# National Disability Insurance Scheme

## Name

As the scheme becomes more widely known, the need for the word National would become redundant. So, this should be removed.

Having the word “Insurance” has many connotations. Insurance is usually an opt-in option for people to pay towards a certain event, such as death, funeral expenses, vehicular damage or loss, home and contents damage or loss, and private health insurance.

The proposed scheme should be renamed to “*Disability Care*”. It is for the care of all Australians who have a disability. Being a simple name helps in its message getting across about what the system is.

It would be like Medicare. This is a simple name that easily conveys what it is all about, - being covering the medical care of people.

## Funding

The *Disability Care* scheme, like Medicare, would be funded by the Federal Government.

Funds would come from various sources, including funds being available from a levy from each tax payer.

There would be no ability to opt out of it.

The amount paid by each taxpayer would be based on a sliding scale based on your taxable income.

The existing other medical/disability schemes, such as TAC and Workcover, would be modified, so that the disability needs requirement would be covered by the *Disability Care* scheme.

Compensation would be sought through another system than *Disability Care*, such as the courts.

TAC and Workcover could become, more for the prevention of accidents, and the prosecution of people and businesses than paying for the needs of goods and services for people who acquired their disability after a vehicle or workplace accident.

There should be a levy from vehicle registration covering all land and water based motor craft, like the TAC in Victoria. But, instead of the TAC covering the whole gamut of disability requirements and issues, this part would then be covered by *Disability Care*.

Similarly with Workplace Safety, each workplace would pay a levy, but instead of many disability associated things coming under Workplace Safety they would come under *Disability Care*.

Other means that help provide goods and services for people who acquire a disability would be able to be changed when *Disability Care* is up and running.

For example, payouts from various negligence cases, such as medical negligence, and public liability, as well as personal sickness/disability insurance, and various sporting insurances that also cover the disability needs of goods and services would be directed into the *Disability Care* scheme rather than to the person involved. This is because all that person's needs would be covered under the *Disability Care* scheme, and they do not need to worry about how their disability needs would be met for the rest of their lives. All that they would receive would be a compensation payout to cover income loss of earnings, and pain and suffering for instance.

This should make everything a smoother and more transparent process.

It should also make it less stressful for the person with a disability to go through the process. They would not need to be concerned about needing to justify every little thing that they may request, or worry that they left something out.

It should also reduce false and fraudulent claims made, as the person would not be getting any large payouts to help cover the future costs of their disability needs, as they would get them under the *Disability Care* scheme if they needed them.

This would therefore reduce costs which currently occur due to fraud. It would make it cheaper for everyone, as the law abiding person often needs to pay more to cover these false, and/or overinflated injury claims.

## **How and When a person acquires a disability**

When a person becomes disabled should not be an issue.

People must not be segregated based on their age, or reaching a certain age, such as the age of the aged pension.

*Disability Care* must cover all Australians from birth to death.

How a person becomes disabled should not be an issue.

People should not be segregated depending on how they received their disability such as in a vehicle, on a road, or in a workplace.

The system must be simple for all to understand and for all to access as their needs dictate, no matter what age, or how the disability comes about.

In other words, the system would cover from birth to death.

It would cover the specific needs of the person with a disability, whether they became disabled in-utero; from a medical condition; from an illness; from an accident, such as a traffic accident, a workplace accident, or an accident during sport, or an accident at home; or as a victim of crime, for instance.

The system should be based on meeting the needs of every Australian, as they progress through life.

## Disability/Ability continuum

There should be no difference between levels of disability.

If there is a separation of degree of severe and profound disability, as proposed, then there will always be problems of who misses out, and who gets in.

A system that differentiates between levels or degrees of disability does not cope with people whose disability varies in severity.

Some conditions can vary. These can be numerous, but do include: variation during the day, variation over different days, variation at different times of the year, as well as in different situations.

If someone has a variable illness/condition/disability, under the current situation, they are likely to want to be assessed at their worst time, in order to therefore access certain services for when their disability is at its worst.

