

# National Disability Insurance Agency Submission

**Joint Standing Committee on the National  
Disability Insurance Scheme**

*General Issues around the Implementation and  
Performance of the NDIS*

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## Overview

The National Disability Insurance Scheme (NDIS) is a once-in-a generation social and economic reform, and will better the lives of hundreds of thousands of participants, and their families and carers, through a focus on improved outcomes. The NDIS is now supporting more people than ever, with 364,879 participants receiving supports as at 31 March 2020, compared to 277,155 who had ever received supports at 31 March 2019. Of the participants currently in the NDIS, 154,139 have received disability supports for the first time through the Scheme.

The National Disability Insurance Agency (NDIA) is responsible for the roll out of the NDIS and its oversight at full scheme. Over the past twelve months, the NDIA has implemented a number of initiatives to improve the experiences of participants, their families and carers, and to build a robust market that encourages investment and innovation by providers. The NDIA has focused on improving processes, increasing transparency and responding to feedback from participants, providers and the broader disability sector.

As a result of these initiatives, wait times for access for all participants have been significantly reduced and issues relating to plan gaps have been largely eliminated. In addition, the NDIA has supported more children than ever through the Early Childhood Early Intervention (ECEI) Gateway and reduced the number of outstanding provider invoices. The NDIA has also made inroads to attracting increasingly diverse participants to the NDIS, with more participants identifying as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD).

While we have achieved a lot in the past year, the NDIA is cognisant that there is still more work to be done, and has a significant body of work planned to further improve the participant experience. Just some of the initiatives planned for the 2020-21 financial year include:

- a review of Supported Independent Living (SIL) processes;
- the introduction of Independent Functional Assessments to support better and more consistent decision making;
- the introduction of the Participant Information Access (PIA) Scheme to increase transparency for participants and potential participants; and
- the continued rollout of the National Community Connector Program to ensure all participants and potential participants are supported to engage with the NDIS.

The COVID-19 pandemic has highlighted the need for the NDIA to be agile and responsive to rapidly changing situations. The NDIA has acted swiftly to respond to the pandemic, with several initiatives implemented in March and April 2020, to ensure continuity of supports for participants and to support providers in the face of unprecedented challenges to the delivery of supports. The NDIA recognises there were many initiatives and practices put in place in response to the COVID-19 pandemic that may have lasting benefits to participants. The NDIA is currently assessing lessons learned from the COVID-19 response to support ongoing improvements to the NDIS.

The NDIA will continue to monitor and review its response to the COVID-19 pandemic to ensure the safety and well-being of participants is placed at the centre of all decisions.

## 1. Participant Experience

As the NDIS progresses toward full scheme, the NDIA's focus is on improving participants' experiences with the Scheme. The NDIA has already implemented a number of changes to simplify access to the NDIS, improve the quality and timeliness of first plans and plan reviews, and ensure participants get timely and equitable access to supports to increase their independence. Further improvements are planned for 2020-21 that will increase equity in planning decisions and support all participants to access the NDIS and the supports they need to live an ordinary life.

### 1.1 Access

#### 1.1.1 Early Childhood Early Intervention Improvements

##### Overview

The NDIA's ECEI Approach is an evidence-based, best practice approach to early childhood intervention for children under seven years of age with developmental delay or disability. The ECEI approach is designed to provide timely support to children with developmental delay or disability, to improve their functional outcomes and build the capacity of their family to support their child's development. The approach focuses on family-centred practice, delivered in a child's natural settings, within the context of family and community life.

Early Childhood Partners are based in every state and territory and are responsible for delivering the ECEI Approach across Australia. Early Childhood Partners act as the gateway for access to the NDIS for children under seven years of age and their families. Wait times have presented a challenge for the NDIA and its 18 Early Childhood Partners due to the volume of children presenting to the Scheme and the thin labour market for ECEI specialists currently available.

##### ECEI Remediation Program

To assist in reducing backlogs and wait times, the NDIA implemented an ECEI Remediation Program as announced by Minister for the NDIS, the Hon Stuart Robert MP, on 26 June 2019. The Remediation Program delivered a range of initiatives including the provision of a six month \$10,000 NDIS plan to children who were experiencing, or likely to experience, wait times of greater than 50 days between access and having a plan approved.

As a result of the Remediation Program, the NDIA achieved significant reductions in wait times for children to receive initial supports and first plans. This includes a 56 per cent reduction in wait times for children and families to receive ECEI supports from 1 April 2019 to 31 March 2020. The average wait time for children to meet NDIS access has reduced from 43 days in June 2019 to an average of less than 3 days as at 31 March 2020. As at 31 May 2020 the average wait time for children to meet NDIS access was still only 3 days. The

average wait time for children currently awaiting a plan has reduced from 104 days in June 2019 to 44 days as at 31 March 2020.

### **Streamlined ECEI Planning Process**

A new more efficient ECEI planning process has been implemented and is in place for all ECEI Partners and NDIA staff, utilising improved business system capability. The NDIA has additionally worked to streamline plan reviews to support high partner volumes but importantly to assist families to experience more seamless plan review processes where possible. This provides ECEI Partners with more capacity to manage development of first plans and ECEI enquiry responses.

Longer plan terms are now offered to eligible ECEI Participants with stable support needs. This provides children and families an opportunity to make agreements with providers over a longer period, and provides sufficient time to achieve goals with improved certainty of funding. Longer plans will also assist in alleviating Partner workload. This initiative is now fully operational.

### **Joint Standing Committee (JSC) on the NDIS Inquiry into ECEI**

Recommendations from the JSC on the NDIS inquiry into the provision of services under the ECEI Approach have been central to the ongoing enhancements being delivered by the NDIA to strengthen the delivery of ECEI supports.

The major areas of focus arising from the JSC included:

- further development of communication materials, to support better understanding of the ECEI Approach and the role of an Early Childhood Partner;
- expanded training and resource development and delivery for Early Childhood Partners and NDIA staff;
- development of ECEI supports for specific disability types such as autism and hearing impairment; and
- the streamlining of access to ECEI services for culturally and linguistically diverse and Aboriginal and Torres Strait Islander children, and for children residing in remote and very remote communities.

The JSC recommendations were included in the NDIA's review of the ECEI pathway and enhancements were adopted over the last twelve months.

### **ECEI Partner Workload**

The number of children receiving initial supports in the ECEI gateway rose by 107 per cent between the second and third quarters of the 2019-20 financial year. The NDIA Partner Contract Management Branch completed a review of ECEI Partner grant agreements in early 2020. Agreements are being adjusted to reflect volumes for next financial year to ensure ECEI Partners have appropriate funding to meet expected demand for services.

Specialist NDIA planner teams and streamlined processes have been introduced since January 2020, and these have assisted ECEI Partners further reduce wait times.

### **1.1.2 Increasing Participant Diversity**

#### **Aboriginal and Torres Strait Islander Participants**

The NDIA is committed to ensuring Aboriginal and Torres Strait Islander people are supported to access the NDIS and utilise their plans. The NDIA is working closely with a range of stakeholders, particularly Aboriginal Community Controlled Organisations, to develop approaches to service delivery that are culturally appropriate and utilise local capacity and capability wherever possible.

The NDIA's focus on Aboriginal and Torres Strait Islander people has already seen an increase in the cohort. In the March 2020 quarter, 7.7 per cent of participants who received a plan identified as Aboriginal and/or Torres Strait Islander, compared with 6.1 per cent in previous quarters combined. At 31 March 2020, there were 22,749 active participants who identify as Aboriginal and/or Torres Strait Islander. This represents 6.2 per cent of total NDIS participants.

#### *Information, Linkages and Capacity Building (ILC)*

The 2019-20, NDIA Individual Capacity Building Program grant round committed over \$105 million to 105 organisations to facilitate access to peer support and other skill-building for people with disability, carers and families.

Fourteen grants totaling \$14.6 million were provided to organisations that targeted Aboriginal and Torres Strait Islander peoples.

#### *Roundtables*

A series of roundtable discussions were held with representatives from the National Aboriginal Community Controlled Health Organisation, Aboriginal Medical Services and other stakeholders in Western Australia (WA), Queensland (QLD) and the Northern Territory (NT) with more planned this year, subject to the impact of COVID-19.

Discussions have focused on local issues regarding Aboriginal and Torres Strait Islander peoples accessing the NDIS, and the challenges organisations face when registering as NDIS providers.

#### **Culturally and Linguistically Diverse (CALD) Participants**

The number of participants from a CALD background accessing the NDIS continues to increase. In the third quarter of 2019-20, 11.3 per cent of NDIS participants identified as CALD, compared to 8.9 per cent in previous quarters combined. However, the NDIA recognises that people with disability from a CALD background can face additional challenges in terms of inclusion in their communities, and this extends to their ability to access the NDIS and supports. More than a quarter of Australians (26 per cent) were born overseas, and of these, two thirds were born in non-English speaking countries. Historically,

Australians from culturally diverse backgrounds have been underrepresented in the disability sector.

The NDIA is committed to ensuring people with disability from a CALD background are supported to access the NDIS and engage with supports. The NDIA has implemented a number of improvements to facilitate access to the NDIS for people with disability from CALD backgrounds, and ensure they achieve outcomes through the NDIS on an equal basis with the wider population. In addition, the NDIA has introduced mandatory training modules for staff to increase their knowledge and understanding of how to have respectful conversations with people from culturally diverse backgrounds.

The Language Interpreting Services page on the NDIS website helps people understand the interpreter services the NDIA offers. This page also houses translated resources in 12 languages other than English, and translations of the Cultural and Linguistic Diversity Strategy and NDIA Glossary in Easy English, to support registered providers and participants to implement NDIS plans.

### *The CALD Strategy*

In 2018, the NDIA released the CALD Strategy, which was developed through extensive consultation with an external advisory group including peak bodies, advocates and service providers representing CALD communities and the disability sector. The Strategy is available on the NDIA website and sets priority areas for:

- engaging with communities and making information about the NDIS accessible;
- increasing community capacity and broadening consumer choice; and
- improving the NDIA's approach to monitoring, evaluating and enhancing cultural competency within the NDIA and its Partners.

The Strategy will continue to guide the NDIA's engagement with CALD communities and future initiatives to support increasingly diverse participants to access the NDIS and supports.

