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NDIS Guides for Physicians and Paediatricians

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Acknowledgement

The NDIS Guides for Physicians and Paediatricians were developed by the RACP's NDIS Working Group in partnership with National Disability Services (NDS) to help medical specialists support their patients who participate in the NDIS.



Every effort has been made to ensure that all information is correct and up to date at the time of publication. However, this document should be used as a guide only. All information should be verified with the NDIA.

Contents

List of Acronyms and Abbreviations	6
Introduction	7
What is the purpose of this guide?	7
Why is it important for physicians and paediatricians to understand the NDIS?.....	7
What are the Learning Objectives of the NDIS Guides?	7
What is the National Disability Insurance Scheme?	8
What is the NDIS?.....	8
What does the NDIS replace?	8
How much will the NDIS cost?	9
How will the NDIS be funded?.....	10
What are the timescales for the NDIS Transition?	10
How many people have accessed the NDIS during transition?.....	12
What other services does the NDIS provide in addition to individualised funding?	13
What are the key components of the NDIS?.....	13
What is the Information, Linkages and Capacity Building (ILC)?	13
How does the ILC fit into the bigger picture?	14
When will the ILC start?	17
What approach does the NDIA take to early childhood early intervention?.....	17
What is the National Injury Insurance Scheme (NIIS)?	22
What is the role of the National Disability Insurance Agency?	23
What role does the NDIA have in relation to the NDIS?.....	23
What are the key functions of the NDIA?.....	23
What does the National Disability Insurance Scheme provide?	24
What is meant by reasonable and necessary supports?.....	24
How does the NDIA know what is reasonable and necessary?	24
What types of supports will the NDIS fund for participants?	25
What are the kinds of supports that will not be funded or provided by the NDIS?.....	26
What are the costs of NDIS supports?	26
How are supports structured within the NDIA Price Guides?.....	27
How does the NDIS Outcomes Framework relate to NDIS supports?	27
How is a participant’s funding allocated?.....	29
What are the NDIS eligibility requirements?	31
Are the access requirements different during the NDIS transition?.....	33
How can a physician assist their patients to check their eligibility for the NDIS?	33

What are the <i>disability requirements</i> that make a person eligible for the NDIS?.....	33
What does <i>impairment</i> mean in an NDIS context?	34
When is <i>impairment</i> considered ‘permanent’?	34
How does the NDIA respond to mental health recovery and permanent disability?	35
Which medical conditions are likely to meet access requirements?.....	36
What other circumstances provide streamlined access requirements?.....	36
How does a person provide evidence of their disability to the NDIA?	37
What evidence is required of the person’s disability?	37
What evidence is required of the impact of the condition on the person?	37
What types of information are health professionals asked to provide?	38
What classifications are used by the NDIA to understand disability, functioning and impairment?	39
What are the disability demographics and trends in Australia?.....	39
What are the total number of people with a disability compared to those without a disability?	40
What is the relevance of the World Health Organisation’s International Classification of Functioning, Disability and Health to the NDIS?	42
What are the historical models that have influenced our current understanding of disability, functioning and impairment?	42
What is the current model shaping our understanding of disability, functioning and impairment?	43
What is the relationship between the biopsychosocial approach and NDIS participants’ eligibility and planning?	44
What does a participant’s planning process involve?	45
What is the role of an NDIA Planner?.....	45
What does a person’s first NDIS Plan involve?	45
Who can be involved in an NDIA Planning conversation?	46
How can a physician or paediatrician contribute to a planning meeting?	47
What happens once a participant’s plan is approved?.....	47
What are the options for managing NDIS participant plans?	47
What does self-managing a plan involve?	50
Can a person access assistance to self-manage their plan?	50
What if a participant chooses the NDIA to manage their plan?	50
What are the responsibilities for a Plan Management Provider?.....	51
What options are there for people who require support with decision-making?	51
What are the responsibilities of <i>nominees</i> in the NDIS?	52
What rules apply to nominees to safeguard people with disability?	52
Can a physician be appointed as a participant’s nominee?	53

What choice and control does a person have over their funded supports?.....	54
What if a participant doesn't agree with the decision about the supports in their plan?....	54
What is the principle of 'no disadvantage'?.....	54
What processes are available for complaints and to appeal decisions made by the NDIA regarding a participant?	55
What steps can a person with disability take if they have feedback or complaints?	55
What steps can a physician take if they have concerns or complaints?.....	56
What steps can a person with disability take if they are not happy with a decision made by the NDIA?	56
How and when can a person lodge a request for an internal review?	56
What options are there if a person is not satisfied with the internal review?	56
What types of decision may be reviewed?.....	57
How does the AAT process work?	57
What does an AAT hearing involve?	57
How do I find more detailed information and contacts on the NDIS external appeals processes?.....	57
How do the access requirements vary for early childhood early intervention?	60
What safeguarding arrangements are being put in place in relation to the NDIS?	62
What are the principles of the national framework?	62
What safeguarding arrangements will be in place during the NDIS transition?	63
What agreements are recommended between NDIS participants and providers?	63
How do participants find registered service providers?.....	63
What are the key components of the national quality and safeguarding framework?	63
Are there further requirements for service providers during the transition?.....	64
What are the NDIS funding responsibilities versus other mainstream service systems?.....	65
What are the funding responsibilities of the NDIS versus other mainstream service systems?.....	66
What are the general principles that determine funding responsibilities between the NDIS and mainstream services?	66
What are the applied principles that determine the delineation of funding responsibilities between the NDIS and mainstream services?.....	67
What are the applied principles that relate to the health service system?	67
How are these principles translated into practice at the health/disability interface?	68
What healthcare related supports will the NDIS fund?.....	71
What healthcare related supports will the NDIS not be responsible to fund?	71
What supports are funded by the health system?.....	71

How do I work out if the support is most appropriately funded or provided through the NDIS?	73
Which system assists with rehabilitation?.....	73
What assistance is there in the healthcare area under ILC?.....	74
What key international and national legislative and policy instruments influence the disability context?	75
What UN instruments are influencing the disability context?	75
What is the purpose of the National Disability Strategy?	75
What is the purpose of the National Standards for Disability Services?.....	76
What key federal and state legislation contributes to the realisation of human rights for people with disability?	77
What are the values of the NDIS?	78
What are the key principles the NDIS is built upon?	78
How does the NDIA apply a person-centred approach to NDIS participants?.....	78
How does the NDIS incorporate the principle of taking a lifetime view?.....	79
What are the insurance-based principles on which the NDIS is built?	80
How does the NDIS intend to respond to demand for services and supports?81	
How does the NDIA intend to carry out its role as market steward?	81
What are the key functions of a market steward?.....	82
How does the market steward role change as the market develops?	82
What are the opportunities and growth potential for the market?.....	83
What are the NDIA's privacy obligations?	83
Can the NDIA discuss a participant with third parties?	83
Under what circumstances can the NDIA disclose a participant's personal information?.	84

List of Acronyms and Abbreviations

AAT	Administrative Appeals Tribunal
ADR	Alternative Dispute Resolution
CHAP	Comprehensive Health Assessment Program
CIDC	Community Inclusion and Capacity Development
COAG	The Council of Australian Governments
Cth	Commonwealth
ECEI	Early Childhood Early Intervention
EMR-SC	External Merits Review – Support Component
ICF	International Classification of Functioning, Disability and Health
IGA for the NDIS launch	Intergovernmental Agreement for the NDIS Launch
ILC	Information, Linkages and Capacity Building
LAC	Local Area Co-ordinator
NDAP	National Disability Advocacy Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NIIS	National Injury Insurance Scheme
RACP	Royal Australasian College of Physicians
SDA	Specialist Disability Accommodation
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VET	Vocational Education and Training
WHO	World Health Organisation

Introduction

What is the purpose of this guide?

The RACP has developed these NDIS Guides for Physicians and Paediatricians to support RACP Members to understand the implications of contemporary disability sector reforms and in particular the introduction of the National Disability Insurance Scheme (NDIS) across Australia.

The RACP NDIS Guides for Physicians and Paediatricians have been developed with feedback from an RACP Member based Working Group to ensure the Guides meet the needs of RACP Members.

Why is it important for physicians and paediatricians to understand the NDIS?

The NDIS is a new way of providing disability services across Australia to people with significant and permanent disability that substantially impacts their day to day functional abilities. Many people living with disability who will be eligible for the scheme will for the first time receive disability services and supports designed to improve their quality of life. The full implementation of the NDIS will occur over a three year transition between July 2016 and June 2019. During this period approximately 460,000 Australians with significant and permanent disability will become eligible to receive supports and services in relation to their disability.

The implementation of the NDIS across Australia will change the disability interface with existing sectors including health, housing, education, criminal justice and others and with the wider community. These NDIS Guides seek to support RACP Members to understand how the NDIS will affect their patients; what roles physicians can take up to support their patients to ensure their support needs are met by the new scheme; and what existing and new disability / health interfaces need to be built to ensure the needs of people with disability are met by the multiple social systems.

What are the Learning Objectives of the NDIS Guides?

The learning objectives of the NDIS Guides for Physicians and Paediatricians are to:

1. Achieve a broad understanding of current disability reforms with a particular focus on the NDIS and relationship to the international context and obligations.
2. Articulate the specific Australian policy forces and drivers for improving health outcomes for people with a disability, and the role of the NDIS in addressing and improving health and quality of life outcomes;
3. Have a clear understanding of how people with disability become participants of the NDIS and get their support needs met under the scheme.
4. Articulate the changing roles and responsibilities of key stakeholders, including specialists, within the disability service system in relation to services and supports that improve the health outcomes for people with disability.
5. Understand what issues are presenting in the context of NDIS implementation that might impact the practice of physicians, paediatricians and other health professionals; and
6. Understand where to source further information and specialist advice from

service providers and the NDIA.

What is the National Disability Insurance Scheme?

This section provides information about the National Disability Insurance Scheme (NDIS); what the NDIS intends to replace; the cost of the scheme; how it is funded; and information on the National Injury Insurance Scheme.

What is the NDIS?

The NDIS is a new way of providing disability services across Australia to people with significant and permanent disability. The NDIS will fund the support needs of people with significant and permanent disability which manifests between the ages of 0 to 65.

The NDIS will take a lifetime approach to the provision of services and supports to enable people with disability to live an ordinary life in which they can achieve their goals and aspirations and participate in the social and economic life of the wider community.

The design of the NDIS aims to maintain and enhance people's informal supports including family and friends, assist people to have greater access to mainstream services and participate more fully in wider community life. Supporting employment opportunities is also a key goal of the scheme and the economic benefits are predicated on many people living with disability and unpaid carers gaining employment.

What does the NDIS replace?

In 2011 the Productivity Commission (PC) described the existing disability system as 'underfunded, unfair, fragmented and inefficient' and failed to provide essential supports and services to a majority of people with significant disability. The PC recommended the existing system be replaced with a unified national scheme to fund long-term, high-quality care and support for all Australians who experience significant disability. The federal government subsequently began working with states and territories to establish the NDIS.¹

The insurance scheme model aims to replace a large percentage of the existing disability system at state, territory and federal levels across Australia. Prior to the full implementation of the NDIS the National Disability Agreement (the Agreement) articulates the responsibilities of levels of government in relation to the provision of disability services and meeting the objectives of the Agreement.

The Agreement articulates that the state and territory governments are responsible for the provision of specialist disability services. These services include accommodation support; respite; community access; community supports such as

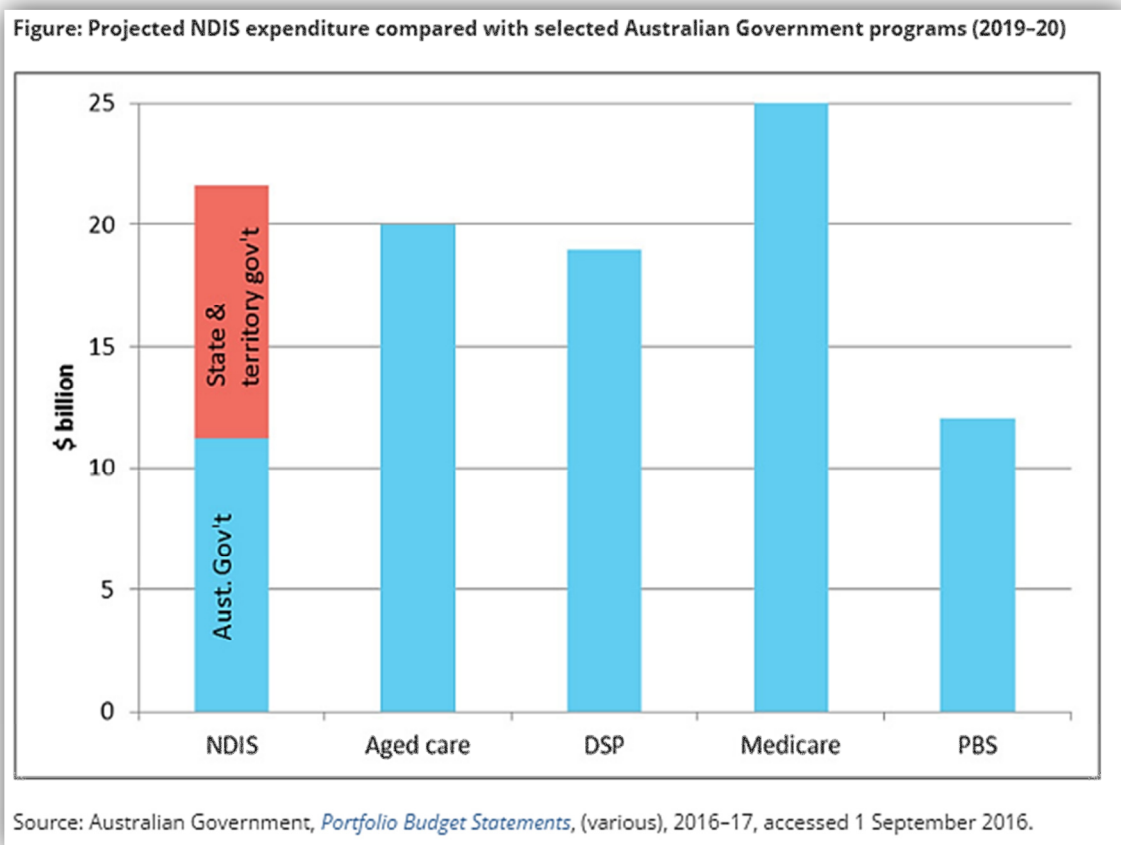
¹ Source – [Parliamentary Library NDIS Quick Guides](#)

therapy and early intervention; advocacy; and information services for people with disability.

The Commonwealth Government has responsibility for employment services for people with disability and provision of funding to support states and territories to achieve the objectives as outlined in the Agreement.

How much will the NDIS cost?

When fully implemented the NDIS is expected to be a substantial new government program. It is a demand driven model however the cost is expected to increase as it is progressively introduced from around \$5.1 billion² in 2016-17 to an estimated \$21.6 billion when it is fully implemented in 2019-20. The cost will be shared by the Australian and State and Territory Governments.³ The figure below provides a comparative scale of the program in comparison to other selected programs.



*Disability Support Pension (DSP); Pharmaceutical Benefits Scheme (PBS)

² Source – [NDIA Quarter 2, 2016-17 Report 31 DECEMBER 2016](#), p.5

³ http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/NDIS_Quick_Guides/DisabilityInsuranceScheme

How will the NDIS be funded?

The Australian Government will be responsible for just over half of the annual \$21.6 billion cost at \$11.2 billion. Government estimates that around \$6.8 billion of this expenditure will come from the redirection of existing disability funding. The different States and Territories will make up the difference of \$10.4 billion through the application of existing and new funding.

The scheme is funded, in part, by increasing the Medicare Levy from 1.5 to 2 per cent. This money will be placed in a separate fund for 10 years and will only be able to be drawn on to fund the additional costs of delivering the NDIS.

What are the timescales for the NDIS Transition?

The NDIS commenced on a trial basis on the 1st July 2013 in particular sites and is now being implemented nationally. For the first three years up to the 30th June 2016 the NDIS was introduced in specific geographical locations known as trial or launch sites. From 1st July 2016 to 30th June 2019 the NDIS will be transitioned progressively in all Australian states and territories.

Access to the NDIS during this transition period will only be available to people who live in a location where the NDIS has commenced and for certain locations only to people in specific age groups. It is expected that the NDIS will be rolled out Australia-wide by 30th June 2019. The following graphic is an overview of transition timescales Australia wide⁴.

⁴ Source – graphic created by National Disability Services March 2017 based on ANAO analysis of: Heads of Agreement; Bilateral Agreements for the Transition to the NDIS

What are the timescales for the NDIS Transition?

	Trial period			Transition to full scheme			Full scheme	Estimated participation numbers at full scheme
	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
NSW	Hunter trial (=12,111 participants incl. Nepean)			Transition to full scheme, geographical and client cohort		Full scheme		152,103
		Early transition Nepean children aged 0-17						
SA	State-wide trial, children aged 0-14 (=85,00 participants - trial & early transition)			Transition to full scheme, age & geographical		Full scheme		34,240
VIC	Barwon trial (=5,102 participants)			Transition to full scheme, geographical		Full scheme		111,878
TAS	State-wide trial, people aged 15-25 (=1,125 participants)			Transition to full scheme, age & priority		Full scheme		11,121
ACT		Territory-wide trial (=5,075 participants) ¹		Transition to full scheme				7,544
NT		Barkly trial (=149 participants)		Transition to full scheme		Full scheme		6,808
QLD		Transition to full scheme from July 2016, early transition from January 2016; Townsville, Charters Towers, Palm Island			Full scheme			96,449
WA	NDIS trial Perth Hills ²			Transition to WA NDIS ³ from July 2017		Full scheme		40,000
	WA NDIS							

¹ The Bilateral Agreement for NDIS launch between the Commonwealth and the ACT provides for all eligible ACT residents to have access to the scheme from 2016-17.

² In Western Australia, trials of two different models of disability service delivery are running parallel. The NDIS and WA NDIS trials are being evaluated and the outcomes will inform how disability services in Western Australia are provided in the future. In April 2016 the WA and Commonwealth governments announced the extension and expansion of the NDIS trials in WA. Existing trials were extended by 12 months to 30 June 2017. On 1 October 2016 the WA NDIS trial was expanded to include three new local government areas, Armadale, Murray and Serpenline-Jarrahdale. From 1 January 2017 the NDIS trial will expand to include the local government areas of Bayswater, Bassendean, York, Chittering, Notham and Toodyay.

³ The Western Australia NDIS contains a variation in the local government arrangements by the Western Australian government, Disability Services Commission.

