# National Disability Insurance Scheme

# Improving outcomes for participants who require Supported Independent Living (SIL): Provider and Sector consultation paper

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## Executive Summary

The National Disability Insurance Agency (NDIA or the Agency) seeks to engage participants, providers and the disability sector on a fairer and more sustainable funding approach for National Disability Insurance Scheme (NDIS) participants who receive daily personal supports in shared living arrangements (known as Supported Independent Living or “SIL” for the purposes of this paper). We recognise the importance of working with participants and the sector in making improvements to NDIA policies and procedures and commit to open engagement to collaboratively improve participant experience and outcomes.

The NDIA will engage with participants, providers, and the sector through two consultation stages. The first stage (this paper) focuses on how the NDIA proposes to improve short-term operational, equity and cost challenges for participants receiving SIL.

The second consultation will lay-out the NDIA’s proposed long-term vision for a participant’s home and living options, including how the NDIA proposes to strengthen support for participants to make independent decisions. The NDIA’s vision intends to clearly define the plan to genuinely improve choice and control and outcomes in a sustainable manner. This will be released at the end of 2020 or early 2021.

**Context of Supported Independent Living**

SIL and Specialist Disability Accommodation (SDA) provide funding for NDIS participants who have some of the highest disability support needs. Currently, over 24,000[[1]](#footnote-2) participants receive SIL. This means 6% of all NDIS participants receive funding for SIL supports, which is 30% of total NDIS funding ($8.3 billion annualised[[2]](#footnote-3)). There are roughly 14,000 participants who receive both SIL and SDA funding. This is 58% of the total SIL participant cohort, or 93% of the total SDA participant cohort.

Other contemporary living models exist for participants, including the use of assistive technology and home modifications, or Individualised Living Options (ILO).

This paper focuses only on SIL.

**Issues that have emerged with SIL**

**SIL funding is not always allocated fairly or equitably.** Currently, a subjective approach determines a participant’s reasonable and necessary level of support. It is based on the NDIA’s interpretation of how the provider and/or Support Coordinator describes a participant’s circumstances. This leads to participants in similar situations, with a different description of their circumstances, receiving different support packages.

**Participants do not have adequate choice and control.** Participants are not always involved in the roster of care (RoC) development or SIL funding decisions, leading to inadequate choice and control over their SIL supports. This sometimes occurs even when the provider submission says the participant (or their family or nominee) have ‘signed off’ that they have provided input. The NDIA has received Freedom of Information requests from participants seeking access to their own RoC document.

Potential conflicts of interest between a participant’s SIL provider, Support Coordinator and housing provider can also limit a participant’s independent choice and control. Thirty-nine per cent of participants receive support coordination and SIL supports from the same provider[[3]](#footnote-4).

**The SIL process is administratively complex.** Prior to 1 July 2020, the NDIA would work with providers in a ‘quote and negotiate’ process to agree per-week funding. This process led to 40% of quotes submitted containing errors, and in some cases, a 12-week process taking as long as six months[[4]](#footnote-5). This created payment delays for providers and an unsustainable administrative workload for both the NDIA and providers.

**The rapid escalation in SIL costs is not in the long-term interest of participants or NDIS sustainability**. The average plan value for SIL participants is currently $340,000[[5]](#footnote-6), and has grown by 1.3% per month from $200,000 in March 2017. This means SIL plan budgets have grown at 17% per annum; an unsustainable rate well above benchmark measures such as wage inflation. Understanding the drivers behind that increase is an important outcome from this consultation process.

**Initial steps taken to address these issues**

**Improved participant choice and control.** In updating the RoC tool, the NDIA now expects that participants have had input to their roster of care and are aware of the supports their provider should deliver. The NDIA also published a [SIL participant information pack](https://www.ndis.gov.au/news/5103-new-supported-independent-living-participant-information-pack), and encourages participants and their families to use a service agreement that clearly explains agreed SIL supports.

**Stronger fairness and equity.** The NDIA defined SIL price limits in the [2020-21 Price Guide](https://www.ndis.gov.au/providers/price-guides-and-pricing#ndis-price-guide-2020-21) (utilising Assistance with Daily Life rates) replacing the ‘quote and negotiate’ model, and published a [SIL Operational Guideline](https://www.ndis.gov.au/about-us/operational-guidelines/supported-independent-living-operational-guideline) to clarify (in plain English) how the NDIA makes decisions regarding SIL funding.

**Reduced administrative complexity.** The NDIA eliminated payment backlogs, made it easier to auto-extend service bookings to ensure funding continuity, and simplified the RoC tool and provider pack to reduce errors and delays. The NDIA continues to invest in open communication and capability-building with providers to ensure quality submissions on behalf of participants.

**Managed cost escalation.** The NDIA has commenced a review of the disability support worker cost model and price limits in shared living arrangements, and eliminated errors in the provider pack that could lead to incorrect charging (e.g., a 52 week year instead of 53 weeks, setting the correct number of public holidays).

**Proposed short-term changes**

In the short-term, the NDIA intends to continue work to improve participant experience and outcomes, and operational improvements to SIL processes. These short term recommendations are the next stage of improvements for SIL participants, and the providers who support them. The NDIA has a strong belief that long-term Scheme sustainability and participant choice and control can co-exist, and that there is not a trade-off between one and the other.

**Focus on participant control through stronger Agency interactions with SIL participants.** The recent launch of the NDIA’s participant check-in program includes all SIL participants, and focuses on meaningful conversations with participants, checking-in on their wellbeing and making sure their NDIS supports are meeting their needs. In addition, the NDIA will have a more focused discussion with participants at the time of their plan review regarding their home and living options. The NDIA will also ensure participants and their nominees and families are aware of the tools and supports that they can access, such as the participant information pack and suggested service agreements. Participants will also directly receive the approved RoC from the NDIA.

