

Senate Community Affairs Legislation Committee
Public Hearing – 6 August 2024
NDIS Amendment (Getting the NDIS Back on Track No.1) Bill 2024
ANSWER TO QUESTION ON NOTICE
National Disability Insurance Agency

Topic: Drivers of Intra-plan Inflation

Question reference number: NDIA IQ24-000050

Question asked by: Jordon Steele-John

Type of Question: Spoken Hansard Pages: 10-11

Date set by the Committee for the return of answer: 7 August 2024

Question:

Senator STEELE-JOHN: So, basically, we're talking about a study; correct?

Mr Gifford: That's a term we could use, yes. It was an internal review or study for the purposes of better understanding the drivers of intraplan inflation.

Senator STEELE-JOHN: Did one person or two people undertake this study?

Mr Gifford: I'd have to take that on notice, but I believe there would have been at least two involved

Senator STEELE-JOHN: Can you table for us a copy of that study?

Mr Gifford: We can take on notice what Ms Falkingham has referred to, which is the most complete version of the study, yes.

Senator STEELE-JOHN: I would like the version of the study presented to the board, absolutely, if you could take that on notice. But I would also request of you the complete piece of work so that we can judge as a committee what is relevant and not relevant to our inquiry. Can you please take on notice providing to us the complete result of the study, papers created as part of the study, documentation and all of the information relevant to the study?

Ms Falkingham: We can take that on notice.

Senator STEELE-JOHN: Thank you. Can you also take on notice when you were commissioned to undertake this study?

Mr Gifford: Yes, we'll take that on notice.

Senator STEELE-JOHN: Thank you. Are you able to tell us the terms of reference or guiding material that you were given or instructions that were given to inform this study?

Mr Gifford: Yes, we'll take it on notice.

...

Senator STEELE-JOHN: Maybe I can reframe that more directly. The reviewers, when they reviewed the 300 plans, in determining whether they were the result of a legitimate change in circumstances, what criteria did they apply?

Mr Gifford: I think that might form a part of the more detailed report that we provide on notice...

Answer:

The study commenced in November 2023 and was completed by 3 people.

A random sample of 113 National Disability Insurance Scheme (NDIS) participants with intra-plan inflation in the 12 month period to 30 September 2023 was selected. This work considered all plans that had been in effect during that 12 month period. The purpose of this work was to identify drivers of intra-plan inflation and to assess whether there was evidence of a change in support need.

For this work, an assessment was made as to whether evidence provided to support the subsequent plan reassessment indicated that the participant's circumstances had changed over the plan period when compared to evidence previously available. Not all plan reassessments reviewed through this work were a result of a participant submitting a change of circumstances request.

Note that in instances where the plan reassessment had been completed as a result of a change of circumstances request and the planning delegate determined evidence indicated an increased support need, the plan reassessment resulted in an increase to the participant's NDIS plan budget.

The study presented to the National Disability Insurance Agency Board is at **Attachment A** (accessible version at **Attachment B**).

Plan inflation

February 2024

Acknowledgement of Country



"Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Countries on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today."

Overutilisation drives intraplan inflation



- Plan inflation is highest for plan reassessments where the **previous plan has ended early** and for participants **using a plan manager**.
- Analysis of a sample of participant records to better understand the drivers of intraplan inflation showed that:
 - Early plan reassessment was mostly initiated or requested because funds were exhausted. Accessing non-funded supports was the most common reason for overutilisation of plans in the sample.
 - In most cases, there was no evidence of increased need driving the overutilisation of plans.
 - There are no controls to ensure a participant spends in line with a funding decision. Instances were observed of participants:
 - accessing supports that are not the responsibility of the NDIS to fund
 - accessing particular supports and/or a level of supports that was requested but not funded, including after being advised that the requested support was declined
 - When a participant requests to change their plan management type or requests assistive technology, utilisation of the existing plan is generally not considered during the plan reassessment.

Overview of bottom-up analysis

- ADA has undertaken a bottom-up analysis of participant records to better understand the drivers of overutilisation of plans (intraplan inflation).
- 113 participant records, with a total of 325 NDIS active plans in the 12-month period to 30 September 2023, have been reviewed to date (i.e. 212 previous plans and 113 current plans).
 - All 113 participants had overutilised at least 1 plan in this 12-month period.
- The table below shows the number of participants in the sample by the number of active plans within the 12-month period to 30 September 2023.

