Transcript

Group Based Supports Pricing Arrangements Transition

Provider Information Session Part 3 – Non-Face-to-Face Supports

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Welcome to our third session on the group-based supports pricing arrangements transition. This is part 3 of a series of 4 presentations, where we focus on Non-Face-to-Face Supports. My name is Julia, and I’m a part of the Social and Community Participation team at the NDIA.

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I would like to acknowledge that this session is being hosted on the traditional lands of the Kaurna people. We pay our respects to Elders both past, present and future. I’d also like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander people who might be viewing this session.

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Now just a disclaimer. So, this material is general in nature.

Information provided in presentations by the National Disability Insurance Agency is considered to be true and correct at the time this presentation has been recorded.

Now changes in circumstances after the time of the presentation or recording might impact the accuracy of the information and the National Disability Insurance Agency gives no assurance as to the accuracy of any information or advice contained.

Now such material has been assembled in good faith but does not necessarily reflect the considered views of the National Disability Insurance Agency or indicate a commitment to a particular course of action.

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Now this presentation series has been designed to help you as providers in your transition to the new pricing model for group and centre-based supports. This third presentation will give an overview of the Non-Face-to-Face Supports. Now we’ve also recorded a series of 3 other presentations, which go into just a little bit more detail about the various aspects of this pricing model. So we hope this will make it easier for you as providers, to find key information as you work through your transition. All of these presentations can be accessed via our website.

Now it’s important to mention that these presentations aim to complement the resources that are already available on our website. Now this includes our key reference document, which is the Pricing Arrangements and Price Limits document, or the PAPL, as we sometimes call it! The 2023-24 document has been released and came into effect from the 1st July. Now in addition, our team has created a provider guidance document. And both of these resources you’ll find on the pricing page of the Agency’s website. So I would encourage you to spend some time reviewing these resources, in addition to this presentation, to further develop your understanding of the pricing changes.

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So as part of this presentation, I will give an overview of the pricing as a bit of an introduction. Then, I’ll move into an explanation of the Non-Face-to-Face supports and run through how these can be calculated and claimed. I’ll then run through some examples, to further illustrate this support item.

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So I’d like to briefly discuss the history of these pricing changes, just to give you a little bit of context. So back in 2020, the new pricing was introduced for group-based supports. Now since this time, providers have been able to use either the new pricing model, or retain use of the former pricing, which is known as “transitional pricing”. So implementation of the new pricing has not been strictly enforced so far, given the challenges of the Covid 19 pandemic. We allowed numerous extensions to providers implementing the new model, as we could appreciate that there were challenges in the sector. However the final deadline to implement the new pricing is approaching. All providers MUST transition to the new pricing model for group-based supports by the 31st December 2023. The transitional pricing cannot be used for supports that are delivered from the 1st January 2024. And this deadline will not be extended again.

Now the Agency wants to help you as providers as you make this transition, which is the role our team. So in addition to the resources I’ve already mentioned, some other steps we’ve taken to support providers include the following:

* The first is making some amendments. So we heard feedback during consultation in 2022, and this resulted in some changes to the pricing arrangement. Now the Pricing Arrangements and Price Limits document online included these changes since the 5th May 2023.
* The second was establishing a dedicated team to support this change. And this includes a specific inbox, to help providers with queries about the transition. And the team can be contacted at [group.supports.transition@ndis.gov.au](mailto:group.supports.transition@ndis.gov.au)
* And finally, we’re developing some resources for intermediaries and participants. We are working on these at present, and hope to make them available as soon as possible.

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Now with regard to Non-Face-to-Face supports, information with the claiming rules can be found on page 17 of the PAPL. And the relevant line items for claiming Non-Face-to Face supports can be located on page 60 and 61.

So, what are Non-Face-to-Face supports? Well, these are indirect supports which are required for a participant to attend a group-based activity. They occur when the disability support worker is not working face-to-face with the participant.

Now it’s important to understand that SOME Non-Face-to-Face tasks are already built into the disability support worker cost model. And therefore, they can’t be claimed as Non-Face-to-Face tasks. Now some examples of these include:

* First of all, typical business tasks like staff rostering, preparing quotes, and preparing invoices
* The staff expenses such as training and upskilling staff and staff supervision
* Any NDIS specific tasks like developing and agreeing to Service Agreements, making Service Bookings or making payment claims.
* And basic recordkeeping like attendance, these are administrative tasks.

So all of these types of costs, cannot be claimed as Non-Face-to-Face costs.