Source: Based on ANAO analysis of: Heads of Agreement; Bilateral Agreements for the Transition to an NDIS.

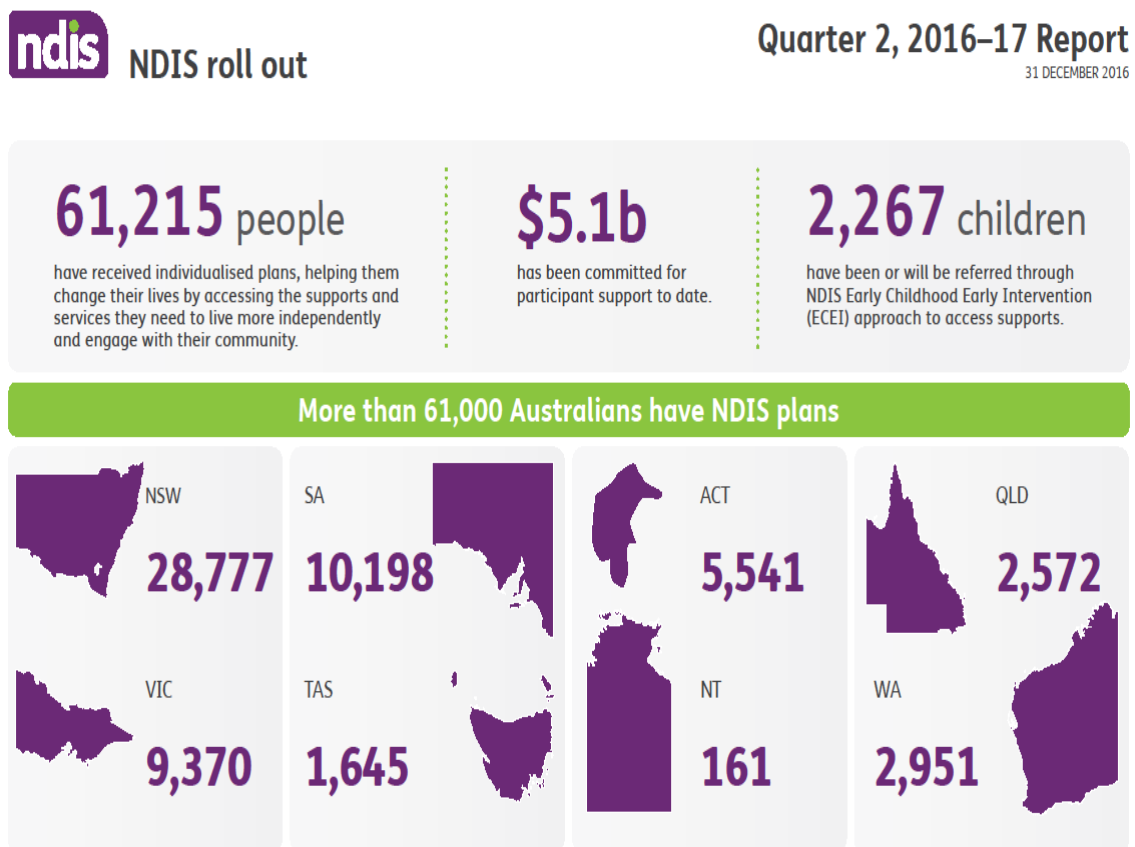
The [NDIA Homepage](#) provides links to detailed transition information for each state and territory as do the links below:

- [Australian Capital Territory](#)
- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)

- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

How many people have accessed the NDIS during transition?

At the end of December 2016 there were 61,215 Australians who had become participants of the NDIS and received individualised plans. The NDIS Quarterly Report for October-December 2016 showed \$5.1 billion had been committed to help people with disability across the country. The NDIA infographic below represents the number of participants with approved NDIS plans broken down by States and Territories at the end of December 2016⁵.



⁵ Source – [NDIA Infographic](#) sourced directly from [NDIA Quarter 2, 2016–17 Report 31 DECEMBER 2016](#)

What other services does the NDIS provide in addition to individualised funding?

This section explains the purpose of the Information, Linkages and Capacity Building (ILC) framework which is an integral part of the overall structure of the NDIS. Its fundamental purpose is to provide a range of non-individualised supports to people with disability.

What are the key components of the NDIS?

The NDIS is made up of two key parts:

1. Individual NDIS plans (sometimes known as individual funding packages) which provide reasonable and necessary supports for eligible people with disability, and
2. Information, Linkages and Capacity Building (ILC).

Both parts work together to support people with disability and their families and carers. The intent is that people with disability will use the same services and take part in the same activities as everyone else in the community and rely less on paid support over time. The ILC framework is designed to connect people with disability, their families and carers, to disability and mainstream supports in their community.

The ILC framework recognises that a majority of people with disability do not fit the eligibility criteria to receive an individual NDIS plan. The majority of people with disability will be ineligible for NDIS individual funding packages because their disability is considered by the NDIA to not have a substantial impact on their functioning or social and economic participation. If a person is not eligible for an individual NDIS plan, they can access assistance from the scheme through the ILC Framework.

What is the Information, Linkages and Capacity Building (ILC)?

The ILC consists of three key explanatory documents including the ILC Policy Framework, the ILC Commissioning Framework and the [ILC Program Guidelines](#) now known as the [Community Inclusion and Capacity Development \(CIDC\) Program Guidelines](#). The [ILC Policy](#) describes five types of activities that will be funded in ILC as the ILC is progressively implemented across Australia. They are grouped into five streams as follows:

1. Information, linkages and referrals: This area is about making sure that people with disability and their families and carers have access to up-to-date, relevant and quality information. It is also about making sure they are linked into services and supports in the community that meet their needs.

2. Capacity building for mainstream services: This area is about making sure mainstream services have the knowledge and skills they need to meet the needs of people with disability. Mainstream services are those things usually funded by government such as education, transport and health.

3. Community awareness and capacity building: This area is about making sure community activities and programs understand the needs of people with disability and have the skills and knowledge they need to be more inclusive.

4. Individual capacity building: This area is about making sure people with disability have the knowledge, skills and confidence they need to set and achieve their goals.

5. Local Area Coordination: Local Area Coordination involves the appointment of Local Area Coordinators (LACs). LACs will be skilled at working with people with disability who come from all walks of life. The key functions of the LAC role will include:

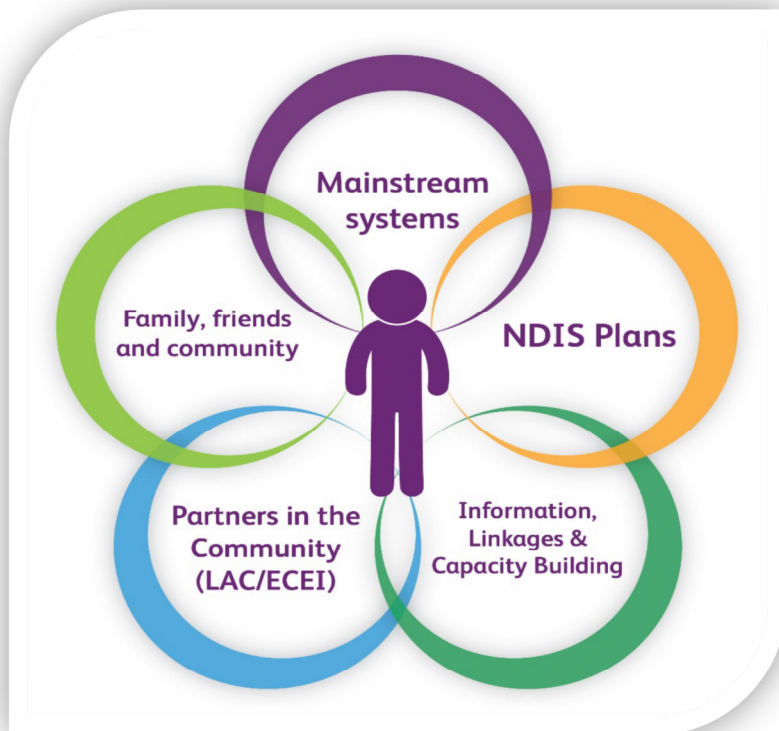
- a. work directly with people who have an NDIS individualised plan to connect them to mainstream services and community activities that will assist them to put their plan into action;
- b. provide short term assistance to people who do not have an NDIS plan to connect them to mainstream services and community activities;
- c. work with their local community to make it more accessible and inclusive for people with disability.

Local Area Coordination alone however cannot meet the needs of everyone and it is envisaged that funding the activities in the other four streams will support and strengthen the work of the LACs. Local Area Coordination (LAC) is being implemented by the NDIA separately to the other four streams or activity areas. The *ILC Commissioning Framework* describes how the NDIA will fund and manage activities in the first four streams.

How does the ILC fit into the bigger picture?

ILC Partners in the community, Local Area Co-ordinators (LACs) and Early Childhood Early Intervention (ECEI) Partners and individual NDIS plans are designed to work together to support people with disability. However, the NDIS in isolation from the contributions of wider community and mainstream services will not be enough to ensure that people with disability receive the same life opportunities as other citizens. The following diagram⁶ illustrates the interrelationships between a person with disability, elements of the NDIS, wider community and mainstream services.

⁶ Source – NDIA image sourced directly from [NDIA Information, Linkages and Capacity Building Commissioning Framework November 2016](#) p.13



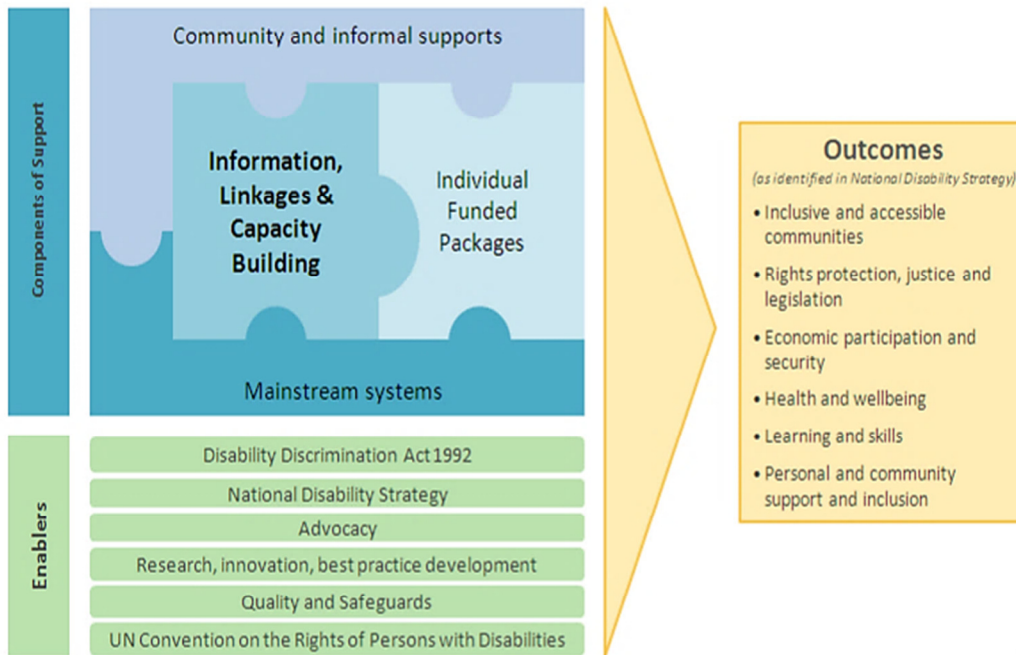
All governments around Australia have agreed to the National Disability Strategy. The Strategy is a ten year plan for improving the lives of people with disability, their families and carers. It sets goals for people with disability in six domains and explains what governments will do to achieve those goals.

ILC is not intended as a funding source for organisations looking to meet their obligations under the National Disability Strategy. It is the responsibility of government, business and the community to make sure that their programs, services and activities are inclusive and accessible. ILC is not intended to provide funding to meet these responsibilities. ILC funds however can be utilised to build the capacity of organisations to better meet the needs of people with disability.

The following diagram⁷ provides a different overview of the policy framework and how ILC sits within the overall construct of the NDIS leading to the outcomes articulated in the National Disability Strategy.

⁷ Source - NDIA image sourced directly from [NDIS A Framework for Information, Linkages and Capacity Building](#) p.4

Figure 1: Disability Support System



The [Community Inclusion and Capacity Development \(CICD\) Program Guidelines](#) include details about the ILC implementation processes, eligible and ineligible activities and expenditure, grants application process, including the criteria for the assessment of applications, standard terms and conditions as well as information about how to deal with conflicts of interest.

Funding for the CICD program activities will provide approximately \$351m funding over four years in accordance with the following table:

Financial Year	Amount (\$'000)
2016-17	\$33,284
2017-18	\$73,514
2018-19	\$113,539
2019-20	\$131,130

Mainstream services will not be eligible for funding under the ILC.⁸

⁸ [ILC Program Guidelines Pages 7-9](#)

When will the ILC start?

Each State and Territory will start at different times over the next few years with the Australian Capital Territory being the first to commence on 1st July 2017. Two tiers of grants will be offered – applications under \$10,000 and applications over \$10,000. There will be one grant round per year. However, this does not mean that funding agreements will be for one year. The NDIA may offer longer agreements for more established activities to give certainty and stability.

What approach does the NDIA take to early childhood early intervention?

The insurance approach of the scheme provides for a unique response to children aged 0-6 years who have disabilities or developmental delay. The Early Childhood Early Intervention (ECEI) approach articulated by the NDIA intends to enable timely access to best-practice early intervention options for young children. The scheme recognises that the right intervention at the right time and for the right length of time will ensure the most optimal outcomes for children in the longer term.

The ECEI approach has been designed using evidence-based research adopting a family-centred approach that aims to build on the strengths and capacities of families or primary caregivers. The ECEI recognises the importance of family decision-making and looking at the values and needs of the whole family when considering the child's development.

Early Childhood Partners will play a central role in delivering ECEI under the NDIS and assume a range of responsibilities. The Early Childhood Partners will utilise their specialist expertise in Early Childhood Intervention to assess the functional impairment related to the child's developmental delay or disability, identify goals and discuss evidence-based supports that will assist in meeting such goals. The broader responsibilities of the Early Childhood Partners will include:

- Provide information
- Refer the family to a mainstream service like a Community Health Service, playgroups or peer support group
- Identify if a child may benefit from some short term intervention and provide those services. For example, if a child has developmental delay with a primary speech delay, some initial speech therapy can be provided by the early childhood partner which, over time, will assist to inform the child's longer term support needs
- Identify that a child requires long-term specialised early childhood intervention supports then assist the family to request access to the NDIS, submitting the required information and evidence to the National Access team.
- Undertake the planning process with families who receive access to the NDIS

- Coordinate a combination of the options above⁹.

The ECEI will become available in tandem with the full roll out of the NDIS. The ECEI approach utilises the existing referral pathways into early childhood intervention in the areas the NDIS is available including through maternal child health, child and family health nurses, paediatricians and GPs. Families are also able to self-refer to Early Childhood Partners in their local area.

NDIA modelling anticipates that 10% of all participants will be 0-6 years of age and ECEI partners will work with this cohort. ECEI partners will also work with children 0-6 years of age with developmental delay who do not require access to NDIS individualised planning. The NDIA reports that approximately 2,300 children had been referred to the ECEI gateway as at 31st December 2016¹⁰.

The following four NDIS case studies illustrate how the NDIA could apply early childhood early intervention through the Early Childhood Early Intervention gateway with supports from Early Childhood Partners.

CASE STUDY



Case Study – NDIS and early intervention (ECEI Partner)

Aiden, early intervention for autism

Aiden is a two year old boy who attends a local early childcare centre. Aiden's struggle to communicate often leads to vocal and physical outbursts which his parents and childcare centre staff find increasingly difficult to manage.

Aiden's paediatrician refers him to an early childhood service for early intervention support. Aiden's parents work with the service provider to develop a plan that includes therapies designed to improve his cognitive, behavioural and social development. Aiden's family and the ECEI provider identify that it would be beneficial if he also received behavioural support during the times when he is at the childcare centre. The ECEI provider works with the childcare centre staff to implement the same strategies that the parents are implementing at home.

The early childhood service provider works with Aiden and his family to negotiate these arrangements with the childcare centre and ensure that the centre staff are trained and confident in supporting the therapy goals¹¹.

⁹ Source – NDIA website [The role of the Early Childhood Partner](#)

¹⁰ Source - [NDIA Quarter 2, 2016–17 Report 31 DECEMBER 2016](#), p.88

¹¹ Source: This case study is sourced and adapted from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#).

CASE STUDY



Case Study – NDIS and early intervention

Tiana is three years old and lives in South Australia

When Tiana presents with what might be autism spectrum disorder, her paediatrician refers her family to an early childhood service for early intervention support. An early childhood worker from the service meets with Tiana and her parents at their home to talk about Tiana's support needs and the family's goals for her.

It is determined that ongoing supports are needed, and the service assists the family with an access request and when this is approved drafts a plan for approval by the NDIA.

Tiana's agreed plan includes therapies focused on motor skills, communication and social interaction to help Tiana to learn, play and express herself at the same level as other kids her age. Tiana's parents receive information and learn techniques to support Tiana's development at home, and are connected to a local support group, which allows them to meet families in a similar situation. The plan includes a review date when Tiana enters preschool, to ensure her supports continue to match her needs¹².

The following NDIS case studies, *William's story* and *Jack's story*, discuss the benefits and some of the outcomes of early childhood intervention for two children between the ages of 0-6 years.

CASE STUDY



Case Study – the NDIS and early intervention

William's story

'By maximising early intervention parents can see what their child might be capable of. The NDIS allows that potential.' William's Mum Haidee.

William, 5, from Mount Barker in South Australia (SA) loves The Wiggles, singing and exploring the world around him according to his mother Haidee.

¹² Source: This case study is sourced and adapted from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#).

'William is so excited to explore the world, he gets up and pulls everything out of the cupboard, everything out of the dishwasher, his newfound freedom has opened the world to him and he's into everything,' Haidee said.

'He has spent the last five years of his life needing us to facilitate absolutely everything, now he is just loving doing ordinary kids things.'

William became an NDIS participant in 2013 and is growing in leaps and bounds which Haidee says she puts down to the NDIS. 'To be honest if we were not in the Scheme now William would not be walking,' Haidee said. 'The NDIS has without a doubt enabled him to become independent. We now have a child who walks, who with adapted fonts can communicate, who can now use sign language to communicate, all because we've got enough therapy to focus on his needs intensively.

'William's got a voice now, a say and a place in the world because he can control his world.'

