

CPA – NDIS Issues Paper March 2017

No.	Prod. Commission – NDIS cost driver categories (Page 8)	CPA Issues	Impact	Proposed solution/s
1	Access & Delivery	Speed of transition	<ul style="list-style-type: none"> • Client confusion and stress • Poor quality of first plan; requires review – increased admin time for providers that is not covered by fee structure • Clients have negative experience about NDIA, from provider perspective clients are not willing to 'activate these plans' as don't they feel they have approved it, • Plans are loaded into the portal incorrectly so claiming cannot go through • CPA having to spend considerable time with each client explaining the plan & funding - increased admin time for providers that is not covered by fee structure – not sustainable 	<ul style="list-style-type: none"> • We would strongly recommend that the Commonwealth and States revise the transition timetable to support a realistic and manageable change management process for all stakeholders – as per NSW Bilateral Agreement- Management of Risk Clauses 48 -51 – if the risk of market, sector and system readiness to transition emerges – changes to the participant phasing schedule may be considered by both parties
2	Volume	Respite	<ul style="list-style-type: none"> • Limiting for carers who have family members with very complex care needs who require in home and out of home options – 28 day rule is restrictive • Increased risk to mental health/hospital system/police – people in crisis need care they often rely on these service systems to respond if respite places are not available • Impost on families who prefer not to have Support workers in the family home for extended periods • Inability of families to have a break without leaving the family home • Scheme has primarily been built around adults with disability – so under recognises needs of parents/carers and under recognises respite needs of children with complex disabilities – some children getting very little self-care funding in their packages (heavy focus on early intervention services without recognition of care supports required) 	<ul style="list-style-type: none"> • Provide for a high complex standard (applied to needs of person with disability and or carer) that allows for more days in out of home respite • Recognise the needs of carers who have a family member at home with complex care and support needs • Recognise in home respite for children with high support needs

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3	Volume & Price	Transport	<ul style="list-style-type: none"> • Limited supply of transport providers who can accommodate people with complex needs; reliance on taxis • Transport pricing for people with high support physical disabilities remains way to low. These people have minimal options (often unable to access public transport) and therefore it is totally unreasonable to pay the difference/shortfall out of their pension • Travel – limited funding 	<ul style="list-style-type: none"> • Provide for high complex category of people who are unable and unlikely to use public transport even with support • Providers of van transport such as CPA need to be granted M40 eligible status given we currently save the NSW Department of Transport significant amounts of money by our clients not using the M40 dockets when accessing our vans. This would ensure the viability of this much needed alternative transport. • There is a limit to funded travel - we are concerned how this will impact on services, particularly in rural areas while allowing clients choice of providers.
4	Volume & Price	Death policy	<ul style="list-style-type: none"> • Limited acknowledgement of support provided to families by service providers after the loss of a client in shared living arrangements 	<ul style="list-style-type: none"> • Provide a grace period for NDIS claims after a client death
5	Access & Delivery	ECEI access partner model	<ul style="list-style-type: none"> • Mainstream providers with limited experience supporting children with complex needs • ECI new entrants being directed to agencies such as CPA in areas where we are not funded to provide planning or in numbers in excess of funded capacity • Inconsistent communication to families regarding ECEI process which has resulted in an over reliance on service providers to trouble shoot issues/concerns • Unclear when NDIA is able to review/write plans for new clients & hence providers are unsure of length of service required under ECEI access partner role. • Limited number of access partners mean that providers are transitioning clients that are not their traditional clientele & have limited experience. • List of transition clients has not been updated since October & providers have not been given new lists. 	<ul style="list-style-type: none"> • Clarity around eligibility and access requirements – significant variability and inconsistency being applied • Service providers should be able to make application for ECEI access partner's status based on experience not based on a previous funding model. • Clear direction for when client's plans are able to be written/reviewed by NDIA.