### **Rural and Remote Participants**

Approximately 1.4 per cent of NDIS Participants live in remote and very remote regions. As at 31 March 2020, there were 5,152 participants from remote and very remote regions (up from 3,122 participants as at 31 March 2019). Utilisation rates among people living in remote and very remote areas remain lower than those of other participants, with remote participants utilising on average 58 per cent of their committed supports<sup>1</sup>, and very remote

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<sup>1</sup> Participants receiving in-kind supports are excluded as it is not possible to accurately separate in-kind payments and committed amounts between plans. Only Utilisation of committed supports between 1 July 2019 to 31 December 2019 is shown, as experience in the most recent quarter is still emerging.

participants utilising 39 per cent of their committed supports. This compares to average utilisation of 70 per cent across all remoteness categories.

The NDIA has implemented a number of measures to engage with rural and remote people with disability, support them to access the NDIS, harness collaborative relationships, implement creative approaches to supports, and support and strengthen local capacity in rural and remote communities. These include the Remote Community Connectors program and increases to prices for supports in remote and very remote areas.

#### *Price increases for remote and very remote services*

The NDIS pricing guide provides higher prices for some supports in remote and very remote areas as a response to higher costs. Price increases have been implemented by the Pricing Review with loadings increased from 20 to 40 per cent for remote and from 25 to 50 per cent for very remote.

#### *NDIS Rural and Remote Strategy (2016-2019)*

The NDIS Rural and Remote Strategy (2016-2019) is based on the principle of listen, learn, build and deliver. The Strategy ensures the NDIS is responsive to and appropriate for people with disability, their families and carers living in rural and remote areas. The NDIA is currently reviewing the Strategy, to assess progress and provide direction for 2020 and beyond.

For information about the Remote Community Connector program, refer to **Community Connectors** below.

### **LGBTIQA+ Participants**

On 30 June the NDIA released its LGBTIQA+ Strategy. The LGBTIQA+ Strategy was developed following engagement and consultation with key stakeholders, both participants and peak organisations, from LGBTIQA+ communities.

The NDIA invited key peak organisations and participants to a series of workshops to discuss access to, and experience of, the NDIS for people with disability from LGBTIQA+ communities. Based on this input, and the feedback from a participant survey, the Agency developed the LGBTIQA+ Strategy, to address challenges and strengthen opportunities so that LGBTIQA+ people achieve the best outcomes from their NDIS plan.

The Strategy seeks to ensure cultural safety for all participants and to create an environment that is spiritually, socially, emotionally and physically safe. The Strategy focuses on ensuring the NDIS is delivered in a manner that respects and takes into account the social, cultural, language and body, gender, sexuality and relationship needs and strengths of LGBTIQA+ individuals, to ensure their full participation in the NDIS.

The NDIA has already taken a range of actions to improve the experience of LGBTIQA+ participants, which are having a significant impact. These actions include the release of a Cultural Awareness Training module, Celebrating Diversity: LGBTIQA+ Inclusion, which as of March 2020 had been completed by 6,975 NDIA staff and partners. Increases in



participant satisfaction will be measured through participant survey results and numbers of complaints and requests for unscheduled reviews (excluding change in circumstances).

### **Community Connectors**

The NDIA recognises that some groups of people, including Aboriginal and Torres Strait Islander and CALD people require additional support to access the NDIS and utilise their supports. Community Connectors are trusted local community members who enable better linkages between people, communities and services. People with disability, their families and carers rely on the responsiveness of Community Connectors to access information and supports required to engage, access and benefit from the NDIS.

The NDIA currently employs 193 Community Connectors covering 297 communities across South Australia (SA), NT, WA and QLD.

Remote Community Connectors are local, community-based people, employed by Aboriginal Community Controlled Organisations to promote understanding and awareness of the NDIS. This is a cultural brokerage role helping the NDIS to identify and engage with community and providers and assist NDIA staff to develop appropriate and realistic plans.

In May 2019, the Government committed an additional \$20 million to expand the NDIA's Community Connectors Program to more locations to support and assist four identified communities to navigate the NDIS. The four targeted communities supported under the National Community Connector Program are Aboriginal and Torres Strait Islander people, CALD people, ageing parents caring for children with disability, and people with psychosocial disability. From July 2020, an additional 187 Community Connectors will be employed across Australia to support the four targeted communities.

The rollout of the National Community Connector Program has been impacted by COVID-19, as it was originally designed on a face-to-face basis. Given the current COVID-19 environment, it is not possible to provide these services using an assertive outreach approach. The National Community Connector Program commenced roll out from 1 July 2020, utilising innovative delivery methods in the COVID-19 environment.

#### **1.1.3 Mainstream Interfaces**

##### **Justice**

In late 2019, the former Council Of Australian Governments (COAG) Disability Reform Council (DRC) identified the need to have dedicated liaison officers to work with justice staff to support prisoners with disability to access the NDIS. Since then, the NDIA has collaborated with state and territory governments to implement 17 NDIS Justice Liaison Officers (JLOs) across custodial settings in all jurisdictions. JLOs are working with justice staff to improve understanding of the NDIA's operational processes and streamline pathways for prisoners with a disability into the NDIS. The NDIA has implemented a number of strategies aimed at addressing issues in youth justice settings like delays in early intervention, and difficulties surrounding consent to share information. The NDIA is also

undertaking work to strengthen relationships with Aboriginal and Torres Strait Islander justice settings including the Murri and Koori courts.

The next stage of work will focus on:

- developing a collaborative best practice approach to improve release planning and transition of NDIS participants from justice settings;
- providing clarity between 'offence-related' behaviour and behaviour that is a direct consequence of disability; and
- working with the states and territories to develop formal data sharing arrangements to improve the experience for NDIS participants moving into and out of justice settings.

### **Health related supports**

Since 1 October 2019, NDIS participants commenced receiving funding for the disability-related health supports they need as a direct result of their disability, and as part of their daily life, through their NDIS plans. For the participants who require disability related health supports, most will have these included in their initial NDIS plan or at their next plan review.

The NDIS funds disability-related health supports for participants who need help to manage a range of needs including those associated with continence, respiratory care, nutrition, wound and pressure care, dysphagia, diabetes, podiatry and epilepsy. In determining whether disability-related health supports will be included in a participant's plan, a practical approach to each participant's individual circumstances is taken. This includes consideration of, for example, where there are thin markets (i.e. in rural, remote and regional locations).

The health system will continue to be responsible for all acute/post-acute care (e.g. hospital and Hospital in the Home) and chronic health conditions not related to a participant's disability, diagnostic, palliative or time limited (non-ongoing) conditions.

The Commonwealth, state and territory governments have committed to ensuring NDIS participants continue to receive existing disability-related health supports while the funding responsibility transfers to the NDIS.

### **Hospital Discharge**

The NDIA has deployed 22 Health Liaison Officers (HLOs) nationally to improve outcomes for participants and potential participants in health settings, including hospitals. HLOs share their understanding of the NDIS with targeted health services to ensure prospective and existing NDIS participants are supported in their interactions with NDIA and maximise their NDIS outcomes. HLOs work closely with existing health services to ensure the NDIS access process is clear and understood, in order to support timely hospital discharge.

On 28 June 2019, the Disability Reform Council agreed to a Hospital Discharge Action Plan to address operational and policy issues. The National Hospital Discharge Action Plan (NHDDAP) aims to reduce the number and length of stays in hospital experienced by NDIS participants.

The NDIA has made significant progress against the following commitments:

- updates to and streamlining AT and HM approval processes;
- improved communication between hospitals and the NDIA, including through the 'Guidance on Consent' protocol for information sharing and the introduction of HLOs; and
- the development of practice guidance for planners, including clarification of the role and expectations of the NDIS HLOs.

NDIA is working hard with the state and territory health services and community based services to meet the individual needs of NDIS participants as the multiple service systems coordinate to provide a seamless transition from hospital to the community.

## **Transport**

The NDIS can fund transport supports for a participant where it is reasonable and necessary, and the supports are related to the impact of their impairment(s) on their functional capacity. Generally, transport supports funded by the NDIS include:

- Training and support to use public transport;
- Modification to private vehicles, driver assessment and training; and
- Some costs associated with the use of taxis, private transport or innovative transport options for participants who cannot travel independently or use public transport.

The NDIA has been working with DSS, and states and territories through the Senior Officials Working Group (SOWG) Transport Working Group to better understand how transport supports provided through the NDIS can sit alongside other transport services. From January 2020 the NDIA began reimbursing states and territories for the Taxi Subsidy Scheme usage of NDIS participants and automatically uplifting the transport budgets of participants with high taxi subsidy scheme use, where it wasn't already fully funded. DSS and the NDIA are working to develop a new long-term approach to planning for transport supports to be considered by Ministers in December 2020.

### **1.1.4 Psychosocial Disability**

The NDIA continues to rollout improvements for people with a psychosocial disability. These have included the implementation of a streamlined access process, the development and sharing of key documents to support access, and delivering training and education regarding NDIS access requirements to the mental health sector. The NDIA commenced implementation of these improvements in Tasmania (TAS), Australian Capital Territory (ACT), New South Wales (NSW), SA, and QLD with remaining states and territories to be completed before the end of 2020.

The NDIA is continuing to develop the proposed psychosocial disability capability framework, with the assistance of experts, to define the capability required for NDIA staff and its partners. This framework was initiated to directly address the recommendations made in the Mental Health Australia Pathway Consultation report for the need to build psychosocial capability in the NDIA.

A commitment from DRC to improve access and experiences for participants with a psychosocial disability was announced following its 9 October 2019 meeting. The NDIA together with the Department of Social Services (DSS), and state and territory health department representatives, have established project teams and have commenced working collaboratively on the following key initiatives:

- undertaking a joint examination of access and eligibility;
- improving linkages and referral to mental health supports for people not eligible for the NDIS;
- assertive outreach, increasing access to the NDIS for people with a psychosocial disability;
- psychosocial disability recovery approach; and
- national approach to concurrent supports.

The timeline for delivery of work on the DRC initiatives will extend into 2021 as a result of the impact of COVID-19 on operational priorities for all Australian governments.

The number of participants who have a primary psychosocial disability continues to increase, to 12.6 per cent of NDIS participants who received a plan in the March 2020 quarter compared to 9.1 per cent in previous quarters combined.

### **1.1.5 Access Waiting times**

The NDIA recognises that waiting times for access decisions and plans were too long in some months of 2019. The NDIA invested resources to fix the ICT issue that caused the backlog and re-deployed staff to clear the backlog. The measures have been successful, with significant reductions in waiting times for access decisions and plans realised across the first three quarters of 2019-20. However the NDIA recognises there are more improvements to be made in waiting times for the average number of days taken to complete and approve a first plan after access decisions have been made, particularly in the 7+ age cohort.

