

Brave New World

A 2020 vision of the NDIS
& related Appeals to the Tribunal

The largest Social Policy Reform since Medicare....

FROM 2011

PC "Disability Care & Support" Report

Disability supports are:

"Inequitable, underfunded, fragmented & inefficient,
giving people with disability little choice

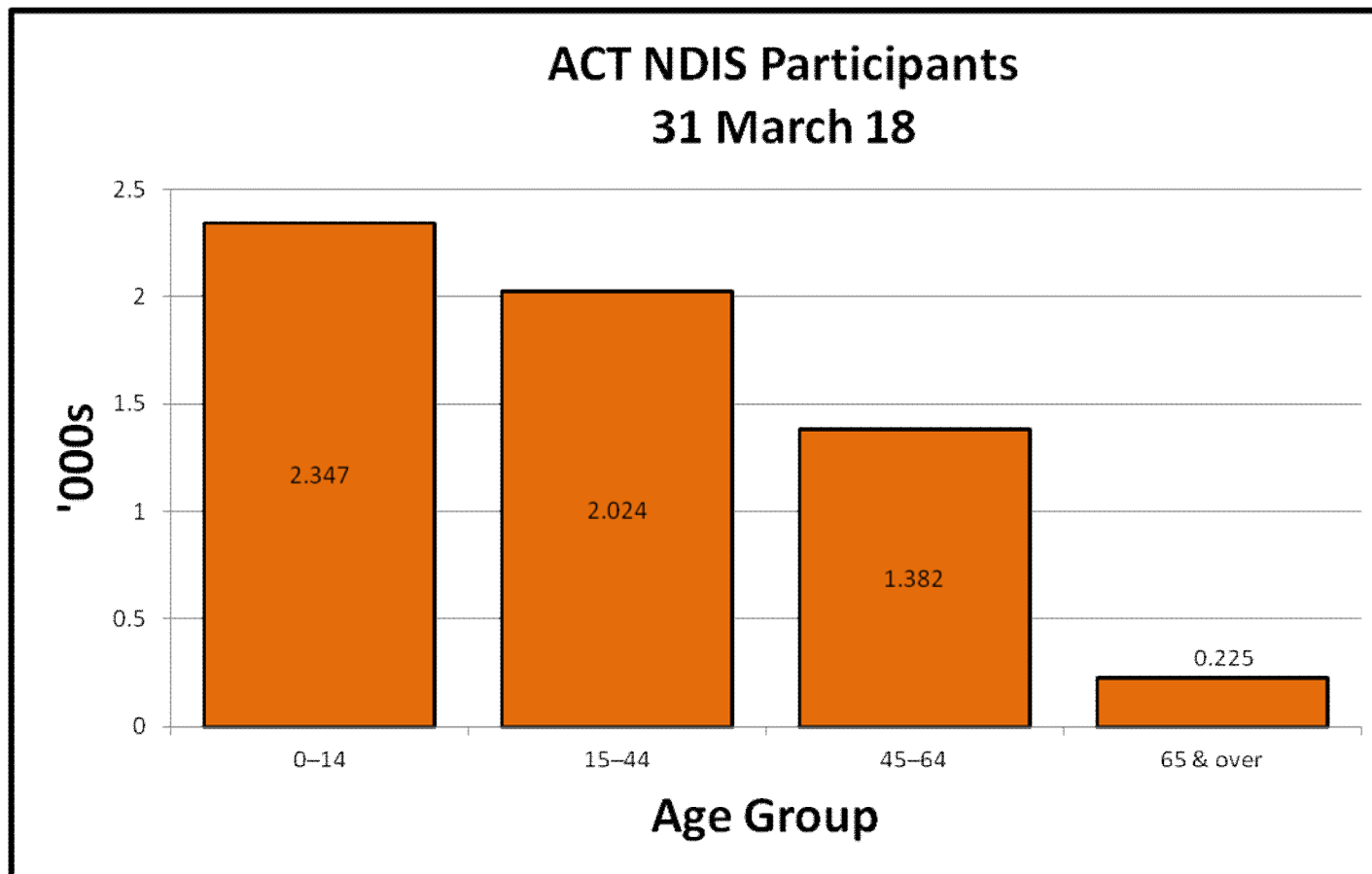
TO 2018

Commonwealth Ombudsman's report

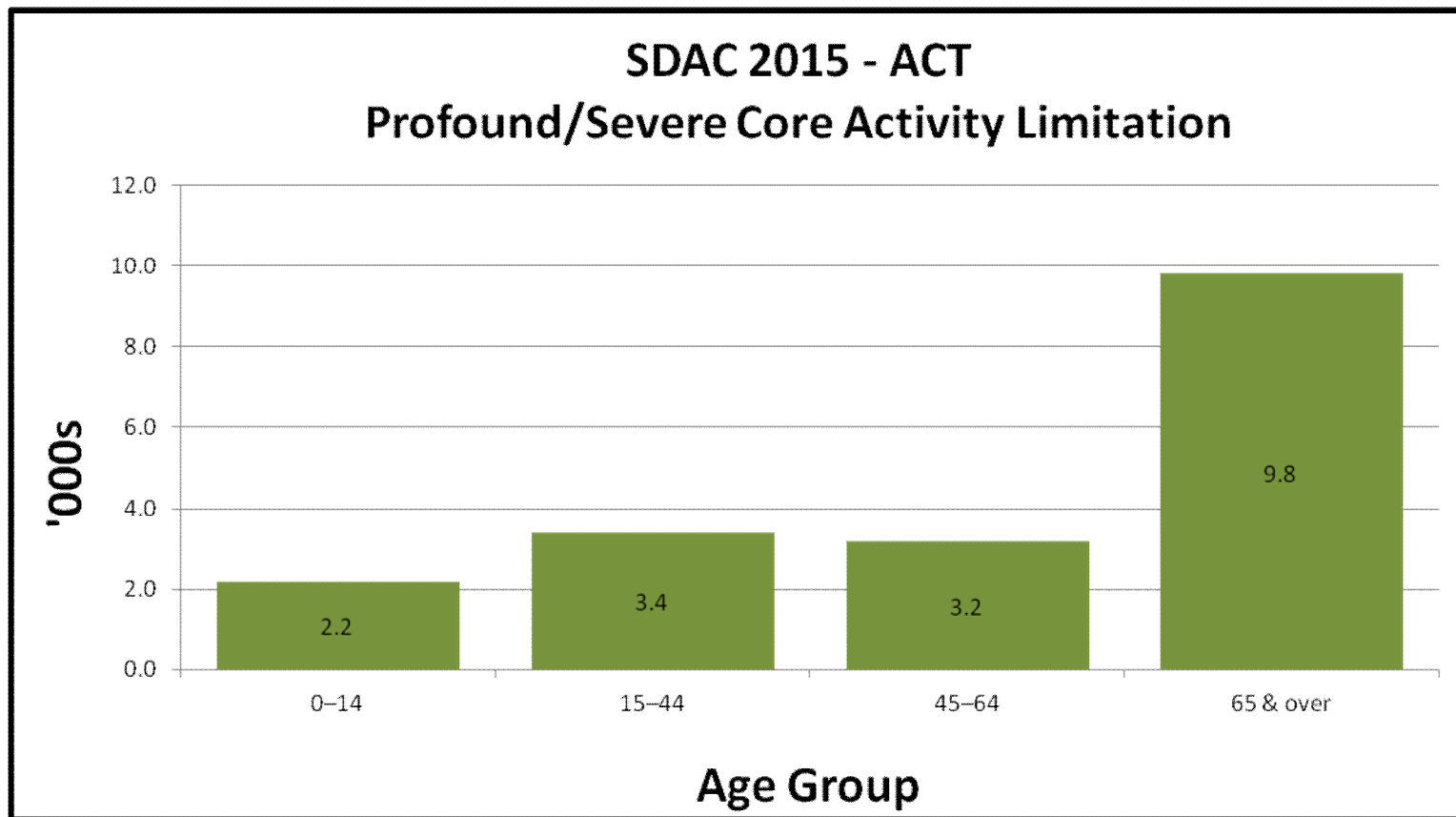
NDIS disability support system is:

"Unwieldy, unapproachable and driver of substantial
complaint volumes for participants

