



# NAVIGATING THE NDIS

Supported by the Department of Communities  
Disability Services

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26<sup>th</sup> July 2018



GOVERNMENT OF  
WESTERN AUSTRALIA



We acknowledge the traditional guardians of this land and pay our respects to their elders both past and present.

Once upon a time in 2011, the Productivity Commission released a report, after being requested by the Government to carry out a public inquiry into long-term disability care and support systems which existed in Australia at the time.

According to the Shut Out Report of 2009, the experience of people with disabilities and their families were that disability services in Australia were broken, unfair, inefficient, fragmented and gave people with disability little choice and limited, rationed access to appropriate supports.

Support services were not portable across State borders.

The frustration and inconsistency heralded the development and birth of The National Disability Insurance Scheme. The NDIS initially rolled out in trial sites across the country, for the very first time.

The Scheme is a nation wide transformational social reform which will deliver the reasonable and necessary supports to all people with a significant disability, which are required for them to access and enjoy an ordinary life.

The NDIS is a lifelong early investment in people with disability to maximise outcomes in the future. The NDIS also provides PWD, their family and carers with information and referrals regarding existing informal and mainstream supports.

By the time the Scheme is fully rolled out in 2020, it will support approximately 460,000 Australians with disability. It aligns alongside Medicare as the most dramatic social reform attempted in this country.

In regards to the evolution of the NDIS in WA - as you may have been aware, there have been two versions of the NDIS operating in various trial sites since July 2014. The WA NDIS and the Federal NDIS were two separate systems.

On 12 December 2017, the Commonwealth and Western Australia governments agreed that WA would join the nationally delivered NDIS, to make it uniform with the rest of the nation.

This announcement indicated the previous State agreement would be superseded and replaced by a new Federal agreement, with transition to be carried out in a planned and phased approach.

- From 1 July 2018, the National Disability Insurance Agency (NDIA) has assumed responsibility for the delivery of the NDIS in W.A.
- W.A. will transition to the national NDIS on a geographic basis by 2020
- From 2020 to 2023 additional new people, across W.A., may access the NDIS, including those with psycho-social disability.
- Full scheme from 2023
- Approximately 48,000 across W.A. will be covered under the Scheme.
- W.A. will represent about 10% of the total Scheme

- To become an NDIS participant, a person must have a permanent disability which has a significant impact on their abilities to take part in every day activities.
- Be aged less than 65 yrs when they first apply to enter the NDIS.
- Be an Australian citizen or hold a permanent visa.
- Live in an area where the NDIS is being rolled out.
- People can also access the Scheme for early intervention of a degenerative condition or a specific Early Childhood Early Intervention (ECEI) for children aged 0-6, who have developmental delay.
- The Scheme is available for that person's lifetime, other than early intervention.

The Goldfields-Esperance is due to receive the scheme on October 1, 2018. A full roll out of the Scheme is envisaged to take 6-12 months.

Those who use the Scheme will be known as participants. Participants who currently receive State and Commonwealth funded supports will continue to receive those supports until their access to the Scheme is approved, and they enter the NDIS system.

Each participant will meet with Local Area Coordinators to create a unique plan for them which will contain both funded and informal supports and services to enable that person to live the best life possible.

The NDIA states that NDIA planners and/or Local Area Coordinators will.....

- Help people understand the NDIS
- Access the NDIS
- Create a first plan
- Implement the plan
- Review the plan

It is envisaged that a considerable increase in the workforce will be required to meet the demand for sufficient Coordinators, NDIA planners and Early Childhood Partners.

The Scheme is designed to give real “choice and control” to people with disabilities and how they live their life.

Participants are encouraged to develop a vision, define their goals and create strategies to reach a positive outcome in their plan.

Participants and planners will work together to develop a plan that suits the participant and captures their vision. Once the plan is complete it is submitted to the NDIA for approval.

Each participant's plan has 3 support budgets attached to it.

1. **Capacity building** – includes supports to enable the person to build independence and skills such as therapy

2. **Capital support** – assistive technology or home or vehicle modifications such as ramps

3. **Core** – supports for the person to complete activities related to daily living and work towards their longer term goals ie assistance with social and community participation

Participants have the option of 3 forms of funding management.

1. Self Management - the participant, or their nominee may choose to be responsible for their own budget and paying their own service invoices.
2. Plan Managed, where funding in the participant's name is held by a registered Plan Management Provider. The Plan Manager will directly pay for all supports the person has asked them to manage.

3. Agency managed, where the funding, in the person's name, remains with the NDIA. NDIS will directly pay the person's support providers. Participants using this option can only choose NDIS registered providers.

There is also an option to mix these forms of management, for instance to self-manage one aspect of the plan and choose another form of budget management for another section of the budget.

# What will **not** be funded through the NDIS?

A support will not be funded if:

- It is likely to cause harm or pose a risk
- If it is not related to the disability
- It duplicates other supports
- It relates to day to day living costs ie rent, groceries
- It is a support that consists of income replacement
- It is likely to contravene a law of the Commonwealth, State or Territory

Some elements of a participant's care may be covered by funds outside of the NDIS. These expenses are commonly medical, including those covered by private health insurance or Medicare. These medical expenses are not funded under the NDIS, even if they are related to, or a symptom of the disability.

These expenses should be claimed under the relevant health care scheme or insurance policy. Some providers such as therapists may need to distinguish between the health services and disability supports that they provide to a single client, and make separate payment claims. For instance, they may claim payments from Medicare for health services, and the NDIS for disability supports.

GP's and other health professionals may be asked to provide evidence to support a request to access the NDIS.

- This may involve completing the Supporting Evidence Form or sections of the Access Request Form
- Documenting that the person has or is likely to have a permanent disability.
- Providing copies of reports or assessments relevant to the diagnosis that outline the extent of the functional impact of the disability.

When documenting the impact of a person's disability the following six functional domains need to be addressed -

1. mobility/motor skills
2. communication
3. social interaction
4. learning
5. self-care
6. self-management

If a health professional finds a child aged 0-6 years may benefit from early intervention or disability support under the NDIS they should refer the parents to an NDIS Early Childhood Partner.

# THE NDIS AND HEALTH INTERFACE

With the advent of the NDIS, it is expected that the areas of the disability provision and medical/health sectors will closely align and intersect. There is potential for participants and service providers to find themselves confused about where to turn to meet their support needs.

The NDIS and the Health system are designed to compliment each other. The Scheme will fund some healthcare supports.

**Example** – John has a stroke that results in a permanent disability. He has significantly reduced mobility and uses a wheelchair. John is in a rehabilitation setting and will soon be ready to return to living in the community.

In John's situation, health funding covers –

- Acute inpatient treatment
- Sub-acute rehabilitation
- Development of discharge plan
- Community nursing to meet any clinical care needs
- Pharmaceuticals and medication

The supports that John may have funded through the NDIS are -

- Support coordinator to help purchase supports
- On-going allied health therapy to maintain his functioning
- Day to day support with activities of daily living
- Specialist Disability Accommodation funding OR home modifications
- PEG feeding, catheter care, skin integrity checks or tracheostomy care

Thank you for your time and attention today, and the opportunity to present some information about the NDIS. Because the medical/disability interface is such a complex relationship, we have been only able cover the basics.

There is an excellent booklet resource called “NDIS and Health Working Together”. It is a guide to assist health and NDIS staff to work with people with disabilities – from hospital admission to discharge, and we have copies of that publication to distribute today. If further copies are required, we are more than happy to assist! Once again, many thanks!

# CONTACT THE NDIS

**Phone 1800 800 110**

**Contact centre open 8am to 8pm Monday to Friday**

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