



Royal Institute for Deaf and Blind Children

Submission to the  
Productivity Commission

# National Disability Insurance Scheme (NDIS) Costs Issues Paper

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## Submission summary

Royal Institute for Deaf and Blind Children (RIDBC) is pleased to make this submission to the Productivity Commission, National Disability Insurance Scheme (NDIS) Costs – Issues Paper 2017.

In this submission, RIDBC responds to a number of items raised throughout the Issues Paper with particular emphasis on Access, Quality, Scope, Volume, and Price. The response is based on the needs of people with sensory disability, specifically hearing and vision.

RIDBC has the capacity to provide further information on a wider range of issues and would welcome the opportunity to provide any further information that may assist the Commission in regard to matters concerning the Costs of the NDIS.

In summary, RIDBC submits that the Commission should consider and/or make the following recommendations concerning:

- Cost to reflect unique evidence-based nature of transdisciplinary service provision in early intervention programs for children with hearing impairment.
- Consistent application in the NDIA of criteria for children with hearing and vision impairment when developing packages based on goals and outcomes, not on ability of individuals to advocate.
- Better definition communication of the term ‘reasonable and necessary’ in the context of planning across providers and participants.
- Reduction on the burden on families to advocate for inputs to Plans.

## About Royal Institute for Deaf and Blind Children

Royal Institute for Deaf and Blind Children (RIDBC) is Australia's largest non-government provider of therapy, education and cochlear implant services for children and adults with vision or hearing loss, their families, and the professionals that support them.

Our Mission is to provide quality and innovative services to achieve the best outcomes for current and future generations of Australians with vision and/or hearing loss.

We pride ourselves on working in collaboration with families, children and adults to tailor services that support and fit individual needs and life goals.

Services for children, adults, families and professionals include:

- Assessment and diagnostics
- Early intervention and early learning programs
- Specialist preschools, schools and school support
- Therapy and re/habilitation services
- Audiology and cochlear implant services
- Research, postgraduate and professional education.

SCIC Cochlear Implant Program, an RIDBC service, is Australia's largest and most comprehensive cochlear implant program, setting new benchmarks and delivering the highest level of care and support at every stage of the cochlear implant journey.

RIDBC Renwick Centre conducts world-leading research and provides continuing professional education and postgraduate courses in a range of fields relating to the development and education of children with hearing or vision loss.

RIDBC services are provided to over 8,000 people from 18 permanent sites across Australia, and in rural and regional areas through video conferencing.

As a charity, RIDBC relies heavily on fundraising and community support to continue to make a difference in the lives of people with vision or hearing loss.

For more information about RIDBC, visit [www.ridbc.org.au](http://www.ridbc.org.au).

# Response to the Issues Paper Questions

## 1. Scheme eligibility

- **Information request 3.1**

The Commission is seeking feedback on the advantages and disadvantages of maintaining 'List D — Permanent Impairment/Early Intervention, Under 7 years — No Further Assessment Required' in the National Disability Insurance Agency's operational guidelines on access. Feedback is sought on the extent to which the list:

- reduces the burden on families to demonstrate that their child will benefit from early intervention and/or provides certainty that support will be provided
- reduces the burden on the National Disability Insurance Agency of assessing whether children are eligible for early intervention support under the National Disability Insurance Scheme Act 2013 (Cwth)
- may be contributing to supports being provided to children who are unlikely to benefit from such supports
- may be discouraging or inhibiting exit from the scheme.

The List of conditions reduces the onus on families to demonstrate eligibility, and potentially provides some certainty for families of children with these conditions. However, the notion that children with these conditions will then be able to exit the scheme after early intervention is misguided as these conditions, and the impact of such, are permanent.

- **Information request 3.2**

The Commission is seeking feedback on the benefits and risks of maintaining 'List A — Conditions which are Likely to Meet the Disability Requirements in section 24 of the NDIS Act'. In particular:

- to what extent does List A reduce the burden for people with permanent and significant disability of entering the National Disability Insurance Scheme under the disability requirements?
- is there any evidence that people who do not meet the disability requirements are entering the scheme under List A?

