

I would like to make a submission to the General Enquiries Committee (NDIS) regarding Audit / Governance issues. I believe that the current governance standards are flawed and don't pass the pub test. The reason I'm making the submission is to stop wastage (of funds paid for services that weren't delivered and so I don't have to seek more funds to cover the unneeded wastage).

**By way of background.**

My wife and I have a year old son who has been in the NDIS System for many years and is within the Complex Support Needs Child and Young Persons Units within the NDIS.

My wife is also a n NDIS participant due to becoming legally blind.

My NDIS experience includes a number of reviews, restrictive practices, involving the Office of the Public Advocate (Vic) and the Victorian Senior Practitioner re BSP.

Our Son's plan has significant funding with the CORE being NDIS and Agency managed along with elements being self managed.

I deal directly with providers, co-ordinators and NDIS staff, my wife's plan is renewed by a LACI (contracted body to renew less complex plans).

**Area of concern**

We are writing to you to highlight the overpayment to NDIS providers for services that have not been delivered. The overpayments can equate to millions of dollars annually. For those participants of NDIS who have their CORE funding agency managed this matter is extremely important as claims by providers are made directly to NDIS without any check carried out.

The NDIS Compliance Response Team reviews claims that are unusual or incorrect in context of NDIS pricing and participants plans. They don't question if the services invoiced were actually provided.

Our son is an NDIS participant who is receiving care from a provider. As our son isn't able to communicate if there were two carers looking after him, we as parents don't know if there was one carer or two carers, however invoices are submitted for services of two carers.

We see our son three afternoons /evenings per week plus weekends, so we are able to monitor in part carer levels. However as invoices are submitted directly to NDIS it is hard for comparison of actual hours worked to that of what was invoiced. There have been occasions where only one carer was working as well as carer commencing at 5pm when the actual documented shift commenced at 2pm. This might not seem much but one shift equates to \$486 and the 3 hours claimed equates to \$186.

The Provider's system is to charge for the roster not for what was actually worked. As the roster claim is within the guidelines it is processed.

This isn't a deliberate fraudulent activity, more like a poor system all over that only benefits providers not participants and is an unneeded impost on NDIS

There have been a number of occasions where our son has had one carer instead of two. His funding is eaten away without any benefit to our son.  
Of the approximate 484,000 current NDIS participants there would be a significant percentage who are unable to communicate as to the number of carers.

If 20 percent of participants are unable to communicate if there were 1 or 2 carers or the hours of care provided. The charge for 2 hours (where no care provided) would be \$124 x 96800 participants would equate to **\$12m.**  
For a no show for one 8 hour shift @\$62 per hour x 96800 participants would equate to **\$48m.**

Over the 12 month NDIS plan period there would be more than one occasion either of these would occur so overpayments could blow out to over **\$100m Plus.**  
We think the solution would be for carers to sign on via a fingerprint reader that is installed at participants homes, prior to and at completion of shift, this information would then be supplied by the provider to NDIS at time invoices are submitted as proof of service.  
This would maximise the funding provided to participants and eliminate claims for no shows being paid.

Biometric (Fingerprint) technology that certifies attendance is currently available in Australia. This technology (or similar) would ensure carers were actually providing care, other systems where data such as codes are open to abuse ie one carer signing on for another carer who isn't present.

This we believe is across all providers and affects NDIS participants whether they be self managed, plan managed and or agency managed.  
As Australia is facing economic challenges we felt this topic should be brought to your attention especially as there won't be reduction in services only an improvement and fulfilment of service agreement / contract between providers and participants.

Again I'm not seeking any commentary on my specific problems with provider / NDIS I'm simply pointing out that the system needs to be overhauled in regard to governance / audit along with all providers having to supply more details as to what was provided, number of face to face hours etc.

The recent TV program 60 minutes raised fraud etc that is occurring

My email is about tightening the procedures overall so that value for money takes place, governance and audit requirements are strengthened and enforced so wastage is eliminated so that all funds are used as they were intended to be under the participants' existing plans.

Thanks and regards  
Colin