# 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)        | Requiring support  |
|                   |                         | Vineland-3  | 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   | Mild   |
|                   |                         | Vineland-3  | 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   | Requiring substantial support  |
|                   |                         | Vineland-3  | 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   | Moderate   |
|                   |                         | Vineland-3  | 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   | Requiring very substantial support   |
|                   |                         | Vineland-3  | Adaptive behaviour score 40 and below  |
|                   | Cerebral Palsy          | Gross Motor Function Classification System (GMFCS)                                  | Levels 4 and 5   |
|                   | Intellectual Disability | DSM-5   | Substantial or Pervasive   |
|                   |                         | Vineland-3  | 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   |

# 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:** IQ21-000023

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).

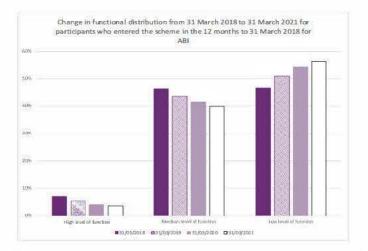
#### Answer:

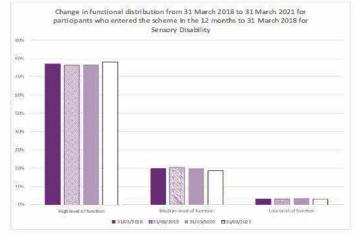
- a. Please see the response provided in JSC Question on Notice no. IQ21-000015
- b. Please refer to Attachment A.
- c. Please refer to Attachment B.
- d. Please refer to Attachment C.
- e. Please refer to Attachment D.
- f. Please refer to Attachment E.

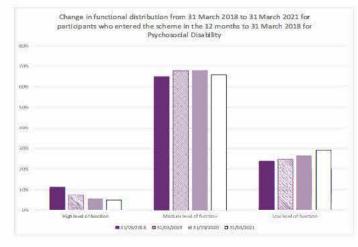


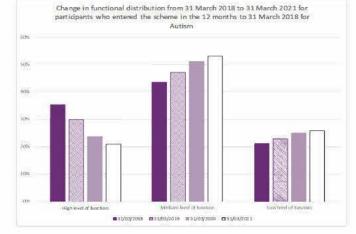
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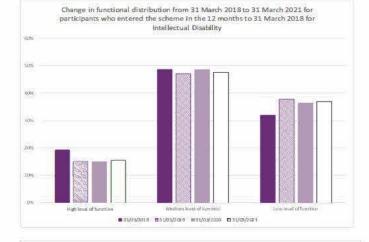
# IQ21-000023 - Attachment A