	Number of active plans in the 12-month period to 30 September 2023				
	5 plans	4 plans	3 plans	2 plans	Total
Number of participants	2	13	67	31	113 participants
Number of plans	10	52	201	62	325 plans

- The following slides outline observations made across these 113 participant records.
- The sample was randomly selected from all participants with at least one plan contributing to overall Scheme intraplan inflation in the 12-month period to 30 September 2023, and was not stratified based on the number of plans approved in this period.

Reasons for overutilisation of plans in the sample

The tables below and on the next slide outline the drivers of intraplan inflation across 193 of the 212* previous plans considered.

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Evidence of increased need /clarified support need	70	36%
Decline in functional capacity - increased support need	17	8%
Increased BOC - increased support need	15	7%
Loss/reduction of informal support - increased support need	12	6%
Accessing more or different supports than funded, evidence of need provided after funding decision	9	4%
Accessing supports requested but not funded (declined), evidence of need provided after funding decision	8	4%
Funded supports reduced in plan, utilising at similar level to previous plan - funding increased next plan	8	4%
Once off/short term supports accessed	7	3%
Change in housing/living arrangements - disability related	6	3%
Potential participant misuse/fraud	4	2%
Change in housing/living arrangements - not disability related	1	0.5%
Provider providing higher level of support than funded	1	0.5%
Accessing supports requested but not funded (declined), no increased support need (likely planning error)	1	0.5%
Decline in health - increased support need to manage	1	0.5%
No evidence of increased support need	89	46%
Accessing more or different supports than funded, no increased support need	46	22%
Accessing supports requested but not funded (declined), no increased support need	42	20%
Change in housing/living arrangements - not disability related	8	4%
Potential participant misuse/fraud	7	3%
Accessing supports not related to disability	3	1%
Once off/short term supports accessed	3	1%
Change in living arrangements - not disability related	1	0.5%
Funded supports reduced in plan, utilising at similar level to previous plan - funding not increased next plan	1	0.5%

* Excludes current plans for the 113 participants due to the plan still being active

** For some plans, multiple reasons contributing to overutilisation were identified, therefore total of this column is greater than 193

*** Includes participants accessing high levels of core supports (e.g. increased support or STA) while transitioning to new living arrangements after Home & Living

Reason for overutilisation of plans in the sample cont.

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Potentially Provider driven	5	3%
Potential provider misuse/fraud	3	1%
Provider providing higher level of support than funded	2	1%
No evidence of increased support need / Potentially Provider driven	8	4%
Provider providing higher level of support than funded	6	3%
Accessing more or different supports than funded, no increased support need	5	2%
Change in housing/living arrangements - not disability related	3	1%
Potential provider misuse/fraud	2	1%
Accessing supports requested but not funded (declined), no increased support need	2	1%
Provider claiming from wrong category	1	0.5%
No evidence of increased support need, future budget increased following successful appeal	19	10%
Accessing supports requested but not funded (declined), no increased support need	16	8%
Accessing more or different supports than funded, no increased support need	2	1%
Potential participant misuse/fraud	1	0.5%
Funded supports reduced in plan, utilising at similar level to previous plan - funding increased next plan	1	0.5%
Unable to determine	2	1%

* Excludes current plans for the 113 participants due to the plan still being active

** For some plans, multiple reasons contributing to overutilisation were identified, therefore total of this column is greater than 193

*** Includes participants accessing high levels of core supports (e.g. increased support or STA) while transitioning to new living arrangements after Home & Living

Reasons why early plan reassessments were initiated or requested

For 202 of the 212 previous plans in the sample, a plan reassessment was completed prior to the original end-date of the previous plan. The tables below and on the following slide outlines the main reason why an early reassessment was initially requested or initiated for each of these 202 plans.

