

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessments Rollout

Question reference number: IQ21-000002

Senator: Senator Brown

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

1. Where are Independent Assessments currently at in terms of rollout? What preparations have been made internally?
2. Have you been able to access the IA tender documents and have all NDIA staff been able to access the tender documents / the work-plan arising from the tender?

Answer:

1. The Minister for the National Disability Insurance Scheme, Senator the Hon Linda Reynolds CSC, has committed to undertake further consultation on the proposed NDIS reforms and outcomes of the second Independent Assessment (IA) Pilot with state and territory disability ministers and the disability sector. The rollout of IAs has been paused until this consultation is completed.
For information about the progress of the second IA pilot please see IQ21-000005. For information about the IA Panel providers, please see IQ21-000003.
2. The IA Panel Request for Tender (RFT) documents were prepared, published and controlled as appropriate throughout the RFT process, including in accordance with probity requirements.

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

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessments Rollout

Question reference number: NDIA IQ21-000003

Senator: Senator Brown

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

3. What work have the 8 companies awarded the tender been assigned to do so far and where is this work up to?
4. We heard at Senate Estimates that the IA contracts were worth over \$500 million, how much has been paid out to each of those 8 companies to date?

Answer:

3. The NDIA originally asked the Independent Assessment (IA) Panel organisations to commence certain components of the Transition-In Services. That work has been halted.
4. The maximum total value over 3 years for the IA Panel is \$339 million not \$500 million. There have been no payments made to IA organisations, and there are no current obligations to make any payment to any company. These are standing panel arrangements

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

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessments Rollout

Question reference number: NDIA IQ21-000004

Senator: Senator Brown

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

5. What specific action has been taken to implement the “pause” on IA rollout referred to in the media by Minister Reynolds?
6. What specific action has been taken to engage in the consultation referred to by the minister

Answer:

5. The Minister for the National Disability Insurance Scheme, Senator the Hon Linda Reynolds CSC, has committed to undertake further consultation on the proposed NDIS reforms and outcomes of the second Independent Assessments (IA) Pilot. The rollout of IAs has been paused until this consultation is completed. The NDIA has made changes to the NDIS website to remove the previously announced implementation dates for IAs and to reiterate the commitment to continue to listen to the views of state and territory governments, participants, their families and the wider disability community. Specific work that was underway related to a launch of IA’s for access decisions in July has been halted.
6. The NDIA is supporting Minister Reynolds to undertake a series of roundtable meetings with sector stakeholders, participants and their families and carers to listen to their views. These meetings are ongoing. The NDIA is also working closely with the Independent Advisory Council to design further engagement to identify improvements and refinements to proposed reforms, including assessing the outcomes of the Independent Assessment pilot. The NDIA is also briefing state and territory governments and offering briefings to their local advisory networks on the proposed reforms.

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

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessment Pilot

Question reference number: NDIA IQ21-000005

Senator: Senator Brown

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

7. Where is the IA pilot up to?
- How many people have taken part?
 - What has been done with the data from the pilot and how will this ultimately feed into the work the tenderers do?
 - What results have been received so far from the pilot? Are the pilot results undergoing an independent evaluation? Will the full results be made public?

Answer:

7. The second Independent Assessments (IA) Pilot has completed 2,955 assessments as at 4 May 2021.

a) As at 4 May:

- 2,955 participants have completed an assessment
- 549 participants had assessments booked but not yet completed
- 1,094 participants were in the process of scheduling an assessment.

b)

Data collected	How it is used
Individual IA output	To give participants structured information regarding their functional capacity To improve how the NDIA makes Access and Planning decisions
Participant quantitative and qualitative feedback regarding the IA process	To improve NDIA and assessor processes, including booking the assessment conducting the assessment

<p>(eg surveys, focus groups, interviews)</p> <p>Assessor quantitative and qualitative feedback (eg surveys, focus groups)</p>	<p>following-up post assessment</p> <p>how to communicate expectations and results to a participant and their support person</p> <p>training and quality of assessment organisations and individuals</p> <p>tailoring of approach based on cohorts (eg people from Culturally and Linguistically Diverse backgrounds /Aboriginal and Torres Strait Islander populations, different disability types)</p>
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c) As of 6 May 2021, 641 participants had completed the IA Participant Experience survey. Initial survey results include:

- 71% rated their IA as a good to excellent experience overall
- 85% responded positively about the questions and activities undertaken during an IA
- 93% reported a good to excellent experience with the professionalism of their assessor
- 79% responded positively about assessor knowledge and understanding about the participant and their disability.
- Positive survey themes included:
 - the effectiveness of assessors
 - IAs provided a new perspective
 - IAs were more equitable and easier.
- Areas for improvement included:
 - the assessment tools could be more tailored to a participant's context
 - the context behind the skill set of assessors could be clearer
 - the assessments were too long.

The NDIA Research and Evaluation Branch, which consists of academics and evaluation experts, is leading the pilot evaluation. This team is separate from the IA pilot team. The evaluation results will be made public.

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

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessment Pilot

Question reference number: NDIA IQ21-000006

Senator: Senator Coker

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

1. Will you undertake to provide the committee with ongoing data reports on all independent assessments conducted during the pilots, including the number of assessments, the outcome of these assessments, and, in particular, the financial outcomes of the decisions made by the independent assessment panels?
2. Can this information also be provided to the committee if and when independent assessments are included as standard procedure?

Answer:

1. Yes. The NDIA will provide the Joint Standing Committee on the NDIS with the final full evaluation report that includes the number of assessments, survey and interview findings, and evaluation by a separate team of ex-academics in the Research and Evaluation Branch.

Assessments in the pilot do not inform Agency decisions or financial outcomes. They have no bearing on a participant's amount of funded supports.
2. Yes. The NDIA will provide the Committee with ongoing data relating to independent assessments if and when they become standard procedure.

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Disability Cohorts

Question reference number: NDIA IQ21-000007

Senator: Hon Kevin Andrews MP

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

CHAIR: Is there any breakdown of that? One can imagine that there would be individuals whose functional capacity would increase over time—maybe a young person coming through the scheme with the right supports et cetera; their functionality could improve—and you can think of many people who have a particular physical injury which would remain fairly steady and constant over a relatively lengthy period of time, and you can think of some people whose functional capacity could deteriorate over a period of time. In terms of that study you're citing, is there any breakdown of the various groups within the cohort?

Mr Hoffman: Yes. We can, and certainly have, looked at that by disability type and so forth. You're quite right: there would be some you would expect to see improvement in. For some degenerative conditions, unfortunately, you would necessarily expect to see decline. As you've also correctly said, there's a large group of people who, over a four-year period, are at functional capacity and may well be expected to be reasonably stable. That's why the results in aggregate are cause for questioning. We certainly can show that that is not a function of a large number of people with degenerative conditions who you would expect to see the decline in overall. At a population level, we would not have expected to see the result that we disclosed back in September and then the further information now. We will continue to look at that and publish that information in detail in the quarterly reports, including by disability type.

CHAIR: Do you have even a ballpark estimate of those in proportional terms—that you would expect a decline compared to remaining constant or improving?

Mr Hoffman: Not here today. I'm happy to take that question on notice, though. As I said, it depends upon the relative proportions of different disability types overall.

CHAIR: From my perspective, I think it's important to understand that. Unless you understand these subcohorts, what's happening in the subcohorts and what proportion of the total population each of those subcohorts constitute then one can come to conclusions that may not necessarily be accurate, which leads me to—

Mr Hoffman: I can, though, of course, assist in some ways to the extent of saying that, if you look at the population of participants at 20 December, halfway through this current year, there were 430,000 participants in total. There were 137,000 of those who were recorded with a primary disability of autism. That's the biggest single grouping. There were 88,000 recorded with intellectual disability. Of the next biggest group, 42,000 were recorded with developmental delay. There was also around that number of people with a psychosocial disability. There were 21,000 recorded with a hearing impairment, 18,000 with other neurological disabilities and another 18,000 with other physical disabilities, and then it breaks down to a long tail. So you can see from those sorts of numbers there, just at a high-level check, that you would not be expecting the sort of decline in function that we had reported overall. I'll certainly take on notice and provide to the committee work and analysis of that by disability type.

Answer:

The charts below indicate a consistent decline in functional capacity since 31 March 2017 across disability groups. This further evidences the requirement for independent functional assessments as this change in the level of functional impairment over a relatively short period of time is unexpected and reflective of inconsistent information in relation to functional capacity.

Chart 1: Change in functional distribution from 31 March 2017 to 31 March 2021 - Autism

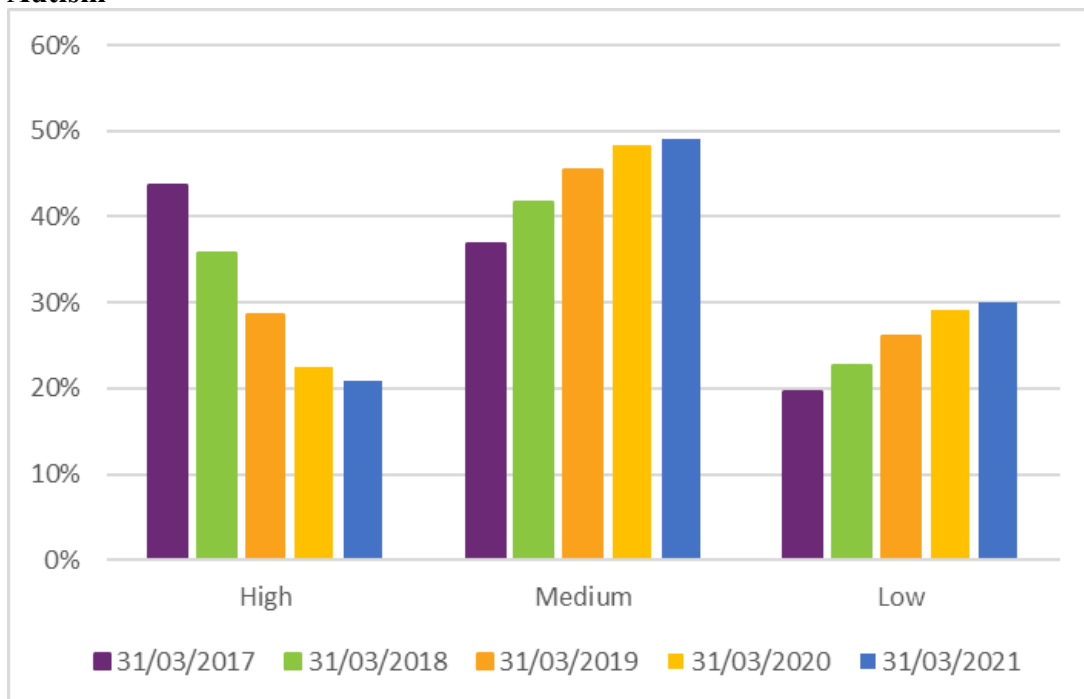


Chart 2: Change in functional distribution from 31 March 2017 to 31 March 2021 – Acquired Brain Injury

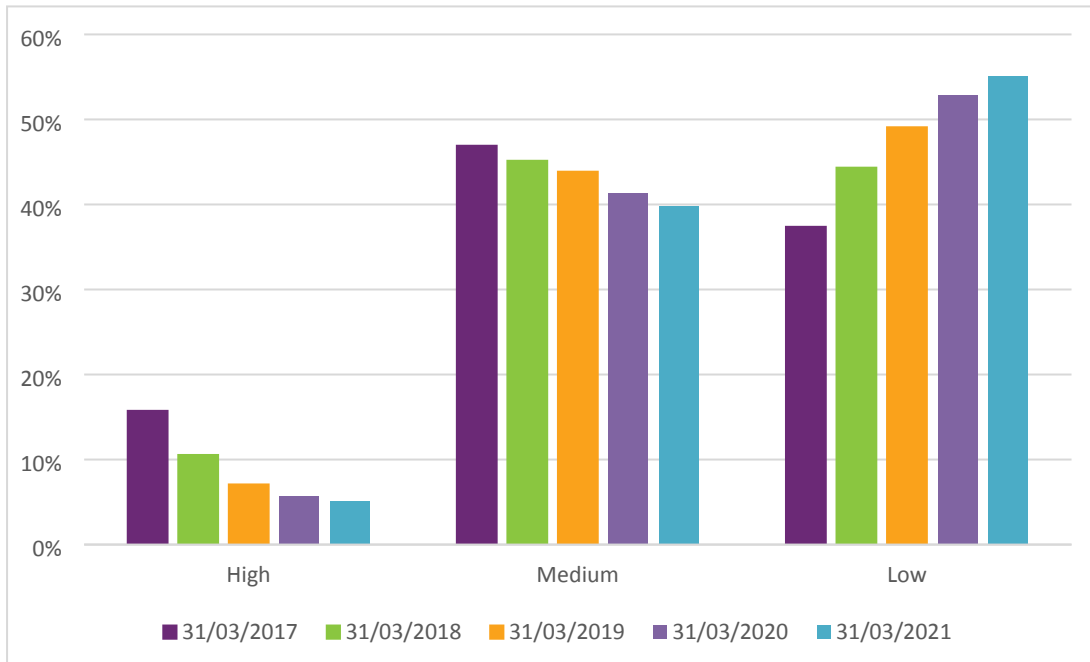


Chart 3: Change in functional distribution from 31 March 2017 to 31 March 2021 – Cerebral Palsy