**Greater fairness and equity by focusing on participant roster of care details and changes.** Upon receiving a proposed roster of care from a provider, the NDIA will more deeply investigate rosters of care, focusing on specific issues, including significant changes in plans without a change in circumstance, large plans that do not appear to have appropriate (or progression of) capacity building, or shifts from shared to a 1:1 or 2:1 ratio of support. This focus will also ensure there are no ‘errors’ in submissions, such as incorrectly requesting funding for too many (or too few) public holidays. The NDIA will also continue its review of provider payments, confirming with participants and providers that claimed supports were in fact provided.

**Reducing administrative complexity through a continued commitment to engage fairly and quickly with providers.** The NDIA’s dedicated SIL operations team will continue its process of connecting with Support Coordinators and providers 12 weeks before a plan is due to expire. At this stage, the NDIA will request all parties come together to discuss and review the RoC. If a new or amended roster of care is submitted to the NDIA, the internal service level standard is that 90% of submissions will be assessed and have a determined value of SIL supports within 10 days of receipt. The NDIA will also ensure providers are promptly paid for services delivered upon submission of a claim. The NDIA will also provide a copy of the final RoC to the participant and provider once it is approved.

**Focus on cost escalations utilising a data-driven price level for disability care workers in shared housing.** The NDIA is currently undertaking a review of the cost model for disability care workers in shared living arrangements (more information [here](https://www.ndis.gov.au/community/have-your-say/sil-cost-model-review)[[6]](#footnote-7)). This will create a distinct set of price limits for disability workers who support participants in individual versus shared living arrangements, as well as clarity on when ‘standard’ versus ‘higher’ price limits are appropriate.

**Developing a long-term roadmap**

Concurrently, the NDIA is developing a home and living policy that intends to communicate our long-term intention to reform these vital supports. Recognising passion from participants and the sector on this topic, the NDIA will consult in early 2021 on the proposed framework and policy, recognising transitioning to the future end-state needs to be carefully thought-through and will occur over multiple years.

This work includes addressing conflicts of interest for participants, including between Support Coordinators and SIL providers, (based on feedback from the sector on the [discussion paper[[7]](#footnote-8)](https://www.ndis.gov.au/community/have-your-say)). A number of reports including the Tune Review, formal IAC advice to the NDIA, and a report of the Joint Standing Committee on SIL have pointed to this issue. In addition, the NDIA seeks to promote alternatives to the legacy group home model, such as Individualised Living Options (ILOs), and other contemporary forms of disability accommodation.

**Your feedback and input**

The NDIA is consulting with a variety of representatives on the proposed changes to get input on the context and history of SIL, and feedback on proposed short-term changes.

We appreciate written feedback to the questions in this paper by **10am Monday 19 October 2020**, noting submissions through other forums (i.e., the SIL pricing review, or the Support Coordination discussion paper) need not be duplicated. We will also hold virtual forums and webinars. We appreciate your time on this vital topic.

For more information, please email [SIL.consultation@ndis.gov.au](mailto:SIL.consultation@ndis.gov.au), or [head to our website](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/supported-independent-living).

## Context of Supported Independent Living (SIL)

The NDIS provides support to nearly 400,000 Australians to enable them to live more independent lives. Participants can receive funded support for daily activities through two service models[[8]](#footnote-9), as outlined below.

**Supported Independent Living (SIL)** is funding for help with and/or supervision of daily tasks predominantly in a shared living environment, with a focus on developing the skills of each individual to live as independently as possible. These are the supports provided to each participant, often living in a shared arrangement based on their needs. SIL plans are developed based on the average weekly support requirements (in addition to public holidays and irregular supports), which are based on a provider’s submission of a participant’s roster of care.

SIL was created to help transition from block-funding arrangements in state and territory legacy disability systems to the individualised funding provided by the NDIS. The SIL model continues to be used due to the absence of alternative approaches.

**Assistance with Daily Life (ADL)** are supports relating to assistance with and/or supervision of personal tasks of daily life to enable participants to live as independently as possible. The supports are provided individually to participants and in a range of environments including, but not limited to, a participant’s own home. ADL support is funded in hourly units.

ADL and SIL both fund personal attendant care, with SIL intended for participants who require 24/7 care, often in shared living arrangements. ADL is often used to support participants to undertake specific daily activities.

ADL and SIL do not cover daily living costs or physical accommodation arrangements, like groceries or rent. Participants who have higher levels of daily support needs and require specialised housing may receive Specialised Disability Accommodation (SDA) funding.

SDA is not SIL. SDA supports refers to accommodation for participants who require specialist housing solutions to assist with the delivery of supports that cater for their extreme functional impairment and/or very high support needs. Funding is only provided to a small proportion of NDIS who meet specific eligibility criteria[[9]](#footnote-10).

While SIL is different from SDA, participants often receive both types of support:

* 58% of participants who receive SIL funding also receive SDA funding.
* 93% of participants who receive SDA funding also receive SIL funding.[[10]](#footnote-11)

The NDIS commits over $8.3 billion in funded supports to participants who receive SIL. This represents 30% of total NDIS funding. This funding enables more than 24,000 participants (or 6% of participants) to receive person-to-person support to help them live as independently as possible[[11]](#footnote-12).

Other contemporary home and living models exist for participants, such as the use of assistive technology and home modifications, or Individualised Living Options. The NDIA is keen to support participants explore alternative options like these, and will explore the array of home and living options with participants and the sector in subsequent work.

## Issues that have emerged with SIL

SIL helps many participants meet their goals of living a more independent life. However, supporting participant choice and control over SIL supports remains difficult. The NDIA is concerned about reinforcing legacy disability support practices that isolate people with disability from their families and communities.

### SIL funding is not always allocated fairly or equitably

Subjective criteria are currently used to determine the reasonable and necessary level of SIL support. This includes the review of a participant’s circumstances and goals. Until July 2020, there had been no Operational Guideline regarding SIL. The NDIS Act and Rules do not refer to SIL. As a result, SIL processes have been inefficient, NDIA decision making has at times been inconsistent and the NDIA has not provided sufficient clarity to providers about what is expected from them.

