



18 May 2017

██████████

NDIS Regional Manager Qld South

Dear ██████████

██

I am requesting an urgent review of ██████████'s plan, which commenced on 4 January 2017. RFQ is providing Support Coordination (support connection) under ██████ Plan.

██████████ is in a perilous situation and the commitment by Commonwealth and State governments to ensure continuity of support is failing in this case.

Prior to receiving an NDIS plan, BlueCare provided ██████████ with a nurse who supported ██████ by calculating and administering ██████ insulin twice daily. This service was funded under Queensland Community Care Services (QCCS) through the Department of Communities, Child Safety and Disability Services (DCCSDS). The NDIS replaces this state system.

██████████'s plan states that "Assistance with insulin injections will continue as medically related". However, this activity was not explicitly funded in ██████ plan. The NDIA has argued this is a medical procedure and should be funded by 'health' however, health services have asserted that it is an NDIS responsibility as the service was funded under QCCS. DCCSDS has also asserted that once the funding had been 'cashed out' it is a planning issue and responsibility of the NDIA.

When ██████████ received an approved NDIS Plan, QCCS funding for the service to BlueCare ceased. BlueCare continued to provide unfunded support for the service anticipating an early resolution. However, they abruptly ceased the service last week with less than one days' notice.

I want to emphasise that this vulnerable ██████ we are supporting is caught up in the middle of a demarcation dispute at cost and potentially significant risk to ██████ health. Unlike most people in the community who need insulin but can self-administer (or have assistance from a family member), ██████ is unable to perform this task due to ██████ psychosocial disability.

My staff are doing their very best in the face of this imbroglio to ensure ██████████'s health is not placed in serious jeopardy. ██████ is being supported to use ██████ 'Transport' funds or remaining taxi vouchers to access GP services or alternatively, have a 'Home doctor' administer ██████ insulin. You would appreciate the unnecessary expense associated with these services, an unsustainable solution.

*Community Mental Health Recovery Support*

-2-

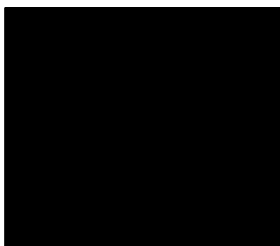
I attach a copy of a BlueCare brochure in relation to the QCCS service and transition to NDIS for your information. BlueCare identified the NDIS support item "individual assessment and support by a Nurse" as the appropriate item for this type of support (Ref no. 15-036-0114-1-3).

My senior staff [REDACTED] has been in communication with your NDIA planner, [REDACTED], since 23 February in relation to this matter. I understand [REDACTED] advised [REDACTED] on 10 May that a review of [REDACTED]'s plan would be undertaken, with a request to the review team to make this a priority. We have received no further advice of the outcome or if the review is receiving priority.

There seems to be a lack of appreciation by the NDIA of the apparent arrangement with the state through DCCSDS and its QCCS program. On my understanding, there should be no confusion that the service required by [REDACTED] is one that should be funded by the NDIA. I am also aware that there are other NDIS participants who have been receiving QCCS funded support who may also be left at significant risk without the continuation of their support.

[REDACTED] I would be grateful of your urgent review and intervention in this case on behalf of [REDACTED].

Yours sincerely



Kingsley Bedwell  
Chief Executive