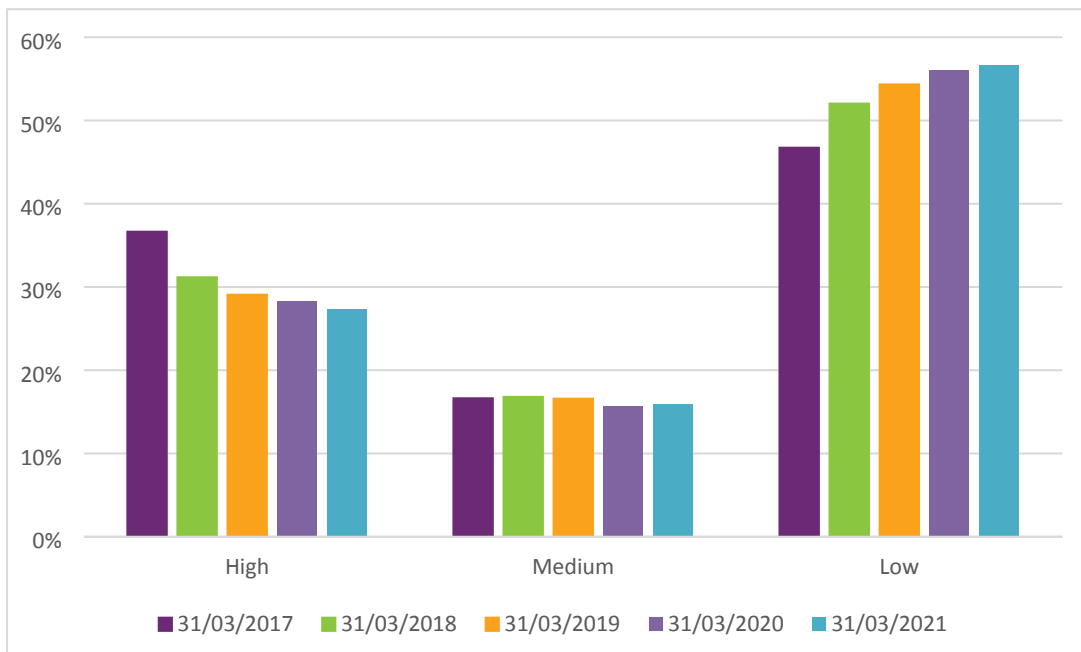


Chart 4: Change in functional distribution from 31 March 2017 to 31 March 2021 – Developmental Delay

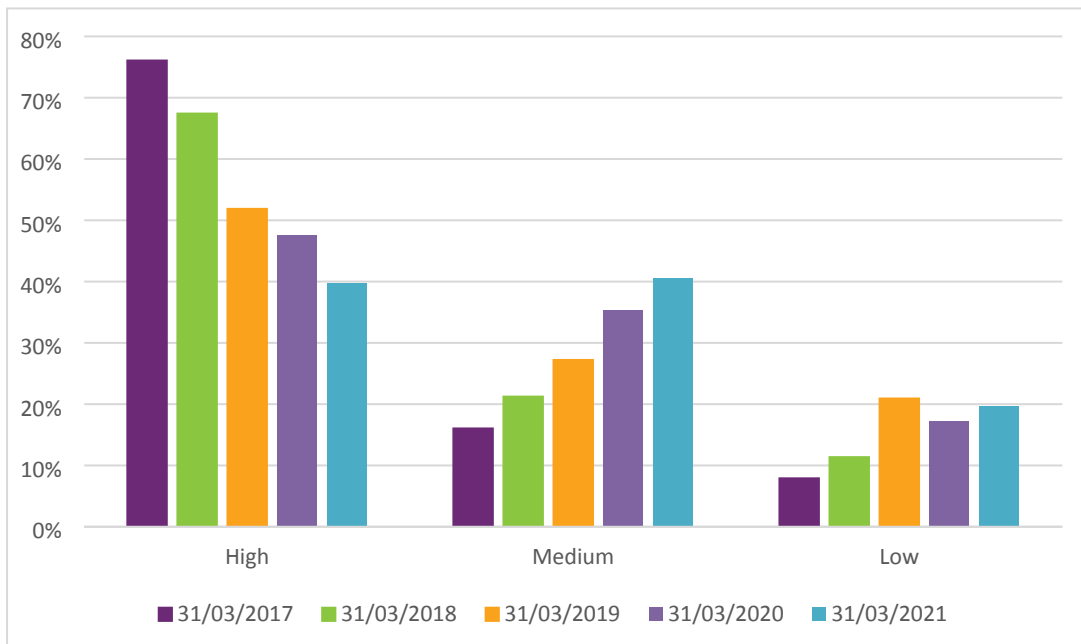


Chart 5: Change in functional distribution from 31 March 2017 to 31 March 2021 – Intellectual Disability

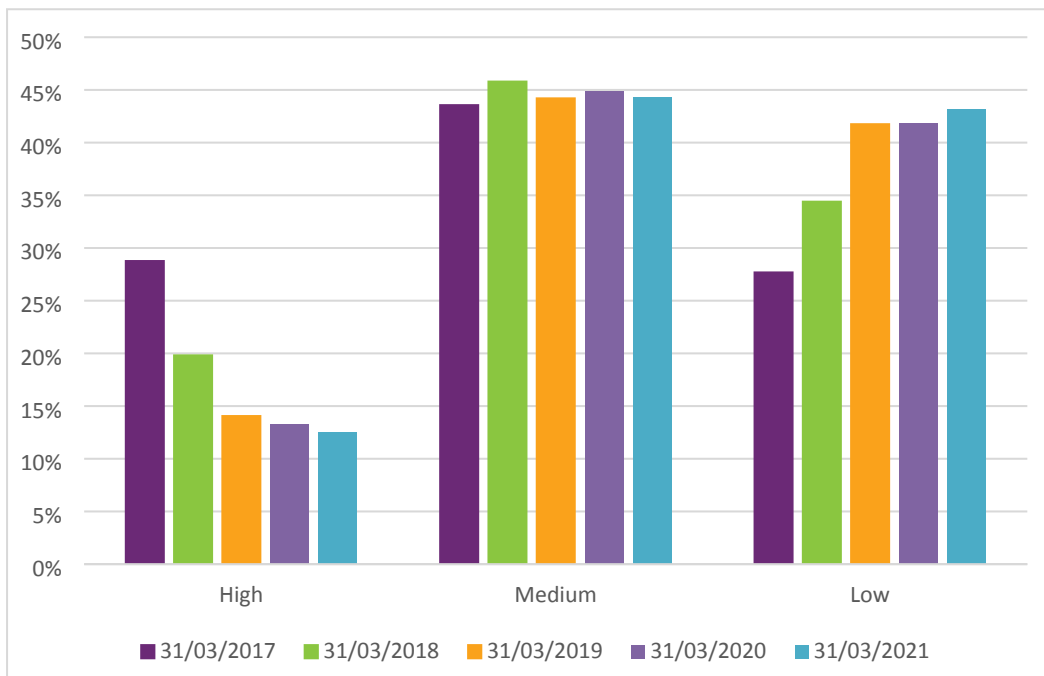


Chart 6: Change in functional distribution from 31 March 2017 to 31 March 2021 – Multiple Sclerosis

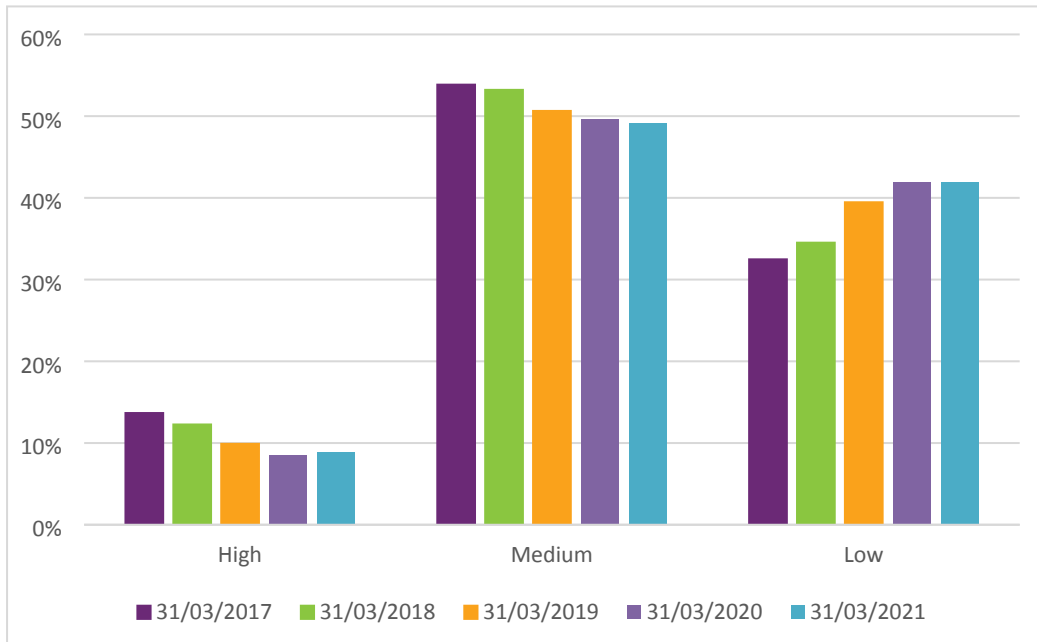


Chart 7: Change in functional distribution from 31 March 2017 to 31 March 2021 – Psychosocial Disability

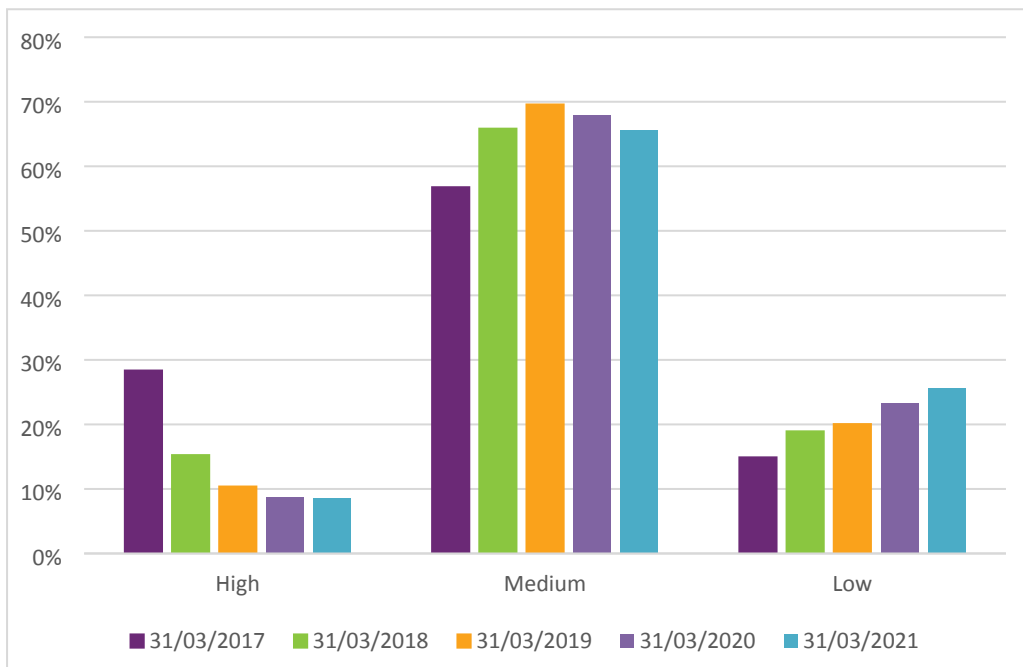


Chart 8: Change in functional distribution from 31 March 2017 to 31 March 2021 – Sensory Disability

