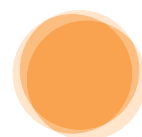


NDIS & HEALTH WORKING TOGETHER

A GUIDE TO ASSIST HEALTH AND NDIS STAFF TO WORK
WITH PEOPLE WITH DISABILITIES - FROM HOSPITAL
ADMISSION TO DISCHARGE



SUMMER
FOUNDATION

PREPARED BY:

Kir Larwill, Gill Hilton

Summer Foundation, ABN 90 117 719 516

PO Box 208, Blackburn 3180, Vic Australia

Telephone: +613 9894 7006

Fax: +613 8456 6325

info@summerfoundation.org.au

www.summerfoundation.org.au



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NDIS & HEALTH WORKING TOGETHER

**A GUIDE TO ASSIST HEALTH AND NDIS STAFF
TO WORK WITH PEOPLE WITH DISABILITIES AND
COMPLEX HEALTH AND SUPPORT NEEDS FROM
HOSPITAL ADMISSION TO DISCHARGE**

JUNE 2018

ABOUT THIS GUIDE

1. What is this guide for?

This guide is designed to help **health and NDIS staff** support people with disabilities and complex health and support needs throughout their time in and transition out of hospital, and to do this in the best possible way. This means:

- All-staff collaborating across health and NDIS systems, founded in shared knowledge of NDIS and hospital roles and processes, and shared commitment to individualised, person-centred planning.
- People with disabilities and complex health and support needs experiencing smooth and coordinated planning throughout their hospital stay, enabling them to make informed and supported decisions when the time's right for them, and to leave hospital with necessary funding and support in place.

2. Who are the patients it's relevant to?

Use this guide with people whose changed circumstances require a rapid and coordinated escalation of supports, across both the health and disability systems. Typical circumstances are:

- A person acquires a disability (e.g. ABI, spinal cord injury, amputation, sensory failure), needs hospitalisation, and the condition has a permanent impact on them. This group may have no previous experience of disability, disability services or the NDIS.
- A person has an existing disability or condition and there's been an exacerbation in their health status (e.g. progression of a neurological disease such as Multiple Sclerosis, Parkinson's or Huntington's), or they have acquired an additional disability (e.g. an hypoxic brain injury [ABI] as a result of near drowning due to a heart attack while swimming).
- A person has an existing disability and complex health and support needs, their life circumstances change significantly and the sources of support they've had in the past are no longer available (e.g. a partner leaves, a carer dies or housing is no longer available).

3. What's in the guide?

The guide has seven sections. The first section explains the basics of the NDIS, Sections 2-6 provide direct practice guidance and Section 7 is for those who want more information about this project. Each section follows the same general pattern, with recurring headings **Need to know** (useful tips and facts); **How to** (practical suggestions and steps to take); **Good to think about** (practice suggestions and ethical considerations); and **Worth following up** (further sources of information).

Depending on your experience with the NDIS, and the situation of the person you are working with, some parts will be more useful to you than others. **Use the bits you need, and skip those you don't.**

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NDIS basics for health practitioners

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This section is for those who need a bit more information about the NDIS, tailored to clinicians. It covers the NDIS, health and NDIS roles, NDIS language and how to use it in reports and assessments, and a summary of what the health system is responsible for funding and the funding responsibilities of the NDIS.

The hospital-NDIS path

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A visual representation of a person's path through hospital, and the points at which health and NDIS roles can cooperate to provide the best (and most timely) support.

Connecting

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This section covers confirming NDIS eligibility, applying and gathering documentation for NDIS access, requests for urgent access, decision-making and timing, and complaints and appeals. It's relevant to working with a person with newly acquired disabilities and little or no experience of the disability system.

Re-connecting

16

This section covers NDIS change of circumstances and NDIS plan reviews. It's relevant to working with an NDIS participant with complex needs who is in hospital because their support and health needs have changed - their carer is no longer available, their health status has worsened or they have acquired an additional disability. That is, someone who has a plan already, but needs to re-engage with the NDIS to make necessary changes.. It's designed to supplement the information in the previous section.

Preparing

19

This section covers the content of an NDIS plan, support coordination, plan management, and how to build the "what if?" into NDIS plans (anticipating likely changes in health, identifying risks, and ensuring those possibilities are named and provided for in NDIS plans). It's relevant to supporting a participant with complex health needs to get ready for NDIS planning (and beyond) and know what to expect of the process.

Planning

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This section covers the NDIS planning meeting and how to get the best out of it. It's relevant to practitioners supporting people meeting with an NDIS planner to make a plan for the first time, or to review or change an existing NDIS plan.

The background to this guide

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This section is for those who are curious about the context for this project. It gives the background to the development of the tool and of the Rapid Response Model: the evidence that it's needed, what's gone into its development, and related work supporting the health and NDIS systems to work together alongside people with disabilities and complex health and support needs.

NDIS BASICS FOR HEALTH PRACTITIONERS

What is the NDIS? Key roles within the scheme and the roles and responsibilities of the health system and the NDIS

NEED TO KNOW

What the National Disability Insurance Scheme (NDIS) does

The NDIS provides funding critical for people with disabilities being able to live the lives they would like to live. It works with people with disabilities to identify what it might take for them to be able to meet their goals. This is done through in-person planning meetings with a representative of the NDIS - an NDIS planner or a local area coordinator.

Funding can be for areas such as education, employment, social participation, independent living arrangements and health and wellbeing. The criteria for funding decisions are that the supports are considered "reasonable and necessary". This means that they must:

- Be related to the participant's disability
- Not include day-to-day living costs unrelated to a participant's disability support needs
- Represent value for money
- Be likely to be effective and beneficial to the participant
- Take into account informal supports given to participants by families, carers, networks, and the community

Based on individualised NDIS plans, the person with a disability decides who they'll get support from and how it will be delivered, coordinates that support, and receives the funding directly. They can arrange for this coordination and management work (as well as the initial work of finding, selecting and setting up supports) to be done by someone of their choosing. This can also be factored into their NDIS plan and funded, and is called "support coordination".

Further information about how the NDIS works can be found on the NDIS website. This includes information about eligibility, application and planning. Specific information about NDIS access is at [ndis.gov.au/ndis-access-checklist](https://www.ndis.gov.au/ndis-access-checklist).

How to make contact

NDIS is a large Australia-wide system. Contact is via:

- Phone 1800 800 110
- TTY: Ph. 1800 555 677 and ask for 1800 800 110 or your local NDIS office
- Speak and listen (speech to speech relay): Ph. 1800 555 727 and ask for 1800 800 110 or your local NDIS office
- Online [ndis.gov.au/form/contact-form.html](https://www.ndis.gov.au/form/contact-form.html)
- Visit a local office: [ndis.gov.au/about-us/locations.html#](https://www.ndis.gov.au/about-us/locations.html#)

Once NDIS access is approved, the participant or their nominee will be prompted to set up a secure government online account – via the myplace portal – when they receive their first correspondence from the NDIS planner. They will be provided with a unique activation code to access myplace.

Myplace is a secure portal on the myGov website, so participants will also require a myGov account to sign in.

Visit [my.gov.au/mygov/content/html/about.html](https://www.my.gov.au/mygov/content/html/about.html)

To find out how to create your myGov account visit:

humanservices.gov.au/individuals/online-help/create-mygov-account.

Once a person is a NDIS participant communication will mostly happen through this portal. It's worth people printing and filing any relevant communication emails as they are deleted from the secure account after a number of months.

Key NDIS and health roles

A team approach enables the full range of expertise, knowledge and influence (the person, the family, health practitioners and NDIS staff) to be focused on the person leaving hospital and being supported to live the life they choose. Key roles in both systems and how they work with the person are described below:

1. NDIS local area coordinators

Local area coordinator roles include:

- Community outreach, particularly to groups considered 'hard to reach' (e.g. people who are homeless or young people in nursing homes)
- Providing support and advice to people with a disability where their needs can be met through mainstream systems, rather than specialist disability supports and services
- Supporting people whose NDIS-funded disability supports don't require complex coordination
- Providing information to people with a disability about access, support and NDIS processes, and supporting them to move from stage to stage. This can include supporting participants to prepare and build their plans in readiness for NDIS planning meetings.

An individual may have a specific relationship with a particular local area coordinator, or a more general connection with a service that employs local area coordinators. If their circumstances change, the local area coordinator may be the first point of contact for help in getting access to increased supports.

2. NDIS planners

The planner is the representative from the NDIA responsible for assisting participants to prepare their plan. If a person is eligible the NDIA will assign them a planner. The planner contacts the person to arrange a planning meeting, working out where and when the person would like to meet. People can have as many meetings with their planner as they feel they need, and have a right to have someone they choose to accompany and support them at all planning meetings.¹

The planner helps the person to access the system, discusses their situation and goals, and works with them to develop a detailed plan for the types of support and community involvement that will enable the person to reach their goals. The planner can be involved, alongside health practitioners and other support people, in setting up someone's first plan, as well as in reviewing the plan after a period of time to see whether it's meeting the person's needs.

3. Support coordinators

Once an NDIS plan is funded, the participant can get assistance from a support coordinator². (provided this kind of support is deemed "reasonable and necessary" for them). The NDIA describes support coordination as having a dual focus: developing the person's capacity to implement and maintain the plan; and maintaining and strengthening relationships³.