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
Evidence of increased need /clarified support need	69	34%
New evidence submitted - increase in funding	21	10%
Implement H&L decision	10	5%
BoCs	9	4%
Disability functional decline	8	4%
Funds exhausted	6	3%
Decrease in informal supports	4	2%
New support request	4	2%
Correct planning error	3	1%
New living situation	2	1%
New evidence submitted - no increase to funding	1	0.5%
Funds exhausted - interim plan	1	0.5%
No evidence of increased support need	85	42%
Funds exhausted	21	10%
Include AT	15	7%
New support request	12	6%
Change in plan management	7	3%
Implement H&L decision	7	3%
New evidence submitted - no increase to funding	7	3%
New living situation	5	2%
Change in plan management - Agency Initiated	4	2%
Health related decline in function	3	1%
Funds exhausted - interim plan	1	0.5%
Correct planning error	1	0.5%
To decline a support	1	0.5%
Unclear	1	0.5%

Reasons why early plan reassessments were initiated or requested cont.



Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
Potentially Provider driven	5	2%
Funds exhausted - potential provider fraud	3	1%
New living situation	1	0.5%
Change in plan management	1	0.5%
No evidence of increased support need / Potentially Provider driven	8	4%
Funds exhausted	3	1%
New support request	2	1%
New living situation	1	0.5%
Funds exhausted - interim plan	1	0.5%
Funds exhausted - potential provider fraud	1	0.5%
No evidence of increased support need, future budget increased following successful appeal	19	9%
≤100 plan set-aside	12	6%
To implement an AAT decision	7	3%
Unable to determine	2	1%
New support request	2	1%
Not over-utilised	14	7%
Correct planning error	3	1%
New evidence submitted - no increase to funding	2	1%
Include AT	2	1%
Decrease in informal supports	2	1%
Change in plan management	2	1%
New living situation	1	0.5%
New evidence submitted - increase in funding	1	0.5%
Disability functional decline	1	0.5%

There are no controls to ensure the participant spends according to the funding decision



- When funding is fully utilised prior to the plan end date, common practice is to approve a new plan to ensure continuity of supports, **irrespective of the reason behind the overutilisation.**
- 24% (N=27) of the 113 participants in the sample had at least one plan reassessment initiated or requested prior to the planned scheduled reassessment date due to funding being exhausted.
- Instances were observed of participants:
 - accessing supports that are not the responsibility of the NDIS to fund
 - accessing particular supports and/or a level of supports that was requested but not funded, including after being advised that the requested support was declined
 - 47% (N=53) of the 113 participants in the sample appear* to have overutilised at least one plan during the 12-month period due to accessing supports or a level of supports requested but not funded.
 - 15 of these 53 participants continued to do so over more than 1 plan.
 - continuing to access a higher level of support, rather than reducing supports in line with the funded step-down approach
 - accessing supports in line with health professional recommendations when the delegate had not funded in line with these recommendations, e.g. when related to non-eligible conditions
 - “new” evidence provided to support a request for a Change of Circumstance reassessment that does not substantiate a different support need
 - receiving a plan reassessment to ensure they could continue to access supports after having exhausted plan funding, with no evidence to indicate a change in circumstances or increase in disability related support need.

Utilisation is generally not considered at plan reassessment when a participant requests to change plan management type or requests AT

- Utilisation generally does not appear to be considered prior to completing reassessments resulting from a participant's request to change plan management type or to fund Assistive Technology (AT).

Information has been redacted as it contains Participant Personally Identifiable Information (PII)

- At the time of this conversation 19% of the initial 24-month plan duration had elapsed, and 34% of core funding utilised.

Changing plan management type is not effective to mitigate overutilisation and/or misuse of funded supports

In 12% (N=14) of the 113 records reviewed evidence indicates the Agency made a decision to change plan management type (i.e. from self-managed to plan-managed or plan-managed to agency-managed) to attempt to mitigate the overutilisation and/or misuse of funded supports.

- Three of these 14 plans have an active alert to indicate plan management had been changed to try to address overutilisation / misuse.
- In 9 instances, the change in plan management did not have the intended effect as the participant has continued to overutilise their plan following the change.
- In 4 instances another plan reassessment has since been completed and the plan management type changed back. In each instance, prior to the decision to change back to the original plan management type, there was no evidence to indicate if:
 - utilisation of the plan current at the time was considered.
 - consideration was given to why the plan management type had originally been changed.

Provider and intermediary behaviour are contributing to overutilisation



In 24 records where Support Coordination was funded, evidence on the record indicates overutilisation may have been influenced by the Support Coordinator.