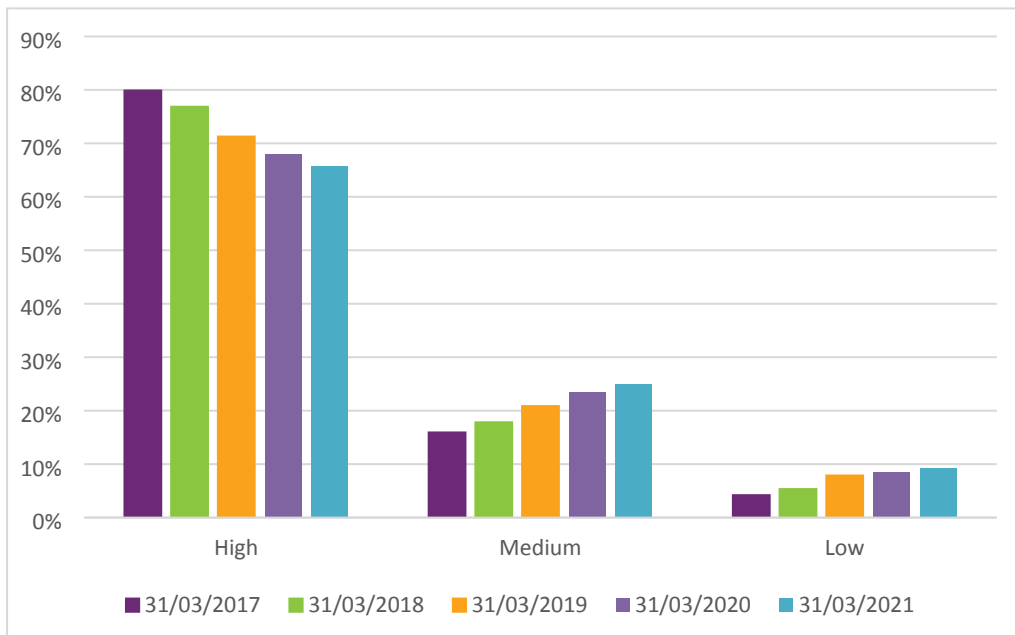


Chart 9: Change in functional distribution from 31 March 2017 to 31 March 2021 – Spinal Cord Injury

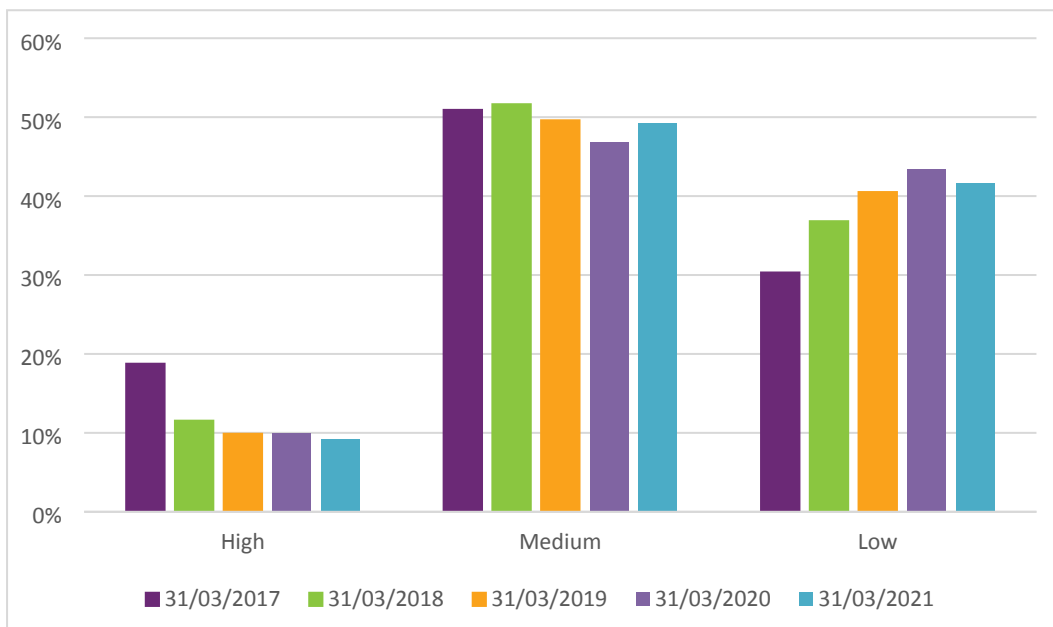


Chart 10: Change in functional distribution from 31 March 2017 to 31 March 2021 – Stroke

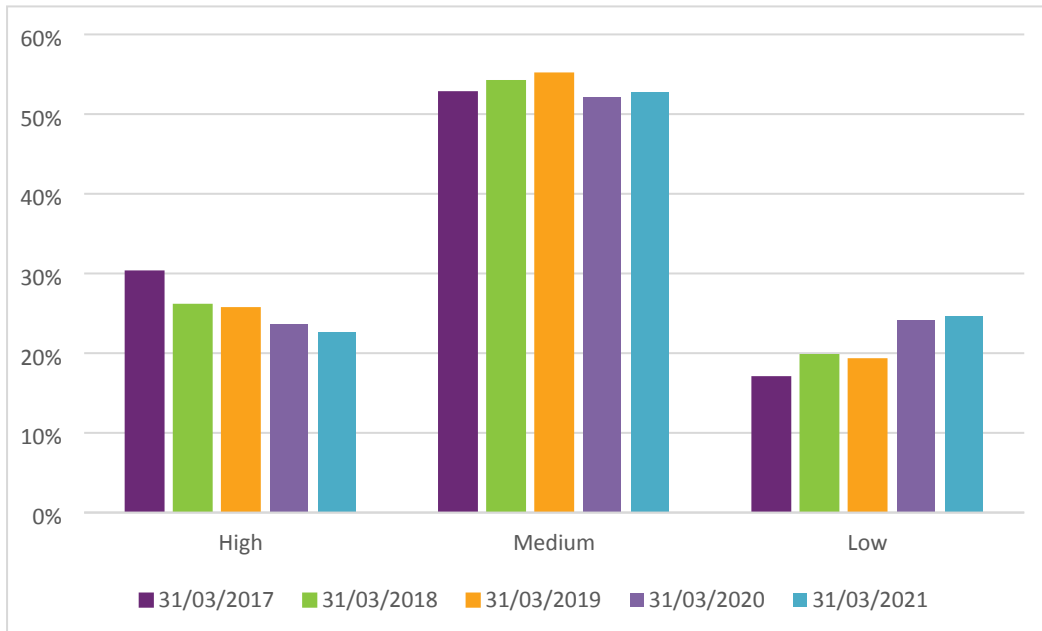
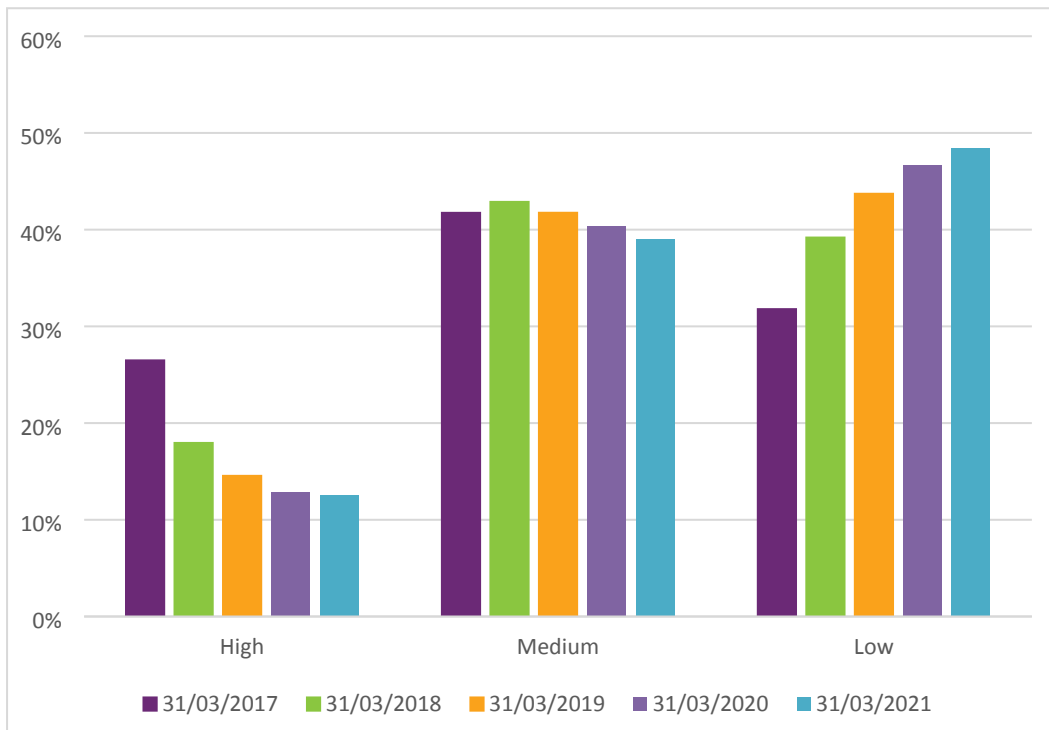


Chart 11: Change in functional distribution from 31 March 2017 to 31 March 2021 – Other disability



Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: NDIS participants with autism

Question reference number: NDIA IQ21-000008

Senator: Senator Hughes

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

Senator HUGHES: Thanks. I just wanted to get a clarification here while we're on it— 137,000 with autism. . But what I'm interested in is: how many have you got of the 137,000 in level 1, level 2 and level 3?

... So what I want to know is what levels we are looking at. How many are we funding at levels 1, 2 and 3? And what data are we collecting around that, when we are talking about functionality, to ensure that we are increasing functionality?

...people aren't using the money for best-practice therapy, and I think that, when we have taxpayers' dollars being spent, we have an obligation to ensure that they're being effectively used. It's a very long, convoluted question, but do we have a breakdown of levels? Do we have a breakdown of reporting around that functionality of levels and what we're going to do about it? If you have level 1 Asperger's and you invest in early intervention, you can move those kids and they won't need support for the rest of their lives, and these adults who were diagnosed later in life are proof of that because they've had successful lives.

... but level 2 and level 3 need best practice. It could be a whole question for you when you come to the autism inquiry. It's the biggest cohort, and we're not doing best practice and we're not using data to see where we're landing.

Mr Hoffman: We'd be very happy to follow up on those questions of data. I don't have it with me today, but we do have the sort of data you're talking about, in terms of levels, and we certainly have the outcomes. I will just make a quick distinction between outcomes, such as social engagement, family coherence and some of the things you were referring to, as opposed to the functional capacity, which is a little more technical, in terms of the classification domains. But we certainly have good data on outcomes and correlating that with the spending levels that we are seeing. This goes to my earlier answer around some of the sustainability challenges. For example, in 2016-17, for autism, a participant was spending on average \$17,100. Four years later, in 2020-21, it's \$31,100. That's just an example of the

growth of spending per participant for the autism cohort. So you're quite right: we've got to make sure we get the outcomes and the results that everybody wants from that.

Answer:

The table below presents the number of participants by Level 1, 2 and 3 categorisations from the Diagnostic and Statistical Manual of Mental Disorders (DSM) - Autism. Data is at 31 March 2021.

Diagnostic and Statistical Manual of Mental Disorders - Autism	As at 31 March 2021	Distribution across diagnostic level
1	10,365	11%
2	65,494	68%
3	20,447	21%
Unavailable	47,848	
Total active participants with primary disability autism	144,154	

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: NDIA consultation

Question reference number: NDIA IQ21-000009

Senator: Senator Brown

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

Senator CAROL BROWN: That didn't answer my question. I want to know what you're actually going to do. First of all, is the feedback from the public consultation, which closed on the 26 February, public?

Mr Hoffman: It is not all public. We have published a summary of that consultation. We're currently going back to the people who submitted to it seeking permission to publish it in full. It contains personal and private information which would not be allowed under the act to be public. We're seeking permission for that. Many people who have submitted have made their submissions public themselves, but we'll go back to all the submitters seeking permission to release them publicly.

Senator CAROL BROWN: When's that supposed to happen?

Mr Hoffman: That's underway currently as part of the process of improved consultation and transparency that Minister Reynolds is committed to. That's one of the practical, specific steps that we are taking to do just that.

Senator CAROL BROWN: Perhaps on notice, Mr Hoffman, you can actually explain to the committee what practical steps you're taking to ensure that further and future consultation is implemented better.

Mr Hoffman: I'm always happy to respond, but I don't quite understand. I'm trying to answer the question. The specific actions we've taken are—

Senator CAROL BROWN: I'm more interested in how the consultation will be with the disability community. You're talking about the Independent Advisory Council. So if you could put it in writing so everyone's clear about the new process, the new consultation, the new communication strategy, I'm sure everyone would be very happy with that.

Mr Hoffman: That's a good question. I'm very, very pleased to do that.

Answer:

The NDIA wants to improve the design and implementation of future NDIS changes by communicating, engaging and consulting effectively. We are taking various practical steps to ensure future consultations are implemented better.

Following the three month consultation period on proposed changes to our access, planning and Early Childhood Early Intervention approach, we have an in depth understanding of the concerns, questions and areas for improvement associated with the proposed NDIS reforms. The NDIA is currently supporting the Minister to undertake a series of roundtables, allowing her to directly engage with people with disability, families, community and sector organisations and disability providers.

