

NDIS Productivity Commission

National Disability Insurance Scheme (NDIS) Costs

Comments and observations of the scheme against the Position Paper of June 2017.

Thank you for the opportunity to comment further and thank you for producing this position paper.

David Parkin

21 Aug 2017

Executive Summary

Each participant is an individual and their needs to be addressed as such.

Good plans and happy participants do not generate reviews

The LAC have to be removed from low functioning (high needs) participants planning. Support Coordination needs to become a reasonable and necessary component of the participants plan, not just an add on and where the LACs can't cut to reduce costs

The LAC need better training. The principal of participant choice and control should NOT be lost on LACs.

Bigger is not always better. Genuine and committed new companies are to be encouraged to join the NDIS family. Stop the un-necessary mergers of companies.

LACs and ILCs need to play a role in ensuring mainstream services are better informed about their roles and responsibilities.

Stop LAC from destroying well established community based companies by developing poor plans and cutting as much as possible from coordination hours.

At this stage in the implementation phase concentrate on fixing major issues do not tamper with the funding model. Too many other issues need to be addressed.

There needs to be an easier way for small additions to plans for example, minor repairs to household items or additional Assistive Technology without having to engage an OT or have a complete plan review.

LACs must be required to give the participants a draft copy of the plan before being submitted to the NDIS. There is considerable scope for the planning process to improve. There is a total lack of transparency in the plan process.

New annual plans are to start at the end of the current plan not cutting the original plan short.

Bring back the plan generation and review into the NDIA rather than subcontracting these tasks.

Specialist Disability Accommodation is not considered throughout this draft submission.

Now NIIS and NDIS are “operational” they need to be blended together and have consistent funding arrangements

Submission

The below are comments and suggestions against the Productivity Discussion Paper of June 2017.

The funding for the NDIS needs to be by the Federal Government and the State and Territory Governments need to be totally withdrawn from the scheme by the end of the transition period. The Federal Government can then fund the Scheme accordingly, with increase of taxes as the simplest way to increase the funding for the scheme. The Federal Government has to better explain to the Australian public the benefits of the scheme to enable public engagement so higher taxes go directly to NDIS. The Federal Government will collect taxes and revenues form a vast amount of the NDIS funding given to participants through taxes on wages, new equipment and support of companies. The Federal Government is hampered by having to get all the States and Territories to agree on way forward and funding options.

The NDIS Rollout

As noted on Page 14 with the extreme speed of the rollout coupled with the review and confirmation of anniversary plans the quality and integrity of planning is being compromised. Problems still exist but there appears to be no stopping the inclusion of new regions. The Minister and NDIA are going to have the 650,000 odd participants enrolled by 2020 and nothing appears to be able to slow this process. The ACT could have been used to access the full rollout and costing but it appears the planning process is still an ad-hoc affair. The new planning process depends on the LAC employee as to what is included in the plan, even with participant and/or carers attempting to advise the needs of the participant. Many low functioning participants are having their reasonable and necessary choice and control supports changed. Since the ACT has all participants included and if a proper planning process was entered into then real funding costs could have been used as a baseline.

The nature of people is to attempt to enter then stay in the NDIS as funding is available for many activities and support and these are seen as their right for many participants. The way to boost participant exits (Page 23) is the have better goal planning and greater understanding for the participant that there is an NDIS exit timetable. Through proper first plans and the stated expectation that high function participants will exit the NDIS when those goals are reached. If State and Territory government programs were in place high functioning people may not even be considered for NDIS inclusion. This happens to a minor extent but new people wanting to enter the NDIS have to be considered for ILS schemes, if they exist. This is expanded on page 30 (Boundaries and interfaces). The general advertising and media push the message that it for all disabled people and the impression is the support will be for life. This is something the NDIS needs to address in more targeted advertising that the NDIS is not for life support in many cases but a teaching role in gaining access to targeted support.

Participant Plans

The planning process is critical to the functioning of the NDIS. The rushing of the planning process leads to review of plans which waste everyone's time and resources. If a proper process was installed and the plan was correct the participant would normally not be seen until the plan review in 12 months. There would be cases where emergency reviews maybe necessary but these would be few in proportion to the total. At present, it appears LACs are performing annual reviews well before the anniversary date, which is recommended, but these plans are being "rubber stamped" by NDIA and starting almost immediately. Generally, these plans returned to participants without notice leaving many support workers not knowing where or what to do. Plans are also programmed for review well before the next annual review. Any annual plan needs to start at the end of the current plan not just be arbitrarily started before. Generally, these new plans generated by the LACs have major changes and huge impacts on participants and their carers and supports.

Participants need to understand the planning process more. Time has to be spent in new regions that are being integrated into the NDIS. In established regions like the ACT planners need to understand the requirements of the participants and build on the knowledge gained in the earlier plans rather than appearing to start again with a new plan each plan anniversary. (or at some time the NDIS (LAC) decides the plan needs reviewing).

Concur that the LAC and NDIS staff do not understand the range of disabilities. This could be overcome by face to face planning rather than over the phone. Coming into contact with a disability can be worth more than some classroom general description of disability. The planners will then be more empathic to the needs of the participants.

I do agree with using expertise from external companies as noted on page 29 for difficult low functioning participants. The problem with this approach there will be a contract to supply this service which will be only supplied by a large corporation, given current history so far, with little knowledge of multiple disability categories. If local smaller companies involved with the participant are used and the plan submitted directly to NDIA for approval a worthwhile step forward would be achieved in the planning process.