People whose support needs are already high are likely to have a coordinator of supports funded in their NDIS plans. The support coordinator role can be quite fluid, but is responsible for ensuring services and supports that are in a person's plan are in place, and are connected to the goals in that plan. They can be helpful for people with high and complex support needs, and are able to assist people to manage their NDIS funding and to work with other systems such as health or justice.

Support coordinators are not employed by the government - some are employed by disability service providers, and some are independent people working by themselves. NDIS participants can choose their own support coordinator, or can ask that the NDIS choose one for them and arrange for them to contact the person. A list is provided at: [ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers](https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers)

The support coordinator is also responsible for supporting people with plan reviews, and with applications for 'change of circumstances' when, for example, there is a rapid increase in a participant's support needs.

4. Health practitioners

In the hospital setting, health practitioners make up a team of people with expertise in understanding conditions and impairments and the impact they may have on a person. They will work with that person from admission to discharge.

The team will include professions such as medical and nursing staff, and allied health staff including social workers, speech therapists, occupational therapists and physiotherapists. From day one, health practitioners complete assessments and provide treatment and interventions for the person with the ultimate aim of helping that person leave hospital.

Initially, medical and nursing staff focus on the person becoming medically well. After this, particularly if a person is admitted to rehabilitation, the primary goals are:

- Prevention of secondary complications
- Achieving optimal physical, cognitive and psychological function, and
- Re-integration to the community

For many members of the team (such as the occupational therapist and social worker) there is a particular focus from day one of admission on what's required to enable the person to return home to their community in a safe and effective way.

1. [bayleyhouse.org.au/index.php?cid=293](https://www.bayleyhouse.org.au/index.php?cid=293)

2. [ndis.gov.au/medias/documents/hdf/hc6/8800436518942/Fact-sheet-Support-coordination.pdf](https://www.ndis.gov.au/medias/documents/hdf/hc6/8800436518942/Fact-sheet-Support-coordination.pdf)

3. Ellis, L., Fulton, K., B'osher, L., (2017) Support Coordination - A Changing Landscape. Melbourne: Summer Foundation Ltd., p.9

NDIS and health system responsibilities

The following sets out how funding responsibility is divided between NDIS and health systems.

Health

The health system is responsible for providing people with clinical and medical care. This includes:

- Diagnosis of medical conditions (including chronic conditions)
- Clinical treatment of medical conditions, including services such as general practitioners, hospital care, surgery, dental care and medical specialists
- Pharmaceuticals, such as medicines, vaccines, topical preparations
- Acute and emergency services
- Sub-acute care such as palliative care and geriatric care
- Ambulatory and outpatient care, including nursing care and wound management
- Recovery oriented services and rehabilitation following medical or surgical treatment
- Population health or preventative health care, such as immunisation programs or health screenings

NDIS

The NDIS is responsible for providing the support that is required due to the impact of a person's disability on their functional capacity and their ability to undertake activities of daily living. The NDIS is responsible only for supports that are related to a person's functional impairment or disability.

The NDIS will also cover maintenance supports delivered or supervised by health professionals where the person's functional capacity has reached stability. This may include:

- Daily personal activities, such as assistance with toileting, showering, dressing
- Assistive technologies (e.g. electric wheelchair, DAISY player for audio books)
- Transport and mobility support (e.g. ramps, adjustable beds, contribution to taxi transport costs)
- Access to information and referral support (e.g. funding for a support coordinator to help organise service providers)
- Early intervention support (e.g. support that will reduce future need, as it relates to a person's permanent disability)
- Allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy. The health system is responsible for these supports if they are required as part of rehabilitation from an accident or injury or as part of treatment for medical conditions.
- Prosthetics such as artificial limbs (surgery remains the responsibility of the health system)
- Home and vehicle modification (e.g. installation of ramps, rails, hoists)
- Community activities (e.g. support to access social groups, sports clubs or study)
- Specialist hearing and vision support
- Nursing or delegated care (and associated assessment and training) with PEG feeding, catheter care, tracheostomy care, skin integrity checks

- Elements of community re-integration enabling the person to live in the community, such as the home modifications and domestic assistance required to exit the health system and live independently in the community or move back into their own home
- Specialist housing (SDA)

Example John has a stroke that results in a permanent disability. He has significantly reduced mobility and uses a wheelchair. John is in a rehabilitation setting and will soon be ready to return to living in the community.

In John's situation, Health funding covers:

- ✓ Acute inpatient treatment
- ✓ Sub acute rehabilitation - until recovery goals are met
- ✓ Development of discharge plan
- ✓ Community nursing to meet any clinical care needs
- ✓ Pharmaceuticals and medication

The supports that John has funded through NDIS are:

- ✓ Support coordinator to help purchase supports
- ✓ On-going allied health therapy to maintain his functioning
- ✓ Day-to-day support with activities of daily living
- ✓ Specialist Disability Accommodation funding OR home modifications
- ✓ PEG feeding, catheter care, skin integrity checks or tracheostomy care

For more information, see:

[coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf](https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf)

WORTH FOLLOWING UP

Digital stories: Short videos of people with disability, families and staff talking about the NDIS
summerfoundation.org.au/people-category/ndis-access-stories/

Podcasts about "Reasonable and necessary supports"
summerfoundation.org.au/reasonable-and-necessary/

About the NDIS: Participant fact sheet on NDIS basic information and eligibility (Printable resource 4 pages)
[ndis.gov.au/html/sites/default/files/documents/About-us/About-theNDIS.pdf](https://www.ndis.gov.au/html/sites/default/files/documents/About-us/About-theNDIS.pdf)

NDIS Act (2013): Legislation under which the NDIS operates
[legislation.gov.au/Details/C2013A00020](https://www.legislation.gov.au/Details/C2013A00020)

To identify which NDIS region a person lives in [ndis.gov.au/about-us/our-sites/VIC](https://www.ndis.gov.au/about-us/our-sites/VIC)

Ellis, L., Fulton, K., B'osher, L., (2017) *Support Coordination – A Changing Landscape*. Melbourne: Summer Foundation Ltd.,
summerfoundation.org.au/resources/support-coordination-a-changing-landscape/

Tasmanian NDIS-Disability-Health Advisory Group (October 2017) Policy proposal for the operational interface between the National Disability Insurance Scheme (NDIS), disability and health in Tasmania for: adult NDIS participants with intellectual disability during hospitalisation.

THE HOSPITAL-NDIS PATH

**Diagram 1: A participant's path through hospital
(using Health and NDIS services at the same time)**

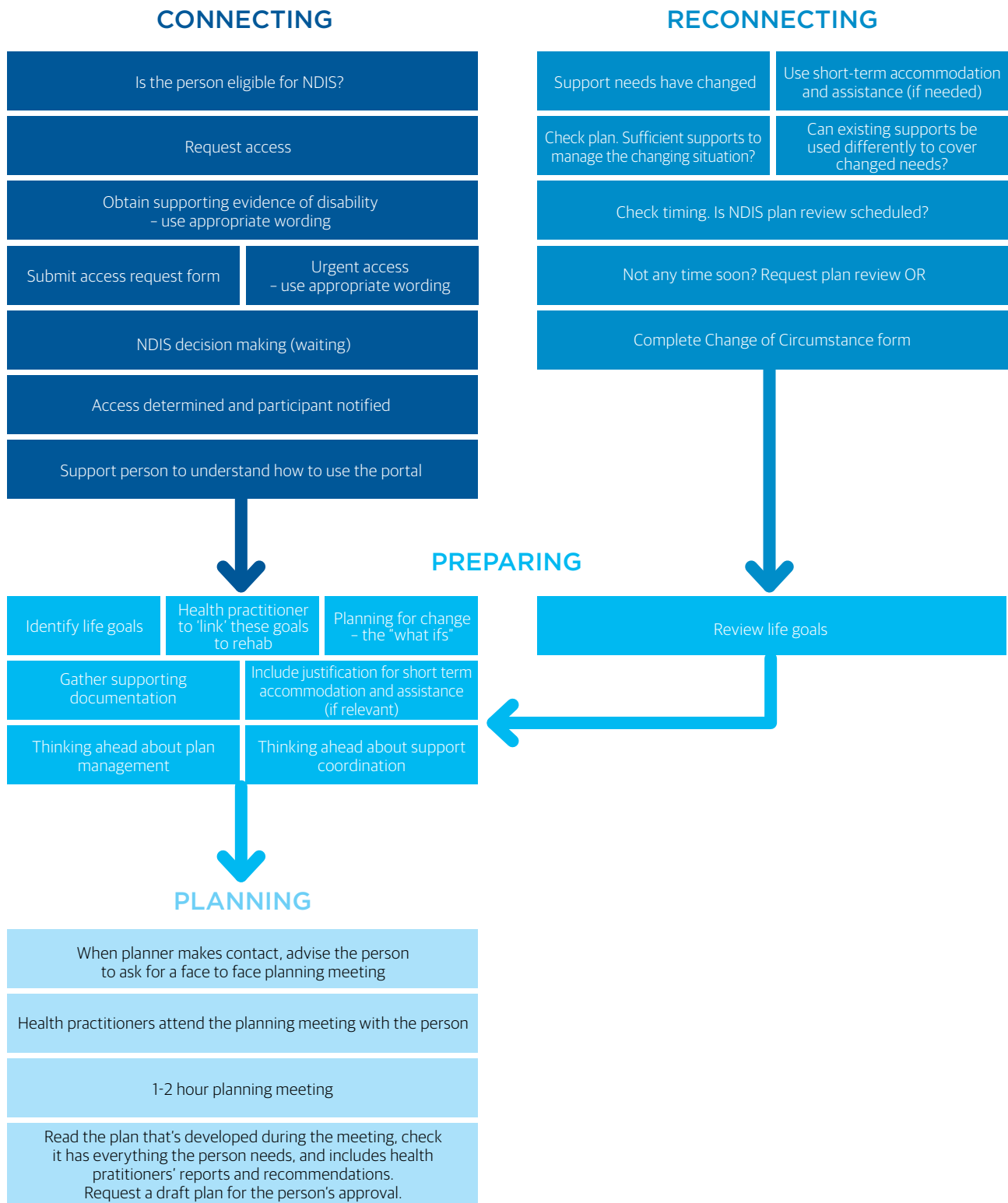


Diagram 2: The roles that participants, health practitioners and NDIS staff have along the way