Based on this community and sector feedback, we will spend the months leading up to the next meeting of Disability Ministers, to consult on a number of issues related to the delivery of independent assessments. The NDIA will work more closely with State and Territory government agencies and the Independent Advisory Council (IAC) on a range of policy, implementation and participant experience topics over this period. Along with members of the IAC, the NDIA will hold a series of workshops with disability and community sector representatives. The focus for these workshops will be on the six themes emerging from consultations:

1. Exemptions to independent assessments
2. Pre-booking and choice of assessors
3. Conduct of the independent assessment itself (including quality and questions asked)
4. Use of the information gathered from the independent assessment
5. Checking or reviewing assessment results
6. Overall Personalised Budget improvements

Over the coming weeks the NDIA intends to release further information to inform the public debate and respond to questions asked in the previous consultation exercise. This will include an information paper on Personalised Budgets, which will provide further detail on how we will use information gathered through independent assessments to assist with setting draft budgets, as well as further information on the second independent assessment pilot outcomes and evaluation.

To improve our transparency on the proposed reforms, the Agency is working to publish submissions made to us by organisations on the proposed access and planning policies, as well as the consultation paper on supporting young children and their families early to reach their full potential. The NDIA also intends to undertake a range of consultation activities in the near future with the disability community on more specific aspects of NDIS policy and operations.

Following the consultation period outlined above, we will follow a user-led design approach to develop new communications and products that support participants to understand the NDIS experience. This will involve working with participants through online discussion boards and focus groups to ensure information we deliver has the right amount of context, is delivered at the right time, in an appropriate language and format. This work will result in a full update of our website and a range of new products including videos, animations, and printed factsheets and booklets as required by participants.

NDIS Consultation Framework and Toolkit

Efficient for Agency, effective for participants

High level summary

Purpose

The NDIS Consultation Framework and Toolkit outlines the Agency's first nationally consistent approach to coordinate effective consultation with participants, community and the disability sector. The Consultation Framework outlines consultation principles and guidance (why and whom to consult); the Consultation Toolkit provides the templates and tools (how to consult).

Benefits

Improving how the Agency informs or consults participants and stakeholders about policy or process change will increase the likelihood of successful implementation of the policy or change.

Who can use it

The Scheme Reform Communications and Engagement (SRCE) Branch in the Communications and Engagement Division coordinates and supports all Agency consultation related to Scheme Reforms. The Agency has a broad engagement and consultation ecosystem that includes Participant Advocacy, Government Relations, Provider and Community Engagement as well as established governance and reference groups such as but not limited to the Independent Advisory Council, CEO Forum, Mental Health Sector Reference Group and Autism Advisory Group

This Framework provides a consistent service offer to Agency business or policy areas which need to consult externally with participants, the sector, key stakeholders or the community. Business areas who contribute to the engagement ecosystem remain responsible for designing, delivering and reporting on their activities. SRCE guides and assists Agency business areas to understand general and specific stakeholder risks and to design and respond to "best fit" consultation, using [Australian Public Service \(APS\) "4 ways to engage: share, consult, deliberate, collaborate"](#).

How to use it

To support business areas to consistently apply the principles of "best fit" engagement outlined in the NDIS Consultation Framework, the NDIS Consultation Toolkit is the "how to consult" guide. The Toolkit contains:

Consultation guidance

1. APS 4 Ways to Engage
2. NDIS Consultation Matrix
3. Engagement Channels

Templates

4. Business Consultation Template

5. Stakeholder Process Guidance

Approvals

Date	Version	Approved by
11/12/20	Version 01	Richard Honey, BM SRCE
22/12/20	Version 02	Jamie Lowe, GM Communications and Engagement
01/02/21	Version 03	Shannon Rees, Acting GM Communications and Engagement

NDIS Consultation Framework

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Introduction

The purpose of the NDIS Consultation Framework and Toolkit is to embed a consistent consultation methodology and process for NDIS community and sector consultation. This will help us improve how the Agency informs or consults participants and stakeholders about policy or process change, which will increase the likelihood of successful implementation of the policy or change.

The NDIS Consultation Framework and Toolkit will:

- Ensure policy and business areas can determine appropriate and timely level of consultation with external stakeholders;
- Assist the Agency to avoid too many or overlapping consultation processes that impact negatively in practice or perception on participants and stakeholders;
- Define clear roles and responsibilities for the coordination, delivery and reporting of consultation activities;
- Ensure consistency of process across different consultations.

Well-planned, methodical and respectful consultation which responds to key questions;

- increases the likelihood of stakeholder understanding and acceptance of change,
- builds public confidence in the Agency and the NDIS and
- enhances policy and process design and increases successful implementation.

Successful implementation is more difficult to achieve if consultation is poorly planned, does not resonate with stakeholders or even antagonises them. The Consultation Framework and Toolkit will mitigate a key consultation risk of failure to understand and respond to actual or perceived impact of changes on stakeholders.

Problem statement

How will the NDIA design, manage and deliver stakeholder consultation which informs business strategy and achieves participant and stakeholder understanding and buy-in of the planned scheme reforms?

Environmental context

The Agency is making significant change to policies and processes which will impact all participants, their families and many providers, as part of the NDIS reform programs in 2021, including the introduction of independent assessments and other key reforms such as the Home and Living Strategy.

The changes are intended to ensure the NDIS works better for participants, upholds the original intent outlined by the Productivity Commission, responds to recommendations from the Tune Review and ensures the sustainability of the NDIS for participants and their families now and in the future.

What does success look like?

Success for the Agency is implementing changes as planned to achieve desired outcomes.

Success for participants is when they realise their ability to shape the NDIS and use their plans to improve their social and economic participation.

Avoiding consultation fatigue

Too much information results in “consultation fatigue”¹ and stakeholder complaints that NDIS changes are too frequent and cause participants and the sector to feel overwhelmed by change and disrespected by the Agency. Conversely stakeholders can feel the Agency is not consulting them enough or at all. This can be due to the different interpretation of what constitutes “consultation” by participants and stakeholders, and the Agency. For example, publishing papers and information online is not regarded as “consultation” by many participants and stakeholders.

Scheduled and publicised public release of information is a key element of effective consultation if it is done within a consultation process that targets all relevant stakeholders, meets their communication needs, understands the reasons for their views, considers other changes that are underway or planned and enables opportunity to understand and respond.

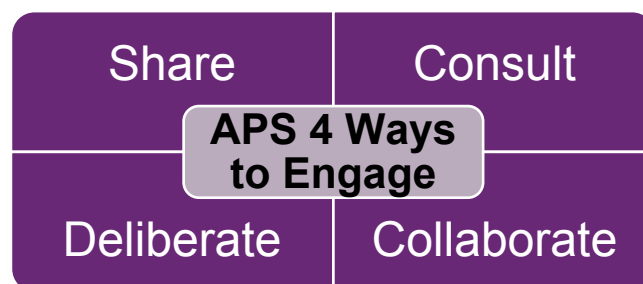
Implementing NDIS Consultation Framework

The Consultation Framework outlines key elements of guidance and process to create a consistent consultation approach regardless of business area or process, stakeholder cohort, jurisdiction or geographic location. It outlines how to design, coordinate, deliver and report on consultation on any scheme reform topic; clarifies consultation roles and responsibilities; maps, qualifies and tracks stakeholders and minimises risk of consultation duplication and gaps.

The NDIS Consultation Framework will be applied first to the NDIS Reforms consultations in early 2021. Following evaluation around May 2021, the framework will be revised so that it can be used for all future consultations.

The NDIS Consultation Framework points to the type of consultation that is the best fit to the change using the [Australian Public Service Framework for Engagement and Participation](#).

Key principles



1. Review consultation activities to the APS 4 ways to engage.
2. Use the Consultation Matrix to guide choice of engagement activity.
3. Sequence and align if we are talking to the same audience
4. Effective tracking and reporting – is consultation achieving outcomes?
5. Close the consultation loop externally to maintain commitment to consult

¹ CEO IA sub-group 1 5/11/20 meeting

6. Evaluate and learn what worked well, what could be improved

Service offer: Scheme Reform Communication and Engagement Branch (SRCE)

Value offer

The Scheme Reform Communication and Engagement (SRCE) Branch in the Communication and Engagement Division oversees all Agency external consultation activities relating to scheme reforms, ensuring design and application of a consistent consultation methodology and process. This increases the effectiveness of stakeholder consultation to achieve business outcomes, improves the participant experience and increases public confidence in scheme reforms.

The SRCE has expertise in consultation, communications, engagement, events, media and marketing.

SRCE

As part of the Marketing, Government and Engagement (MGE) group SRCE sits within the Communications and Engagement Division.

When developing consultation, communications and engagement plans relating to scheme reforms, SRCE works closely with Media and Marketing team, Insights and Analytics team, Community Engagement and Communications Branch, Provider Engagement, Participant First Engagement, Government Relations and the Ministerial Office.



SRCE works with the business area to design and coordinate delivery of efficient, effective risk-managed consultation, using our:

- Single point of contact for any team needing to engage or consult stakeholders
- Consultation expertise, support and guidance available to any business area
- Understanding of multi-level stakeholder networks, based on operational, strategic and lived experience
- Expert application of “best fit” engagement using [APS “4 ways to engage: share, consult, deliberate, collaborate”](#)² – modified to suit Agency requirements
- Evidence-based reports of completed and forecast engagement

The business area

The business area is the owner of process, policy and practice change and has strong involvement in the design and delivery of the consultation process, guided by the Communication and Engagement Division.

² The Australian Public Service Framework for Engagement and Participation (2019)

Roles and responsibilities

Business area	<ul style="list-style-type: none"> • Owner of process / policy / practice change • Initial assessment of who changes will affect, when, how, inter-relationships, unintended consequences • Clarify what changes are negotiable/not negotiable and explain why • Provide business content and fact-check to inform stakeholder engagement and communications plan • Provide SME aligned to content and PEI assessment of stakeholder interest to attend high level stakeholder meetings • Refine process / policy / practice in response to stakeholder feedback • Draft public consultation paper/s on provided templates and coordinate approval of the paper/s • Owner of assessing public submissions in detail and drafting final report for internal and external use
SRCE	<ul style="list-style-type: none"> • Owner of consultation design using <i>APS 4 Ways to Engage matrix</i> and stakeholder engagement model (SEM) • Preliminary stakeholder analysis and impact • Identify, map, prioritise stakeholders and assess their level of influence, level of interest and attitude towards the change • Design initial consultation approach against business goals, negotiation scope and stakeholder impact/influence • Develop and implement stakeholder engagement and communications plan, define key issues and risks by mapped stakeholders, develop key messaging, risk mitigation, consultation process and timeline, measurement and reporting • Based on stakeholder influence/interest, coordinate stakeholder meetings, manage negotiations, document outcomes/actions, debrief business, report back and maintain stakeholder relationships • Continue engagement process to progress mutually acceptable outcome • Edit and review public consultation papers prior to release • Coordinate development of Easy Read consultation papers • Oversees development of an online submission form • Real-time tracking on incoming submissions, tracking organisations, themes and sentiment. • Contribute to final report, manage publication and promotion of report

Approval process for external consultation papers	
Business area (BU)	Drafts external consultation content (papers, content for use in website, FAQ)
SRCE	Reviews and edits content/documents
BM / GM BU and CED	Review and clear
SRCE	Request for quote on Easy Read version of paper and other communications
DCEO	Review and approve
PXC / ELT	Review and approve
CEO	Review and approve
CED GM	Provide to Department of Social Services and NDIS Quality and Safeguard Commission
OCEO	Provide to Board and Minister's Office
CEO	Finalise and approve
SRCE	Finalise Easy Read paper/communications based on final approved consultation/communication

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 05 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Personalised Budget Tool

Question reference number: IQ21-000010

Senator: Senator Brown

Type of Question: Written

Date set by the Committee for the return of answer: 17 May 2021

Question:

8. Can you explain what the ‘personalised budget tool’ or (PBT) is?
 - a. When did this tool first start getting developed?
 - b. Who has overseen the development of the PBT? Is it the scheme actuary? Have Hassan Noura or other members of the Sustainability Action Taskforce (SAT) have input into it?
 - c. Who else has had input into the creation of the tool? People with disability or participant reference groups?? Allied health or medical professionals? Stakeholders? Experts or academics?
 - d. Will this replace the current algorithm / assumption contained in the current Typical Support Package calculations? If not, how will these two things interact?
 - e. How does this tool link to the scheme’s projections for \$23B in taxpayer funding?
 - f. How will this new tool work in the context of Independent Assessments? How will IA feed into the PBT, or vice-versa? Explain the process.
 - g. Will the PBT enable the NDIA to reduce scheme funding and amounts in individual plans?

Answer:

8. In late 2020 the NDIA released a consultation paper on planning policy for personalised plan budgets and plan flexibility. That document provides comprehensive information about personalised budgets.

In summary, the personalised budget (PB) model or tool translates the results of independent assessments into draft plan budgets. It provides guidance on appropriate funding levels for scheme participants based on their functional levels, the impact of their environment and personal factors.