This leads to variability in supports even if two participants have similar disability types and complexities. For example, the NDIA compared plan budgets for two SIL participants with similar circumstances, informal supports, and a comorbidity of Autism and Intellectual Disability.[[12]](#footnote-13) One participant’s budget was 40% higher than the other – without clear evidence that would explain such a difference.[[13]](#footnote-14)

### Participants do not have adequate choice and control

**A process that focuses on the NDIA-provider interaction**

The previous SIL quoting process focused heavily on a negotiation between providers and the NDIA that did not often include participants. Provider submissions indicate that participants are involved in the creation of their roster of care, however, when checking with participants to ensure they are receiving the supports providers are claiming, participants often remark “they didn’t know what they were supposed to be receiving in the first place”.[[14]](#footnote-15) Through this process, participants did not have the opportunity to make decisions about their SIL supports and living arrangements removed or reduced.

**Participants are not sufficiently involved in the development or implementation of their plan**

There appears to be inconsistent levels of engagement between participants and providers when developing a roster of care.[[15]](#footnote-16) Fifty per cent of all Freedom of Information requests to the NDIA relating to SIL are a participant request to see their roster of care.[[16]](#footnote-17) Responses to the participant satisfaction survey indicate that less than 20% of participants in SIL feel like they choose who supports them.[[17]](#footnote-18)

Participants in SIL have significantly less choice over their day to day activities compared to their non-SIL counterparts. For participants over the age of 25, only 28% of participants in SIL stated they "choose what they do each day" (versus 72% outside of SIL, or 41% in Individualised Living Options). In addition, 22% of participants in SIL stated that they do not have any choice in what they do each day (compared to 6% of non-SIL participants).[[18]](#footnote-19)

The reliance on a roster of care to determine a participant’s reasonable and necessary funding for SIL limits a participant’s flexibility as to how funding is used.

**Conflicts of interest**

Roughly 39% of SIL participants receive SIL and support coordination services from the same provider (marked in orange, Exhibit 1)[[19]](#footnote-20). The NDIA has found high variability among providers in terms of the degree of independence between the two functions, and it is unclear whether participants have true choice and control when their SIL provider is also their Support Coordinator.

**Exhibit 1: Other supports provided to SIL participants by the same provider**[[20]](#footnote-21)

|  |  |  |  |
| --- | --- | --- | --- |
| **SIL participants** (%) | **SIL provider also provides a participant’s:** | | |
| **Support Coordination** | **SDA** | **Therapy** |
| **49%** | 🗴 | 🗴 | 🗴 |
| **22%** | ✓ | 🗴 | 🗴 |
| **7%** | ✓ | 🗴 | ✓ |
| **8%** | **✓** | **✓** | **🗴** |
| **6%** | 🗴 | 🗴 | ✓ |
| **7%** | 🗴 | ✓ | 🗴 |
| **2%** | ✓ | ✓ | ✓ |
| **0%** | 🗴 | ✓ | ✓ |

SIL is a significant component of overall payments for providers who supply SIL services. Large providers (with more than 100 SIL participants), appear to receive more than two thirds of their NDIS funding for SIL service provision[[21]](#footnote-22). These providers also appear to provide multiple services to SIL participants; with half of all SIL participants also receiving at least one other funded support from the same provider (support coordination, SDA, or therapy), potentially creating conflicts of interest where the Support Coordinator is linked to the provision of other supports.

### The SIL process is administratively complex

**Errors in the submitted roster of care**

The historical SIL quoting process and negotiation between the NDIA and provider to determine a per-week funding amount was complex. As a result, 40% of submissions to the NDIA contained errors (e.g., incorrect number of public holidays, incomplete roster of care, incorrect management of crossover shifts, or a lack of evidence to justify changes from previous support levels). Despite starting the process 12 weeks before the end of the plan, these errors often remained outstanding even after plan expiry, and took up to six months to rectify.

**Provider payment delays**

Under the quoting process, providers who could not come to an agreement with the NDIA on what the reasonable and necessary SIL budget was, continued to provide services to the participant out of a need to deliver on their duty of care. As a result, there was no mechanism for providers to receive payment for supports provided, creating significant outstanding payment backlogs. These have since been resolved.

### The rapid escalation in SIL costs is not in the long-term interest of participants or NDIS sustainability

The average plan budget for SIL participants is now $340,000. The three year trend from March 2017 (when the average SIL plan budget was $200,000), leading up to 30 June 2020 has seen an average monthly inflation of 1.3%.[[22]](#footnote-23) It is important to note that plan budgets vary significantly, with 40% of plans sampled being more than 10% above or below benchmark plan budget[[23]](#footnote-24); this indicates that inflation of SIL plan budget is being driven by a specific subset of plans.

Exhibit 2 shows the historical average plan budget for SIL participants, and forecasts what future plan values will be if growth continued at the same rate. By July 2021, the Scheme Actuary estimates there will be approximately 27,900 participants who receive SIL funding. If plan budget growth continues at current rates[[24]](#footnote-25) average plan budgets could reach $420,000 by end of June 2021. Based on the observed monthly inflation, annualised budget growth of SIL plans translates to 17% growth. This is significantly higher than benchmark measures such as wage inflation, GDP growth, tax receipts growth, etc., indicating the inflation in SIL is driven by other factors and is at a level that will create issues for the sustainability of the NDIS if continued. The NDIA’s focus on sustainability is to ensure the Scheme will exist in the future, and that access to it is fair and reliable.

