**Consultation Questions** – Access and Eligibility Policy with independent assessments

**Learning about the NDIS**

1. What will people who apply for the NDIS need to know about the independent assessments process? How this information is best provided?

* Their rights and how to access the appeals process
* Who they’re allowed to bring to the assessment to support them
* How the assessment will be conducted, what the assessment will cover, how can it be broken up into sections and by who it will be conducted
* Suspected timeframe of the entire process and the various steps within it
* How to access to their independent assessment results
* Their rights to go down another avenue e.g., applying for an exemption
* What information to bring/have ready for the assessment
* How to access the assessment tools prior to the assessment being conducted

**Accessing the NDIS**

2. What should we consider in removing the access lists?

* How this may impact and allow people to slip through the cracks of the NDIS as they may not meet criteria now with the removal of access lists
* How this will potentially impact what evidence is required for those people who otherwise would have gained access
* If they can reapply after being rejected previously

3. How can we clarify evidence requirements from health professionals about a person’s disability and whether or not it is, or is likely to be, permanent and life long?

* Have easy to use forms for health professionals to fill out when a person is applying to access the NDIS
* Understand that while the NDIS may want in writing that a person’s diagnosis (and the impact of it) is/is likely to be permanent and lifelong that health professionals are hesitant to use such monochromatic and definite language – as this is not recovery focused – and that such a prognosis/label can negatively impact greatly on the person
* Information for health professionals on the requirements for NDIS applications, and what information needs to be included in their reports

4. How should we make the distinction between disability and chronic, acute or palliative health conditions clearer?

* Unsure, however, one thing that is consistently not being addressed at the moment and needs to be to minimise potential future harm to participants is the episodic nature of psychosocial disabilities and how that can potentially impact their funding needs and how this can be accurately reflected in the proposed standardised assessments
* Having a clear guide on where the line of what makes a diagnosis a disability vs chronic/acute/palliative and who is responsible for which (NDIS vs health)

**Undertaking an independent assessment**

5. What are the traits and skills that you most want in an assessor?

* Appropriate training, and prior knowledge and/or experience of assessing the disability the person is diagnosed with e.g., a person with borderline personality disorder should be assessed by a psychologist with experience in treating/assessing someone with borderline personality disorder
* Caring, and empathetic and utilities effective communication techniques to help navigate any language, communication or comprehension barriers the person with the disability might have so they’re able to fully participate in the assessment and understand what is happening
* Participant or representative should be able to access for a specific assessor based on their field of expertise

6. What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?

* Able to take place where the person wants the assessment done – pending safety of everyone involved
* The ability to have a third-party person present that can assist the person with answering questions including those that need interpreters, advocates, or support people – including carers (family members), support coordinators, support workers, case managers, stakeholders, OPG
* Setting a plan for rural/remote access

7. How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?

* Actively include culturally diverse groups in the planning and implementation of these changes seeking advice, guidance and acting upon concerns raised by members of those communities including but not limited to CALD, ATSI and LGBTI+ communities
* Standardised assessments do not necessarily allow for variations in findings/results due to different cultural backgrounds and beliefs, nor do they take into consideration the varying importance/significance those cultures place
* Allowing complex cases to request an additional two hours for their assessment (participants with co-disabilities or severe impacts on daily life)

**Exemptions**

8. What are the limited circumstances which may lead to a person not needing to complete an independent assessment?

* When there is sufficient evidence from a person’s stakeholder already in place that shows the significance of the impact the person’s disability is having
* When the person lacks capacity to make their own decisions – i.e., has appointed to them a decision maker e.g., an OPG or power of attorney
* When it poses a risk to the person being assessed or others involved – including exacerbating symptoms of the person’s disability e.g., anxiety for a person with a psychosocial disability

**Quality assurance**

9. How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?

* Allow for feedback during the assessment and/or follow up feedback after assessment is complete
* Allow for review (either by a second independent assessor or an outside assessor of the person’s choosing) of the findings if the person requests a second opinion
* Take into consideration the findings of reports generated by stakeholders already supporting the person

**Communications and accessibility of information**

10. How should we provide the assessment results to the person applying for the NDIS?

* Written report available upon request by the person or their carer/decision maker applying for the NDIS
* Need a line specific to these changes for participants to call that have questions in regards to these changes

**Consultation Questions** – 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?
* Provide education to participants/people applying to the NDIS prior to the implementation of their plan so they can understand what each category of the plan means and how they can best utilise it and what they can spend it on
* Providing more education to participants about the price guide and how the NDIS system works
1. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?
* A more consistent approach to documentation needed and the specific language that needs to be included in it
* More open communication between stakeholders/participants and planners leading up to the meeting with a discussion about expectations and
1. Which supports should always be in the fixed budget? What principles should apply determining when supports should be included in the fixed budget?
* Anything that requires a quote prior to the planning meeting e.g. SIL supports
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)
* Allow for a review of newly proposed independent assessor findings if participant or stakeholders do not believe they are adequately funded
1. What new tools and resources should we provide to support people using their plan and new plan flexibilities?
* Ability to track active/inactive service bookings – and allow easy access for their support coordinators to see this information
* A comprehensive budgeting tool/breakdown of how the planner made the decision to fund the specified amounts in the plan
1. What do we need to consider for children aged 7 and above in the new planning process?
* Lifestyle changes due to life stages
* Take into consideration the individual circumstances of the participant and how this may impact their ability to make decisions on how to use their plan – e.g. intellectual capacity, exacerbation of disability symptoms leading to disengagement of participant
* What stakeholders are already involved and how just because a person has a carer listed does not necessarily mean that that person is adequately caring for them – this somehow needs to be assessed during the planning meeting because if left unassessed it can potentially lead to gaps in funding resulting in gaps in care
* Their level of understanding and knowledge of the NDIS system and how it’s applied in their day-to-day life once implemented
* Reports from stakeholders already involved in the person’s care
1. What ideas do you have for how people can use their plan more innovatively?
* Allow for more freedom to use services – just because a person has “X” disability with “Y” symptoms does not mean that “Z” therapy is the only thing that can help them achieve their goals – allowing for more freedom of services, or exploration of services can potentially have a greater impact than forcing participants
1. How best to handle the timing of the release of funds into plans and rollover of un-used funds?
* Allow for the release of emergency funds if needed/requested under special circumstances e.g. a person with psychosocial disability is facing potential homelessness or is suicidal and is need of emergency STA to help manage the obvious risk to the participant
* Allow the participant to adjust how frequently they would like their funds released
* A potential idea for max release of funds term length could be yearly and base it around the indexing of the price guide
* The release of monthly/quarterly funds will cause a lot of work for providers in terms of updating and maintaining service bookings – maybe revising how this process is conducted in tandem with revising how funding is released could minimise the impact on these processes
1. How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?
* Check ins should be dependent upon the length of plan and participant circumstances – every six months to a year would be ideal
1. How often should we check-in with participants in different circumstances?
* Dependent upon the participant and their circumstances including their previous usage of funding
1. How can the NDIS ensure positive relationships between participants and planners?
* More timely responses to review requests
* More transparency around the funding allocation and decision-making processes and why requests were either granted or denied
1. How can we best support participants to transition to this new planning model?
* Slow transition over a longer period of time while providing education to providers and participants on how these changes will affect their business and implementation of their plans, this would also allow for NDIS staff to be trained effectively and for feedback to be taken into consideration