LACs have a responsibility to do their work without favour and need to be willing to pass the difficult cases to the relevant companies specialising in low functioning people. From many sources there are about 20% of low functioning participants. These need to be handled by better trained people. There are a few community based companies (not for profits) that have strived to support low functioning participants before the NDIS arrived. These companies need to still be at the forefront of the planning and continue support of participants rather than be killed off by lax LACs. The LAC need to be made work with community based companies where low functioning participants are supported.

There appears to be a generation of a few big players in the system blocking out any new comers that maybe be able to provide specialised services. The NDIS appears to be encouraging the few big players as guided by economy of scale. Big is not always the best as it generated layers of administration that needs to be paid for and generally

large organisation can not respond quickly due to internal processes and confirmation for financial return. In time, the larger players will either push for higher returns (higher rates of pay) which will not be going to the participants or leave the industry after they have destroyed many hard-working smaller companies.

Plans need to run their full term and any new plan takes over at the end of that period. The planning process needs to start earlier enough to allow for the easy transition to next plan. It appears LACs are seeing participants early and new plans start almost immediately, without warning, leaving many support carer in a financial limbo land.

Chapter 1 About the Study

The NDIS has to function for the benefit of the participants. The scheme needs to be properly funded with good planning. If good plans are produced and properly funded the participants can engage the correct supports and not bother the NDIS until the next plan review.

The planning process is critical in achieving better outcomes for participants. The NDIS need to have face to face interviews with most participants.

Totally concur with pages 81-82 well-being framework for considering costs and benefits

Chapter 2 How the Scheme is tracking

Proper planning will limit the issues on page 112

Lack of transparency needs to be addressed. This will reduce the numbers of participants seeking reviews.

LACs are destroying community based companies (not for profits). Once gone these well trained dedicated staff will leave the industry for ever being totally disillusioned by the behaviour of the LAC and NDIS.

Chapter 3 Scheme Eligibility

Page 139

Entry lists as described on Page 139 should only be used as a GUIDE not a definitive entry point into the NDIS. As with all physical and mental conditions they vary from moderate to severe. Lists are a valuable tool but as a guide not a check list for entry.

Medical based people need to be guided away from the NDIS and into other main stream help facilities. The ILCs need to step up..

Chapter 4 Scheme Supports

Page 147

The planning process and outcomes are described well on Page 147, from my understanding. Planning quality could be a key determinant of the long-term sustainability of the NDIS. Therefore, planners need to be as accurate as possible to give the participants the choice and control over the supports they have. The first plan could over generous or fail in areas but the second plan needs to be correct in honing in on what is really necessary and matching the supports to the participant. The poor planning process will increase the costs to the scheme. In some regions, poor LAC interaction is also adding to the problem of planning especially in cutting as much support coordination as possible from a participant. This results in a review wasting resources.

Page 152

Reasonable and necessary is dependent on the LAC and NDIS assessors. Low functioning participants are having support coordination hours cut. Family carers are not always capable of managing supports. There are many elderly, people from ethnic backgrounds and carers who are tired and are not functioning well in the support of their disabled children. Support Coordination needs to become a reasonable and necessary component of the participants plan, not just an add on as seen by LACs.

Page 154 Point 4

Not enough attention is being given to Support Coordination for low level functioning participants. The LAC can produce a plan for high function people but better training is required for planners with knowledge of disabilities and the requirements for supports and plan management. Any assessment tools need to be only genuine guides not definitive assessments on a 'go no go' process. Since each participant is an individual an assessment tool has to have broad parameters therefore limiting the real usefulness of it. It could be used to enhance or reduce the participants access to support or reasonable and necessary other funding. If several tools are used then who decides the correct tool for the particular participant. (Too many untrained planners deciding participant's needs due to some arbitrary Government directive to cut funding). Care needs to be taken if the assessment tools are widely disseminated. Planners could train participants to fall within the boxes. A balance is required.

Page 156 Visibility of tools

If assessment tools are used then it needs to be conveyed to the participant during the actual assessment. This may lead to a more accurate assessment and feedback given on the tool to make adjustments to the questions and outcomes. Written questions can be interpreted in a multitude of ways.

The First Plan Process on page 158 is a good basis to start from as long as the participant falls within the guidelines. The participant could be given the questionnaire but the NDIS planners need to have a face to face assessment to confirm the actual requirements. Many participants will not understand or comprehend the

gravity of the questionnaire and are likely to attempt to gain the maximum from the NDIS scheme rather than what is necessary and reasonable support. It is critical that NDIS staff review the plan face to face. As noted on Page 159 it states the assessment tool not good.

If the first plan achieves a good balance between the necessary and required then the consequent planning sessions will be a refinement of this not a start again process. This would save resources and time for all concerned. The first plan needs to be discussed and the participants need to understand the supports they are given and how to access their supports. This could be done through the LACs for high functioning participants and through Support Coordinated people for low functioning participants. A proper review as to why a particular support was not used is necessary at the annual planning review. There may be valid reasons for not using the support. If the participants agree the support is not going to be used then it needs to be removed from the plan.

There is a need to expand the low functioning Coordinators and planners within community companies (not for profits). There appears to be a move to reduce costs away from low functioning people and that will be a disaster waiting to happen. These companies generally were looking after disabled people before the NDIS. These companies have vast histories amongst the caring and professional staff.

When the plan is complete then the participant needs to have access to the draft before being sent off to the NDIA for rubber stamping. The process has to be open and transparent, which sadly it is not at present. The LAC meets with the participant then the next thing the participant knows a new plan is delivered without any feedback.