'We have choice and control now and we get a say in what our son does. William is now developing in a typical way as a child does with confidence in the world.

William, who has Wests Syndrome and an underlying rare chromosome deletion, is currently transitioning to his local mainstream school which he attends one day a week and plans to transition to full time next year.

'Before the NDIS he wouldn't have coped. We would have been restricted in our choices. I've been really impressed with the NDIS. The people we deal with have lived experience of disability and believe in what they are doing.

'By maximising early intervention parents can see what their child might be capable of. The NDIS allows that potential.'

Prior to the NDIS Haidee said she had little control over the support William received which was instead determined by service providers.

'We would see a speech pathologist and an occupational therapist once a month...we would see different therapists so there was no consistency, nothing was integrated and no one communicated.

'With the NDIS everyone collaborates and works together with the child and we do it intensively three hours a day, which sound like a lot but it gets the results.

William's communication pod device provided by his NDIS funding means that William can now 'say everything'.

Haidee said since joining the NDIS William and his family are able to participate more in the community, going out for dinner, playing at the park and shopping at the supermarket.

'Now I feel like I can enjoy William, I can see the person behind the disability all the time and I now know what William wants because he can communicate that to me and I just can't tell you how much that takes the pressure off'¹³.

CASE STUDY



Case Study – the NDIS and early intervention

Jack's story

"Even though Jack has exited the NDIS, I've been reassured if we ever need help again, the Scheme is always there, and that is very reassuring." Jack's Mum Bree.

Thanks to the National Disability Insurance Scheme's (NDIS) focus on early intervention, five-year-old West Australian Jack Bloch is "skyrocketing ahead" with his speech, writing, recognition and motor skills, so much so he is now age appropriate and able to exit the scheme.

Jack joined the NDIS two years ago at age three, and proud parents Bree and David said catching his developmental delays early has made a massive difference to how their son now functions – like every other child his age!

"As first-time parents we didn't know which way to go," Bree said. "We didn't know what Jack needed or what he didn't need, so having the NDIS there to help us develop an action plan, then review it, to see if he had developed or if he needed extra help, was great."

The couple said the range of NDIS registered therapists they could engage was huge.

"In the old system, contacts were limited and it's hard to get in but being a part of the NDIS, we actually got access to a lot of services, and we got to choose which one we wanted – Therapy Focus – and they were just fantastic.

"Now Jack is five. He's in pre-primary and doing really well, and thanks to regular speech and occupational therapies, he has skyrocketed ahead with his speech and writing and recognition skills, and he's up to speed with his gross motor skills.

"Jack's teachers are really happy with him too," Bree said. "And being able to show them his NDIS plan on paper made a world of difference.

"Last year we showed his kindy teacher what we needed to do to get him up to speed. She was so supportive. She put activities in place and even got involved with his therapists!"

Bree said this year, Jack's pre-primary teachers are just as enthusiastic.

¹³ Source - This case study is sourced directly and replicated from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#)

“They saw his plan and they’ve put activities in place to make sure he maintains where he needs to be. His teachers also said what they’ve been able to implement in the classroom for Jack not only helps other children, it also helps better educate them.

“We’re actually really thankful for the support we’ve been able to receive and now Jack’s functioning at an age appropriate level, he can be signed out from the NDIS!

“We thought we would have a much longer road ahead of us but it just goes to show early interventions do make an incredible difference in a child’s life,” Bree said.

“It is an absolutely incredible result for Jack, and for us as a family, but on the other hand it’s a bit sad in a way. We’ve been working with the NDIS and Therapy Focus for the past two years. They’ve been a big part of our lives, they’ve become like family and we will miss that contact.

“Even though Jack has exited the NDIS, I’ve been reassured if we ever need help again, the Scheme is always there, and that is very reassuring,” Bree said¹⁴

Further detail on the ECEI approach can be found in the [Early Childhood Early Intervention](#) and [Early Childhood Early Intervention approach](#) NDIA information packages.

What is the National Injury Insurance Scheme (NIIS)?

The Australian Government is currently working with States and Territories to progressively implement the smaller, separate but related National Injury Insurance Scheme (NIIS). The NIIS will provide lifetime care for catastrophic injury caused by vehicular, medical, workplace and general accidents that occur in the home or community.

Support under the NIIS will to be provided on a no-fault basis and is intended to replace the various disparate State and Territory compensation schemes and provide a consistent universal immediate response to help people who sustain this sort of injury.

The Productivity Commission in August 2011 recommended that the NIIS be separate for a number of reasons, including:

- reducing the cost of the NDIS through a fully funded insurance accident scheme;
- making use of existing expertise and institutions of accident compensation schemes;
- using incentives to deter risky behaviour and reduce local risks that can contribute to accidents; and

¹⁴ Source - This case study is sourced directly and replicated from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#)

- covering a broader range of health costs associated with catastrophic injuries, such as acute care and rehabilitation services.

The details on the introduction and rollout of the NIIS are not yet available however most states and territories have introduced Lifetime Care for persons injured in motor accidents and at work. Each state and territory is working toward a nationally consistent scheme which is expected to be developed by 2019/20.

What is the role of the National Disability Insurance Agency?

This section outlines the key functions of the National Disability Insurance Agency (NDIA).

What role does the NDIA have in relation to the NDIS?

The NDIA is the government agency responsible for administering the NDIS. The roles and responsibilities of the NDIA are set out in Section 117 of the [NDIS Act 2013](#). The NDIA has a Board of Directors who are responsible for the governance of the NDIA and the Board holds the following key responsibilities:

1. to ensure the proper, efficient and effective performance of the NDIA's functions;
2. to determine objectives, strategies and policies to be followed by the NDIA;
3. any other functions conferred on the Board by or under:
 - a) this Act, the regulations or an instrument made under this Act; or
 - b) any other law of the Commonwealth.

What are the key functions of the NDIA?

The NDIA is responsible for the following functions:

1. to deliver the National Disability Insurance Scheme;
2. to manage, and to advise and report on, the financial sustainability of the National Disability Insurance Scheme;
3. to develop and enhance the disability sector, including by facilitating innovation, research and contemporary best practice in the sector;
4. to build community awareness of disabilities and the social contributors to disabilities;
5. to collect, analyse and exchange data about disabilities and the supports (including early intervention supports) for people with disability;
6. to undertake research relating to disabilities, the supports (including early intervention supports) for people with disability and the social contributors to disabilities;
7. any other functions conferred on the Agency by or under the NDIS Act, the regulations or an instrument made under this Act;

8. to do anything incidental or conducive to the performance of the above functions.

What does the National Disability Insurance Scheme provide?

The NDIS will provide for [reasonable and necessary supports](#). The definition of reasonable and necessary supports is outlined below. The NDIS is not responsible for provision of income to participants. The income needs of Australians with disability will be met through other means, including the Commonwealth's income support system.

What is meant by reasonable and necessary supports?

Reasonable and necessary supports can be funded by the NDIS in a participant's plan to enable them to achieve their goals. These goals may relate to a range of domains including education, employment, social participation, independence, living arrangements and health and wellbeing. Specifically, the supports that are funded will assist participants to:

- pursue their goals, objectives and aspirations;
- increase their independence;
- increase social and economic participation; and
- develop their capacity to actively take part in the community¹⁵.

How does the NDIA know what is reasonable and necessary?

The NDIA makes decisions based on the [National Disability Insurance Scheme Act 2013 \(NDIS Act\) and Rules](#) made under the NDIS Act. The [operational guidelines](#) also provide practical guidance for decision makers.

In general for a support to be funded in a participant's plan the support must first meet the following criteria to be considered reasonable and necessary:

- be related to the functional impact of the participant's disability
- not include day-to-day living costs that are not related to a participant's disability support needs
- represent value for money
- be likely to be effective and beneficial to the participant, and
- take into account informal supports given to participants by families, carers, networks, and the community
- and is not more appropriately funded or provided through other service systems¹⁶.

¹⁵ Source – NDIA website [What are reasonable and necessary supports?](#)

¹⁶ Source - NDIA website [How does the NDIA know what is reasonable and necessary?](#)

What types of supports will the NDIS fund for participants?

The NDIA Price Guides provide a comprehensive and itemised list of the supports the NDIS will fund. They are a useful resource for practitioners to understand what supports are funded under the NDIS. In addition, they are also a useful resource should their patients request their assistance with pre-planning activities before they meet with the NDIA to develop their NDIS Plan. The following items provide an overview of the types of supports that the NDIS may fund for participants:

- daily personal activities;
- transport to enable participation in community, social, economic and daily life activities;
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market;
- therapeutic supports including behaviour support;
- help with household tasks to allow the participant to maintain their home environment;
- help to a participant by skilled personnel in aids or equipment assessment, set up and training;
- home modification design and construction;
- mobility equipment; and
- vehicle modifications¹⁷.

The following NDIS case study illustrates how the NDIA could fund supports in a participant's plan.

CASE STUDY



Case Study – Providing funding supports in relation to acquired disability

Don's story - An example of how we might provide funded supports

Don is 37, and is a paraplegic as the result of a diving accident when he was 25. He works full-time as a graphic artist and his support arrangements, which are moderate and managed by his family, have been in place for many years. He is not receiving any formal funded supports. Don's existing wheelchair is showing signs of significant wear.

After hearing about National Disability Insurance Scheme, Don visits our website and completes the NDIS Access Checklist. He is then prompted to ring the NDIA. Don and his wife Marion meet with one of our planners at their home. After confirming that Don is eligible to become a participant in the scheme, together we explore his

¹⁷ Source – NDIA website [What types of supports are funded?](#)

current needs and circumstances. Don and Marion indicate that his only current need is for a new wheelchair.

Don's support plan is completed and a new wheelchair is identified as a funded support. A review date of 12 months is set. Marion is completing a tertiary education course in that time and both she and Don indicate that his support arrangements may need to be reviewed if Marion returns to work¹⁸.

What are the kinds of supports that will not be funded or provided by the NDIS?

The NDIS Act and the rules made under the NDIS Act also tell us which supports will not be funded by the NDIS. For example, the NDIS does not fund health care. A support will not be funded if it:

- is not related to the participant's disability;
- duplicates other supports already funded by a different mechanism through the NDIS;
- relates to day-to-day living costs that are not related to a participant's support needs; or
- is likely to cause harm to the participant or pose a risk to others.

What are the costs of NDIS supports?

The success of this ambitious reform will depend heavily on a diverse and innovative disability market developing and having capacity to respond to the needs and preferences of its new customers. To ensure participants receive value for money, particularly in emerging markets and where there are limited support options, prices are regulated by the NDIA and the Price Guides provide the limits to what providers may charge for certain supports and services.

In recognition that there are additional costs to deliver supports and services in remote areas, the [Modified Monash Model](#) is used to define remoteness regions, with price limits increased accordingly. In addition, a price guide specifically for Specialist Disability Accommodation (SDA) supports incentivises the development of new, innovative housing models, while states have been grouped to support different legislative and other requirements. [NDIS Price Guides](#) are available for the following areas:

- NSW/VIC/QLD/TAS
- WA/SA/ACT/NT
- Remote
- Very Remote
- Supported Disability Accommodation

¹⁸ Source: This case study is sourced and adapted from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#).

How are supports structured within the NDIA Price Guides?

Funded NDIS supports fall into three **Support Purpose Categories** outlined below. Within each Support Purpose Category there are Support Categories that contain the itemised support items.

Core	Assistance with daily living, transport, consumables, and social and community participation.
Capital	Investments such as assistive technologies, equipment and home or vehicle modifications and capital costs (e.g. Specialist Disability Accommodation). Can include assessment, delivery, set-up, adjustment and maintenance costs.
Capacity Building	Support that enables a participant to build their independence and skills. Includes Coordination of Supports, Improved Living Arrangements, Increased Social & Community Participation, Finding & Keeping a Job, Improved Relationships, Improved Health & Wellbeing, Improved Learning, Improved Life Choices and Improved Daily Living Skills.

How does the NDIS Outcomes Framework relate to NDIS supports?

The NDIA have developed the NDIS Outcomes Framework for measuring the outcomes of support experiences by participants and their carers. The development of the Outcomes Framework considers how outcomes can be measured at a broader level of the NDIS, as well as the individual level. The NDIS Outcomes Framework is comprised of the following eight Outcome Domains:

1. Daily Living
2. Home
3. Health and Well-Being
4. Lifelong learning
5. Work
6. Social and Community Participation
7. Relationships
8. Choice and Control

There are fifteen Support Categories that align to the Support Purpose and Outcomes Framework in the NDIA Price Guides. The table below¹⁹ provides an example of how the Support Purpose categories, Outcomes Framework and Support Categories align.

Support Purpose	Outcomes Framework	Support Category (Plan Budgets)
Core	Daily Living Daily Living Daily Living Social & Community Participation	1. Assistance with Daily Life 2. Transport 3. Consumables 4. Assistance with Social & Community Participation
Capital	Daily Living Home	5. Assistive Technology 6. Home
Capacity Building	Choice & Control Home Social and Community Participation Work Relationships Health & Wellbeing Lifelong Learning Choice and Control Daily Living	7. Coordination of Supports 8. Improved Living Arrangements 9. Increased Social and Community Participation 10. Finding and Keeping a Job 11. Improved Relationships 12. Improved Health and Wellbeing 13. Improved Learning 14. Improved Life Choices 15. Improved Daily Living Skills

¹⁹ NDIS Price Guide VIC/NSW/QLD/TAS Valid from: 1 July 2016 Version release date: 11 July 2016, p.5 [\[online\]](#)

How is a participant's funding allocated?

Each NDIS Plan has a budget allocated to each of the three Support Purposes and can be expended in a prescribed manner for each one.

Core	Participant budgets are flexible across the four sub-categories and a participant may choose how to spend their core support funding, but cannot reallocate core support funding to other Support Purposes.
Capital	For most capital items providers must negotiate and quote a price in a Service Agreement with a participant. Budgets for this support purpose are usually restricted to specific items identified in the participant's plan.
Capacity Building	Budgets are allocated at a support category level.

A periodically updated list of itemised supports ("line items") is provided in the NDIS Price Guides under the Support Categories. The itemised support items change over time. They may not include all available supports nor prescribe the only supports funded under the NDIS. Providers are able to claim payments under support items that align most closely to the support they provided.

The following NDIS case study illustrates how NDIS supports can be applied in a participant's plan including: Capital - Assistive Technology; Core – transport; Capacity Building - therapy services.

CASE STUDY



NDIS Case Study – NDIS supports

Tania: home with her family where she belongs

Tania is a proud Awabakal woman and active member of the NDIA Hunter Local Advisory Group who is passionate about improving the lives of young people residing in aged care.

After having a stroke at the age of 39, Tania lived in an aged care facility for three years, where she was confined to her bed, unable to take part in her community and separated from her husband and daughter, who is now 16.

When Tania became an NDIS participant, she began to reclaim her independence and achieve her goals. First she was provided with an electric wheelchair that gave her back her freedom. 'I was in bed all day every day. When I first had my stroke I couldn't talk, walk, move or see. I remember the first day I went outside (in my wheelchair) it was just amazing feeling the sun and seeing the grass, the things you miss.'

'Then I was given some travel allowance so that I could go home and see my daughter. Until then I could only see her once a week and she hated visiting the nursing home.'

In Tania's second NDIS plan her goal was to move back home with her husband and daughter. With the support of her NDIS planner and her LAC, Tania obtained an electric bed, an electric shower chair, physiotherapy and occupational therapy supports. Because of these supports, she now lives at home with her family.

'The NDIS is just fantastic I cannot thank them enough for what they have done. It has changed my life. It has given me my daughter back and everything back to me that I ever wanted.'²⁰

²⁰ Source – This case study is sourced directly and replicated from the [NDIA 2014/15 Annual Report](#), p.45

What are the NDIS eligibility requirements?

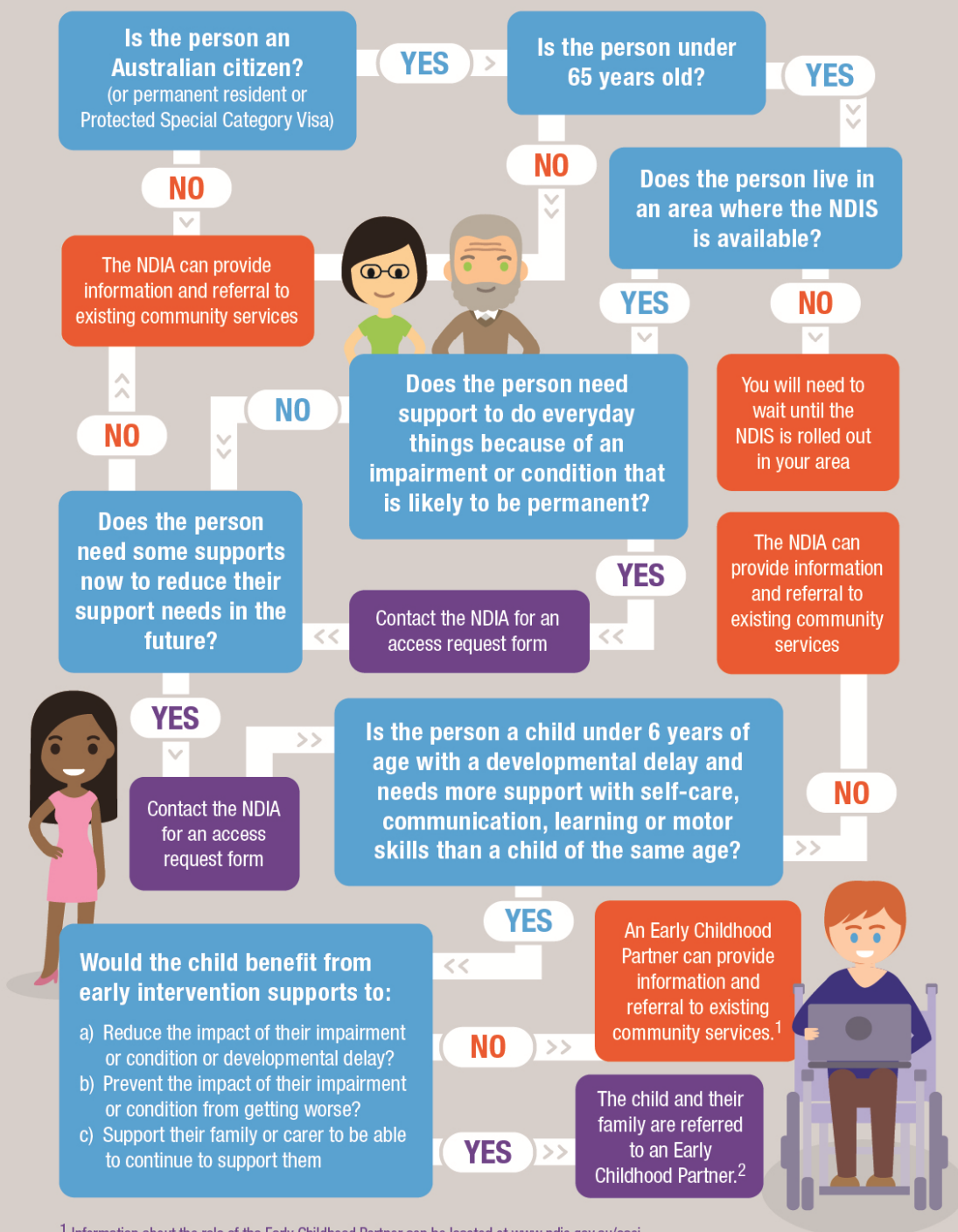
Eligibility for the NDIS depends on three 'access criteria' that are legislated in the 'National Disability Insurance Scheme Act 2013' and supplementary 'National Disability Insurance Scheme (Becoming a Participant) Rules 2016'. The criteria are designed to determine whether people with disability have one or more permanent impairments that have consequences for their daily living and social and economic participation. The three access criteria a person must satisfy include:

1. [Age](#) requirements - are aged under 65 when the access request is made;
2. [Residence](#) requirements are an Australian citizen, permanent resident or special category visa holder who is residing in Australia and during the transition period a person must reside in an area that has transitioned to NDIS;
3. [Disability requirements](#) – satisfy either the permanent and significant disability or [early intervention](#) requirements.