	PARTICIPANT	HEALTH SERVICES	NDIS
Timely access to NDIS for new participants: CONNECTING	Complete access documentation	Educate participant about NDIS Help participant determine eligibility Write report to support access request	Process and provide access determination
Timely review of current plan for existing participants: RECONNECTING	Complete Change in Circumstance form and seek plan review	Help participant to determine and provide evidence for whether needs are being met	Respond to request for review
Provision of comprehensive description of person's medical and disability related needs: PREPARING	Identify goals and/or change in needs	Assist participant to prepare for planning meeting OR review	Receive and review documentation/plan
Collaborative discharge planning and transition with participant: PLANNING	Participate in meetings and implementation	Support implementation of health related supports	Allocate funds to plan

CONNECTING

Supporting people in hospital with newly acquired disabilities to connect with NDIS

When a person is in the health system with a newly acquired disability, with little or no experience of the NDIS (or hospitals), health practitioners play a vital role connecting them with the NDIS.

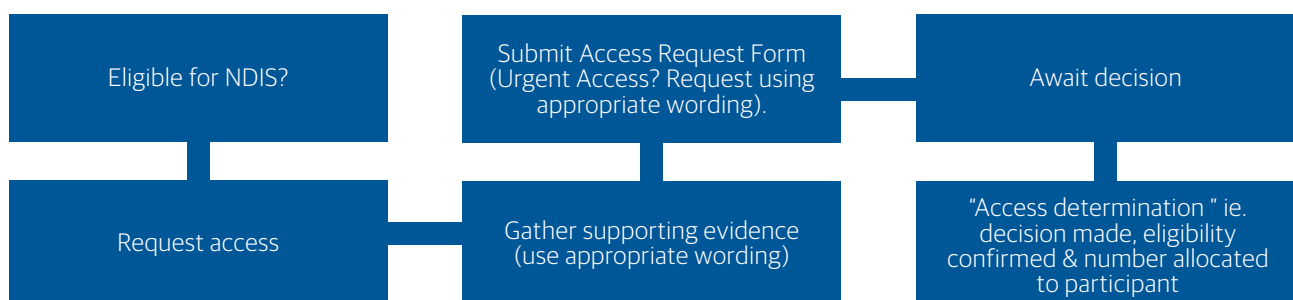
NEED TO KNOW

To support people well as they connect with the NDIS, you need to have capacity to:

1. Educate people and families about the NDIS and the processes involved
2. Assist with determining their eligibility, and know what's required
3. Gather evidence (reports, assessments) about the impact of their disability
4. Complete an Access Request Form (including writing a cover letter to support the request, and seeking priority if needed)
5. Know what terminology to use in developing all these documents

All these areas are covered in this section.

HOW TO



Confirming eligibility and contacting the NDIS

1. Check NDIS access requirements and make sure the person meets them. You can do this at: [ndis.gov.au/people-disability/access-requirements.html](https://www.ndis.gov.au/people-disability/access-requirements.html)
2. Contact the NDIS by phone. There is one National Access Team and one phone number for all NDIS phone calls, so there can be lengthy wait times, especially at peak times of the day.
3. Assist the person to get ready for the phone conversation by listing all the questions they would like to ask about the NDIS, how it works, and the application process. It's also useful to have pen and paper at the ready for when the conversation takes place to ensure the important details are recorded e.g. the NDIS staff person's name, their answers to questions, their instructions.
4. The phone conversation is the time to ask for an Access Request Form. If the person has been admitted to hospital, do this as soon as possible after admission. Staff can make the phone call on the person's behalf if necessary or requested by the person and their family.

Completing access request forms (and supporting documentation)

The first half of the Access Request Form asks for details about the person, their disabilities and the impact they have on communication, social interaction, learning, self-care and self-management, and the type of assistance needed. The second half is the "functional assessment section", and asks the person to provide necessary evidence of disability (see also "Evidence of disability" in Section 3).

1. Attach copies of additional assessment documentation to the form and submit these along with a cover letter from a health practitioner specifying whether urgent or priority consideration is requested.
2. For specific section by section tips, see Filling out the Access Request Form, a step by step guide with suggestions for supporting staff and the person applying (See summerfoundation.org.au/how-to-fill-out-access-request-form/). For guidance with cover letters, see Sample NDIS access request cover letter (page 14). Consider keeping de-identified ARFs and cover letters that have been successful to use as a guide when working with others in similar circumstances.
3. Go through the completed form with the person to ensure all requested information is provided, it is correct, and that the person agrees that it is ready.
4. Submit the completed Access Request Form by mail or email, NAT@ndis.gov.au, although workers supporting young people in nursing homes to connect with the NDIS recommend if possible to deliver forms to the NDIS office by hand⁴.
5. Monitor progress of the registration through the NDIA and call weekly to follow up. Ask about likely time between access approval and planning meeting. Aim to ensure this period works in with the person's inpatient rehabilitation plan and preparing for the NDIS meeting.

Providing evidence effectively

A big part of your role as a health practitioner is providing supporting documentation for the person's NDIS application (and subsequent plan). Health practitioners involved with the person are well-placed to provide assessments and reports about their health conditions and disabilities and how they directly affect participation in daily, community and economic life. These reports can have a major impact on the person's access to NDIS and the level of support they receive.

To provide this evidence supporting the access request, a treating doctor or specialist can:

1. Complete the Professional's Report section in Part F of the ARF or the NDIS Supporting Evidence Form.
2. Provide evidence in a different format if desired, such as copies of existing assessments and reports. However, if you choose not to use the Professional's Report section in Part F of the ARF or the NDIS Supporting Evidence Form, it is important the information provided includes the same information that the form collects⁵.
3. Write in a way that translates clinical conditions and clinical language into the functional impact they have - how the person's function has changed and what supports are needed as a result to enable daily living. Describe the diagnosis, the significance and permanency of the functional impairment related to it, and the support needs that flow from this. This ensures the evidence you provide is clearly connected to support needs. When you do use medical or clinical terms, explain the meaning in brackets.
4. Make sure that the evidence and recommendations you make are based on the person's worst day managing their condition and disability.

Making categorical statements about 'permanent disability' can be difficult. Whilst being hopeful of ongoing recovery, a health practitioner's role in the process is to state what permanent support a person will require. Plans are reviewed at 12 months, so if things change (goals change, circumstances get better or worse) the plan can be changed to fit. This is covered under "Re-connecting".

Full explanations of how to translate 'health' terminology into NDIS language of disability and participation are provided in the "Getting the language right" guide (See summerfoundation.org.au/getting-the-language-right).

Requesting urgent access (when submitting the access request)

In some circumstances a person may be vulnerable to risk and need urgent supports. For example they may be going back to live in a community setting, with few supports of any kind, after they are discharged from hospital. To seek priority:

1. If emailing, use the subject line: **PRIORITY - Urgent Access Decision Required.**
2. If posting the request, the top of the first page of the Access Request Form should include the same line.
3. In the body of the email or cover letter, detail the urgent circumstances and clearly identify that the prospective participant is in hospital. The "Sample AR cover letter" on page 14 provides some guidance.

5. ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability

Keeping track of NDIS decisions

1. Monitor progress of the Access Request Form through the NDIA. Call 2-3 days after submitting to confirm receipt.
2. If the application was given priority (i.e. request for urgent access successful), a decision will be made or further information requested within three working days.
3. If the person's access request is approved, the local NDIS office will be notified and either a planner or local area coordinator will be allocated to start the planning process with the person.
4. If access is not met, an NDIS staff member will contact the person to explain the decision and an "Access Not Met" letter will be sent. The letter will outline how the decision can be appealed ("review of reviewable decision").

Sample: AR cover letter⁶

Dear NDIS National Access Team,

I am writing with regard to the enclosed Access Request Form for current xxxx Hospital inpatient xxxxxxx.

xxxxxxx has a significant and permanent disability and is unable to leave hospital without implementation of a support plan to adequately address the support needs arising from their disability.

Xxxxxxx's support plan will include personal supports, equipment and home modifications (select all relevant). The inpatient health team estimate that xxxxxxx will have completed their required inpatient hospital stay and be ready for discharge from hospital on (insert date).

XXXX meets the requirements for priority due to urgent circumstances. " 4.11 Prioritising prospective participants with urgent circumstances in urgent circumstances, the NDIA may determine whether a prospective participant meets the access criteria sooner than the timeframe set out in the NDIS Act. Urgent circumstances include, but are not limited to, where a prospective participant's accommodation or care arrangements have broken down, are unsustainable, fragile, at risk of breakdown or where a prospective participant is at risk of harm or is re-entering a community setting and has few or no supports in place."