**Exhibit 2: Average Plan Budget for SIL Participants (A$)**

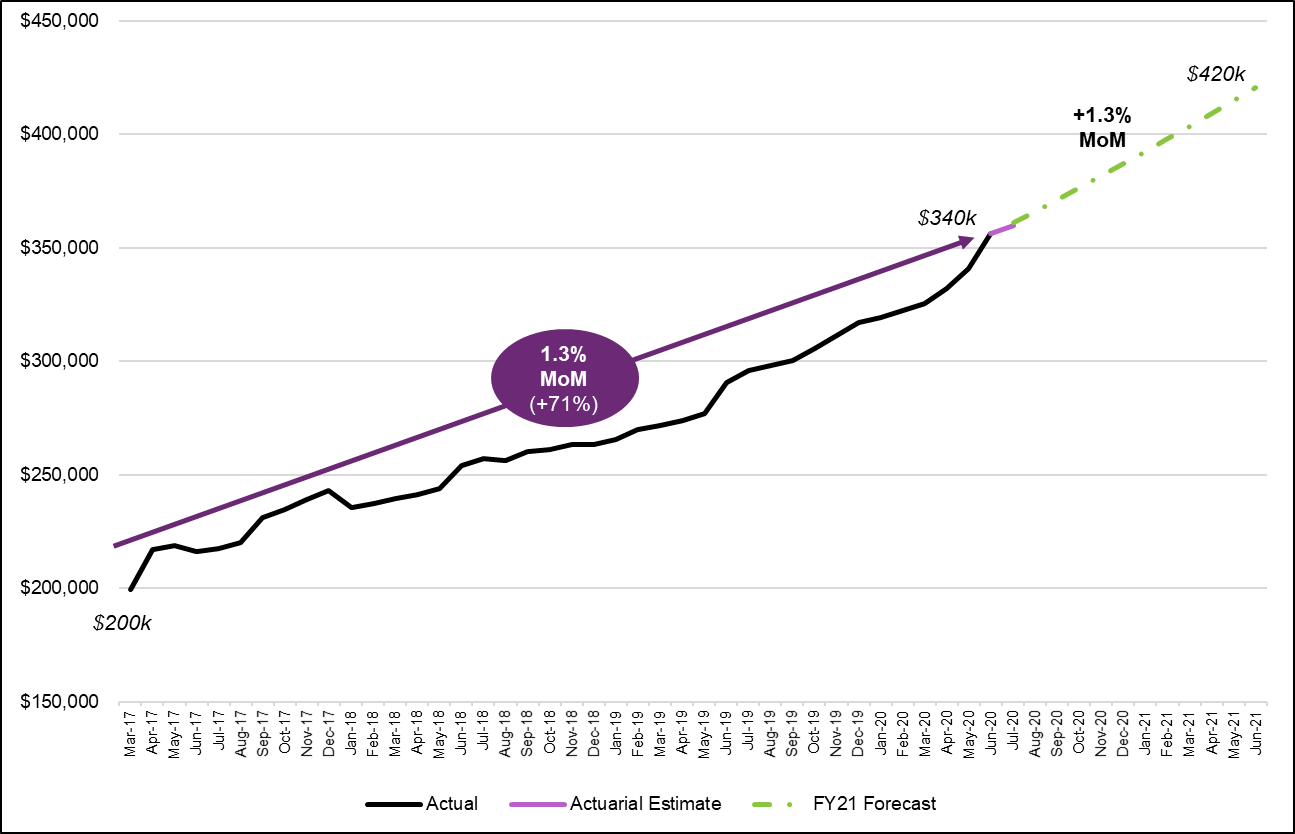
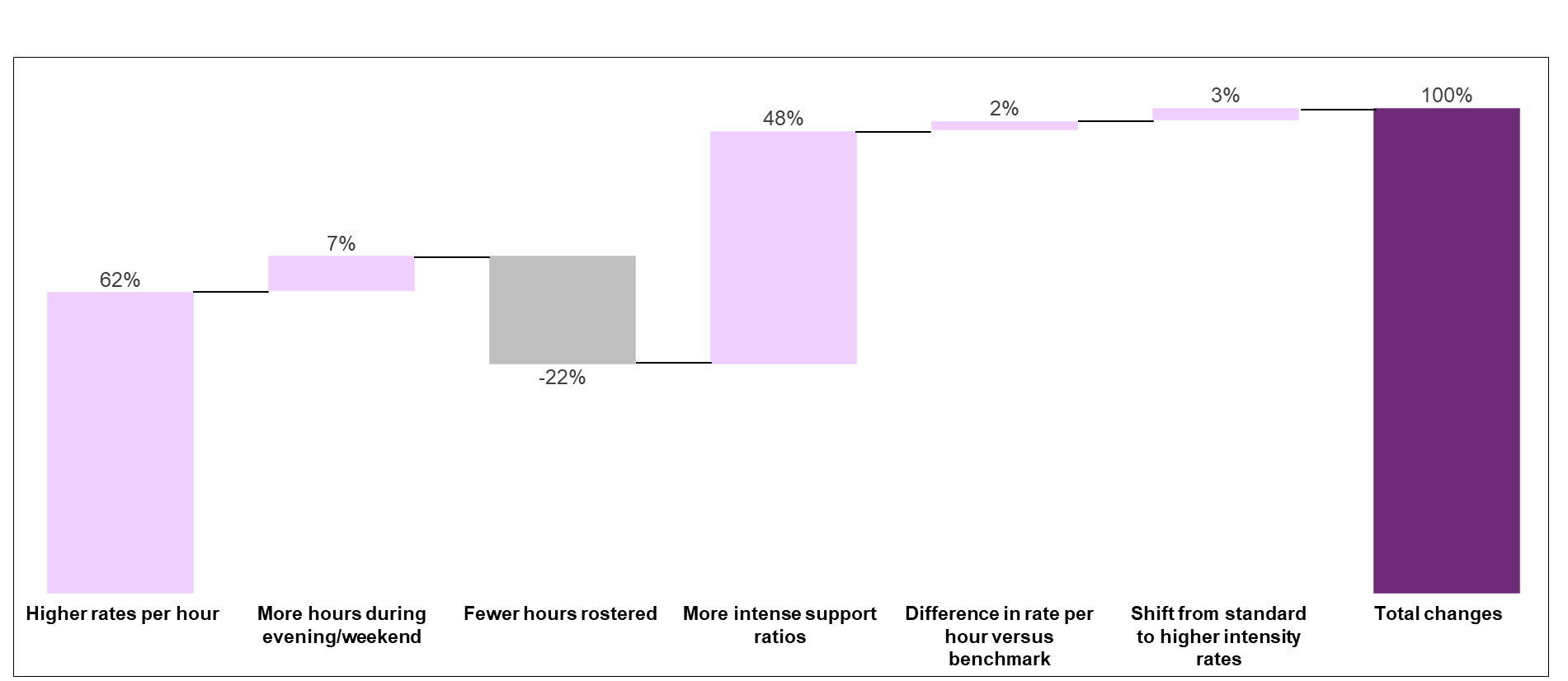


Exhibit 3 shows the value drivers of changes in a participant’s roster of care between FY18 and FY20. The purpose of this analysis was to determine what factors (e.g., the rate per hour, the hours of supports, the support ratio for those hours, etc) are driving plan budget inflation. The sample identified the largest drivers as growth in rates per hour, and rosters having more intensive support ratios (i.e., from shared to dedicated support). This increase in support ratios was most pronounced in participants who were classified as having ‘higher’ needs. In particular, the share of hours that were for dedicated supports (i.e., 1 or more support worker per participant) increased from 20% of all support hours in FY18, to 30% of all support hours in FY20.

