

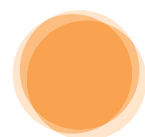


# ALLIED HEALTH HOUSING ASSESSMENTS

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A GUIDE FOR NDIS SUPPORT COORDINATORS  
AND ALLIED HEALTH PROFESSIONALS

APRIL 2018



SUMMER  
FOUNDATION



# ABOUT THIS GUIDE

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The aim of this guide is to assist support coordinators and allied health professionals collaborate on Housing Plans for National Disability Insurance Scheme (NDIS) participants. Housing Plans rely on appropriately framed allied health assessments and reports to support the participant pursue their goals and aspirations.

This is not an official NDIS document. The Summer Foundation has developed this tool to help make your job easier, by providing a structure and some suggestions for how to help participants to explain their housing journey, their needs and their preferences to the National Disability Insurance Agency (NDIA).

In developing this tool we have drawn on our experience helping participants find housing. We have also consulted with more than 30 allied health professionals, family members and support coordinators. Thank you to all those who have provided comments and suggestions.

If you have any comments on this tool, we would be delighted to hear them. Please contact us at: [info@summerfoundation.org.au](mailto:info@summerfoundation.org.au)

The NDIS is evolving as it rolls out nationally. We will update this tool as we get more information and/or the requirements of Housing Plans change. You can find the latest version of this guide here:

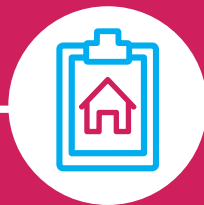
[🌐 summerfoundation.org.au/allied-health-housing-assessments](https://summerfoundation.org.au/allied-health-housing-assessments)



SAMPLE NDIS  
PLANS



LOOKING  
FOR HOUSING



HOUSING  
PLAN



HOUSING  
TO SUIT YOU



## THIS GUIDE IS IN 9 PARTS:

- **Part 1** – Allied health professionals, the NDIS and housing
- **Part 2** – Understanding the language of the NDIS
- **Part 3** – Mainstream Housing: Guidance for allied health professionals who are assessing and writing reports to support an NDIS participant in mainstream housing
- **Part 4** – SDA: Guidance for allied health professionals who are assessing and writing reports for an NDIS participant who is wanting to test a their eligibility for SDA
- **Part 5** – Capacity building strategies and interventions
- **Part 6** – Allied health report checklist
- **Part 7** – Factors to assess and relevant assessment tools
- **Part 8** – For support coordinators: contracting allied health housing assessments
- **Part 9** – Sample allied health service agreement



# PART I: ALLIED HEALTH PROFESSIONALS, THE NDIS & HOUSING

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Allied Health professionals play a critical role in helping people with disability access appropriate housing in the NDIS.

The National Disability Insurance Agency (NDIA) administers the National Disability Insurance Scheme (NDIS). The NDIA relies on the advice and professional judgement of allied health practitioners to determine whether NDIS participants receive funding for Specialist Disability Accommodation (SDA), and the type and level of this funding.

Allied health professionals are being asked to answer questions such as:

- How significant is the impact of a person's disability on their mobility, self care and self management?
- What supports (other than specialised housing) could be implemented to help a person achieve their housing goals?
- What type of housing features, housing size and location, does a person reasonably require to achieve their goals?

Allied health reports are most useful when they use the language and logic of the NDIS. Where an NDIS participant is testing their eligibility for SDA, assessments should write explicitly to the relevant criteria of the SDA Rules 2016. For more information, see **Part 4** of this guide.

The Summer Foundation has prepared a series of resources to assist people with a disability to access appropriate housing. Use this tool in conjunction with the other resources in the series: [🌐 summerfoundation.org.au/ndis-housing-resources/](https://summerfoundation.org.au/ndis-housing-resources/)



## PART 2: UNDERSTANDING THE LANGUAGE OF THE NDIS

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The NDIS has the potential to transform the lives of people with a disability. Support coordinators and allied health professionals can set a new benchmark in service standards by embedding the following conventions and legislation in their work.

Many allied health professionals understand the language of therapy and rehabilitation, but familiarising yourself with the *NDIS Act 2013* [🌐 legislation.gov.au/Details/C2016C00934](https://legislation.gov.au/Details/C2016C00934), will assist you to move to the goal-focussed language of the NDIS. Of particular importance in understanding the NDIS's framework and principles are Part 2 – objects and principles, and the Section 34 *reasonable and necessary supports*. The *NDIS Act 2013* is a codification of Australia's obligations under the United Nations *Convention on the Rights of Persons with Disabilities* (UNCRPD): [🌐 ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#4](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#4).

Access to appropriate housing is a fundamental precursor to participants exercising choice and control over their supports. The Independent Advisory Council's (IAC) Advice on reasonable and necessary support across the lifespan: An ordinary life for people with disability, [🌐 ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan](https://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan), provides vital information about how the NDIA might determine what is reasonable and necessary for a particular participant depending on:

- Their age and life stage
- Their level of functional impairment
- Their current access to housing
- Whether the support is the responsibility of the NDIS or another service system



## Capacity building supports for a participant to pursue their housing goals

Capacity building funding for a participant to search for housing enables the NDIS participant to work with their support coordinator and allied health professionals to write a Housing Plan. The Housing Plan provides the NDIA with evidence-based recommendations for the supports required for a participant to reach their housing goals. The Summer Foundation has developed the Housing Plan Tool to assist support coordinators and allied health professionals write housing plans:

[summerfoundation.org.au/resources/housing-plan-tool](https://summerfoundation.org.au/resources/housing-plan-tool)

### SUPPORT COORDINATION

Participants may receive up to 75 hours funding for a support coordinator to contract allied health assessments and write their Housing Plan and assist with the implementation of various capacity building strategies and interventions.

### IMPROVED DAILY LIVING SKILLS

Participants may also receive up to 50 hours of allied health capacity building funding for assessments to evaluate their housing related goals and support needs, as well as consideration of life transition and skill development plans.