The primary contact person in xxxxxxx's health team is *insert name, insert discipline*. The inpatient health team at xxxx Hospital are available to support xxxxxxx in collaboration with the NDIS in planning for xxxxxxx's discharge from hospital and achieving their ongoing support plan.

Kind Regards,

Name

Role

Ph

Email

6. Based with thanks on a template provided by Austin Health.

GOOD TO THINK ABOUT

Communication

Work with people with disabilities and complex support needs often involves guiding someone with cognitive disability through the process of getting access to the NDIS. They may also have a communication impairment. Given this, there are two areas of practice where understanding, thoughtfulness and skills are essential: supported decision-making; and confidentiality and communication. To explore these things further, refer to the Summer Foundation **Building Better Lives Practice Guide 2016**.

Decision-making

It can be good to talk with the person and their supporters about decision-making and how they would like to be supported in making decisions. Are there, for example, trusted others they would like to include in conversations, people who might help create the circumstances needed for them to make decisions? Would they like the application process, the form filling, to happen side by side with a family member? Is there someone within the hospital (e.g. social worker or patient representative) who could provide decision-making support or advocacy? What, if any, guardianship arrangements are in place? It may be desirable to advocate with the relevant Public Advocates Office for the use of supported decision-making (rather than substitute decision-making through a guardian) to increase the person's individual choice and control of decisions to do with NDIS access and planning.

Taking necessary time

The process of connecting, supporting decisions and applying for the NDIS can be time-consuming. It can sometimes be necessary to meet with the person and their supporters a number of times, which can be a big ask for them. Loved ones may, for example, initially say "no" to the NDIS for a number of reasons including 'system' fatigue and trauma. With this in mind, health practitioners and NDIS staff may need to skilfully engage the family over a number of meetings.

Keeping track of progress

Don't stop talking! Communicate regularly with everyone throughout the process (hospital discharge processes as well as the NDIS). People with disabilities and families are waiting to hear what's next, what's come of their application. It's good to keep the person in the loop, and encourage NDIS colleagues to do the same.

WORTH FOLLOWING UP

Accessing the NDIS: Basic information about NDIS access. Printable resource (2 pages)

[ndis.gov.au/medias/documents/hd1/ha6/8798781538334/15-Accessing-the-NDIS-27.10.16-Accessible.pdf](https://www.ndis.gov.au/medias/documents/hd1/ha6/8798781538334/15-Accessing-the-NDIS-27.10.16-Accessible.pdf)

To check whether someone is likely to be eligible for the NDIS [ndis.gov.au/ndis-access-checklist](https://www.ndis.gov.au/ndis-access-checklist)

NDIS guide for GPs and Health practitioners filling out access request forms

[ndis.gov.au/medias/documents/gp-fact-sheet/NDIS-GP-Allied-Health-Professional-s-Guide-May-2018-.pdf](https://www.ndis.gov.au/medias/documents/gp-fact-sheet/NDIS-GP-Allied-Health-Professional-s-Guide-May-2018-.pdf)

Evidence of disability: When and how to provide evidence of disability to the NDIA

[ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability](https://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability)

GP Statement of Evidence form developed by Inclusion Melbourne and Monash University

inclusiondesignlab.org.au/gpform/

My NDIS pathway: Summary of the stages for participants as they move through the NDIS. Printable resource (16 pages)

[ndis.gov.au/html/sites/default/files/My-NDIS%20-Pathway.pdf](https://www.ndis.gov.au/html/sites/default/files/My-NDIS%20-Pathway.pdf)

Practice Guide: How to connect people to NDIS: Printable resource (42 pages)

summerfoundation.org.au/resources/practice-guide/

Access Request Form: Sample of the NDIS application form. Printable resource (8 pages)

mhcc.org.au/media/86697/access_request_-_form_sample_.pdf

Price Guide: Prices for NDIS supports included in participant plans. Printable resource (64 pages)

[ndis.gov.au/medias/documents/h76/ha0/8802195111966/201718-ACT-NT-SA-WA-Price-Guide.pdf](https://www.ndis.gov.au/medias/documents/h76/ha0/8802195111966/201718-ACT-NT-SA-WA-Price-Guide.pdf)

Reasonable and necessary supports: Definition and examples from the NDIS

[ndis.gov.au/participants/reasonable-and-necessary-supports.html](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports.html)

Requesting an internal review of a decision: How to request NDIS review of a plan

[ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review)

Administrative Appeals Tribunal: How to request a plan review through AAT

aat.gov.au/applying-for-a-review/national-disability-insurance-scheme-applicants/applying-for-review

Complaints to NDIS: Online form for making a complaint to the NDIS

[ndis.gov.au/about/contact-us/feedback-complaints/complaint-form.html](https://www.ndis.gov.au/about/contact-us/feedback-complaints/complaint-form.html)

Commonwealth Ombudsman: How to make a complaint to Commonwealth Ombudsman

ombudsman.gov.au/making-a-complaint

RE-CONNECTING

Supporting people in hospital with complex support needs to identify and make necessary changes to their existing NDIS plans and supports

For an existing NDIS participant who is in hospital because their carer is no longer available, their condition has worsened or they have acquired an additional disability, health practitioners (alongside the NDIS) play a vital role supporting them to make necessary changes to their NDIS plans and supports.

NEED TO KNOW

Where someone has an NDIS plan, the change in their circumstances means reconnecting with that system as soon as possible after admission. To support them you need to know how to:

1. Work out what the person's hospital support needs and preferences are, particularly if they have an intellectual disability. Find out about them: known medical conditions and risks; communication and decision making needs; emotional and behavioural support during their stay; personal care; and who they usually have to assist them (eg a disability support worker). They may already have all this information in a 'hospital support plan'.
2. Familiarise yourself with their existing NDIS plan, and whether it's adequate
 - Can what's in it be adapted or used flexibly?
 - Does the person need to arrange an increase in support hours with their provider?
 - When is their plan due for review? Are there enough funded support hours to cover the period until that review? If not, a Change of Circumstances form may be the option needed.
3. Provide information about and evidence of the change in circumstances
4. Gather and supply professional assessments of the impact of the change on the person's capacity to participate in daily life
5. Submit the Change of Circumstances application to advise NDIA of the change, along with a Plan Review form, and work with the support coordinator, provider and NDIS representative to get these through in a timely way

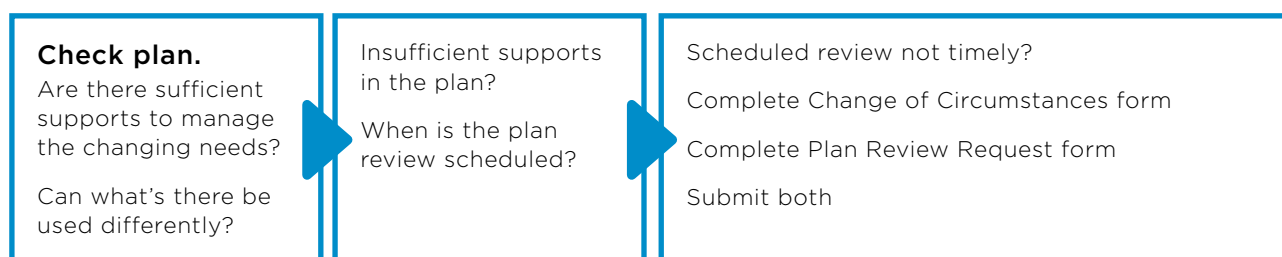
Alternatively, local area coordinators may be able to work with the person to make changes to their plan prior to their review date. If the person has support coordination funded through their NDIS plan, the support coordinator can help them request changes to the plan if circumstances change by:

- Checking the person's existing plan for additional supports
- Negotiating with care providers to increase hours and nature of supports
- Completing and submitting a Change of Circumstances and Plan Review Request Form (and checking the timing of the person's scheduled plan review, in case that's likely to happen first)

Examples of situations where a change of circumstances application would be made by someone who is already an NDIS participant are:

- A person with a neurological disorder such as MS experiences deterioration in function, is unable to care for themselves, and has not previously had supports in place
- A person with a high level quadriplegia is admitted to hospital when their tracheostomy site becomes infected
- A person with pre-existing intellectual disability is admitted to hospital following an acute stroke
- A person with pre-existing moderate head injury is admitted to hospital with acute pneumonia
- The social situation of a person with complex needs breaks down (their partner-carer leaves, for example) and they present to emergency
- A deterioration in condition means the person can't continue living in their second floor unit
- A carer can no longer provide support, and the person is admitted to hospital
- An ageing carer becomes unwell, or dies
- A wheelchair user falls from their wheelchair and fractures a leg

HOW TO



NDIS schedules plan reviews for participants. If a person needs something in their plan changed before that scheduled date, they need to request a review. There can be significant time lapse between these requests and the unscheduled review taking place. If the need is urgent, the participant can apply for Change of Circumstances.

NDIS plan reviews

An NDIS participant's plan will generally be reviewed after 12 months. At this time the NDIA will contact the participant to check if their supports are working well and what progress they are making towards achieving their goals. Participants can also request a plan review at any time if their situation has changed or if they are not happy with the budgets for supports which have been included in their plan⁷.

While there are guidelines that detail the role of the support coordinator in prompting plan reviews, the capacity of the NDIS to respond to these requests can vary. The decision to proceed with an unscheduled plan review is one the NDIA makes itself. Health staff may need to advocate if the support coordinator is unable to get the NDIS to respond as rapidly as the person needs. As is the case with initial planning meetings, having support coordinators and health practitioners at the table can assist in the process and in ensuring that the revised plan is a success. Encourage participants to request this.