**Exhibit 3: Value drivers of changes in rosters of care (%, FY2018-2020)[[25]](#footnote-26)**

## Initial steps taken to address these issues

The Joint Standing Committee on the NDIS[[26]](#footnote-27) and the NDIS Independent Advisory Council [[27]](#footnote-28) have identified many of the issues outlined in this paper. Throughout 2020, the NDIA has started to implement improvements to address these issues.

**Improved fairness and equity**

* Published a clear and easy to understand [SIL Operational Guideline](https://www.ndis.gov.au/about-us/operational-guidelines/supported-independent-living-operational-guideline).
* Defined and published price limits in the [NDIS Price Guide 2020-21](https://www.ndis.gov.au/providers/price-guides-and-pricing).

**Strengthened participant choice and control**

* Published a SIL Participant Information Pack that helps participants understand what SIL is, how they can use it, and how to work with providers.
* Launched an easier-to-use roster of care tool that simplifies how providers can share the participant’s proposed roster of care with them.

**Simplified processes**

* Fixed ICT systems to support the auto-extension of plans if rosters of care are not finalised, and extension to bill for supports provided in previous plans.
* Published a revised [Provider SIL Pack](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/supported-independent-living#provider-sil-pack) that corrects tool errors.
* Continued ongoing provider training and feedback sessions to improve submission accuracy.
* Established claim and payment Application Programming Interfaces and a Digital Partnership Office as foundations for providers to transact with the NDIA in real-time.

**Managed cost escalation**

* Ended the quote and negotiate approach by utilising transparent price limits.
* Commenced a review of the disability worker cost model and price limits for disability care workers who support participants in shared living arrangements.

| [Submission questions](#_Appendix_4:_Summary) |
| --- |
| 1. **From a provider and sector perspective, what drives the 1.3% month-on-month cost increases to SIL participant plan budgets, with particular note to FY2019/20?** 2. **What could the NDIA do to help providers and the sector address plan budget inflation?** 3. **What are the most significant challenges that participants face when receiving person-to-person support in shared living arrangements?** 4. **What has been the impact of recent SIL changes to provider operations and participant experience?** |

## Proposed short-term changes

Recent improvements address many SIL operational issues. The next set of improvements continue to focus on strengthening participant control, ensuring fairness and equity, helping reduce administrative complexity, and managing cost escalation. Importantly, the NDIA believes that long-term Scheme sustainability and participant choice, control and outcomes can co-exist.

Progressing both aspects will require significant reform to existing operating models, starting with the focus of this paper on short-term operational considerations. While not all implications are yet fully defined; this paper is shared to seek feedback on the proposals’ suitability, operational considerations, and intended outcomes.

### Focus on participant control through stronger Agency interactions with SIL participant

**Connecting with participants through check-ins**

In August, the NDIA launched [participant check-ins](https://www.ndis.gov.au/participants/reviewing-your-plan-and-goals/preparing-your-plan-review#what-to-expect) as a way to connect with participants ahead of their plan review. All SIL participants should receive a check-in call (based on their preferred format for contact with the NDIA) before their plan review meeting. In this conversation the NDIA will not only discuss the overall plan, but also enquire regarding the participant’s experience in working with their provider, and supports received.

**Increasing participant awareness at plan review**

Many participants are not aware of their options regarding their home and living situation. Some may believe their current situation is an improvement on their previous one (i.e., an institution) and so may be hesitant to change. Shifts in participant home and living arrangements will take time; the next discussion at plan review will include more awareness of home and living options, recognising that these options may require more provider capacity and awareness to be able to serve.

**Connecting participants with tools and reference materials**

The NDIA will ensure participants and their nominees and families are aware of the SIL Participant Information Pack which provides advice and recommendations for participants to get the most out of their SIL supports, will encourage participants and their families to have a service agreement (that they understand) in place, and to confirm that they have seen, and had input to their roster of care. Given feedback from participants that they often are not aware of the supports their plan funds, the NDIA will send the approved roster of care directly to the participant and their provider.

| [Submission questions](#_Appendix_3:_Summary) |
| --- |
| 1. **What advice do you have for the NDIA working more closely with participants regarding their SIL supports?** 2. **What are some effective ways for providers and participants to jointly work through and agree on an appropriate roster of care?** |

### Greater fairness and equity by focusing on participant roster of care details and changes

**Seeking more information to understand rationale of year-on-year changes**

As part of the plan review, changes in a participant’s roster of care (i.e., higher rate per hour, increase in support intensity, more hours of support) will require additional rationale to describe why this is reasonable and necessary. In particular, the NDIA will pay close attention to situations where a participant’s support intensity is increasing, (particularly if it is moving to a dedicated 1:1 or 2:1 ratio of support), if supports on public holidays or weekends are significantly different from other rostered days, and the use of active versus passive overnight supports.

**Reviewing high-value plans**

High-value plans (> $400,000, or ~20% above the current average plan budget value) will have a dedicated full review to ensure all supports work together to focus on capacity building where possible, and the opportunity for participants to experience the dignity of risk. The NDIA recognises that some situations require supports in this nature, but also wants to encourage providers to ensure a participant and their nominee are choosing this support.