This funding was initially described in NDIS plans to assist participants 'explore their housing options'. It's currently being described as funding for participants to 'investigate their housing solutions' or for 'housing transition planning'. For more information about how capacity building funding can support a participant to pursue their housing goals see:

[summerfoundation.org.au/resources/looking-for-somewhere-to-live/](https://summerfoundation.org.au/resources/looking-for-somewhere-to-live/)

### A PERSON-DIRECTED APPROACH

To ensure each assessment progresses the participant's preferred housing journey, support coordinators and allied health professionals need to understand the participant's needs, preferences, goals and aspirations and whether the Housing Plan's primary purpose is to test the participant's eligibility for SDA.



The Summer Foundation has developed the My Housing Preferences Tool to assist people with disability explore what an ordinary life would look like for them, articulate their housing goals and think about their long-term aspirations for community living. This is a good place to start your work with a participant. See: [🌐 summerfoundation.org.au/resources/my-housing-preferences/](https://summerfoundation.org.au/resources/my-housing-preferences/)

My Housing Preferences also provides support coordinators and allied health professionals with critical information on the impact of disability on the participant's functional capacity and support needs.

## **WHAT IS SDA?**

Specialist Disability Accommodation (SDA) is housing that has been specifically designed to suit the needs of people who have an 'extreme functional impairment' or 'very high support needs'. For more, see our SDA Payments Guide: [🌐 summerfoundation.org.au/sda-payments-guide](https://summerfoundation.org.au/sda-payments-guide)



# PART 3: MAINSTREAM HOUSING

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## Guidance for allied health professionals who are assessing and writing reports to support an NDIS participant in mainstream housing

The overwhelming majority of NDIS participants are expected to live in mainstream housing. For more information on mainstream housing options see: [summerfoundation.org.au/living-more-independently](https://summerfoundation.org.au/living-more-independently)

- Where the purpose of the Housing Plan is to assist the participant to sustain their current housing or move to their preferred mainstream housing option, allied health professionals can assist by including the following information in their reports:
- Provide a brief introduction to the NDIA decision maker highlighting your professional qualifications and expertise
- Briefly introduce each assessment tool in terms of its standing and validity
- Number the paragraphs in your report
- Avoid using tables or text boxes as the support coordinator will be cutting and pasting sentences and paragraphs from your report into the Housing Plan and it is extremely difficult to cut and paste material from tables
- Provide a paragraph number as a reference e.g. Jane Fisher, Occupational Therapist, Occupational Therapy Housing Assessment 31/01/2018 paragraph x, attached.
- Justify your recommendations for supports with reference to the criteria for reasonable and necessary





The NDIS funds supports that meet all the criteria for *reasonable and necessary* as per Section 34 of the *NDIS Act 2013*:

- It will assist the participant to pursue their goals and aspirations
- Facilitate their social and economic participation
- Represents value for money
- Is likely to be effective and beneficial having regard to current good practice
- Takes account of what is reasonable to expect of families, informal networks and the community
- Is most appropriately funded by the NDIS

See: [🌐 legislation.gov.au/Details/C2016C00934](https://www.legislation.gov.au/Details/C2016C00934)

For participants in mainstream housing, the Housing Plan brings together evidence-based recommendations by allied health professionals for one or more of the following supports to ensure the sustainability of the participant's current housing arrangement, or move to another mainstream housing option:

- Capacity building supports
- Assistance with daily living
- Home modifications or assistive technology
- Life transition planning including mentoring and peer support, focusing on individual skill development

For a comprehensive list of supports see the NDIS Price Guide: [🌐 ndis.gov.au/providers/pricing-and-payment](https://www.ndis.gov.au/providers/pricing-and-payment) On this webpage, below the Price Guide, are a series of 'CSV Files' (spreadsheet files). These include extra line items that may be useful.



If a participant's extreme functional impairment or very high support needs prevent them from accessing mainstream housing even with any or all of the above supports, they may be eligible for SDA. See **Part 4** of this guide for specific guidance on writing a Housing Plan to test a participant's eligibility for SDA.

You may also be contracted to write:

- A skill development plan for the participant
- A transition plan for the participant
- A support plan for the participant to live in their preferred housing option

See **Part 5** of this guide for guidance on providing capacity building strategies and interventions.



# PART 4: SDA

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## Guidance for allied health professionals who are assessing and writing reports for an NDIS participant who is wanting to test a their eligibility for SDA

Support coordinators and allied health professionals need to learn the language and logic of both the *NDIS Act 2013* and the *SDA Rules 2016*. Where the purpose of a participant's Housing Plan is to test their eligibility for SDA allied health professionals should:

