



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

Reference No: SQ17-000175

Topic: State and territory responsibilities

Page: 13/14

Question

senator GALLACHER: There is a suggestion that autism is diagnosed higher than perhaps what is estimated. Have I got the right evidence there?

Mr Tidswell: We thought the story that came out of the Productivity Commission's draft paper blew this story up in a sense. So what we are trying to do is work within what we think are the estimates that were put in place. The jurisdictions give us data on those who are existing. We go out and try and make contact with those people as quickly as we can and bring them into the scheme. And then there are projections on new entrants. I think in this instance it is the swings and roundabouts of the approach as you roll through.

Senator GALLACHER: But is there any emerging evidence that people are shifting a state responsibility onto the scheme?

Mr Tidswell: I would take that on notice. These are early days. I look at these figures daily. I talk to the jurisdictions all the time.

CHAIR: But what you said before was that there is a danger of this occurring and we have to be vigilant that it does not—if I can paraphrase your earlier evidence.

Mr Tidswell: Yes. Effectively, these are locked into agreements and to go above them requires another conversation between the Commonwealth and the states and territories.

Answer:

It is too early to assess whether there will be a higher diagnosis rate than expected for autism across the National Disability Insurance Scheme (NDIS) in the longer-term at this stage. Experience in the 2013/14 trial sites for 0-64 year olds (Hunter and Barwon) suggests that there is a higher prevalence of participants with autism than expected. It is important to consider the pathway to entry into the NDIS for these participants. However, many of these participants entered under the Early Intervention criteria so may not remain in the NDIS in the long term if they build capacity through early intervention supports.

The bilateral agreements between each state and territory set out the arrangements between the NDIS and other service systems. As outlined in these agreements, the NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's universal service obligation (for example, meeting the health, education, housing, or safety needs of all Australians) or covered by reasonable adjustment (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).

Despite the principles agreed between governments, over the course of trial and transition, the National Disability Insurance Agency (NDIA) has experienced some instances which may reflect cost shifting. The NDIA has also identified instances of scope creep and service gaps.

Some of the concerns the NDIA has observed are:

- there has been some evidence of scope creep as some providers try to extend the amount of therapeutic (health) interventions through use of NDIS funding;
- there have been reports from people with disability that mainstream services are refusing entry to people who are likely to enter the NDIS, for example, people trying to access the health system for supports such as discharge planning and support; and
- there have been significant issues around a lack of accessible public transport options, particularly in regional, rural and remote areas is resulting in NDIS participants seeking transport funding through the Scheme despite having the capacity to travel independently where transport options are available.

In relation to children, there needs to be greater clarity around which system is best placed to respond to children with disability who are unable to remain living at home. This remains an area of significant disagreement about practice models of service delivery, as well as about which system is responsible for providing the supports. Historically, state and territory disability services systems have accepted responsibility for children in Voluntary Out of Home Care, where parents remain legally responsible for their child and the only reason for the child residing out of home is the impact of care and support needs due to the child's disability. Under the Council of Australia Government agreed principles this remains a state and territory responsibility.

The interface with some areas of health has added complexity during transition due to agreements in relation to in-kind programs. A program area may have been agreed as in-kind, however not all people receiving that program and not all supports within that program align with NDIS access requirements or determination of "reasonable and necessary". This is particularly the case with Aids and Equipment services, Commonwealth Continence Aids programs, and Home Ventilation programs.

Each of these requires specific negotiations with each state and territory or the Commonwealth, to ensure clarity and to agree on mechanisms for management of people who fall outside NDIS responsibility. All of this takes time, and creates tension for the service sectors, as well as for NDIA staff and participants whilst it is being resolved.

To ensure the NDIA and the state and territory governments continue to operate within this framework, working arrangements on mainstream interfaces at a regional level are well progressed. NDIA regions have formed regional working groups with their state/territory counterparts to resolve issues as they arise.