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			<ul style="list-style-type: none"> Lack of clarity now for the role of community health services – who would have traditionally seen children with mild GDD or mild DD or children with mild delays related to social disadvantage Prohibitive for families/providers to continue to pay out of pocket to provide access “evidence” to the agency 	
6	Scope, Volume & Price	Clients with complex needs/higher intensity needs	<ul style="list-style-type: none"> Limited support and distribution of services in rural/remote areas; operating costs prohibitive in small/thin markets Significant variability in plan values – some people with very complex support needs are getting extremely limited packages which will place the client/family at risk Significant increase in costs of supports as a person with CP ages - NDIS price list appears to not fully make allowance for this Inadequate pricing will result in a decline and quality of service. Clients will see a reduction in choice and control and quality of life. This goes against the basic principle of the NDIS 	<ul style="list-style-type: none"> Review pricing for people with higher intensity needs; considering age of participant as a factor Consider block funding for providers to operate in thin markets
7	Scope & Delivery	Support co-ordination	<ul style="list-style-type: none"> Inflexible rules around what providers can do this, although this has been significantly relaxed for the My First Plan rollout, it would be helpful to know the plans for this beyond that phase NDIS inconsistent in the managing of allocating and monitoring of support coordinators. No formal processes are in place and clients and providers are not always given the paperwork required when they are allocated as support coordinators. 	<ul style="list-style-type: none"> Revise current operational guidelines to reflect client choice and improve allocation and communication
8	Volume	Home Modifications	<ul style="list-style-type: none"> Limited number of providers of complex home modifications. Long waiting lists. 	<ul style="list-style-type: none"> Respond to supply issue

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9	Scope, Volume & Price	Assistive technology	<ul style="list-style-type: none"> • Lack of understanding of issues around AT prescription for complex clients. Limited funding for complex clients e.g. AAC. E.g. Requests for 3 quotes for items where there is only 1 supplier. • Assistive technology application form is not useable 	<ul style="list-style-type: none"> • Review operating guidelines
10	Delivery	Response from NDIA	<ul style="list-style-type: none"> • <u>Response to queries</u>: Experience from both clients & staff is that when contacting NDIA there is a significant wait experienced typically 2 hours wait time. • <u>Decision making regarding plans</u>: Processing time for equipment/ therapy requests such as funding for casting etc. takes too long to process so clients end up funding requests individually. 	<ul style="list-style-type: none"> • Improve communication with participants and providers • Improve decision making methodologies and eligibility criteria to speed up processing time
11	Scope, Quantity & Price	Shared Independent Living	<ul style="list-style-type: none"> • Shared vs Individualised supports - NDIS ethos promotes individual needs but pricing such as accommodation weighted against shared supports rather than looking at the individual needs • Accommodation is not a 24/7 operation. It is assumed that to maintain an adequate quality of life a person will be out of the house for a minimum of 30 hours per week. The pricing that Planners use is often the base week day rate and does not cover weekend labour rates. Often this minimum 30 hrs is not included in the plans 	<ul style="list-style-type: none"> • Pricing needs a suitable methodology for application e.g. cost calculators and quoting templates to ensure accurate price is achieved for services delivered
12	Scope, Quantity & Price	Assistance with Social/Community Participation	<ul style="list-style-type: none"> • NDIS promotes a more individualised approach/model and accordingly this will cost more than the old centre based model. As predicted there has been an increased desire for these individualised supports that have not transpired in the plans as the costs associated with individualised supports are too high for NDIS to meet its budget expectations 	<ul style="list-style-type: none"> • Review pricing

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13	Delivery	Adequate safeguarding provisions	<ul style="list-style-type: none"> Safeguarding strategies that are put in place lowers the risk to the participant but increases the cost i.e. Costs of training, auditing, checks, system requirements 	<ul style="list-style-type: none"> Regulate sector - minimum standards for providers Recognition that providers continue to play a vital part in safeguarding supports to support the state or territory they reside in – who will fund this going forward
14	Volume	Workforce supply	<ul style="list-style-type: none"> Workforce supply issues in the future will remain a major challenge 	<ul style="list-style-type: none"> Overseas workers will be a requirement in the future so 457 visa holders need to be paid at the base DSP rate not the current inflated rate
15	Volume and Price	Early intervention – for people of all ages at critical life stages	<ul style="list-style-type: none"> NDIS insurance ethos promotes early intervention thinking - earlier and more intense the intervention the greater the outcome the lower the overall cost. 	<ul style="list-style-type: none"> Early intervention for people with physical disabilities needs to be at a greater rate to reflect this cost Medicare levy is contributing to NDIS – so there should be some ongoing expectation and clarity around what therapy/health related supports can be funded by the NDIS
16	Scope	Interface with mainstream services	<ul style="list-style-type: none"> Much confusion and very slow or inconsistent decision making around what the NDIS funding can support versus what Health dept. needs to support LACs and Access Partners – spending a lot of time supporting clients with First Plan – do not get a sense that sufficient time is being spent providing information or referral to mainstream service (especially capacity building for these services) 	<ul style="list-style-type: none"> No clear delineation between Health and NDIA - this needs to be determined, agreed to and articulated Review effectiveness of ILC supports Medicare levy is contributing to NDIS – so there should be some ongoing expectation and clarity around what therapy/health related supports can be funded by the NDIS – need to discriminate between acute health care services versus disability habilitation services
17	Delivery	NDIA myplace portal functionality issues - various	<ul style="list-style-type: none"> The current portal issues have added increased admin burden and cost to providers Lack of co-ordination and/or communication between staff across NDIA, DSS and DHS – to support providers and participants – often receive daily calls from staff assisting with the portal but they can only 	<ul style="list-style-type: none"> Improved functionality and data accuracy within portal Improved co-ordination and communication between departments running the scheme and IT platforms