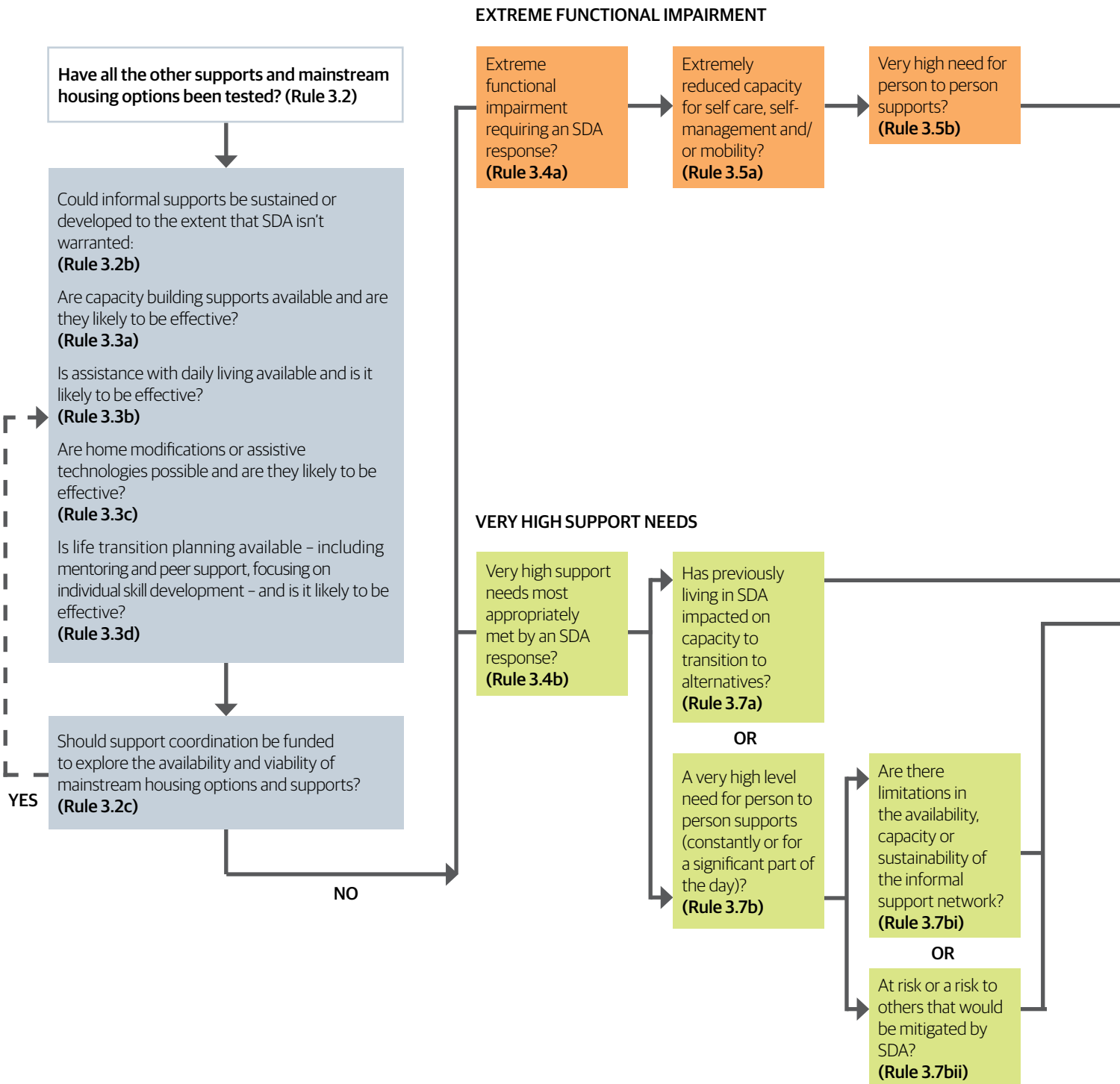
- Learn the criteria to determine eligibility for SDA set out in Part 3 of the *SDA Rules 2016* [legislation.gov.au/Details/F2017L00209](http://legislation.gov.au/Details/F2017L00209). A flowchart of the SDA eligibility criteria is included on the next page
- Become familiar with the Summer Foundation's Housing Plan Tool. Note that it is designed to address the criteria to determine eligibility for SDA. Understand that the support coordinator is expected to be able to cut and paste directly from allied health reports into the Housing Plan
- Provide a brief introduction to the decision maker that highlights your professional qualifications and expertise
- Briefly introduce each assessment tool in terms of its standing and validity
- Number the paragraphs in your report
- Avoid using tables or text boxes as the support coordinator will be cutting and pasting sentences and paragraphs from your report and it is difficult to cut and paste material from tables
- Interpret all your findings with reference to the SDA eligibility criteria
- Justify your recommendation for supports with reference to Section 34 *reasonable and necessary*, of the *NDIS Act 2013* – for an explanation of Section 34 see page 7 of this guide.