#### **Access Decisions**

As at 31 March 2020, outstanding access decisions had been in progress for an average of five days. This compares with 10 days at the end of December 2019 and 38 days at 30 June 2019. Further, access decisions completed in the month of March 2020 were completed in three days on average compared to four days in December 2019 and 42 days in June 2019. As at 31 May 2020, the average wait time to meet NDIS access was still only 3 days.

#### **First Plans**

The time taken to approve a first plan after an access decision has been made has notably improved compared to nine months ago. First plans completed in March 2020 were completed in 90 days on average, compared to 77 days on average in December 2019 and 133 days in June 2019. The average number of days taken to complete and approve a first plan increased over the quarter because the NDIA focused on reducing the number of plans

that were over 60 days old. At 31 March 2020, the average number of days a first plan has been in progress (that is, not yet approved) was 76 days. This compares to 84 days at 31 December 2019 and 115 days at 30 June 2019. Improvements have continued in recent months. During April 2020 the average days taken for a first plan approval for children aged 0-6 was 53 days and this fell again to 48 days in May 2020. For those aged 7+, first plan approvals took an average of 82 days in April 2020 which fell to 78 days in May 2020.

### **1.1.6 Webchat**

In December 2019, the NDIA introduced webchat, a 'live chat' service on the NDIS website. This enabled people to quickly find general information about the NDIS.

In March 2020, further enhancements were made to the webchat platform which enabled NDIA staff to help participants with their personal circumstances once they had verified their identity. Now participants can use webchat to access personalised services from highly trained staff, just as they would over the phone. The NDIA also worked with Blind Citizens Australia to make sure webchat is accessible and meets the needs of all users.

## **1.2 Home Living**

### **1.2.1 Specialist Disability Accommodation (SDA)**

#### **Establishment and continuation of the SDA Reference Group**

The SDA Reference Group was established in March 2019. The Group consists of 16 members that were appointed by the NDIA following an open expression-of-interest process.

The Group has met seven times since March 2019, and met out-of-session several times in 2019 and 2020 to provide feedback on key SDA activities.

The SDA Reference Group has provided invaluable feedback to the NDIA, DSS and the NDIS Quality and Safeguards Commission (NDIS Commission) regarding the SDA work program.

The Group was convened for eight meetings, or 18 months. There will therefore be an opportunity to revisit the group, including membership and terms of reference, in 2020.

#### **Updates to SDA Rules**

The SDA Rules have been amended, with a focus on:

- removal of the 'majority bedroom rule', which currently states that the majority of bedrooms in an SDA dwelling must comply with the mandated minimum requirements for SDA. This presents a barrier for children's' or other resident bedrooms to be included in a dwelling with an SDA bedroom; and
- removal of a restriction which currently states that a SDA bedroom cannot be used by a person who is not a participant.

Further amendments also include:

- the responsibility for enrolment of SDA dwellings is to be transferred from the NDIS Commission to the NDIA; and
- the wording and structure has been updated to bring the Rules into line with best drafting practices.

The NDIA has developed updated pricing and internal policies to implement the updated SDA Rules, as well as practice guidance to operationalise the improved choices available to participants regarding their living arrangements in SDA.

### **Establishment and expansion of the SDA Panel**

The SDA Panel was trialled in 2018 as a process for speeding up SDA eligibility decisions and to clear a backlog of cases where eligibility determinations were pending.

The Panel consists of senior SDA subject-matter experts and service delivery staff. The Panel supports NDIS planners by providing timely recommendations about all required decisions under the SDA Rules.

In early 2019, the Panel was formalised as an ongoing SDA process and staff since then have been expanded to allow for all SDA decisions made by delegates to be supported by Panel recommendations.

Since being established, the SDA Panel has completed over 1,600 SDA eligibility recommendations for NDIA planners to consider as part of the development of an NDIS participant's overall plan. Approximately 70 per cent of eligibility determinations are completed by the Panel within 10 days.

The COVID-19 pandemic required further effort to accelerate hospital discharge and the NDIA's continued focus is on improving the volume and timeliness of the SDA panel, with the rate of recommendations increasing to 244 persons between March and May 2020.

### **SDA Design Standards – release and next steps**

On 28 October 2019, the Minister for the NDIS announced the release of the SDA Design Standards. The Design Standards were developed in conjunction with Liveable Housing Australia and set out the requirements for SDA dwellings seeking enrolment as SDA. The Design Standards will replace the current minimum requirements contained in the SDA Price Guide.

The SDA Design Standards will become mandatory in July 2021. At that time, providers seeking to enrol a dwelling as SDA will be required to hold certification that the dwelling meets the relevant requirements within the Design Standards. This certification will be performed by an independent third-party certifier that has been qualified to do so.

A training course for this qualification has been developed by the NDIA and Liveable Housing Australia.

In order to ease the transition to the new Design Standards and to provide increased certainty to providers, investors and developers, design-stage certification will be available commencing in April 2020. This will allow for third-party certification of plans, which will simplify the final certification process.

In addition, design-stage certification will give the NDIA access to important data about upcoming SDA projects, allowing for greatly improved market visibility for future supply.

The NDIA is currently working with DSS and the NDIS Commission on confirming a framework for oversight of assessors and the establishment of requirements for maintaining an SDA assessor qualification.

#### *SDA Limited Cost Assumptions Review – release and next steps*

On 28 October 2019, the Minister for the NDIS announced the outcomes of the SDA Limited Cost Assumptions Review.

The Review analysed, based upon public submissions, whether cost assumptions and location factors used to determine SDA prices need adjustment in order to ensure adequate SDA investment and supply across the range of SDA categories and locations.

Recommendations from the Review included:

- Construction cost assumptions for new build Fully Accessible and Robust dwellings should be increased by 16 per cent and 14 per cent respectively to stimulate further supply.
- Some location factors for new builds in Sydney and Melbourne metropolitan areas should be increased to stimulate supply in areas where some evidence of undersupply existed.
- Market monitoring activities, including improved data sourcing, analysis and release should be pursued and any further signs that further changes are necessary to increase supply should be acted upon through the NDIA's Market Enablement Framework.

The price changes recommended by the Review were endorsed by the Pricing Reference Group and the NDIA Board. The increased pricing has been applied from the date of release of the review.

#### *SDA Innovation Plan – release and next steps*

On 28 October 2019, the Minister for the NDIS released the SDA Innovation Plan.

The SDA Innovation Plan was established to increase participants', providers' and supporting stakeholders' understanding and adoption of innovative SDA models. Some activities of the Innovation Plan include the commission and publication of research on innovative SDA designs, the sharing of aggregated data on participant dwelling preferences and establishing a program of innovation showcases

Over the next few months the NDIA will be executing the first phase of the SDA Innovation Plan.

Work includes:

- designing and running a series of participant and stakeholder roundtables to increase our understanding of participant preferences in relation to SDA;
- defining innovation as it relates to SDA; working with the new NDIA Research and Evaluation branch to undertake a literature review to determine relevant research to date and gaps; and
- understanding what SDA participant preference data is currently available and accessible from within NDIA systems.

The NDIA will be releasing the outcomes of a literature review and environmental scan as well as findings from the first phase of activities under the Innovation Plan in the second half of 2020.

#### *Collection and release of SDA data*

During 2018 and 2019, the NDIA increased the amount of market-level data available regarding SDA.

The SDA Design Standards design-stage certification process will provide an improved picture of upcoming supply, however this will take some time to develop, while adoption of the new Design Standards increases.

The NDIA remains committed to providing increased market-level data and is developing systems capabilities to enable improved data reporting. Further information and releases will be available in financial year 2020-21.

#### *SDA and YPIRAC*

The SDA market has strong interactions with deliverables under the YPIRAC Strategy. This includes the identification of vacancies within SDA dwellings as so improve visibility of these to participants who have identified a goal to leave residential aged care. The NDIA is working with the market to identify possible options which will facilitate this visibility, while also recognising the impact on the broader group of participants seeking a vacancy within SDA.

### **1.2.2 Supported Independent Living (SIL)**

The NDIA commenced a review of SIL in late 2019 to undertake a review of the root causes driving challenges in SIL, and to identify and develop solutions to address these. Work is underway to increase participants experience and outcomes in SIL, whilst managing NDIS sustainability.

In 2019, the NDIA defines the key challenges of SIL through three themes.

- Participants have insufficient choice and control;
- NDIA processes are inconsistent and complex, driving administrative burden for providers and the NDIA; and
- SIL costs are challenging NDIS sustainability.



## Improvements already made

Since late 2019, the NDIA has made a number of improvements to SIL:

- Improvements made to the RoC submission process include:
  - requesting providers submit the RoC 90 days prior to plan end dates
  - working towards maintaining the Key Performance Indicators that all SIL quotes processed to an outcome within 10 days of receipt;
  - providing detailed feedback to providers when a quote is not acceptable;
  - providing fortnightly reconciliation of outstanding quotes;
  - automatically creating a service booking if the plan expires without a new plan in place. This ensures Providers continue to receive funding to support Participants if the quote is not yet finalised; and
  - capacity building and training for providers to reduce errors.
- A number of specific improvements were launched from 1 July 2020, including:
  - increasing participant involvement by strengthening guidance to planners on how to increase participants' involvement in the planning process, such as how to include participants in developing and endorsing the RoC before it is approved;
  - amending the SIL Provider quote tool to address errors and simplify calculations; and
  - simplifying and clarifying internal and external guidance and operating procedures.

## Future improvements

The NDIA is developing a new policy position on the future model of SIL, which is seeking to increase clarity, transparency and understanding throughout the SIL process. A formal external consultation process will occur concurrent to the policy position statement. The NDIA will also continue to develop the provider market and alternative models of care, such as ILOs, to provide participants with greater choice of living arrangements. The NDIA will take into consideration the recommendations of the JSC SIL inquiry as part of future improvements to SIL.

### 1.2.3 Younger People in Residential Aged Care (YPIRAC)

The NDIA is committed to supporting younger people in residential aged care to live in a setting of their choice. The number of people in residential aged care under the age of 65 years has decreased in recent quarters from 6,243 at 30 June 2017 to 5,297 at 31 December 2019 (an 18 per cent decrease).

Also, less people under the age of 65 years are entering residential aged care – 536 people under the age of 65 years entered in the June 2017 quarter, compared with 332 in the December 2019 quarter (a 38 per cent decrease).

## Action Plan

In March 2019, the Australian Government announced an Action Plan to reduce the number of younger people living in aged care.

[ndis.gov.au](https://www.ndis.gov.au)

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In October 2019, the Royal Commission into Aged Care Quality and Safety (ACRC) released its interim report, which noted the 'urgent' nature of the 'priorities for action' for younger people in residential aged care.