- a. The PB model is a refinement to the existing Typical Support Packages (TSP) budget model, which has been in use since July 2016. The scoping of options to improve the TSP model was commenced in mid-2019.
- b. The Scheme Actuary has overseen development of the TSP and PB models. NDIA staff working on the Sustainability Action Taskforce (SAT) have not had input into the development of the models. Decisions on the implementation of the PB model is the responsibility of the NDIA Board and management.
- c. The PB model is being developed through a combination of Allied Health expert judgement and statistical modelling of participant data. This is consistent with the development of the TSP. Once baseline budgets have been developed a further engagement process will be undertaken to refine and validate the model. This will include review of the methodology and funding amounts by the Independent Advisory Council and other external stakeholders, and independent actuarial review of the statistical methods used.
- d. The PB model will be an improvement to the TSP model and replace it in full.
- e. Like the TSP model, the PB model will provide an estimate of the funding required to meet the reasonable and necessary support needs of each participant, and all participants in aggregate. As with TSPs, draft budgets will provide a link between the Scheme's overall funding and the allocation to each individual participant. The final plan budget is approved by an NDIS delegate with input from the participant.
- f. The PB model will estimate the reasonable and necessary funding that a participant needs based on the result of their independent assessment. This assessment will include information about the person's functioning in the six life domains covered by the NDIS Act, and information about their environment and personal circumstances.

The model will produce three outputs: an estimated flexible budget (to purchase any disability supports), an estimated fixed budget (quarantined for specific purposes), and a list of exceptions that should be considered by the NDIA delegate separately.

- g. The draft budget produced by the PB model is dependent on the inputs from an independent assessment. If there is no change in functional capacity or environmental and personal factors then an independent assessment would generally not result in a change to a participant's personalised budget. If there has been a change in functional capacity or other factors then an independent assessment will inform any budget change that may result.

Where an independent assessment shows improvement in functional capacity, this may lead to a reduction in the level of funding consistent with the NDIS insurance principles. This may be particularly relevant for participants who entered the NDIS under the early intervention requirements, where receipt of early intervention supports are intended to increase functional capacity over time.

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Specialist Disability Accommodation Rules

Question reference number: NDIA IQ21-000012

Senator: Ms Payne

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

Ms PAYNE: I want to turn to the issue of SDA, which is interlinked with the focus on sustainability and has been an ongoing issue. Since I've been on this committee we have asked many questions around this. People, particularly those who live with their immediate family, who have been deemed eligible for SDA, cannot then seem to actually access it. I've seen various examples of people where they face a decision between leaving the family home—I'm talking about people who live with a partner and, perhaps, children—that they face a decision between being funded for SDA and moving out of their family home, away from their family, or continuing to live in accommodation that is inappropriate and can be detrimental to their condition. As I see it, this is because the funding is calculated to ensure that so-called non-SDA participants—that is, your partner and/or your children—do not benefit from a cent of NDIS money that goes towards the accommodation. Clearly, that is not the way to do this. Is my understanding correct, and, if so, what is the justification for that?

Mr Hoffman: I'm happy to give further detailed information in writing to this question. In short, the state and territory and Commonwealth ministers, through the disability ministers meeting, changed the rules around this in the middle of last year to allow non-participant family members to reside in SDA for precisely the sorts of issues that you have referred to there. One of the things we need to do in this market based system is to make sure that the developer community respond to that demand and build appropriate facilities so that demands can be met. We're taking a range of actions to improve and increase the amount of demand information that we make available for precisely this purpose, so we don't get too much of one type built and not enough of another type. I'm very aware of the issue that you've raised. It was, as I said, directly assessed by disability ministers last year, and I'll be happy to give further information in writing to you.

Answer:

Specialist Disability Accommodation (SDA) was introduced as a funded support under the NDIS in 2016 to provide specialised housing for NDIS participants who meet specific eligibility criteria continued in the *National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020* (SDA Rules).

Amendments to the SDA Rules in 2020 removed some of the barriers for partners or family members to live in SDA.

The arrangements that apply in these cases are set out Appendix G of the SDA Price Guide and provide as follows:

1. When a number (n) of SDA-eligible participants are sharing an enrolled dwelling with a number (m) of people who are not an SDA-eligible participant (with one person per bedroom and no vacancies) then:
 - (i) The SDA price limit for each of (n) SDA-eligible participants is the SDA price limit that would apply if the dwelling was of the same build type and design category and had (n) bedrooms;
 - (ii) The maximum reasonable rent contribution for each of the SDA-eligible participants is equal to MRRC (Single); and
 - (iii) The rental payment by each person who is not an SDA-eligible participant is not price regulated.
2. When an SDA-eligible participant is sharing a bedroom in an SDA enrolled dwelling with another SDA-eligible participant
 - (i) The SDA price limit, SDA_{Share} , for each SDA-eligible participant sharing a bedroom with another SDA-eligible participant is as follows
$$SDA_{Share} = 50\% \times SDA_{Dwelling} - 15\% \times MRRC_{Single}$$
where $SDA_{Dwelling}$ is the price limit that would apply if one SDA eligible person was occupying the bedroom (after the application of paragraph 1 if necessary):
 - (ii) The maximum reasonable rent contribution for each SDA-eligible participant sharing a bedroom with another SDA-eligible participant is equal to MRRC (Member of a Couple); and
 - (iii) For any other SDA eligible participant in the dwelling:
 - (a) The rate of SDA payable in respect of each of those participants is $SDA_{Dwelling}$; and
 - (b) The maximum reasonable rent contribution for each of those participants is $MRRC_{Single}$.

3. When an SDA-eligible participant is sharing a bedroom in an enrolled dwelling with a person who is not an SDA-eligible participant:
 - (i) The SDA price limit, SDA_{Share} , for the SDA-eligible participant is as follows

$$SDA_{Share} = SDA_{Dwelling} - 30\% \times MRRC_{Single}$$
 where $SDA_{Dwelling}$ is the price limit that would apply if one SDA eligible person was occupying the bedroom (after the application of paragraph 1 if necessary):
 - (ii) The maximum reasonable rent contribution for the SDA-eligible participant is MRRC (Member of a Couple).
 - (iii) The rental payment by each person who is not an SDA-eligible participant is not price regulated; and
 - (iv) For any other SDA eligible participant in the dwelling:
 - (a) The rate of SDA payable in respect of each of those participants is $SDA_{Dwelling}$; and
 - (b) The maximum reasonable rent contribution for each of those participants is $MRRC_{Single}$.
4. When an SDA-eligible participant is sharing a bedroom with a person who is not an SDA-eligible participant and that person is a child or financial dependent of the SDA-eligible participant:
 - (i) The SDA price limit for the SDA-eligible participant is the same as if the participant was living in the bedroom on their own; and
 - (ii) The MRRC for the SDA-eligible participant is the same as if the participant was living in the bedroom on their own.
5. The SDA amount and MRRC for shared living arrangements not covered by paragraphs 1-4 will be determined by the NDIA on a case by case basis in accordance with the principles of the NDIS.

The arrangements for SDA participants sharing housing with non-participants ensure that the NDIS meets all of the costs of any disability modifications to the bedroom of the participant and the common areas of the property. It would not be appropriate for NDIS funds to be used to meet the ordinary living costs, like rent, of the family of a participant, just as it is not appropriate for a participant to use those funds to meet their own costs of ordinary life.

As a result of these arrangements, the SDA payment for a participant who is sharing a dwelling with a non-participant such as their partner can be higher than it would be if the participant was sharing with another participant

For example, a participant who is eligible for SDA and sharing a two bedroom apartment (high physical support with onsite overnight accommodation for a carer) with another eligible participant would receive annual SDA funding of \$51,039. If however, they were sharing the same two bedroom apartment with their partner (who was not an SDA participant) then they would receive annual SDA funding of \$90,922.

Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: NDIS Sustainability

Question reference number: NDIA IQ21-000013

Senator: Senator Brown

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

Senator CAROL BROWN: Thanks, Chair. Mr Hoffman, are you and the minister saying that the NDIS is making people less functional? Is that what I should be getting from your statement here today?

Mr Hoffman: No, not at all. I was trying very carefully to explain the data, which we first published in September last year. The data recorded about people is showing a decline in function, and the concern that that is correlated with funding increases points, potentially, to the need for a more robust independent assessment of that functionality.

Senator CAROL BROWN: Having had a statement like that put forward, obviously I'm hoping it would be based on evidence. You've indicated that there is some evidence that you've based that statement on. When can this committee get that evidence?

Mr Hoffman: I'm very happy to provide that as soon as possible. As I said, the first evidence was provided in our quarterly report of September 2020. There'll be further data in the quarterly report for March 2021, which is scheduled to be released in the next week or so. If there is specific evidence that the committee seeks, I'd be delighted to provide it to you.

Senator CAROL BROWN: So, if we have a discussion and request the evidence that you're basing these new processes on, you'll be happy to provide that to the committee before we do our report for this inquiry?

Mr Hoffman: Of course. We aim to be as helpful and positive to the committee as possible. You were referring to the particular evidence around reported, recorded functional capacity. Senator Hughes and Mr Andrews have said it would be great to see that by disability cohort. That's one example of further information that we're happy to provide.

Answer:

Historically, there has been no consistency in the way participants entered the NDIS and were assessed for reasonable and necessary supports. Participants entered from State/Territory systems were transferred at speed without assessments compared with decisions for new participants being based on evidence sourced from their own practitioners. It can cost new participants around \$1,000 to gather evidence of functional capacity making evidence gathering a barrier to entry for disadvantaged groups. This has resulted in inconsistent outcomes where plan sizes vary between participants, reflecting in part participants' ability to afford to gather evidence. See below graph showing average annualised plan budgets by the Australian Bureau of Statistics (ABS) Index of Education and Occupation (IEO) deciles (Chart 1).

Chart 2 below shows the change in functional distribution from 31 March 2017 to 31 March 2021 for all participants and Charts 3-13 has the same information but broken down by disability groups. These charts indicate a consistent decline in functional capacity since across disability groups. This further evidences the requirement for independent functional assessments as this change in the level of functional impairment over a relatively short period of time is unexpected and reflective of inconsistent information in relation to functional capacity.

Chart 1: Average annualised plan budgets by the ABS IEO deciles, for non-SIL participants aged 0-64 as at 31 March 2021

