The Hunter experience – Lessons Learned: National Disability Insurance Scheme (NDIS)

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National Disability Insurance Scheme (NDIS)

• Commenced in Hunter: July 2013
• Existing clients to transition:
  – 2013/14 Newcastle LGA
  – 2014-2016 Lake Macquarie LGA
  – 2015/16 Maitland LGA
  – 2016/18 NSW
• **ALL** New clients from 1 July 2013 – must be a resident of the area as at 1/7/13
National Disability Insurance Scheme (NDIS)
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• Eligibility:
  – age (less than 65 years)
  – disability status (permanent disability that reduces ability to participate effectively in activities or perform tasks)
  – the impairment affects capacity for social and economic participation
  – support is required under the NDIS (and not another service system such as the health system) for the lifetime
National Disability Insurance Scheme (NDIS)

• Fund supports that assist a participant to undertake activities of daily living required due to the person’s disability

• Funding is not capped & not means tested
  – National Average cost of package: $34 000
  – Cost range of SCI package: $2 600 - $90 000

• Based on ‘reasonable & necessary’
National Disability Insurance Scheme (NDIS)

• Examples of funded supports:
  – daily personal activities
  – transport to enable participation in community, social, economic and daily life activities
  – workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
  – therapeutic supports including behaviour support
  – help with household tasks to allow the participant to maintain their home environment
Examples of funded supports:
- aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment
- vehicle modifications
National Disability Insurance Scheme (NDIS)

• NDIS will NOT fund supports:
  – if not related to the participant’s disability
  – if duplicates other supports already funded by a different mechanism *i.e.* Health or Housing
  – relates to day-to-day living costs that are not related to a participant’s support needs, or
  – is likely to cause harm to the participant or pose a risk to others
# Mainstream Interface with Health

<table>
<thead>
<tr>
<th>Always NDIS</th>
<th>Context dependent</th>
<th>Always health</th>
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<tbody>
<tr>
<td><strong>1. Permanent aids and equipment</strong> to improve functioning (except surgically implanted or to regulate health conditions)</td>
<td><strong>1. Therapies and allied health</strong></td>
<td><strong>1. Diagnosis of health conditions, including ongoing or chronic health conditions</strong></td>
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<td>– NDIS: required to maintain functioning or to improve functioning in an early intervention context</td>
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<td>– Health: time limited interventions to improve functioning following an acute event (e.g. stroke or acquired brain injury)</td>
<td><strong>2. Clinical treatment</strong> – general practitioner, medical specialists, dental care, surgery, care in public and private hospitals, pharmaceuticals, palliative care (including for ongoing wound management)</td>
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<td><strong>2. Personal care and domestic assistance (including nursing)</strong></td>
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<td>– NDIS: where it is related to ongoing functional impairment</td>
<td><strong>3. Preventive health</strong></td>
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<td>– Health: where the person’s need is temporary to recover from a medical condition or event</td>
<td><strong>4. Subacute care</strong> – “rehabilitation” or post acute care</td>
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<td><strong>5. Aids and equipment</strong> (temporary or medical devices)</td>
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• The *health system* is more appropriate when:
  – Assistance to increase functioning (rehabilitation) by specialist allied health, rehabilitation and other therapies for people with recently acquired conditions such as newly acquired spinal cord injury, until the participant has achieved the maximum level of achievable functioning and the remaining allied health support is for the purpose of maintenance.
National Disability Insurance Scheme (NDIS)

• Each NDIS client will have an individual plan developed by a “Planner”.

• This plan is then enacted by the Local Area Coordinator.
HSCIS experiences

- NDIS planners have varied backgrounds & experience
- Limited time/funding for specific issues
- Who decides what is reasonable & necessary
- Inconsistent approvals
- Clients not prepared for planning, unsure of entitlements
- Newly injured clients – need help NOW
- More clarification required on definitions of responsibility e.g. Health or NDIS
Client’s experiences

- Not prepared for planning interviews
- Need to know what is required NOW and the FUTURE
- Basic (fixed) supports need to be adequate
- Post interview – check plans
- Difficult at times to understand the “plan”
- Plans not always reflective of client’s goals.
The positives

• Access to improved supports
• Improvement in continence funding compared to CAP system  
  – access to a greater variety and number of products
• A good focus on engagement within the community eg. Leisure activities, transport to attend social activities
The positives

- Increased access to and quicker delivery of equipment
- Hopefully a more streamlined process for discharge:
  - Equipment through Enable
  - Home Modifications
  - Attendant Care Services
  - Consumable equipment ie. Continence supplies
Challenges – to be addressed

• Excludes people over 65
  – aged care packages do not accommodate the complex needs of this client base.

• Slow transition process

• Increase in the number of private providers who may lack the appropriate skill-base/experience.

• Pressure on NDIA case workers to assess and put plans in place quickly.

• Consent and process for sharing information between Health and NDIA
Grey Areas

- Newly injured clients:
  - Timeliness of planning meeting (impacts on inpatient length of stay).
  - Will NDIA case workers travel to Sydney for interviews or videoconferencing?
  - Length of plan for newly injured clients: 12 months or should it be reviewed after 6 months?
  - Are all equipment items required for discharge funded by NDIS?
Grey Areas

• Acute vs chronic wounds
  – ? responsibility for long term management of needs

• Long term catheter management
  – Disability impairment v’s treatment of health condition

• PWC prescriptions
  – specialised OT vs general OT vs no OT input

• Cost recovery of HSCIS services – not registered as a provider
Lessons Learned

• Business as usual – ongoing learning process
• SCI management is a specialty mainstream health service and referrals to specialty SCI services should not be impaired by NDIS
• Newly injured clients:
  – need help to anticipate their needs for discharge
  – need to register during acute admission not rehab
Lessons Learned

• Preparing the client for the planning interview…is vital
  – think about what you need on your worst day
  – think about your informal supports, and if the person/s providing those can continue
  – make a list of everything you have and need now plus things for the future, before you decide what not to ask for
  – make sure basic supports are in place and adequate for your needs ie: personal care, domestic care, continence funding, transport costs
Lessons Learned

• Post Planning Interviews – encourage the client to:

  – check and check the plan again
  – make sure current care hours are not decreased /lost ie absorbed into another item
  – ask the planner to talk through the plan with you before signing