- In one example from May 2023, an interaction indicates the Support Coordinator had “approved” accessing 24/7 supports prior to a H&L decision having been made, and despite this being a higher level of support than funded. The request for SIL supports were subsequently declined by the H&L delegate.

Information has been redacted as it contains Participant Personally Identifiable Information (PII)

- A H&L decision has since been made and the participant assessed as unsuitable for SIL.

16 records contained evidence that indicated overutilisation may have been influenced by a Provider.

- In one example, an interaction from April 2023 indicates the Provider advised they were rostering a higher level of supports than funded. The planner’s notes from this conversation state there “was no change to participant's disability.” Requested supports were not funded in the subsequent plan.

Information has been redacted as it contains Participant Personally Identifiable Information (PII)

There is an opportunity to improve proactive monitoring of utilisation and/or better support participants to understand the need to utilise funding in line with the approved budget

- 26% (N=29) of the 113 records reviewed contained evidence of engagement with the participant or their representative about overutilisation and their responsibility to spend in line with approved funding.
 - 20 of these participants are, at the time of file reviews, overutilising their current plan
- In the remaining 74% (N=84) of records instances were observed where contact was made with the participant, however there was no evidence of a discussion of utilisation as part of this engagement*
- Some records contain evidence of monitoring, however interactions indicate the overutilisation was not identified or had been incorrectly identified as on track.
- Some records had evidence of the overutilisation having been identified, but not raised when engaging with the participant.
- One record contained evidence of the delegate approving the plan asking the plan implementer to *“please monitor plan regularly to support utilisation”* due to overutilisation in previous plans.
 - In this instance implementation did not occur until 2 months after plan approval, at which time the Child Representative stated *“she has used almost half of [participant's] CB Supports 2 months into”* the 12-month plan being approved.

There is an opportunity to enhance guidance to identify and manage overutilisation, including recommended plan duration when previous plans have been overutilised

A 24-month plan was approved for at least 25* of the 113 participants in the sample, despite the participant having overutilised at least 1 previous plan active in the 12 month period to 30 September 2023.

- ***Our Guidelines – Creating Your Plan, Appendix A: Plan duration guidance*** outlines criteria and corresponding recommended plan duration but does not include information about using funding in accordance with the approved budget and overutilisation.
 - Guidance includes a recommended plan duration for when the participant has “used less than 20% of your NDIS funding in your current plan”.
 - **None of the listed criteria include guidance on plan duration when a plan has been overutilised.**
- ***Standard Operating Procedure (SOP) - Monitor the plan budget*** advises to contact the participant to discuss reasons or barriers in implementing supports.
- ***Complete full plan reassessment*** advises to discuss high or low utilisation with participants but does not provide specific guidance on how to address overutilisation.
- ***SOP Complete the Risk assessment task*** refers to other guidance when supports have been overutilised but does not indicate an appropriate plan duration or provide specific guidance on how overutilisation should be addressed.

* This information was not specifically recorded so unable to accurately indicate how frequently this occurred in sample

Qualitative review intraplan inflation – Powerpoint presentation accessible version

Slide 1 (cover slide only)

Plan inflation

February 2024

Slide 2

Acknowledgement of Country

The NDIA acknowledges the Aboriginal and Torres Strait Islander peoples of this nation and the Traditional Custodians of the lands across which our Agency conducts our business. We pay our respects to the custodians of the land on which we work as well as their ancestors and Elders, past, present, emerging. The NDIA is committed to honouring Aboriginal Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters, seas and their rich contribution to society.

Slide 3

Overutilisation drives intraplan inflation

Plan inflation is highest for plan reassessments where the previous plan has ended early and for participants using a plan manager.

Analysis of a sample of participant records to better understand the drivers of intraplan inflation showed that:

- Early plan reassessment was mostly initiated or requested because funds were exhausted. Accessing non-funded supports was the most common reason for overutilisation of plans in the sample.
- In most cases, there was no evidence of increased need driving the overutilisation of plans.
- There are no controls to ensure a participant spends in line with a funding decision. Instances were observed of participants:
 - accessing supports that are not the responsibility of the NDIS to fund
 - accessing particular supports and/or a level of supports that was requested but not funded, including after being advised that the requested support was declined
- When a participant requests to change their plan management type or requests assistive technology, utilisation of the existing plan is generally not considered during the plan reassessment.

