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13 September 2018

Joint Standing Committee on the National Disability Insurance Scheme  
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## Inquiry into NDIS ICT Systems

The Illawarra Disability Alliance (IDA) is a group of Not for Profit disability-specific providers working together collegially and collaboratively to deliver better outcomes for people with disability in the local community.

<b>Illawarra Disability Alliance Members</b>	
<b>CareSouth</b>	<b>Greenacres Disability Services</b>
<b>Cerebal Palsy Alliance</b>	<b>Headway</b>
<b>Community Gateway</b>	<b>House With No Steps</b>
<b>Cram Foundation</b>	<b>Interchange Illawarra</b>
<b>Disability Services Aust</b>	<b>Interchange Shoalhaven</b>
<b>Disability Trust</b>	<b>Life Without Barriers</b>
<b>Essential Employment &amp; Training</b>	<b>Northcott Disability Services</b>
<b>The Flagstaff Group</b>	<b>Spinal Cord Injuries Australia</b>

The IDA also has a number of associate members. Members and associate members of the IDA contributed to this submission.

## Participant and Provider Experiences of the MyPlace Portal

### Inefficiencies

Service providers have invested heavily in IT systems and resources in order to operate within the systems established by the National Disability Insurance Agency (NDIA). Leveraging applications and

software for rostering and claiming can/should deliver efficiencies however, the inadequacies of, and constant change to, the MyPlace Portal has created an uncontrolled environment and therefore, an inefficient system. Service providers report having to employ fulltime staff just to manage Portal Claim errors, which is a clear impost on organisational resources and is unsustainable as a business model.

An analysis by a local Illawarra provider across around 500,000 NDIS shifts demonstrates that of all errors, 36% are due to service bookings being stripped (due to a plan review) and 52% are due to service bookings being ended and not communicated. There is an emerging trend to release plans prior to their natural end date, independent of a requested review. While this may be regarded as an advancement over the previous situation where there were gaps in plans, it nevertheless causes claiming errors as providers are unaware that new plans have been released.

Participants are also still learning the system and are not always aware of the obligation to notify the provider. By ending plans early, the NDIA are also denying the participant the ability to fully utilise the funds associated with their reasonable and necessary supports.

Plans can be ended for a number of reasons due to unscheduled reviews. The new practice of desktop reviews allows NDIA staff to correct their errors without issuing a change in plan end date. This facilitates entry of elements that have been inadvertently missed in the original plan. However, for the provider this means a new plan that ends existing service bookings and requiring providers to redo service agreements and recreate service bookings.

Service bookings ending unexpectedly due to early start to a new plan causes claims to be rejected, and the issue is exacerbated by the stripping of funds out of the old plans prior to billing. Where plans are ended early, funding in the old plan is reduced causing claims to be rejected due to insufficient funds. The assumption is that participants use their plans at a steady rate, but the reality is that for some categories, such as short term accommodation, participants utilise funding flexibly across a year and the pro-rata reduction in funds means that insufficient amounts are available in plans to claim for the services that have been provided.

According to the NDIA Terms of Agreement, providers have up to 60 days to claim for services delivered. The NDIA are not adhering to their own Terms of Agreement when they pro-rata amounts in service bookings and leave insufficient funds for providers to make legitimate claims for services provided in the old plans date range. The NDIA must ensure providers have the full 60 day period to claim for services delivered where plans have ended earlier than the original end date.

Participants increasingly have plan management in their new plan which means invoices generated for the previous plan are no longer valid and must be regenerated. This requires additional work by both support workers and back-office staff. Services already delivered after a plan has unexpectedly expired cannot be claimed until a new quote is signed by the participant and a new service booking can be made.

***Recommendation: That the functionality of the portal is enhanced to provide alerts when plans are ended prior to their intended expiration date.***

***Recommendation: That in the absence of alerts, there is advice to providers regarding the release of a new plan which impacts on current service bookings. While we appreciate that ultimately participants should notify of this, at this stage most participants***

*are unfamiliar with the system and there is insufficient support of participants for them to understand their obligations to notify. Some participants also do not receive timely advice of amendments to their plans.*

***Recommendation: That sufficient funds are left in expired plans for legitimate claims to be completed within the allowable 60 day period.***

### Broken funding streams

It is not uncommon for participants to have 'gaps' in their plans.