The NDIA's 'Operational Guideline – Access to the NDIS' contains detailed policy information about the criteria that must be established to determine if a person is eligible to access the NDIS as a participant. Once a person has been deemed eligible and becomes a participant of the NDIS the person will generally be a participant for life. The diagram on the next page provides an overview of NDIS eligibility requirements²¹.

²¹ Source - graphic created by National Disability Services based on information from the NDIA [Operational Guideline – Access to the NDIS](#)

NDIS Eligibility Requirements



¹ Information about the role of the Early Childhood Partner can be located at www.ndis.gov.au/ecei
² Paediatricians, GPs or maternal child health practitioners can refer through existing referral pathways into early childhood intervention or families can self-refer to their local Early Childhood Partner or make contact with the NDIA to be directed to their local Early Childhood Partner

Are the access requirements different during the NDIS transition?

There are additional conditions associated with accessing the NDIS during the transition period. In order to facilitate such a large scale national reform the NDIS is being progressively rolled out in specific geographical locations from July 2013 until June 2019. In some locations the NDIS will be made available to specific age groups only. Therefore, until the NDIS full scheme roll out concludes eligibility must be considered with reference to transitional rollout arrangements. The following link provides information about where the NDIS is available during transition – [NDIS by location](#).

How can a physician or paediatrician assist their patients to check their eligibility for the NDIS?

Healthcare providers may encounter opportunities to support persons with disability by assisting them with eligibility and access matters. A physician can assist their patient to understand the three access criteria and/or can refer a patient and/or their family or carer to the [NDIS Access Checklist](#) to enquire about eligibility. Physicians and paediatricians are also able to assist their patients with regard to understanding whether they meet the disability requirement access criterion. Detailed information is provided below to understand this requirement.

What are the *disability requirements* that make a person eligible for the NDIS?

The NDIS access criteria require that participant has one or more intellectual, cognitive, neurological, sensory, physical or psychiatric impairments that:

1. Under the disability stream:

- are, or are likely to be, permanent;
- are likely to mean the person will require NDIS support for a lifetime;
- affect the person's capacity for social or economic participation;
- result in substantially reduced functional capacity, or psychosocial functioning, to undertake one or more of the following activities:
 - communication,
 - social interaction,
 - learning,
 - mobility,
 - self-care, or
 - self-management.

2. Under the early intervention stream:

- are, or are likely to be, permanent; or
- apply to a child who has a developmental delay;
- early intervention support for the person is likely to reduce their future needs for supports in relation to disability and mitigate/alleviate the impact of the impairment on their functionality or strengthen the sustainability of their informal supports, including building the capacity of the person's carer; and

- early intervention support for the person is most appropriately funded or provided through the NDIS

What does *impairment* mean in an NDIS context?

It is helpful to understand what ‘impairment’ means in an NDIS context. In general the term “impairment” means a loss of, or damage to, sensory, physical or mental function.²² The NDIS takes a functional definition of disability that is slightly narrower than that provided in Article 1 of the UNCRPD in order to respond to people that are in the most need.

The NDIS focuses on the level of functional capacity as it relates to disability and how *substantially reduced* functional capacity, or psychosocial functioning, impacts on the individual undertaking one or more of the following activities:

- communication,
- social interaction,
- learning,
- mobility,
- self-care, or
- self-management.

Substantially reduced functional capacity to undertake any one of these activities is considered to affect a person’s capacity to participate fully in the social and economic life of the community.

Where the impairment is not considered to substantially reduce a person’s functional capacity to undertake these activities yet they have a disability, the person is unlikely to be eligible for an individual NDIS funding package. However, the NDIS can still provide information and referrals and connect people with disability, their families and carers, to disability and mainstream supports in their community.

A person may satisfy the access requirements regardless of whether the impairment came about through birth, disease, injury or accident.²³ Therefore, the cause of disability or impairment is not a factor in access requirements.

When is *impairment* considered ‘permanent’?

The NDIA must be satisfied that a participant's impairment/s are, or are likely to be, permanent. In general, impairment is accepted as permanent if:

- there are no appropriate evidence based treatments that could cure or substantially improve it;
- it does not require further medical treatment or review before it can be demonstrated to be permanent (notwithstanding that it may continue to be treated after its permanency has been medically demonstrated);

²² [Mulligan and NDIA \[2014\] AATA 374 at \[19\]](#)

²³ [Mulligan and NDIA \[2015\] FCA 44 at \[16\]](#)

- it is of a degenerative nature and medical or other treatment would not, or would be unlikely to, improve the condition.

Please note that impairments may be permanent notwithstanding:

- a variation in intensity (e.g. of a chronic episodic nature); or
- fluctuating severity of the impact of the impairment on a person's functional capacity; or
- that there are prospects that the severity of the impact of the impairment on a person's functional capacity, including their psychosocial functioning, may improve.

If a prospective participant has multiple impairments the NDIA will assess those impairments separately, however in order to satisfy this access criteria the NDIA only needs to be satisfied that at least one of a prospective participant's impairments are, or are likely to be permanent.

Where there is a possibility of medical treatment with some prospect of success, the NDIA should wait until the outcome of the treatment is known before providing an access request decision.²⁴

[How does the NDIA respond to mental health recovery and permanent disability?](#)

The NDIA [Psychosocial disability, recovery and the NDIS](#) information sheet provides information about how the NDIS responds to the needs of people with psychosocial disability. Not all people with mental health issues will have access to the NDIS however people with a significant disability that is likely to be permanent may qualify for NDIS support.

In relation to the NDIS, mental health recovery does not necessarily mean there is a permanent absence of the symptoms, impairments and/or disabilities that people can experience. Rather it is understood that psychosocial disabilities can be "...episodic or persistent, debilitating and long lasting"²⁵. The NDIA states, "[r]ecovery is about achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from mental health issues"²⁶.

The nature of psychosocial disability requires that there is flexibility built into the design of the scheme. The NDIA therefore can reflect accommodations in a participant's individualised plan with regard to the episodic nature of psychosocial disability in numerous ways. A flexible budget can allow for supports and services to decrease when a person is well and increase when a person requires more support including for example when an individual experiences a crisis²⁷.

²⁴ [Mulligan and NDIA \[2015\] AATA 974 at \[71\]](#)

²⁵ - ²⁷ Source - NDIA [Psychosocial disability, recovery and the NDIS](#) Information Sheet

The NDIS is designed to work in partnership with existing government service systems including health and mental health specific treatment services and private mental health services. It is not intended that the NDIS will replace existing mainstream services.

Which medical conditions are likely to meet access requirements?

The access process may be streamlined if a person has been diagnosed with certain conditions. These circumstances are not a requirement of eligibility however the access request and decision process may be simplified as these conditions are considered likely to meet the disability requirements.

Children under 7 years diagnosed with any medical condition on List D of the NDIA's Operational Guideline – Access to the NDIS will satisfy the early intervention requirements without further assessment being required.

People diagnosed with medical conditions in List A of the NDIA's Operational Guideline – Access to the NDIS are likely to meet the disability requirements without being required to provide additional evidence as the conditions listed are considered to cause disability and permanent impairment resulting in substantially reduced functional capacity.

People diagnosed with medical conditions in List B of the NDIA's Operational Guideline – Access to the NDIS are likely to meet the disability requirements however as the severity of the impairment is variable, they may need to demonstrate that as a result of the impairment:

- they have substantially reduced functional capacity or psychosocial functioning;
- their capacity for social or economic participation is affected; and
- they are likely to require support under the NDIS for the duration of their lifetime.

What other circumstances provide streamlined access requirements?

The eligibility assessment process may be streamlined if a person has been diagnosed with a condition in [List A](#), [List B](#) or [List D](#), or if they have received support under certain state, territory or Commonwealth schemes. Existing clients of the state, territory and Commonwealth programs provided in List C of the NDIA's Operational Guideline – Access to the NDIS will meet the disability requirements without further assessment as these programs have disability requirements equivalent to the NDIS.

Persons who have received supports under New South Wales programs provided in List E of the NDIA's Operational Guideline – Access to the NDIS may be able to access NDIS under slightly different criteria.

These circumstances are not a requirement of eligibility, but are conditions under which the eligibility assessment process might be simplified. These state, territory and Commonwealth programs have eligibility assessments that include a person being assessed as having a disability that is attributable to a permanent impairment that results in substantially reduced functional capacity. The eligibility criterion of

these programs is similar to the NDIS access and eligibility criteria and therefore requires no further assessment.

People who have already been considered eligible for the various state, territory and Commonwealth schemes listed in [List C of the NDIA's Operational Guideline – Access to the NDIS](#) are likely to be eligible for the NDIS.

How does a person provide evidence of their disability to the NDIA?

To enable the NDIA to determine whether a person with a disability satisfies access requirements to the NDIS, the person needs to provide evidence of their disability. The NDIA will seek information in relation to the person's disability that answers the following questions:

- What is the person's disability?
- Is the disability permanent?
- What is the impact of the condition?
- What treatments is the person receiving?

The formal NDIA access process refers to a person with a disability and/or their family or carer completing an [Access Request Form](#). The Access Request Form contains a section relating to the provision of evidence of the person's disability. The person can approach their treating doctor or specialist to complete the Professional's Report in Part F of the Access Request Form, the NDIS Supporting Evidence Form or the same evidence via alternative formats. Alternative formats can include copies of assessments, medical reports, medical diagnosis and similar documents. [The NDIA provides this fact sheet for health professionals.](#)

What evidence is required of the person's disability?

The provision of evidence of diagnosis is an important step. Where a person has a diagnosis that is noted in the list of ['Permanent impairment/functional capacity – no further assessment required'](#) this is indicative of positive eligibility. In these cases no further evidence needs to be provided for eligibility purposes.

The information provided to the NDIA will need to contain details of diagnosis and treatments the person is receiving.

What evidence is required of the impact of the condition on the person?

In cases where a person has a condition that is not included in the list of ['Permanent impairment/functional capacity – no further assessment required'](#) a person must provide evidence of the impact of the condition on their life. The specific areas of a person's life that the NDIA need to understand the impacts on include:

- a person's mobility,

- communication,
- social interaction,
- learning,
- self-care, and
- self-management.

The person can approach their treating doctor, specialist or allied health professional to provide information about the impact of their condition. This can be done by requesting that the doctor, specialist or health professional complete the Professional's Report in Part F of the Access Request Form, the NDIS Supporting Evidence Form or provide the same evidence via alternative formats. The Access Request Form is not publicly available but can be provided to potential participants by the NDIA.

A "health professional" includes a physiotherapist, an occupational therapist, speech pathologist, psychologist or a nurse.

What types of information are health professionals asked to provide?

For a person's access request to be considered complete it must include all of the evidence the NDIA requires. A participant can choose to provide medical information in a range of formats. The medical information the NDIA will be seeking from participants will include information that provides evidence of the person's disability, functional impairment and the impact on the participant's day to day life.

Where a health professional is providing information they will be asked to provide medical assessment information related to the following areas:

- Mobility
- Communication
- Social interaction
- Learning
- Self-care
- Ability to self-manage

A health professional will be asked to provide information about the nature of functional impairment in relation to each of these areas as it relates to their disability and the type of assistance (e.g. a person, assistive technology, special equipment) and a description of the assistance that the participant will require to support them in this area.

What classifications are used by the NDIA to understand disability, functioning and impairment?

This section provides an overview of disability demographics and trends in Australia and outlines the key policy instrument used by the NDIA to understand functioning and impairment as it relates to a person's disability.

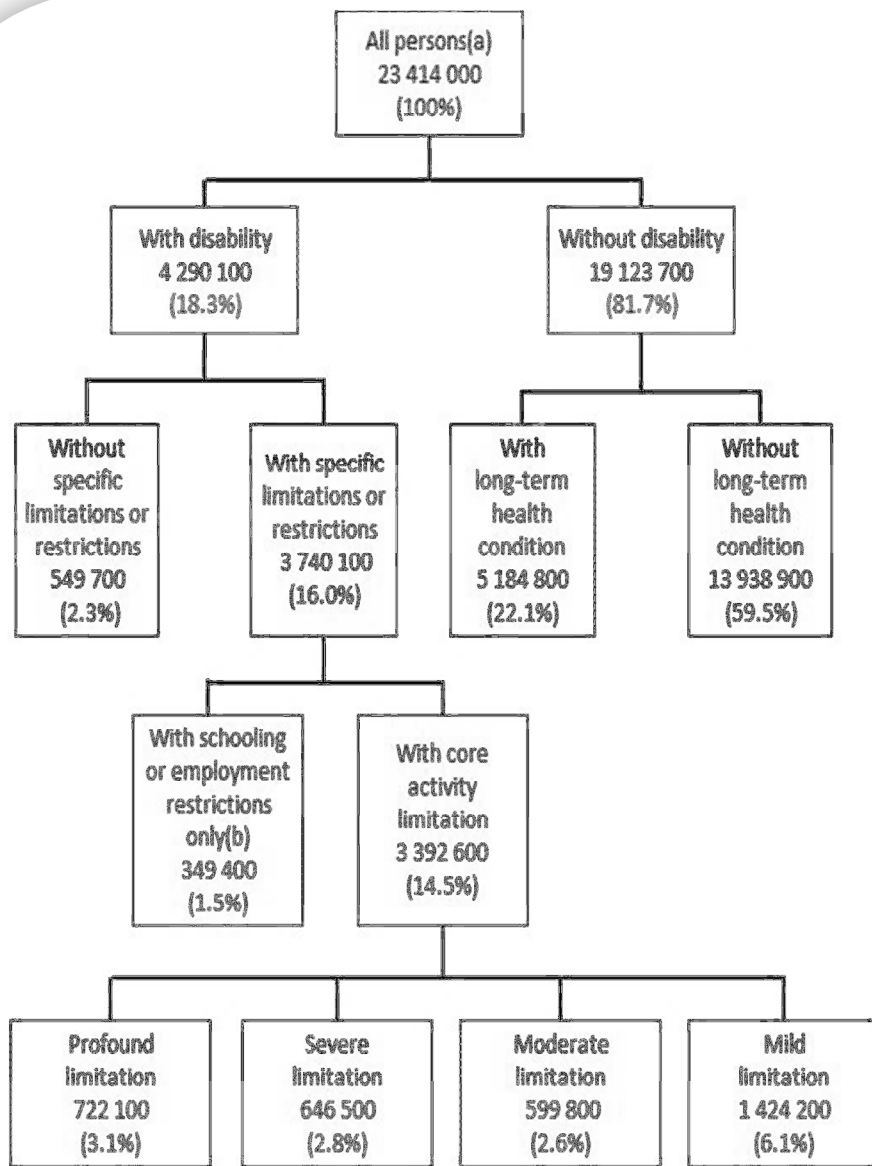
What are the disability demographics and trends in Australia?

The Australian Bureau of Statistics (ABS) developed the 2015 '[Survey of Disability, Ageing and Carers](#)' (SDAC) to align with the [International Classification of Functioning, Disability and Health](#). The survey defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months. The survey differentiates between those who have long-term health conditions that limit their activities (that is, those with disability) and those who have long-term conditions without restrictions and limitations.

In 2015, almost one in five Australians reported living with disability (18.3% or 4.3 million people). A further 22.1% of Australians had a long-term health condition but no disability, while the remaining 59.5% had neither disability nor a long-term health condition. The total number of people with profound and severe disability above is 1,368,600. It is from this cohort that the estimated 460,000 people with significant and permanent disability are expected to approach the NDIS for support in Australia. The table on the following page²⁸ denotes the total number of people with a disability compared to those without a disability.

²⁸ Source –Table sourced directly from [ABS 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015](#) latest issue released 18/10/2016

What are the total number of people with a disability compared to those without a disability?



Note:

- estimates have been rounded to the nearest one hundred persons
- due to rounding the sum of sub-totals may not equal totals
- derived from Table 3.1

(a) For more information on the terms used, refer to the Glossary and appendices associated with this publication.

(b) Excludes people with disability who have both a core activity limitation and a schooling or employment restriction.