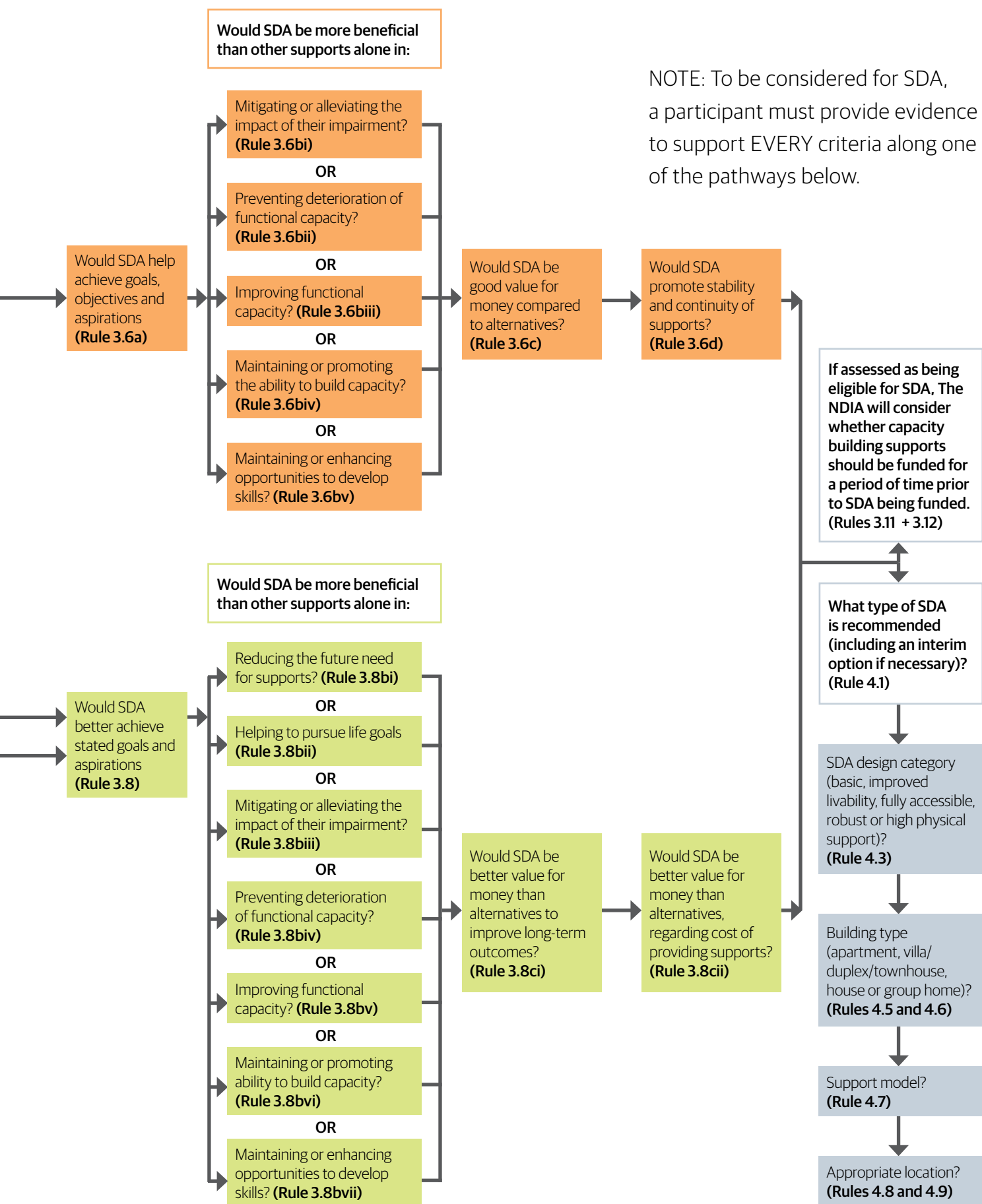


# SDA Eligibility Criteria

SDA is a costly support that will be provided to only a small number of NDIS participants, so the rules used to determine a participant's eligibility are rigorously applied. For the exact wording of each rule, refer to the Summer Foundation's Housing Plan Tool (SDA):

[summerfoundation.org.au/housing-plan-tool](http://summerfoundation.org.au/housing-plan-tool)







## Consideration to be given to suitable supports and pathways

Paragraph 3.2 of the SDA Rules requires that the Housing Plan explicitly addresses the extent to which alternatives to SDA, *suitable supports and pathways*, have been attempted or are not appropriate for the participant before SDA is considered.

An allied health professional should provide the NDIA decision maker with a report detailing why the following *suitable supports and pathways* could not support a participant to pursue their housing goals without SDA.

From *SDA Rules 2016* Paragraph 3.2:

*3.2 (a) the extent to which suitable supports and pathways have been attempted and their success;*

*(b) the extent to which informal supports could be sustained or developed; and*

*(c) whether support coordination should be funded to explore the availability and viability of suitable supports and pathways*

*3.3 For the purposes of paragraph 3.2, suitable supports and pathways may include:*

*(a) capacity building supports*

*(b) assistance with daily living*

*(c) home modifications or assistive technology*

*(d) life transition planning including mentoring and peer support, focusing on individual skill development*

### **THE NDIA HAS PROVIDED THE FOLLOWING INFORMATION ON THE CONSIDERATION OF MAINSTREAM HOUSING PRIOR TO RECOMMENDING SDA:**



Specialist assessors will be required to include in their report where SDA is seen as the most appropriate housing support model and the reason/s why other service systems (social housing/private rental/shared equity) would be unsuitable options.



## SDA assessment criteria

The participant, their support coordinator and allied health assessor should decide which of the following criteria best describes their need for SDA:

“Extreme functional impairment and requires an SDA response”, see assessment criteria in the SDA Rules, paragraphs 3.5 – 3.6

or

“Very high support needs most appropriately met by an SDA response”, see assessment criteria in the SDA Rules, paragraphs 3.7 – 3.8

Support coordinators may need to contract a matrix of allied health assessments to ensure that they have the evidence they require to write a Housing Plan that addresses all the sub sections of the relevant criteria.

Support coordinators and allied health professionals should enter into a service agreement (see **Part 7**) that clearly outlines which SDA Rules they can address for an individual participant, the assessment they will use and its validity/standing. Allied health professionals should consider which discipline may best undertake assessments and provide a report as evidence for sections of the *SDA Rules 2016* that are outside their scope and/or experience.

## SDA Rules Part 4 – Determining the SDA type and location

A suitably qualified allied health professional should provide evidence-based recommendations for the:

- SDA design category
- SDA dwelling type
- Occupancy configuration
- Location

These recommendations need to:

1. Support the participant to reach their goals and aspirations
2. Maximise the participant’s independence
3. Meet the criteria for *reasonable and necessary* under Section 34 of the *NDIS Act 2013*



# PART 5: CAPACITY BUILDING STRATEGIES AND INTERVENTIONS

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Allied health professionals may also be asked to provide the participant and their support coordinator with:

- A life transition plan
- A skill development plan
- A support plan

## THE NDIA HAS PROVIDED THE FOLLOWING INFORMATION ON ASSESSMENTS FOR HOUSING PLANS:

**A life transition plan** for the participant, exploring collected therapeutic assessments with strategic and recommended supports to ensure a successful transition into their new living arrangement.

**Skill development plan** for participants that are considering moving out of home, in preparation for a life of greater autonomy and capacity for independence.

It is anticipated that during the process of completing the therapeutic report, where identified as appropriate, the specialist assessor will be requested by the support coordinator to design and supervise a skills development or therapeutic program. The intention of this program would be to implement strategies within the participant's current living situation until a suitable home or dwelling can be identified.

The specialist will be required to provide advice to the support coordinator on suggested strategies or interventions that can be included in the current plan period to assist in developing capacity.





It is anticipated that participants will be able to utilise their therapeutic assessment strategies and recommendations within all support environments for capacity building and skill development (where applicable). Therapeutic assessments are generally current for 12 months, however consideration will be taken for assessments completed over the 12-month period, where there has been no significant change in circumstances or identified support needs for the participant.

It is suggested, however, that after 12 months of therapeutic intervention or skill development to increase capacity, that the specialist provide a report to the support coordinator advising of the participant's progress and outcomes, along with a recommendation for future intervention in the participant's reviewed NDIS Plan.