Change of Circumstances Form

The NDIS has specific requirements for situations in which a participant's circumstances change. This includes, for example, change to employment, disability support needs, or to their health and wellbeing. What the NDIS requires, and the relevant form, are provided here:

[ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances)

When a participant is admitted to hospital, their support needs having become more complex, health practitioners can help navigate the process. Practitioners' primary role on admission to hospital is to:

1. Ensure the person is medically stable and that their condition is treated
2. Assess any change in function and whether through rehabilitation that function can be restored, or whether the change is permanent
3. Assist the person and family to make a change of circumstances request to the NDIS if the change is considered permanent, by:
 - Contacting the NDIS for guidance
 - If documentation is required, taking the same approach (terminology, what evidence to supply) as with Access Request and Urgent Access documentation

WORTH FOLLOWING UP

Information about changing circumstances, what the NDIS requires, and the relevant form, is provided here:

[ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances)

NDIS Plan Review Request form, including guidance about when and how to use it, is provided here:

[ndis.gov.au/medias/documents/plan-review-form-pdf/Plan-Review-Request-Form.pdf](https://www.ndis.gov.au/medias/documents/plan-review-form-pdf/Plan-Review-Request-Form.pdf)

7. Taken from House with No Steps glossary of NDIS terms [hwns.com.au/ndis/resources/terms-and-definitions](https://www.hwns.com.au/ndis/resources/terms-and-definitions)

PREPARING

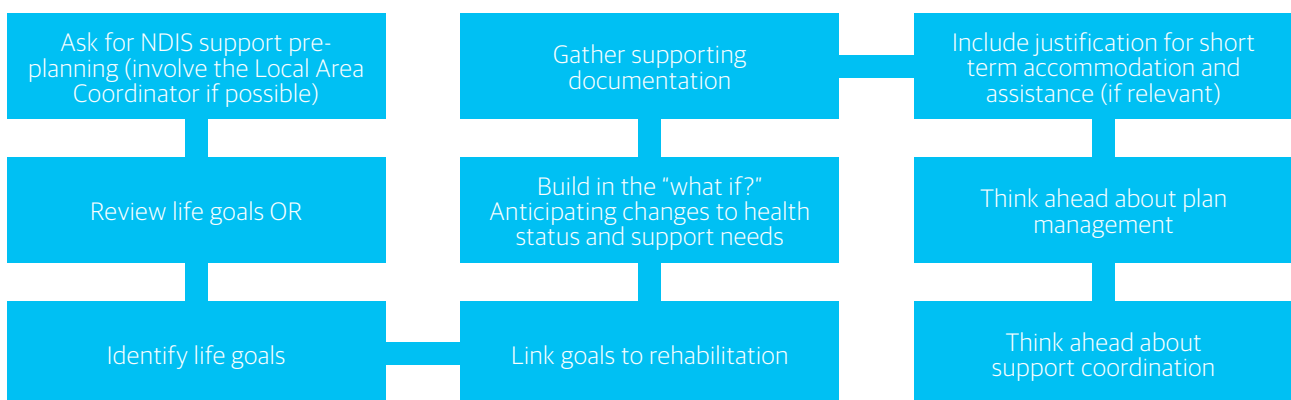
Supporting people with disabilities and complex support needs to get ready for NDIS planning

In most instances, preparing for NDIS planning (thinking about goals, what's needed to re-establish a life in the community, and future supports) happens from the moment the person enters the health system. However, once a person is accepted as an NDIS participant, health practitioners and NDIS staff can work with them specifically to be ready for developing their plan in the NDIS planning meeting. Part of this is helping them to prepare for the formal process of planning with the NDIA and knowing what to expect yourself so that the support you provide is as good as it can be.

NEED TO KNOW

Preparing provides an opportunity for health practitioners to work with the person to learn more about the NDIS and how it works as a funding system. This enables them to participate more fully in the NDIA planning meeting, and to get the best they can from it. A person's NDIS funding package will be directly linked to achieving their stated goals. To refresh yourself about NDIS purpose and processes, refer to Section 1 of this guide (NDIS Basics).

HOW TO



Getting ready for NDIS planning: A toolkit for people with disabilities who have complex health and disability support needs, assists with putting thoughts, goals and needs into words and getting all the information necessary for successful NDIS planning into the one place. It has been developed for use by people with disability who have significant disability-related health needs and risks, and is designed to complement this guide.

Providing *Getting ready for NDIS planning* (summerfoundation.org.au/getting-ready-for-ndis-planning) to the person and the family you are supporting, and working alongside them as they go through it, will help put them in a good position to:

- Guide planning about their care while they are using health services
- Direct NDIS planning and develop a successful plan that is inclusive of health and disability needs
- Describe the supports necessary for them to live the life they envisage; and
- Be as organised as they can (and have their information and plans at the ready) should their health condition or circumstances change

It will also act as a checklist for you to cover the full breadth of support areas that might be relevant to a person's NDIS plan.

The content of the plan

Health practitioners' reports and assessments of the person's functional impairment in daily life, as well as any anticipated improvements in their functional capacity, are an important ingredient in the preparation for NDIS planning meetings.

Up-front summary

It can assist NDIS planners if health practitioners' reports include a short summary on the front. Key points can make it easy for the participant, their team and NDIS staff. These could include:

- Participant name and age
- Condition or diagnosis
- Functioning (a sentence for each - walking, communicating, day-to-day activities)
- Impact of these on the participant's ability to participate in the community
- Brief statement about how the therapy you are providing helps the person to reach their goals⁵.

⁵ Deakin University, G21, and Barwon Health NDIS Health Interface Project 2016-2017 ndishealthtoolkit.com/tips-sheets.html

Reports supporting the plan

In the body of reports, make recommendations about supports (those that, based on your clinical assessment, are “reasonable and necessary”), and break these down into manageable sections with clear headings. The headings used in *Getting ready for NDIS planning worksheet may be useful for this*.

EXAMPLE:

Fred is 37 years old and has significant cognitive and physical impairment following a traumatic brain injury. He has difficulty with communication and information processing, ambulation and balance. Fred also has Type 1 diabetes for which he requires a very closely monitored diet and medical management.

Mobility: Fred can walk very short distances with the aid of a walking frame. He uses a manual wheelchair for longer distances or outdoor mobility.

Personal care: Fred is able to complete grooming tasks independently with minimal set up and prompting. He is able to feed himself but requires assistance to monitor his food intake due to his diabetes.

Fred uses a seat in the shower and otherwise can wash, dry and dress himself with set up (of clothing), occasional assistance (with difficult to reach areas) and prompting.

Fred requires minimal prompting to remain continent with his bowel and bladder routines. He is aware when he has to go to the toilet but may have difficulty getting there on time, arranging his clothing etc.

Communication: Fred speaks slowly and with some slurring of words. He is unable to operate a mobile phone but is able to manage a personal alarm pendant.

Cognitive skills: Fred has difficulty processing information and has difficulty maintaining daily routines unless prompted. He needs regular support to monitor his insulin levels and manage his diabetes.

Transport: Fred does not have the physical or cognitive capacity to drive and therefore relies on taxis or public transport to access the community

Implications for community participation: Fred’s ability to participate in the community is limited by his need for an accessible environment, needing assistance with toileting, reliance on public transport or taxi to travel beyond his local community, and monitoring his insulin levels.

Fred has identified that he would like to explore options for leisure activities that he can participate in with his teenage son. Fred requires the assistance of an occupational therapist to explore leisure activities, including what assistive technology may be required, what the transport options are and whether any environmental modifications are required.

The following are specific suggestions for health practitioners about ensuring the steps taken as part of hospital care, discharge or ‘community living’ planning are fed into NDIS planning, and contribute to the person’s preparation⁶.

6. Taken from *Victorian Spinal Cord Service Working with the NDIS* (internal document).

1. Home modifications

Provide the NDIS planner with a health practitioner's Home Assessment Report as part of care planning.

2. Interim accommodation or shared supported accommodation

If an alternative to home is needed, and the person and family are seeking this, include relevant assessment and recommendations about this in pre-planning documentation and discussions with the NDIS planner. This can include recommendations that the person needs support to explore housing options and secure a suitable place to live.

3. Equipment and assistive technology

Ensure necessary equipment is identified and planned for.

- Include recommendations about assistive technology such as communication devices and environmental control.
- The clinician needs to make an assessment, assist the person to trial equipment, 'prescribe' what's needed and obtain quotes for each item.
- As soon as equipment needs are known, (and able to be justified clinically) submit equipment requests to NDIS planner and the State Wide Equipment program (SWEP) at the same time. The health practitioner needs to be a registered 'prescriber' with SWEP in order to prescribe some of the more complex equipment through the NDIS. To 'cover all bases', it is recommended that all essential items are submitted to SWEP. This will ensure when the person becomes an NDIS participant (or seeks to change their NDIS plan if they're already a participant) their equipment will be automatically ordered.
- Ensure each item of equipment that's likely to be needed is listed on the patient's Anticipated Equipment List. This will make it clear to the NDIS planner which items are essential for the patient to be discharged.
- Don't forget to include commonly used small aids, or "consumables", in the plan (e.g. push mitts, palmar pockets, sup inserts, over-bed tables).
- Ensure the person is aware of the long-term bladder or bowel equipment they are likely to need, arrange a continence assessment, and advocate for a continence nurse and high level continence equipment package.
- Source equipment for the person to use until their NDIS plan is funded and active. Ongoing liaison with the NDIS is important in ensuring equipment is ready for the planned date for leaving hospital. If the person leaves hospital before equipment is in place, ensure there is someone with responsibility to follow up. For example, a support coordinator or a community-based health practitioner.
- The NDIS will likely require more paperwork than standard State Wide Equipment Program (SWEP) applications, so health practitioners will need to allocate time and resources to gathering and producing assessments and related reports.

