

<p>1. Reduce the bureaucratic hurdles to get into the NDIS and support young people to get in</p>	<ul style="list-style-type: none"> ○ The Commonwealth should designate being in residential aged care a program that makes these young people automatically meet the NDIS requirements. The Commonwealth should write to the NDIA and direct them to add aged care to the list of 75 programs across Australia that are listed as giving automatic entry to the NDIS. ○ The Commonwealth and NDIA should commit to a one-off initiative to get all young people in nursing homes fully connected to the NDIS. The NDIA should set a target of Local Area Coordinators to work with every young person in aged care; or should fund a specialist LAC service for young people in aged care. Alternatively, the Commonwealth could fund a dedicated outreach initiative to make sure all 6,000 young people get an NDIA funded plan. ○ The NDIA should update its training to NDIS planners to ensure that all young people in aged care coming into the NDIS have the opportunity to leave aged care. The NDIA's policy is that all young people should be asked whether they wish to consider leaving aged care and the NDIA should automatically include a 'Housing Options Package' in their plan. This is not happening on the ground and requires more training and quality assurance reviews by NDIA to ensure it is being operationalised. 	<p><i>Estimated Cost:</i> <i>No cost – potentially generates a saving through lower NDIA staff time to review NDIS access requests</i></p> <p><i>Estimated Cost:</i> <i>\$9m – potentially offset through existing NDIA funding (LAC or ILC).</i></p> <p><i>Estimated cost:</i> <i>No cost – funded within existing NDIS appropriation.</i></p>
<p>2. Bring young people in aged care into the NDIS faster and with a higher priority</p>	<ul style="list-style-type: none"> ○ The State and Commonwealth Governments should amend the 'phasing schedule' for the NDIS so that young people in aged care be eligible for the NDIS within the first three months of the NDIS becoming available. ○ The NDIS should report publicly on the number of young people in aged care who have become eligible participants, and the number of young people who have not yet been registered with the Scheme. This should be compared against the 'phasing schedule' set down by governments, reported quarterly and broken down by NDIS site 	<p><i>Estimated cost:</i> <i>No cost – funded within existing NDIS appropriation.</i></p> <p><i>Estimated cost:</i> <i>No cost – amendment to NDIA's reporting framework and within existing actuarial analysis resources.</i></p>

<p>3. Bring forward support for young people in aged care who live in the last roll out sites</p>	<ul style="list-style-type: none"> o The Commonwealth should bring forward the NDIS 'Housing Options Package' funding for all young people in aged care who live in locations where the NDIS is only available after November 2017. This would fund young people in aged care to undertake all the preparations to leave aged care so their first NDIA plan is the funding to leave aged care, not just to develop a plan to leave. o The Commonwealth and States could also consider amending the 'Facilitating Participants Plans' Rule to allow a young person at serious risk of aged care entry to become an NDIS participant immediately, allowing people who do not live in a location where the NDIS has officially begun to submit an out of area request. 	<p><i>Estimated cost:</i> \$9.5-\$14m depending on take up rates – this expenditure is already in the NDIS budget for 2017-18 and 2018-19 and this proposal would bring this funding forward.</p> <p><i>Estimated cost:</i> No cost – funded within existing NDIS appropriation and available 'new' places.</p>
<p>4. Build the capacity of aged care providers to be ready for the NDIS</p>	<ul style="list-style-type: none"> o Better prepare aged care providers to get their young residents into the NDIS. The Department of Health should fund a targeted information campaign and provider workshops to skill up aged care providers who have young residents. 	<p><i>Estimated cost:</i> \$1.0m-1.5m depending on communication channels and program model</p>
<p>5. Stop the pipeline of entry into aged care by making the NDIS work better for those in hospital.</p>	<ul style="list-style-type: none"> o The NDIS and health systems need to work more closely together to ensure that when a young person is ready to leave hospital they can return to the community as quickly as possible, rather than being discharged into aged care. The State and Commonwealth should declare fixing the hospital discharge pathway with the NDIS a strategic priority for 2017. The Disability Reform Council should establish a group of experts that reports back with a strategic plan to addressing this the health-disability interface, including discharge planning, access to slow stream rehabilitation and clinical services in the community. 	<p><i>Estimated cost:</i> No cost – support the Expert Working Group on Hospital Discharge within existing DSS/DoH resources</p> <p><i>There would be financial implications of addressing the health-disability interface which would be considered by the Disability Reform Council.</i></p>

	<ul style="list-style-type: none"> Local working arrangements should be developed between the NDIA and each hospital and Aged Care Assessment Team to ensure that young people in hospital ready for discharge are immediately provided with an NDIS plan to return to the community, and not discharged into aged care. This should include consideration of whether an additional discharge planning role is needed to make sure young people in hospital do not fall through the cracks or suffer from blame and cost shifting between NDIA and hospitals. The NDIA should review its internal access request and planning processes to ensure these cases can be processed quickly. 	<p><i>Estimated cost:</i> <i>No cost – funded within existing NDIS appropriation and available ‘new’ places.</i> <i>A dedicated discharge planning role would require resources, which could be funded through re-allocating existing NDIA and hospital resources.</i></p>
	<ul style="list-style-type: none"> The State and Commonwealth Governments should ensure that young people in hospital at risk of aged care become participants immediately by amending the ‘Facilitating Participants Plans’ Rule and associated ‘phasing schedule’ for the NDIS to allow immediate access. 	<p><i>Estimated cost:</i> <i>No cost – funded within existing NDIS appropriation and available ‘new’ places.</i></p>
	<ul style="list-style-type: none"> The NDIA and DoH should report publicly on the number of young people who have entered aged care in sites where the NDIS is operating and this should be regularly considered by the Disability Reform Council as part of the NDIS performance framework. 	<p><i>Estimated cost:</i> <i>No cost – within existing actuarial analysis resources.</i></p>