Any differentiation in a person's disability's needs would only be necessary to access certain rebate able items from *Disability Care.*

For example, only a person who requires a wheelchair for mobility would be able to access this item for rebate, and only a person who requires a motorised wheelchair would be able to access this item for rebate.

There must be no differentiation in a person's level of disability to access *Disability Care.*

## A person who is disabled

The system should be set up like Medicare. So, all people who are eligible for Medicare are eligible for this, the only stipulation being that they must have a disability.

Any person receiving a Centrelink Disability Support Pension (DSP) should be automatically accepted into the *Disability Care* scheme.

Those people who do not receive a DSP would need to meet other criteria, and be assessed by relevant doctors who are versant with the relevant illness, condition, etcetera of the person concerned. This is especially so with conditions/illnesses that are not well known in the medical field and these must be assessed by the relevant professors or specialists in that field.

People with a lifetime disability would never need to be re-assessed and would receive *Disability Care* until their death. People with a temporary disability should be able to be covered for certain time limits, for example twelve months, or five years for instance.

## ***Disability Care*** **Card**

All people determined to have access to the scheme would receive a *Disability Care* card, like a Medicare card.

There may be need to have photo ID on it for adults.

This card would be able to be used similarly to the Medicare card. So a person may be able to access services directly from the source by presenting their card, or pay for the service and then take the receipt to a *Disability Care* office for rebate, or submit the invoice to *Disability Care* for payment direct to the provider.

## **Goods and Services provided under** ***Disability Care***

Because every person who is deemed to be disabled is able to access *Disability Care*, therefore there should not be people who miss out on receiving certain things or not having their needs met.

For example, under Medicare a person can visit a doctor as many times as they need to during a year and they can be rebated the specified amount. A person can also visit a specialist but only with a referral from a GP.

There should be no rorting of the system, as people would only be accessing the services they need.

At the moment some people will try to access more funds for their support packages to cover certain services, just in case their condition deteriorates during the year.

Unfortunately, if they don't use all their allocated funding up that year they may have their funding cut the next year, so they then use the funds up unnecessarily just so they don't miss out the next year.

Under the *Disability Care* system this would not happen, as the person with the disability would receive services or items as required.

Probably any equipment required would need medical professional approval, such as a specialist in that field of medicine, a physiotherapist, occupational therapist, etcetera.

There would also be a limit on the amount of equipment purchased. I will elaborate on this further on.

Many things would be included in this system, which goes beyond the scope of Medicare.

Examples would include: health professional consultations, such as physiotherapy, hydrotherapy, dentistry, and psychology. At the moment these can sometime only be allowed under a GP medical health plan for those with chronic conditions, and there is often a limit to the number of rebate able visits, such as five physiotherapy sessions in 12 months.

Under the *Disability Care* scheme, some of these services could be allocated a yearly limit.

For example generally any person with a disability may be allowed 6 visits with a psychologist each year, but a person with a medical referral may be allowed up to 12 visits before another referral was needed up to a maximum of 52 each year, and a person with a diagnosed mental illness may be allowed unlimited access with no further referrals.

Other items would cover care support, such as respite care, cleaning support services, community access support services, gardening services, etcetera.

Again, there may be limits on these services, such as a maximum number per year, such as 52 cleaning visits, and 26 gardening visits.

Each item would have a maximum rebate, though a unit would not take as long to clean or garden around, as compared to a four bedroom house on a 1000m$^2$ block, so there should be allowances available to cater for this.

Tangible movable items would also be covered, such as manual wheelchairs, motorised wheelchairs, scooters, rollators, lifting machines, crutches, and shower stools.

Rehabilitation would also come under *Disability Care*.

There would be items covering services such as hydrotherapy, pool work, physiotherapy, speech therapy, and occupational therapy.

There would also be physical items required for rehabilitation that should be covered, such as exercise equipment, like hand weights, elasticized strengthening bands, burns compression clothing, etcetera.

Other items and medical aids, that help a person live life with dignity and ease would also be included. These could include incontinence aids, eating utensils and crockery, pill dispensers, etcetera.