**Confirming that supports are provided with participants**

As mentioned above, the NDIA meets with providers and participants to ensure that provider claims for funded supports are in fact being provided. The NDIA will continue this activity to ensure Scheme integrity. In addition, the NDIA will track whether participants are aware of the supports that they should be receiving.

| [Submission questions](#_Appendix_3:_Summary) |
| --- |
| 1. **What could the NDIA do to help assist providers in communicating the rationale behind a change in a participant’s circumstance?** 2. **How are providers currently informing participants and their families about the supports that they should be receiving? What has been more effective in your experience?** 3. **What might explain variability in support levels across providers for participants with similar circumstances?** |

### Reducing administrative complexity through a continued commitment to engage fairly and quickly with providers.

The NDIA will continue engaging with providers to help clarify requirements, and provide rapid feedback to provider questions. The NDIA endeavours to be transparent with decision-making rationale (the published Operating Guideline is identical to internal guidance regarding how the NDIA makes decisions on SIL). The NDIA has an internal service standard to complete 90% of SIL support assessments within 10 days of being provided with a new or amended roster of care.

| [Submission questions](#_Appendix_3:_Summary) |
| --- |
| 1. **What support from the NDIA would be most helpful to providers to reduce administrative challenges?** 2. **What are a provider’s pain points in working with NDIA on SIL rosters of care, and what else could the NDIA do to simplify processes?** |

### Focus on cost escalations utilising a data-driven price level for disability care workers in shared housing.

**Revising assumptions for disability care workers in shared living arrangements**

The 2020/21 Price Guide makes SIL price limits transparent, noting these were built on the Assistance with Daily Life (ADL) rates. To set ADL rates, the NDIA utilised cost assumptions for disability care workers in individual arrangements. As a result, the NDIA is currently undertaking a review to test assumptions for care workers in shared living arrangements.

The cost worker model for shared arrangements considers a similar scope (wages, on-costs, overtime, leave & training, workforce mix, utilisation, supervision, and overheads), but also incorporates situations unique to shared living arrangements (vacancies, participant complexity, establishment costs, location differences, etc.).

Results from this [review](https://www.ndis.gov.au/community/have-your-say/sil-cost-model-review) will be published in the first half of FY21, and will be captured and updated in the NDIS Price Guide.

**Confirming appropriate rates for a participant’s circumstance**

The [2020/21 Price Guide](https://www.ndis.gov.au/providers/price-guides-and-pricing#ndis-price-guide-2020-21) not only makes SIL price limits transparent, but specifies the arrangements under which high intensity support price limits apply, specifically when participants require a higher-skilled worker to provide supports with challenging behaviours (at least one instance per shift), and/or active monitoring due to high medical support needs[[28]](#footnote-29).

In sum, proposed short-term changes focus on improving existing SIL operations. The NDIA is fully committed to more substantive reform of a participant’s home and living arrangements.

## Developing a long-term roadmap

### Guiding Principles for future work on SIL

Six guiding principles inform the proposed short-term and long-term approaches:

1. **Provide participants with real support for decision making:** participants should be able to choose[[29]](#footnote-30) how they use their reasonable and necessary funded supports. Participants should be able to utilise multiple tools, frameworks and increased guidance and support to help them build their capacity to make decisions. The NDIA aspires to help participants become more aware about the home and living options available to them.
2. **Reiterate support for participants to build their capacity:** an unwavering focus and commitment to help participants reach their goals, experience the dignity of risk, and see more participant participation in social and economic activities, where possible.
3. **Build a transparent, simpler, and structured process that creates an equitable support model:** independent assessments will remove subjectivity in determining what is reasonable and necessary, and will see funding consistently distributed based on participant need whilst ensuring equity and NDIS sustainability.
4. **Encourage market innovation:** flexibility in support arrangements should encourage participants to explore and consider new support arrangements rather than remain in legacy models of support[[30]](#footnote-31).
5. **Ensure continuity of support:** transition to any new model must ensure participants maintain access to reasonable and necessary supports of their choice.
6. **Improve participant safety and oversight:** the new model should strengthen the assurance and integrity of the NDIS within the jurisdiction of the NDIA and the NDIS Quality and Safeguards Commission.

| [Submission questions](#_Appendix_3:_Summary) |
| --- |
| 1. **Do these guiding principles appropriately shape SIL reform?** |

### Addressing Conflict of Interest

In August 2020, the NDIA released a consultation paper regarding the future service model of Support Coordination. As highlighted in the discussion paper, the NDIA recognises the potential for conflict of interests (real or perceived) between a Support Coordinator (as a role with significant influence of the way a participant implements their plan) and the provision of NDIS funded supports including SIL, SDA and therapies. In 2019, the IAC gave formal advice to the NDIA that these conflicts should be avoided by requiring clear independence between the roles.

### Home and Living policy

The NDIA is developing an overarching framework for a participant’s home and living solution. The scope of this policy incorporates much more than where a participant lives and the reasonable & necessary supports they require to live a more independent life. It also incorporates:

* **Changes to planning processes** to be more participant-centric (i.e. focusing on more than just the next plan, but the pathway to achieve more independence in daily living), by shifting the focus from the available support options to discussions based on participant need of where, how and with whom they live)
* **Increasing support for decision-making** and the role of the NDIA in helping participants understand their options, and make choices, noting that changes to living situations take time.
* **Improving access to Individualised Living Options (ILOs)** by more clearly developing how participants can design their future home and living supports, providing tools to providers and participants in how to establish this living model, and providing price guide funding exploration and design for a participant’s ILO.
* **Giving participants choice of multiple living options**, not defaulting to one model being better than the other, but representing shared and individual living arrangements fairly, and supporting participants to make informed decisions regarding the full complement of options they have.
* **Describing a focus on the potential of what could be**, not just the historical context of how a participant’s home and living solution has been included in their previous plan/s, but how different support options can assist them now, and also in the future

This policy operates in the future context of the Scheme, where independent assessments inform fair and equitable access decisions and plan values, and participant access funded supports through flexible budgets.