In November 2019, the Australian Government announced new targets for the YPIRAC Action Plan and the establishment of a Joint Agency Taskforce (JATF) in response to the ACRC interim Report.

The revised targets, apart from in exceptional circumstances, seek to ensure there are:

- no people under the age of 65 entering residential aged care by 2022;
- no people under the age of 45 living in residential aged care by 2022; and
- no people under the age of 65 living in residential aged care by 2025.

The JATF has been established between DSS, the Department of Health and the NDIA to develop a new strategy that builds on the YPIRAC Action Plan and to take action to ensure these new targets are met. Actions include:

- Investigate the reasons why individuals under the age of 65 continue to enter residential aged care.
- Build a team of 80 specialised NDIA planners to support NDIS participants in aged care, or at risk of entering aged care, to find age-appropriate accommodation, if this is their goal.
- Working with industry to identify all available Specialist Disability Accommodation across the country to develop a database of existing and new housing options available now and in the future
- Developing an implementation plan that commits to further actions to meet the goals set out in the new strategy.

## 1.3 Planning and Plan Utilisation

### 1.3.1 Assistive Technology (AT) and Home Modifications (HM)

The NDIA is committed to ensuring participants get timely access to the AT and HM supports they need. To reduce approval wait times for AT, the NDIA has recently introduced a number of initiatives including:

- the introduction of a new, simplified option for the funding and supply of nominated AT supports between \$1,500 to \$5,000;
- introduction of a streamlined process for the replacement of AT supports between \$1,500 and \$15,000; and
- a new process to enable urgent repairs to be made to participants' AT.

Further AT and HM improvements underway include:

- implementation of processes to build a flexible AT supply market that includes AT long term loan, subscription and lease services;

- improving participant and NDIA understanding of a participant's AT and HM needs prior to preparing their NDIS plan;
- deployment of a new HM costing tool that produces comparative analysis to support NDIA planners in making an assessment and decision of reasonable HM costs; and
- increasing the uptake and utilisation of HM supports in participants' plans.

The NDIA is progressing a plan to implement streamlined AT approval later this year. The intent of the streamlined approval process will be to reduce AT wait times and balance operational improvement without impacting Scheme sustainability. The rollout of the streamlined process has been impacted by COVID-19.

In February 2020, the NDIA published a guide to Complex Home Modifications (CHMs) for builders and assessors. The CHM guide is designed to increase knowledge and understanding of CHM to reduce the number of re-quotes and facilitate timely approvals.

### **1.3.2 Carers**

The NDIA recognises that carers play a vital role in helping participants with decision-making, goal setting and planning processes including implementing plans and accessing supports.

Respite aims to support carers or those providing informal support with short-term breaks from their caring responsibilities. Funding for respite has always been available for participants and will continue to be so, however the NDIA recognises this may not always have been clear. To address the concerns of participants and their carers, in December 2019 the NDIA clarified in the NDIS support catalogue that short-term accommodation could be used for respite.

The NDIA has worked closely with Carers Australia to develop internal guidance (Carer Snapshot) for NDIA staff and partners to ensure a better understanding of the role of carers. The snapshot supplements the knowledge of staff and partners in preparation for planning conversations to support improved outcomes for participants, families and carers.

### **1.3.3 Complex Support Needs**

The NDIS Complex Support Needs Pathway (Complex Pathway) provides skilled support for people with disability who experience personal and situational factors that are beyond the scope of general NDIS disability support models. The Complex Pathway is now fully rolled out across all jurisdictions.

The Complex Pathway was initially launched in select local government areas in Victoria (VIC) (Brimbank-Melton, Moonee Valley, Maribyrnong, Hobsons Bay and Wyndham) and New South Wales (Parramatta, Cumberland and Canterbury-Bankstown) in November 2018.

For the purposes of the Complex Pathway, complex support needs refers to a situation where a person has extraordinary support needs, because of the presence of situational and personal factors that require a comparatively greater need for the coordination of multiple support services to support them in the development and implementation of their NDIS plan.

The Complex Pathway works with specific participant groups including young people in residential aged care (YPIRAC), children and young people (CYP) with disability living in accommodation outside of the family home, and other participants transitioning from Commonwealth and state and territory agencies who are determined to be high-risk.

Some key elements of the Complex Pathway include:

- dedicated planners skilled in supporting participants with complex support needs;
- assistance with effective plan implementation and regular monitoring of plans to assess plan utilization; and
- regular contact with support coordinators to ensure participants have access to disability supports and mainstream services are meeting participants' needs.

New participants and existing participants who are assessed as having complex needs are referred to the Complex Pathway.

### **YPIRAC interaction**

All younger people in residential aged care, or in hospital and at risk of entering aged care due to their complex support needs and lack of suitable accommodation options, will be included in this Pathway.

Under the Complex Pathway, a dedicated team of NDIA planners make contact with the younger person (or the individual contacts the NDIA) for an access meeting, or if the person is in hospital they may be identified by the hospital's discharge worker. Access decisions for younger people are streamlined and prioritised through an agreed escalation pathway to avoid unnecessary delays.

Once participants have gained access to the NDIS, planners work with them, their families or carers, other support people and aged care facilities to identify and include holistic support needs, including tailoring plans to each person's cultural and disability needs.

If a participant has a goal to leave aged care, their plan may include additional supports to explore housing options, including SDA or HMs, depending on their needs.

### **1.3.4 Exceptionally Complex Support Needs Program (ECSNP)**

The ECSNP is a 2 year, \$10 million grant program that is designed to grow market and community capacity and capability to support participants with exceptionally complex support needs. The establishment and delivery of the ECSNP commenced from November 2019.

The ECSNP delivers three functions:

**Sector and Community Development Activities** to support the growth and capability of the disability sector in working with complex participants.

**Subject Matter Expertise Activities** to build systemic capabilities, knowledge and skills of providers who work directly with complex participants.

**After Hours Crisis Referral Activities** to ensure the availability of specialised and expert skills and experience to perform, or procure, integrated support coordination to participants 18 years and older, who are experiencing a crisis because of an unforeseen, unavoidable or unexpected loss of disability supports.

### **1.3.5 Hearing Services**

The NDIA continues its consultation with key external stakeholders in the deaf community to ensure that the future hearing service market is providing quality supports to participants who are deaf or hard of hearing. Work is ongoing to support clients of the Commonwealth Hearing Services Program (HSP) who may be eligible and choose to seek access to the NDIS. This commenced in partnership with Department of Health and Hearing Australia at the beginning of March 2019.

The HSP will continue to provide hearing services to NDIS participants who are eligible for that program. The NDIS will fund hearing supports for participants that are not able to access the HSP and additional wrap around supports that are not available through the HSP.

The NDIA is also working closely with DSS to encourage clients of the National Auslan Interpreting Booking and Payment Services (NABS) program to seek access to the NDIS for continued support with Auslan services.

In addition, the NDIA is making information available in accessible formats, with many videos now available on the NDIS website in Auslan.

## **1.4 Plan Review Waiting Times**

### **Automatic Plan Extensions**

From August 2019, the NDIA began automatically extending the end date of participant plans to remove any gap between new and old participant plans. In February 2020, the NDIA made further improvements to the NDIS myplace portal.

The new improvements included:

- SDA and SIL supports will have service bookings automatically increased where a 28 day extension has been applied to a plan; and
- unclaimed funds within a participant's previous plan and service bookings will now be available for 90 days after a new plan has been approved. This gives participants and providers more time to make payment requests for services delivered during the previous plan period.

The changes ensure continuation of service for our participants during a plan review period and reduce claiming errors and manual rework for providers.

Since March 2020, the NDIA has been automatically extending participants' plans by up to 12 months, and extending plans by up to 24 months on review, in response to COVID-19.

## Review of Reviewable Decisions (RoRDs)

In the March 2020 quarter, there were 9,045 new RoRDs, and 12,772 were closed. As with participant requested reviews, the number of participant RoRDs has increased over the last year due to the increase in the number of participants. Open RoRDs reduced from 10,264 at 31 December 2019 to 6,537 at 31 March 2020.

The number of RoRDs open for more than 90 days at 31 December 2019 was 3,707 and this has now decreased to 1,351 at 31 March 2020.

## 2. Empowering Participants

### 2.1 Participant Satisfaction and Outcomes

#### Satisfaction

Since September 2018, the NDIA has conducted a participant satisfaction survey to allow for a comprehensive understanding of the participant experience at each stage of the pathway. It gathers responses at the four primary stages of the participant pathway – access, pre-planning, planning and plan review.

In the March 2020 quarter, 82 per cent of participants rated the plan review process as either good or very good, with a further 10 per cent rating the experience as neutral. Seventy-one per cent of the participants in the quarter rated the access process as either good or very good, 81 per cent rated the pre-planning process as either good or very good, and 80 per cent of participants rated the planning process as either good or very good. Satisfaction with the plan review process has increased over the six quarters with the other elements across the pathway remaining relatively consistent. A comparison of the previous five quarters (2018-19 Q2, Q3 and Q4, and 2019-20 Q1 and Q2) with the current quarter (2019–20 Q3) indicates continued satisfaction across the four stages of the pathway.

#### Outcomes

Participant reported outcomes continue to improve, particularly the longer a participant is in the NDIS.

While these results are encouraging, analysis also indicates that there are areas where outcomes could be improved. For example, after three years in the NDIS, only 15 per cent of participants aged 15 to 24 agreed that being in the NDIS had helped them find a suitable job, compared to 16 per cent after two years and 18 per cent after one year.

Similarly for participants aged 25 and over, after three years in the NDIS, only 18 per cent agreed that being in the NDIS had helped them find a suitable job, compared to 19 per cent after two years and 20 per cent after one year.

Highlights of reported participant outcomes include:

- For children aged 0 to before starting school, who have been in the Scheme for three years:
  - 95 per cent of parents and carers said the NDIS improved their child's development in their third year of participation. This compares with 91 per cent in their first year.
  - 94 per cent felt the NDIS improved their child's access to specialist services in their third year of participation, compared to 91 per cent in their second year and 90 per cent in their first year.
- For children in the bracket between starting school and 14 years:
  - 69 per cent of parents and carers of children said their child had become more independent by their third year in the Scheme. This compares to 64 per cent in their second year and 56 per cent in their first year.
  - 54 per cent of parents and carers felt the NDIS had improved their child's relationship with family and friends in their third year of participation, compared with 50 per cent in their second year and 46 per cent in their first year.
- For participants aged 15-24 years:
  - 67 per cent felt the NDIS had helped them have more choice and control over their life in their third year of participation, compared to 64 per cent in their second year and 60 per cent in their first year.
  - 70 per cent said the NDIS had helped them with daily living activities in their third year of participation as compared to 65 per cent in their second year and 59 per cent in the first year.
- For participants aged 25 years and over:
  - 78 per cent said being in the NDIS gave them more choice and more control over their lives in the third year of participation in the NDIS. This has been a substantial rise when compared to 74 per cent in their second year and 68 per cent in their first year.
  - 84 per cent said the NDIS had helped them with daily living activities in their third year of participation, compared to 79 per cent in their second year and 72 per cent in their first year.