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			<p>assist with the issue they are calling about – no ability or (sometimes no interest) in assisting with other issues – or do not know who to even send the issues to e.g. problems opening DHS Secure emails</p> <ul style="list-style-type: none"> • When creating a reviewed plan, the previous plan is terminated along with all service bookings. This termination too often comes as a surprise to service providers and is often only discovered when trying to claim funds from the portal. A claims report is downloaded where errors are reported. One then needs to log onto the portal to decipher what has happened. It is not immediately apparent just by looking at the portal that a plan has been cancelled and the new plan date is not documented. • The portal times out too quickly. • Error reports when trying to claim are not clear enough to allow problem solving. The errors report does not suggest how to overcome the error. • If old plans are not adequately claimed up until the new plan date then there is a “gap” in funding • Claiming this “gap” from a terminated service booking is not easy to understand how it works. • Calculating what the “gap” amount should be can be perplexing for some service providers and some planners. • Planners are not always switched onto including a “make-up” payment amount at plan reviews. It falls back onto service providers to ask for it, to ensure it is included. • When “make-up” payment is calculated, it is often inaccurately calculated by NDIA staff. It is easier if the service provider has not claimed from the original plan to calculate the gap. However if a service provider has started claiming, calculating the gap, deducting payments claimed thus far, and booking the correct 	<ul style="list-style-type: none"> • The person making the service booking could be asked to add their email address at the time of booking in order to be auto informed of cancellation plus be given guidance as to what can be done regarding re-booking and claiming from the terminated plan and amounts left over etc. • Increase the time-out length and make the count-down clock visible to the user who can click to extend or re-start the clock. • Provide more info in the download report provided after uploading a bulk claim. The info could include suggestions of where-to-from-here. • Make gap in funding between plans auto-calculated in the portal so the planner can be aware of it and add a make-up amount in the new plan. Or better indicate how to claim from the terminated plan. • Provide more training to providers creating service bookings and more direct access to a help desk dedicated to claiming. • Better training for planners. Simple calculator can be created in excel. • Auto calculation in the portal for planners. It can prompt them to include it for ongoing funding such as Accommodation and ADE funding. • More training for planners and better calculating tools and equations to simplify their tasks. Also better to calculate a daily amount rather than a weekly amount. It is more accurate. • Improve Service Booking functionality and communication alerts

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			<p>amount into the plan review is very complex calculation for some.</p> <ul style="list-style-type: none"> • Provider portal is not user friendly and lacks ability to edit service bookings, either with amounts or dates. The inclusion of this function would decrease the need to contact the NDIS call centres which are timely and inconsistent. • Service bookings from Core Supports can be and are made from either various individual departments within an organization or from multiple organizations. They book an amount from Core Supports not knowing how much funding should be dedicated to other areas. It is a first booked best dressed basis. Those booking last can be left with insufficient funds. • Where a service booking has been made with insufficient funding, the calls to NDIS to add funding to the booking are inconsistent and time consuming. Some calls can take up to an hour to be answered, and dependant on which call centre has taken the call will depend if the amendment can be made, sometimes resulting in a call being put back on the queue to be answered by another NDIS consultant who should be able to make the amendment. • Where 2 service bookings are in place for a client, one at support category level and one at a line item level, when the line item number booking has been utilised and sits at Nil balance, any additional service at that particular line number is rejected (because there are no funds) rather than being claimed through an existing booking at the relevant support category level. 	
18	Access and Delivery	Development of NDIS plans	<ul style="list-style-type: none"> • Inconsistencies in plans have resulted in some cases of overpayments being made that have an effect on long term viability of the scheme. Current portal issues are adding to the cost of the scheme 	<ul style="list-style-type: none"> • Ultimately to make the scheme more cost effective it needs a framework of cost calculators and quoting/scheduling tools that assist planners to gather accurate information about the supports a