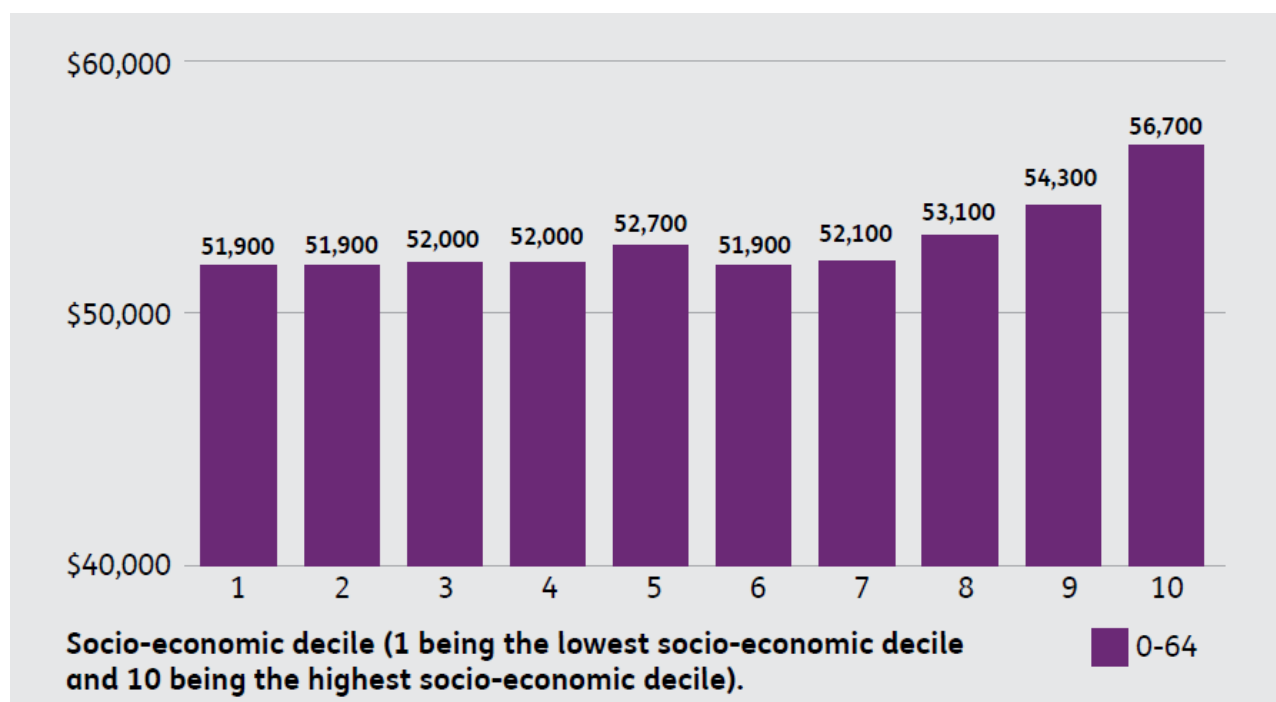


Chart 2: Change in functional distribution from 31 March 2017 to 31 March 2021

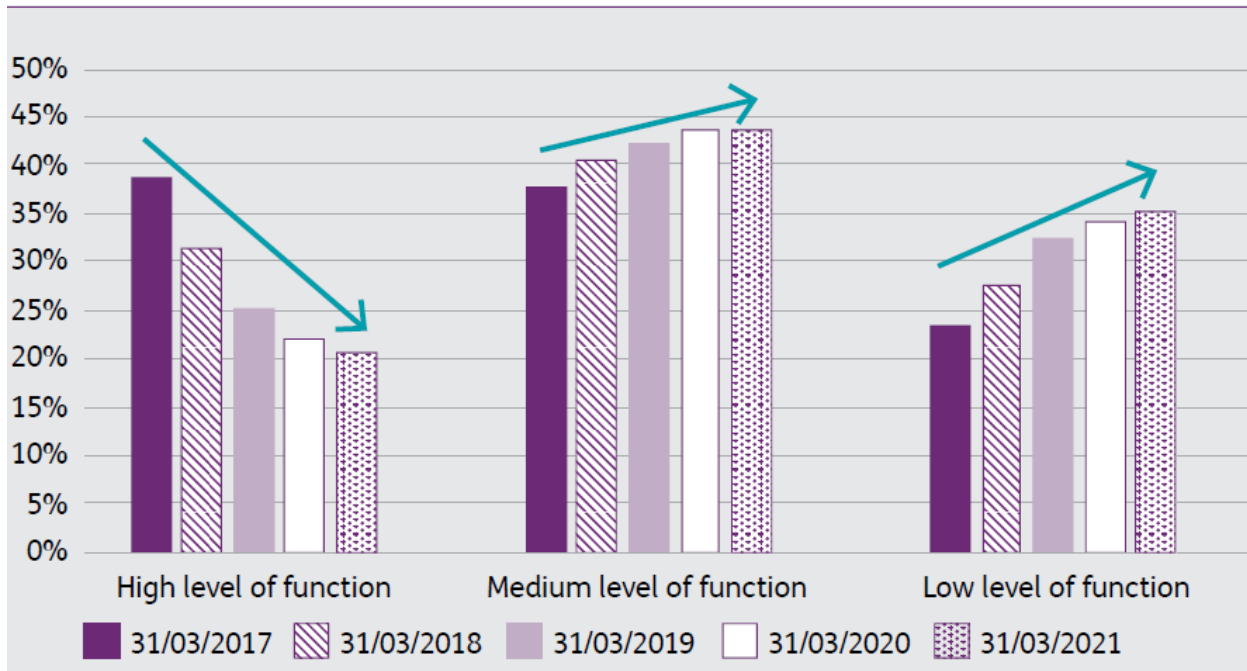


Chart 3: Change in functional distribution from 31 March 2017 to 31 March 2021 - Autism

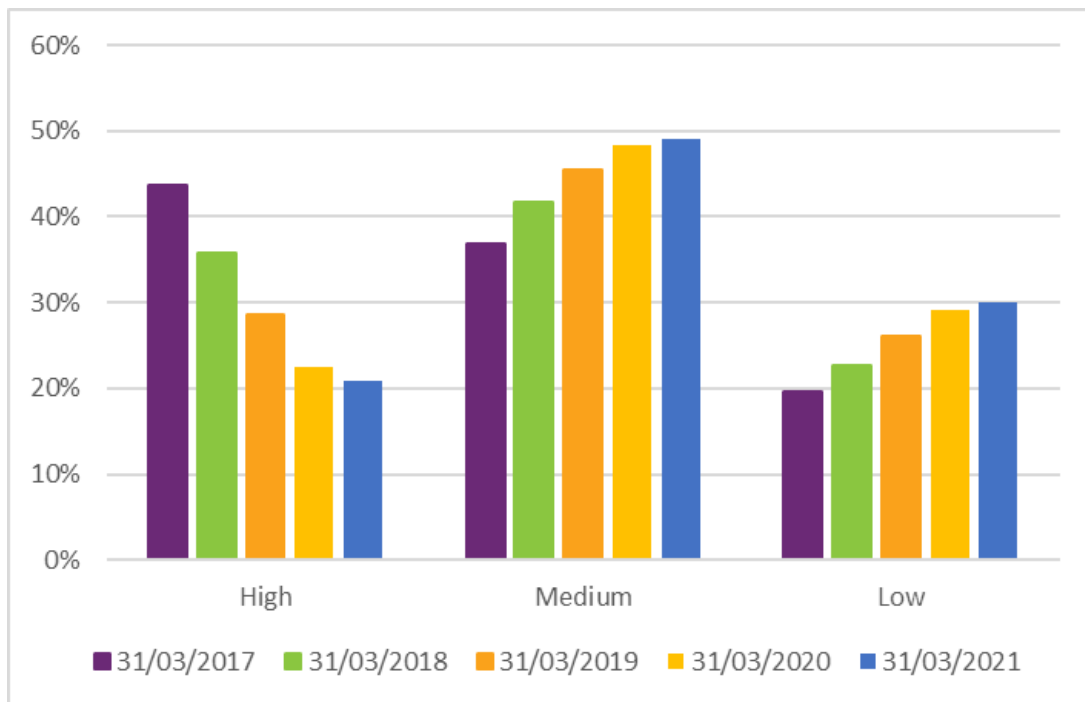


Chart 4: Change in functional distribution from 31 March 2017 to 31 March 2021 – Acquired Brain Injury

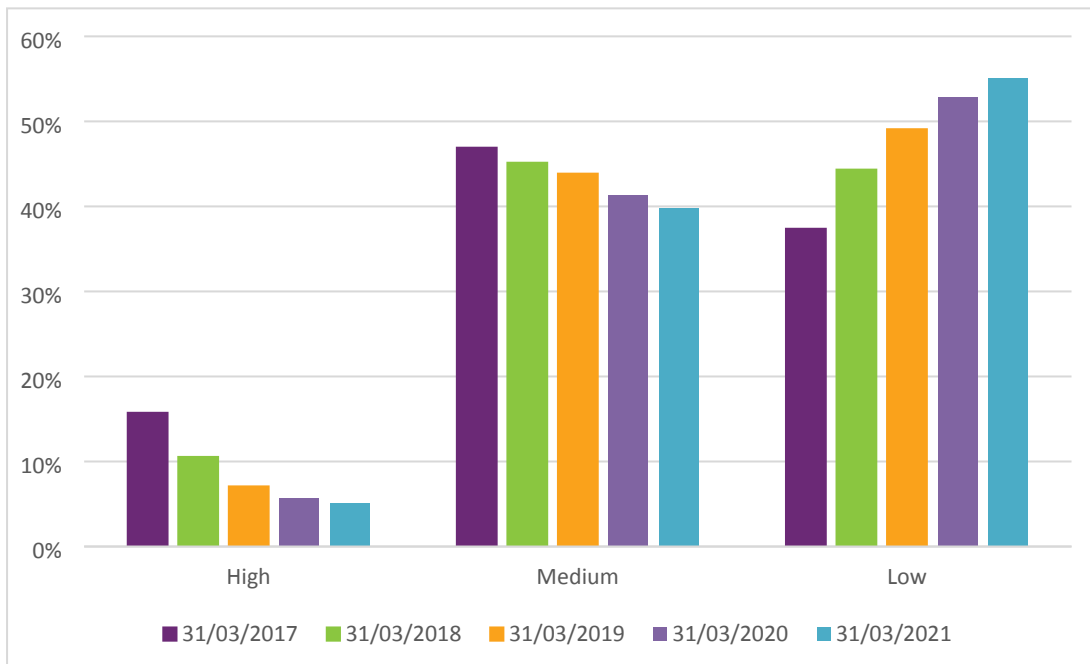


Chart 5: Change in functional distribution from 31 March 2017 to 31 March 2021 – Cerebral Palsy

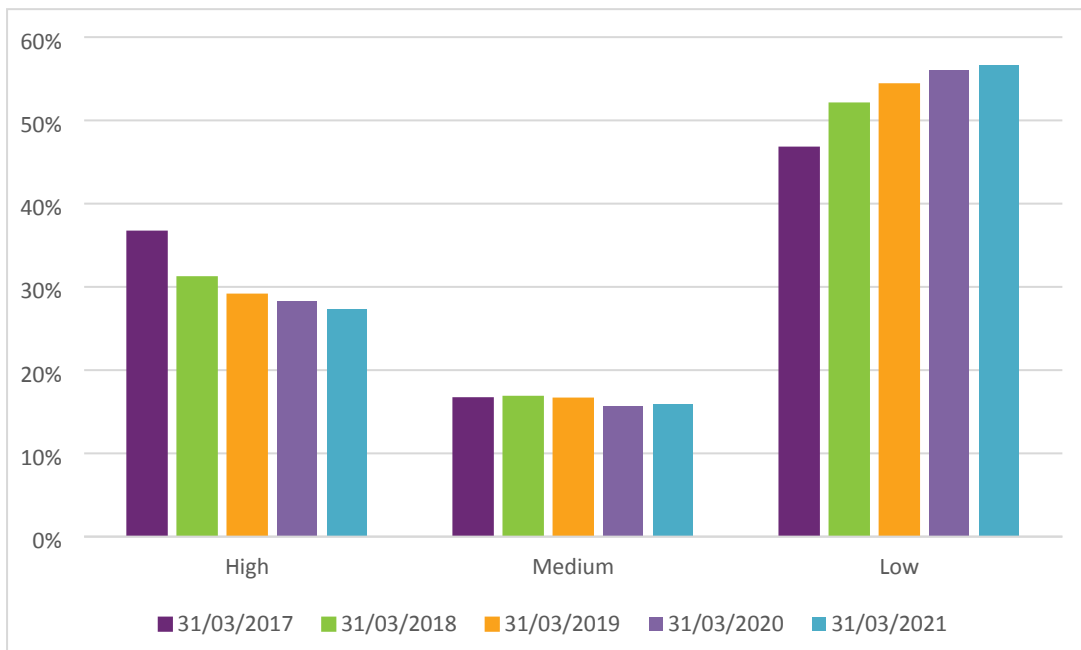


Chart 6: Change in functional distribution from 31 March 2017 to 31 March 2021 – Developmental Delay

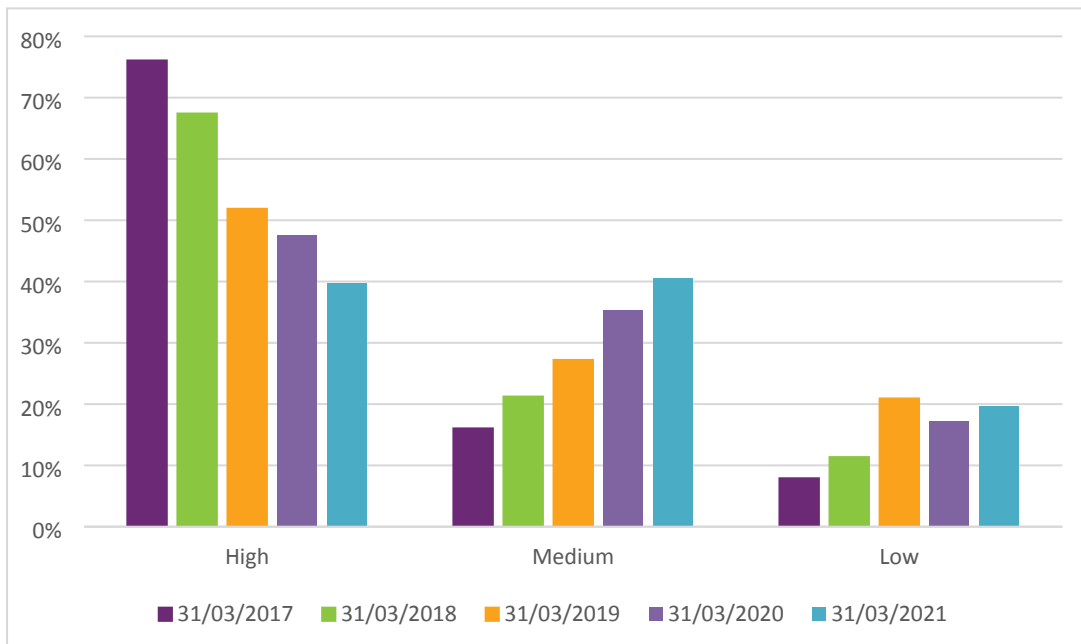


Chart 7: Change in functional distribution from 31 March 2017 to 31 March 2021 – Intellectual Disability