## **WHAT DOES THIS MEAN?**

As well as assessments that identify where the participant is now, allied health assessments may suggest a range of strategies to increase the participant's abilities, making it easier for them to manage in a variety of housing situations.

It's good practice to monitor the outcome (effectiveness) of all interventions. That means assessments should include a baseline measure (life before tailored housing) and a repeated measure after the participant's housing is established. Research demonstrates the effectiveness of tailored housing on independence in the outcomes areas below. So it is important to discuss how outcomes can be measured with the participant and to build in assessments to measure the outcome of interventions.



<b>Outcomes for the person (Primary Outcomes) - examples</b>	<b>Outcomes for the system (Secondary Outcomes) - examples</b>
Self-efficacy Confidence Self-esteem Ability to live independently Sense of security Social participation Subjective wellbeing Satisfaction Social meaning <b>Costs and benefits</b> (financial/economic; physical/physiological) Body structure and function impacts (e.g. strength, balance, etc.) Activity and participation impacts (e.g. Improvements in the performance of ADLs) Community integration Ability to recall and carry out tasks accurately Self management/self care/self monitoring	Hospital admissions Length of hospital stay Use of longstay hospital/care home services Number of urgent medical visits Number of visits to emergency Technology usage rate Access to interventions Need for transportation Avoidance of travel Need for support (frequency and/or length of home visits by formal caregivers; number of informal caregiver visits) Cost of care Cost savings

## A SUPPORT PLAN

An allied health report should be contracted that outlines the core supports that the participant requires to pursue their goals in the recommended housing.

Where SDA housing is recommended the support plan will form the basis of the Supported Independent Living (SIL). For more information on SIL see: [🌐 ndis.gov.au/providers/sil](https://www.ndis.gov.au/providers/sil)



# PART 6: ALLIED HEALTH REPORT CHECKLIST

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## THE NDIA HAS PROVIDED THE FOLLOWING GENERAL GUIDANCE ON REPORT WRITING:

'Make the report clear. Write succinctly and in plain English so that the individual, their family, the NDIS planner, the NDIS financial delegate and the support coordinator can easily understand the recommendations. Link recommendations to aspirations of scheme'

## THE RECOMMENDATIONS:

- Promote the individual's social participation and engagement
- Assist the participant achieve their housing goals
- Increase the participant's independence, social and economic participation
- May reduce the participant's reliance on informal or formal supports in the future

## IN WRITING THEIR REPORTS, ALLIED HEALTH PRACTITIONERS SHOULD ENSURE THESE:

- Are written in the language of the NDIA and can be easily converted to supports in the NDIS Price Guide
- Are backed by credible evidence
- Meet each of the criteria for *reasonable and necessary* (Section 34 of the *NDIS Act 2013*)
- Where appropriate, provide evidence that without the recommended intervention the participant may lose functional capacity
- Where SDA is recommended, provide evidence in the exact language of the SDA Rules and addresses the relevant criteria



## MEASUREMENT

Provide information on measuring the efficacy of each recommendation including:

- An objective measure of the efficacy of allied health interventions undertaken to date
- An objective measure of the recommended interventions efficacy over the next 12 months
- An objective way to measure the efficacy of the recommended interventions over the next two to three years

Allied health reports may use phrases such as 'On the basis of this evidence, this participant needs [support] every [how often] for [time frame] to achieve [outcome]'.

## SOURCE MATERIAL

Allied health reports should:

- List who has been consulted during the preparation of the report (e.g. the participant, key family members, friends, support workers, other allied health professionals)
- List the assessments undertaken to inform the report (e.g. Vineland Adaptive Behaviour Scales) and explain the results
- Contain a list of past and current reports used to inform the report. Include the report author, discipline, assessment tool used and date



# PART 7: FACTORS TO ASSESS AND RELEVANT ASSESSMENT TOOLS

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This part covers the aspects of a person that may influence their support and/or housing needs. These are the aspects that support coordinators should discuss with allied health professionals, to ensure that each assessment progresses the participant's housing journey and assists them to reach their goals. This information may help support coordinators avoid entering into service agreements for generic and/or overlapping assessments.

## **IMPAIRMENT/DISABILITY: PRIMARY AND SECONDARY DIAGNOSES**

The NDIS provides funding for people with disability to support them to live ordinary lives. On the other hand, the health system is responsible for health conditions, so health-related supports and services are not funded under the NDIS.

It is important that formal diagnoses, obtained from relevant professionals, are stated in a way that recognises this distinction.

For more information see [🌐 ndis.gov.au/people-disability/connecting-mainstream](https://www.ndis.gov.au/people-disability/connecting-mainstream)



## FUNCTIONING: FUNCTIONAL IMPACT OF ANY IMPAIRMENTS, LEADING TO DISABILITY

### Summary tests to provide overall statement of functioning

World Health Organisation Disability Assessment Schedule (WHODAS 2.0) 6 Domains of Functioning, including:

- Cognition** – understanding and communicating
- Mobility** – moving and getting around
- Self-care** – hygiene, dressing, eating and staying alone
- Getting along** – interacting with other people
- Life activities** – domestic responsibilities, leisure, work and school
- Participation** – joining in community activities

🌐 [who.int/classifications/icf/whodasii/en/](http://who.int/classifications/icf/whodasii/en/)

Care and Needs Scale Assessment (CANS) to measure the level of support needs of older adolescents (16 years or older) and adults with traumatic brain injury.

🌐 [sydney.edu.au/medicine/rehab/about/JWCRRweb/Care-and-Needs-Scale\\_7point\\_April2011.pdf](http://sydney.edu.au/medicine/rehab/about/JWCRRweb/Care-and-Needs-Scale_7point_April2011.pdf)

The Modified Rankin Scale (mRS) is used to measure the degree of disability in patients who have had a stroke

🌐 [emedicine.medscape.com/article/2172455-overview](http://emedicine.medscape.com/article/2172455-overview)

The Expanded Disability Status Scale (EDSS) is a method of quantifying disability in multiple sclerosis. The EDSS scale ranges from 0 to 10 in 0.5 unit increments that represent higher levels of disability. Scoring is based on an examination by a neurologist.

