Stating that these legal documents are not relevant for the NDIS and the participant needs to give consent for a nominee. Clients with guardianship and financial management are deemed not to have capacity to understand and given legal consent which is needed by the NDIS.

The information above is a quick and limited example of concerns I have as a provider and social worker. I am more than happy to speak with someone about the above and more

Yours sincerely  
Michel Hansen  
Making Connections Together