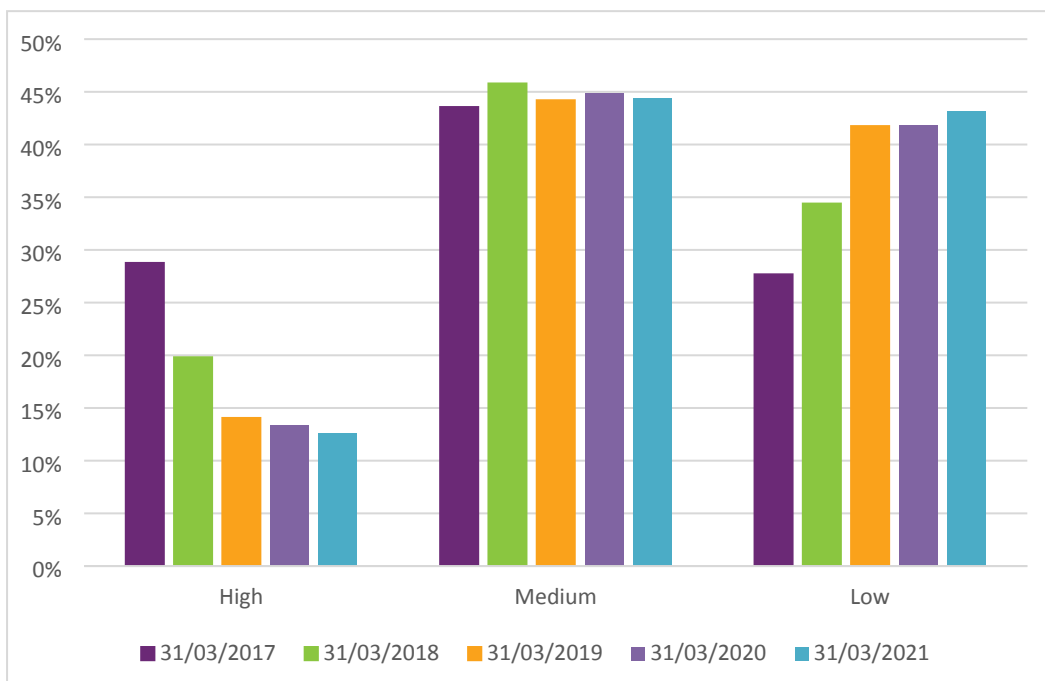


Chart 8: Change in functional distribution from 31 March 2017 to 31 March 2021 – Multiple Sclerosis

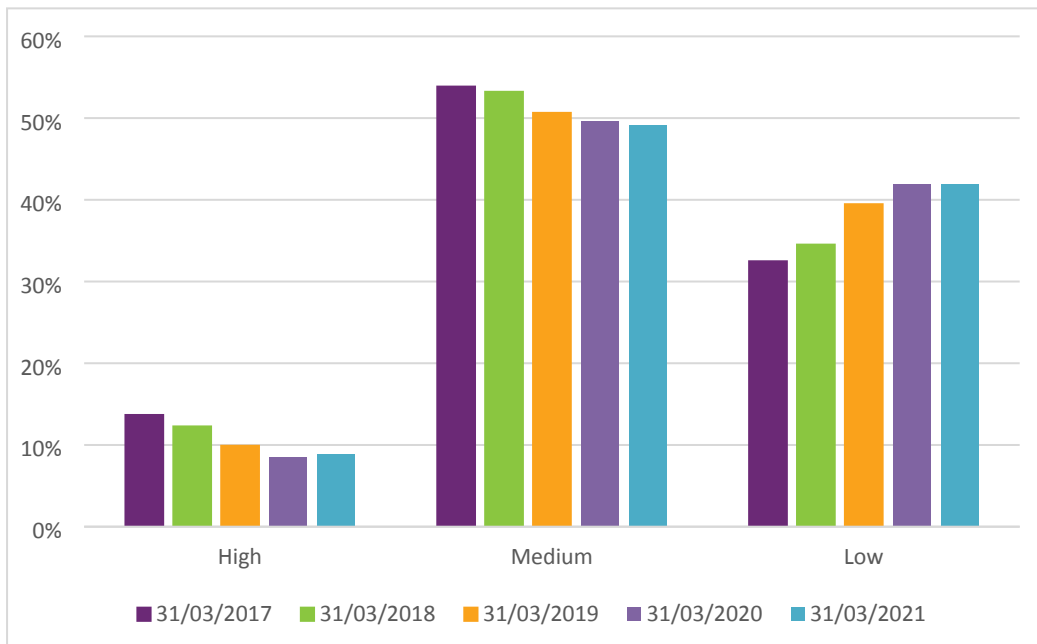


Chart 9: Change in functional distribution from 31 March 2017 to 31 March 2021 – Psychosocial Disability

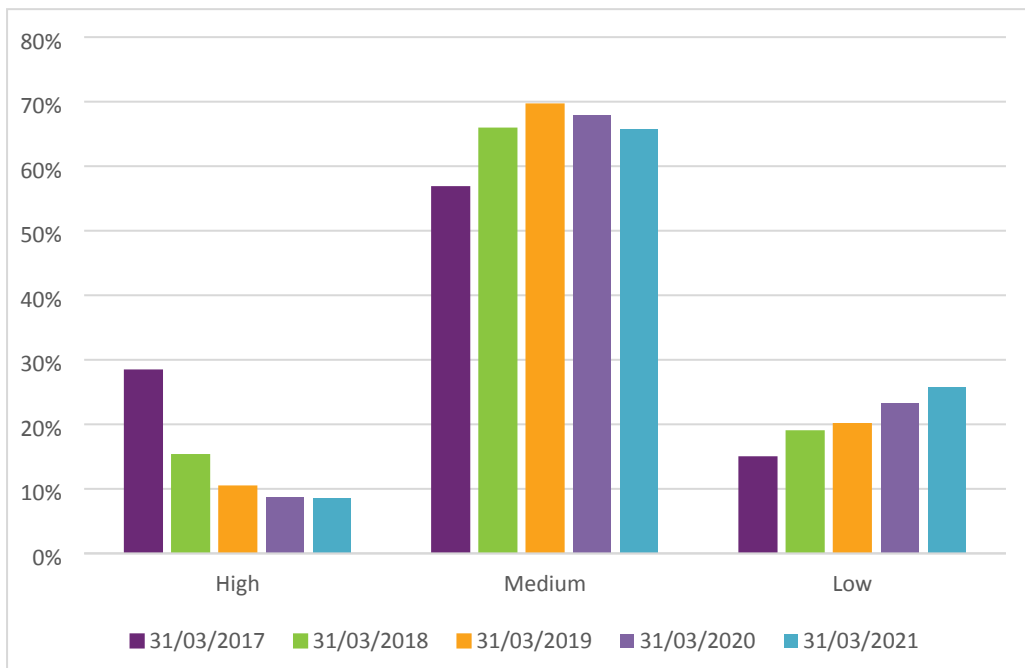


Chart 10: Change in functional distribution from 31 March 2017 to 31 March 2021 – Sensory Disability

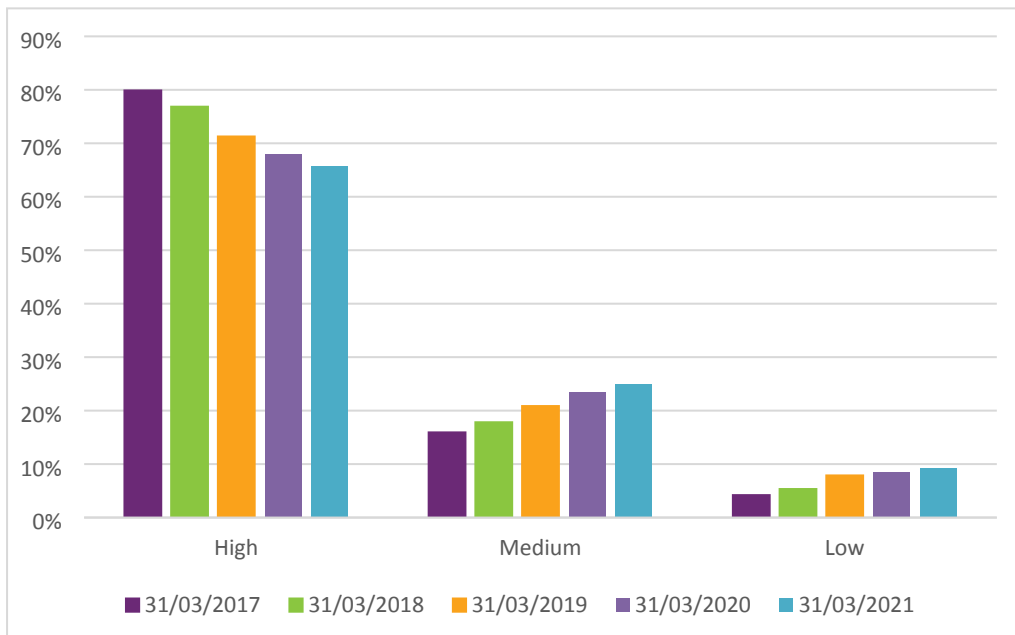


Chart 11: Change in functional distribution from 31 March 2017 to 31 March 2021 – Spinal Cord Injury

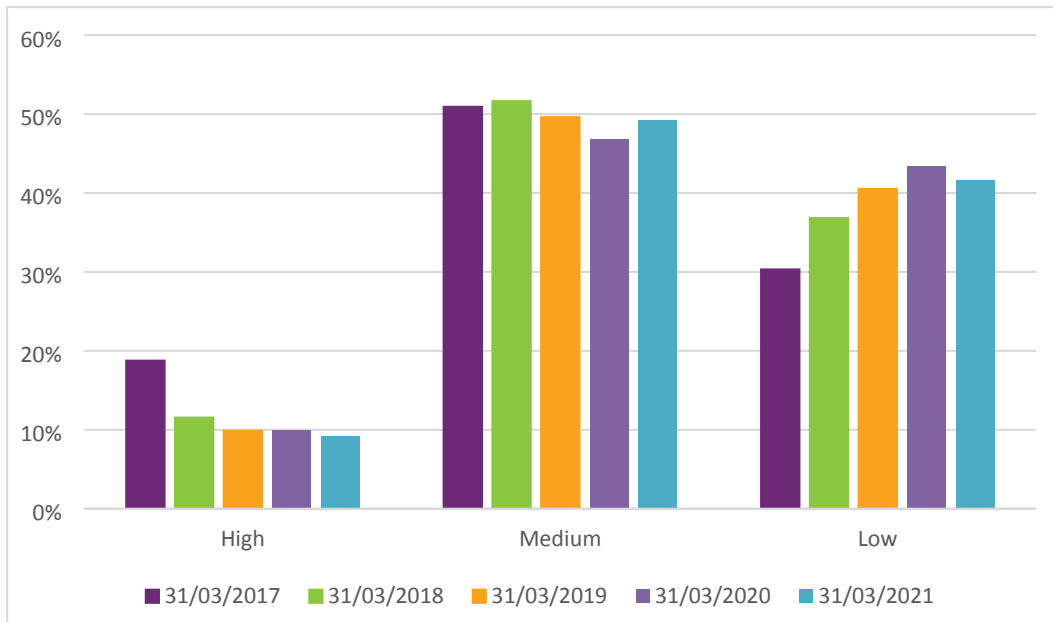


Chart 12: Change in functional distribution from 31 March 2017 to 31 March 2021 – Stroke