🌐 [mstrust.org.uk/a-z/expanded-disability-status-scale-edss](http://mstrust.org.uk/a-z/expanded-disability-status-scale-edss)

Carer Burden: Burden Interview (Zarit 1980) would be selected.

🌐 [aafp.org/afp/2000/1215/p2613.html](http://aafp.org/afp/2000/1215/p2613.html)



Aspect of the person which may influence support and housing needs	Sample Assessment Tools
<b>BEHAVIOUR</b>	<p>Functional behaviour: e.g. behaviours in neurological impairment</p> <p>Overt Behaviour Scale (OBS) (Kelly, Todd, Simpson, Kremer, &amp; Martin, 2006) <a href="https://www.researchgate.net/publication/258997526_OBS-Adult">🌐 researchgate.net/publication/258997526_OBS-Adult</a></p> <p>Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II) measures the adaptive behaviours of individuals with intellectual and developmental disabilities; autism spectrum disorders; ADHD; post-traumatic brain injury; hearing impairment; and dementia/ Alzheimer's disease. <a href="https://txautism.net/evaluations/vineland-adaptive-behavior-scales-second-edition-vinelandtm-ii">🌐 txautism.net/evaluations/vineland-adaptive-behavior-scales-second-edition-vinelandtm-ii</a></p> <p>Adaptive Behaviour Assessment System (ABAS): assessment of adaptive skills functioning, to assist in determining how well an individual is responding to daily demands from the environment <a href="https://www.pearsonclinical.com.au/products/view/21">🌐 pearsonclinical.com.au/products/view/21</a></p> <p>HCR-20 assesses risk for violence <a href="https://hogrefe.co.uk/assessing-risk-for-violence-version-2-hcr-20.html">🌐 hogrefe.co.uk/assessing-risk-for-violence-version-2-hcr-20.html</a></p> <p>STAR (Settings. Triggers. Results, Actions) <a href="https://www.complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p090c/the_star_approach.pdf">🌐 complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p090c/the_star_approach.pdf</a></p> <p>DASA (Dynamic Appraisal of Situational Aggression) <a href="https://www.dustinkmacdonald.com/dynamic-appraisal-situational-aggression-dasa/">🌐 dustinkmacdonald.com/dynamic-appraisal-situational-aggression-dasa/</a></p>



Aspect of the person which may influence support and housing needs	Sample Assessment Tools
<b>MOVEMENT/ MOBILITY</b>	<p>The Gross Motor Function Classification System - Expanded &amp; Revised (GMFCS - E&amp;R) <a href="https://canchild.ca/en/resources/42-gross-motor-function-classification-system-expanded-revised-gmfcs-e-r">🌐 canchild.ca/en/resources/42-gross-motor-function-classification-system-expanded-revised-gmfcs-e-r</a></p> <p>Falls Risk Assessment <a href="https://health.vic.gov.au/about/publications/policiesandguidelines/falls-risk-assessment-tool">🌐 health.vic.gov.au/about/publications/policiesandguidelines/falls-risk-assessment-tool</a></p> <p>Skin Integrity Assessment e.g. Pan Pacific Clinical Practice Guideline <a href="https://woundsaustralia.com.au/publications/#pipm">🌐 woundsaustralia.com.au/publications/#pipm</a></p>
<b>COMMUNICATION</b>	<p>Communication Function Classification Score (CFCS) - The CFCS is a tool used to classify the everyday communication of an individual with cerebral palsy into one of five levels according to effectiveness of communication. It consists of five levels, which describe everyday communication ability.</p> <p><a href="https://cerebralpalsy.org.au/what-is-cerebral-palsy/severity-of-cerebral-palsy/communication-function-classification-system-cfcs/">🌐 cerebralpalsy.org.au/what-is-cerebral-palsy/severity-of-cerebral-palsy/communication-function-classification-system-cfcs/</a></p>





## CONTEXTUAL INFORMATION AND PERSONAL FACTORS

Aspect of the person which may influence support and housing needs	Sample Assessment Tools
<b>HEALTH INFORMATION</b>	<p>Other information including re-admission to acute hospital, residential environment, should be detailed and discharge documents included.</p> <p>The presence or absence of the following conditions in the previous 6-12 month period should be recorded: Epilepsy, diabetes, chest infection, urinary tract infection, cellulitis, swallowing problems, altered muscle tone, pressure areas, heart or blood pressure problems.</p>
<b>ACTIVITIES OF DAILY LIVING</b>	<p>Barthel Index: Consists of 10 items that measure a person's daily functioning. The items include feeding, moving from wheelchair to bed and return, grooming, transferring to and from a toilet, bathing, walking on level surface, going up and downstairs, dressing, continence of bowels and bladder</p> <p><a href="https://strokecenter.org/wp-content/uploads/2011/08/barthel.pdf">🌐 strokecenter.org/wp-content/uploads/2011/08/barthel.pdf</a></p> <p>Assessment of Functional Living Skills - assessment, skills tracking system for basic living skills, home skills, and community participation skills <a href="https://difflearn.com/products/assessment-of-functional-living-skills-afls">🌐 difflearn.com/products/assessment-of-functional-living-skills-afls</a></p>



Aspect of the person which may influence support and housing needs	Sample Assessment Tools
<b>PARTICIPATION</b>	<p>Community Integration Questionnaire (CIQ): home integration, social integration and productivity, representing level of community integration experienced by the individual</p> <p><a href="http://summerfoundation.org.au/wp-content/uploads/CIQ-R-Scoring-guidelines.pdf">summerfoundation.org.au/wp-content/uploads/CIQ-R-Scoring-guidelines.pdf</a></p> <p>Role Checklist (RC): elicits information about participation in everyday roles (e.g. friend, family member, hobbyist). The RC lists 10 life roles and elicits information regarding the person's past, present and future participation in each role (Part 1). Present role participation is the suggested measure</p> <p><a href="http://cade.uic.edu/moho/resources/files/assessments/RoleChecklistWithInstructions.pdf">cade.uic.edu/moho/resources/files/assessments/RoleChecklistWithInstructions.pdf</a></p>