## 2.2 Employment

The NDIA is committed to improving employment outcomes for participants and has developed the NDIS Employment Strategy for this purpose. The NDIA's Corporate Plan goal sets a target of 30 per cent of NDIS participants of working age in paid employment by 2023.

In November 2019, the Minister for the NDIS released the NDIS Participant Employment Strategy (the Strategy), which sets out the NDIA's vision, commitment, and practical steps over the next three years to support NDIS participants to find and maintain meaningful employment.

The Strategy has five key focus areas:

- lifting participant aspiration for employment, reflected in increased participant employment goals;

- expanding the range and accessibility of information about employment supports and services to enable participants' greater choice and control when planning their employment pathway;
- growing capability and innovation in the NDIS provider market to improve the path to paid work and support the career development of NDIS participants;
- building the confidence of employers to employ NDIS participants; and
- the NDIA leading by example as a model employer of people with disability.

The NDIA will continue to work in partnership with key stakeholders and government agencies to resolve issues and put NDIS participants at the centre of the need for change. In addition, the NDIA will support participants to access the many programs funded by Australian, state and territory governments that contribute to improving employment outcomes for people with disability in Australia.

The NDIA will take a change leadership role to enable more NDIS participants to aspire to work, to understand their pathways to employment and achieve their employment and career goals. Part of this leadership role will be ensuring the right supports are provided at the right time.

The NDIA will continue working with DSS as the lead agency on creating an all-inclusive approach to disability employment to improve supports and outcomes for people with disability, including NDIS participants, as well as the approximately two million other working age Australians with a disability. This work will include development of a new model for national disability policy to replace the National Disability Strategy when it finishes at the end of 2020.

### **Supported employment pricing framework**

An important part of the transition of supported employees in ADEs was the announcement of a new pricing framework for supported employment in October 2019. The new pricing framework introduces an hours-based service delivery model that better reflects the frequency and intensity of supports delivered in the workplace.

Claiming supports in a different way is a big adjustment for ADEs so there will be an extended transition time to move to the new pricing, commencing from July 2020, with all claiming for participant supports transitioned by December 2021.

The new pricing framework ensures NDIS participants currently working in an ADE will continue to have the supports they need to maintain their job as well as provide opportunities for career progression and skills development.

The new framework will expand opportunities for other participants who are not working in an ADE and who require higher intensity and ongoing support in the workplace. These participants will have plan funding to enable them to find and maintain work with increased choice about where they work and who supports them in the workplace.



## **Australian Public Service – Employment of People with Disability**

The NDIA has joined the working group of the Australian Public Service Commission to support the Australian Public Service to achieve its target of 7 per cent of its employees identifying as having a disability. The NDIA aims to ensure NDIS participants are represented in this 7 per cent.

## **2.3 Increasing Transparency**

### **Data Sharing**

Since July 2019, the NDIA has released a range of data for public information and use, as part of the Government's commitment to demonstrate full data transparency of the NDIS with the Australian community.

The NDIA is sharing this data in a range of formats including downloadable reports and spreadsheets, analysis and presentations, which are live on the new NDIS Data and Insights website (<https://data.ndis.gov.au/>).

The latest release on 1 July 2020 includes new and refreshed data, and two detailed reports on Participant Outcomes and Family/Carer Outcomes. The data release also includes:

- market dashboards for each Local Government Area (LGA), supplementing the dashboards by service district. This makes it easier for people to get a picture of Scheme progress in the areas they live in.
- new data sets on Culturally and Linguistically Diverse (CALD) participants, and Aboriginal and Torres Strait Islander participants based on 31 March 2020 data.
- refreshed data sets and tables using 31 March 2020 data for all data previously released.

The data highlights where the NDIS is progressing and areas for continued focus, so the NDIA can continue to improve outcomes for participants. The next data release is scheduled for September 2020.

### **In-Depth Analyses and Reports**

To date, the NDIA has released 13 in-depth analyses and reports on the experiences of participants, their families and carers.

These reports include:

- Participant Outcomes Reports 2018 and 2019;
- Family and Carer Outcomes Reports 2018 and 2019;
- Market monitoring;
- People with a psychosocial disability;
- Employment outcomes - participants, their families and carers;
- Outcomes for participants with Autism Spectrum Disorder;

- Culturally and Linguistically Diverse report;
- Aboriginal and Torres Strait Islander Participants Report;
- Analysis of Participants by Gender;
- People with an Intellectual Disability in the NDIS; and
- People with disability and their NDIS goals.

## 2.4 Participant Information Access Scheme

The NDIA is changing the way it administers requests from participants to access their personal information. These changes will make the NDIS more transparent, accountable and responsive to participants.

The NDIA currently processes such requests through Freedom of Information requests (FOI). FOI requests can be unnecessarily burdensome and prescriptive for participants who are seeking access to their own personal information. The FOI process is also not accessible and is typically slow.

Under the *Freedom of Information Act 1982* (FOI Act), requests must meet certain criteria in order to be valid. This can be difficult for participants with limited writing ability and no formal supports in place. Additionally, documents created under FOI using screenshots of the NDIA Customer Relationship Management system cannot be read by AT.

FOI requests must be processed according to the letter of the law, which means they can be overly legalistic and hard to understand. Some requests can take more than 30 days to process if there is a requirement to consult with third parties or if the information contains certain sensitivities. Other Commonwealth agencies, including Services Australia, offer other ways for people to access their own information, including through online services.

To address these issues, the NDIA is introducing a new administrative access process which will be called the NDIS Participant Information Access (PIA) Scheme. There are a number of features and benefits that will set the PIA Scheme apart from FOI requests:

- it will be more accessible, faster, streamlined and less legalistic;
- participants can make a request using a pre-populated online form, taking the onus off them to describe what they are seeking access to; and
- the PIA Scheme does not apply to all documents of the NDIA in the same way that the FOI Act does - that is, participants may only request documents from a pre-defined list which overcomes the need for exhaustive searches of various repositories.

Participants will still be able to make requests under the FOI Act for documents not covered by the PIA Scheme, if they wish to do so, however it is intended the PIA Scheme will largely reduce the number FOI requests.

Requests under the PIA Scheme will be submitted using an online form. Applications will be open to NDIS participants, child representatives, nominees and prospective participants (or the person who acted for them in making the access request). The NDIA will process valid

requests within two weeks and release the documents with authorisation under the *NDIS Act* rather than the FOI Act.

The majority of FOI requests are made by participants to better understand a decision about their access to the NDIS or their NDIS plan. The documents available under the PIA Scheme should provide the information participants are seeking.

The PIA Scheme will fundamentally change the NDIA's approach to releasing information. It will make the NDIA more transparent, accountable and accessible for participants and prospective participants. Some information that has traditionally been redacted to protect the integrity of the NDIS will now be released, making NDIA delegates more accountable for their decisions.

The PIA Scheme will be reviewed after 12 months to ensure it is fit for purpose and with a view to making even more information available to participants without request, such as through the participant myplace portal. The PIA Scheme will help to eliminate red tape that inhibits access to documents and will help to build confidence in the NDIA's administration of the NDIS.

## 3. Market Stewardship

The NDIA and the Commonwealth, state and territory governments are jointly overseeing the establishment and growth of the NDIS disability marketplace. The NDIA's market stewardship role includes monitoring, evaluation, oversight and, where necessary, intervention. The vision of the NDIS is to build a competitive and contestable marketplace that is flexible and responds to the choices and preferences of participants.

To support a timely and meaningful growth in supply in the new marketplace, the NDIA expects to initially play an active role as the NDIS marketplace adjusts and grows. It will take time for consumers to confidently exercise choice in the marketplace, for existing providers to adapt and expand as needed, for new providers to enter, and for the disability workforce to grow to meet demand.

### 3.1 Providers and the disability marketplace

#### 3.1.1 The Market Enablement Framework

The NDIA has developed a rigorous approach to monitoring the market, identifying potential issues, deciding whether to intervene, and if so, what type of intervention is required. The Market Enablement Framework (MEF) aims to balance responsiveness to current market issues with advance warning and mitigation of potential future issues.

The MEF will address market issues, and while non-market issues may be identified, they will be referred to the entity best able to respond.

The MEF supports market stewardship by identifying if and how to intervene to address market issues. It does so by:

- monitoring and analysing markets;
- triaging issues which have been identified through market monitoring;
- establishing the tools to assist in investigating market issues; and
- providing guidance for the selection of interventions if needed.

The primary application of the MEF is expected to be in markets defined by region (covering multiple local government areas) and support type (for example support coordination, AT).

### **3.1.2 NDIS Market Data**

In accordance with section 174 of the *National Disability Insurance Scheme Act 2013*, the National Disability Insurance Agency prepares quarterly reports on its operations for the former COAG Disability Reform Council. This data is more detailed and supersedes the previously supplied market position statements (MPS).

The NDIA developed an MPS to share information about supply, demand and potential growth opportunities for disability services in WA. The WA MPS presents a range of information on current participant numbers, existing funding for disability supports, estimated supply and workforce estimates. The WA MPS represents the completion of this phase of work, with the NDIA going forward to provide more granular data through the COAG Quarterly Reports and NDIS Data and Insights website.

#### **Market Concentration**

Understanding the distribution of payments to service providers in a region can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and could mean that there is less competition in the region.

On average across regions, 62 per cent of payments go to the largest 10 providers. There are eight regions where 85 per cent or more of payments go to the largest 10 providers (11 per cent) and 16 regions where less than 45 per cent of payments went to the 10 largest providers (21 per cent). All of the eight regions where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the NT, WA and SA.

#### **Thin Markets**

Supported by the NDIA Board and management, the December 2019 meeting of the DRC agreed to use a more flexible approach to address market challenges in the NDIS, recognising that a 'one-size-fits-all' approach to delivering the NDIS is not suitable to address market gaps faced by certain geographic locations, particular cohorts or disability support types. The COVID-19 pandemic has limited the face to face work that can be done to address market challenges in the NDIS, however 'thin markets' work continues.