For example; Supported Independent Living (SIL) assistance funding ends on July 1<sup>st</sup> 2018, but the new SIL service booking is released on August 15<sup>th</sup> 2018. Therefore the period from July 2<sup>nd</sup> 2018 to August 14<sup>th</sup> 2018 is unfunded in the plan, but providers obviously must continue to support their clients.. This creates a serious risk of cash flow issues for smaller providers that rely on this income. In order to receive payment, providers must work through the Provider Payment team which is a manual and therefore highly resource-intensive process.

A provider supplied a case study which highlights the seriousness of this problem. This medium sized organisation had a significant number of clients who had a gap in their plans for SIL (which is a large value service per week). SIL is a primary source of income for the provider, who continued to provide service for their high-needs client group through the gap period. The provider literally came days away from being unable to pay wages due to cashflow issues caused as a result of being owed so much in back payment.

Clearly it would be more efficient not to have such gaps in plans.

***Recommendation: That the portal functionality be developed to either not allow gaps in plans, or to provide alerts to NDIA staff entering non-adjacent plan end and start dates. In the short term it is recommended that NDIA staff are trained to more closely monitor start and end dates.***

### System Fragility and Poor Release Management processes.

1. Service providers find the NDIA MyPlace Portal "fragile". A lack of rigorous testing of changes prior to the system being implemented by the NDIA means that typically something "breaks".

For example: The indexation on the weekend of July 7th 2018 also saw the splitting of service bookings for stated supports. This led to failures in a large number of service bookings for providers across Australia and required manual 'fixes' and considerable work on the part of both organisations and the NDIS Provider Pathways team.

In addition, the MyPlace Portal split funding across financial years based on assumptions of steady service usage (prorated). These issues were reported to the NDIA who advised all fixes would be manual - either providers could manually change

each service booking on the Portal or email the Provider Payments team and await a response.

The result of the July 7th action by the NDIA was loss of billable hours (as they were unable to be moved to FY19) and, in some cases, service bookings have locked organisations into FY18 rates across FY19.

There was no prior advice to providers about this splitting of service bookings for stated supports which occurred on July 7<sup>th</sup> 2018. If portal changes had been announced prior to the action, providers could have ensured that all billing was up to date. As it is, the negative effects of this action are still being felt. At an NDIS Forum held in Wollongong on August 29<sup>th</sup> 2018, NDIA representatives advised “in hindsight, it would have been beneficial for providers to have claimed all of FY18 by July 7<sup>th</sup>”. While this advice is unreasonable given the NDIA 60 days claiming cycle, and organisations’ payroll and billing cycles, it would nevertheless allow service providers to minimise their claims issues and maximise income for services already delivered.

2. Changes are made to the MyPlace Portal without prior communication to providers or associated software vendors.

For example: Providers and software vendors were not given time to make necessary system adaptations prior to the implementation of the new Bulk Upload template from July 1st 2018. Whilst the old upload format is still accepted, the NDIA are not able to advise when this will be turned off.

Therefore some participants are expecting providers to comply with the new cancellation policies (within the new Bulk Upload template), but most provider’s/software vendors are unable to adapt systems in such a short time frame.

***Recommendation: That the NDIA conduct thorough testing of any system enhancements to the MyPlace portal, provide improved release notes, and consult with providers and software providers prior to implementing sweeping changes to service bookings.***

Lack of Support and inconsistent advice.

There is limited useful assistance available to providers about Portal questions and anomalies. Commonly, emails are sent but not responded to. As an example, an email sent by one provider to NDIS ([engagement.NSWSOUTHACT@ndis.gov.au](mailto:engagement.NSWSOUTHACT@ndis.gov.au) and [marketandsector@ndis.gov.au](mailto:marketandsector@ndis.gov.au)) at 12:25pm on May 11<sup>th</sup> 2018 about transport claiming, had, as at September 13<sup>th</sup> 2018, received no response.

An NDIS ticket-based Helpdesk system with escalation points, service level agreements, and improved communications would be welcomed by providers. A ticket system with a reference number would also allow providers to track and monitor resolution to the issues they encounter.

***Recommendation: That the NDIA implement a ticketing system to manage technical enquiries and record and respond to provider or participant support needs in a timely manner.***

## Lack of a test environment

There is no test environment for service providers to access when undertaking integration testing. For example, there is no way to verify the contents of the Bulk Upload file unless it is loaded into the production portal.

***Recommendation: That a test environment be established for providers to test their systems interface when upgrading or changing their own software.***

## The appropriateness of the MyPlace Portal and agency facing IT systems

### Lack of reporting/notification.

Providers are unable to access a report of all their service bookings, their status and balance remaining. Having such a report would allow providers to be proactive around service booking revisions (stripping or ending) to avoid claiming errors. Providers could also make contact with participants in a more timely manner to follow-up on new plans. An automated notification system advising of service booking changes would be welcomed.