## ENVIRONMENTAL FACTORS

Aspect of the person which may influence support and housing needs	Sample Assessment Tools
<b>ASSISTIVE TECHNOLOGY AND HOME MODIFICATIONS</b>	<p>NDIS has assessment guidance tools available here:</p> <p><a href="http://ndis.gov.au/providers/at/assessing-at">ndis.gov.au/providers/at/assessing-at</a></p>



# PART 8: FOR SUPPORT COORDINATORS: CONTRACTING ALLIED HEALTH HOUSING ASSESSMENTS

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## THE NDIA HAS PROVIDED THE FOLLOWING INFORMATION ON ASSESSMENTS FOR THE HOUSING PLANS:

'Specialist assessments need to be undertaken by suitably qualified professionals such as occupational therapist, psychologist, physiotherapist, behaviour therapist and speech therapist.'

Begin by asking the participant who they would like to work with. If they don't have a preferred professional, use your networks or the [therapychoices](http://therapychoices.org.au) webpage to identify suitable professionals, see: [🌐 therapychoices.org.au](http://therapychoices.org.au)

Talk to allied health professionals about their:

- Approach (look for professionals working from a person-directed, strengths-based approach)
- Experience working with people with the disability of the participant
- Experience with or knowledge of the *NDIS Act 2013*
- Experience with or knowledge of the *SDA Rules 2016*

## 1. BE CLEAR THAT YOU ARE SEEKING ASSESSMENTS TO INFORM AN NDIS HOUSING PLAN

Offer to provide them with a link to information resources developed by the Summer Foundation to assist them to understand the broader purpose and context of the work:

[🌐 summerfoundation.org.au/ndis-housing-resources/](http://summerfoundation.org.au/ndis-housing-resources/)



## 2. ENTERING A SERVICE AGREEMENT WITH AN ALLIED HEALTH ASSESSOR

When you've found an appropriate allied health professional you'll need to enter into a service agreement.

Service agreements must clearly set out:

- What the allied health professional will do - outputs
- Which SDA eligibility criteria the allied health professional will address
- What the allied health intervention will achieve - outcomes
- When the service contract will start and finish
- Respectful handling of the participant's private information
- The agreed price and payment arrangements

You can see a sample service agreement in **Part 7**.

## 3. PROVIDE THE ALLIED HEALTH PROFESSIONAL WITH:

- A copy of NDIS Act Section 34 *reasonable and necessary* [🌐 legislation.gov.au/Details/C2016C00934](https://legislation.gov.au/Details/C2016C00934)
- A link to the *SDA Rules 2016* [🌐 legislation.gov.au/Details/F2017L00209](https://legislation.gov.au/Details/F2017L00209)

The Summer Foundation's Housing Plan Tool

[🌐 summerfoundation.org.au/resources/housing-plan-tool](https://summerfoundation.org.au/resources/housing-plan-tool) and SDA Payments Guide  
[🌐 summerfoundation.org.au/resources/sda-payments-guide](https://summerfoundation.org.au/resources/sda-payments-guide)

With the consent of the participant, information about their:

- Goals and long-term aspirations
- Housing goals and preferred housing arrangement
- Access to informal supports
- Current funded supports



# PART 9: SAMPLE ALLIED HEALTH SERVICE AGREEMENT

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This document is a sample service agreement between a support coordinator and an allied health professional to provide evidence in relation to a participant testing their eligibility for Specialist Disability Accommodation (SDA).

This Service Agreement is in relation to *[insert name of participant]*, a participant in the National Disability Insurance Scheme, and is made between:

**Support coordinator** *[insert name of support coordinator]*

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and

**Allied health professional** *[insert name of allied health professional]*

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This Service Agreement will commence on *[day, month, year]* for the period *[insert date]* to *[insert date]*.

This service agreement is made for the purpose of testing the participant's eligibility for specialist disability accommodation (SDA) under the *SDA Rules 2016*.

The allied health professional (insert name) will undertake assessments, and write a report that explicitly interprets the assessment results in the language of the *SDA Rules 2016* for each of the relevant paragraphs and clauses. [legislation.gov.au/Details/F2017L00209/Html/Text - \\_Toc256000039](https://legislation.gov.au/Details/F2017L00209/Html/Text_-_Toc256000039)



## SCHEDULE OF SUPPORTS

The allied health professional will address the following SDA Eligibility Criteria, for example:

- Extreme functional impairment (Rule 3.4, paragraphs 3.5, 3.6) OR very high support needs (rule 3.4, paragraphs 3.7, 3.8)
- Current supports and pathways (rule 3.2, 3.3)
- Support model recommendation (rule 4.7)
- SDA design category and building type (Part 4)
- Other

[Check each section of *SDA Rules 2016* that the allied health professional has agreed to provide evidence on]

The allied health professional may also agree to provide one or more of the following:

- A skill development plan
- A life transition plan

## RESPONSIBILITIES OF THE ALLIED HEALTH PROFESSIONAL

The allied health professional [*insert name*] will:

- Learn the criteria to determine eligibility for SDA set out in Part 3 of the *SDA Rules 2016* [legislation.gov.au/Details/F2017L00209](https://www.legislation.gov.au/Details/F2017L00209)
- Familiarise themselves with the Summer Foundation's Housing Plan Tool. Note that it is designed to address the criteria to determine eligibility for SDA. Understand that the support coordinator is expected to be able to cut and paste directly from allied health reports into the Housing Plan
- Provide a brief introduction to the decision maker highlighting their professional qualifications and expertise
- Briefly introduce each assessment tool in terms of its standing and validity
- Interpret all findings with reference to the SDA eligibility criteria
- Justify recommendations for supports with reference to Section 34 *reasonable and necessary*, of the *NDIS Act 2013*



- Number the paragraphs in the report
- Provide reports in Word format with minimal formatting and no text boxes as it is difficult to cut and paste from text boxes

## **OTHER CONDITIONS**

- [insert your own]
- [insert your own]

## **PAYMENT**

A fixed fee of (insert your standard terms of business).