Trial projects to address thin market challenges are being implemented (where possible considering any COVID-19 limitations) in jurisdictions in partnership with DSS and the relevant state or territory government. The trials aim to address specific thin market issues

informed by the available data and validated by respective governments. Initial trials will address specific thin market challenges while testing a range of market interventions, including types of commissioning arrangements. Trials will support the NDIA's broader response into markets to ensure participant access to supports and attainment of outcomes.

### **3.1.3 Digital Partnership Program (DPP)**

The NDIA has developed a DPP, which will manage controlled and secure access to some of the NDIA's data and systems. Access will be managed via Application Programming Interfaces (APIs). These APIs are being created so providers and software developers can create new tools, apps and digital marketplaces to improve how participants, providers and the NDIA all connect and work together.

The NDIA released a preliminary discussion paper in December 2019 to seek input on how the program could best succeed. Feedback received during the first consultation round was taken into consideration in the further development of the DPP and was included in a second discussion paper. Those interested in the digital future of the NDIA were invited to respond to the discussion paper. The consultation period was extended from March 2020 to 14 April 2020 due to the impacts of COVID-19.

In March 2020, APIs were made available for registered providers. These APIs enabled providers to connect their own systems and automate transactions that are usually completed in the myplace provider portal. This includes transactions such as payment requests, service bookings, quotations, notifications and file uploads. Registered providers were encouraged to provide feedback on the current APIs as well as any additional feedback via the DPP discussion paper.

On 30 June 2020 the Minister for the NDIS announced the next phase of the DPP, which gives more software developers who are working with registered NDIS providers the ability to request access to the NDIA's APIs, creating more opportunities for digital experts to develop new tools and applications.

## **3.2 Pricing**

The NDIA has published the *NDIS Pricing Strategy* and the *Disability Support Worker Cost Model*. Together they detail the important role that pricing plays in the NDIS by empowering people supported by the NDIS to exercise choice and control; maintaining and expanding the supply of high quality disability supports; driving efficiency and innovation in the market for those supports; and supporting the transition of the NDIS over the longer term to a more deregulated outcomes-based approach.

Setting price regulation is part of the NDIA's commitment to build confidence and certainty for the provider market, while balancing the need for NDIS participants to obtain reasonable value for money.

## 2020-21 NDIS Price Review

The Minister for the NDIS released the results of the 2020-21 NDIS Pricing Review on 3 June 2020. The new NDIS Price Guide and Support Catalogue makes improvements to NDIS pricing that better meet the needs of NDIS participants, their families, carers and providers across the NDIS market while maintaining the financial sustainability of the NDIS.

The NDIS Price Guide and Support Catalogue was released ahead of the new market settings becoming effective on 1 July 2020, consistent with the commitment made to provide greater certainty and clarity for participants and providers.

The Annual Pricing Review 2020-21 examined, through research and consultation with industry, community and government stakeholders whether the existing price control framework and other market settings under the NDIS continue to be appropriate or should be modified.

Important updates include:

- introducing psychosocial recovery coaches to support participants with psychosocial disability;
- improving clarity on the way prices are set for Supported Independent Living (SIL);
- new features to provide opportunities for participants access to alternative living arrangements as part of ILOs;
- driving innovative opportunities for participants in employment;
- improving the Disability Support Worker Cost Model;
- clarifying definitions of time of day and day of the week (such as weekdays, evenings and public holidays);
- introducing Programs of Supports to improve choice and control for participants, and provide more certainty for providers when delivering supports; and
- improving the definition of some locations throughout Australia to regional, remote or very remote to ensure continued service and reach by providers.

## Other Reviews

The NDIA is committed to the continuous improvement of the methodologies underpinning the NDIS price regulation framework.

The NDIA has recently commenced a review of the Disability Support Worker Cost Model, particularly in its applicability to supports delivered in Supported Independent Living arrangements. The results of this review when finalised will be considered by the NDIA Board for implementation from 1 December 2020.

The NDIA will not be undertaking an Annual Pricing Review in 2020-21 but will instead monitor economic conditions carefully as the COVID-19 pandemic progresses and the economy recovers and promptly respond to any emerging issues. From July 2021, the NDIA

intends to undertake the Annual Pricing Review from July to December each year, with changes to take effect from the following 1 July.

For therapy pricing arrangements, the recent Annual Pricing Review recommended a comprehensive review of therapy pricing be undertaken as part of the next Annual Pricing Review and every two years thereafter.

### **3.3 Information, Linkages and Capacity Building (ILC)**

ILC is a key component of the NDIS whole-of-life insurance-based model, contributing to the sustainability of the Scheme by building the capacity of the community, mainstream services, people with disability, and their families and carers. Unlike the rest of the NDIS, ILC doesn't provide funding to individuals. ILC provides grants to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families.

Administration of the grants component of the ILC commenced a phased transition to the Department of Social Services (DSS) from June 2020. DSS administers a range of other services and supports to people with disability and their carers. The transition will ensure a strong alignment with the National Disability Strategy and other national programs.

DSS will continue working closely with the NDIA, and also with states and territories, to ensure the grant component of the ILC continues to support the goals of the NDIS.

Local Area Coordination (LAC), which is a function of the ILC activity, will continue to be administered by the NDIA. The NDIA's Partners in the Community deliver the LAC service in their communities through their work to actively connect people with disability (both people with and without individual funding packages) to mainstream and community supports.

This focus of the NDIA's Partners in the Community constitutes a further investment in ILC of approximately \$90 million annually (2018/19, GST excl.), being 20 per cent of their contracted work effort.

## **4. Responsible Scheme Management**

The NDIA is responsible for delivering a financially sustainable NDIS that inspires community and stakeholder confidence. Ensuring the sustainability, transparency and integrity of the NDIS is critical to ensuring participants receive supports that enable them to be more independent and engage more socially and economically. The COVID-19 pandemic has caused unprecedented social and economic disruption across the world. The NDIA responded swiftly to the COVID-19 pandemic to minimize its impact on participants and providers, and to ensure continuity of supports through this difficult time.

### **4.1 Fraud**

The NDIA is committed to preventing, detecting and responding to fraud against the NDIS, and continues to invest in education and awareness for staff, providers and participants.

The NDIA has implemented fraud control arrangements that are consistent with the *Commonwealth Fraud Control Framework 2017* and the *Public Governance, Performance and Accountability Act 2013*. The NDIA maintains a comprehensive Fraud Control Policy and Plan, which is reviewed and approved by the NDIA Board Risk Committee.

The NDIA has a multi-channel approach to preventing and detecting fraud. This includes:

- information sharing with other government entities;
- data analytics (to identify potentially fraudulent behaviour);
- checks and reviews (across participant and provider payment samples, supported by external expertise);
- tip-off channels (both internal and external), including phone, email, correspondence and media monitoring;
- working with law enforcement agencies to understand current trends;
- staff and Partner training;
- provider and sector awareness and education; and
- debt recovery.

Over the last 18 months, the NDIA has expended its compliance and counter fraud capabilities. The prevention, detection and response activities in relation to non-compliance, including fraud are increasing in sophistication, for example, the NDIA has expanded its detective analytics capability to proactively identify higher risk transactions and persons of interest.

The NDIA has stabilised its workforce by securing additional Australian Public Service positions to recruit permanent investigators, fraud risk experts, fraud intelligence and data analytics personnel. This has ensured continued momentum for the NDIA's capability-building efforts.

The NDIA works closely with the NDIS Commission to ensure action is taken to ensure provider registration is reviewed as appropriate.

The NDIA actively pursues the recovery of debts where a payment has been made to a person who was not entitled to receive that payment.

## 4.2 Sustainability

The NDIS is projected to continue to grow and to reach about 500,000 participants within the next three years, of which about 478,000 are expected to be aged 0 to 64. This is equivalent to a prevalence rate of 2.1 per cent of the projected Australian general population aged 0 to 64, consistent with the original estimate by the 2011 Productivity Commission.

In addition, there are some sustainability pressures:

**Participant cost inflation:** Plan budgets and support payments made to participants continue to grow by more than would be expected solely due to inflation and ageing, particularly SIL, where costs are higher than expected.



**Scheme coverage:** A number of interface issues are emerging in relation to mainstream services, community supports and informal supports, which is testing the boundaries of who can access the NDIS and what constitutes “reasonable and necessary” supports.

The NDIA has implemented measures to closely monitor identified risks that could impact on the financial sustainability of the NDIS, including the ongoing analysis of costs and quarterly reporting on financial sustainability by the NDIA Scheme Actuary. Operational responses are underway to address the cost pressures. These management responses are intended to result in the NDIS remaining both financially sustainable and delivering positive outcomes for participants.

### **Increasing SIL costs**

The NDIS is working on consistent and equitable decisions for those seeking access to SIL, which constitutes a large proportion of NDIS cost. See **Supported Independent Living** above for more information.

### **Actuarial Monitoring**

The NDIS insurance based approach means that emerging experience can be compared against expectations, allowing pressures on the NDIS to be identified early and management responses put in place to respond to these pressures. Specifically, data is collected on participants (including the characteristics of participants, costs and outcomes), and this actual experience is compared with NDIS projections. This actuarial monitoring occurs continuously and allows management to implement strategies as required.

It is not unreasonable that some emerging pressures are evident after six years of the NDIS. This is common in any statutory insurance or social welfare reform, and also reflects the fast paced implementation of the NDIS over the past three years.

Importantly, data and evidence is available to understand what is driving these pressures and operational responses are underway to address them.

## **4.3 Research and Evaluation**

The requirement for a research function is contained within the *NDIS Act 2013*, the NDIA Corporate Plan 2019-23 and is integral to the insurance approach that underpins the NDIS, specifically Insurance Principle 3 which states that the NDIA will “invest in research and encourage innovation”. This reflects the original intent of the 2011 Productivity Commission Report into Disability Care and Support which envisaged a national research capacity and capability as an important role of the NDIS.

The NDIA Strategy is one of the key pillars of the Minister’s national Disability Research Strategy that will contribute to maximising the value of research in improving outcomes for people with disability in Australia.

The NDIA Strategy has three components.