The NDIS Assistive Technology Assessment Template outlines NDIS approach to assessing needs and supplying Assistive Technology. It can be found at: <https://www.ndis.gov.au/providers/providing-at.html>

4. Follow-up therapy

- Consider the inclusion of dietician, occupational therapist, speech therapist, psychologist, leisure therapist or vocational consultant in planning.
- For any active rehabilitation goals, refer the person to local 'health' funded services.
- Consider the need for 'maintenance' or prescription of Assistive Technology (AT), including how AT needs might change. For example, a person going home with a manual wheelchair might later need an off-road power wheelchair or similar to get around their farm. Therapy hours can be requested for the purposes of assessment and quotation of AT support needs.
- Request 'therapy support' hours in addition to qualified therapist hours where needed. These can assist the participant to complete a prescribed exercise program, practice communication skills in social situations or build confidence getting around the local community.
- Include estimates of occupational therapy (OT) assessment hours. For example: "Assessment – 20 hours. Ongoing therapy by quote to be supplied". This can be relevant throughout the implementation of a plan, as well as in getting ready and gathering evidence for a future plan review.

Thinking ahead about support coordination

The NDIS planner will ask the participant if they have a preferred person or organisation in mind to provide support coordination (See definition in Section 1 of this guide). If they don't identify a preferred support coordinator during their planning meeting, the NDIS will choose one for them.

The participant will need to choose their support coordinator from the NDIS list of registered support coordinators. This is something that you can help with as their health practitioner. For a list of support coordinators in your area, go to: [ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers.html](https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers.html)

In making a choice, encourage the participant to consider:

- Is there a person or organisation that they have worked with before?
- Is there someone with specialist knowledge that they would like to work with?
- Does the support coordinator understand the participant's needs, listen to them and explain things clearly?
- Is the support coordinator a good problem solver?
- Does the support coordinator have a waiting list?

The Support Coordinator will make contact with the participant within 5 days of receiving the referral.

For more information on how to choose a support coordinator, see Summer Foundation 'Support Coordinators: Who are they and what can they do to support me?' summerfoundation.org.au/support-coordinators-fact-sheet

Thinking ahead about plan management

Implementing an NDIS plan involves financial management and management of relationships and contracts with those providing the support. When a participant meets with a NDIS representative to develop their plan, they will need to have considered their options and decided on how they'd like to manage their plan.

There are four ways that a plan can be managed.

1. Self-managing

Participants can manage their own NDIS plan. This means NDIS funding will be provided directly to the person (administered through the NDIS portal) and they (or someone they trust) will organise and pay for their disability supports directly. This option means the participant can choose to engage supports from service providers who are both registered and not registered with the NDIS. Self-managing involves participants:

- Choosing and organising service providers
- Booking the disability support services detailed in their NDIS plan
- Getting quotes and purchasing disability equipment detailed in their NDIS plan
- Developing written service agreements with support providers
- Directly paying providers
- Managing their total plan budget
- Keeping a record of purchases and receipts

A participant can choose to self-manage all, or part of their NDIS budget. For more information about self-managing go to: [ndis.gov.au/participant/self-managing-budgets](https://www.ndis.gov.au/participant/self-managing-budgets)

To assist in deciding whether self-management is the right way to go, Carers Australia has developed an NDIS self-managed funds checklist. Go to: [carersaustralia.com.au/storage/ndis-funding-self-managed-checklist.pdf](https://www.carersaustralia.com.au/storage/ndis-funding-self-managed-checklist.pdf)

2. Using a plan manager

A plan management provider, or a 'plan manager', is an organisation or an individual who is registered with the NDIS to help people to manage funding in NDIS plans. This option gives participants flexibility to choose their service providers, regardless of whether they are registered with the NDIS. The plan manager can help find suitable services within the participant's NDIS budget. They can also help make sure participants get the best value from the allocated NDIS funds, rather than leaving some support funding unspent.

Having a plan manager requires the participant to:

- Access specific NDIS funding for a plan manager
- Meet with their chosen plan manager, discuss their plan and set-up ongoing means of communication (eg online correspondence)
- Choose and organise their own service providers
- Delegate the financial management of their NDIS plan to their plan manager

Plan managers should:

- Be a registered NDIS plan management provider
- Have an accounting or book-keeping background
- Work with the participant to implement their plan, without impinging on their right to choose service providers
- Be transparent in the way they are managing the participant's budget, giving them access to transaction lists and balances

To explore whether having a plan manager is the best option for the participant, encourage them to talk with NDIS participants who are using a plan manager about how it's working for them, and whether they can recommend a plan manager. Participants can also look at the plan managers in their area, give them a call, and ask them about their approach to NDIS plan management.

For a list of NDIS plan managers, go to:

[ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers.html](https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers.html)

If the participant decides that they'd like a plan manager to help them implement their plan, the first planning meeting is the time to bring this up, so the planner can allocate funding for a plan management provider in the NDIS plan.

3. NDIS managing the plan

Many people do not specify which plan management option they would like to use, and as a result their plan is, by default, managed by the NDIS. If a participant selects this option, they can only choose service providers that are registered with the NDIS. Service providers will then claim directly from the NDIS when a support has been provided.

Having the NDIS manage the plan means that the participant chooses and organises their own service providers (registered NDIS providers only) and delegates financial management and record keeping to the NDIS. This option suits participants who don't want to be involved in the financial management of their plan.

4. Using a combination

Participants can choose to self-manage some of their plan, with the remainder managed by the NDIS. This would mean that they:

- Choose and organise their own service providers
- Directly pay providers for supports that they choose to self-manage
- Keep appropriate records and receipts for the supports that they choose to self-manage
- Report to the NDIA on the funds spent on the self-managed items of their NDIS plan
- Delegate financial management of the supports they choose not to manage to the NDIA

For example, if the participant has a trusted physiotherapist that they'd like to use as part of their plan, but they are not registered with the NDIS, the participant might choose to self-manage this part of the plan. The rest of the plan they might delegate to the NDIS to be managed accordingly.

Thinking about the “what if?”

Anticipating and discussing future changes in circumstances, health condition or levels of day-to-day functioning can mean that, when and if those changes happen, the response can be guided by the person's preferences and goals.

Getting ready for NDIS planning provides prompting questions to enable people to think about changes that might happen in the future, the effect they might have on how much the person can do for themselves, and the implications for funded supports. These changes might include illness, unexpected hospital admission, the progression of a disability, or a carer no longer being able to care for the person to the extent they have in the past.

Work with people with disability who have complex health and disability support needs to plan for change, and to include this pre-emptive element in their NDIS plans. This can be done, for example, by building anticipated change into goals related to “finding suitable housing”, “maintaining wellbeing” and “maintaining or increasing independence”.

Encourage participants to think about:

1. What possible changes they are concerned about and why?
2. What are the risks of them becoming unwell, their health deteriorating?
3. What support they would need to overcome each potential situation?
4. What actions they would take, or want others to take on their behalf, to enable them to remain healthy and independent?
5. Who they would like to be involved, and who should be contacted (in what order)?

Assisting someone to plan for change is likely to involve discussion about safety in emergency situations as well as about future health care and advance care planning. You can support them to:

1. Set up steps to take in a crisis, and emergency procedures e.g. dialling 000 for ambulance, identifying who they would want contacted in an emergency and what action they would want taken
2. Prepare a 'hospital support plan' so that they have all their important information ready to give to ambulance, emergency and inpatient staff (*Getting Ready for NDIS Planning* includes a template for this - “About my health - being prepared for hospital admission”).
3. Decide what future care they would want to receive
4. Talk with their doctor about future treatment options
5. Ensure that their choices to refuse particular treatments are communicated and documented
6. Nominate who might speak for them if need be, and how others might be made aware of this choice
7. Talk about their decisions with family, friends and those they trust

For more information, see:

summerfoundation.org.au/resources/sample-ndis-plans/

GOOD TO THINK ABOUT

- The extent to which people want to delve into planning conversations while they are in hospital, coping with enormous change, varies hugely. Some may want and need to think and talk everything through. Others may just want to receive medical treatment and rehabilitation care and get out of hospital, leaving the big-picture planning until later. They may not see the health system as having any role in this kind of planning. Some health practitioners have found that if this is the case, a more pragmatic plan, aimed at getting out and getting basic supports in place is the best path to take, with the view to revisiting goals when the plan review takes place.
- Planning can be a challenge. The person may have little or no experience of setting goals and making plans. It's not something that everyone does, or that everyone is familiar with. Making a plan involves thinking about your future and envisaging what's possible. This can be hard when you are: dealing with enormous change, and perhaps trauma; adapting to new cognitive and physical disabilities; or trying to make sense of systems you've never had to deal with before.
- It can be helpful to approach planning by thinking in terms of "what matters?" rather than what's wrong.
- Talking about the ongoing impairment and the increasing and complex health and disability support needs a person is facing is a difficult conversation. This may be particularly so if a person has only recently been admitted to hospital. This can be at odds with the desire to ensure they get timely access to the NDIS, something that requires health practitioners to act quickly, and to start the process as soon as possible after admission. As one health practitioner put it: "For a lot of reasons, we need to start that eligibility conversation early. At the same time patients are adjusting to a new disability and injury, we have to demonstrate that they're permanently and significantly disabled for life".
- Retaining and understanding what's being said, and keeping records, can be difficult for the person with a disability and their family, particularly when there's a lot happening at once and the language is new. Ensure there's opportunity to have someone with them when they are talking with you and other health practitioners. That way there's another person to take it all in, and perhaps take notes. Alternatively, suggest the person record consultations and discussions about planning and the NDIS. That way they can listen to it again later.
- Talk about planning, and in 'planning terms' with the person and their family from the start. What planning is, why it's good to do it, and whether the person and their family have any experience developing plans is a good place to start preparing. Connecting planning with the requirements of the NDIS is also an important part of this discussion.
- While it can be a challenge, it is important to reach a balance between being true to how goals are expressed, and the person's desires for the future, and translating this to suit the language of the NDIA and their categories for allocating funds.
- Preparing, and beginning to plan for a future that's different to how life has been until now, can be challenging for the person, and for those around them. There can be different views and interests at play, so it may be that at times health practitioners have an advocacy role in ensuring that the person's voice is at the centre of things, and that their choice and control, and their right to take reasonable risks, is paramount.