The NDIA seeks to consult with participants and the sector on this proposed policy later in 2021, recognising that the policy builds on the existing feedback from the sector and Independent Advisory Council. It will require earnest input to help shape the future of the Scheme for a participant’s home and living supports.

| [Submission questions](#_Appendix_3:_Summary) |
| --- |
| 1. **What items should a Home and Living Policy address?** 2. **Are there any other comments or suggestions? What have we missed?** |

The NDIA recognises the importance of getting the future of personal care support in shared living arrangements right. We are keen to hear your feedback, and endeavour to work with participants, providers, and the sector to shape an appropriate path forward.

We thank you in advance for your time.

## **Appendices**

### **Appendix** 1: Definitions

1Source: NDIS Price Guide, 2020-21, Version 1.0.5 (Publication date 13/07/2020), <https://www.ndis.gov.au/providers/price-guides-and-pricing#ndis-price-guide-2020-21-effective-1-july-2020>

2Source: NDIS Glossary, <https://www.ndis.gov.au/about-us/glossary>

| **Definitions** | |
| --- | --- |
| **Accommodation model** | The specific type of “bricks and mortar” that a person lives in. There is a large variety of options available; examples include a privately owned/rented property, a shared “group home”, and Specialist Disability Accommodation unit |
| **ADL (Assistance with Daily Life) 1** | This support category relates to assisting with or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These supports are provided individually to participants and can be provided in a range of environments. |
| **AT (Assistive Technology) 1** | This support category includes all aids or equipment supports that assist participants to live independently or assist a carer to support the participant. It also includes related delivery, set-up and some training support items. Usually, providing independent advice, guidance, trials, set-up and training (not bundled with the sale of an item) is funded through a capacity building support. |
| **Attendant Care** | Services are provided to assist a person to manage their essential and regular personal care needs. These supports are generally provided to assist people with activities such as grooming, bathing, feeding, dressing, toileting and other personal or hygiene needs. |
| **Guardian2** | A person in a formal caring role, acting for a person with a disability. Parents are usually guardians. |
| **HM (Home Modifications) 1** | Home modifications include design, construction, installation of, or changes to, equipment or non-structural components of the building, and installation of fixtures or fittings, to enable participants to live as independently as possible or to live safely at home. |
| **Home and Living supports** | The ecosystem of supports that the NDIS will fund to help participants live more independently in their home. It includes SDA, SIL, Home Modifications, Assistive Technology, ILOs, MTA and STA. |
| **ILO (Individualised Living Options) 1** | Individualised Living Options (ILO) is an NDIS Home and Living support that lets participants choose the home they live in and set up supports in the way that best suits them. ILOs enable participants to work out how they what to live, where they live and who they live with. Participants can share their home with friends, housemates, live in the home of a host family or on their own with a variety of individualised supports.  ILOs are funded in two parts; the first part is all about exploring and designing the supports at home, and the second part is funding to put those supports in place. ILO funds cannot be used for a participant’s rent or mortgage payments. |
| **NDIS transition** | Refers to the transfer of business of disability supports from state/territory to the federal government under the NDIS. Transition occurred gradually following NDIS trials commencing in 2013 |
| **Nominee2** | A person who is appointed to act and make decisions for a participant who does not have a parent or guardian |
| **Participant2** | A person who meets the NDIS access requirements. |
| **Provider2** | Someone who has products or services to help participants achieve the goals in their plan. Participants can choose their providers and change providers at any time, this is also known as choice and control. |
| **Ratio of support** | The split between number of paid support workers to NDIS participants (for example, when one support workers supports three participants at the same time, the ratio is 1:3) |
| **SDA (Specialist Disability Accommodation) 1** | Specialist Disability Accommodation (SDA) refers to accommodation for participants who require specialist housing solutions to assist with the delivery of supports that cater for their extreme functional impairment and/or very high support needs.  SDA does not refer to the support services, but the homes in which these are delivered. SDA may include specialist designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living. More information on SDA funding can be found on the [NDIS SDA website](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation/sda-pricing-and-payments#sda-price-guide), [SDA rules](https://www.legislation.gov.au/Details/F2020L00769) and [SDA Price Guide](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation/sda-pricing-and-payments#sda-price-guide). |
| **Shared accommodation** | When physical accommodation is lived in by multiple participants, or is shared with non-participants |
| **Shared living arrangement** | When participants live in a shared accommodation arrangement and share SIL supports |
| **Shared supports** | When multiple participants share SIL supports (for example, three participants living in a shared accommodation are supported by one paid support worker) |
| **SIL (Supported Independent Living) 1** | Supported Independent Living (SIL) is one type of help or supervision with daily tasks to help participants live as independently as possible, while building their skills. SIL is the paid personal supports. It includes things like having a person to help with personal care tasks, or cooking meals. SIL can help build these skills too, so participants can be more independent. SIL happens in the home. It can be provided if participants live in a home with other people. While SIL can also be funded if a participant lives on their own, there might be other Personal Care Supports that are better suited. SIL funding doesn’t include things like rent or other day-to-day expenses like groceries. |
| **Support Coordination1** | The supports in this support category strengthen a participant’s ability to design and then build their supports with an emphasis on linking to broader systems of support. There are three levels:   1. **Support Connection**: assists a participant to implement their plan by strengthening their ability to connect with the broader systems of supports, connect with providers and to understand the purpose of the funded supports. 2. **Coordination of Supports**: works with participants to understand their funding, identify what they expect from services and how they want this designed; it also includes coaching participants, and working with them to develop capacity and resilience in their network (informal and formal (mainstream and NDIS) supports) 3. **Specialist Support Coordination**: utilises an expert/specialist (delivered by an appropriately qualified practitioner like an allied health professional or social worker) to address complex barriers that impact a participant’s ability to implement their plan, that arise due to the participant’s high complexly needs or levels of risk. This tole helps to access appropriate supports and connect participants to broader system of supports (not just those that are funded by the NDIS) |
| **Support for decision making** | Refers to the tools, frameworks and other mechanisms that help a participant directly to make a decision |
| **Supported decision making** | Refers to additional people (such as nominees and guardians) who help a participant make a decision |

### Appendix 2: Summary of submission questions

Throughout this consultation paper, a series of targeted questions are posed. Submissions should address these proposed questions, and be submitted to the [sil.consultation@ndis.gov.au](mailto:sil.consultation@ndis.gov.au) inbox. **The consultation period will close 10am AEST Monday 19 October 2020.**

### [Initial steps taken to address these issues](#_Initial_steps_taken)

1. From a provider and sector perspective, what drives the 1.3% month-on-month cost increases to SIL participant plan budgets, with particular note to FY2019/20?
2. What could the NDIA do to help providers and the sector address plan budget inflation?
3. What are the most significant challenges that participants face when receiving person-to-person support in shared living arrangements?
4. What has been the impact of recent SIL changes to provider operations and participant experience?