Page 160 Changes to Plans

As noted if a plan review is required then a complete plan needs to be undertaken. In many instances, full plan reviews are not necessary and waste resources. Each change of plan needs to be assessed and maybe if the requirement is simple and does not conflict with existing plans just added to the existing plan. All that plans need to be read to make sure no conflicts. The new component would be funded up until the end of the current plan. In most instances, the review will be for emergency funding or repairs and maintenance of equipment that was overlooked in the scheduled plan review.

Some plan reviews will be major adjustments and then these need to be done. If for example the family carer can no longer manage the participant due to illness or injury then a fast response is required to put in place support workers for a short duration. The extra supports during this time should not trigger a full review of the plan.

Plan changes for minor items and repairs should require quotes. In many instances funding for repair and maintenance of Assistive Technologies are overlooked. Things do break but if it is not included in the participants plan then it is difficult to fund repair. This could lead to WHS issues, for example an existing access ramp needs some new boards or nailing. This only requires a simple repair and materials. Supplying a quote will mean the item or repair has been thought about and not an open cost. If the NDIA in their review considers the quote acceptable then it gets

approved and then the activity can be finalised. If the quote is unreasonable then further information can be requested only on this item. In many instances, an OT is not required to oversee to quote. If a dollar value of say \$1000 is set as a limit then if the quote is approved the work can proceed quickly. Without the OT then the costs are reduced considerably. Specialist OTs are required where major changes are required.

Draft Recommendation 4.1 and 4.2 LAC and plans
Totally concur.

Chapter 5 Boundaries and interfaces with NDIS

Draft Recommendation 5.1 Page 56

If the Federal Government is not going to fund the complete NDIS and insists that State and Territory governments contribute to the scheme then ILC programs need to be in place in a region before LACs arrive. This may mean the State and Territory Governments do not terminate existing programs. Only with these alternate programs in place will new people either become an NDIS participant or guided away to some other support which could be for a short or intensive program.

Draft Recommendation 5.2 and 5.3 Page 57

Totally concur. It is extremely difficult to obtain information on what is provided by especially in the connection to supply and maintenance of Assistive Technology.

LACs

The Role of the LAC Page 161

I concur that the LAC should NOT be allowed to approve the plans. If the plan is simple as many provided by LACs would be then an overview of the NDIA would not take long to approve the plan. I concur with the risks noted on page 161.

Information Request 4.2 LAC doing plan approval. Page 55 and 161

Given the quality of planner and the rushed implementation of the rollout, I would suggest this topic be addressed once the NDIS has been fully implemented, if at all. I am sure the current LAC companies would prefer to have this function but there would need to be high levels of governance and auditing that would outweigh the benefits. Just train both the LACs and NDIA staff to be better at doing their jobs and accessing people. If it becomes a recommendation then I think the approval of plans would need to be a separate contract within a different body where the current LAC could not compete. If the LAC could develop and approve the plans this could be seen as the fox in charge of the hen house. Frankly given the current level of planning a total disaster awaits.

LAC need to show participants draft versions of their proposed plans so any comments can be made and adjustments done rather than LAC submitting to NDIA for ratification. The speed at which plans are being reviewed by NDIA is remarkable, obviously to the detriment of the participant.

The LACs need to concentrate on having well trained, empathic and knowledgeable planners rather than approving poor plans. If an LAC can approve their own plans then poor planning could easily be covered up in the system.

If the LAC develops a plan that is practical and can support the participant then the NDIS approval of the participants plan would be straight forward. There would be little governance required once an established pattern and trust is built between LAC and NDIS. The planning process has not operated effectively yet. The LAC has an important role in just developing and putting in place, or recommendation of suitable support.

LACs should also be limited to generating high functioning participant's plans. Low functioning participants need to be addressed through staff at the NDIA with support with carer and support staff involved that that participant.

LAC are necessary and could perform a worthwhile function in helping new participants gain access to the NDIS and once a high functioning participant plan is approved then guide and help the participant source suitable support staff. The LACs need to filter the genuine NDIS participant against people who need to be supported through ILCs. Their funding needs to be via possible tender for the first year in a new area but by hours in the second planning phase.

Page 162 Good planning processes

Good planning processes are essential in the operation of the NDIS. The participant journey starts here. If the LAC put in the participants plan the correct supports then there will not be a need for plan reviews.

Page 164 Speed of plans

Totally concur that the arbitrary deadline placed on all participants entering the NDIS has created massive issues with the planning quality. Annual review plans appear to be handled in the same fashion by LACs. The NDIS should not be an open ended cheque book but proper and reasonable support is critical. This includes support coordination which appears to be dramatically cut by the LAC planning process as the LACs either do not understand or are required to cut hours.

If the LAC generates a decent plan and time is taken then the participant will feel engaged and with limited after questioning as to why something was missed or how to access supports.

Once a plan has been completed the LAC must show the participant a draft so any final adjustments or complete disagreements can be resolved before LACs filing the

plan. Wrong or unfair plans generate reviews and waste. Many older, ESL and ethnic background carers do not understand the review process..

Page 165 Phone interviews

Phone interviews do not allow the LAC or planners to see the participant, equipment and accommodation where the participant lives. It does not address the level of disability or capability the participant first hand. A participant living with their disability may not see the severity of it but a new person maybe able to offer different AT or support mechanisms.

A phone conversion maybe all that is required in some cases of high functioning participants and if the plan is agreed to. If the NDIS assessment calls for face to face this needs to be arranged and implemented. On page 26 it notes that the full picture is not seen in phone to phone interviews. Once high functioning people are involved with the NDIS through high quality first plans they can access more information and be ready for the 2nd planning meeting being more prepared with requirements of different supports and Assistive Technology that may help. (Page 27). The second plan needs to be an adjustment rather than a rewrite.