Age group (years)	2003	2009	2012	2015	Age group (years)	2003	2009	2012	2015
ESTIMATE ('000)									
Males					Females				
0-4	20.8	20.9	19.2	20.5	0-4	15.1	10.6	17.2	11.1
5-14	88.1	92.2	90.7	96.9	5-14	42.7	39.9	43.4	47.5
15-24	31.2	30.3	36.2	47.1	15-24	29.8	26.0	31.3	30.5
25-34	34.2	27.4	28.6	30.9	25-34	33.3	33.5	40.8	37.5
35-44	46.9	35.6	43.8	39.6	35-44	51.9	50.9	49.7	56.2
45-54	57.0	54.1	54.9	49.4	45-54	74.3	71.3	82.2	59.2
55-59	37.1	37.7	37.0	39.6	55-59	46.3	50.8	46.3	47.1
60-64	32.5	47.8	49.5	45.6	60-64	41.7	51.4	59.6	54.7
65-69	32.8	35.7	50.0	47.5	65-69	36.7	40.8	48.0	50.4
70-74	34.3	42.2	44.4	40.1	70-74	56.8	53.4	50.1	60.2
75-79	43.5	41.0	41.1	44.9	75-79	62.9	56.1	65.1	55.4
80-84	40.2	44.9	51.5	47.1	80-84	88.8	77.7	80.7	81.0
85-89	26.0	37.9	43.3	39.8	85-89	71.3	86.3	87.6	84.1
90 and over	13.6	16.9	27.1	24.6	90 and over	54.7	57.3	74.3	80.5
Total	538.3	564.5	617.0	616.5	Total	706.2	706.1	774.0	753.3

All persons	2003	2009	2012	2015
0-4	35.9	31.5	36.4	31.0
5-14	130.8	132.1	134.8	145.1
15-24	61.0	56.2	69.3	78.3
25-34	67.5	61.0	68.0	69.3
35-44	98.8	86.5	92.1	95.7
45-54	131.4	125.4	136.6	108.4
55-59	83.4	88.4	83.9	86.8
60-64	74.3	99.2	108.7	99.7
65-69	69.5	76.5	98.4	98.0
70-74	91.1	95.6	94.1	99.8
75-79	106.4	97.1	106.3	100.0
80-84	129.0	122.6	132.0	127.8
85-89	97.3	124.3	130.7	124.0
90 and over	68.3	74.2	101.1	105.0
Total	1,244.5	1,270.6	1,391.0	1,369.6

The table above provides information on the estimated number of people with severe or profound disability, which is the focus of the NDIS, by age groupings for each survey since 2003²⁹.

²⁹ Source – table sourced directly from [Australian Bureau of Statistics](#) latest issue released 18/10/2016

What is the relevance of the World Health Organisation's International Classification of Functioning, Disability and Health to the NDIS?

A person's eligibility for the NDIS is predicated on functioning and impairment as it relates to a person's disability as opposed to disability per se. For this reason it is essential to understand what instruments the NDIA use to inform their understanding of functioning and impairment.

The World Health Organisation's (WHO) [International Classification of Functioning, Disability and Health](#) (ICF) provides a standard international framework for health and health-related domains. This framework has directly influenced the design of the NDIS and the supporting NDIS legislative and policy framework were developed with reference to, or in alignment with, the ICF.

What are the historical models that have influenced our current understanding of disability, functioning and impairment?

The ICF health framework has two broad areas: (1) Body Functions and Structures and (2) Activities and Participation. In the ICF the term 'functioning' encompasses all body functions, activities and participation, and 'disability' describes impairments, activity limitations and restrictions on participation. Two major conceptual models of disability have been proposed under the ICF:

The **medical model** of disability views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.

The **social model** of disability, on the other hand, sees disability as a socially-created problem and less attributable to an individual. Advocates of the social model suggest the experience of disability requires political and societal responses, since the 'problem' of disability is created by a combination of unaccommodating physical environment and / or prevailing societal attitudes about people living with disability's abilities, and other features of the social environment.

On their own, neither model is considered adequate, although both are partially valid. A more comprehensive model of disability is one that integrates the positive aspects of both the medical and social models, without making the mistake each makes in reducing the whole, complex notion of disability to one of its aspects.

What is the current model shaping our understanding of disability, functioning and impairment?

The current model of disability, the biopsychosocial model, seeks to address the shortcomings of the medical and social models of disability.

The **biopsychosocial model** of disability considers disability as emerging from a combination of factors including biological, psychological and social factors. The elements of body, mind, and environment are considered to affect each other and it is the inextricable relationship between these parts that results in any particular outcome i.e. disability, health or illness.³⁰

The biopsychosocial model is an integrated approach to understanding functioning and disability and the interrelationship between the following:

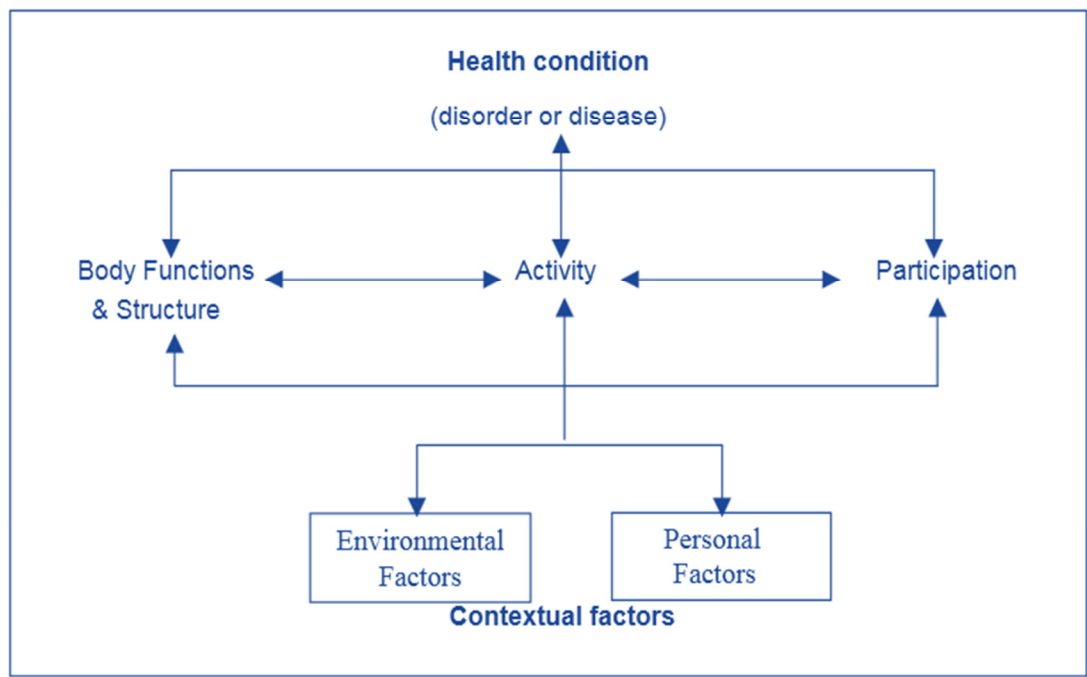
- the **body functions and structures** of people, and impairments thereof (functioning at the level of the body);
- the **activities** of people (functioning at the level of the individual) and the activity limitations they experience;
- the **participation** or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society); and
- the **environmental factors** which affect these experiences (and whether these factors are facilitators or barriers).³¹

The following ICF 'Model of Disability and Functioning and Disability'³² represents the biopsychosocial model demonstrating the multidimensional and interactive nature of the various components of functioning and disability.

³⁰ Source: [Boundless](#). "The Biopsychosocial Model of Health and Illness." *Boundless Psychology* Boundless, 20 Sep. 2016. Retrieved 23 Mar. 2017

³¹ Source – [ICF Overview](#)

³² Source - [ICF Overview](#)



The diagram identifies the three levels of human functioning classified by ICF:

- functioning at the level of body or body part,
- the whole person, and
- the whole person in a social context.

Disability is considered to involve dysfunction at one or more of these levels and the interaction between these factors: impairments, activity limitations and participation restrictions. Definitions of these components can be accessed at [ICF components and their contents](#).

What is the relationship between the biopsychosocial approach and NDIS participants' eligibility and planning?

As has been stated, the ICF views disability and functioning as being determined by a complex set of interactions between health conditions (diseases, disorders and injuries) and contextual factors. Contextual factors are external environmental factors and internal personal factors. External environmental factors include for example: social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth. Internal personal factors include for example:

- gender,
- age,
- coping styles,
- social background,

- education,
- profession,
- past and current experience,
- overall behaviour pattern,
- character, and
- other factors that influence how disability is experienced by the individual.

Therefore disability and corresponding support needs cannot be understood by aetiology alone. Rather, functional impairment is to be understood through a complex interaction of health and contextual factors. As such each person is considered by the NDIA to have potentially unique needs that must be understood for effective planning.

What does a participant’s planning process involve?

What is the role of an NDIA Planner?

After a person has been deemed eligible for the scheme by the NDIA they become a “participant” of the NDIS. The participant will then be linked with an NDIA Planner or Local Area Coordinator to develop a plan in relation to the person’s goals³³. The participant’s first plan is considered to be the beginning of a person’s lifelong relationship with the NDIA. The NDIA will continue to work with the participant to review and update their plan as the person’s needs change over their lifetime.

The NDIA Planner will work with the participant (and where relevant their family and other informal supports) to determine what supports and services will assist the participant to achieve their goals. The NDIA Planner will consider the role that informal supports, including family and friends can adopt, and explore how mainstream services and wider community options can assist the participant to achieve their goals.

Given that people have different goals and have different informal, mainstream and community supports available to them, this means that the supports the NDIS will fund in participants’ plans will be different from one participant to the next. The NDIS will only fund “[reasonable and necessary](#)”³⁴ supports for participants to achieve their goals. Once a participant’s reasonable and necessary supports have been identified they will be built into the participant’s plan.

What does a person’s first NDIS Plan involve?

[My NDIS Pathway](#) focusses on the development of a participant’s “first plan”. The planning process is based on developing an understanding of the person’s goals and

³³ The definitions of these roles are currently fluid and different models are being trialled. In addition, where the roles are located (i.e. government employees or contracted non-government providers that specialise in planning and support co-ordination, as distinct from provision of specialist disability services) will evolve over time.

³⁴ See earlier definition of “reasonable and necessary” and NDIA website [What are reasonable and necessary supports?](#)

what supports are needed to help the person achieve their goals. Planning meetings are currently being conducted by telephone or in face-to-face meetings.

The NDIS Planner will discuss with the participant how they achieve everyday activities such as getting to work, personal hygiene, shopping, cooking, linking to community activities, etc. This conversation forms the basis of understanding what supports a person needs in relation to their disability to achieve the goals of an ordinary life.

An NDIS plan may also document other supports including informal supports, health services, education, social housing and community activities. For participants who are already receiving supports their first plan is likely to contain the same or similar supports they are currently receiving under state disability programs.

The NDIA will document all supports in a participant's first plan including the reasonable and necessary supports funded by the NDIS. There will be an individualised budget included in the plan that is directly associated with the NDIS funded supports.

As a general rule the participant's first plan will remain in place for 12 months. However it is possible for a review of a plan to be requested at any time if the participant's circumstances change. Leading up to a plan review it is important that the participant think about what supports and services have worked and not worked in relation to assisting them to achieve their goals. The review is an opportunity to reconsider what would be most helpful in achieving goals or indeed establish new or different goals.

[Who can be involved in an NDIA Planning conversation?](#)

A participant can choose to include anyone they would like in their planning conversation. It is important to understand that it is a participant's choice (or guardian/nominee where relevant) who they invite into their planning conversations. The participant has the primary relationship with the NDIA and is in control of their own planning and who they choose to include in this process.

Typical stakeholders might include family members, advocate, a statutory decision-maker, a service provider. A participant can invite their healthcare practitioner (e.g. physician) into a planning meeting if they choose too. While it is considered to be a participant's choice about who they involve in a planning meeting, there are pragmatic issues that may limit the involvement of some stakeholders. The NDIA provide short notice for planning meetings and many meetings also take place by phone. A physician or other specialist may not be available at short notice to attend a meeting.

How can a physician or paediatrician contribute to a planning meeting?

There are other ways that physicians and paediatricians can support their patients outside of the planning meeting. A physician can provide information in writing to their patients for the NDIA to consider for eligibility and planning purposes. The medical information the NDIA will be seeking from participants will include information that provides evidence of the person's disability, functional impairment and the impact on the participant's day to day life. A physician or paediatrician can provide information about the nature of functional impairment as it relates to their patient's disability, the type of assistance (e.g. a person, assistive technology, special equipment) and a description of the assistance that the participant will require to support them in this area.

A physician or paediatrician can offer advice to their patients on optimal disability supports to improve and maintain their function, which may include services or products directly related to maintaining their health. Rehabilitation physicians can provide advice to their patients leaving hospital on allied health supports or programs that may help improve or manage their functional disability. Occupational physicians can provide advice to the patient on employment opportunities and modifications that can assist them in an employment setting. A physician can also provide specific advice to their patients around their likely requirements for disability supports that allow for their functional impairments when accessing healthcare (for example, when visiting specialists as an outpatient, attending hospital as an inpatient, general healthy living practices and education for carers around use of specific health prostheses (e.g. percutaneous gastrostomy tubes)).

What happens once a participant's plan is approved?

An approved plan triggers the option for support from a Local Area Coordinator or funded Support Coordinator to work with participants to identify the best options for implementing their plan. This might involve identifying suitable specialist disability service providers to deliver the funded supports and mainstream services in the wider community to support the person to achieve the goals in their plan. There are various pathways for implementing a participant's plan which are in part dependent on what plan management option a participant chooses.

What are the options for managing NDIS participant plans?

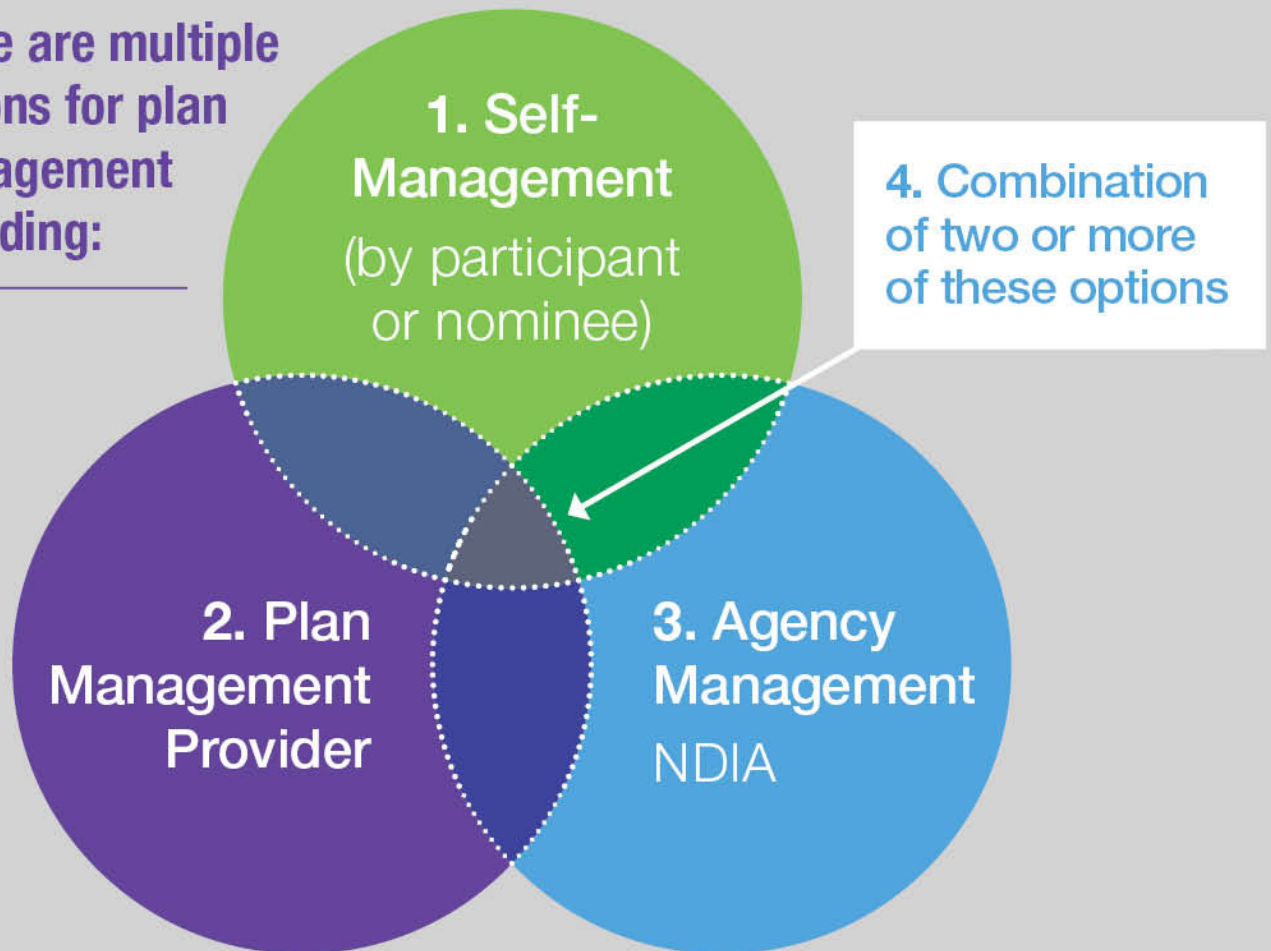
NDIS individualised plans contain a number of elements that need to be managed by someone. There are multiple options to NDIS participants regarding how they would

like to have their NDIS individual plan managed. The following diagram illustrates the four options for plan management³⁵.

³⁵ Source – graphic created by National Disability Services based on information from the [NDIA Participant Self-Managing Budgets guide](#)

NDIS Plan Management Options

There are multiple options for plan management including:



Key responsibilities of self managing NDIS plans include:

- Choosing preferred service providers
- Seek an invoice for the service you have purchased
- Make a claim for the expense to the NDIA
- Keep appropriate records
- Pay the service provider

What does self-managing a plan involve?

All participants are encouraged and assisted to direct their own plan but there are several options available for management of the funds allocated to the participant's plan. If a participant chooses to self-manage any part of their NDIS budget, their key responsibilities include³⁶:

- Selecting and arranging their own preferred services
- Ensuring they obtain invoices for their services
- Paying their suppliers of services on time
- Maintaining appropriate records and receipts for services provided; claims made to the NDIA; and payments to suppliers
- Reporting to the NDIA on the budget allocation spent on the self-managed items of their NDIS plan.

Can a person access assistance to self-manage their plan?

The NDIA recognise that participants or their nominees may want to consider self-management of the funds but may not have the necessary knowledge and skills to undertake the responsibilities associated with self-management. The NDIA provides opportunity for participants to choose to transition to self-management through funding the support item, self-management capacity building, available under Core Supports. Information on this option is available in the [Learning the Skills to self-manage, Your guide to selecting self-management capacity building supports](#).

Under self-management participants can opt to employ their own staff or pay another party to do this on their behalf. A participant can select a combination of approaches and hiring self-employed contractors for some services and a service provider who is registered with the NDIA to deliver other supports or services. When a participant is self-managing they are able to purchase services and supports from suppliers who are not NDIA registered providers. There are a range of employment responsibilities participants need to undertake if they are engaging staff directly. Participants can access information about their responsibilities in the NDIA's [Directing engaging my own staff](#) booklet.

What if a participant chooses the NDIA to manage their plan?