As above, the List reduces the onus on participants to demonstrate eligibility. However, the requirement for this evidence to be provided from both the GP and treating specialist as well as a health professional, to demonstrate the impact on the disability, can be a burden on the participant. This is particularly in situations where further evidence is requested and these assessments come at a cost to the participant seeking access to the NDIS, or service providers with the expertise to undertake these assessments without a source of funding.

As a Provider we are not aware of any evidence of people entering the scheme under List A who shouldn't. Our experience is more with inconsistency in access decisions for applicants with the same conditions and/or functional impact where interactions with the NDIA has yielded highly variable outcomes.

## 2. Scheme supports

- **Information request 4.1**

Is the National Disability Insurance Scheme Act 2013 (Cwlth) sufficiently clear about how or whether the 'reasonable and necessary' criterion should be applied? Is there sufficient clarity around how the section 34(1) criteria relate to the consideration of what is reasonable and necessary?

Is better legislative direction about what is reasonable and necessary required? If so, what improvements should be made? What would be the implications of these changes for the financial sustainability of the scheme?

There are large variances in what is considered reasonable and necessary. In our experience, participants perceive their current level of support to be reasonable and necessary. While it is acknowledged that reasonable and necessary needs to be within the context of participants' individual goals, there is still considerable confusion within the disability sector as to what constitutes reasonable and necessary.

The determination of reasonable and necessary by Planners is inconsistent as this can be based on their knowledge of the participant's disability and the impact on functional capacity. It is also noted that the ability of the participant to be able to advocate for themselves also contributes to the outcome of what is deemed reasonable and necessary.

More clarity around what is 'reasonable and necessary', with perhaps some examples would also be beneficial for planners and participants so that this is clear at the planning conversation meetings. More clarity around this would potentially reduce the number of appeals as participants will not be wanting to appeal what could have possibly be explained at planning. Improvements are also required for Plan implementation. If explanations are given as to what has been funded against their goals, this may also reduce the volume of appeals that the NDIA are required to manage.

- **Information request 4.2**

Should the National Disability Insurance Agency have the ability to delegate plan approval functions to Local Area Coordinators? What are the costs, benefits and risks of doing so? How can these be managed?

Given the current level of confusion and inconsistency amongst Planners, Local Area Coordinators (LACs), Providers and participants on what is reasonable and

necessary; and what is funded within the NDIS, delegation of the approval function to LACs would likely result in more variation than currently exists. In our experience as Providers interacting with LACs, it is evident that the level of understanding on the operationalisation of the NDIS guidelines is varied and inconsistently applied. This can significantly impact what the resultant Plan is and indicates that the level of knowledge and understanding by the LAC can affect the Plan outcome. It is hoped that these inconsistencies are managed by the NDIA through clearer guidelines and clarity around process. To delegate the Plan approval function to LACs at this stage of the Scheme would likely result in greater inconsistencies across the Scheme.

### 3. Participant readiness

- **Information request 8.1**

Is support coordination being appropriately targeted to meet the aims for which it was designed?

The ability of a participant to understand their Plan and how funds can be used is essential to ensure that the funded supports are used to achieve the desired outcomes against goals. All participants require Plan Implementation. In our experience, this is not occurring as Planners and LACs are not providing this service. The allocation of funded Support Coordination is inconsistent; either hours are allocated that are not required, or not enough hours for the complexity of the supports required are allocated.

The referral process and exchange of information between Planners and Support Coordinators needs to be a lot more open. As Support Coordinators, more information is required on why the Plan has been developed the way it has and what the intention is for the participant. The lack of communication between Planners and Support Coordinators can result in the participant being potentially misguided and /or delayed in receiving appropriate supports. Variation amongst Support Coordinators and their level of understanding of the role can also impact significantly on the services/supports available to participants. For example, one client of ours was referred to us for Support Coordination after already having Support Coordination provided by another provider who was unable to advise and connect the participant to appropriate Supports to achieve goals. This resulted in a three-month delay in accessing necessary services and use of NDIS funding for inappropriate services.

The appropriate allocation of Support Coordination has clear benefits for participants. A participant who can be supported to access mainstream, community and funded supports has the potential to increase the participant's independence and reduce their reliance on others to participate and access the community. Good Support Coordination will reduce the need for this to be provided for future Plans, thereby reducing the cost of the Scheme.