Page 167 Good plans and happy participants do not generate reviews

The plans need to be openly discussed with participants and families/cares and advocates agreeing as far as possible on the way forward. If this agreement is reached before submission, and the LAC are well informed in not asking for the world, then the plan would have a better degree of success through NDIS approval stage.

Pages 170, 171, 174 and 177 Complex Participants Planning Needs

Not all participants can or should be handled by a LAC. As noted on the pages above there are many instances that LAC need to be removed from the planning process due their lack of knowledge of many of the disabilities of low function participants, eg. people with psychosocial disability, low functioning participants with progressive and degenerative disorders. In some cases professional, trained planners maybe required to develop the participant's plans

Subsequent plans need to be refined rather than starting again. Some participants may need more other less in support people. Their needs may have changed. The disability may have led to a deterioration of their mobility. Others through the correct support may be able to reduce their needs of particular support or even leave the NDIS. There will be a better understanding of the NDIS through subsequent years.

Since planing is the first contact many participants and their families, cares have with NDIS then face to face needs to be the first choice. Many participant families and cares may not have English as their first language so time needs to be spent with these people to explain the way the NDIS works and where to gain access to support people. In some cases, direct to relevant ILCs.

There has been a rush to join as the NDIS as it has been sold as wonderful support scheme where all funding can be obtained. This message has to stop. And a message of only reasonable and necessary supports will be funded if deemed necessary. The LAC has to explain that travel money is not to cover every km of travel, although this could change with the pending court challenge. Participants, families and carers need to use some of the Disability Pension given to participants for some daily needs. Just like normal citizens in the community.

Under Box 5.1 the LAC is to help build capacity to self manage their plan. This maybe true for high functioning people but is NOT true for low function participants.

There are many elderly, ethnic background, and computer illiterate carers. There are carers who are too emotionally attached or are mentally challenged themselves who can not manage a plan. Where low function participants are plan reviewed by LAC the previous plan coordinator needs to be present and support coordination needs to be funded appropriately. The LAC should not be limiting the Coordination of Support staff in saying the LAC will help guide the carer through the plan process with a few phone calls. These LACs need to be stopped in this dangerous practice!! Emotional yes but it is happening in real life. A consequence will be to drive well established community companies maintaining low functioning people out of the industry. Many of these companies existed before the NDIS and need to still be there. LAC staff should not value judge a participant in dollar values. It appears the LACs are attempting to build their own businesses for when the contract ends rather than give choice and control to the low functioning participant and carers.

There is considerable scope for the planning process to improve. Having the LACs has made that process worse. There is a total lack of transparency in LAC planning process.

The LAC need to have their contracts in place six months before roll out to a region so they can advertise and employ good plan reviewers. The LAC need to employ staff that know what they are doing, which it appears this is not always the case. The actual funding of the LAC and new staff needs to start about three months out from rollout day when the “new” staff can start engaging in pre-planning with participants. Some funding would be required for the period six to three months before rollout to setup the administration and advertisement for staff. LAC have to develop relationships between the NDIS, people with disability, their families and carers, and local community as noted on page 183 before the roll out into a region

The LACs need to be focused on high functioning participants and NOT low function participants. At present the known low functioning participants are possibly well catered for by existing companies or community groups in the region. These groups need to keep functioning rather than swapping to a LAC. I know of several instances where the LACs have not listened and reviews have been instigated, wasting everyone’s time and resources.

The LAC tender should only be for **one** year. After this period, the LAC needs to compete on the open market to allow other companies involved in the process to gain

some access to participants, or the NDIS needs to start to take participants back in house and annual plan reviewers need to be employed by the NDIS.

The first plan is critical as it guide new participants away from the NDIS if suitable alternatives are available in the area. More consideration must be given when granting contracts to LAC. Just because the LAC was granted a region does not necessarily mean they understand the local area.

Plans developed by LACs need to be reviewed by the participant, carer and support co-ordinator in the case of low functioning participants before being submitted to the NDIS for final approval. If this happens and a final discussion happens it may reduce the NDIS having to do a full review of the participants plan. Participants can not gain access to the plan prior to LACs submitting to NDIS. Obviously due to comments written.

ILCs

ILCS Different roles of ILC. Page 184

While participants expect that the NDIS is there to support ALL their needs the use of ILCs will be limited. There needs to be a better understanding of ILCs in the community and linkages to the NDIS. The example of member of a gym as an ILC supported function has been tested recently where the participant was given gym membership as part of the Plan package. These rulings only reinforce that other participants need to be treated the same and using an ILC is seen as not an option.

The ILC mechanism needs to be in place along with LACs in any new regions. The States and Territories have to be very clear on what they are providing and access mechanisms to any schemes or activities. To limit some people entering the NDIS scheme the LICs need to be place. The States and Territories should not be relying on funding through LIC grants which are, as the ones really granted are specifically targeted to worthwhile activities. The ACT has cut, or cut funding to, many worthwhile valuable community based activities which were operating and supporting any participants.

If ILC activities are not available or even known to the local LAC then it is difficult to direct participants to these services and away from the NDIS in some cases. If the funding for ILC focus regions is through the LAC then they need to be addressing these issues rather than the low function participants

The examples given on page 187 do necessarily reduce the numbers of participants entering the NDIS. These could be one off grants to perform specific tasks. I am not sure how the LAC and ILS interaction given the example on page 187. The topics noted here would be better organised by specialist providers not some newly appointed LAC staff. Collection of data is essential but with the NDIS scheme for example in the ACT being fully implemented then the only advantage is to start removing participants from the NDIS and direct them to the other suitable resources.

