

Accessing the NDIS

Information for the Specialist Homelessness Sector



Introduction

The National Disability Insurance Scheme (NDIS) is a new way of delivering disability support. In Victoria it replaces a number of existing disability and mental health programs including Mental Health Community Support (MHCSS), Day 2 Day Living, Partners in Recovery (PIR) and the Personal Helpers and Mentors (PHAMS). For people who meet the access requirements, the NDIS funds reasonable and necessary supports, according to the NDIS Act, to assist them achieve their goals. Individuals have flexibility about how they manage their support needs, such as choosing their own support providers and when and where they receive their support.

The NDIS is still evolving. In fact, it is not expected to be really bedded down for ten years. However, people who are homeless and/or socially marginalised are yet to really feature in the considerations of the NDIS and its development and early experience suggests that there are number or barriers to access.

This information sheet is part of a broader advocacy and support campaign being coordinated by the Council to Homeless Persons to improve access to the NDIS for homeless people. It is not an official NDIS document. The NDIS also continues to adapt and change and you should always check the NDIS website for the latest information. You can help us keep this document up to date and relevant by providing feedback about your experiences assisting people to access to the Scheme, including the outcomes for your client, the impact on your workload and what worked well and what did not.

Feedback can be sent to Kate Colvin, katec@chp.org.au

In theory the NDIS pathway is relatively straightforward - make an access request, plan and then implement the plan.

A note about transition

The NDIS is rolling out at different times in different regions across Australia. There are also transition plans for clients of existing disability and community mental health programs. Essentially, clients of Day 2 Day Living, PIR and PHAMS are invited to request to access the NDIS and will be supported by the service they are attending to do so. Clients of some disability programs (List C), including MHCSS, will automatically be deemed eligible and be invited to participate. MHCSS clients are the last to transition across at each roll out stage.

Homelessness support services may have a role in assisting people to ensure that they are in contact with their disability/community mental health support provider so that they can receive the support to test their eligibility by requesting to access the NDIS or be contacted to proceed to planning.



For more information and transition timelines visit:
<https://ndis.gov.au>

Step 1: Making an access request

1.1 Checking eligibility

To access the NDIS participants need to:

- be an Australian citizen or permanent resident, or hold a special category visa,
- be 64 years or under,
- have an impairment or condition that is likely to be permanent, which means that they need support from a person, and/or need to use an aid or other equipment, in order to do everyday things for themselves.

Use the [access checker](#) to see if your client is likely to be eligible

1.2 Getting an access request form

Access requests must be made through the National Disability Insurance Agency (NDIA) on the telephone (call 1800 800 110) or in person at any [NDIA office](#). In most cases, workers, with their client's permission, are able to ask for the access request form on the client's behalf. You need to be able to provide the person's date of birth, address, the nature of the disability (what it is and how it impacts on their functioning) and be able to confirm verbal consent. If the person is likely to be eligible, an access request form will be sent to the client.

Services report that many clients either ignored or threw out the NDIA package of information

Hints:

- If your client can provide verbal consent to the NDIA at the time of the request, this will be the smoothest option.
- Be ready, or ensure your client is ready, with the information needed to answer the questions about diagnosis, the disability and how it impacts on daily functioning.
- If the client does not have a safe and secure mail box, ask for the form to be sent care of you and your workplace (you may need to convince the NDIA that this is appropriate).
- If the form is sent to the client, make sure you follow up with them to ensure it has been received and ask if they would like your support to complete it.
- The Local Area Coordinator can also assist potential participants to contact the NDIA to make an access request/ get an access request form

1.3 Completing the Access Request Form

The Access Request Form is a paper-based form. Part F of the form requires evidence of disability, evidence of the diagnosis of the disability and impact of the condition. The information needs to be in writing and can be provided on the form or as an attachment.

- Evidence of disability must be from a treating doctor or specialist. For people with a psychosocial disability this will be a treating GP or treating psychiatrist. Additional evidence can include existing assessments and reports – such as medical assessments from Centrelink or the current service provider.
- Evidence of the diagnosis of the disability must also be from a treating doctor or specialist. It must also include information about any treatments that are being received.
- Evidence of the functional impact of condition must be provided by a specialist or an allied health professional (physiotherapist, occupational therapist, speech pathologist, psychologist, social worker or nurse). Additional information can also be provided to support the functional assessment including pre-existing assessment reports (such as the HoNOS or Life Skills Profile), Centrelink assessments, assessments prepared by existing providers such as PIR or PHAMS. Having an idea of the frequency and duration of the support required is also important.

There are some conditions for which all the disability requirements are deemed to have been met ([List A](#)), and others for which the NDIA will be satisfied that the person has a disability attributable to one or more impairments and it is likely to be permanent ([List B](#)) (visit: www.ndis.gov.au/operational-guideline/access/disability-requirements.html#8.6 for more information)

Submit the completed access request form:
mail: GPO Box 700, Canberra ACT 2601/
email: NationalAccessTeam@ndis.gov.au / or in
person: local NDIA office.