## **CHANGES TO THIS SERVICE AGREEMENT**

Any changes to this agreement must be made in writing and agreed by both parties.

## **ENDING THIS SERVICE AGREEMENT**

This agreement can be ended by either party with a notice period of seven days.



## CONTACT DETAILS

The [participant/the participant's representative] can be contacted on:

Contact details	
Phone [B/H]	
Phone [A/H]	
Mobile	
Email	
Address	
Alternative contact person	

The support coordinator can be contacted on:

Contact name	
Phone [B/H]	
Phone [A/H]	
Mobile	
Email	
Address	





## AGREEMENT SIGNATURES

The parties agree to the terms and conditions of this Service Agreement.

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**Signature of support coordinator**

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**Name of support coordinator**

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**Date**

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**Signature of allied health professional**

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**Name of allied health professional**

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**Date**

### CHECKLIST:

I have provided the allied health professional with links to:

- The Summer Foundation Housing Plan Tool
- The Summer Foundation Allied Health Housing Assessments Guide




A copy of:



- The participant's current NDIS Plan
- Any relevant previous assessments
- Contact details for the participant, the family, plan nominee and or guardian
- A copy of the participant's completed Summer Foundation's My Housing Preferences document

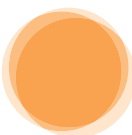
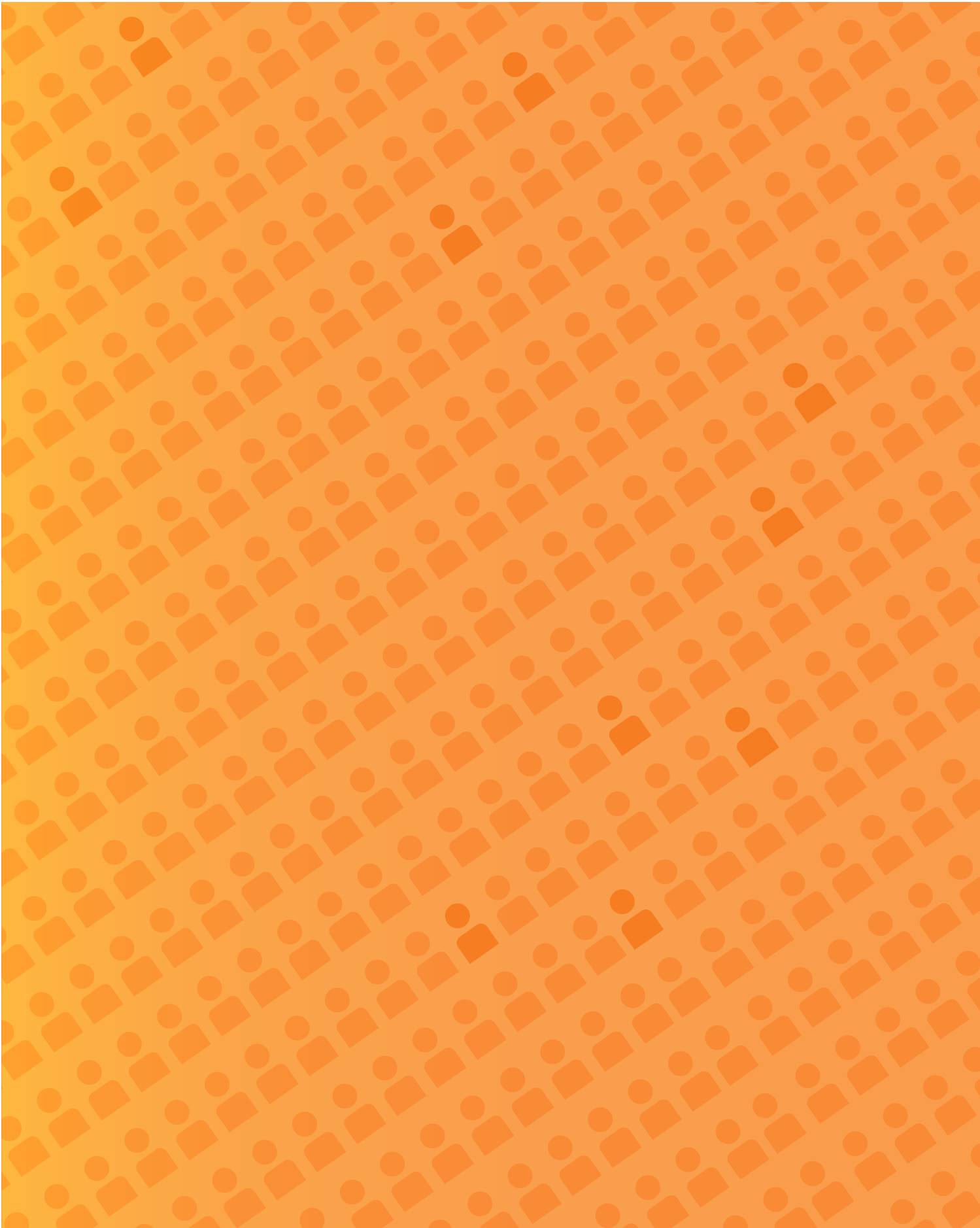


Summer Foundation Ltd. ABN: 90 117 719 516  
PO Box 208, Blackburn VIC 3130  
P: 1300 626 560 E: [info@summerfoundation.org.au](mailto:info@summerfoundation.org.au)  
**[www.summerfoundation.org.au](http://www.summerfoundation.org.au)**

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