Currently, providers are required to log into the portal, search an individual participant, then log into each individual service booking for that participant in order to ensure that it is still active and has the expected funds remaining. There is no ability for providers to run a report which can support a provider reconciliation process, and the current process is exceptionally onerous and clearly not sustainable long term.

Equally, providers are currently unable to generate an 'exceptions report' which shows, for example, where the NDIA has adjusted (prorated) service booking amounts, or has cancelled future service bookings. It is unrealistic to rely on participants to notify providers of changes to service bookings or plan date changes, particularly as they are often unaware of the changes, including unplanned earlier end dates, themselves.

In addition to the direct challenge to providers of extracting useful reports for operating their own business models, it would seem that Local Area Coordinators (LACs) and NDIA staff are themselves unable to generate historical reports of what has been provided to a participant. This means that at plan reviews, providers are being asked to provide detailed reports from their own Customer Relationship Management Systems (CRMs) to take to plan reviews. In a market model, the provider has no assurance of ongoing business, so this activity is both unfunded and with no assurance of any subsequent return. Assisting the NDIA and participant in this manner places ongoing burdens on providers and is contrary to a "participant facing" system.

The biggest improvement to the portal would come in the form of appropriate reports and the activation of web services or application program interface (API) technology that would facilitate live linkages to the disability service providers' CRM. An example is the childcare management system (CCMS) that links to Centrelink and has the capability to feed directly into software like qikkids and

hubworks, making for a far more efficient billing process. In that environment the provider logs into the CRM to see changes to billing, not the portal.

***Recommendation: That portal functionality be developed to allow for the generation of useful reports by providers, LAC and NDIA staff, and to remove the burden of continual extraction of data from provider CRMs.***

***Recommendation: That the NDIA develop web services or API technology that would facilitate live linkages to disability service providers' CRM.***

### Inefficiency of Plan-Managed processes

Currently, providers must generate invoices for Plan Managers, who then review invoices and claim to the NDIA Portal. Invoices are typically sent via email, manually interpreted, and either keyed into a bulk upload format or entered online. A better system would enable NDIS-registered providers to leverage efficiencies in their software and upload claims directly to the NDIA Portal, which could then be reviewed/approved by a Plan Manager.

Providers are also concerned with the number of participants who are not requesting their plan manager attend their review meeting, or requiring their plan manager to manage supports or to make purchases from non-registered providers. The number of Year Two plans coming through with plan management has increased significantly, yet in some cases plans are for supports that can only be provided by registered providers.

For example: Participants who only have supported employment (DMI funding) in their plan, yet those supports are being plan-managed. Since only registered Disability Enterprises can offer supported employment, the inclusion of a plan manager for this support makes no sense at all and is a waste of NDIA funds.

***Recommendation: That more efficient systems for plan management are developed to review and approve claims "invoices" in the portal when participants are purchasing from registered providers.***

***Recommendation: That plan management is only proposed when the participant has requested it and where there is a legitimate need to access supports from non-registered providers.***

### The impact of ICT infrastructure on the implementation of the NDIS

#### Opportunity Cost

Transition to the NDIS has represented a complex period of change for service providers, with a need to focus on multiple demands at the same time. These include providing quality participant experience, assisting long-term clients to understand and navigate the new system, responding to new policy frameworks, recruiting, training and equipping a growing workforce, and developing and

refining their own internal business systems. Providers are often competing unremunerated and unrecognised NDIS work for participants, which is clearly unsustainable. In addition, the issues with the portal often see providers being forced to chase money rather than value-adding in more meaningful ways. The diversion of key resources to support ICT systems and processes also means that providers are unable to focus on innovation and growth strategies within a highly competitive environment.

It is important to note that non-registered providers who provide supports to self-managing participants are at a competitive advantage, not only because they are not bound by the same compliance obligations, but also because they deal directly with the participant. This means they do not need to access the portal, and are therefore not constrained by the NDIA portal system and process issues faced by registered providers.

Agency-managed participants, especially those with intellectual disability and those with older carers or from CALD backgrounds, have found the transition to the NDIS confusing and confronting. The most common concern raised by ageing carers is the level of uncertainty they now feel. Many not only struggle with ICT infrastructure, but also their roles and responsibilities in the NDIS environment.

