

Agreed principles for working together

Principles	Health ¹ Responsibility	NDIA Responsibility
Notifying the NDIA about current participants admitted to hospital	<ul style="list-style-type: none"> Health must notify the NDIA when a participant is in hospital.² Referrals are to be made to the central inbox health.liaison.officer@ndis.gov.au Using the referral template (to be attached). Health should include consent to share information in their referral. The NDIS consent form should be completed using wording that allows exchange of information between all hospital and NDIA staff involved in the participants care: "I give consent for the NDIA and all Hospital staff involved in my care (or the participant I am representing who is identified in Part A of this form) to share information".³ Health to inform the NDIA of the primary nominated contact for each hospital, facility or Local Health Network/District (LHN/LHD) as relevant. 	<ul style="list-style-type: none"> NDIA will contact the participant within four days of being notified of their admission to acknowledge we are aware the participant is admitted, seek input into their planning needs or changed circumstances and provide advice on any planning actions. NDIA will obtain consent from the participant to share information with health. The signed consent form will be supplied to the nominated hospital contact to confirm consent is in place. The consent form can be included in the participants hospital file. NDIA will ensure it receives all necessary participant consent information from the hospital so as to maintain compliance with all relevant health system privacy requirements NDIA will contact the nominated hospital contact within four days of the NDIA being notified of admission to confirm admission and seek information and discuss discharge and planning requirements. This will include identifying any additional information required to progress access or home and living decisions. <i>The Agency may contact health to discuss potential admissions where the Agency is notified of an admission from a third party.⁴ Planning actions will also be discussed. (details regarding this contact are below).</i> HLO's will support and monitor discharge requirements and activity for all participants in hospital.

¹ 'Health' is used in this document as a catch all term for State/Territory Health Systems, including hospital staff where relevant. For matters of health responsibility it is up to the state or territory health system to determine the appropriate responsible stakeholder.

² The ministers' commitments have not currently allowed for any exclusions to reporting. We are seeking to work with the Ministers to develop a set of criteria for cases that could be excluded to eliminate administrative effort for Health and the Agency where there is no need for NDIA intervention.

³ [Consent forms | NDIS](#)

⁴ The Agency is now required to respond to all notifications regardless of the source and will work with health to validate these.

Hospital Discharge Pathway Health and NDIA

Principles	Health ¹ Responsibility	NDIA Responsibility
		<ul style="list-style-type: none"> Where the participant does not provide consent for Health and the NDIA to share information, the NDIA will progress any access or planning activities directly with the participant.
New or prospective participants	<ul style="list-style-type: none"> Hospital multidisciplinary teams will identify people in hospital who: <ul style="list-style-type: none"> Have newly acquired disability. Have existing disability but are not NDIS participants and are likely to meet the access criteria under the NDIS Act. Hospital multidisciplinary teams will assist people to make an access request as early as possible during the admission, especially if disability supports are needed for a safe discharge. Hospital multidisciplinary teams will include consent to exchange information with the access request. 	<ul style="list-style-type: none"> The NDIA will contact the participant within four days of being notified of the prospective participant to acknowledge the prospective participant's admission and provide advice and assistance with the access request and planning actions. NDIA (HLO) will contact the nominated hospital contact within four days to confirm admission and seek information and discuss discharge, NDIS access and planning requirements. This will include identifying any additional information required to progress access or home and living decisions.
Working together	<ul style="list-style-type: none"> Health will identify dedicated contact for each Local Health Network/District (LHN/LHD) or facility. Health will identify health system contact points to raise escalations. 	<ul style="list-style-type: none"> NDIA will provide a dedicated contact HLO for each LHN/LHD, Facility or Unit (contact list to be developed). NDIA contact list will also include contact details relevant for the escalation process. HLOs will work with health leads on a case-by-case basis through phone and email. They will also conduct regular meetings as agreed, relative to the number of participants and needs for each health lead. HLO's will provide support from when a participant is notified until they have both, an approved NDIS discharge plan AND they have discharged from hospital. Noting the discharge and the plan approval may occur in any order.
Timeframe commitments	<ul style="list-style-type: none"> Health will make an access request for a potential participant as soon as it is identified that they are likely to meet the access criteria in the NDIS Act (even if not yet medically ready for discharge). 	<ul style="list-style-type: none"> The NDIA expects to progress access and planning activities in the following timeframes: <ul style="list-style-type: none"> Contact with participant within 4 days of notification Contact with health within 4 days of notification Access decisions in 5-7 days

Hospital Discharge Pathway Health and NDIA

Principles	Health ¹ Responsibility	NDIA Responsibility
	<ul style="list-style-type: none"> Health are to notify the Agency of admissions of prospective or current NDIS participants close to admission.⁵ Provide the information required to complete the NDIS plan within 15 days of notification to NDIA where possible. Where further information or clarification is required, this will be negotiated between the HLO and dedicated hospital contact. 	<ul style="list-style-type: none"> Plan approvals within 30 days of notification⁶ Any other internal actions including home and living assessments and technical advices are expected to occur within the 30-day timeframe, and typically take within 5-7 days. The HLO will provide advice to the health contact of the information required at the initial engagement to discuss the discharge needs.
Escalations (if a case is not progressing through the NDIS pathway as expected)	<ul style="list-style-type: none"> Health staff should refer to NDIA Hospital Discharge Escalations Process for information on when and how to raise escalations. To attempt to resolve issues at a local level, Health are to work with NDIA HLOs, if the issues is not resolved within an agreed timeframe or cannot be resolved at this level it will be escalated. 	<ul style="list-style-type: none"> See NDIA Hospital Discharge Escalation Process.