Slide 4

Overview of bottom-up analysis

- ADA has undertaken a bottom-up analysis of participant records to better understand the drivers of overutilisation of plans (intraplan inflation).
- 113 participant records, with a total of 325 NDIS active plans in the 12-month period to 30 September 2023, have been reviewed to date (i.e. 212 previous plans and 113 current plans).
- All 113 participants had overutilised at least 1 plan in this 12-month period.
- The table below shows the number of participants in the sample by the number of active plans within the 12-month period to 30 September 2023.

Table 1 number of active plans in the 12-month period to 30 September 2023

	Number of active plans in the 12-month period to 30 September 2023				
	5 plans	4 plans	3 plans	2 plans	Total
Number of participants	2	13	67	31	113 participants
Number of plans	10	52	201	62	325 plans

- The following slides outline observations made across these 113 participant records.

- The sample was randomly selected from all participants with at least one plan contributing to overall Scheme intraplan inflation in the 12-month period to 30 September 2023, and was not stratified based on the number of plans approved in this period.

Slide 5

Reasons for overutilisation of plans in the sample

The tables below and on the next slide outline the drivers of intraplan inflation across 193 of the 212* previous plans considered.

Table 2 Drivers of overutilisation

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Evidence of increased need/clarified support need	70	36%
Decline in functional capacity – increased support need	17	8%
Increased BOC – increased support need	15	7%
Loss/reduction of informal support - increased support need	12	6%
Accessing more or different supports than funded, evidence of need provided after funding decision	9	4%
Accessing supports requested but not funded (declined), evidence of need provided after funding decision	8	4%

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Funded supports reduced in plan utilising at similar level to previous plan, funding increased next plan	8	4%
Once off or short term supports accessed	7	3%
Change in housing/living arrangements disability related	6	3%
Potential participant misuse/fraud	4	2%
Change in housing/living arrangements not disability related	1	0.5%
Provider providing higher level of support than funded	1	0.5%
Accessing supports requested but not funded (declined) no increased support need (likely planning error)	1	0.5%
Decline in health increased support need to manage	1	0.5%
No evidence of increase support need	89	46%
Accessing more or different supports than funded, no increased support need	46	22%
Accessing supports requested but not funded (declined), no increased support need	42	20%
Change in housing/living arrangements - not disability related	8	4%
Potential participant misuse/fraud	7	3%

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Accessing supports not related to disability	3	1%
Once off/short term supports accessed	3	1%
Change in living arrangements - not disability related	1	0.5%
Funded supports reduced in plan, utilising at similar level to previous plan - funding not increased next plan	1	0.5%

* Excludes current plans for the 113 participants due to the plan still being active

** For some plans, multiple reasons contributing to overutilisation were identified, therefore total of this column is greater than 193

*** Includes participants accessing high levels of core supports (e.g. increased support or STA) while transitioning to new living arrangements after Home & Living

Slide 6

Reason for overutilisation of plans in the sample cont.

Table 3 Drivers of overutilisation continued

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
Potentially Provider driven	5	3%
Potential provider misuse/fraud	3	1%
Provider providing higher level of support than funded	2	1%
No evidence of increased support need / Potentially Provider driven	8	4%
Provider providing higher level of support than funded	6	3%
Accessing more or different supports than funded, no increased support need	5	2%
Change in housing/living arrangements - not disability related	3	1%
Potential provider misuse/fraud	2	1%
Accessing supports requested but not funded (declined), no increased support need	2	1%
Provider claiming from wrong category	1	0.5%

Drivers of overutilisation leading to intra plan inflation	No. of plans**	% of plans
No evidence of increased support need, future budget increased following successful appeal	19	10%
Accessing supports requested but not funded (declined), no increased support need	16	8%
Accessing more or different supports than funded, no increased support need	2	1%
Potential participant misuse/fraud	1	0.5%
Funded supports reduced in plan, utilising at similar level to previous plan - funding increased next plan	1	0.5%
Unable to determine	2	1%

* Excludes current plans for the 113 participants due to the plan still being active

** For some plans, multiple reasons contributing to overutilisation were identified, therefore total of this column is greater than 193

*** Includes participants accessing high levels of core supports (e.g. increased support or STA) while transitioning to new living arrangements after Home & Living

Slide 7

Reasons why early plan reassessments were initiated or requested

For 202 of the 212 previous plans in the sample, a plan reassessment was completed prior to the original end-date of the previous plan. The tables below and on the following slide outlines the main reason why an early reassessment was initially requested or initiated for each of these 202 plans.

