Australian Association of Psychologists incorporated (AAPi)

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NDIS Consultation Questions: Planning Policy for Personalised Budgets and Plan Flexibility

The Australian Association of Psychologists incorporated (AAPi) thanks the National Disability Insurance Agency for the opportunity to provide information and recommendations on the NDIS Planning Policy for Personalised Budgets and Plan Flexibility.

AAPi represents psychologists traversing a wide range of areas of practice around the country, including working within the National Disability Insurance Scheme, who are on the front line of dealing with the increasingly fragile mental health of Australians.

Using these insights, we would urge the NDIA to strongly consider our recommendations to address a developing national mental health crisis.

Sincerely,

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About AAPi

The AAPi is the leading not-for-profit peak body representing all psychologists Australia-wide. Our members include psychologists from all areas of endorsement as well as those who have chosen not to pursue endorsement, from graduates through to university lecturers and leaders in their field.

A group of passionate psychologists formed our organisation in 2010 to:

* Represent a united voice for psychologists to government and funding bodies
* Promote the recognition, professionalism, skills, and expertise of psychologists
* Improve access and equity to psychological services in Australia by removing barriers to effective treatment
* Advocate for the removal of the two-tier funding system and reinstate one Medicare rebate for the clients of all psychologists
* Uphold the value of all psychological expertise and pathways to registration
* Serve the professional needs of all psychologists by providing members with quality professional development opportunities, expert support, and guidance

By advocating for equality for psychologists, the AAPi is also fighting for equitable access to mental health services for all Australians.

AAPi represents the interests and integrity of all psychologists regardless of endorsement status, with members in all States and Territories of Australia.

# Consultation questions

1. **How should a participant’s plan be set out so it’s easier to understand? How can we make it easy for participants to understand how their funding can be spent?**

The terminology used by the NDIS is confusing and does not adequately describe to people clearly what the funding can be used for. There are some exceptions such as transport funding but for the most part the terminology could be more user friendly. It would be helpful if participants could be supported by support coordinators for their first plan, even if it’s for a short period of time, while they are getting used to the framework and terminology (even for self-managed participants).

1. **How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?**

Participants go into planning meetings without much of an idea about what is possible with their funding. Some have spent a great deal of time without any services at all so are overwhelmed with what they need to improve their function.

It is recommended that goals be set that will easily be achieved in the set time period. Currently goals might be set that are either too broad in nature or will not be achieved reasonably in that time period which may cause negative reflection on the part of the participant when they perceive they have not made progress in that timeframe. Setting smaller, achievable goals will mean the participant will see their own progress over time.

1. **Which supports should always be in the fixed budget? What principles should apply in determining when supports should be included in the fixed budget?**

Therapy supports should always be included as individuals with all types of disabilities could benefit with input from one or several different types of allied health therapies. These therapies improve functioning and help prevent decline, therefore increasing or maintaining independence and therefore reducing NDIS expenditure over time.

1. **How can we assure participants that their plan budgets are at the right level? (e.g. panels of the Independent Advisory Council that meet every six-months to review learnings and suggest improvements)**

Our members report that many participants receive very small initial NDIS packages. They then need to request a review prior to their annual plan expiry and need significant changes at their next planning meeting. It has also been the experience that a significant number of participants lose significant funding at their review without adequate explanation of why this has occurred. This increases the distress of the participant, reducing their functioning significantly as they panic, not knowing if they can continue receiving the support that they need to function independently.

Of note lately is the tendency at planning to have psychological therapy funding reduced and participants instructed that they need to access the Better Access Scheme provided through Medicare. This is becoming very common and would appear to be a nationwide experience. There are several reasons why the recommendation to use a Mental Health Care Plan are inappropriate:

* Sessions under a Mental Health Care Plan are **not ‘free’**. The Medicare system provides a rebate to the patient. Unfortunately, the rebate of $87.45 (as of 1/7/20) does not cover the cost of service - consider for example the NDIS Schedule Rate of $214.41. This means that in most cases the person will have a $128.06 out of pocket expense per session. Medicare specifies that **“gaps between rebate and the fee charged by the practitioner are not to be paid by insurance.”**
* Mental Health Care Plans are for the treatment of specific psychological issues. Medicare specifically excludes diagnosis not related to one of the ICD 10 codes
* Treatment for ‘disability’ only without comorbid psychopathology is specifically precluded. The Department of Health has directed that mental health care plans are for treating mental health symptoms. In DIS therapy funding is to treat mental health symptoms that are part of the participants everyday life and result from the participants disability.
* Assessment is specifically not permitted under a mental health care plan.
* Session treatment under Medicare is limited to 10 rebates per calendar year - this is inadequate for standard treatment, particularly with complex issues including disability. The client would be required to pay the full session fee and that is likely to impact uptake of treatment.
* Although clients can now access up to 20 rebated sessions if affected by COVID-19 pandemic, sessions 1 to 20 cannot be provided in a home visiting capacity. Clients will have to use telehealth services or attend the clinic which removes choice and control over how they access services.
* There are additional restrictions on the type of therapies allowed through Medicare. Medicare restrictions on permitted therapies make the Medicare funding option inappropriate for some disabilities and the treatment goal of functional improvement.

While these trends continue, participants will not receive adequate funding. Internal reviews can take some time and administrative appeals tribunal appeals can take a long time to reach resolution. We suggest an independent review, particularly when participant funds are reduced at review. Participants need their funding to be at adequate levels for them to live a normal life, when it appears to be less than adequate, are if you should be triggered easily and an outcome should be reached within a timely manner.

1. **What new tools and resources should we provide to support people using their plan and new plan flexibilities?**

Participants need a simple glossary of terms for their NDIS plans so they can better understand the wording and funding categories.

1. **What do we need to consider for children aged 7 and above in the new planning process?**

Their attendance at the meeting should be optional and their parent/caregiver should be able to provide the info for their assessment. There needs to be increases in the funding allocated for children at intervals of life changes/stages, such as funding a higher amount for therapy support in the year prior to and during their transition to high school. More support during these times could prevent further deterioration in their functioning as they approach adulthood.

1. **What ideas do you have for how people can use their plan more innovatively?**

N/A

1. **How best to handle the timing of the release of funds into plans and rollover of un-used funds?**

Currently there can be large gaps in plan funding while new plans are being developed. This has led to providers not being paid for their services or participants being left with inadequate supports. Participants should continue to be able to access funding when their plan is being reviewed so that they do not experience reductions in functional capacity. We should not have the situation where providers are doing NDIS work for free in order to assist the participant while their funds have been frozen.

1. **How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?**

Yes, check-ins are necessary, particularly for those who are at high risk of abuse or neglect in the community. For participants whose services are provided by a single provider, check-ins should be conducted to ensure that the participant is safe and their needs are being met adequately.

1. **How often should we check-in with participants in different circumstances?**

Every participant should be checked on in person by someone from the NDIS agency at least annually.

1. **How can the NDIS ensure positive relationships between participants and planners?**

N/A

1. **How can we best support participants to transition to this new planning model?**

N/A