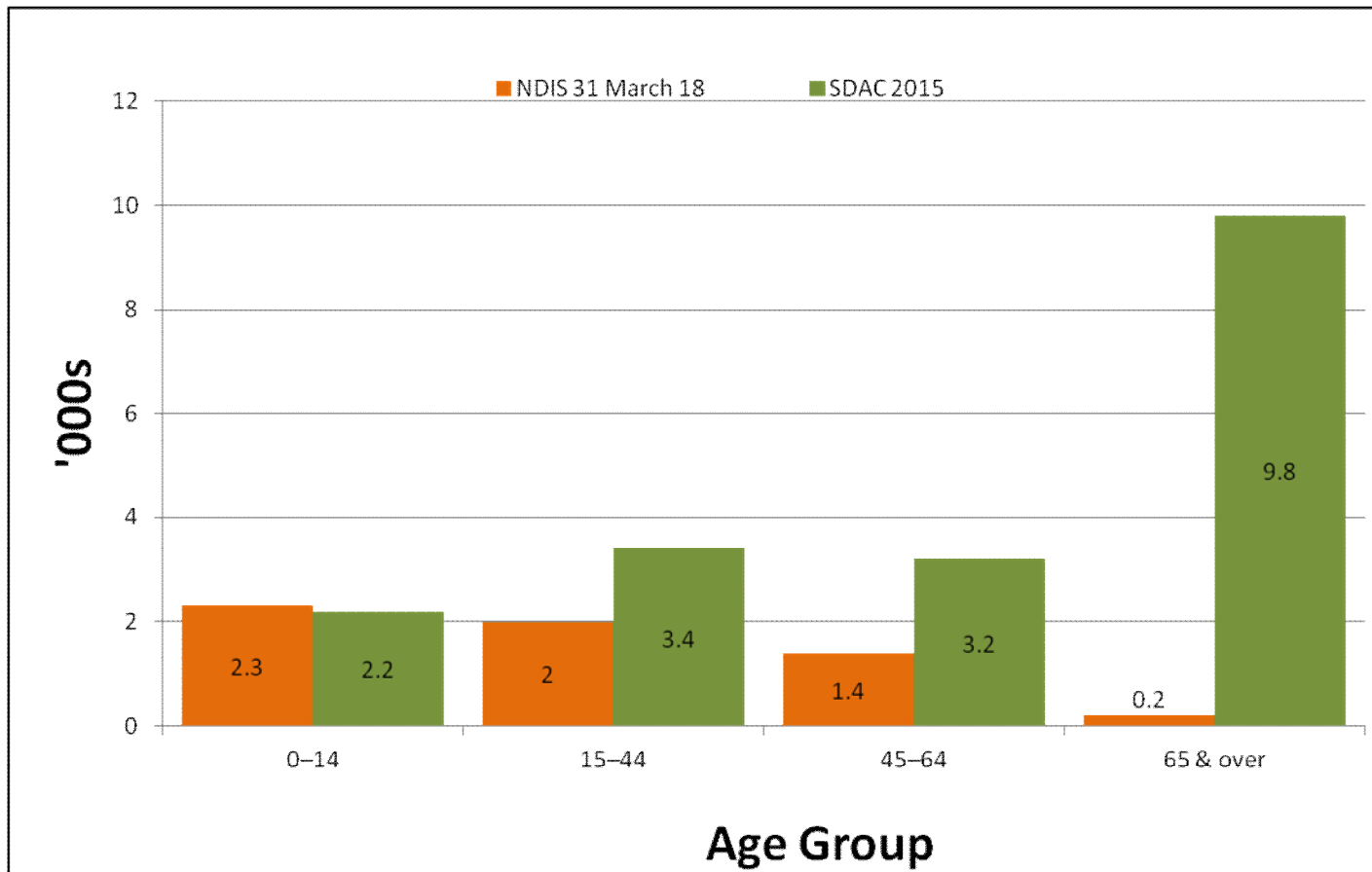
Current age distribution of NDIS Participants in the ACT