Table 4 Early reassessment reasons of overutilised plans

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
Evidence of increased need /clarified support need	69	34%
New evidence submitted - increase in funding	21	10%
Implement H&L decision	10	5%
BoCs	9	4%
Disability functional decline	8	4%
Funds exhausted	6	3%
Decrease in informal supports	4	2%
New support request	4	2%
Correct planning error	3	1%

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
New living situation	2	1%
New evidence submitted - no increase to funding	1	0.5%
Funds exhausted - interim plan	1	0.5%
No evidence of increased support need	85	42%
Funds exhausted	21	10%
Include AT	15	7%
New support request	12	6%
Change in plan management	7	3%
Implement H&L decision	7	3%
New evidence submitted - no increase to funding	7	3%
New living situation	5	2%
Change in plan management - Agency Initiated	4	2%
Health related decline in function	3	1%
Funds exhausted - interim plan	1	0.5%
Correct planning error	1	0.5%

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
To decline a support	1	0.5%
Unclear	1	0.5%

Slide 8

Reasons why early plan reassessments were initiated or requested cont.

Table 5 Early reassessment reason for overutilisation continued

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
Potentially provider driven	5	2%
Funds exhausted – potential provider fraud	3	1%
New living situation	1	0.5%
Change in plan management	1	0.5%
No evidence of increased support need/potentially provider driven	8	4%
Funds exhausted	3	1%

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
New support request	2	1%
New living situation	1	0.5%
Funds exhausted – interim plan	1	0.5%
Funds exhausted – potential provider fraud	1	0.5%
No evidence of increased support need, future budget increased following successful appeal	19	9%
S100 plan set-aside	12	6%
To implement an AAT decision	7	3%
Unable to determine	2	1%
New support request	2	1%
Not over utilised	14	7%
Correct planning error	3	1%
New evidence submitted – no increase to funding	2	1%
Include AT	2	1%
Decrease in informal supports	2	1%
Change in plan management	2	1%

Reason why early reassessment of overutilised plans was <u>initially</u> requested or initiated	No. of plans	% of plans
New living situation	1	0.5%
New evidence submitted – increase in funding	1	0.5%
Disability functional decline	1	0.5%

Slide 9

There are no controls to ensure the participant spends according to the funding decision

- When funding is fully utilised prior to the plan end date, common practice is to approve a new plan to ensure continuity of supports, irrespective of the reason behind the overutilisation.
- 24% (N=27) of the 113 participants in the sample had at least one plan reassessment initiated or requested prior to the planned scheduled reassessment date due to funding being exhausted.
- Instances were observed of participants:
 - accessing supports that are not the responsibility of the NDIS to fund
 - accessing particular supports and/or a level of supports that was requested but not funded, including after being advised that the requested support was declined
 - 47% (N=53) of the 113 participants in the sample appear* to have overutilised at least one plan during the 12-month period due to accessing supports or a level of supports requested but not funded.
 - 15 of these 53 participants continued to do so over more than 1 plan.
 - continuing to access a higher level of support, rather than reducing supports in line with the funded step-down approach

- accessing supports in line with health professional recommendations when the delegate had not funded in line with these recommendations, e.g. when related to non-eligible conditions
- “new” evidence provided to support a request for a Change of Circumstance reassessment that does not substantiate a different support need
- receiving a plan reassessment to ensure they could continue to access supports after having exhausted plan funding, with no evidence to indicate a change in circumstances or increase in disability related support need.

Slide 10

Utilisation is generally not considered at plan reassessment when a participant requests to change plan management type or requests AT

Utilisation generally does not appear to be considered prior to completing reassessments resulting from a participant’s request to change plan management type or to fund Assistive Technology (AT).