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			<ul style="list-style-type: none"> • CPA have witnessed significant errors amounting to tens of thousands, some in favour of the service provider and some in favour of NDIA. This is just from 86 plans for SIL. Extrapolate that out over “X” number of clients/plans and surely that will add a hundred million in costs, over time to NDIA. • Plans are not readily understood. At times paper plans do not match data on the client’s portal. Figures on the client’s portal do not always match in the “View my plan” and “my support budgets” tabs. • Funding for a variety of service types are all lumped into Core Supports. Deciphering how much funding to dedicate to a specific service is almost impossible. Funding bundled together can include and are not limited to the following: <ul style="list-style-type: none"> ○ SIL Accommodation/ Daily Activities ○ Make-up payments for gaps between plans ○ Day Supports/ Social Community & Civic Participation ○ Continence pads/ consumables • LAC support - inconsistent services in the initial phases of the plan, clients relying on CPA to provide explanation. 	<p>person requires. These tools also force service providers to justify costs of supports rather than just picking numbers out of the sky as currently is the case.</p> <ul style="list-style-type: none"> • Greater over-sight of Planners calculations. Auditing of calculations. More training for planners and providers. A centralized database for reporting and logging plan errors by providers and clients.
19	Price	ADEs	<ul style="list-style-type: none"> • Lack of Work Based Personal Care Funding means that ADE Supported Employees are not funded for the extra support they require that was provided to them pre NDIS • Planners do not understand nor have they ever approved funds to replace WBPA - Work Based Personal Assistance funding. Supported employees with severe physical disabilities require WBPA to maintain extra-ordinary supports in an ADE. 	<ul style="list-style-type: none"> • Planner training regarding all matters ADE or specialized and dedicated ADE hotline for reporting and correction of errors. • Planners require training to set DMI to either current level of the Average DMI amount specific to an ADE. • Centralized database of average amount for each and every ADE made available to the planners. Amounts should be annual not weekly to make their task easier.

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			<ul style="list-style-type: none"> • So far 16 out of 42 plans for our ADE Supported employees have the wrong amount for the DMI level resulting in insufficient funding • It appears that 27 out of 42 plans for our ADE Supported Employees have the wrong or no transport funding • Planners do not know that DMI funding needs to be applied over 52 weeks (or 53 as is the case in the majority of plans?). Planners often deduct 4 weeks for annual leave from supported employees plan and only approve 48 weeks of funding. • Planners often determine what DMI level to grant to an individual on the spot, without the skill or tools (DMI tool) to access that individual. • Planners have no inkling what new recruits in an ADE should be allocated. It is the “AVERAGE” amount as calculated by DSS some time ago. It is unique and individual to each ADE. It should be applied as a default amount to all new recruits to an ADE who have never had a previous DMI level set. • Apart from DMI funding levels being applied over an inaccurate number of weeks, some plans have wrong (inconsistent) amounts without rhyme or reason. • Transport amounts are often inconsistent and inaccurately applied for supported employees. 	<ul style="list-style-type: none"> • Education for planners and a more robust mechanism for initiating a plan review. Ideally it will not trigger a new plan but rather a simple correction to the current plan. • Publish an annual amount per DMI in the Price Guide, and not a weekly amount as some planners do not understand the need to fund the full year. • More training for planners to understand Level setting based on hours worked per week.
20	Access	Eligibility & Access	<ul style="list-style-type: none"> • Confusion around what these definitions mean and what the scheme will and won't fund; exacerbated by variability and inconsistency of what is being supported and funded within plans • Access – adult clients e.g. diplegics and hemis who have not had services since childhood often need advice/assistance with assessment for access request. CPA is often being called to support this process for non-current clients. 	<ul style="list-style-type: none"> • The definition of 'Reasonable and Necessary' needs to be clearly articulated to participants to realign expectations of the scheme

