

22 February 2021

National Disability Insurance Agency  
Participant in a NDIS Consultation @ ndia.gov.au

RE: This submission addresses both:



Access and eligibility for independent assessments



Planning policy for personalised budgets and plan flexibility

## TO WHOM IT MAY CONCERN

We thank NDIA for the opportunity to provide input into both of the above topics and believe there is significant scope for improvement over current arrangements. We advocate for NDIS to continue to improve so that better services will be provided to Participants without wasting taxpayer money.

### About the author

I am:

- A parent of a participant
- Pro bono CEO and a director of SILC
- A director of a CP Provider

I have been a member of:

- SDA Reference Group
- Robust Working Group

### About SILC

SILC is a SIL Provider currently supporting 20 Participants in 10 SIL family governed homes. Our Participants predominantly have intellectual disabilities and high support needs.

### Financial Context

The success of NDIS depends on striking the right balance between Choice & Control and Reasonable & Necessary.

The introduction of Individual Assessments is a sensible reaction to the rapid growth in average payments per participant. SIL is by far the largest component of NDIS expenditure. Until 2019-20Q4, average SIL payments per participant was growing at 20% pa. Other categories have also been growing quickly. It is reasonable to assume that spending has been growing considerably faster than need and so actions should be taken to correct this imbalance.

SIL spending has been curbed somewhat during 2020-21 by introducing changes that avoid overpayments:

- Irregular hours such as when a participant requires additional support when sick are now being only paid when used
- Public holiday rates of pay are now being paid without doubling up on ordinary pay for the same days

A number of participants previously treated as Higher Intensity support needs have been reduced to Standard support needs.

Participants and Providers tend to want more rather than less even when it is not reasonable and necessary. An increasing number of participants have submitted assessments justifying higher staff:participant ratios in their Roster of Care. This includes cases where participants choose to live alone which means 1:1 support as a minimum.

It is difficult to say but it is my belief that at least some Providers, provide less support than they are being funded for under the Roster of Care and the Roster of Care may involve higher staff ratios than needed.

If done properly, using independent assessments to determine budgets will eliminate these problems.

So, we support the introduction of independent assessments provided it can be demonstrated that they are not merely a cost cutting exercise. If costs are cut below levels that make it worthwhile for Providers to deliver services, there will be no Scheme (or gaps where Participants will be left with unsatisfactory supports).

In order for independent assessments to be satisfactory:

- The tool given to the assessors needs to cover the underlying needs of Participants
- Assessors need to be equipped to draw correct conclusions
- There will need to be a large enough number of suitable assessors when independent assessments commence

#### How realistic is it to have truly independent assessments?

Assessments depend on data - in many cases, data going back several years. Not all of that data will be independent. For example, much of it will have been collected by interviewing Participants, their Participant Representatives and their Allied Health Care workers. It would not be sensible to disregard such valuable data but where practical there should be reasonability checks.

By nature, Participants who will be eligible for SIL are in the top 10% of NDIS Participants in terms of degree of difficulty of assessing their support needs. Those with intellectual disabilities are frequently unable to respond themselves to questions and if they can, they may not fully understand how to respond accurately to questions that they may not fully understand. In many cases, their Participant Representative will need to respond on their behalf.

**We recommend that assessors for SIL (and SDA) Participants be a specialised group with greater training and understanding of the true needs of this cohort.**

#### Will the Scheme be ready to introduce independent assessments for all Participants during 2021?

There will be close to 500,000 Participants in the NDIS. Of these, less than 50,000 will be eligible for SIL and/or SDA. We question whether or not there will be sufficient suitably qualified assessors to assess the Participants with existing SIL and/or SDA as well as those seeking SIL and/or SDA for the first time.

**We recommend that unless it can be demonstrated that there will be a large enough pool of suitable assessors to assess the SIL/SDA cohort, the introduction of independent assessments for this group be delayed until there is.**

Many Participants and Providers will consider the change to independent assessment to be no more than a cost cutting exercise. It will be tragic if imperfect independent assessments leave Participants without the supports that they need. So, it's important to get independent assessments right.

Some people will argue that Participants should not be worse off with independent assessments than under prior arrangements. If so, Plan amounts won't decrease but they may increase. Doing this would help ensure that it is worthwhile for Providers to continue to provide supports but it will do little to curb unnecessary overpayments.

It may be instructive to pilot individual assessments on a sample group of SIL/SDA Participants during 2021 to learn how best to do so before it is fully rolled out and impacts funding levels for this very vulnerable group.

**We recommend that KPIs of assessors be made public.**

This will provide confidence that their assessments will be of a high quality and not merely a veiled way of cutting costs. Eliminating unnecessary costs is a good thing but it will need to be apparent that cost savings will not involve delivery of less than appropriate supports.

Participants will have the right to appeal if they disagree with their independent assessments, but this is likely to take considerable time and many participants and providers will be cynical of the underlying motivations especially if the review process involves the same group of people applying the same methodology as the initial assessments.

Rather than only issuing participants with the "Easy-Read" summary report, participants should also be issued the full report.

One material benefit of using individual assessments is that they will eliminate the need for annual Plan Reviews. Once a participant has been in the Scheme for more than a couple of years, it is likely that their Plan will be similar from one year to the next unless there is a significant "Life-Style Transition". This will avoid a lot of unnecessary time and effort.

#### Indexation

However, it is important that Participant budgets are indexed to reflect increases in underlying costs.

#### Mindset Changes

Participants and Providers should change their thinking from "how do I get more money?" to "How can the money spent be better applied?".

To avoid Providers from claiming they were not aware if NDIS funding has not been used appropriately, CEO's of Providers should be required to make a quarterly attestation that they accept responsibility if their organisation has claimed NDIS funding in excess of what is reasonable and necessary and that funded services have been provided to Participants.

#### Flexibility

As a general principle, flexibility is good. However, there may need to be some constraints. For example, if SIL for irregular hours is ring-fenced, it would not make sense to allow potential funding for unused irregular SIL hours to be applied elsewhere.

Giving Participants greater flexibility over how they use the Flexible funding will create more uncertainty for Providers. Service Agreements between Participants and Providers need to provide sufficient certainty to both parties.

**We recommend that there should be scope to allocate some Flexible funding to Fixed (Capital) funding.** If, for example, it can be demonstrated that spending a bit more on SDA to accommodate family members would save a lot more SIL funding because family members could provide informal support in place of some of the paid time of support workers.

Steve Anthony AOM  
[stevea@ihug.com.au](mailto:stevea@ihug.com.au)  
0414 996 400