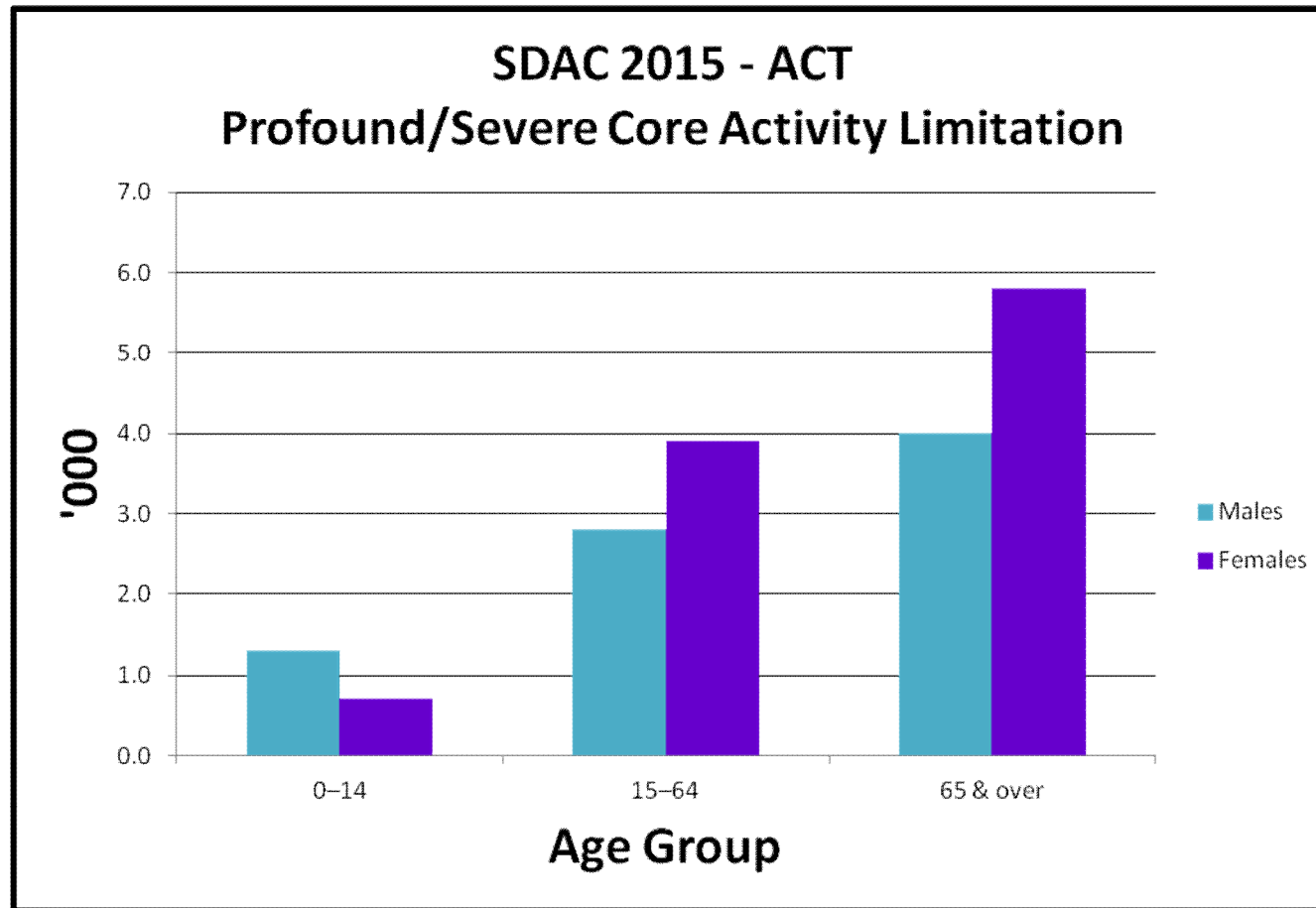
SDAC 2015 age distribution of people with profound/severe impairment in the ACT



Projected age distribution of NDIS Participants over time



Estimate of age distribution NDIS participants by 2020



Major Sticking Points

Plan Reviews

"Interface issues

- . Health/Disability
- . My Aged Care/NDIS
- . Jurisdictional (x-border issues)

"Subjective interpretations of the Act

Reasonable & necessary

Choice & Control

Early Intervention

Psychosocial

Housing

Plan Reviews

- “ National - 32.5% of NDIS-related complaints
- “ ACT - 95%+ of NDIS related problems
- “ Urgent need to reduce the plans going to review
e.g. Participant Pathway under review
similar need for Plan Review Pathway review
- “ Reasons for review requests
 - Plan contains Planner errors (funds in wrong bucket)
 - Plan contains inadequate funds for AT (quotes supplied/ignored/rejected)
 - Plan contains unauthorised & uncommunicated change in plan management
 - Plan approval delays mean requirements have changed

Reducing reviews

- “ Transparency – communication & trust needed
- “ Backlog of review requests (Feb 2018 = 8200, with 600+ new per week)
- “ Review requests under s48 and s100
- “ Ombudsman identified that Planners classed requests for internal review interpreted as request for unscheduled review.
- “ Wrong process, prevented Participant going to AAT in the first instance
- “ Causes double handling

Health/Disability interface

“ Eligibility

(e.g. Dale Mulligan case, sciatica/heart disease, with request for lawn mowing)

“ Increased need for modifications

“ Increased need for ADL supports

“ Increased dual diagnoses

(Primary disability & Mental Health condition)

(loss of existing mental health services rolled into the NDIS, only 35% eligible for NDIS)

“ State government withdrawal of services

(e.g. ACT no longer a provider of last resort available)

My Aged Care/NDIS interface

“ Lack of parity between My Aged Care & NDIS

e.g. NDIS Guide Dog care = \$2500 p.a., MAC allocation = \$0.

“ Definition of Chronic condition

“ Clear linkage to health system

“ Medical model

“ What you pay for assess supports is means tested

“ Disability acquired at aged 64

Jurisdictional interface

- “ Price differentials will continue
- “ Due to cost of living and cost of labour
- “ Rural and remote areas will have thin markets

WHAT WILL HAPPEN....