A participant can choose the NDIA to manage the funding of supports in their plan. If the NDIA manage a participant's plan, the NDIA will be responsible to pay the suppliers of services on behalf of the participant. The participant or their nominee will still choose their preferred suppliers of services and establish a service agreement with the service providers detailing how and when supports are to be delivered. The

³⁶ Source – [NDIA Participant Self-Managing Budgets](#)

participant will need to certify that the services have been delivered in accordance with the service agreement for NDIA to pay the service provider.

The NDIA will provide the participant with a monthly statement detailing the supports paid by the NDIA on behalf of them. Where the NDIA are undertaking plan management for a participant, the NDIA require that participants choose NDIS registered providers for the supply of supports and services.

What are the responsibilities for a Plan Management Provider?

A registered plan management provider is an individual or organisation that undertakes the management of the funding of the supports in a participant's plan. It can be all or some of the supports. This can include some or all of the supports in a plan. Similar to the other forms of plan management, the primary responsibilities for plan management providers involve the financial management of the plan including payments to providers, expense claims processing, monthly statements for participants and making claims from the NDIA. In addition to these standard management practices, a plan management provider is also required to:

- Build the financial and organisational skills of the participant; and
- Enhance the participant's ability to direct their supports and/or develop self-management capabilities;

What options are there for people who require support with decision-making?

A key pillar of the NDIS is to enable people with disability to exercise their agency about matters that affect them. As a general premise the NDIA acknowledge that people with disability have capacity to make decisions that affect their own lives. There is however recognition that there are participants who want support to make decisions. The NDIA [Operational Guideline, General Conduct, Supporting Participants' Decision Making](#) outlines the NDIA's approach to supporting participants to make their own decisions. Supported decision-making is a person-centred approach and refers to making decisions with the person, not for (or on behalf of) the person.

The intent of supported decision-making is to ensure that a person's preferences and wishes are being taken into account in the decision-making process. Supported decision-making is typically relevant for people with cognitive or intellectual disability where it has been determined that the person does not have capacity to make decisions regarding certain areas of their life. The NDIA can provide support for decision-making in a number of ways:

- a) Acknowledging and facilitating the role of families and/or carers in supporting participants to make decisions
- b) Acknowledging and respecting the role of advocates in supporting participants to make decisions

- c) Supporting the participant to develop the capacity to make their own decisions through the provision of information and resources

What are the responsibilities of *nominees* in the NDIS?

The UNCRPD promotes the rights of people with disability to make their own decisions wherever possible and to access support to make decisions where necessary. The NDIA are able to appoint nominees under section 86 or 87 of the NDIS Act 2013 to support people to make their own decisions. Where such arrangements are implemented nominees must support the participant wherever possible to make their own decision and to develop the capacity of the participant to make their own decisions. Where a person has a formal guardian appointed the guardian will act as the person's nominee.

The NDIA advises guardians and nominees that the NDIA planners will support participants to make their own decisions in relation to their supports and choice of service providers.

There are two types of nominees including correspondence and plan nominees. A **plan nominee** can undertake all activities that a participant would ordinarily undertake including informing the preparation and review of the participant's plan and/or management of the funding for supports in the participant's plan. A **correspondence nominee** can undertake all activities that a participant would ordinarily undertake, with the exception of the preparation and review of the participant's plan and the management of the funding for supports in the participant's plan. It is possible for the same person to undertake the different nominee roles.

What rules apply to nominees to safeguard people with disability?

The National Disability Insurance Scheme (Nominees) Rules 2013 provide detailed information on the responsibilities of plan nominees and information to the NDIA on the considerations and rules of appointing nominees.³⁷

The *object* and *principles* particularly relevant to the nominee rules include:

Objects

- (a) to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;

Principles

- (b) people with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports;

³⁷ Source – [NDIA What are nominees and guardians](#)

- (c) people with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity;
- (d) people with disability should be supported in all their dealings and communications with the Agency so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs;
- (e) the role of families, carers and other significant persons in the lives of people with disability is to be acknowledged and respected;
- (f) where acts or things are done on behalf of persons with disability:
 - (i) they should be involved in decision-making that affects them, including making decisions for themselves, to the extent possible; and
 - (ii) they should be encouraged to engage in the life of the community; and
 - (iii) the judgements and decisions they would have made for themselves should be taken into account; and
 - (iv) their cultural and linguistic circumstances, and gender, should be taken into account; and
 - (v) their supportive relationships, friendships and connections with others should be recognised.³⁸

A plan nominee is able to act on behalf of a participant where the participant is not capable of undertaking the action or being supported to undertake the action. The nominee can also undertake the action where the participant does not want to undertake the action themselves.

A nominee has a duty to consult with other appointed nominees and decision-makers in a participant's life including court-appointed decision-makers or participant-appointed decision-makers and carers who manages the day to day activities and make decisions.

Part 6 of the NDIS Nominee Rules provides for the conditions under which the NDIA can suspend or cancel the appointment of a nominee.

Where the participant is a child the National Disability Insurance Scheme (Children) Rules 2013 provide the processes for decision-making. Typically decision-making for children will reside with those who hold parental responsibility.

Can a physician be appointed as a participant's nominee?

Section 88(4) of the [NDIS Act](#), rs.4.4 and 4.8 of the [Nominees Rules](#) provides specific information about who can and cannot be appointed as a participant's nominee. Generally speaking a person who has parental responsibility for a child is a

³⁸ Source - [National Disability Insurance Scheme \(Nominees\) Rules 2013](#)

preferred nominee. If a participant has a court-appointed decision-maker and the powers and responsibilities of this role are similar to those of a nominee, it is likely that this person would be appointed as the nominee.³⁹

The NDIA cannot appoint the following persons as nominees:

- a) a person under 18 years of age
- b) the NDIA
- c) any person formally associated with the NDIA

Section 88(5) of the [NDIS Act](#), rs. 5.12 and 5.13 of the [Nominees Rules](#) specifies that a nominee has a duty to avoid or manage conflicts of interest. Specifically, 5.12 of the Nominee Rules obliges a nominee to *avoid or manage any conflict of interest in relation to the nominee and the participant and inform the NDIA CEO of any conflict of interest as it arises*. Section 88(5) rs. 5.13 indicates that it would be a conflict of interest for a person's treating physician to be appointed as their nominee, stating that *[w]ithout limiting paragraph 5.12, a conflict arises if the nominee is, in a professional or administrative capacity, directly or indirectly responsible for, or involved in, the provision of any services for fee or reward to the participant*.⁴⁰

What choice and control does a person have over their funded supports?

Participants have choice and the control over how funded supports are used in their plan. This includes choice of how the supports are given and which service providers are used to provide the supports.

In some cases the NDIA or others will manage the funding for these supports. For example, where there is an unreasonable risk to a participant.

What if a participant doesn't agree with the decision about the supports in their plan?

Mechanisms for internal review of decisions made by the NDIA are available to participants. If participants remain unsatisfied following an internal review they are able to access an external review through the [NDIS appeals](#) process.

What is the principle of 'no disadvantage'?

Governments made a commitment through the [Intergovernmental Agreement for the NDIS Launch](#) (IGA) that if a person was receiving supports before becoming a participant in the NDIS they should not be disadvantaged by their transition to the NDIS.

This commitment is in place to ensure that participants in the NDIS are able to achieve at least the same outcomes under the NDIS as they have been able to with

³⁹ Source – Section 88(5), rs.4.4 and 4.8 [National Disability Insurance Scheme \(Nominees\) Rules 2013](#)

⁴⁰ Source – Section 88(5), rs.5.12 and 5.13 of [National Disability Insurance Scheme \(Nominees\) Rules 2013](#)

their previous services. This commitment does not mean that a participant will always have the same amount of funding or supports provided in the same way. A participant will have access to reasonable and necessary supports consistent with the NDIS Act.

Where the NDIS does not fund a support a person had previously received under another program, the NDIA will seek to identify alternative supports or refer the person to other systems with a view to ensuring they are able to achieve substantially the same outcomes as a participant in the NDIS.

For more information read the [No disadvantage factsheet](#).

What processes are available for complaints and to appeal decisions made by the NDIA regarding a participant?

This section provides an overview of the complaints and appeals processes associated with decisions of the National Disability Insurance Agency (NDIA).

What steps can a person with disability take if they have feedback or complaints?

The NDIA accepts feedback and complaints. Formal feedback can be provided by emailing the NDIA directly at feedback@ndis.gov.au or by phoning the NDIA on 1800 800 110. Alternatively feedback including complaints can be lodged with the NDIA by completing an [online complaint form](#) and emailing the completed form to the NDIA on the feedback email noted above, posting the form to the NDIA or dropping the form off at an NDIA office. The NDIA Complaints Procedure requires that the NDIA:

- take immediate action where there appears to be a high risk of harm, neglect or abuse
- aim to acknowledge complaints within the next business day from receipt
- call within two business days of acknowledgement
- aim to resolve complaints within 21 business days of receipt
- publish information on NDIA performance⁴¹.

The NDIA will contact the complainant to collect further information if they need to in order to address the complaint. The NDIA will also make contact with the person or organisation the complaint is being made against to advise them about the complaint and request a response. The NDIA will advise the complainant of the response that has been provided and seek to address the concerns.

⁴¹ Source – [NDIA Feedback and complaints procedure](#)

In the case where a participant is not satisfied with the outcomes they can request that it is reviewed by a senior person within the NDIA. If the participant is still not satisfied they can take their complaint to the [Commonwealth Ombudsman](#). In addition to utilising the NDIA mechanisms for complaints, NDIS participants can also contact a range of other agencies to support them to resolve complaints. A comprehensive list of agencies and their contact details for states and territories can be accessed at this [link](#).

What steps can a physician take if they have concerns or complaints?

If a physician or other stakeholder would like to raise concerns or has a complaint in relation to a participant, they are able to utilise the same NDIA Complaints Procedure as detailed above. If the concern relates directly to the NDIA it can initially be addressed by the NDIA and should it not be satisfactorily resolved, it can be taken to the [Commonwealth Ombudsman](#). If the concerns relate to a provider or stakeholder other than the NDIA, it can be addressed to the NDIA and the NDIA will refer the complaint on to the appropriate agency. Alternatively, complaints can be raised directly with the relevant state or territory agencies whose contact details for can be accessed at this [link](#).

What steps can a person with disability take if they are not happy with a decision made by the NDIA?

The [NDIS Appeals](#) process has been established to ensure that all people with disability, and others affected by [reviewable decisions](#) of the NDIA have access to support to have decisions reviewed. The first step for a decision to be reviewed is to apply to the NDIA to have the decision [reviewed internally](#). An NDIA staff member will be assigned to undertake the internal review. The appointed person will be independent and will not have been involved in the earlier decision.

How and when can a person lodge a request for an internal review?

When advised about an NDIA decision, advice will be provided on how to request an internal review. An application for internal review of a decision must be made within **three months** of receiving notice of the decision from the NDIA by completing a formal application.⁴² Any person directly affected by a decision of the NDIA can request such a review.

What options are there if a person is not satisfied with the internal review?

If a person is not satisfied with the outcome of the internal review, then an application may be lodged with the Administrative Appeals Tribunal (AAT) for an [external review](#). An application for an AAT review must be made within **28 days** after a person receives the decision from the NDIA, but extensions can be granted by the

⁴² Source – [NDIA Internal Review of a Decision](#)

AAT.⁴³ The NDIA appeals process was formally known as the NDIS External Merits Review – Support Component.

What types of decision may be reviewed?

There is a list of reviewable decisions in the [NDIS legislation](#) under Chapter 4 Part 6 of the Act. Many decisions made by the NDIA are reviewable, including things like being accepted as a participant, the provision of reasonable and necessary supports, and becoming a registered provider of supports.

How does the AAT process work?

The AAT in preparing to undertake reviews in this new subject area established a new Disability Division made up of members who have expertise and experience interacting with people with disability. The AAT will seek access to all relevant papers from NDIA and the NDIA is required to ensure that copies are provided to the applicant.

The AAT will run case conferences in person or by telephone in a casual setting and focus on open conversation and participation. The AAT has a broad range of alternative dispute resolution possibilities. All applications are considered in one or more early case conferences where the matters under review are discussed along with the best way of dealing with the application. Many applications are settled at case conferences.

An application that does not settle in a case conference may be referred for mediation, conciliation or another form of alternative dispute resolution. In an appropriate case the application is referred to be listed for a hearing.

What does an AAT hearing involve?

In an AAT hearing the expectation is that the applicant will not require legal representation, however the applicant can be assisted by one or more support persons. Other people may give evidence to the AAT in support of the applicant's case. The AAT usually hands down a decision with full reasons within four weeks of the hearing. The AAT may affirm, vary or set aside the decision under review.

How do I find more detailed information and contacts on the NDIS external appeals processes?

Further information on NDIS Appeals (previously known as External Merits Review – Support Component (EMR – SC)) is available on the NDIA website at under the following heading: [External Merits Review – Support Component \(external\)](#). In addition, the [Department of Social Services](#) website duplicates this information. There is also a [disability advocacy finder tool \(external\)](#) for the National Disability Advocacy Program (NDAP), which includes information on EMR-SC providers.

⁴³ Source – [Department of Social Services NDIS Appeals](#)

The infographic on the next page provides an overview of the access, internal review and appeals processes⁴⁴.

⁴⁴ Source – graphic created by National Disability Services based on the [NDIA Internal Review of a Decision](#) and the [Administrative Appeals Tribunal Review of National Disability Insurance Scheme decisions](#) information

NDIA Review and Appeals Processes



Initial assessment by National Disability Insurance Agency by phone

Are you eligible for the NDIS?

YES

My First Plan approved and received

YES

Does the plan meet your needs?

YES

Contact from a NDIS representative – Local Area Co-ordinator, Support Co-ordinator to start your plan or start it yourself if you are self-managed

Plan handover meeting by phone or in person depending on preference and level of support needed to implement your plan

Plan Implemented and supports provided

The NDIS representative will assist in understanding you plan and help choose and connect with service providers the community and mainstream services

The NDIS representative will speak to you (and your family) about any other options to be considered as the year progresses and will help with developing goals for your next plan

The NDIS representative is your NDIS contact person to discuss any questions about your plan

NO

Are you satisfied with the decision?

YES

If currently receiving support, support will continue

If not receiving support, then referral to Information Linkages and Capacity Building

NO

NO

You may apply to the NDIA for an internal review within 3 months of decision

Decision by NDIA

Are you satisfied with the decision?

YES

NO

You may apply for an external review to the Administrative Appeals Tribunal within 28 days of decision

Final decision by the AAT

How do the access requirements vary for early childhood early intervention?

The Early Childhood Early Intervention gateway provides for a different approach to accessing supports and services specifically for children aged 0 to 6 years of age. The involvement of an Early Childhood Partner as a family's first point of contact is able to provide immediate support and advice to the child's family, link them to mainstream services; and supply short term intervention services (where these are determined to be required). Many children and their families will have their support needs met through this process.

If the Early Childhood Partner determines that the child needs long-term specialised early childhood intervention supports, they will provide assistance to the family to request access to the NDIS for an individualised plan. The Early Intervention Partner will also develop the individualised support plan with the child and family and submit the plan to NDIA for approval.

The NDIA and the Early Childhood Partner will work together to ensure that the plan meets NDIS requirements and meets the child and family's needs. The Early Intervention Partner is considered to have expertise about early intervention; is knowledgeable regarding the child's needs; and knows the NDIS requirements. This different access process reduces the likelihood of the individualised plan not meeting the person's needs therefore decreasing the risk of the need to access review and appeals processes.⁴⁵

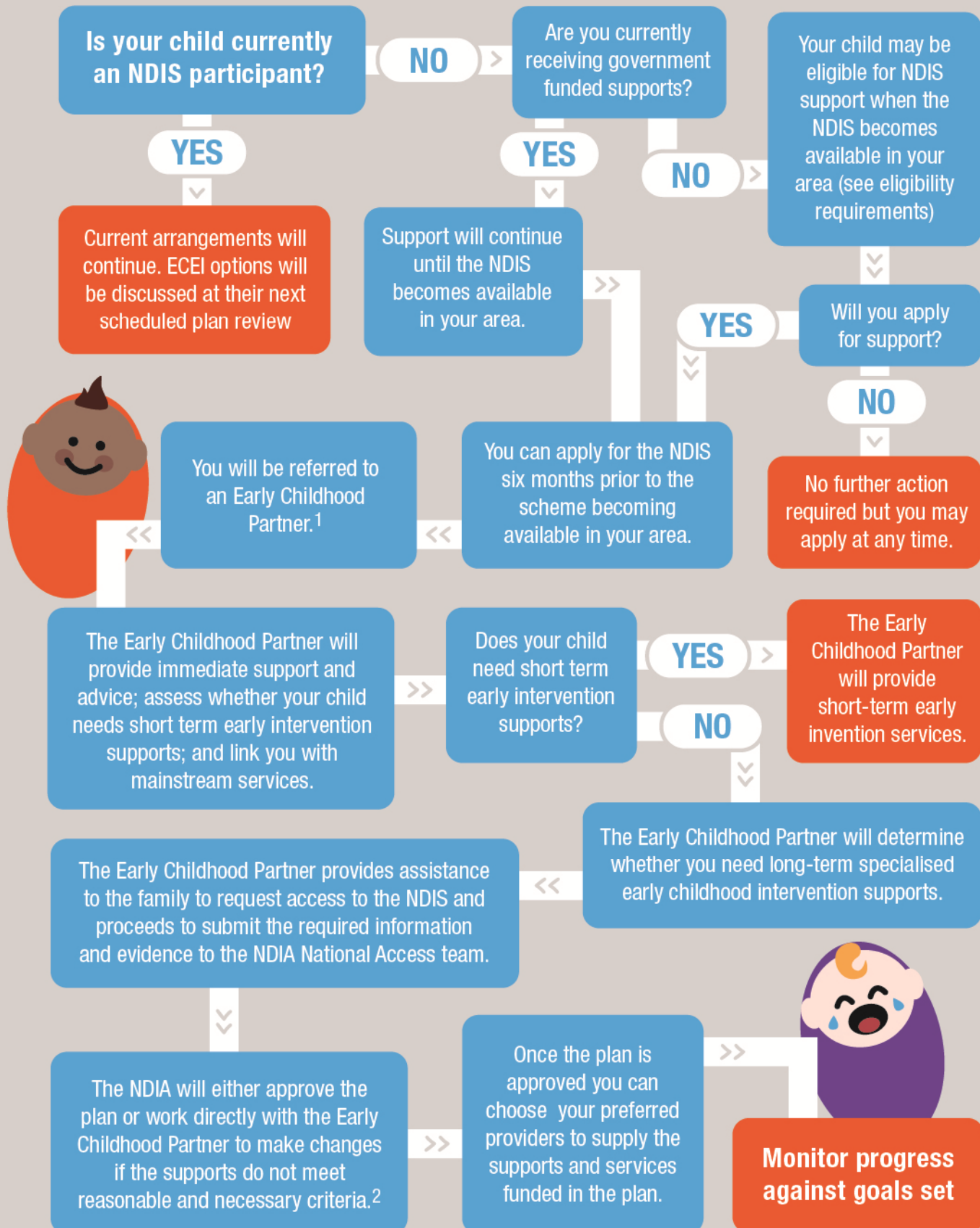
The infographic below provides an overview of the access, support and review processes involved in the Early Childhood Early Intervention gateway.⁴⁶

⁴⁵ Source – the NDIA information on [Early Childhood Early Intervention](#)

⁴⁶ Source – graphic created by National Disability Services based on the information from the NDIA [Early Childhood Early Intervention](#) and [The role of the Early Childhood Partner](#)

Early Childhood Early Intervention - Access, Support and Review

For children with a disability aged 0-6 years



¹ Paediatricians, GPs or maternal child health practitioners can refer through existing referral pathways into early childhood intervention. You can also self-refer to your local Early Childhood Partner or contact the NDIA to be directed to your local Early Childhood Partner.
² The likelihood of the individualised plan meeting the needs of the child and family is increased due to the Early Intervention Partner's expertise in early intervention; knowledge regarding the child's needs; and knowledge of the NDIS requirements.