Obtaining the evidence can be a significant barrier and can be difficult and time consuming, particularly if the client does not have an existing relationship with a health professional. The evidence also needs to be documented in a way which enables the NDIA to assess it against the access criteria.



There are now a number of resources to assist in both assessment and documentation including:

- *Completing the Access Process – Tips for Communicating about Psychosocial Disability.* https://www.ndis.gov.au/html/sites/default/files/Completing_the_access_process_for_the_NDIS_Tips_for_communicating_about_...pdf
- *Health interface project 2016.* Provides templates for use by health practitioners for planning, assessment and report writing, as well as explanations of NDIS terminology and how it relates to commonly used terminology, sample allied health reports and NDIS process and community information. http://g21hwbpillar.com.au/sites/default/files/resources/ndis_health_interface_toolkit.pdf
- *How to document evidence for the NDIS: a resource guide developed by PIR in the Hunter Region.* http://www.vicserv.org.au/images/PDF/Policy/NDIS/2_Appendix_1.Guide_for_SF_how_to_document_evidence_for_the_NDIS_resource_from_Hunter_PIR.pdf
- *Reimagine today* – funded by the NDIS and produced by the Mental Health Coordinating Council. A workbook and information to assist people with a psychosocial disability navigate the NDIS. Includes information and examples of supporting evidence. <http://reimagine.today/>
- A General Practitioner and Allied Health Professionals Guide to the NDIS. <https://www.ndis.gov.au/medias/documents/gp-factsheet-dec-2017-pdf/GP-Factsheet-4pp-dec-2017.pdf>



More information:

See the [fact sheets for providers](#), including the resource [Psychosocial disability and the NDIS - key products and resources \(DOCX 41KB\)](#).

Hints:

- Make sure you understand what a functional disability is and how to document it (see resources above).
- Aim to get the application completed accurately and appropriately first time. Requests from the NDIA for additional information can be time consuming and can significantly delay the process. Some LACS may be in a position to assist you to confirm that your application appears complete.
- Be prepared to provide some guidance and support to health professionals – particularly GPs. Services have reported benefits from making and attending appointments with their clients, and explaining to the health professional what is required.
- Hospitals, including the Clinical Community Mental Health Teams, are expected to assist with providing the documentation for their clients to make an access request.
- Some people find this part of the process confronting and demoralising as the notion of permanency conflicts with their notions of recovery and hope. Some people are willing to accept that it is a means to an ends, and once through the access request stage, the NDIS does embrace a strong recovery approach. The NDIS has produced a fact sheet called “[*Psychosocial disability, recovery and the NDIS factsheet*](#)” which attempts to address this issue.

Step 2 Planning

Once accepted as eligible, participants are invited to a planning meeting (or to create a plan over the telephone). Clients may be contacted by mail or by telephone to participate in planning.

The Local Area Coordinator plays a significant role in planning including undertaking the planning discussion. The planning meeting usually takes place at the Local Area Coordinator’s office but it can be held in the client’s home or at another venue. The preparation of the plan may be undertaken by the [Local Area Coordinator](#) or the NDIA. The plan is then approved by the NDIA.

The planning discussion identifies needs, goals and current supports and is focused around eight life domains. Support is considered under 15 different categories and will be considered as either core (generally long term), capacity building (generally short to medium term) and capital supports such as assistive technology. Consideration of access to informal supports and what can be provided by mainstream services also occurs. Most people have one planning meeting only, but a follow up meeting will occur if required.

It is vital that the client is prepared for this meeting and can (or is supported to) articulate what their needs are and how these can best be met. Support workers may attend the meeting if this is requested by the client.

The document “[Checklist: getting ready for your planning conversation](#)” can be used to assist the client prepare. A potential issue is that if people’s basic needs are not being met, it may be hard for them to articulate long-term goals.

Another useful resource is [reimagine.today](#) which was funded by the NDIS and produced by the Mental Health Coordinating Council.

It provides a workbook and information to assist people with a psychosocial disability navigate the NDIS and includes useful examples of what supports might be relevant for people under the funding categories <http://reimagine.today/>

Hints:

- Follow up with the client to check if the NDIA/ Local Area Coordinator has made contact with them and support them to make a timely response.
- Once notified as meeting the access requirements, a client can nominate someone (eg: a support worker) as a contact for planning meetings and other outcomes. This will facilitate support worker involvement.
- The NDIA has contacted people by telephone to complete a plan, although while this is still an option it is not the usual response. Anecdotal reports have been that phone planning has not worked for some people for a range of reasons including a lack of trust, being in the wrong space to think about their needs and being underprepared.
- Participating in the planning meeting can provide emotional support for the client and assist them to remember/recall and/or describe their needs accurately. It is important that you demonstrate that you are assisting your client and not talking for them. Remind your client that it is OK if they want you to be present and that they should and can say this to the planner.
- The NDIS provides an opportunity to think about support needs differently. Try to encourage your client to think broadly and beyond their current experiences of the service system. For people with a psychosocial disability, they also need to think about planning for their worst day in order to ensure that the supports are in their plan if and when they need them.
- The inclusion of support coordination in plans, particularly for people with a psychosocial disability who have difficulties with decision making and organisation, can make a significant difference to plan outcomes.



