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Review of NDIS Costs
Productivity Commission
GPO Box 1428
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Submission to Review of NDIS (costs) by the Productivity Commission

We would like to add the following to our original submission dated 7 March 2017.

'In-Kind' NDIS plan IFP funding by DHHS Victoria:

We saw one of the original intentions of the NDIS being that of the consumer (person with disabilities and their stakeholder/s) having choice and control of services they need - just as the general population.

Consumers having choice and control, service entitlement and being valued by support service providers, being achieved by removing their traditional state government block funding to make them totally reliant on their consumers having NDIS money in their pocket being under their total control to pay for the support services defined in their NDIS plan, or seek another service provider.

People with disabilities having such marketplace control has never been known before. Service providers with block funding had the ultimate power over people – little reason for customers or customer service.

As the NDIS rolls out across Victoria, non-government service providers have their state government block funding removed, as their clients (people with disabilities and their stakeholders) receive their NDIS funded support service plans with which to pay their support services. Non-government service providers being, therefore, totally reliant on their clients to remain financially viable. These service providers must provide services with a mindset which attracts and retains consumers.

Not so the Department of Health & Human Services (DHHS), Victoria. They, through an in-kind sweet-heart deal with COAG, are self-funding their group home residents' NDIS support service plans. And, with a far larger amount than non-government service providers are receiving from the NDIA for their residents living in similar group homes.

There is, therefore, little financial incentive for the DHHS to provide the service criteria envisaged by the NDIS – That of, “choice and control, service entitlement, the participant being valued. And with the provision of outcomes and achievements in contrast with traditional mindercare under traditional captive market block-funding or current ‘in-kind’ funding.

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