Opportunity costs for participants and their families may include a reduction in supports as they try to navigate an unfamiliar and complex system. Many people from a CALD background also require additional support through the process including managing portal interactions. Uncertainty about future supports and services and complexity of processes is particularly concerning for ageing carers.

The IDA expects that a similar opportunity cost has emerged for the NDIA itself, as the immediacy of problem solving issues such as those resulting from portal inadequacies have hindered investment in policy development and enhanced communication.

### Financial costs of managing the transactional environment in the portal

Providers incur significant monetary costs with the implementation of every ICT change. The costs of internal and external resources to generate, test and deploy changes in NDIS-related systems should not be underestimated. Where systems are integrated, changes need to be tested against user stories across all platforms, and this requires vendor input and generates costs associated with testing and implementation.

At present the challenges of managing claims errors and “cleaning up” after the multiple perverse results from portal upgrades has required specialist staff to be deployed and has led to higher operating costs in a service system that was intended to generate efficiencies and lower cost base.

### Other Related Matters

Training for LACS and NDIA staff

Some of the challenges with the portal relate to the use of the systems by the NDIA as much as the IT infrastructure itself. Gaps in plans, overlapping plan dates, unscheduled and unplanned reviews (the latter in some cases without the participant's knowledge), and unexplained changes to participant bookings all exacerbate the challenges of working within the system.

Consistent training of LACs and NDIA staff is required to reduce the administrative churn caused by continually requesting to rectify such problems.

#### Lack of consultation with software vendors

Many organisations leverage a best-of-breed rostering and claiming solution. Disappointingly, there appears a lack of collaboration between the NDIA and software vendors who deliver NDIS solutions. Vendors claim the NDIA are unable to share with them the MyPlace platform roadmap and therefore are unable to 'future proof' their software. As changes are released by the NDIA, service providers are required to develop 'work-arounds' until the software vendors can adapt their NDIS solutions. In general, it is felt there is not an overall plan for the MyPlace Portal given the consistent change and lack of communication.

***Recommendation: That the NDIA collaborates and consults with software providers to find ways to make the NDIA Portal work more efficiently and effectively.***

#### Provider Staff Fatigue

Service providers have invested in IT systems and processes in order to work under the NDIS. Once the software has been sold and implemented, however, it is the "business as usual staff" who are responsible for portal claiming. These staff are typically not from an IT-background, but rather have been upskilled into these roles from within the sector.

Providers are now reporting a fatigue setting in amongst these staff as they battle a system that constantly changes, "breaks" and creates an increasing workload. Examples include: lack of communication around ended service bookings, stripping of service bookings, gaps in plans, undocumented caps on prices, lack of reporting, and splitting of service bookings over financial years. Regrettably, being able to retain staff in these roles in the longer term is a challenge for providers.

#### Intersection between NDIA business decisions, portal functionality and provider capacity

We acknowledge that many NDIA business decisions are intended to support providers, but they often have unintended consequences when they intersect with the portal. Price increases in 2016 were unable to be added to plans for over six months due to the inability to add indexation in the portal. In 2017, indexation in relation to some stated supports led to failure of service bookings that spanned the upgrade date.

Other updates add further complexity to the management of provider CRMs and portal claiming.



For example: The new rules intended to provide price relief in rural areas covered by the Monash modified model. Rather than a “rural rate” the solution was to “cut into” the duration of participant shifts to allow for additional staff travel. This doubles the load in rostering by carving already short shifts into smaller billable units.

Not only does this impose additional rules and rostering requirements when establishing services, it also increases the demand on staff chasing manual claims errors and, by decreasing the monetary value of these smaller units, means that the cost to rectify the issue exceeds the monetary value of the return. Managing changes to cancellation policies also add transactional complexity and requires significant and continual retrofitting of provider CRMs.

***Recommendation: That the NDIA considers transactional complexity when designing business solutions and implementing changes.***

## **Conclusion**

The IDA believes that enhancements to the portal are essential in order to create a stable environment for ongoing business operations, and allow both participants and providers to explore the wealth of opportunities that a piece of landmark social policy like the NDIS can deliver.

The IDA would like to thank the Joint Standing Committee on the National Disability Insurance Scheme for the opportunity to provide feedback on NDIS ICT systems, and look forward to engaging with the Committee in the further discussion of and resolution of these issues. Should you require further information on any of the points raised in this submission please contact me on [REDACTED]

Yours sincerely

On behalf of the Illawarra Disability Alliance Members