

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 18 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: High, Medium, Low Functionality

Question reference number: IQ21-000015

Senator: Jordon Steele-John

Type of Question: Spoken. Hansard Page: 29

Date set by the Committee for the return of answer: 01 June 2021

Question:

Senator STEELE-JOHN: I'm genuinely trying to understand this. The agency has got a tool—an IT tool, I imagine—that takes these different inputs. Do you weight them against each other? My problem, Mr McNaughton, is: there isn't a set 'high', 'medium' or 'low' functionality score that is universal across disability. Do you have a tool that's averaging these out across these different inputs?

Mr McNaughton: All the information we have is the WHODAS. We just use that information to develop a high, medium or low score based on that as well as the person's primary disability. If we've got other, more granular information from an assessment supplied by a medical professional, we'll use that level of rating as well.

Senator STEELE-JOHN: But how would that be weighted against the WHODAS? If I've just got the WHODAS versus a bunch of other stuff, how are you combining those two things, or multiple data inputs, together?

Mr McNaughton: At an individual level, if the only assessment we have is a WHODAS we will just use that level of information to help develop that person's plan and to help understand the person's typical support package, plus the other inputs they might need. We won't then overlay it with other things, but for reporting purposes we can see [inaudible] than a lower range. What we're seeing is more people move to [inaudible] or WHODAS.

Mr Hoffman: I can see that you are trying to ask a very genuine question here about the conversion of multiple different sources of information into a high, medium and low reported score.

Senator STEELE-JOHN: Yes.

Mr Hoffman: Can we take on notice to come back to you on this and effectively convert the conversion tool from those multiple sources of input provided by the participant, their doctors, their treating professionals or our planners into high, medium and low? We're happy to provide that tool.

Senator STEELE-JOHN: That's the key that I need to be able to understand this. Without that, we as a committee can't really interpret this.

Answer:

Function is not the sole basis for determining NDIS plan budgets. Other factors are also considered including a participant’s age, disabilities, and current and potential mainstream, informal and community supports.

The table below shows the mapping of assessment scores to high, medium and low level of function.

Level of function	Disability	Assessment Tool	Assessment Level
High	Acquired Brain Injury	Care and Needs Scale (CANS)	Scores 0 to 2
	Autism	Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) Vineland-3	Requiring support Adaptive behaviour score 56 and above
	Cerebral Palsy	Gross Motor Function Classification System (GMFCS)	Levels 1 and 2
	Hearing Impairment	Functional Impact of Hearing Loss	Levels 1 and 2
	Intellectual Disability	DSM-5 Vineland-3	Mild Adaptive behaviour score 56 and above
	Multiple Sclerosis	Disease Steps	Diseases Steps 0 to 2
	Psychosocial disability	Life Skills Profile (LSP-16)	Scores less than 23
	Spinal Cord Injury	Level of Lesion and ASIA score	T6-T12 (Incomplete), L1 and below (Incomplete)
	Stroke	Modified Rankin Scale (mRS)	Scores 0 to 3
	Visual Impairment	Functional Impact of Vision Loss	Levels 1-3
	Non-disability specific	World Health Organisation Disability Assessment Tool (WHODAS 2.0)	Score of 25 or less
Non-disability specific	Paediatric Evaluation of Disability Inventory Computerized Adaptive Test (PEDI-CAT)	Other scores not classified as Moderate or Low function	
Moderate	Acquired Brain Injury	Care and Needs Scale (CANS)	Scores 3 to 5
	Autism	DSM-5 Vineland-3	Requiring substantial support Adaptive behaviour score 41 to 55
	Cerebral Palsy	Gross Motor Function Classification System (GMFCS)	Level 3
	Hearing Impairment	Functional Impact of Hearing Loss	Level 3
	Intellectual Disability	DSM-5 Vineland-3	Moderate Adaptive behaviour score 41 to 55
	Multiple Sclerosis	Disease Steps	Diseases Steps 3 to 5
	Psychosocial disability	Life Skills Profile (LSP-16)	Scores 23 and above
	Spinal Cord Injury	Level of Lesion and ASIA score	T1-T12 (Complete), L1 and below (Complete), C4-C8 (Incomplete), T1-T5 (Incomplete)
	Stroke	Modified Rankin Scale (mRS)	Score 4
	Non-disability specific	WHODAS 2.0	Score greater than 25 and less than or equal to 67
	Non-disability specific	PEDI-CAT	T-score of <10 in one domain or at least two T-scores between 10-19
Low	Acquired Brain Injury	Care and Needs Scale (CANS)	Scores 6 and 7
	Autism	DSM-5 Vineland-3	Requiring very substantial support Adaptive behaviour score 40 and below
	Cerebral Palsy	Gross Motor Function Classification System (GMFCS)	Levels 4 and 5
	Intellectual Disability	DSM-5 Vineland-3	Substantial or Pervasive Adaptive behaviour score 40 and below
	Multiple Sclerosis	Disease Steps	Disease Step 6
	Spinal Cord Injury	Level of Lesion and ASIA score	C1-C8 (Complete), C1-C3 (Incomplete)
	Stroke	Modified Rankin Scale (mRS)	Score 5
	Non-disability specific	WHODAS 2.0	Score greater than 67
	Non-disability specific	PEDI-CAT	T-score of <10 in at least two domains

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Public Hearing – 18 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: High, Medium, Low Functionality

Question reference number: IQ21-000023

Senator: Carol Brown

Type of Question: Written.

Date set by the Committee for the return of answer: 01 June 2021

Question:

Question 3

In relation to the charts showing changes in functional impairment provided by the NDIA in response to question NDIA IQ21-000007 would the NDIA:

- a. Provide the basis on which NDIS participants have been subdivided into high, medium and low function for each year from 2017 to 2021
- b. Provide charts for each disability type and for the group of participants who were in the scheme on 31 March 2017 showing their level of functional impairment (low, medium and high) in 2017, 2018, 2019, 2020 and 2021
- c. Provide charts for each disability type and for the group of participants who were in the scheme in the 12 months to 31 March 2018 showing their level of functional impairment (low, medium and high) in 2018, 2019, 2020 and 2021
- d. Provide charts for each disability type and for the group of participants who were in the scheme in the 12 months to 31 March 2019 showing their level of functional impairment (low, medium and high) in 2019, 2020 and 2021
- e. Provide charts for each disability type and for the group of participants who were in the scheme in the 12 months to 31 March 2020 showing their level of functional impairment (low, medium and high) in 2020 and 2021
- f. Provide charts for each disability type and for the group of participants who entered the scheme in the 12 months to 31 March 2021 showing their level of functional impairment (low, medium and high).

Answer:

- a. Please see the response provided in JSC Question on Notice no. IQ21-000015
- b. Please refer to Attachment A.
- c. Please refer to Attachment B.
- d. Please refer to Attachment C.
- e. Please refer to Attachment D.
- f. Please refer to Attachment E.









