

February 2021

# Living My Way Consultation paper: Planning Policy for Personalised Budgets and Plan Flexibility.

- 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?
  - -Using everyday language, rather than category and line items.
  - have the ability to input actual services (service provider names/hours allocated) to a budget according to monthly or quarterly allocation.
  - -Use graphs to track funding such as an allocated daily amount line graph to compare how they are tracking through the month (or quarter)
  - -using accessible technology, or allowing participants to identify informal supports or Support Coordinator/Plan manager access to budget tracking services.
- 2. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?
  - -templates or script questions to develop participant statement and goals prior to the meeting
  - allow participants input into flexible and fixed budgets
  - -allow planning meetings to occur over a number of sessions, if the participant is unable to complete in one meeting.
- 3. Which supports should always be in the fixed budget? What principles should apply in determining when supports should be included in the fixed budget?
- NDIA mandatory reporting services such as Behaviour Supports
- Consider Support Coordination /Specialist Support coordination to be fixed in some situations where by supports are critical
- Consider fixed supports when participant does not have capacity to monitor spend or history of overspending supports.



- 4. 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)
- Assure participants of the qualifications, experience and standardised assessments being used.
- Provide participants with choice of who provides the Independent assessment. If the participant is able to choose the provider or the allied health background of the independent assessor there will be more confidence in the experience.
- Establish a Clinical Governance Framework to include the following;
- Independent Assessors to complete training and competencies in each standardised assessments as well as demonstrate the ability to gather information, ask further questions, and perform adequate report writing.
- Suggest training to be run independently from their organisation, and delivered to all organisations. Independent Assessors to achieve competencies prior to delivering assessments.
- Suggest Senior Assessors monitor junior assessors with clinical oversight and support.
  Senior assessors attend a % of assessments taking place to oversee and compare results ensuring consistency is gained for participants.
- Recommend Independent Assessors engaged are able to demonstrate a minimum of 3 years experience working in disability.
- Suggest a tender process to engage Independent Assessors for open and transport engagement of independent and objective assessments.
- 5. What new tools and resources should we provide to support people using their plan and new plan flexibilities?
- Development of the mobile app is a wonderful initiative for most participants. However it needs to be an accessible app, or demonstrate a willingness to fund accessible technology to support the app in accordance with disability needs.
- Consideration to participants who do not have access to technology, or unable to access or utilise the MyGov Proda portal
- Ability for informal supports or Support Coordinators/Plan managers to view contents with consent of the participant.
- 6. What do we need to consider for children aged 7 and above in the new planning process?



- Not all participants will have capacity to take part in Independent Assessments, what is the alternative.
- Not all participants will have capacity to budget and monitor spend, or be able to articulate their needs. What is the
- Not all participants have access to a computer or technology. While I understand this is a small percentage, it is still a reality.
- Not all participants with capacity have the interest to be more involved in their plan they are happy with supports but are working full time, have other commitments. How much time is expected of a participant in this new policy?
- Support Coordinators/Specialist Support Coordinators and Plan Managers will still be required.

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

- Less reliance on price guides and stated line items while still ensuring funds are spend on Reasonable and necessary supports.
- -Funding to be provided using outcome measures rather than hourly rates.

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

- Agree with proposal of the rollover of funds for up to 12 months of unspent funds.
- Suggest a percentage rolls over after 12 months to the next month to provide a "buffer" in the 13<sup>th</sup> month of supports.

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

- -This should be dependant on Participants preference; video conferencing, telephone and email/mobile app. Offering some as face to face may also assist with a personal centred approach.
- -Participants should have the ability to allow a nominee to provide check in supports or reduce to 6 months when supports /disability is stable.

### 10. How often should we check-in with participants in different circumstances?

- -This will be varied, if a participants supports and disability is stable, funds are being spent, is there a need to check in?
- If a participant has a Support Coordinator/Specialist Support Coordinator. Will they be able to check in on behalf of a participant?
- -Will an informal support be able to check in on behalf of a participant?



- What are the circumstances whereby a participant can delay a check in and who can arrange this for them. Consider if a participant is non verbal, not able to access technology or is in hospital in ICU and unable to speak as examples?

#### 11. How can the NDIS ensure positive relationships between participants and planners?

- This will take time. Currently, participants have had such varied experiences with planners, 1800 number and LACS. Consistency and planners willing to listen and collaborate with participants will assist to improve relationships
- Providing participants and Support coordinators and Plan managers with direct contact details – name of the planner, email address and phone number. In our experience when a planner is willing to provide this information the relationship and experience is far more positive.
- Collaboration with planners, other service providers and participants also will assist to form more positive relations. Living My Way provides Specialist Support coordination to 20 participants in SIL environment. We have a positive relationships with planners, participants, their informal supports and all their support providers.

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

- Have the resources and guidelines developed prior to roll out of the new policy
- Provide participants with information such as webinars to attend for further information
- Provide providers with this same information
- Allow participants to choose when they will transition. Allow those new to the scheme or those willing to be first. When the market hears of the positive experiences, those who are apprehensive will be more willing to transition with an open mind.

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## **Additional Questions or Comments.**

- Allowing participants to view the draft plan, and allow input for any changes will solve a number of current issues with plan reviews.
- How will planning flexibility be implemented for SIL and SDA?
- The current SIL and SDA process needs review; vacancies and approval wait times are meaning that participants are missing out on support needs and providers have vacancies without an income. SIL and SDA process needs to be streamlined to improve ability to move into or between providers without the significant wait times (on average 3-6 months are current wait times). Are independent assessors able to assess for participants ratio? Once ratio is established, SIL providers advertise vacancies in ratio with NDIS participant funding already approved.
- Where does Support Coordination and Specialist Support coordinator fit in this new policy? How will a Support Coordinator be able to enhance the experience for planners and participants? Will Support Coordinators have access to the portal (funding budgets) with participants consent.
- Where does plan management fit in this new policy? How will a plan manager have access to the released funds? Will a plan manager need to claim using categories/line items?

Thank you for the opportunity for feedback. Living My Way welcomes further opportunity for feedback and consultation.

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