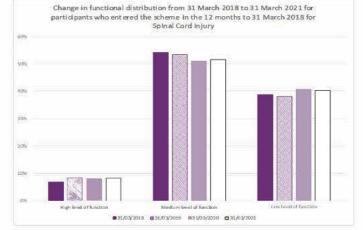


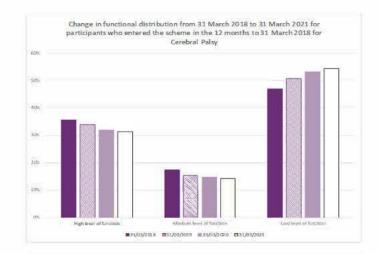


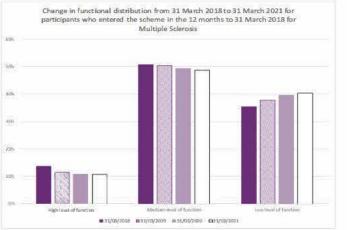


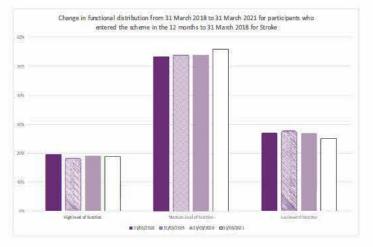










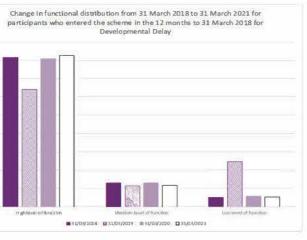


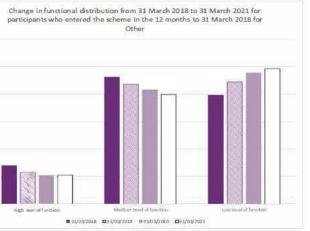


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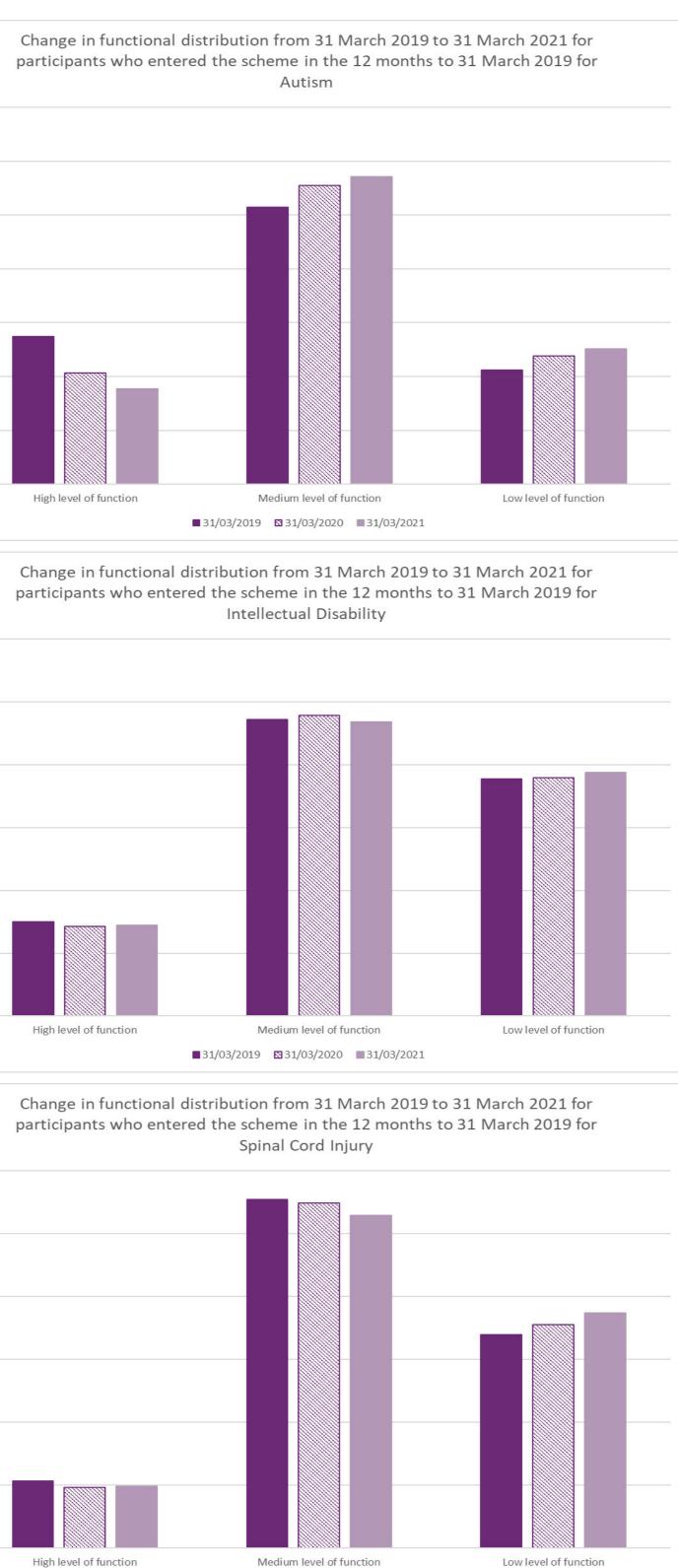
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# IQ21-000023 - Attachment B









