Monash Health

NDIS Independent Assessment & Flexible Planning – Have your say

Submission Date: 23/02/21

Potential impact on inpatient health services:

Since the roll out of the NDIS, Monash Health has developed internal processes and tools to support clinicians in their work with patients requiring NDIS supports and services. This work has ensured that our patients are access met in a timely manner, and are well supported through the planning process to ensure safe, effective, and timely discharge from hospital.

The introduction of the Independent Assessment and Flexible Planning process has raised questions regarding the impact on health services across clinical, operational, and environmental areas as outlined below:

Clinical

- Additional steps added to the current process are likely to cause increased length of stay (LOS) and additional workload requirements for health clinicians. It is anticipated that Health services will still need to invest significant time in documenting the evidence for NDIS access and planning, in addition to the IA.
- Health services will be reliant on an external assessor to access the scheme and proceed with NDIS planning, meaning the factors impacting on a patients LOS are controlled by an external provider. It has been our experience that accessing private providers can be a slow process which can be impacted by factors such as availability of providers; providers needing to access information or knowledge from health clinicians; the complexity of needs for people in hospital results in more complex assessments being required.
- There will be a significant change to already established and successful health service processes and resources required to support patients throughout the continuum.
- The Assessor will not have access to health medical records and will be reliant on information from the participant and/or the treating clinical team (with consent), again impacting on clinician time. Therefore, it is anticipated that this will create duplication and will not save any direct clinical time for health service staff.
- Without adequate access to the health medical record and accurate information from the treating team, it is likely the draft plan will be insufficient and greater adjustments will be required in order to facilitate transition from the health service.
- Given the short assessment time (3 hours), and complexity of many of our NDIS inpatients, important information for planning is likely to be missed. Currently, the application for access to the NDIS is done in the early stages of the patient's admission so that the process to determine eligibility can commence. This then allows appropriate time for comprehensive assessments to be completed by the treating team throughout their rehabilitation phase. The proposed IA process is that this would now be completed by a single professional with limited time allocated (max of 3 hrs) which is far below the time spent by a team health professionals

ie, treating team currently spend approximately 20 hours assessing and planning depending on the patient's progress and likely outcomes.

- Changes to the release of funding: Currently participants can use the entire core budget flexibly, to cater for change of circumstances, and enable participants to return home from hospital. Under the proposed changes this will no longer be possible. It is anticipated that this will result in an increase in LOS and presentations to hospital due to the monthly/quarterly release of funds. This removes choice and control of participants in terms of how their funds are used throughout the year.

Operational

- Governance: IA's are required to be completed face to face where possible. This will require clearly established procedures and resources to provide governance/oversight and manage external providers coming onsite to complete assessments within the health service
- Release of information/logistics: communication, oversight and management of external providers coming onsite without administrative support to help facilitate this.

Environmental

- Given assessments will occur in hospital, IAs may need a designated assessment environment. Space will be an issue at some sites and Occupational Health and Safety concerns will need to be considered
- Qualifications and experience of the IAs will be variable – it is unclear if participants will be allocated an assessor that has the clinical background to understand their disability requirements.
- COVID safe practices for IAs coming onsite will need to be considered.

Recommendations:

Considerations to be given to the following:

- Hospitals to have a dedicated team of IAs and Planners that become familiar with hospital processes and environments. This could be modelled off the Hospital Discharge Team which was set up as a COVID response and saw great outcomes for patients, families, and health services.
- Specific KPIs for hospitals, different to what are currently outlined, to fast-track/prioritse the pathway for participants, given the substantial cost to health with caring for NDIS participants in hospital (and hospitals not being the most appropriate setting) whilst they await the NDIS process for funding and supports.
- Health Liaison Officer to be given escalation authority to assist with timely decisions and approvals from the NDIA, particularly in relation to IA timeframes and outcomes.
- Health services be exempt from completing the NDIS generic forms where HLO consent and involvement is established.

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