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So what can be claimed as Non-Face-to-Face tasks?

Unfortunately we can’t provide a comprehensive list of what can be claimed under Non-Face-to-Face supports, because this is going to vary between participants, the specific activity and the relevant goals. However, we do want to emphasise the following points are important to note:

* The first is, that any Non-Face-to-Face costs need to be agreed to by the participant and/or their nominee. So therefore as providers, you need to be able to explain to them what the support is and why it’s needed.
* You must be able to link the Non-Face-to-Face support with the direct support that it relates to.
* It’s also important to keep in mind your evidence of providing the support. Now if it’s say, the provision of report, then the report would be the evidence. However for say a non-tangible deliverable (like, maybe a physical task that’s being completed), the evidence of the time spent might be reflected in a staff roster or a timesheet.
* So we encourage you to generally have a think about those behind the scenes tasks that you complete, which ultimately allow a participant to engage in your sessions (excluding those administrative tasks we talked about earlier). And if you plan to share the costs between participants, think about who is the recipient of those tasks? And then you’ll divide the costs between the relevant participants. Now after considering these factors, you can then determine policies around your pricing which can be substantiated, as well as reasonable and fair.

Now last of all, we do acknowledge that sometimes a Non-Face-to-Face task might be completed, before a participant cancels the associated direct support. Now in these instances, you can claim for the Non-Face-to-Face task, assuming that that task has already been completed.

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Now Non-Face-to-Face supports can be divided into sort of, 2 main categories.

The first, we have disability specific and individualised Non-Face-to-Face costs, which are specific to one participant. Now this might include, say, adaptations to a program, to ensure that that participant can safely and effectively participate. So this time would only be charged to the relevant participant, and not the whole group.

Now by comparison, there are some general Non-Face-to-Face tasks which are actually required to facilitate the group and they’re necessary for all of the participants. So this might include setting up equipment for a task. And this time would be shared equally across the group.

Now at the bottom here, we just have a reminder once again, that all Non-Face-to-Face tasks need to be explained to the participant (and/or their nominee) and agreed to, in advance.

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Now as I mentioned earlier, we can’t provide a comprehensive list of what can be claimed under Non-Face-to-Face supports, as this will vary between participants, the specific activity and the relevant goals. However, we have provided some examples here, which we hope will support you to understand the types of activities that might be appropriate.

So some examples here, are:

* Making adaptations to a program. So these are those tasks that will ensure a participant can join in, or perhaps some research to allow a participant to engage in a new activity.
* The next is communication regarding the participant. Now this might include writing a report regarding a participant’s outcomes, or making contact with a participant’s family or other providers (beyond that standard communication).
* And the last example is setting up (or packing away) assistive technology or other equipment for a session.

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Now, when talking about Non-Face-to-Face costs, it’s good to understand the history of how Non-Face-to-Face has been applied in group and centre-based activities.

* Now under the former transitional line items, Non-Face-to-Face costs were actually built into the rates. This meant that for every hour of direct support claimed, a provider was actually paid for 67 minutes of time. This accounted for 7 mins of Non-Face-to-Face activities. Now the only exception here, was the 1:1 ratio, this did not include any Non-Face-to-Face costs.
* So this has change has aligned with the individualised way that NDIS supports should be delivered. Costs incurred should reflect the needs of each participant, rather than all participants being charged in the same way. So we expect that some participants will need more Non-Face-to-Face support, and some will need less.
* So therefore Non-Face-to-Face supports will reflect the actual costs associated with supporting a participant accessing a group support. And these costs will often be unique to that participant.
* Now in terms of claiming, Non-Face-to-Face supports, they’re claimed using the same line item as the related direct (face-to-face) support. But the claim is completed separately, and you’ll select the Non-Face-to-Face option from the drop down box. Now this is much the same way that cancellations or provider travel are claimed.
* And then last of all, invoices should clearly differentiate the Non-Face-to-Face supports from the direct support, so that participants and plan managers can track the payments.

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So here we’ve got an example of how Non-Face-to-Face tasks are allocated might differ, depending on the task and the participant’s individual needs. Now in this scenario, a provider has a group of 3 participants and they’re planning an outing to a national park with 1 support worker. Now in preparation for this outing, the support worker needs to spend about 30 minutes researching the location to determine suitable accessibility and to plan the route that they’re going to take through the park, to access the lunch area. Now it is appropriate for the provider to charge for this Non-Face-to-Face time, however the method by which the Non-Face-to-Face task is allocated, might vary.