From the Hunter Trial:

A homeless man with numerous physical health problems and also mental health and substance misuse issues approaches a local emergency services program for housing assistance. He is deemed ineligible for transitional housing as his support needs are too high, and is referred to NDIA where he is assessed as eligible for Tier 3 funded services (note: this is language from the trial site – it means the person met the access requirements for the NDIS). While the Agency is unable to assist with permanent housing as this is a housing sector responsibility, he is helped to access the emergency service provider’s transitional housing program with four hours a day of additional support funded by the NDIA. Because the support chosen by the man is 7-9 am and 5-7 pm, and the service is traditionally staffed 9 am to 5 pm, they successfully explore options for flexibly expanding their operating hours. (Mental Health Coordinating Council, 2015)





Step 3: Implementing the plan

3.1 Choosing a provider/ providers

Following the planning meeting, the plan will be prepared and approved by the NDIA. Participants are not invited to review their plan before it is approved and will receive a completed plan in the mail.

If the person has support coordination in their plan, they will be put in contact with a support coordinator who will assist your client choose a provider or providers and when and where they will receive services. The support coordinator may also help them think about what the support might look like, for example what types of social activities or living skills assistance is most useful. If this is not in the plan, then the client needs to make contact with support providers directly.

If there is no support coordination, the Local Area Coordinator will explain the plan to your client and assist them to choose and make contact with providers.

Most participants are still having their plans managed by the NDIA (rather than managing the plan themselves).

This means that the participant signs an agreement with the provider about what and when support will be delivered, and the provider directly claims from the NDIS when the support is provided.

The market of providers is still developing and there are less providers with skills and interest in working with people with complex needs due to social disadvantage. It may also be difficult to access some supports while experiencing homelessness or living in unstable accommodation. However, the funding should remain in the plan until such a time that this can be rectified.

Hints:

- Your client may need support and/or encouragement to meet with new providers and make choices.
- Warm referrals and remaining part of the support team (including making pro-active contact with the support coordinator) while the transition occurs is valuable.

3.2 Receiving Support

The NDIS is not designed to replace mainstream supports and the NDIS does not provide housing assistance (except for specialist disability housing). While support coordinators and the LAC are expected to support access to mainstream services, the links with housing services are yet to be really explored. A challenge and an opportunity for the housing and homelessness sector is to identify and facilitate the accommodation and housing options for people who now have access to appropriate support.

In addition, it is also important to note that the plan focusses on functional limitations due to disability and a person with complex needs may still need other assessments, plans and supports. Anecdotally, the mechanisms for coordinating between mainstream and NDIS supports, particularly for those with complex needs, are still under developed.

Depending on the arrangements with their provider, there will generally be an expectation that the participant will turn up for (or be available for) support episodes and if not, provide adequate notice of cancellation. If they do not do this (called a “no show”) the provider can charge a fee for personal care and community access support up to 8 times a year. It means that the participants can miss out on their support. However, providers are expected to have business arrangements in place to minimize risk of cancellation, or late changes to the delivery of scheduled support, including where there are risks that a participant will frequently “not show” for a support. There is a potential role for the homelessness support worker in assisting the participant (and provider) make and meet these arrangements.

Depending on who else is involved in the participants care and support, the homelessness worker may need to continue case management and service coordination functions, including with the NDIS supports and other mainstream providers.

Hint:

- Think of the NDIS as potentially providing the “support” component for supported housing and seek to use this as a way of providing a pathway into housing.

Pros and cons of supporting access to the NDIS?

Deciding whether to actively encourage clients to test their eligibility and to access the NDIS will be a calculated decision. It includes thinking about whether the client can or will comply with the access process – including attending appointments and seeking or agreeing on a diagnosis of having a disability; and the impact on the client if the process is likely to be confronting or distressing. A number of workers are also questioning whether the NDIS will be able to offer anything of value such that it is worthwhile going through the access and planning process.

As the NDIS develops answering some of these questions will become easier. In the meantime, increasing awareness and understanding about the scheme and keeping the option open for those that are hesitant to engage or test their eligibility makes sense.

After all, the NDIS is about choice and control, and arguably SHS are well placed to assist its clients to exercise this.



Other information:

- [Fact sheets \(including plain-language\) on a range of topics](#)
- [NDIS website](#)

COUNCIL TO HOMELESS PERSONS

2 Stanley Street, Collingwood Victoria 3066 |
P (03) 8415 6200 | F (03) 9419 7445 |
www.chp.org.au