### [Proposed short term changes](#_Proposed_short-term_changes)

1. What advice do you have for the NDIA working more closely with participants regarding their SIL supports?
2. What are some effective ways for providers and participants to jointly work through and agree on an appropriate roster of care?
3. What could the NDIA do to help assist providers in communicating the rationale behind a change in a participant’s circumstance?
4. How are providers currently informing participants and their families about the supports that they should be receiving? What has been more effective in your experience?
5. What might explain variability in support levels across providers for participants with similar circumstances?
6. What support from the NDIA would be most helpful to providers to reduce administrative challenges?
7. What are a provider’s pain points in working with NDIA on SIL rosters of care, and what else could the NDIA do to simplify processes?

### [Developing a long-term roadmap](#_Developing_a_long-term)

1. Do these guiding principles appropriately shape SIL reform?
2. What items should a Home and Living Policy address?
3. Are there any other comments or suggestions? What have we missed?

1. Data rounded. NDIA, Office of the Scheme Actuary analysis, data current as at 30 June 2020 [↑](#footnote-ref-2)
2. NDIA, Office of the Scheme Actuary analysis, data current as at 30 June 2020 [↑](#footnote-ref-3)
3. Where payments have been made over the past 12 months. NDIA, Office of the Scheme Actuary analysis, data current as at 30 June 2020 [↑](#footnote-ref-4)
4. Participant Experience Delivery, SIL Quote Assessment Team database (Q4 FY20). [↑](#footnote-ref-5)
5. Data rounded. NDIA, Office of the Scheme Actuary analysis, data current as at 30 June 2020 [↑](#footnote-ref-6)
6. <https://www.ndis.gov.au/community/have-your-say/sil-cost-model-review> [↑](#footnote-ref-7)
7. The NDIS released a Discussion Paper on Support Coordination in August 2020, with submissions due by 13 September 2020. https://www.ndis.gov.au/community/have-your-say [↑](#footnote-ref-8)
8. 2020/21 NDIS Price Guide (<https://www.ndis.gov.au/providers/price-guides-and-pricing>) [↑](#footnote-ref-9)
9. SDA Overview, NDIS (<https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation>) [↑](#footnote-ref-10)
10. NDIA, Office of the Scheme Actuary, data current as at 30 June 2020 [↑](#footnote-ref-11)
11. 2019/20 Q4 COAG Report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>) [↑](#footnote-ref-12)
12. Participant plans analysed in H2 2019; participants were based in the same location, within 5 years of age of one another, and similar funding amounts for behaviour supports and capacity building per annum. [↑](#footnote-ref-13)
13. NDIA Strategy Branch analysis of participant plan information. [↑](#footnote-ref-14)
14. NDIA Scheme Integrity, Provider Payment Assurance testing, April 2020 [↑](#footnote-ref-15)
15. NDIA, Scheme Integrity Branch. When meeting 140+ participants to confirm whether supports were intended to be delivered, the majority of participants were not aware of what supports they were supposed to receive. [↑](#footnote-ref-16)
16. NDIA, Agency Strategy Branch analysis of FY20 FOI requests. [↑](#footnote-ref-17)
17. NDIA, Office of the Scheme Actuary analysis based on Participant Satisfaction Survey [↑](#footnote-ref-18)
18. NDIA, Office of the Scheme Actuary analysis of Participant Satisfaction Survey data as at 30 June 2020 [↑](#footnote-ref-19)
19. Where payments have been made over the past 12 months until 30 June 2020. NDIA, Office of the Scheme Actuary analysis [↑](#footnote-ref-20)
20. Based on cash payment claims. NDIA, Office of the Scheme Actuary analysis, data current as at 30 June 2020 [↑](#footnote-ref-21)
21. Noting that for the largest SIL providers, 74% of their NDIS claims were related to SIL payments. NDIA, Office of the Scheme Actuary analysis. [↑](#footnote-ref-22)
22. 2019/20 Q4 COAG Report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>) [↑](#footnote-ref-23)
23. Based on a sample of 500 rosters of care comparing expected to actual plan value. [↑](#footnote-ref-24)
24. Current growth rates are an average of 1.3% month on month based on historical SIL plan budgets since March 2017 [↑](#footnote-ref-25)
25. NDIA, Agency Strategy Branch analysis of roster of care data FY2018 to FY2020 data, 405 participant plans. [↑](#footnote-ref-26)
26. Joint Standing Committee on Supported Independent Living, 13 May 2020, <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Independentliving/Report> [↑](#footnote-ref-27)
27. <https://www.ndis-iac.com.au/advice> [↑](#footnote-ref-28)
28. NDIS Price Guide 2020-21, Version 1.0.7, <https://www.ndis.gov.au/providers/price-guides-and-pricing#ndis-price-guide-2020-21>, page 29. [↑](#footnote-ref-29)
29. The UN Convention on the Rights of Persons with Disabilities, Article 19: “equal right of all persons with disabilities to live in the community, *with choices equal to others…”* [↑](#footnote-ref-30)
30. Disability Care and Support, Productivity Commission (2011). p232: “Inevitably, the NDIS will not be able to meet all of an individual’s housing preferences. But the provisions outlined above will allow individuals to decide which preferences they valued most highly and which preferences they were prepared to trade off. [↑](#footnote-ref-31)