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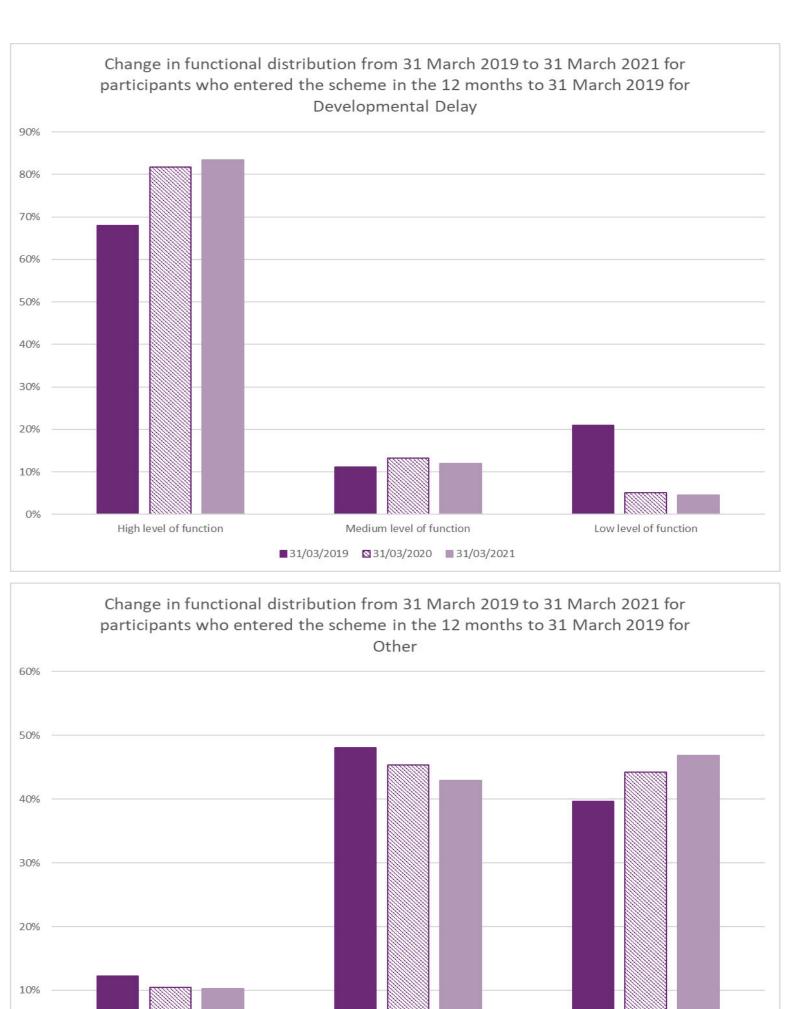
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# IQ21-000023 - Attachment C

High level of function

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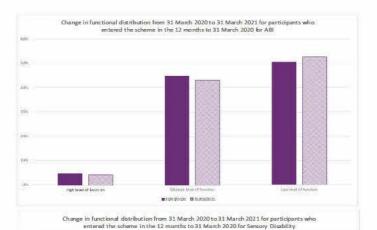
Low level of function

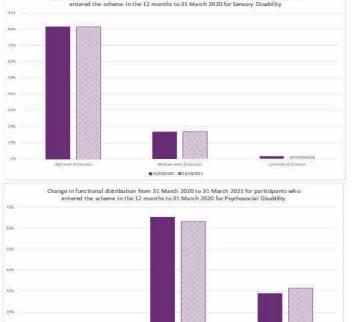


Medium level of function

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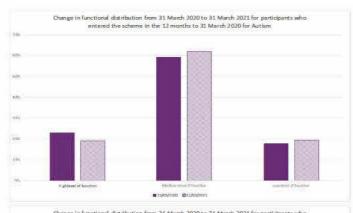
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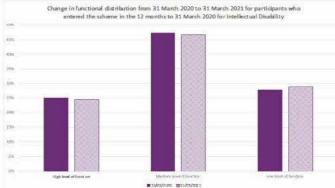