1. The **NDIA Research and Evaluation Services** will respond to the needs of NDIA decision-makers by delivering in-house expertise to:
  - utilise existing evidence from research to inform investment, policy and practice decisions that benefit participants and the Scheme
  - generate new evidence through research and evaluation to understand the factors influencing NDIA outcomes and address evidence-practice gaps
  - build organisational capability to utilise existing evidence and generate new evidence in support of service delivery excellence.
2. The **Targeted Research Program** aims to understand problems and find solutions for issues of high priority to the NDIS.
  - Independent research will be commissioned from Australian researchers through tenders or grants.
  - In 2020-21, tenders will be sought for systematic reviews of existing research evidence, environmental scans of research currently underway, and development of evidence maps to highlight strengths, weaknesses and gaps in evidence in three theme areas (below).
3. The **Centre for Knowledge Translation (CKT)** will focus on getting evidence into practice.
  - The initial activities will be to develop decision support methods and tools to assist participants and planners in development of goals in the three theme areas.
  - In addition, in response to Recommendation 18 in the Tune review, the CKT will “establish an accessible source of publically available information about evidence based best practice approaches, to assist participants in exercising informed choice and control.”

The NDIA Board has approved \$5 million for research in the 2020-21 FY spread across these three functions.

The priority research themes will be:

- realising employment goals;
- achieving social and community connection; and
- improving home and living outcomes.

## 4.4 COVID-19 Response

The NDIA has acted swiftly to address the potential impact of the COVID-19 pandemic on NDIS participants, families, carers and providers. The NDIA's absolute priority during the COVID-19 pandemic is participant health, safety, and ensuring participants can continue to access their essential supports.

The COVID-19 pandemic is an evolving and rapidly changing situation. The NDIA will continue to work with the Australian Government, DSS, the NDIS Commission and state and territory governments to respond flexibly to the changing situation in each jurisdiction. The

measures below outline those steps taken during the first wave of COVID-19 from March to June and will be closely monitored going forward.

#### **4.4.1 COVID-19 Response – Support for Participants**

In response to the rapidly changing situation, the NDIA has stood up a National Delivery Response Team to implement the COVID-19 National Delivery Response Action Plan and support new ways of working for as the situation progresses. The NDIA is working closely across Government, including working with DSS, the NDIS Commission, Services Australia, and state and territory governments, on a daily basis to ensure pandemic preparedness and contingency plans are put in place to protect continuity of essential supports for NDIS participants.

The NDIA has rapidly implemented a number of changes and improvements to support participants during the COVID-19 pandemic. Changes have focused upon increased flexibility in plan budgets, fast-tracked reviews, assessments and automated plan extensions to ensure continuity of support, and proactive outreach to vulnerable participants.

##### **Proactive Outreach to Vulnerable Participants**

In line with the Minister's announcement on 21 March 2020, the NDIA started to proactively reach out to 62,000 vulnerable participants to ensure they were continuing to receive and access their key NDIS supports. NDIA representatives have been making outbound telephone contact to 'check in' on participants, their plan and confirm they had access to their key supports.

As at 1 July 2020, the NDIA has made 62,188 proactive, outbound calls to vulnerable participants. Of these, around 5 per cent were contacted by email or a letter. The Agency will continue efforts to contact these participants via telephone to ensure their welfare and safety.

The NDIA anticipates that priority contact with vulnerable participants will be completed over the next two to three weeks (subject to any major Business Continuity disruption impacts).

The NDIA is also working closely with Support Coordination Providers to ensure that continuity of supports are being closely monitored and that participants understand how the NDIS measures are working to ensure participants have access to the right supports.

From 21 March to 30 June 2020, 2,212 plan amendments, including light touch reviews, have been made as a result of outbound vulnerable participant calls.

##### **Plan Extensions**

The NDIA is working to ensure participants have the funding they need as quickly as possible. Where a participant has an NDIS plan that is working for them, the NDIA is extending current plans by up to 12 months automatically where a plan is due to end, and approving new plans of up to 24 months upon review to make sure participants have the funding they need.

From 27 March to 30 April 2020, 12,930 plans were auto extended. Of these:

- 6,503 were extended for one year or until a plan review is undertaken;
- 6,427 were extended between one and two years. This is a result of plans being manually extended by a planner and then an automatic extension applied; and
- no plans have had a total extension period of more than two years.

The NDIA Business System (CRM) identifies plans which are due to expire on a daily basis and applies an automated extension of the plan for 365 days. The intention of the System extension is to give participants continued access to funded supports until a plan review is undertaken. It does not replace the requirement for a plan review to occur.

The NDIA has received positive feedback from the sector regarding the automated extension process. In response, the NDIA will explore options to retain the automatic 12 month extension capability beyond the COVID-19 pandemic.

### **Flexibility in funding**

The NDIA has made funding in NDIS plans more flexible by changing the way participants can manage their funding. This flexibility enables participants to purchase the disability-related supports they need during the COVID-19 pandemic. Participants now have flexibility to use their funding across the four categories of their core supports budget. Participants can decide how to use this funding for day-to-day assistance, to pay support workers to help with everyday tasks like grocery shopping or daily living tasks.

### **Increased flexibility for low cost AT**

During the COVID-19 pandemic response, providers, including Allied Health professionals, have continued to deliver services to participants through innovative means, however many face to face services have been suspended, and capacity building supports and interpreting services which cannot be delivered face to face are now being delivered online.

To help participants continue to receive their NDIS funded supports and services during this period, the NDIA temporarily broadened the flexible approach to purchasing low cost AT items to allow participants to access low cost AT items, such as smart devices and fitness equipment, in consultation with their existing support providers.

Participants are able to spend up to \$1,500 on low cost AT items from their existing Core - Consumables budgets but should not spend more than \$750 on electronic devices needed to maintain existing services.

This new approach acknowledges many face to face services are being suspended, and capacity building supports and interpreting services which cannot be delivered face to face are now being delivered online.

As not all participants had funding available in core budgets for consumables, the NDIA applied an automatic update to participants' plans on 9 May 2020 to ensure funding would be available for low cost AT where it was required.

This measure was introduced as a time limited policy and was reviewed in early June 2020. On 12 June 2020 the Minister announced this policy would remain in place until further reviews are completed.

### **Hospital Discharge**

The NDIA prioritised timely hospital discharge for participants during the COVID-19 pandemic and is working closely with SDA providers and State and Territory governments to identify suitable housing and AT options for participants in acute settings.

All states and territories have been reviewing their data to identify participants that may require NDIA funded supports.

If a participant is deemed well enough to be discharged from an acute setting they will return to either their own home or a step down accommodation facility while long term accommodation options are made available.

The NDIA has enabled participants found eligible through this process to reside in any SDA dwelling with a vacancy regardless of design category, building type or location, provided that the dwelling meets the support and safety needs of the participant.

Typically only a small percentage of participants are eligible for SDA. However, during the COVID-19 pandemic, the NDIS will allow participants with medium term accommodation funded in their plans to reside in SDA dwellings until their permanent housing is available.

HLOs have been working to match participants' requirements with provider vacancies as a matter of urgency. The NDIA also worked with the Summer Foundation and Northcott Innovation to capture SDA, medium and short-term accommodation vacancies and prioritise hospital discharge enquiries. This work was completed on 30 June 2020.

Housing providers have been encouraged to upload and maintain vacancy information to the Housing Hub and Nest websites. This enables NDIS planners, Local Area Coordinators (LACs) and Support Coordinators to quickly identify what local housing options are available, and make arrangements to facilitate hospital discharge.

The NDIA is also working with state equipment services to identify interim or long term AT supports for participants where these are required prior to discharge. The NDIA is prioritising assessment of requests for AT for participants in hospital settings.

### **Electronic Access Request Form**

The NDIA has made the Access Request Form and Supporting Evidence Form available for download from the NDIS website. This was done to ensure people who wish to access the NDIS can do so without being required to visit an NDIA office. As at 5 May 2020, the Access Request Form had been downloaded 4,985 times since it was uploaded to the website on Monday, 27 April 2020.

### **Priority Home delivery**

As part of the NDIA's ongoing commitment to supporting NDIS participants during this time, the NDIA has worked with supermarket retailers to make sure NDIS Participants, wanting support to grocery shop, have priority access to home delivery services.

This means that since 6 April 2020, NDIS Participants have been able to request priority when purchasing grocery items online to be delivered to their home.

### **First NDIS plan and plan reviews**

To protect the safety of participants, their carers and NDIA staff, the NDIA has prioritised the use of phone-based planning. For new participants, planning meetings have primarily been held over the phone. For existing participants who needed an adjustment to their current plan, the NDIA has organised planning meetings to be held over the phone at a convenient time. Participants who require an interpreter (AUSLAN or language), this will be arranged as per current practices.

NDIA offices have remained open for participants who wish to attend an office.

### **Australian Disability Enterprises (ADEs)**

The majority of ADEs have had their operations reduced by COVID-19. The NDIA has published Frequently Asked Questions to encourage ADEs to innovate and continue to provide services to their employees virtually or in line with Government directions. The FAQs encourage ADEs to focus on supporting employees with maintaining their connection with work and work colleagues, preparing for a return to work and undertaking capacity building and training during this period to support employment goals. ADEs have been advised that they should not claim from plans if no services are provided to NDIS participants.

#### **4.4.2 COVID-19 Response – Support for Providers**

The NDIA is working closely with the Department of Health, the NDIS Commission and State and Territory governments to support NDIS providers during the COVID-19 pandemic. The NDIA has implemented a number of initiatives announced on 21 March 2020 by Minister Stuart Robert to assist providers impacted by the current crisis. The NDIA will continue to monitor provision of supports to providers, and implement further initiatives where required. The initiatives detailed below have applied since March 2020. As community restrictions have eased, the NDIS will move to a post-pandemic phase from 1 July 2020 that includes the conclusion of some of the temporary measures detailed below. The detail of these initiatives should be read in the context that these initiatives are temporary and in some cases ending.

On recommendation from the review, the following will apply from 1 July 2020:

- removal of temporary 10 per cent price loading on certain core and capacity building supports;
- definition of cancellation period is reduced from 10 days to levels under the previous policy; and

- Medium Term Accommodation (MTA) period will be returned to the original policy of 90 days (rolled back from 180 days).

### **One-off Advance Payments to Registered Providers**

From 30 March the NDIA offered an advance payment to 7,846 eligible providers to support them with immediate cash flow to retain their staff and deliver supports to participants through the COVID-19 pandemic. The one-off payment was intended to help providers continue to run their businesses and deliver services.

The NDIA will begin recovery of advance payments made to providers from 1 October 2020. Payments will be recovered over a period of six months.

### **10 per cent COVID-19 Loading**

From 25 March 2020 to 30 June 2020, a 10 per cent COVID-19 loading was added to price limits for core supports. The 10 per cent increase in price limits applied to price controlled support items only. It did not apply to quotable supports.

The 10 per cent loading only applied to support items under the following categories:

- assistance with Daily Life (but not including SIL);
- assistance with Social and Community Participation;
- improved Health and Wellbeing (but not including personal training); and
- improved Daily Living Skills.