- Make connections between the planning work you are supporting the person with, what will take place in the NDIS planning meeting, and how funding is arranged through the scheme. This includes assisting the person and their family to start identifying exactly what support they will need to meet their goals and how they might go about engaging that support. *Getting ready for NDIS planning* is a kit for the person and their family to use to gather their thoughts, ideas, goals and needs. The NDIS Plan Ready document has been developed to record what comes out of your conversations. Using that document ensures that plan preparation is done in a way that will match with NDIA processes (see links below).
- Try to ensure there's a face to the system, that there are hospital and NDIS representatives that the young person and their family know and can communicate with.
- Building relationships with NDIS staff, and strengthening them as you work together with each person, is important. The trust and support between health and NDIS staff are crucial to creating a smooth path for the young person to connect with the NDIS.

WORTH FOLLOWING UP

Summer Foundation *Getting ready for NDIS planning*. 2018 summerfoundation.org.au/getting-ready-for-ndis-planning

Summer Foundation *Discharge Planning Toolkit* (in development) 2018

Summer Foundation work about access to housing support through NDIS
summerfoundation.org.au/ndis-housing-resources/

Getting ready for your planning conversation: How to prepare for the planning process. Printable resource (4 pages)
ndis.gov.au/medias/documents/h68/h80/8798779670558/Checklist-Getting-ready-for-your-planning-conversation-21.10.16-accessible.pdf

Carer checklist: For carers to describe support provided to participant, in preparation for planning meeting.
Printable resource (21 pages)
carersaustralia.com.au/storage/carers-checklist-new-writable-sept-2016.pdf

The NDIS Assistive Technology Assessment Template
ndis.gov.au/providers/providing-at.html

Deakin University, G21, and Barwon Health NDIS Health Interface Project 2016-2017
ndishealthtoolkit.com/tips-sheets.html

Spinal Cord Injuries Australia *Preparing for your First NDIS Planning Meeting*
scia.org.au/wp-content/uploads/2017/08/SCIA_NDIS_PrePlanningWorkbook_Final_-May-2017.pdf

Changing circumstances, what the NDIS requires, and the relevant form, are provided here:
ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances

NDIS information about nominees, different nominee roles, and how to set these up with the NDIS is provided here:
ndis.gov.au/operational-guideline/nominees#3

Office of the Public Advocate Guide to NDIS Decision Making
publicadvocate.vic.gov.au/our-services/publications-forms/carers/467-guide-to-ndis-decision-making

PLANNING

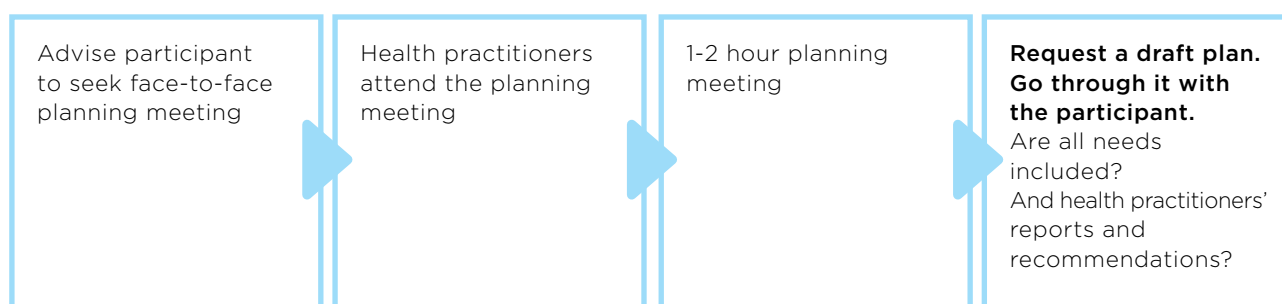
Working together to write effective plans

Having supported a participant and their family to work through the Getting ready for NDIS planning kit, and played your part providing critical assessment reports, the contents for an NDIS plan are gathered and ready. This is all taken into the meeting with the NDIS planner. Some hospitals have already developed their own templates for this.

NEED TO KNOW

- The person can arrange a time and place for the NDIS planning meeting that best suits them, and health practitioners can support them to do this. Experience is that the meetings are generally 1-2 hours long.
- A person can take whoever they choose to support them in the meeting. Having their health team there, provided they want this, provides valuable support and expertise, and enables health and NDIS systems to be working 'as one' with the person.
- Given that planning often involves talking about 'house and home' and what this might need to be, it's important to be aware that NDIS support coordinators can help people to explore housing alternatives. Funding can cover support coordinator hours to assist a participant to develop a housing plan (commonly up to 75 hours but there is no official limit). It can also cover allied health assessment hours for the participant to work out whether there are home modifications that might be suitable (and reasonable and necessary) for them. There is no formal cap on these hours either, but funding is commonly for up to 50 hours. To find out more about access to housing through the NDIS, go to:
summerfoundation.org.au/ndis-housing-resources/
- It's good to go through the plan with the person once it's written, to check it's got everything necessary in it.

HOW TO



- Recap what the NDIS planning meeting will be like, what will be expected of the participant, and what they can expect of the NDIA planner. This might involve getting together with the participant and their supporters before the meeting, and coaching them about how to keep the meeting focused on and directed by the participant.
- Provide assistance and support by offering to be in the planning meeting with the participant.
- Ensure that the person's voice is at the centre of the meeting, and that they can exercise choice and control as things progress. Ensure everyone is aware of the preparatory planning the person has already done; support the person to make their communication preferences known and have them observed during the conversation; facilitate communication in the meeting if needed (translating jargon, clarifying, facilitating the person's questions, contributing); support the person's decision-making, and assist them to keep their goals to the fore in the conversation and in the written NDIS plan.
- Assist the person to develop a clear picture of what the NDIS planner will do with the plan after the meeting, and when and how the participant should expect to hear back from them. Ensure that it's clear at the end of the planning meeting how on-going communication will happen, when funding will be finalised and provided, and that there are definite 'next steps'. These steps would include, for example, being provided with a draft plan before finalising in the NDIS system.
- Ensure, in collaboration with the NDIS planner and support coordinator, that there is smooth transition from planning meeting to action. These questions are important to have answered:
 - Is the funding secured and available to spend?
 - Has thought been given to who will be doing what, and who will have on-going roles in making the person's plan happen?
 - Has the management of the plan been thought through and decided on?
 - Is there a nominated person to oversee expenditure and set up systems for that?
 - Is there someone to coordinate the supports that are in the plan?
- Check in regularly with the person to see that things are progressing, that they are OK with everything.

GOOD TO THINK ABOUT

Providing continuity (consistent information, consistency in roles and people, and regular communication and 'checking in'), advocating for the process to keep moving in a timely way, and constantly working to translate words into action are important things to remember when supporting someone through NDIS planning.

If the participant is still in your care as a health practitioner, still in hospital for example, deciding when to 'hand-over' to the NDIS and step back can be difficult. This is where good communication and collaboration with the NDIS representative (planner, local area coordinator, support coordinator) is important. Also, checking in with the person and their family as they begin to work with the NDIS and building their understanding of that system, will provide you with guidance about when your support and advocacy role can wind down.

WORTH FOLLOWING UP

Developing your first NDIS plan: Basic information about the planning process. Printable resource (2 pages)

ndis.gov.au/medias/documents/hee/ha0/8798779113502/Fact-Sheet-Developing-your-NDIS-plan-21.10.16-accessible.pdf

Planning tool: Online tool that converts current supports and goals into a draft plan

australianunity.com.au/disability-services/ndis-planning-tool/

Looking for somewhere to live guide: Printable resource (15 pages)

summerfoundation.org.au/wp-content/uploads/2017/10/looking-for-somewhere-to-live-dec17.pdf

Sample NDIS plans: Examples of NDIS plan inclusions and format. Printable resource (24 pages)

summerfoundation.org.au/wp-content/uploads/2017/05/sample-ndis-plans-june-web.pdf

Starting your plan: Basic participant information. Printable resource (1 page)

ndis.gov.au/medias/documents/h3c/he0/8799397969950/Factsheet-Starting-Your-Plan-PDF-11KB-.pdf

Starting my plan with a support coordinator: Basic participant information. Printable resource (2 pages)

ndis.gov.au/medias/documents/h86/h2e/8799398101022/Starting-your-plan-with-a-Support-Coordinator-PDF-158KB-.pdf

Starting my plan with a local area coordinator: Basic participant information. Printable resource (2 pages)

ndis.gov.au/medias/documents/h5e/hef/8799398166558/Starting-our-plan-with-a-Local-Area-Coordinator-PDF-160KB-.pdf

For more information on understanding NDIS plans go to:

ndis.gov.au/participants/understanding-your-plan-and-supports.html

THE BACKGROUND TO THIS GUIDE

The development of the guide and the Rapid Response Model it supports: the evidence behind them, what's gone into their development, and related work supporting the health and NDIS systems to work together alongside people with disabilities and complex health and support needs.