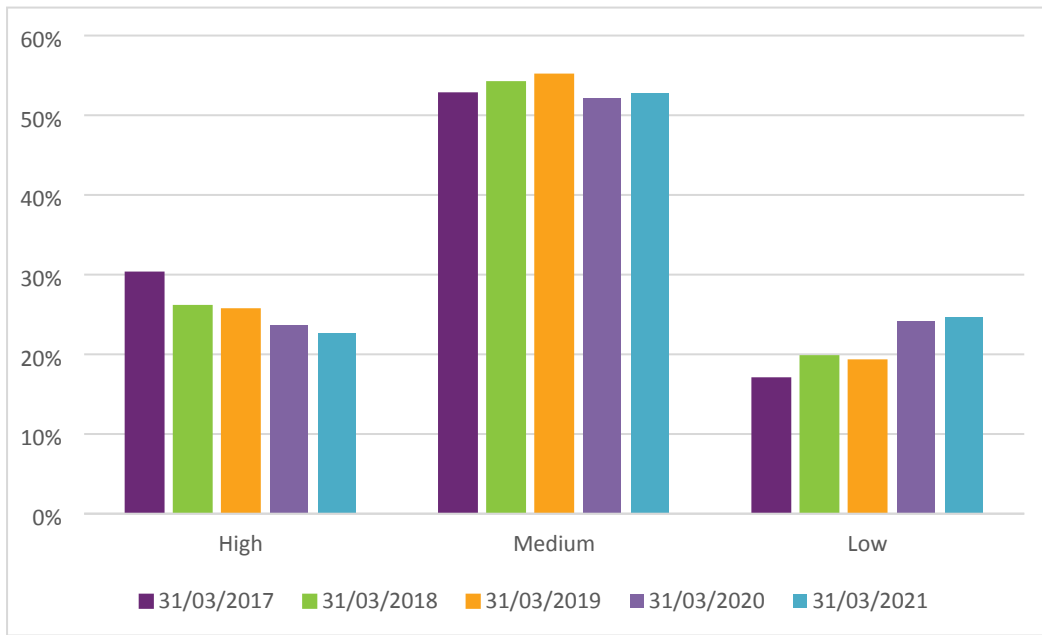
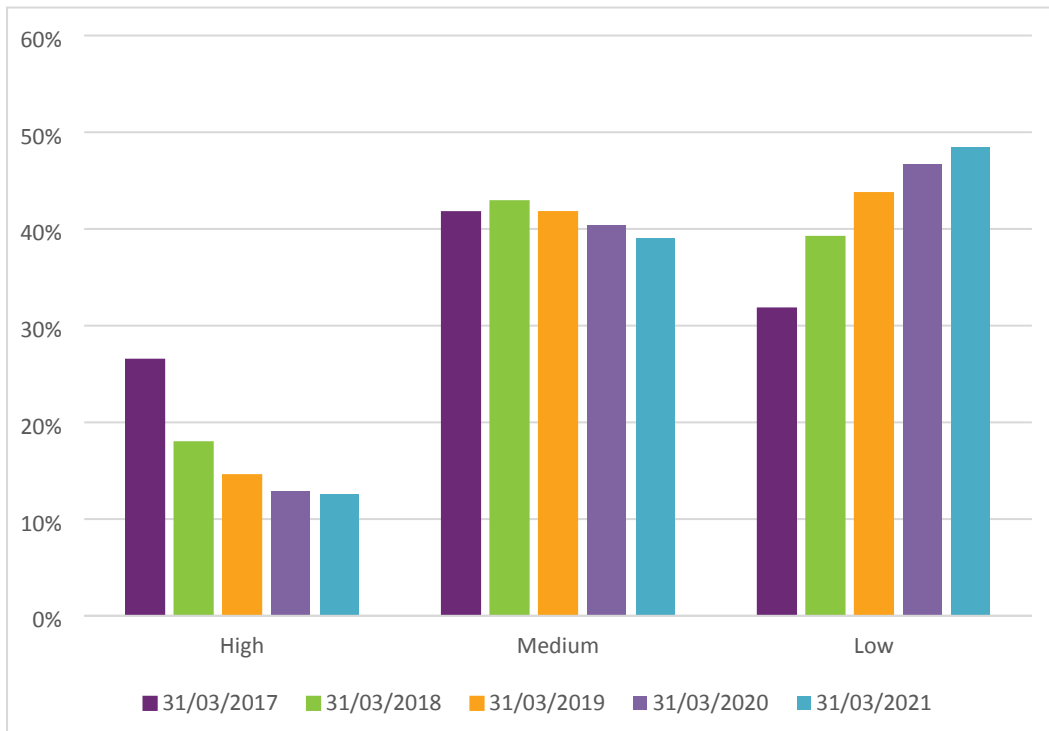


Chart 13: Change in functional distribution from 31 March 2017 to 31 March 2021 – Other



Joint Standing Committee on the National Disability Insurance Scheme Independent Assessments

Public Hearing – 04 May 2021
ANSWER TO QUESTION ON NOTICE

National Disability Insurance Agency

Topic: Independent Assessments

Question reference number: NDIA IQ21-000014

Senator: Hon Kevin Andrews MP

Type of Question: Spoken

Date set by the Committee for the return of answer: 17 May 2021

Question:

CHAIR: ...One of the suggestions that's made from time to time is that there is a so-called sympathy bias on the part of treating professionals. Is this a factor that the agency is concerned about? Is that effective, in terms of saying that, rather than having someone known, someone who has been treating the particular person on the NDIS, as the assessing person, we should have an independent assessment?

Mr Hoffman: Yes, it is, Mr Chairman. It is a factor that was recognised. It's the reason that the Productivity Commission, in its original conception of the scheme, was really quite unequivocal, in its recommendation 7.4, that the assessment for access and planning needed to be done by somebody independent of the participant involved.

...

There is also evidence in the academic literature, and we can provide to the committee a list of citations of the review that shows that there is an issue that has been found in the academic literature and surveys of the way these sorts of schemes are done around the world and the benefits and requirements for a process of independent assessment. Probably the best one is a paper by Carter and Anand. We'll give the reference on notice. A review of practice identifying and describing and comparing programs of personal budgets for disability across different jurisdictions concluded that objective needs based assessments should be used to determine individual budgets. Similarly, Fleming et al's report, a synthesis of the available published evidence from 73 studies over 25 years, noted universal, robust and equitable resource allocation systems whereby every individual is assessed on the same basis, rather than on subjective and informal assessment processes.

Answer:

Please see [Attachment A](#). Attachment A – SQ21-000090

Annotated Bibliography of Academic literature: Key findings relating to Independent Assessments

1. Fleming P, McGilloway S, Hernon M, et al. Individualised funding interventions to improve health and social care outcomes for people with a disability: a mixed-methods systematic review. *Campbell Systematic Reviews* 2019; 3. <https://onlinelibrary.wiley.com/doi/10.4073/csr.2019.3>

This in-depth synthesis of the available published evidence from 73 studies over 25 years noted that:

- "... *burden and guilt, sometimes reported from recipients of individualized funding, could potentially be avoided if a universal, robust and equitable resource allocation system was in place, whereby every individual is assessed on the same basis, rather than subjective and informal assessment processes.*"

2. Carter Anand J, Davidson G, Macdonald G, Kelly B. The transition to personal budgets for people with disabilities: A review of practice in specified jurisdictions. A National Disability Authority Working Paper. Dublin: National Disability Authority; 2012. [The Transition to Personal Budgets for People with Disabilities: A Review of Practice in Specified Jurisdictions | The National Disability Authority \(nda.ie\)](https://www.nda.ie/publications/transition-to-personal-budgets-for-people-with-disabilities)

This review of practice (identifying, describing and comparing programmes of personal budgets across UK, US, Canada, Australia and the Netherlands) concluded that:

- resource allocation models are essential and require government involvement and leadership, and that objective needs-based assessments should be used to determine individual budgets with the option of individual self-assessment as part of the process.

3. Schofferman J. Opinions and testimony of expert witnesses and independent medical evaluators. *Pain Medicine* 2007; 8(4): 376-82 <https://doi.org/10.1111/j.1526-4637.2007.00318.x>

This narrative review reports that treating practitioners are obliged to act first and foremost in their clients' best interests. Practitioners contracted to be an independent medical evaluator are not obligated to have the client as primary interest. A Conflict of Interest (COI) exists when secondary interest(s) have the potential to influence a clinician's judgment, actions, or opinions regarding a person. COIs have the potential to lead to unconscious bias, which might influence opinions, decisions, or treatment.

4. Waldman J, Oswald T, Johnson E, Brown S. Independent assessors in contrast to treating physicians as expert witnesses in Canada: comparing duties and responsibilities. *The Journal of Forensic Psychiatry & Psychology* 2020; 31(4): 541-54. <https://doi.org/10.1080/14789949.2020.1772852>

This discussion of issues relating to independent assessors vs treating practitioners in the Canadian legal context stated that in essence, the duty is to the decision-

maker (e.g. the court) by way of objective and unbiased opinion. Processes involved in managing bias as much as possible include:

- using objective testing to supplement the patient interview and other subjective aspects of the assessment,
- consideration of all available information with time for a thorough review of that information,
- a thorough explanation of the rationale for the opinion and a stated consideration of the impact on bias.

A key quote: “...under infrequent but important circumstances the bias toward the patient inherent in the doctor–patient relationship will impact on the treating physician’s ability to assist a decision-maker in a meaningful way. In circumstances where a treating physician is providing information to a decision-making party it would be appropriate for that treating physician to advocate on behalf of their patient; however, this impacts on a decision-maker’s ability to view that information as unbiased, in particular when the issue is contested or where there is the opportunity for secondary gain.” p.543

5. American Academy of Psychiatry and the Law. Ethical guidelines for the practice of forensic psychiatry. ; 2005. [Ethics Guidelines | AAPL - American Academy of Psychiatry and the Law](#)

The American Academy of Psychiatry and the Law cautions physicians regarding issues relating to conflicts of interest in the following way: ‘A treating psychiatrist should generally avoid agreeing to be an expert witness or to perform an evaluation of his patient for legal purposes’ para. IV “In situations when the dual role is required or unavoidable (such as Workers’ compensation, disability evaluations, civil commitment, or guardianship hearings), sensitivity to differences between clinical and legal obligations remains important.....(in some circumstances) the dual role may also be unavoidable; otherwise, referral to another evaluator is preferable.”

6. Productivity Commission. Disability Care and Support, Report no. 54. Canberra; 2011. [Volume 1 - Inquiry report - Disability Care and Support \(pc.gov.au\)](#)

In 2011, the Productivity Commission recommended that those assessing functional capacity be drawn from an approved pool of allied health professionals who are independent of the person being assessed, to reduce the potential for “sympathy bias”.

“This means that health professionals — GPs and others — with past treatment and support responsibilities for the person, would not undertake assessments. It is clear from the experiences of VCAT appeals on TAC benefit decisions that treating professionals are often placed in an invidious position when asked by their patients to make an assessment that determines the person’s eligibility for benefits.”p.327

“As in New Zealand, assessors would be mentored in their first six months of assessments, and all assessors would be regularly assessed to ensure comparability of outcomes. This would prevent assessors from developing their own criteria for assessment, and avoid outcomes such as ‘sympathetic bracket creep’. Assessors would be approved or appointed by the NDIA for the purpose of conducting NDIS assessments and their approaches to assessment would have to be aligned with the

objectives of the NDIS (which is another reason why a person's general practitioner would not be a suitable assessor). Assessors would be properly trained in the use of the tools and in listening to the input of participants" p 327.

7. Walsh J. Submission to Joint Standing Committee on The National Disability Insurance Scheme (NDIS) Independent Assessments and Related Issues. 2021. https://www.ideas.org.au/images/resources/blog/Submission_to_JSC_210321.pdf (accessed 27 April 2021).

This submission by John Walsh, AM and inaugural board member of NDIA contends that Independent assessments improve fairness.

Key quote: "the results of the assessment process should be consistent and reproducible, equitable across the population of participants, and produce what is established as a reasonable and necessary package of resource allocation. This is far from the case at present, whereby the result of the eligibility and resource allocation assessment processes is very much dependent on the individual member of the National Access Team or planning staff/partner organisation; in turn, this decision will be influenced by the reports and level of advocacy brought to the table by the participant and their representatives. Typically, this disadvantages less articulate people, people from lower socio-economic groups, and people from CALD or Aboriginal backgrounds. It advantages participants who are articulate or able to strongly argue a position."

"Moreover (the current process) ... potentially extends the definition of "reasonable and necessary" in a fashion which will ultimately become unsustainable relative to the expected overall scheme investment. Again, there are many examples of this cascading inflation of support in Australian injury schemes."

"Superimposed inflation is the tendency for personal injury awards to increase at a rate greater than normal (economic) inflation."

https://www.actuaries.asn.au/Library/ACs09_Paper_Cutter.pdf

8. Bakx P, Douven R, Schut FT. Does independent needs assessment limit use of publicly financed long-term care? Health Policy 2021; 125(1): 41-6. <https://doi.org/10.1016/j.healthpol.2020.09.003>

This paper described the history of Independent Needs Assessments (INAs) which determine access to Long Term Care in The Netherlands. It used linked nationwide Dutch administrative datasets about individual Long Term Care (LTC) use and eligibility decisions by the independent assessment agency in 2012 to determine whether INAs restricted the use of publicly financed LTC at the intensive margin (i.e. after people are being assessed to be eligible for receiving care).

Key points:

- In the Netherlands, providers were previously responsible for the assessments of people's needs for care covered by the public Long Term Care (LTC) insurance scheme.
- To reduce the influence of providers on LTC use, assessments were entrusted to regional independent assessment agencies in 1998.

- In 2005, all regional assessment agencies were merged into a central agency for needs assessment to reduce the prevailing regional variation in needs assessment.
- There is evidence that independent needs assessment (in LTC) does not impose a binding constraint on use once a person is considered eligible for care (i.e. they don't force participants into inadequate care packages). For virtually all types of care, all population subgroups, and all regions, LTC use by participants was substantially less than the maximum amount of care allowed by the independent assessor

9. Tenand M, Bakx P, van Doorslaer E. Eligibility or use? Disentangling the sources of horizontal inequity in home care receipt in the Netherlands. *Health economics* 2020; 29(10): 1161-79. <https://doi.org/10.1002/hec.4126>

This evaluation studied horizontal inequity in home care use for people aged over 65 years in the Netherlands. Analysis of data from 2012 found good evidence that independent needs assessment dampens inequity in access by SES (wealth, income, or higher education levels).

10. Douven R, Bakx P, Schut FT. Does independent needs assessment limit supply-side moral hazard in long-term care?: CPB Netherlands Bureau for Economic Policy Analysis, 2016. <https://ideas.repec.org/p/cpb/discus/327.rdf.html>

There is evidence that, in Long Term Care, INAs may mitigate the risks of supply-side moral hazard (which happens when insured people over-using health care services because they don't have to pay) and supplier-induced demand