

NDIS Transition issues April 2018

The interface of NDIS and Mainstream Services

Health

- access to NDIS planning and overlap of supports (could model of SCI be a trial of how health and NDIA interface) When people are in hospital and have high support needs there needs to be overlap of supports (case study 1). People newly injured and needing coordination of supports or housing mods while still in hospital need overlap of supports.
- things like catheter changes, peg feeds, trachie care that are part of a persons daily living should be in NDIS package
- VEQ program trying to separate health aspects out as in kind but people losing choice of provider or choice to self-manage and train. Reality is that support staff for people with high needs do multiple elements of the role eg, housekeeping and personal supports like catheters, bowel care etc.
- There do not seem to be any Protocols with NDIA on overlap or handover of supports

Housing

- SDA transition to new innovative housing options not occurring in WA. Lack of understanding and concern that congregate models still being applied.
- Home mods, who has responsibility for minor mods to housing? What is the NDIA view on mandatory minimum access in all new built homes through the BCA?
- Support to get non-SDA Housing – specialist support coordination required to help find and navigate housing systems and potential for sharing.
- Supported independent living packages – should be moving away from congregate models not towards shared support.
- Housing being lost due to change in support plan – MidLAS case study – person in psych hostel had plan reduced, tenancy agreement included clause on being able to evict if support reduced.

Education

- School aged service intervention ceases in July 2018 and service providers not taking on new clients. People in roll out areas beyond 2018 will not be able to access therapy services.
- Support at home when home schooling, person told it is education department responsibility.

Delivery of services

Service providers

- ending service before roll out or a plan in place

- understanding NDIS principles
- If a person is accessing HACC and their support needs increase, they are not eligible for a review of in home/ or community based support until NDIS rolls out in their area.
- Ppl under 65 being told they are not eligible to receive support from HACC, (in an NDIS/ WA NDIS area), and being bounced to NDIS/ WA NDIS, then back again.
- Lack of understanding from the state health system about what supports can and may be offered through NDIS.
- Services being reduced for people with a Mental Health diagnoses in a NDIS area, before they are able to go through an eligibility process for NDIS (long length of time to go through access/ eligibility process).
- Length of time for a person to go through an access request for a plan to then be developed (with a local co-ordinator WA NDIS) can be drawn out to over 10 months, before services are then in place for the consumer.
- Ppl not receiving support to test their eligibility from WA NDIS, if that area is due to transition over to NDIS in July 2018.
- Lack of interest from NDIS in acknowledging a complaint against a person's service provider, and in assisting a person to change their service provider (or specialist support provider) in their plan.
- Services in regional area not registering for NDIA (silver chain) – Geraldton – potentially leaving people without any skilled support.

Planning

- Still issues of planners understanding and listening
- Support coordination for those who need it ongoing
- Why do NDIA need separate OT assessments when specialists OT from health do them for free as part of hospital discharge? And generalist OT often miss specialist stuff.
- Strong medical model focus with ongoing use of OT and health professionals, interpretation of reasonable and necessary lacking a community inclusion focus
- People need to 'know' the right language to use.

Appeals

- Lack of transparency In an internal review process, and about the outcome of an internal review, and the reasons for a person not being deemed eligible for WA NDIS/ NDIS.
- Misinformation about difference between a review of a persons' plan and an internal review of a person's plan (from NDIS planners). People having multiple reviews of the plan done, without going through an internal review process of a plan (appealable decision)
- Long length of time to go through an internal review of an eligibility decision, average wait time up to 6 months. [Midlas]

Safeguarding

- Transition plan? Some Providers are unsure who they are accountable to anymore.
- People asking for transparency from services and clear contracts and not being provided.
- Current LAC's distancing themselves with no new system in place yet.

Wheatbelt Trial site area and Bayswater/Bassendean area

- LAC's have signed people up to WANDIS even though it was a federal trial area and are still doing so, not referring to NDIA or having NDIA access forms available
- Extremely confusing for people in this area as it was NDIA Trial then it changed to WANDIS when previous state government bilat was signed. Now it is changing back to NDIA in April but in February people are being signed up as WANDIS? Will planning be done, will people have access to SDA, different equipment? Portal?

Information provision

- Confusion from the two trials, minimal info sessions and pre-planning support

Thin Markets and emerging service gaps

Continuity of support

- Residents at QC over 65 and with permanent disability
- Psych hostels? people with dual diagnosis?
- HACC under 65 and not eligible for NDIS. Size of bucket? Changing needs?
- younger people in nursing homes are mostly unaware of process and NDIS and there are people who are 64 who are turning 65 in aged care who would probably have been able to live at home if they had not given up their house through lack of care.

Gaps

- Complex needs still not being adequately addressed. Who is provider of last resort?
- Appropriate pricing particularly for specialist skills eg challenging behaviours
- Ongoing maintenance of health not being covered eg: Trachies, catheter change, wound
- Transport – not being covered adequately for those who can't use pt
- Peer support/ self advocacy?
- Advocacy and systemic advocacy
- ILC gaps and small \$ meaning very little being done as community development