Agreed processes for working together

Processes	Health Responsibility	NDIA Responsibility
Access Process	<ul style="list-style-type: none"> Hospital multidisciplinary teams assess a patient's medical, clinical and functional status to determine whether applying for NDIS access is appropriate. Hospital multidisciplinary teams work with the potential participant and/or their representative to complete an access request: <ul style="list-style-type: none"> Note that the potential participant or their authorised representative should sign the access request. The access request and supporting evidence is sent by a nominated member of the Hospital multidisciplinary team to the NDIS National Access 	<ul style="list-style-type: none"> HLO will provide advice on the access process and work with health and prospective participants to lodge a valid access request where relevant. The NDIA health interface team will monitor the access request and progress for priority planning where access is met. Planning will be allocated to a member of the NDIA hospital discharge planning team.

⁵ The DRMM commitments do not stipulate a timeframe for notification however it is assumed it will be close to the admission.

⁶ the 30 day plan approval is dependent on the participant being ready for planning (discharge support needs are known or can be predicted) and the relevant information has been received in the required timeframe from health or other sources.

Hospital Discharge Pathway Health and NDIA

	<p>Team. Requests should be emailed to NAT@ndis.gov.au using the subject line PRIORITY URGENT Access Decision required, health inpatient discharge pending, <insert person's first and last name>, <insert name of hospital>" and copy to Health.Liaison.Officer@ndis.gov.au</p> <ul style="list-style-type: none"> ○ Having the HLO inbox copied in becomes Health's notification for new participant. 	
Planning	<ul style="list-style-type: none"> • Health to provide required information within 15 days. Where information cannot be provided within 15 days advise the HLO of the reason and estimate when it will be available. • Health may use NDIA Discharge Assessment template or other formats of their choice. • If a participant's post-discharge support needs are not evident or able to be reasonably predicted, they should advise the HLO the participant is not ready for planning. The planning process will not progress for these participants. • Planning will progress for participants who may not be medically ready for discharge but whose support needs are known and can be planned for. 	<p>For new participants the NDIA will:</p> <ul style="list-style-type: none"> ○ Assign a specialised hospital discharge planner to complete a plan within 30 days of notification wherever possible. ○ Review the information provided to determine if and what further information is required to support the discharge. ○ Request any additional information from health to be provided. <p>For existing participants, in response to identified changes in support needs the NDIA will:</p> <ul style="list-style-type: none"> ○ Trigger a plan variation or reassessment ○ Assign a planner to complete a variation (within 30 days from notification) <i>*participants in the CSN or YPIRAC pathways will be assigned to their usual planner</i> OR ○ Assign a planner and book a meeting for participants requiring a reassessment (within 30 days from notification) to complete reassessment ○ Review the participant file to determine if and what further information is required to support the discharge ○ Request any additional information from health to be provided within 15 days of notification ○ A new/updated plan will be available within 30 days of notification wherever possible <ul style="list-style-type: none"> • A change of circumstances request is not required for existing participants to have a plan variation or reassessment.

Hospital Discharge Pathway Health and NDIA

		<ul style="list-style-type: none"> The NDIA acknowledge that some people with more complex needs (e.g. behaviours of concern) may need more than one plan and more than 30 days to establish the right supports for discharge. This is because a first plan will be needed to fund a behaviour support practitioner to complete an assessment, a behaviour support plan and to train providers. <p><i>The NDIS Discharge Assessment Template and Discharge Assessment – Psychosocial Participants have been provided for use by health staff as optional standardised templates to support a streamlined assessment process.</i></p>
Plan reassessment during admission (where discharge planning has been paused or another plan with updated supports is needed for discharge)	<ul style="list-style-type: none"> The nominated hospital contact will advise the HLO when: <ul style="list-style-type: none"> Discharge planning can (re)commence. Further assessments/evidence (e.g. behaviour support plan) are completed. Assessments/evidence will be submitted to health.liaison.officer@ndis.gov.au as soon as they are available. 	<ul style="list-style-type: none"> In response to the updated advice from the nominated hospital contact the NDIA will: <ul style="list-style-type: none"> Trigger a plan variation or reassessment. Assign a planner to complete a variation (within 30 days from notification). OR <ul style="list-style-type: none"> Assign a planner and book a meeting for participants requiring a reassessment (within 30 days from notification) to complete reassessment. A new/updated plan will be available within 30 days of notification.
Pausing the discharge pathway	<ul style="list-style-type: none"> The nominated hospital contact will advise health.liaison.officer@ndis.gov.au if the discharge pathway needs to be paused and the reason why e.g. an unanticipated medical deterioration has happened. The nominated hospital contact will email health.liaison.officer@ndis.gov.au to advise when it is clinically appropriate to re-start discharge planning. 	<ul style="list-style-type: none"> The HLO will monitor and record changes to the participants medical status and any other barriers to planning or discharge.

Hospital Discharge Pathway Health and NDIA

Exiting the discharge pathway	<ul style="list-style-type: none"> • The nominated hospital contact will advise health.liaison.officer@ndis.gov.au if the person should be removed from the hospital discharge pathway and the reason why, for example: <ul style="list-style-type: none"> ○ the participant begins end of life care and is not expected to discharge from the hospital. ○ the participant has died. ○ a participant over the age of 65 will enter residential aged care. 	<ul style="list-style-type: none"> • The HLO will exit the participant from the Hospital discharge pathway if: <ul style="list-style-type: none"> ○ Health advise the participant has become palliative and is not expected to discharge from the hospital. ○ the participant has died. ○ a participant over the age of 65 will enter residential aged care. ○ the prospective participant has not met access to the NDIS and is not pursuing a review of this decision. ○ A participant ceases to be a participant of the NDIS.
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