Note - redacted information as it contains participant personally identifiable information (PII)

At the time of this conversation 19% of the initial 24-month plan duration had elapsed, and 34% of core funding utilised.

Slide 11

Changing plan management type is not effective to mitigate overutilisation and/or misuse of funded supports

In 12% (N=14) of the 113 records reviewed evidence indicates the Agency made a decision to change plan management type (i.e. from self-managed to plan-managed or plan-managed to agency-managed) to attempt to mitigate the overutilisation and/or misuse of funded supports.

- Three of these 14 plans have an active alert to indicate plan management had been changed to try to address overutilisation / misuse.
- In 9 instances, the change in plan management did not have the intended effect as the participant has continued to overutilise their plan following the change.
- In 4 instances another plan reassessment has since been completed and the plan management type changed back. In each instance, prior to the decision to change back to the original plan management type, there was no evidence to indicate if:
 - utilisation of the plan current at the time was considered.
 - consideration was given to why the plan management type had originally been changed.

Slide 12

Provider and intermediary behaviour are contributing to overutilisation

In 24 records where Support Coordination was funded, evidence on the record indicates overutilisation may have been influenced by the Support Coordinator.

- In one example from May 2023, an interaction indicates the Support Coordinator had “approved” accessing 24/7 supports prior to a H&L decision having been made, and despite this being a higher level of support than funded. The request for SIL supports were subsequently declined by the H&L delegate.

Note - redacted information as it contains participant personally identifiable information (PII)

- A H&L decision has since been made and the participant assessed as unsuitable for SIL.

16 records contained evidence that indicated overutilisation may have been influenced by a Provider.

- In one example, an interaction from April 2023 indicates the Provider advised they were rostering a higher level of supports than funded. The planner’s notes from this conversation state there “was no change to participant's disability.” Requested supports were not funded in the subsequent plan.

Note - redacted information as it contains participant personally identifiable information (PII)

Slide 13

There is an opportunity to improve proactive monitoring of utilisation and/or better support participants to understand the need to utilise funding in line with the approved budget

- 26% (N=29) of the 113 records reviewed contained evidence of engagement with the participant or their representative about overutilisation and their responsibility to spend in line with approved funding.
 - 20 of these participants are, at the time of file reviews, overutilising their current plan
- In the remaining 74% (N=84) of records instances were observed where contact was made with the participant, however there was no evidence of a discussion of utilisation as part of this engagement.*
- Some records contain evidence of monitoring, however interactions indicate the overutilisation was not identified or had been incorrectly identified as on track.
- Some records had evidence of the overutilisation having been identified, but not raised when engaging with the participant.
- One record contained evidence of the delegate approving the plan asking the plan implementer to “please monitor plan regularly to support utilisation”, due to overutilisation in previous plans.
 - In this instance implementation did not occur until 2 months after plan approval, at which time the Child Representative stated “she has used almost half of [participant's] CB Supports 2 months into” the 12-month plan being approved.

*Data relating to engagement with participants was only recorded where evidence indicated discussion about utilisation.

Slide 14

There is an opportunity to enhance guidance to identify and manage overutilisation, including recommended plan duration when previous plans have been overutilised

A 24-month plan was approved for at least 25* of the 113 participants in the sample, despite the participant having overutilised at least 1 previous plan active in the 12 month period to 30 September 2023.

- Our Guidelines – Creating Your Plan, Appendix A: Plan duration guidance outlines criteria and corresponding recommended plan duration but does not include information about using funding in accordance with the approved budget and overutilisation.
 - Guidance includes a recommended plan duration for when the participant has “used less than 20% of your NDIS funding in your current plan”.
 - None of the listed criteria include guidance on plan duration when a plan has been overutilised.
- Standard Operating Procedure (SOP) - Monitor the plan budget advises to contact the participant to discuss reasons or barriers in implementing supports.
- Complete full plan reassessment advises to discuss high or low utilisation with participants but does not provide specific guidance on how to address overutilisation.
- SOP Complete the Risk assessment task refers to other guidance when supports have been overutilised but does not indicate an appropriate plan duration or provide specific guidance on how overutilisation should be addressed.

*This information was not specifically recorded so unable to accurately indicate how frequently this occurred in sample.

End of presentation