So in scenario 1 on the left- all three participants have mobility limitations, and access might be a challenge for everyone in the group. So therefore, this Non-Face-to-Face task relates to all of the participants, and the cost will be shared equally between everyone. So each participant is going to be charged for 10 minutes of Non-Face-to-Face time. So if the hourly rate was $65.47, then each participant would be charged a third of this cost, which equates to $10.91 per participant.

Now by comparison, if this same example was applied to a group, however only 1 participant had mobility limitations, and needed this task completed on their behalf, the 30 minutes of time would only be charged to that individual. So even though all 3 participants are attending the outing, they did not require the Non-Face-to-Face time needed to prepare for that outing. So therefore, this particular participant would be charged $32.74 for the Non-Face-to-Face task, if we were to assume the same hourly rate that I applied earlier.

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So here we have another case example. This scenario considers whether a task should be classified as Non-Face-to-Face time. Now in this scenario, a provider has a group of 4 participants who will be doing some gardening at the centre on Friday. They need to use a number of items from the local hardware store. And so the support worker plans to visit the hardware store to purchase the items, and wants to know if this can be claimed as Non-Face-to-Face time.

So in order to answer this question, the first thing to consider is what are the participants hoping to achieve in this activity? If the participants have goals that relate to this task, such as a desire to learn more about gardening, or how to maintain a small garden, it might actually be appropriate for this task to be completed WITH the participants rather than ahead of time.

Now if the participants attend the hardware store with the support worker, it will help them to develop certain skills, such as:

* How to get to the store
* Navigating the aisles and finding the suitable items
* Asking the staff questions about suitable products
* Or making payment

So therefore in this situation, it might actually be preferable for the participants to visit the store with the support worker, so they have the opportunity to participate in this activity. And therefore this would be treated as direct time, and paid for as part of their group and centre-based supports.

Now by comparison, if this same example was applied to a group where the participants had an interest in gardening, but the goals for the activity were more around say, mindfulness, or working in a group, it might be more appropriate for the support worker to buy the resources in advance and claim this as Non-Face-to-Face time. Similarly, if the visit to the gardening store wouldn’t suit the participants in the group (so perhaps they would find that experience really overwhelming), it might be logical for the support worker to complete this task as Non-Face-to-Face time. Now as always, the time would need to be discussed, and agreed to, by the participants in advance.

So hopefully this example really illustrates the type of considerations that can impact whether certain tasks are claimable as Non-Face-to-Face time.

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Now for our third example, we have a participant called Isla who’s attending a group-based program in a group of 2. Her support worker Sanjay has some concerns about her swallowing during mealtimes. And so he reviews Isla’s Oral Eating and Drinking care plan (or similar), and after looking it over, decides that he needs to clarify some details with Isla’s Speech Pathologist.

Now he wants to feedback what he has observed and query whether or not changes are needed to the plan to ensure that Isla remains safe. He talks this over with Isla’s Father and gains consent to contact Isla’s Speech Pathologist. After discussing the matter with the Speech Pathologist, she gives Sanjay some recommendations for the interim, and plans to review Isla at her first available opportunity. Sanjay notes these findings in Isla’s records, so that his co-workers are aware of the Speech Pathologist’s recommendations.

Overall, Sanjay spent 30 minutes following up this task, and can claim this Non-Face-to Face time for Isla. His time has been clearly documented on his timesheet, which is evidence that Sanjay’s time was spent completing these tasks.

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So in summary- the former transitional pricing cannot be used for any supports delivered on or after the 1st January, 2024.

There will be no further extensions to complete the transition, so we encourage you to continue or complete your transition as soon as possible, in preparation for the 31st December deadline.

Now it’s important to remember that the modelling underlying group-based supports hasn’t changed, only the way it’s claimed. And the new direct rate is per group, not per participant.

Now your service offering might translate really neatly into the new pricing, or you may need to reconsider some elements of how you offer your services to NDIS participants.

Programs of Support now have a maximum length of 6 months, but these are not compulsory and they can be shorter.

And finally, the NDIA will continue to support the transition, including the provision of resources for some other stakeholder groups. So please keep an eye on our website, for more information coming soon.

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So here are our contact details, if you’d like to get in touch. In particular, please note our email address: [group.supports.transition@ndis.gov.au](mailto:group.supports.transition@ndis.gov.au) and our team would be happy to answer any questions you have via email.

Thank you for watching this session. And please remember we have 3 other sessions in this series, which provides an overview of the group-based supports pricing changes. You can find these on our website.