Like Medicare, there would be a specified cost per item, and if you wished to pay more for that item you can, but you only get a certain amount back as a rebate. For example a spoon which can be used by a person with limited mobility in their hand may have a benefit value of $15, but you may wish to purchase a $20 spoon so you would be out of pocket by $5.

What would also be great would be the ability to allow the purchase of a specialised piece of sporting equipment every so often. This would allow people with a disability to access the community, and keep fit. Doing exercise also helps reduce depression, and other medical flow on effects from non-exercise.

To cater for the needs of various types of disability, there should not be specified items listed, such as a basketball wheelchair, tennis wheelchair, sit down snow or water ski, racing bike, or a hand-cycle. Instead, *Disability Care* should enable the purchase of an item specifically for the person concerned.

Of course, there would need to be a maximum limit, such as a $1,000 per year.

Therefore, a person, such as myself, could purchase a $4,000 recumbent bicycle with rebate, and then not be allowed to rebate another piece of sporting equipment for another four years have passed, or I could purchase a $3,000 kayak and not purchase another item for rebate for another three years.

Some people may think these two pieces of sporting equipment are very specific, cost way too much, and do not understand why a person with a disability should be able to get such unlikely pieces of sporting equipment for a person with a disability. They may think that the person with a disability should just be happy with a wheelchair based sport. This is why having a system that meets the needs of each person with a disability is so much better than pre-determining what that person is allowed to do.

Unfortunately my specific disability means that my body does not tolerate gravity, so I am best lying down or recumbent. There are not many sports that I can easily undertake in a position that does not involve standing or sitting. I would probably go well with swimming, hang gliding, luge, and skeleton.

A kayak is good, because my feet are at the same level as my bum, and my legs are slightly higher, which is great. I can actually sit longer in my kayak than in my wheelchair due to this posture. In 2007 I became the first paddler with a disability to become an accredited Australian Canoeing kayak instructor. This was a major achievement, and hope I will be able to teach others, especially those people with a disability to experience the joys of paddling on the water.

A recumbent bike is also good because my legs are out forward at the same level as my bum, and using pedals helps exercise my legs which in turn help with blood circulation and muscle tone.

Non-movable items would also be covered under *Disability Care*, such as house modifications, including ramps, toilets, and showers.

A medical professional, such as a doctor, physiotherapist, or occupational therapists, would approve access to certain items. This would prevent their purchase, and use of the system, unnecessarily.

Each item would be assessed, by an independent team, to work out if it would only be allowed to be purchased every so often. An example could be that a wheelchair user would be allowed to purchase a manual wheelchair at the rate of $500 every year, so that you could get a full rebate on a $3,000 wheelchair and then not be eligible for rebate for another manual wheelchair for another six years, or purchase a $5,000 wheelchair, and not be eligible for a rebate for another ten years, for instance.

Other movable items, such as rollators, walking frames, canes, even crutches, would have similar restrictions on their purchase.

## Existing Aids and Equipment Program

At the moment there is an "Aids and Equipment" program.

This existing system must be scrapped and the items come under the *Disability Care* scheme.

Unfortunately what you are allowed to get under Aids and Equipment is very different between the states.

For example in Victoria you can only get a manual wheelchair up to a value of about $1,500, but in Tasmania you can get a manual wheelchair up to about $5,000.

There is also a waiting period of about 18 months after being assessed before you receive the item. This is atrocious. If you need the item, you should be able to access it.

I was in hospital for 8 months, and when I left to live in an aged care facility I needed a wheelchair. I was told there was an assessment process, and a waiting period of at least 18 months. Therefore, I was expected to either lie in bed, or crawl around the floor, for 18 months. Therefore, I had to purchase my own manual wheelchair just so I could have mobility like any able bodied person.

In Victoria, under Aids and Equipment, you can only get household modifications up to $4,400. This figure has remained the same since GST came in and was only modified then to increase it from $4,000 to $4,400 to cover the GST component. This figure is only allowed to be used for a small number of specific items, such as ramps and bathrooms.

I have three entrances in my house, and the cost to have a ramp to each entrance would be about $6,000 in total. At the moment I have a hand built ramp of planks up to the front door only.