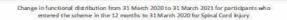


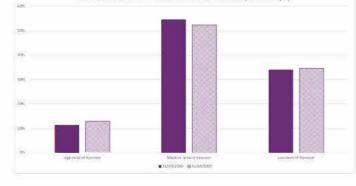
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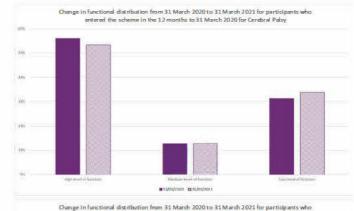
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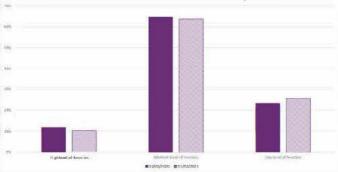


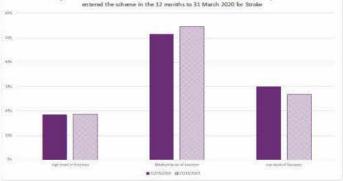






Change in functional distribution from 31 March 2020 to 31 March 2021 for participants who entered the scheme in the 12 months to 31 March 2020 for Multiple Sckerosis

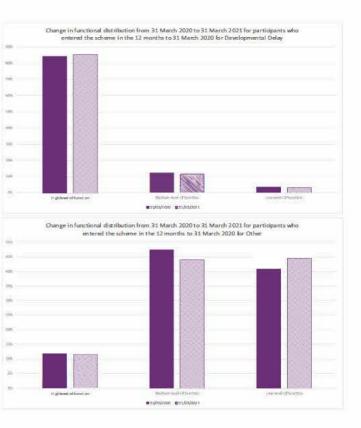


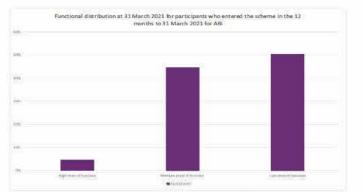


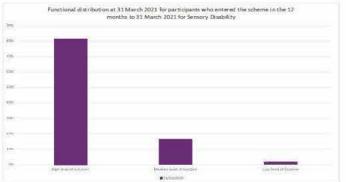
Change in functional distribution from 31 March 2020 to 31 March 2021 for participants who entered the scheme in the 32 months to 31 March 2020 for Stroke



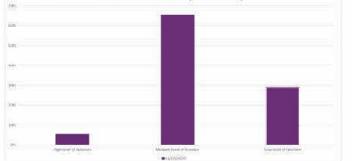
# IQ21-000023 - Attachment D

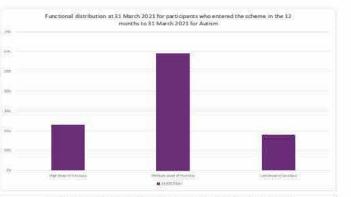


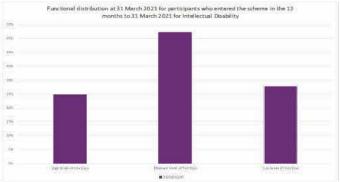


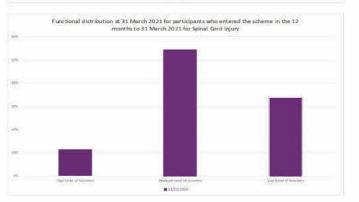


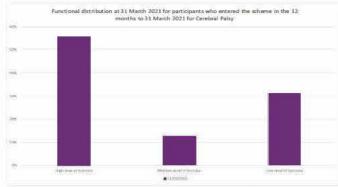
Functional distribution at 31 March 2021 for participants who entered the scheme in the 12 months to 31 March 2021 for Psychosocial Disability

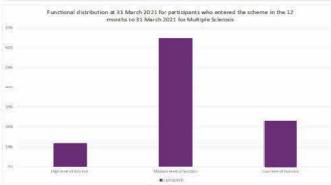


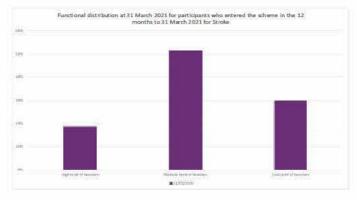












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# IQ21-000023 - Attachment E