The ILC needed to be setup before the rollout into new regions so any potentially new participant can be guided there rather than starting down the NDIS pathway. There will be expectations that everyone wants to be funded through the NDIS.

The ILC functions need to be described and addressed fully and whether it is only to guide people or support people who do not meet the participant level of the NDIS. The State and Territory governments need to fund the ILC activities otherwise just let all that apply into the NDIS. Box 5.2 page 189

An additional Draft Recommendation needs to be added to 5.1 in that the States and Territories need to define exactly what they are providing and what programs and funding will be available.

In the ACT many worthwhile ILC activities have been cut due to funding being shifted to NDIS. The ACT government needs to review these activities and funding.

Better delineation of the State and Territory Government support for participants that do not qualify for the NDIS. As noted on page 203 it is important to clarify the boundaries and a process put in place to identify and address and service gaps, cost shifting, duplication and inconsistencies. With the boundaries in place the State and Territory Governments then have to fund these services. If participants know there is support outside the NDIS there may not be so much effort in attempting to get on board.

Community supports have to be maintained in the States and Territories. If NDIS participants do not qualify for funding then these people still need support at the time of not gaining access to NDIS. If there was known support maybe some participants need not enter the NDIS in the first place. As noted on page 193 ACT is discontinuing specialist disability service altogether. This needs to be addressed, and quickly. It is no used for various State and Territory government departments filling the gaps via ILC grants which have a start and end date.

Aged Care Interface Page 207

The discrimination of people over 65 needs to be addressed. As noted in the report there is a gap between participants who enter via NDIS and people who just enter aged care.

This is an area that needs further work and review to clarify. This could be addressed after 2020, once the NDIS has all participants enrolled.

As more participants turn 65 and are in the Aged Care nursing homes then it maybe a good business model for larger Age Care facilities to only concentrate on NDIS participants as more cash flow can be generated from these people.

Age care NDIS participants need to be addressed at some future Commission Report to limit the gouging that will happen. Maybe there needs to be limited supports once a participant enters an aged care facility.

NIIS Page 34, Page 57, Page 181 and Page 209

The premiums to pay for the NIIS in motor vehicle accident is too small to warrant any behaviour change. The levy in the ACT applied to motor vehicle registration, as far as I note, are a nuisance. Knowledge of the levy is not well communicated.

The guidelines used by states and territories need to be consistent. The ACT allows anyone who has a catastrophic car accident to negotiate a package to leave Australia. This should NOT happen. The same funding and support guidelines need to be consistent with the NDIS. ACT is administered by NSW under the Lifetime Care NSW.

The funding and expense will only grow over time as more people become injured through vehicle accidents. The funding source is not basically growing enough to cover

How will the premiums be collected for workplace injuries?

The NIIS participants need to be folded into the NDIS. The collection of premiums to help fund participant can come from the collection of levies etc as currently happening with motor vehicle registrations and transferred to the NDIS

From the ACT web site <https://apps.treasury.act.gov.au/lcass/lcsc-scheme/What-services-we-provide> medical treatment, hospital stays, doctors' appointments and help with return to work are funded. These are outside funding provided by NDIS. Why isn't the medical component seen as a medical condition not a disability condition.

Chapter 6 Provider Readiness

The price setting is acceptable but what need to happen is realistic goals and payment need to happen. If a participant needs the supports and support coordination then these activities need to happen. The LACs need to look at funding participants in a realistic way. A proper plan needs to be discussed with the participant rather than attempting to actively limit the funding where necessary. The LAC need to be cognisant on not allocating support or activities where not required but they also have to accept that support people and coordinators that have been with low functioning participants and know these people. At this stage in the implementation phase do not tamper with the funding model. Too many other issues need to be addressed.

Draft Recommendation 6.1 Funding reviews

Concur with the recommendation although more and more money is being allocated to fund review and price monitoring. The review of the annual reasonable remuneration could be on a rolling yearly basis, with major groups being reviewed at direct times during the year to help spread the load rather having one big announcement on 1 July each year.

The number of thin market variations need to be minimised as the administration will cost more than the support person. Some of the activities could be handled via the ILC

mechanism in funding specific groups to help participants understand the NDIS rather than paying for higher supports.

Page 229 Higher prices

The higher prices need to be seen as supplements ABOVE the standard fees rather than a new sub category. This will mean the sub-category can be amended more easily than having to change a total funding group. The funding model has to be seen as manageable and providers need to be able to access easily rather than spending time and resources searching for the funding model that will give them maximum return. The more the variation the more easily it will be to manipulate.

Page 238 Small Providers

The way overcome many of the financial issues incurred by companies is to be paid in a timely manner with no NDIS IT issues stuff ups. Most businesses go through transitions and there are expenses but there are also tax incentives available for small business. Many new starters have entered the market for the NDIS. If an established company has problems transitioning to the NDIS then it maybe needs to look for other markets. A new start-up understands there will be funding issues and needs cash reserves to tide them over in the first instance. The knowledge the NDIS is coming is not new and if small players have not started to plan then they should not be in the market. Big companies or conglomerates should NOT be encouraged in the NDIS.

Box 6.8 Mergers Page 238

Mergers and acquisitions should not be seen as a good thing for the NDIS. It will remove many excellent community players and in the long term drive up costs since large companies have too much middle management to be supported. Generally, they can not move quickly to support participants due to internal policy inertia. NDIS needs to support smaller community not for profits and other smaller support companies and businesses. It does not matter how much checking the NDIS does on any new company there will always people who decide it is not feasible in the medium term to operate in such an environment. If big companies decide to pull out of the NDIS it creates a larger problem.