What safeguarding arrangements are being put in place in relation to the NDIS?

An [NDIS National Quality and Safeguarding Framework](#) (the Framework) has been developed and was endorsed by the Council of Australian Governments in mid-December 2016. The need for a nationally consistent framework has been widely accepted and targeted and public consultations took place as part of the development of the framework.

The primary purpose of the framework is to ensure that participants of the NDIS receive quality services and supports which include appropriate safeguards to ensure people with disability are protected from abuse, neglect and exploitation. The framework aims to maximise the opportunities for people with disability to make decisions about their supports while also enabling them to live free from abuse, neglect and exploitation. The framework also intends to promote innovation, continuous improvement and best practice in the provision of supports.

A nationally consistent framework endeavours to ensure that people interacting with the NDIS can expect consistent standards and safeguards wherever they live in Australia. Easy read information for participants on the NDIS National Quality and Safeguarding Framework can be accessed [here](#).

What are the principles of the national framework?

The following principles underline the Framework⁴⁷:

Human rights: Measures within the Framework are designed to uphold and respect the human rights of people with disability.

Choice and control: Developmental measures within the Framework are designed to empower and support people with disability to make informed decisions about providers and supports.

National consistency: The Framework is designed to ensure that people with disability have the same protection, regardless of where they live in Australia.

Proportionality: The regulatory requirements for workers and providers are tiered to ensure regulation is proportionate to the level of risk associated with the type of support offered and the needs of the participants supported.

Presumption of capacity: The Framework, like the NDIS, starts from the presumption that all people with disability have the capacity to make decisions and exercise choice and control.

⁴⁷ Source - [Summary of the NDIS Quality and Safeguarding Framework](#)

Minimisation of red tape: The Framework streamlines requirements so the system is easier for people with disability to navigate and red tape is reduced for providers.

Efficiency and effectiveness: The Framework is designed to support the development of an efficient and effective NDIS market.

What safeguarding arrangements will be in place during the NDIS transition?

State and territory governments currently have existing quality and/or safeguarding systems in place and these formal arrangements will remain in place across Australia throughout the transition period from mid-2016 to mid-2019.⁴⁸ The national framework will be phased in across jurisdictions post the transition period. Details of these phasing arrangements are not currently available and will be made known in due course.

What agreements are recommended between NDIS participants and providers?

Registered providers are required to work with a participant to establish a written [service agreement](#), in the participant's preferred form of communication, about the expected outcomes and the nature, quality and price of supports to be provided, and any agreed terms and conditions. This service agreement is a legally binding contract and can act as a further safeguard for participants.

How do participants find registered service providers?

The NDIA maintain a section on their website with links to all registered service providers. This information is accessible to participants and others at the following link - [Registered Service Providers](#)

What are the key components of the national quality and safeguarding framework?

The national framework contains a number of requirements for service providers including⁴⁹:

Registration for service providers: registration requirements will be proportionate to both the risk inherent to the type of support being delivered, and the scale of the organisation.

A code of conduct for providers and workers: A code of conduct will be developed and apply to all providers and individual workers delivering NDIS-purchased supports. The code of conduct intends to guide individual and organisational behaviour and culture and empower NDIS participants with regard to their rights.

⁴⁹ Source – [NDIS Quality and Safeguarding Framework Fact Sheet for Providers](#)

Orientation module: Completion of an orientation module will be compulsory for registered providers and sole traders and all employees of registered provider. The module will ensure suppliers understand the principles underpinning the NDIS; the risks of providing supports; risks related to abuse and neglect.

Complaints and serious incidents: Registered providers will be required to have internal complaints mechanisms that include capacity to undertake internal investigations; serious incident recording and reporting arrangements; and capacity for corrective action to prevent recurrence.

Worker screening: Nationally consistent worker screening arrangements will be developed and workers will be required to undertake risk-based worker screening.

Restrictive practices: States and territories will continue to be responsible for the authorisation of the use of restrictive practices in relation to NDIS participants by service providers. However, the national framework introduces a number of new elements including the following:

- a national policy and standards on restrictive practices will be developed and implemented;

- a national senior practitioner role will be established to provide leadership in positive behaviour support, and reducing and eliminating the use of restrictive practices for participants in the NDIS;

- a competency framework will be developed and maintained to ensure practitioners responsible for the development of positive behaviour support plans have appropriate skills and knowledge;

- providers supporting participants with a positive behaviour support plan that includes the use of restrictive practices will be required to report on the use of those practices.

[Are there further requirements for service providers during the transition?](#)

The NDIA have established NDIA [Terms of Business for Registered Providers](#) which providers are required to comply with when providing services to NDIS participants. The NDIA have created a [Provider Toolkit](#) which is recommended to service providers to guide them through the requirements of becoming a registered provider and includes a Guide to Suitability, the NDIA Terms of Business, and the relevant state and territory quality and safeguard working arrangements⁵⁰. Service providers are expected to operate in accordance with legislative structures such as an Incorporated Association or Company Limited by Guarantee. Under the NDIA's [Module 4: Guide to Suitability](#) a provider must:

⁵⁰ Source – [Provider Toolkit](#) NDIA website sourced 21/04/2017

- a. be registered, approved and compliant with the requirements for registration or approval as a specialist disability service, community care or Home and Community Care provider as determined by the jurisdiction in which the provider wants to deliver supports. This includes Quality Assurance/Management systems compliance
- b. Submit evidence of this registration, approval and compliance issued by the jurisdiction, or authorised third party provider (as determined by each jurisdiction), for which you have applied to deliver supports. This evidence document must state the services that you are currently providing or are authorised to provide under the NDIS;
- c. Act in good faith and in the interests of the participant;
- d. When delivering supports or conducting a business in relation to the delivery of supports, registered providers must comply with each of the following:
 - i. the NDIS Act, the Rules, all relevant NDIS guidelines, and all policies issued by the NDIA (as in force from time to time;
 - ii. the registered provider's own Code of Conduct, Code of Ethics or Service Charter; and
 - iii. any Commonwealth, State or Territory laws, and any other requirements, that are applicable to the registered provider, including, but not limited to the Privacy Act 1988 (Cth), the Australian Consumer Law, and any relevant quality and safeguard laws, including Quality Assurance and Safeguards Working Arrangements and the Guide to Suitability.

What are the NDIS funding responsibilities versus other mainstream service systems?

The Council of Australian Governments (COAG) has agreed that the NDIS will fund personalised supports related to people's disability support needs, unless those supports form part of another service system's universal service obligation and in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.

Whilst participant plans will take into account areas such as health, housing and education in order to provide a holistic overview of participants' needs, the NDIS should only fund supports that are not provided (or supposed to be provided) via existing service systems. The Productivity Commission highlighted the importance of this principle in its 2011 [Inquiry Report, Disability Care and Support](#) stating:

It will be important for the NDIS not to respond to problems or shortfalls in mainstream services by providing its own substitute services. To do so would weaken the incentives of government to properly fund mainstream services

for people with a disability, shifting the cost to another part of government ... This 'pass the parcel' approach would undermine the sustainability of the NDIS and the capacity of people with a disability to access mainstream services.

What are the funding responsibilities of the NDIS versus other mainstream service systems?

In November 2015 a set of [general principles](#) were developed and outline the responsibilities of the NDIS and other mainstream service systems. These principles are being used to assist in understanding and developing the interface between the NDIS and other service systems including:

- Health
- Mental Health
- Early childhood development
- Child protection and family support
- School education
- Higher education and Vocational Education and Training (VET)
- Employment
- Housing and community infrastructure
- Transport
- Justice
- Aged care

What are the general principles that determine funding responsibilities between the NDIS and mainstream services?

There are six general principles which include⁵¹

People with disability have the same right of access to services as all Australians, consistent with the goals of the National Disability Strategy which aims to maximise the potential and participation of people with disability.

The NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's universal service obligation (for example, meeting the health, education, housing, or safety needs of all Australians) or covered by reasonable adjustment (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).

Clear funding and delivery responsibilities should provide for the transparency and integrity of government appropriations consistent with their agreed policy goals.

⁵¹ Source – [NDIS Principles to Determine Responsibilities of the NDIS and Other Service Systems](#)

There should be a nationally consistent approach to the supports funded by the NDIS and the basis on which the NDIS engages with other systems, noting that because there will be variation in non-NDIS supports funded within jurisdictions there will need to be flexibility and innovation in the way the NDIS funds and/or delivers these activities.

In determining the approach to the supports funded by the NDIS and other service systems governments will have regard to efficiency, the existing statutory responsibilities and policy objectives of other service systems and operational implications.

The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no wrong door approach.

What are the applied principles that determine the delineation of funding responsibilities between the NDIS and mainstream services?

In addition to the six general principles a set of [applied principles](#) have been developed to assist governments to understand which service systems are responsible to fund particular services. This guide has been developed with the launch and early implementation of the NDIS and will be reviewed as required.

It is essential to understand that the NDIS is not designed to fund or replace the responsibilities of other service systems. However, bringing attention to the delineation of responsibilities between service systems is likely to highlight gaps in service systems.

What are the applied principles that relate to the health service system?

There are five applied principles that relate to the responsibilities of the health service system and the NDIS and these are articulated below⁵²:

1. Commonwealth and State and Territory health systems have a commitment to improve health outcomes for all Australians by providing access to quality health services based on their needs consistent with the requirements of the National Healthcare Agreement and other national agreements and in line with reasonable adjustment requirements (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).
2. The above health system will remain responsible for the diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions. This may involve general practitioner services, medical specialist services, dental care, nursing, allied health services, preventive

⁵² Source – [NDIS Principles to Determine Responsibilities of the NDIS and Other Service Systems](#)

health care, care in public and private hospitals, and pharmaceuticals (available through the PBS).

3. Health systems are responsible for funding time limited, recovery-oriented services and therapies (rehabilitation) aimed primarily at restoring the person's health and improving the person's functioning after a recent medical or surgical treatment intervention. This includes where treatment and rehabilitation is required episodically.
4. The NDIS will be responsible for supports required due to the impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living. This includes "maintenance" supports delivered or supervised by clinically trained or qualified health professionals (where the person has reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) and integrally linked to the care and support a person requires to live in the community and participate in education and employment.
5. The NDIS and the health system will work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

[How are these principles translated into practice at the health/disability interface?](#)

The following table provides an overview of indicative funding responsibilities of the NDIS and the health service system⁵³.

⁵³ The table has been reformatted and the information is sourced directly from the document [NDIS Principles to Determine Responsibilities of the NDIS and Other Service Systems](#)

Overview of indicative funding responsibilities of the NDIS and the health service system

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES - HEALTH	
Reasonable and necessary NDIS supports for eligible people	Other parties
<ul style="list-style-type: none"> • Elements of community re-integration which enable the person to live in the community such as assistance with activities of daily living and home modifications. • Active involvement in planning and transition support, on the basis of the person having reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) wherever there is a need for ongoing maintenance support. • Prosthetics, orthoses and specialist hearing and vision supports (excluding surgical services) where these supports directly relate to a person's permanent impairment. • Allied health and other therapy directly related to maintaining or managing a person's functional capacity including occupational therapy, speech pathology, physiotherapy, podiatry, and specialist behaviour interventions. This includes long term therapy/support directly related to the impact of a person's impairment/s on their functional capacity required to achieve incremental gains or to prevent functional decline. Also includes allied health therapies through early intervention for children aimed at enhancing functioning. 	<ul style="list-style-type: none"> • [Jointly with NDIS] Provision of specialist allied health, rehabilitation and other therapy, to facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions such as newly acquired spinal cord and severe acquired brain injury. • Acute and emergency services delivered through Local Hospital Networks including, but not limited to, medical and pharmaceutical products (available through PBS), medical transport, allied health and nursing services (where related to treatment of a health event), dental services and medical services covered under the Medicare Benefits Schedule, or otherwise government funded (including surgical procedures related to aids and equipment). • Sub-acute services (palliative care, geriatric evaluation and management and psychogeriatric care) including in-patient and out-patient services delivered in the person's home or clinical settings. • Rehabilitative health services where the purpose is to restore or increase functioning through time limited, recovery oriented episodes of care, evidence based supports and interim prosthetics, following either medical treatment or the acquisition of a disability (excluding early interventions). When a participant is receiving time limited rehabilitation services through the health system, the NDIS will continue to fund any ongoing 'maintenance' allied health or other therapies the person requires and that are unrelated to the health system's program of rehabilitation.

- The delivery of nursing or delegated care by clinically trained staff (directly or through supervision), where the care is required due to the impact of a person's impairment/s on their functional capacity and integral to a person's ongoing care and support to live in the community and participate in education and employment (including, but not limited to, PEG feeding, catheter care, skin integrity checks or tracheostomy care (including suctioning)).
- The delivery of routine personal care required due to the impact of a person's impairment/s on their functional capacity to enable activities of daily living (e.g. routine bowel care and oral suctioning) including development of skills to support self-care, where possible.
- Any funding in a person's package would continue for supports for people with complex communication needs or challenging behaviours while accessing health services, including hospitals and in-patient facilities.
- Training of NDIS funded workers by nurses, allied health or other relevant health professionals to address the impact of a person's impairment/s on their functional capacity and retraining as the participant's needs change.
- Aids and equipment to enhance increased or independent functioning in the home and community.
- In relation to palliative care, functional supports as part of an NDIS participant's plan may continue to be provided at the same time as palliative care services, recognising that supports may need to be adjusted in scope or frequency as a result of the need to align with the core palliative care being delivered through sub-acute health services.
- Funding further assessment by health professionals for support planning and review as required.
- The coordination of NDIS supports with supports offered by the health system and other relevant service systems.

- Preliminary assessment and disability diagnosis as required for the determination of an individual's eligibility for the NDIS (e.g. developmental delay).
- General hearing and vision services unrelated to the impact of a person's impairment on their functional capacity as determined in the NDIS eligibility criteria (e.g. prescription glasses).
- Inclusion of people with disability in preventative health and primary health care delivered through General Practice and community health services, including dental and medical services covered under the Medicare Benefits Schedule.
- Intensive case coordination operated by the health system where a significant component of case coordination is related to the health support.

What healthcare related supports will the NDIS fund?

The NDIS will fund supports that assist a participant to undertake activities of daily living where the impairment relates to the person's disability. These supports includes⁵⁴

- aids and equipment such as wheelchairs, hearing aids and adjustable beds
- items such as prosthetics and artificial limbs (surgery remains the responsibility of the health system)
- home modifications, personal care and domestic assistance. This will assist participants exiting the health system to live independently in the community or move back into their own home
- allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy. The health system is responsible for these supports if they are required as part of rehabilitation from an accident or injury or as part of treatment for medical conditions (see below).

What healthcare related supports will the NDIS not be responsible to fund?

The NDIS is not responsible to provide funding for the following services⁵⁵:

- the diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions;
- other activities that aim to improve the health status of Australians, including general practitioner services, medical specialist services, dental care, nursing, allied health services (including acute and post-acute services), preventive health, care in public and private hospitals and pharmaceuticals or other universal entitlements;
- funding time-limited, goal-oriented services and therapies:
 - I. where the predominant purpose is treatment directly related to the person's health status;
 - II. provided after a recent medical or surgical event, with the aim of improving the person's functional status, including rehabilitation or post-acute care; or
- palliative care.

What supports are funded by the health system?

The health system has responsibility for assisting participants with clinical and medical treatment. This includes:

- the diagnosis and assessment of health conditions
- clinical services and treatment of health conditions –including all medical services such as general practitioners, care while admitted in hospital, surgery, the cost of medical specialists and so on

⁵⁴ Source –Point 10 of [NDIA Operational Guideline for Planning](#)

⁵⁵ Source –Point 10.8.1 of [NDIA Operational Guideline for Planning](#)

- medications and pharmaceuticals
- sub-acute care such as palliative care, geriatric and psychogeriatric care
- post-acute care, including nursing care for treating health conditions and wound management
- dental care and all dental treatments
- supports related to maintenance of life, e.g. oxygen therapy.

Individuals and families sometimes also have a role in funding the medical and clinical services, such as out of pocket expenses, gap payments and private health insurance fees. The NDIS will not cover these costs.

The NDIS case study below provides an example of an NDIS participant's changing circumstances with regard to health and support needs and how the NDIS and health system can work together to meet the person's needs.

CASE STUDY



Case Study – The NDIS interface with the health service system

Ben, palliative care (health system)

Ben is 53 years old and has Down syndrome. He has been unable to secure a paid job. Ben has always lived with his mother, who is now 73 years old. Ben's mother is happy to provide most of his care for now, such as helping him dress in the morning and preparing meals, but she is no longer confident in driving him to activities or appointments.

Ben works with the NDIS to develop an individual plan including funding for weekly transport to his friends' weekly card game and transport for when he has to attend appointments. When Ben is diagnosed with advanced stomach cancer, his GP refers Ben back to the NDIS to have his plan reviewed to take account of the palliative care funded by the health system, which he will be receiving at home.

Ben will continue to be supported under the NDIS to live at home with his mother. The symptoms of his cancer will be managed by the health system, through supports such as pain and nausea relief and emotional support to understand what his cancer diagnosis means⁵⁶.