“There are now two entities, the health and disability systems, both trying to help patients achieve discharge outcomes. It really doesn't work if those parties can't work together. It's easy to try and interpret the differences in these systems on an intellectual level, but practically you can't separate them. They become part of that patient's story, their goals, and their way of living. We, the two systems, have to work together in order to make that person's life function.”

- Health practitioner

1. The changing system

The ground has shifted with the introduction of the National Disability Insurance Scheme (NDIS). The road a person with a disability now takes to plan for their future, and secure funding for the supports necessary to live the life they want to live, has changed. To work with these changes, hospitals need to adapt their planning, discharge and referral practices, and get familiar with how the NDIS works. And the NDIS, in turn, needs to adapt its processes and practices to work alongside a person and their health practitioners throughout their time in hospital, and in their transition back to community life.

2. The people we're working with

This guide is focused on people whose changing circumstances will require a rapid and coordinated escalation of supports, across both the health and disability systems. Typical circumstances are:

- a. A person acquires a disability (e.g. ABI, spinal cord injury, amputation, sensory failure), needs hospitalisation, and the condition has a permanent impact on them. This group may have no previous experience of disability, disability services or the NDIS.
- b. A person has an existing disability or condition and there's been an exacerbation in their health status (e.g. progression of a neurological disease such as Multiple Sclerosis, Parkinson's or Huntington's), or they have acquired an additional disability (e.g. an hypoxic brain injury [ABI] as a result of near drowning due to a heart attack while swimming).
- c. A person has an existing disability and complex health and support needs, their life circumstances change significantly and the sources of support they've had in the past are no longer available (e.g. a partner leaves, a carer dies or housing is no longer available).

Whatever the circumstances, they are likely to be living with higher levels of functional impairment, and higher risk to their physical and mental health due to the impact of their disability (e.g. risk of pneumonia, skin issues, diabetes, cardio-vascular disease). Usually, they'll be experiencing all or any of the following:

- Trauma, anger, grief, loss
- Bewilderment – particularly if the person has had nothing to do with hospitals or 'the disability world' until now
- Cognitive impairment
- Fear for the future and what it holds
- Hope, along with trust and high expectations of the professionals around them

All of these things have significant bearing on a person's ability to take in and retain information, their capacity to plan and make decisions (required in NDIS planning), and the nature and level of support or advocacy they will need from family, friends and/or professional supports.

3. Hospital and NDIS collaboration

Ensuring people with disabilities and complex health and support needs experience the best of both health and NDIS systems, depends on everyone – the person, their family and supporters, health staff, NDIS staff - working together to draw on their strengths and expertise and build on what they know and what they're already doing well. This requires:

- Health and NDIS staff understanding and being able to use the terminology of both systems so that they can exchange and appreciate the clinical and health information vital to accurate and comprehensive plans
- Health staff knowing about the NDIS and what application and planning entail, so that they can work with the person and their family (from the moment they come into hospital) through the steps involved; and
- NDIS staff knowing and understanding hospital and health assessment, planning and discharge processes, and how to work with the person as they go through those processes

When these requirements are met the person's experience of both systems is much more likely to be smooth and coordinated, enabling them to make informed and supported decisions when the time's right for them.

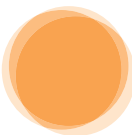
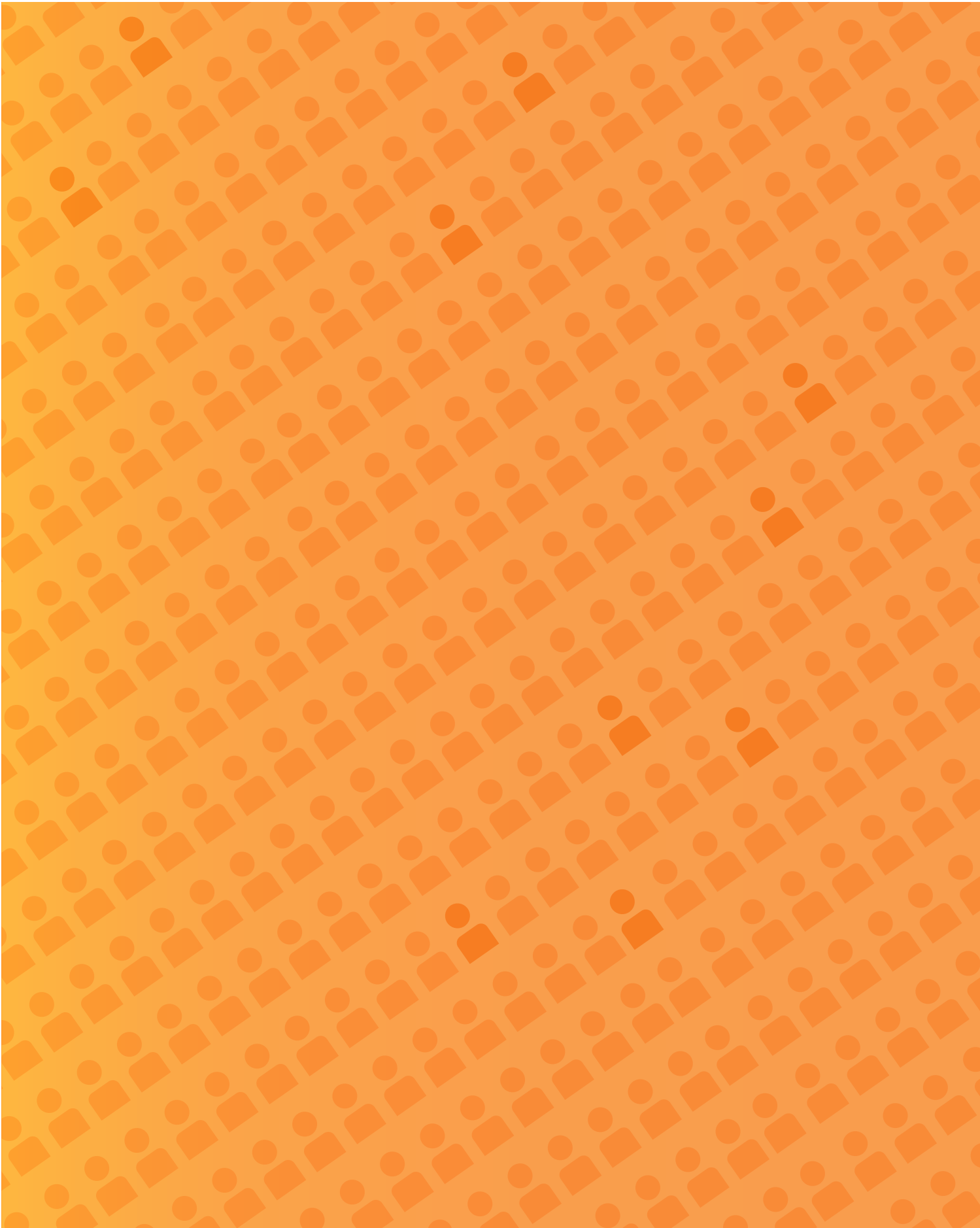
4. Some fundamental assumptions

The NDIS and Health guide is based on three assumptions:

1. That health practitioners bring specialised clinical expertise, skills and experience in physical and cognitive disability, complex rehabilitation care and social and psychological support. They play an enormous part in supporting people with disabilities and their families through countless, cumulative conversations about their health, disabilities, and future lives.
2. That while there are acknowledged boundaries between what the health system funds and what is funded by NDIS, health and NDIS staff are committed to working together alongside people with disabilities to ensure they have successful plans and full lives.
3. That, despite the challenges of a radically new disability system and the new relationships that entails, everyone within the NDIS and health systems will 'hold up their end of the bargain', and enable the systems to work as intended.

“ WHEN SOMETHING CATASTROPHIC HAPPENED TO YOU A VERY SHORT WHILE AGO, YOU’RE UNLIKELY TO KNOW WHAT YOU NEED AND YOU’RE CONSTANTLY LOOKING AT THE PEOPLE AROUND YOU FOR EDUCATION, INFORMATION AND SUPPORT WITH DECISION MAKING. I CAN’T TELL YOU THE NUMBER OF TIMES PEOPLE SAY: “LOOK I’M JUST SO OVERWHELMED, CAN YOU JUST TELL ME WHAT YOU THINK I SHOULD DO?” THEY REALLY NEED THAT SUPPORT. THEY ARE TRYING TO RECOVER, ADJUST, ADAPT, AND DEAL WITH TRAUMA. WE ARE HERE, WE ARE READY, WE ARE WILLING, WE ARE ABLE. ”

- Health practitioner



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