Page 239 Administrative burdens

On page 239 the qualification levels need to be addressed to limit the compliance costs. In some industries, many people could become members or peak bodies but haven't due to many reasons even though they meet the qualification guidelines. Maybe the NDIS has to look at a provider being able to meet the membership guidelines rather than being a financial member. Membership needs to be encouraged by meeting the membership requirements are more important.

Information Request 6.2 Page 243

Pay the disability supports a reasonable salary. Many support people are working through companies where the head company takes a proportion of the hourly NDIS rate, which is required to operate that business. Many support people do not want the

hassle of, or a capable of running a business and but are drawn to the care support role.

Maybe there needs to be a new funding mechanism for companies that hire support staff so the supports can be paid the nominated hourly NDIS rate and then additional money paid directly to the company to allow the company to operate. One has to be careful in designing this as companies with large support base could benefit unfairly. There could be sliding scale of company benefit for under 30 casual employees 30-100 and over 100 employees. The lower company employee number would attract the higher subsidy per employee. At present the company can be just profitable splitting the support staff hourly rate between company and support person so a slight reduction in the support hourly rate when that person is employed through a company could offset the additional direct benefit to the company. If self employed the casual support person would be paid the current NDIS rate. There needs to be clear definitions of staff, whether permanent, casual, part time or contracted. The funding would be around these numbers. Maybe Full Time Equivalent numbers need to be used to collate many support staff who only work a few hours.

Supports need to have a career path and know that is a future in the industry. I do not believe forcing supports into childcare type training is the right way to go. It could be encouraged but not mandatory. The companies supplying supports needs to address the suitability of their staff to perform their work. There are some safeguards in police checks, working with disabled people, first aid and WHS training already in place. It appears there is not enough support in the industry so more people to need to be encouraged to join. Permanency should be encouraged as long as the company supporting that person is viable.

Page 252 Higher qualified workforce

If a more qualified work force is required then pay has to reflect the qualifications. The industry is already poorly paid. The main point is for support people to know that are employed and are fairly rewarded for the time spent with participants.

Draft Recommendations 7.1 Work Force Page 265

An additional point could be added

- to ensure existing long-term providers (and companies) are not removed from the market by poor planning and bad decisions by LACs in attempting to limit support workers and support coordination.

Page 265. Slow the roll out

The implementation of the NDIS needs to be slowed in order for supports to be in place when the NDIS is rolled into a new region. Although this option is falling on deaf ears and the push is to have everyone enrolled by the 2020 dead line.

Chapter 7 Workforce readiness

Draft Recommendation 7.2 Page 266

If paid informal cares are to be paid then this would need to be extended to family members. Although a reasonable recommendation it will be difficult to discriminate against certain groups. What about share accommodation people who perform a role in minimising the need for overnight care (sleep in at great expense)

If this was to go ahead then it would need to be addressed in the participant's plans an identified support, where it be family member of home share or other informal cares.

Draft Recommendation 7.3 Paying Informal Carers Page 268-269

Although admirable I do not agree with this approach. Informal cares are the backbone of many participants and are NOT recognised for the incredible work they perform. Although some guidelines are noted it will be challenged so ALL informal carers can be included eg travel payments taken to court. There will always people pushing the boundaries. At this stage in the rollout NDIS does not need to be varying the scope too much. Maybe in 2020 this topic could be addressed again within the NDIS. Rather than funding through the NDIS maybe the Federal Government needs to increase funding for informal cares through tax and social security payments.

How do you relax the conditions? It could easily end up like the transport funding where it is all or nothing scenario. Although I believe this to be worthwhile I also think it has the ability to be easily abused. Maybe under exceptional circumstances this could be reviewed. In ethnical diverse cultures, the care worker could be trained and funding provided through that mechanism. The support could be noted in the participants plan and paid to the care worker on the basis of the approved Plan. This would boost employment. Allow proper Support Coordination of participants to exist for low functioning people.

The cost blowout would be massive if all informal cares were paid. It would not increase the workforce.

If the system is for paid informal cares can reside in the participant's home then SDA funding needs to be relaxed as well. At present SDA funding does not allow parents and participants to reside in the same property.

Information Request 7.2 Respite Page 271

When doing calculations on respite the numbers are difficult to make a business case even if a house is provided with the current funding arrangement and NDIS payments. If a house needs to be provided by the private sector then numbers do not compute, there is no way to recoup the cost of the building.

Respite has to be funded for and developed further. There is a need to provide relief for family carers and participants.

Maybe two levels of funding could be developed. Government built housing operating as it is at present. If a developer builds then add an additional amount to support the costs involved. It could be along the lines of SDA funding but directed to Defined Respite Housing. An amount, say, \$25,000 per annum pro rata per day that a

participant is in the house could be paid to the house provider, but not Government housing. This funding would come directly from the NDIS as is SDA. A three-bedroom respite house would be \$75,000 pa pro rataed per day when a participant is present.

The participants plan would cover the support staff and operation of the house as it does now.

Chapter 8 Participant Readiness

Participant readiness is critical into having a smooth entry into the NDIS. This means the LACs and ILCs need to be in place and funded before the NDIS starts in a new region.

Information Request 8.2 Page 61 and Page 290

LAC need to be kept at initial planning stage to support participants either enter the NDIS or guide them to appropriate ILCs. As noted elsewhere they should only be contracted for **one** year.