⁵⁶ Source: This case study is sourced directly and replicated from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#).

How do I work out if the support is most appropriately funded or provided through the NDIS?

The NDIA provide [further information](#) and guidance on whether health related supports are funded by the NDIA or other service systems including health. A table of [Working Arrangements](#) is available on the NDIA website that provides detailed information, guidance and examples relating to the following three areas:

1. Supports typically funded by the NDIS;
2. Supports which, dependent on their purpose, may be funded by the NDIS or other parties;
3. Supports generally funded by other parties.

The interface between health and disability in terms of who is responsible to fund particular services is complex and may require engagement with the NDIA to reach definitive answers in relation to particular cases. As the NDIS progresses more real life cases will assist with understanding the demarcations of this interface.

Which system assists with rehabilitation?

The NDIS and the health system will work closely together where a person needs rehabilitation following an accident or injury. Where the initial rehabilitation is needed following injury, accident or other medical event, the support is the responsibility of the health system. This means that any surgery or treatment following an injury, accident or other medical event is not funded by the NDIS.

The health system would provide supports that enable a person to regain their maximum achievable level of functioning. This could include, for example, care in a rehabilitation unit, or home based rehabilitation services, after a spinal cord injury.

The NDIS assists the participant once the health system has provided these rehabilitation services. The supports offered by the Scheme may include:

- home modifications, aids and equipment personal care and
- domestic assistance to enable the participant to live independently in the community
- on-going allied health or other therapies to enable the participant to maintain their level of functioning.

The NDIS case study below provides an example of an example of how health practitioners can support a person to engage the NDIS for assessment to support the transition from hospital care to community based supports in the context of rehabilitation.



Case Study - The NDIS interface with the health service system

Jessica, spinal injury rehabilitation

Jessica is a 21 year old who acquires a spinal cord injury as a result of a sporting accident. Jessica is provided with acute care at a hospital where she receives support from spinal surgeons, rehabilitation physicians and other medical specialists.

After her surgery and acute care, she is able to walk with assistance but it is clear that she has sustained a permanent impairment in her legs and she moves into a hospital-based rehabilitation unit which aims to restore Jessica's function as far as possible. The unit (funded by the health system) has a multidisciplinary team of spinal cord injury nurses, physiotherapists, occupational therapists, social workers and clinical psychologists.

With Jessica's agreement, the rehab unit contacts the NDIS so that Jessica can work out a plan of future supports she will need to enable her to return home to her family. This identifies that she will need some equipment to assist her to walk and minor modifications to the bathroom and the NDIS works with her family to get these in place before Jessica comes home. Her plan is also to return to uni but she now lacks the confidence she used to have. Her plan includes some short term coaching and the assistance of a Local Area Coordinator to talk to the uni about how they could change the layout of the classroom to enable easier access⁵⁷.

What assistance is there in the healthcare area under ILC?

Under the [Information, Linkages and Capacity Building \(ILC\) framework](#), the NDIA will only fund activities that fall within five key ILC activity areas. One of those activities is about building the capacity of mainstream services to ensure they have the appropriate knowledge and skills to meet the needs of people with disability.

The NDIA provide the following Fact Sheets for health professionals:

[Information about the NDIS for GPs and health professionals](#)

[Mainstream interface: Health, Supports the NDIS will fund in relation to healthcare](#)

⁵⁷ Source: This case study is sourced directly and replicated from the NDIA website, NDIS Features, accessed 31 March 2017 and can be accessed [here](#).

What key international and national legislative and policy instruments influence the disability context?

The NDIS relationship with key policy instruments, data sources and the international and national legislative framework are summarised in this section.

What UN instruments are influencing the disability context?

The United Nations (UN) 'Convention on the Rights of Persons with Disabilities' (UNCRPD or 'the Convention') and its Optional Protocol was adopted by the UN in 2006. Australia's ratification of the UNCRPD in 2008 reflects the Australian Government's commitment to take action and support a coordinated plan across all levels of government to improve the lives of people with disability, their families and carers.

The UNCRPD is a human rights instrument and seeks to reaffirm that all people with disability must enjoy all human rights and fundamental freedoms. The Convention challenges historical paradigms that viewed people with disability as 'objects' of charity, medical treatment and social protection and in contrast positions people with disability as 'subjects' with human rights equal to all others. The Convention makes explicit that adaptations must be made where this is necessary to enable people to exercise their rights; where rights have been violated; and where rights must be reinforced.

The [UNCRPD Principles](#) include:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
2. Non-discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equality of opportunity;
6. Accessibility;
7. Equality between men and women;
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

What is the purpose of the National Disability Strategy?

The National Disability Strategy 2010-2020 (the Strategy) has been developed to guide public policy across governments in Australia and aims to bring about change in all mainstream services and programs as well as community infrastructure so that people with disability have the same opportunities as other Australians.

The Strategy sets out a ten year national plan for improving life for Australians with disability, their families and carers. It draws on the findings of extensive consultation conducted in 2008-09 by the National People with Disabilities and Carer Council and

reported in *Shut Out: The Experience of People with Disabilities and their Families in Australia* (2009).

The Strategy covers six policy areas:

1. Inclusive and accessible communities;
2. Rights protection, justice and legislation;
3. Economic security;
4. Personal and community support;
5. Learning and skills;
6. Health and wellbeing.

Policy directions have been developed for each policy area. The nominated outcome for the *health and wellbeing* policy area is that, *“People with disability attain highest possible health and wellbeing outcomes throughout their lives.”* The four policy directions for the *health and wellbeing* policy area include:

1. All health service providers (including hospitals, general practices, specialist services, allied health, dental health, mental health, population health programs and ambulance services) have the capabilities to meet the needs of people with disability;
2. Timely, comprehensive and effective prevention and early intervention health services for people with disability;
3. Universal health reforms and initiatives address the needs of people with disability, their families and carers;
4. Factors fundamental to wellbeing and health status such as choice and control, social participation and relationships, to be supported in government policy and program design.

[What is the purpose of the National Standards for Disability Services?](#)

The [National Standards for Disability Services](#) (National Standards) help to promote and drive a nationally consistent approach to improving the quality of services. They focus on rights and outcomes for people with disability.

There are six National Standards that apply to disability service providers:

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and Inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual Outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

4. **Feedback and Complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service Access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service Management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals⁵⁸.

Each state and territory administer their own standards based on the National Standards and will continue to administer these during the NDIS transition period. Subject to the redevelopment of a new National Disability Strategy from 2020 it is unclear whether the states and territories will revise their standards.

What key federal and state legislation contributes to the realisation of human rights for people with disability?

The following Australian federal and state legislation are relevant to the disability field and aim to protect people from discrimination and breaches of human rights.⁵⁹

- Australian Human Rights Commission Act 1986
- Disability Discrimination Act 1992
- Age Discrimination Act 2004
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Disability services Act (Fed) 1986
- Disability Services Act 2006 – QLD
- Disability Services Act 1991 – ACT
- Disability Inclusion Act 2014 – NSW
- Disability Services Act 2012 – NT
- Disability Services Act 1993 – SA
- Disability Services Act 2011 – TAS
- Disability Services Act 2006 – VIC
- Disability Services act 1993 - WA
- Social Security Act 1991
- National Disability Insurance Services Act 2013

⁵⁸ Source – standards taken from [National Standards for Disability Services](#)

⁵⁹ Source – Information sourced from the Australian Human Rights Commission, available at <https://www.humanrights.gov.au/our-work/legal/legislation>

What are the values of the NDIS?

This section will outline the values and philosophical underpinnings of the NDIS.

What are the key principles the NDIS is built upon?

The NDIS operates under a set of principles⁶⁰ to guide their approach to funding supports and services for participants:

Choice and control: This means people with disability can choose and control how, where and when their [reasonable and necessary](#) supports are provided. The provision of services in this way is sometimes referred to as a person-centric service approach. This can be challenging at first for participants, workers and services.

Suit individual circumstances and individualised funding: This means people with disability get [reasonable and necessary](#) supports they need to pursue their goals, to be more independent and to participate in the community.

Take a lifetime view: This means planning that looks beyond immediate needs to what is needed across a person's lifetime. This includes goals and aspirations, living arrangements, informal supports and carers' circumstances. It also includes making early investment where this reduces needs and costs over someone's lifetime. Support arrangements can be changed as goals, preferences and needs change over time.

Insurance-based approach: This is sometimes referred to as spreading the cost and sustainable funding. This means the costs of disability services and supports are shared across the community. Insurance approaches are also used to estimate the cost of reasonable and necessary supports and manage costs to make sure the Scheme is sustainable. This is important in how governments fund the NDIS in the future.

How does the NDIA apply a person-centred approach to NDIS participants?

The NDIA assumes a person-centred approach to be the appropriate approach to the provision of their services to participants of the NDIS. A person-centred approach is one in which a person with disability has the same right as other members of Australian society to be able to determine their own best interests and to engage as equal partners in decisions that will affect their lives. This approach aims to ensure that the person's needs and preferences are a driving force behind decisions and planning that occurs in relation to them. As articulated in the National Standards,

⁶⁰ Source - [NDIS Principles to Determine Responsibilities of the NDIS and Other Service Systems](#)

“Person-centred approaches ensure that individuals are in the centre of service design, planning, delivery and review. Individuals shape and direct service and support arrangements to suit their strengths, needs and goals with the support of families, friends, carers and advocates”⁶¹.

The NDIA applies the principle of **choice and control** in relation to participants’ supports and services. In addition the NDIA will provide funding for supports and services that **suit individual circumstances** through **individualised funding**. This combination of principles enables the NDIA to take a person-centred approach with participants of the scheme. This approach facilitates empowerment of people with disability as they are positioned to make their own decisions in relation to purchasing their preferred supports and services from their preferred suppliers.

The scheme also values the principle of **least restrictive alternative** which refers to decision-making and practice that favours changing or modifying an environment to enable a person to participate as much as possible with the least restrictions possible. This is a guiding principle to ensure that people with disability have the same opportunities as others to participate in normal community activities such as living, education, employment and recreation.

How does the NDIS incorporate the principle of taking a lifetime view?

Investing in early intervention is a key design principle in the NDIS to ensure people with disability receive the supports they require at the right time to assist a person to lead a more independent life and reduce the amount of support the person may require in the long term. Early intervention is built into a number of the [Objects of the NDIS Act 2013](#):

- (c) support the independence and social and economic participation of people with disability;
- (d) provide reasonable and necessary supports, including early intervention supports, for participants in the National Disability Insurance Scheme launch;
- (e) enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
- (f) facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability;
- (g) promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community.

⁶¹ Source - [National Standards for Disability Services, p.9](#)

What are the insurance-based principles on which the NDIS is built?

The Scheme is based on a social insurance or investment approach to the provision of support and as such there are a number of insurance principles applied to the design and implementation of the NDIS. These principles outlined below are consistent with principles applied to the economic assessment of health care and pharmaceutical interventions:

Actuarial estimate of long-term costs

This estimate will be a living reflection of emerging experience of utilisation and cost, and will assist the Board and NDIA to ensure the NDIS is financially sustainable. The aggregate annual funding requirement will be estimated by the NDIS Actuary's analysis of reasonable and necessary support need, including a buffer for cash flow volatility and uncertainty. The aggregate funding requirement will comprise equitable resource allocation at an individual and sub-group level, and will be continually tested against emerging experience. This will require a comprehensive longitudinal database.

Long-term view of funding requirements

Unlike historic welfare schemes, the NDIS will focus on lifetime value for scheme participants, and will seek to maximise opportunities for independence, and social and economic participation, with the most cost-effective allocation of resources. This will align the objectives of the NDIS with those of participants and their families.

Investment in research, innovation and outcome analysis

The NDIA will support insurance-based governance through a long term approach with the objective of social and economic participation, and independence and self-management, for participants. One example of work being undertaken in this space includes the enhancement of reference packages. These provide guidance on the types of supports that are commonly provided and increase the flexibility for participants. The development and implementation of an Outcomes Framework which measures the extent to which participants are achieving their goals, is another example.

Investment in community participation and building social capital

To further support long term investment, the NDIA will invest at a systemic level in addition to providing for individual supports. The NDIS will support the development of community capability and social capital so as to provide an efficient, outcomes-focused operational framework, local area coordination and a support sector which provides a high quality service and respects participant social and economic participation and independence. This includes

(a) encouraging the use of mainstream services to increase social and economic participation of people with disability, and (b) building community capacity and social capital, which will be particularly important for people with disability who are not participants. The ongoing implementation of the National Disability Strategy by governments will support this work⁶².

How does the NDIS intend to respond to demand for services and supports?

The National Disability Insurance Scheme is the largest social reform in Australia since the introduction of Medicare in the mid-1970s. The NDIS is not a government-controlled social welfare scheme rather it is intended to be a consumer-controlled marketplace and will have enormous growth potential. The history of the disability sector has been built upon a welfare model in which services have been largely programmatic and NGO service providers have been block funded by governments to deliver these programs.

The NDIS reform will significantly disrupt the existing disability service landscape and models of service that have evolved out of the welfare system. The landscape will be steadily reshaped into a competitive market with competitive business models underpinned by customer driven service provision. The customisation of services is expected to respond to the individual needs and preferences of participants of the scheme as they exercise their purchasing power in the marketplace.

How does the NDIA intend to carry out its role as market steward?

The NDIA has developed a [NDIS Market Approach - Statement of Opportunity and Intent](#) where it outlines approaches to the creation of an efficient and sustainable marketplace. The NDIA take responsibility as a market steward to support the development of a new disability marketplace. In their role as market steward, the NDIA seeks to create a level of certainty for the existing market and demonstrate new opportunities to supply to NDIS participants for existing providers and potential new entrants.

The NDIA intend to realise a consumer-driven market that has a diversity of suppliers who can meet participant needs and preferences as they change over time. In the role as market steward, the NDIA specifically seeks to support a mature and sustainable market via:

⁶² Source – [NDIA 2015 – 2019 Corporate Plan p.7](#)

- enabling existing and emerging suppliers to mature at an appropriate and sustainable rate;
- providing an environment for innovation in planning and delivery of supports; and,
- building strong business integrity systems and processes and capability.

What are the key functions of a market steward?

The key functions that a market steward can undertake to improve the marketplace include⁶³

Monitoring: observing the NDIS marketplace and assessing whether it is achieving its outcomes. This will be greatly informed by the data being collected through day-to-day operation of the Scheme, which will increasingly use longitudinal data to understand market gaps, market/provider efficacy and to develop responses.

Facilitating: actions that directly influence demand in the NDIS marketplace and indirect actions to improve the functioning of the NDIS marketplace. This includes providing information, setting prices, and developing systems/infrastructure to support market transactions. In addition, facilitating supports diversity of supplier business models.

Commissioning: direct sourcing of supports or establishment of preferred provider arrangements supported by controls and “rules” that must be complied with to participate in the NDIS marketplace.

The NDIA is currently setting and regulating prices for services and supports under the NDIS. An “efficient price” is being used as a driver to build a competitive market for services and supports. Service providers cannot, for example, charge a “gap fee” between their cost and what the NDIA is prepared to pay for supports included in a person's plan. As the market matures, the NDIA will deregulate pricing with the intention to increase competition and stimulate innovation and evolution in the supply of services.

How does the market steward role change as the market develops?

As a market steward, the NDIA will involve itself in supporting the adjustment required by the disability sector to make this transition. Over time the expectation is that the NDIA’s role will lessen, the market infrastructure will mature, suppliers will respond to the NDIS operating model, demand will grow, participants will be better equipped to exercise choice and control, and a vibrant, multifaceted and sustainable marketplace meeting the support needs of people with disability, will emerge.

⁶³ Source – [NDIS Market Approach - Statement of Opportunity and Intent](#)

What are the opportunities and growth potential for the market?

There is potential for enormous growth in the market as the NDIS is implemented across Australia. The number of NDIS participants' increases substantially over the course of the transition and the corresponding funding for the sector will grow from \$8 billion per year to \$22 billion per year by 2019-20⁶⁴. Many new opportunities will emerge as investment increases. For example, the NDIA plan to invest \$1 billion per annum to be spent on assistive technology. Substantial investment will incentivise new entrants to the disability market and promote competition, efficiency and service options that provide value for money to existing and prospective customers.

What are the NDIA's privacy obligations?

The National Disability Insurance Agency (NDIA) operates under specific privacy obligations to respect and protect the privacy of participants of the scheme. These obligations are detailed in the NDIA's [Privacy Policy](#) which adheres to the obligations outlined in the *Privacy Act 1988* (Cth) (Privacy Act) and any applicable state or territory privacy laws.

The Privacy Act allows the NDIA to collect and hold personal information to enable people with disability to access the NDIS and for the NDIA to exercise their broad ranging responsibilities. The type of information the NDIA collect and hold includes a person's name, gender, D.O.B, contact details, disability, limited medical history, ethnic background and other information where this relates to a person's eligibility to access reasonable and necessary supports and services under the scheme.

The NDIA collect and hold personal information in relation to participants of the scheme after they have gained consent from the individual and/or their guardian or decision-maker. This information can be collected from the individual and their family or carer or from third parties where consent has been provided. Third parties may include specialist disability service providers or healthcare providers who are involved in the person's care.

Can the NDIA discuss a participant with third parties?

In relation to the personal information of participants of the scheme the NDIA are ordinarily not able to disclose this information to third parties without the consent of the participant. If a participant of the scheme or their nominee would like the NDIA to share information with other parties, they will first have to nominate what information can be shared and to whom this information can be provided too. Otherwise, the

⁶⁴ Source – diagram sourced directly from [NDIA Market Approach Statement](#)

NDIA must protect people's personal information from misuse, loss, unauthorized access, modification or disclosure.

A participant of the scheme will have a plan developed which provides details on reasonable and necessary supports the person is eligible for in relation to their needs and goals. The plan belongs to the participant and who they share their plan with (or parts of their plan) is the participant's choice. Specialist disability service providers and other stakeholders, including specialist healthcare providers cannot access a participant's plan unless the person (or their nominee) has provided their consent for this to occur.

Under what circumstances can the NDIA disclose a participant's personal information?

The NDIA ordinarily will not disclose a participant's information however this can occur under specified circumstances. The NDIA [Privacy Policy](#) outlines the conditions under which disclosures can be made. Under the Bilateral Agreements between State or Territory governments there are provisions for state or territory government officials to access a participant's information. These provisions are in place due to the specific role of states and territories in the implementation of the NDIS.⁶⁵

⁶⁵ Source – Information about NDIA privacy obligations has been adapted from the NDIA Privacy Policy which is accessible [here](#).