- “ When Jane Smith moves from a high cost of living area (reflected in higher level of funded supports)
- “ To a low cost of living area, which she has chosen in order to get **Value for Money** for her package,
- “ And her package is then reduced at Plan Review
- “ She is sure to request a review of that decision.

Subjective interpretations of the Act: 'reasonable and necessary'

The objects of this Act are to:

(d) provide **reasonable and necessary supports**, etc

BUT

"due to the degenerative nature of your condition we do not think that bathroom renovations are value for money.

- 30 year old mother with CMT

Reasonable & necessary supports should:

Support people with disability to:

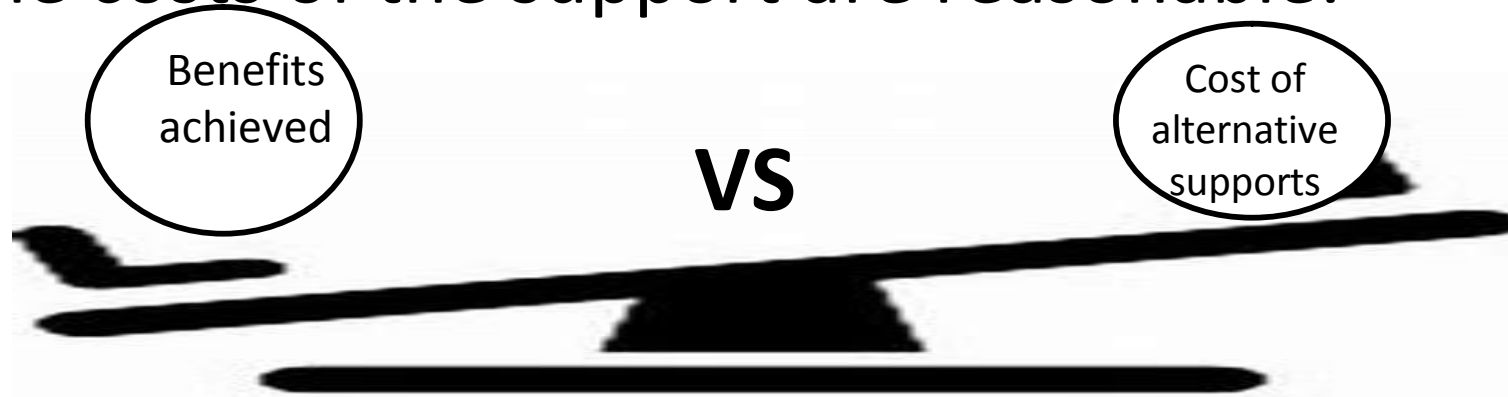
(a) pursue their goals & maximise independence;

(b) live independently & be included in the community as fully participating citizens;

(c) develop & support the capacity to undertake activities that enable them to participate in the community and in employment.

Value for Money

The costs of the support are reasonable:



“the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;

“Once a support is held to be reasonable & necessary support, it should be fully funded (Perosh)

Subjective interpretations of the Act: 'choice & control'

Objects of the Act

(c) enable people with disability to exercise choice and control in the pursuit of goals and planning/delivery of their supports

General Principles guiding actions under this Act

#8. People with disability have the same rights as others,

“determine their own best interests,

“the right to exercise choice and control,

“the right to engage as equal partners in decisions that will affect their lives

#9. People with disability - supported in dealings/communications with the Agency, so that they have maximum capacity to exercise choice & control

Subjective interpretations of the Act: 'early intervention'

- “ S25.1.b. Early intervention supports – reduce the person’s future needs for supports in relation to disability
- “ S25.1.c.i. ... mitigating or alleviating the impact.. on functional capacity
- “ **Ominous note – in certain circumstances a person with a degenerative condition could meet the early intervention requirements and therefore become a participant**
- “ S26.3. the CEO may determine that needs are best met elsewhere
- “ S28.f. improving the capacity of the carer to continue

Subjective interpretations of the Act: 'psychosocial'

S24.1.c. Disability Requirements

The impairment result in **substantially reduced capacity** to undertake, or psychosocial functioning in undertaking, one or more of:

- i. Communication
- ii. Social interaction
- iii. Self-care
- iv. Self-management

Housing

- “ Specialist Disability Accommodation forcing people into group house situation
- “ Only a very small number of a very small percentage of Participants will be funded to live alone in SDA
- “ Funding may not be adequate even when the ‘house’ is in a complex where shared supports are possible
- “ Against Human Rights, ability to choose, independence



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