There are other companies in the market place supporting low functioning participants but these companies are finding it difficult to operate given the planning and funding arrangements, basically being destroyed by the LAC process. Forming large companies to have efficiency of scale does not work as participants need certainty in the Support Coordinator that will understand that particular participants need and not be give the next person to answer the phone. Housing, as an example, has been driven into several large players, not always with good results. If NDIS wants to contribute to competition then new and smaller players need to be able to enter the market.

Restrictive practices by larger organisations should not be a barrier for newer players to enter the markets.

Understanding plans is a fundamental issue for all participants and time needs to be allocated especially to new participants. LACs need to be in place at least 3 months before the rollout into an area so they can start developing plans and be ready to submit well thought out plans when the rollout starts. This would give time for new participants and families' time to consider what they are required to do and what is available. In some new regions, there may not be enough carers in place.

The LAC need to liaise with existing disability companies and government agencies supporting already identified possible participants. LACs need to work with and support these companies/individuals transition into the NDIS, NOT cut hours or activities that already exist. The participant needs to be correctly assessed and correct plans put in place. LAC should only be allowed to transition high functioning participants. The NDIS needs to transition low functioning participants directly. Both groups rely on well trained plan writers and assessors.

Once the initial plan is drafted the LAC needs to explain the plan and check for correctness. If the participant and family members have to review the draft plan

before it is submitted and agree to the proposed plan. With this approach, there is less likelihood that Plan reviews will be required clogging the system.

For low functioning or other difficult condition participants LACs need to direct to the correct agency to develop a specific plan and support coordination. Support Coordination has an important and valuable role as low functioning people need many support personnel and maintain this even through a support company can be extremely difficult when there is a limited pool of carers to call on.

Support coordination is an important role and should not be degraded. There are many ethnic, diverse cultures, tired and elderly informal carers that can not and are not in a position to learn how to navigate the NDIS and payments systems. Many elderly carers do not have access to computers. Over time the number of computer literate carers will increase and therefore support coordinators may decrease. Still, attempting to coordinate eight support staff each day and other support and activity carers will never be an easy task. Support Coordinators have access to many companies and contacts they can call upon. A family carer does not have access to these people and generally support coordination occurs at the last minute when a company can not provide a support person.

The principal or choice and control should NOT be lost on over bearing misguided LACs, who suggest with a little help these carers will be able to support the participant.

Chapter 9 Governance

Draft Recommendation 9.3 Page 307

Although I concur with the statement it will waste NDIS staff time which could be spent in preparing or reviewing plans. (Or overseeing the LAC generated plans). Just get the plans correct in the first place.

What is an unexpected plan review? One could say any plan that the participant is not happy with which cuts coordination supports or other support functions. The LACs can develop good plans if they listen and give feedback and allow draft proposals to be reviewed and amended before sending to the NDIS. There will always be situations that participant's lives change and a plan review and supplementation will be required.

Only cases that go to court need to be reported. These cases only need to report in a minimal sense the implications to NDIS and participants. The media will broadcast the errors of the NDIS satisfactorily, even though somewhat biased sometimes. NDIS need to concentrate on updating the system once a ruling is made.

Draft Recommendation 9.5 Page 320

Totally concur

Information Request 9.1 Pages 63 and 320 Effective ways to operationalise slowing down rollout

In my original submission, I noted this as a major issue for the rollout of the NDIS.

The NDIS is a long term worthwhile scheme not a splash in the pan over night thought bubble that will go away in a few years. It is not a pink bat debacle where it had a completion date and all houses had to be completed within too short a timeframe.

The NDIA is here to stay, in whatever form it may take in the future.

Each participant is an individual and needs to be addressed as such.

For the people who say they need support now then maybe the NDIS could fund States or Territories that have a particular need. There are many worthwhile cases that need help and support and the inclusion of every worthwhile case would swamp the NDIS process.

It needs to be remembered the NDIS did NOT exist several years ago. Many low functioning people were funded and supported through block funding and caring community base companies.

As well as the slow down areas that have a complete intake of participants needs to be properly addressed through good planning. If a good plan is done and participants know exactly what to expect then that participant will not need to address the NDIA until the pan review in 12 months. (unless there is an emergency requirement)

Just to note two examples where people have to wait

- 1) I have to wait for the NBN to roll into my street. Some people will have to wait several years to be connected. If the planning is done correctly with the supports in place then rollout will be smoother with better results. (I understand the NBN is not equivalent to the NDIS in supporting people lives)
- 2) Some PBS medicines are not available for years but eventually are made available to people who require them. Some people I sure have died due to not gaining access to the medicine or at a reasonable price earlier.

As noted in the report prioritising the participants entry into the NDIS means that the new region needs to have all the support staff and companies in place for the few selected participants. Who does the First Plan? This is not workable and should not be considered.

If people know when the NDIS is rolling into town then a smoother ride will happen. Before each area is started a review of the necessary supports could be addressed and the general requirements for the new participants. A quick review of the level of participant could be undertaken. Then the level of LAC or low functioning needs Support Coordination could be addressed. These numbers could be found from existing knowledge bases in each locality. There will always be more but the round numbers can be gauged. The proper planning can be put in place with the correct NDIS staff to address the plans and sign off. Many participants could be handled by LACS guiding people into correct support network.

Better assessment of the participant needs could also be addressed here. If medically based then then the person could be reject and advised or other services available in the area.

Providers to be located and noting if there are sufficient in that areas. In larger cities then adjacent areas could supply support staff and workers. In remote locations, this would be more problematical.