For my bathroom modifications, I was quoted between $10,000 and $15,000.

I have to therefore pick what is more important for me, access to my house or access to a shower, and even then I would still have to find extra money to pay the full costs of the modifications.

Certain items are not covered, for example: a stove; a laundry tub, or a kitchen bench. All these items may be inaccessible to certain people with disabilities unless they are modified in some way, or specific items for people with disabilities are purchased.

At my home all the kitchen benches and sink are situated too high off the floor, and need to be lowered. This is a cost that is not covered under the Aids and Equipment program.

At my home, there is a wall oven above the hotplates which is a combined stove. I have not seen one like it ever. Unfortunately the location of the oven above the hotplates is not usable for me, so I have to purchase a new oven that sits below the bench. Again, this requires modification to my kitchen, and the benches and cupboards, and that is also a cost that is not covered by Aids and Equipment.

If I was injured at work or in a vehicle these modifications within the house would be covered and paid for by either TAC or Workcover.

These household modifications must all be covered by *Disability Care.*

That is why the *Disability Care* scheme would be so good to level the playing field for all people with a disability, no matter how their disability was acquired, or the level of severity of their ability/disability.

## Support packages

At the moment some people with a disability receive support funding packages. These may be ongoing, or updated at certain intervals, or as needs change.

Unfortunately, there is no parity amongst the various packages. They are meant to be individualised in order to meet the needs of the recipients, which can be great, but some people with very similar needs have very different funding amounts made available to them.

Some people can use the current system to their advantage, whilst others who are less able to articulate their needs, or less aware of what they can apply for, can be left floundering.

It can be very hard to get some things approved in your package, as the people who approve it are not conversant with your specific disability and your subsequent needs. There is no ability to speak directly or present yourself to the panel assessing your support application. There is also no right for a reassessment by another panel.

Some items that could help and relieve the symptoms of an illness/disability should be allowed to be purchased. For example a person who has a condition that is worsened in heat should be able to get help in purchasing an air conditioner. Having an air conditioner would therefore enable the person to live in their house in a cooler environment which may then mean that their condition is at a manageable level and other needs and services may not be as required as much.

When your situation changes it can be quite a process to get your package modified, and many times it can be refused.

For example, I was given funding to have a person cook meals for me once a week. In this two hour session they were able to make three meals for me, one for that night and another two meals for other nights.

This meant that I had four nights in the week where I did not have a meal readily prepared. On the nights without a made meal I would sometimes have a bucket of noodles, a tin of soup, or go without.

The meals prepared where always very similar, with very little variety. I miss this ability to have varied meals.

When my children came to live with me, I was allowed one more meal preparation session, but the time allocated was reduced from one, two-hour session to two, one-and-a-half hour sessions.

So, now the cooking people come twice a week for an hour and a half each time. I now get two freshly cooked meals a week instead of one, and I have two reheated meals a week. This still leaves three nights without a meal prepared for myself.

My kids can also get two freshly cooked meals a week, and two re-heated meals. Unfortuantely, they have now gone off the reheated meals, partly because sometimes the food did not re-heat well, and partly they got sick of the lack of variety too.

In an hour and a half there is no time for a long duration meal to be made, such as a roast beef with roast potatoes.

There is never any time to make other foods for my kids like deserts, cakes, biscuits, etcetera. It would even be great to have a person come to help teach them to cook.

I have tried to get more funding but to no avail.

The *Disability Care* scheme should also allow a managerial component so that a support person can manage your care needs, if required.

For example I have a care-co-ordinator who liases with care support providers and pays their invoices on my behalf. This is one less thing that I need to worry about. She is also well aware of my condition and can help put into place extra support when my condition deteriorates. Therefore, *Disability Care* will need to allow appointed people to also act on your behalf when claiming invoices for instance.

Support funding packages should become obsolete with an all encompassing *Disability Care* scheme.

Having *Disability Care* would allow all people with a disability to access the services and goods that they would need to live their lives with dignity, ease, and on a level playing field as able-bodied people.