### **Cancellation Policy**

The NDIA changed cancellation policies on 30 March 2020 so participants were required to give 10 business days' notice for a cancellation in order to avoid paying the full fee for a cancelled service. Previously this was two business days. This was done to support Providers who experienced a high number of cancellations due to the COVID-19 pandemic. On 10 June the Minister for the NDIS announced the cancellation period was to be reduced back to levels under the previous policy.

Whilst the Government is encouraging providers to work with participants to minimise cancellations and find alternative services and supports, flexibility of the cancellation policy has been improved by increasing the amount providers can charge for a cancelled service from 90 to 100 per cent. Effective 1 July 2020, the 100 per cent cancellation policy will apply ongoing.

### **New Support Line Items**

A new line item for support coordination was added to the NDIA business system on 25 March 2020. This line item ensures support coordinators can draw funds from the core budget if the capacity building line items have been fully utilised. This item recognises that participants may require extra support from their support coordinators during the COVID-19 pandemic.

The NDIA also introduced two new support items for participants in SIL who have been diagnosed with coronavirus (COVID-19). The two new support items are:

- cleaning services (\$300 per participant to cover the cost of a one-off professional deep cleaning of a residence); and
- additional supports (\$1,200 maximum daily rate to cover the costs of higher intensity support related to the participant's diagnosis).

### **Access to Personal Protective Equipment**

DSS, in collaboration with the NDIS Commission, the NDIA and Department of Health has secured access to the National Medical Stockpile of Personal Protective Equipment (PPE) for disability providers including registered and unregistered providers, and self-managed participants.

In April 2020, the Minister for Health announced that 500,000 masks will be directed towards the disability sector to help provide essential protection for frontline health workers. A total of 172,000 were allocated to the NDIA, with the remaining allocated to primary health networks.

Requests for PPE from the disability sector are assessed by the Department of Health using an agreed criteria developed in consultation between DSS, NDIS Commission and Department of Health. The criteria takes into account disability sector specific issues, but is reflects the criteria applied to the aged care sector, so access to the stockpile is consistent.

Those NDIS registered providers who are approved for supply of PPE from the National Medical Stockpile receive their supply through the NDIA. Bulk supply of PPE is provided to NDIA to store across Australia and distributed to disability providers on receipt of Health approval and advice.

As at the week commencing 27 July 2020, the NDIA has distributed 58,850 Personal Protective Equipment (surgical masks) from the National Medical Stockpile to organisations delivering support to NDIS participants.

On 17 July 2020, to support the mandatory use of masks for disability workers in the Victorian hot spot areas the Government announced it will release a further two million face masks for Victorian aged care and disability workers.

### **Continuity of Service**

The NDIA recognises that continuity of supports for participants is particularly critical during the COVID-19 pandemic, and has implemented a number of initiatives to address potential shortfalls in supports, including availability of support workers and sudden provider exits.

#### *Information Sharing with the NDIS Commission*

The NDIA and the NDIS Commission are amending the existing 'Regulatory Interfaces Operational Protocol' between the NDIA and NDIS Commission. The amendment to the protocol clarifies arrangements for the time critical exchange of information between the NDIS Commission and the NDIA in relation to potential disruption of NDIS registered



providers due to COVID-19. This will ensure the NDIA and NDIS Commission are able to act swiftly to address any potential disruption to continuity of service for NDIS participants.

#### *Provider Exit Framework*

The NDIA has undertaken daily tracking of payments to service providers to identify emerging service gaps. Along with the NDIS Commission, the NDIA will work with states and territories to source an alternative provider for essential services if usual services cannot be delivered.

The NDIA is using the existing provider exit framework in combination with the provider engagement function to implement contingency planning business processes. This includes:

- monitoring the risk of disruption to critical supports for participants;
- responding to provider notifications of disruption to critical supports;
- monitoring, assessing and managing impact(s) on participants; and
- providing support to participants to access alternative critical support options and transfer to new providers where possible, if required.

#### *Complex Support Needs Panel (ECSNP) Providers*

At the April 2020 DRC, the NDIA committed to exploring the capacity of existing national ECSNP providers to increase their services in the context of COVID-19. Each panel provider was approached on a no prejudice basis to explore their ability to respond to COVID-19. Discussions with each ECSNP provider includes how they might respond to an increase in after-hours crisis referrals, increase requests for Support Coordination SME, and knowledge and information-sharing across the sector to rapidly respond to COVID-19 related participant issues. ECSNP providers are now in place nationally.

A number of measures are being explored as a 'surge response' to COVID-19, including:

- How the NDIA, ECSNP providers and the state government can work together to respond to the expected increase in volume and complexity of crisis referrals due to COVID-19 for participants with exceptionally complex support needs who present at a mainstream service such as a hospital, police or mental health unit.
- An "Uber-style" support coordination function to participants who are in crisis where their support coordinator is unable, unavailable or requires additional assistance to support them, particularly due to COVID-19 infection.
- A COVID-19 support coordination brokerage role specifically in relation to joining up of key services including identifying accommodation options through utilising networks established as part of the ECSNP program.
- Drawing upon linkages with the NDIA COVID-19 specific escalation points established within the Service Delivery Network and the Hospital Discharge and vulnerable cohort engagement initiatives; state government led initiatives – specifically in relation to accommodation; and broader sector and workforce intelligence.

## **Addressing NDIS Workforce pressures**

The COVID-19 pandemic is a rapidly evolving situation and its effect on the disability workforce is yet to be quantified. The introduction of practices such as two-person gatherings, self-isolation and physical distancing has had a profound impact on the lives of many people with disability and changed the way supports are delivered to NDIS participants.

In this rapidly changing jobs market the Australian Government is supporting businesses and those Australians looking for work.

While many businesses have been adversely affected by COVID-19 and are reducing their workforces, there are some areas of the economy which have an increased demand for workers. This includes jobs in health and care sectors, transport and logistics, some areas of retail, mining and mining services, manufacturing, agriculture and government sectors, among others.

In collaboration with DSS and the NDIS Commission, the NDIA launched a dedicated webpage ([www.ndis.gov.au/coronavirus/finding-support-workers](http://www.ndis.gov.au/coronavirus/finding-support-workers)) to help providers and participants find additional support workers during the pandemic. This website provides direct links to 12 different support matching employment platforms. It also identifies opportunities for those who are looking for work to connect with matching platforms to pursue employment in the disability sector.

These pages have been viewed 48,000 times since they were launched on 6 April. The webpages may act as an appropriate resource in the case of service withdrawals involving access to assistance with daily living activities and household tasks.

The Government announced a number of changes to visa arrangements to enable temporary visa holders to remain in key industries, such as health, aged care and disability care. International students currently working for registered disability service providers will also be able to work more hours to help support the disability sector. These changes will help boost front line staff and ensure critical services continue.

These initiatives work hand in hand with the unprecedented suite of broader initiatives undertaken by Government to support businesses and workers.

### **4.4.3 COVID-19 Learnings**

The COVID-19 pandemic has fundamentally changed the way Australians live, work and interact. The impact of the pandemic on the lives of Australians with disability will continue to change as physical distancing rules are relaxed and businesses, community activities, and public spaces reopen. The NDIA is poised to respond quickly to changes in Australia's pandemic response, by providing support to participants, providers and the broader disability sector to ensure participants continue to receive the services they need, in the most effective way possible.

The COVID-19 pandemic also represents a valuable opportunity to learn from the experiences of participants and providers and apply those lessons to the future provision of supports. Anecdotal evidence suggests providers and participants have rapidly adapted to physical distancing rules through the rapid uptake of technology and telehealth based services. In addition, the NDIA has responded agilely with increasing flexibility in plan budgets and through plan extensions to support providers and participants to maintain safe distancing and address workforce issues.

Moving forward, as initial physical distancing rules are increasingly relaxed, the NDIA will look to draw valuable lessons from these experiences, and explore how flexible service delivery options can be utilised in the future to better support participants. The NDIA will also review the automatic extension of plans by up to 12 months, to determine if this measure could be retained in certain circumstances to streamline the planning process while ensuring continuity of supports.

## 5. Looking forward

The NDIS is nearly at full maturity, with more than 365,000 participants receiving supports, and 145,000 of those participants receiving supports for the first time. The shift to full scheme represents an opportunity for the NDIA to re-orient the Agency's focus to further enhance participant outcomes. This will see a change from focussing on operational improvements to delivery of more strategic enhancements.

The NDIA will continue to be mindful of longer term participant outcomes and how these strategic improvements over the next 12 months will deliver sustainable outcomes over the life of the NDIA Corporate Plan 2020-24 (Corporate Plan).

A new Service Charter will provide clear timeframes for the NDIA's interactions with participants, detail minimum service standards and outline the NDIA's engagement approach. The Service Charter incorporates the Government's commitment to a Participant Service Guarantee. A Participant Service Improvement Plan will support the Service Charter and set out the NDIA's specific commitments over the next 12 months to improve participant experiences.

## Appendix I - Acronyms

| Acronym         | Meaning   |
|-----------------|---|
| ADE             | Australian Disability Enterprise  |
| AT              | Assistive Technology  |
| CALD            | Culturally and Linguistically Diverse   |
| CHM             | Complex Home Modifications  |
| COAG            | Council of Australian Governments   |
| DPP             | Digital Partnership Program   |
| DRC             | Disability Reform Council   |
| DSS             | Department of Social Services   |
| ECEI            | Early Childhood Early Intervention  |
| ECSNP           | Exceptionally Complex Support Needs Program                                   |
| FOI             | Freedom of Information  |
| HLO             | Health Liaison Officer  |
| HM              | Home Modifications  |
| ILC             | Information Linkages and Capacity Building                                    |
| ILO             | Individual Living Options   |
| JLO             | Justice Liaison Officer   |
| JSC             | Joint Standing Committee  |
| LAC             | Local Area Coordinator  |
| LGBTIQA+        | Lesbian, gay, bisexual, transgender, intersex, queer, asexual and questioning |
| MEF             | Market Enablement Framework   |
| NDIA            | National Disability Insurance Agency  |
| NDIS            | National Disability Insurance Scheme  |
| NDIS Commission | NDIS Quality and Safeguards Commission  |
| PIA             | Participant Information Access Scheme   |
| PPE             | Personal Protective Equipment   |
| PRR             | Participant Requested Review  |
| RoRD            | Review of Reviewable Decision   |
| SDA             | Specialist Disability Accommodation   |
| SIL             | Supported Independent Living  |
| YPIRAC          | Younger People In Residential Aged Care                                       |