At the being of the NDIS people over 65 were not included (discriminated against) in the scheme. There people needed to access age care to help fund their disability support and assistive technology, eg wheel chairs etc. slow rollout will effect some people in this age category. Two ways to handle this are

- 1) they miss out on entering the NDIS as with other 65 year old people
- 2) a register could be generated and a preliminary entry noted in the area. No action would take place until the NDIS comes to that region and these people would then be considered for inclusion into NDIS. A cut off date of 1 July 2020 would be set and if over 65 on that date and not registered in the NDIS then that person would be cared for by Aged care. A date has to be set due the say the ACT being fully rolled out in 30 Jun 16. I am not sure if a 65 year old can join now but should be allowed up until 1 July 2020.

Is it fair and equitable that potential participants in the ACT that turned 65 in 2016 miss out entering the NDIS while the NDIS still rolling out in many regions and won't be fully rollout out until 2020?

Chapter 10 NDIS Funding Arrangements

Information Request 10.1 page 63 and Page 336

The Federal Government needs to take over the complete funding of the NDIS. The States and Territories need to be removed from the system. This would allow the Federal government to set the rules more easily raised money, through taxes or use of consolidated revenue. The Federal Government then could sell the benefits of the NDIS without have the states in the background wanting to be consulted any way forward or funding arrangements.

If this funding between the Federal, States and Territories is to continue then there needs to be a transparent amount of funding coming from each state or territory. In simple terms, there should be a set dollar value on the number of participants. There would be a cross section of participant requirements and needs which would be averaged. It can't be like the GST where some adjustable formula gets used. In the initial instance maybe just take the numbers already in the scheme where complete like the ACT and in larger States that the actual numbers where areas are complete and add the expected numbers (adjust to increases) that are expected to be enrolled.

If the funding is explicitly tied to the scheme costs so that the proportion of funding is allocated to each State and Federal Government it may make the States exit the scheme.

As noted elsewhere the 'In Kind' component has to go once the scheme is fully functioning. It is extremely difficult to find what the States and Territories actually fund.

Draft Finding 10.2 page 64 and Page 337

Leave the arrangements that are in place alone. By the time changes can be made the transition period will be over. The money and wasted resources can be better spent in generating better participant plans.

Information Request 10.2 page 64 and Page 340

The NDIS has to be funded. Cost overruns are an outcome of the poor planning of the NDIS system in the initial phase. If the NDIS is the stay then the Federal Government needs to find the extra money to enrol the 460,000 anticipated participants. I still think the involvement of the States and Territories, although may have been a required to get them on board the scheme in the first place needs to be scrapped.

If the States and Territories are being kept they have to detail exactly what they are funding as their contribution to the NDIS. Overlaps need to be culled and additional areas started to support ILCs. If suitable and functioning ILCs exist then new potential participants could be guided away from the NDIS.

This includes poor planning for participants and not allocating enough resources to cover each of the participants needs. There have been enough people enrolled and large regions completed that the NDIS should know what the outcomes of the likely funding is required. The Federal Government needs to address this and fund accordingly. This can be adjusted yearly. If proper plans are generated and reviews are not required then resources can be saved.

Now with the outsourcing of plans to LACs rather than employing NDIS staff is another slight of hand where contractors are not considered as part of the "government" system. Just poor NDIS, and Government management.

If new categories of participants are to be included then additional funding has to be allocated and NOT taken from the existing pool of resources. Maybe the expansion of the NDIS to include different categories has to wait until the initial rollout is complete. Funding currently provided by States and Territories can be supplemented by the Federal Government as Special funds through existing programs. The NDIS already is a nightmare with the current level of participant entering so adding additional participants in highly marginal descriptive mental or other issues with no trained LACs should not be entertained at this stage. A lot of these new categories are worthwhile inclusions but are only mudding the intake of current participants.

Draft Recommendation 10.2 Staffing Caps Page 343

The NDIS has to limit the sub-contracting of functions like regional LACs. LAC maybe suitable for some functions for example to get the maximum number of people enrolled in the NDIS in the shortest possible time in a new region. Contractors are not

a cost saving in the long run. If LAC present poor plans and reviews are required then there is cost blow out, participants and carers become frustrated creating a mass of people wanting to denigrate the NDIS.

There needs to be penalty clauses in the LACs contracts to remove hard cash whenever a review is started.

Information Request 10.3 Page 64 and Page 346

Since this is a Government funded and controlled scheme only a small additional reserve needs to be kept. Once fully implemented there will only be a small proportion of people entering the scheme. Others will be leaving either through receiving the correct support or by dying. This is not a commercial enterprise that has to make money. Hopefully over time the planning function can be carried out again by the NDIA rather than LACs.

Draft Recommendation 10.3 Page 348

Totally concur

Specialist Disability Accommodation

There is only a mention of SDA on page 273. Participants need to have SDA noted in their plans as the LAC enrol participants in new regions.

Other areas

New suppliers and provides should not be stopped from entering the market. Registering as a Provider is the first step in this process. A review of providers need to be carried out each year (maybe this is done already) As many providers have jumped into the market and maybe disillusioned with the process and have left. These providers need to be culled from the list.

Some participants need to use their Disability Pension rather than putting their hand out for more NDIS funding. There is an expectation that the NDIS will fund everything. This needs to be addressed in the longer view.

The NDIS has to be able to remove participants if found to have been enrolled if they are homeless, family violence, and especially drug and alcohol dependence. These issues need to be addressed before entering the NDIS.

More funding is required for home share support where participants can have a home sharer in place rather than having very expensive overnight support staff sleeping at a house just in case something goes wrong.