



Medium Term Accommodation Eligibility, Funding and Quality to Meet the Needs of NDIS Participants

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Key Messages

- Participants who could be better supported in Medium Term Accommodation (MTA) are often left in hospital beds, residential aged care (RAC) or other high-risk, non-crisis situations while waiting for:
 - A Specialist Disability Accommodation (SDA) determination
 - Funding for Supported Independent Living (SIL) or other supports for daily living
 - Approval of home modifications
 - The creation of a potential long-term housing pathway to meet very high and complex support needs
- Participants often find themselves in inappropriate or unsuitable MTA housing, especially if they are in a rush to leave their current housing. This includes:
 - Properties of low quality, often being long-standing vacancies, which housing providers have been unable to otherwise fill
 - Large group homes
 - Housing where conditions are otherwise inappropriate for their needs
- Current MTA pricing is too low for people with complex and high support needs due to their specific needs, which may include additional features in a house and/or living alone.
- Participants are often unaware that MTA funding only covers housing ('bricks and mortar') but is taken from Core Supports in their National Disability Insurance Scheme (NDIS) plan. They can inadvertently use up their Core Supports, leaving them short for other essential person-to-person supports.

The following recommendations have been made:

Recommendation 1: Expand eligibility for MTA.

Recommendation 2: Create safeguards to ensure participants' long-term housing options are realised.

Recommendation 3: Define MTA as funding that furthers participants' housing goals.

Recommendation 4: Increase MTA funding for participants with high and complex care needs.

Background

MTA is funding for a medium-term housing solution while participants are waiting to move into long-term housing. MTA funding is included in the Core Budget of the NDIS plan, meaning that participants have flexible use of funding and may immediately use that funding for MTA housing.

MTA operates much like SDA, with its price limit covering only the housing component. There is no definition of what MTA housing should look like, so MTA funding can be used to cover or contribute to the cost of any housing that participants choose, allowing flexibility for creative solutions to participants' needs and may include:

- Apartments
- House shares
- Caravans
- Hotels

Participants staying in MTA funded housing are responsible for meeting their own food and everyday living costs (e.g. utilities). These are either paid from their own income or, if in shared living arrangements, by claiming the support component through the support provider with the appropriate NDIS support line items, such as 'assistance with self-care'.

Eligibility for MTA funding requires a participant to have a confirmed long-term housing solution that they are unable to move into. The *MTA Operational Guidelines*¹ state that MTA will be considered for participants who require housing:

- Before their confirmed place in SDA is ready
- Before they move into a house and start receiving SIL or support with activities of daily living
- Before their home modifications are ready
- After they leave hospital, rehabilitation, aged care or a custodial setting and are waiting for disability supports to be ready
- Because of a breakdown of supports that means they cannot live in their current home

Flexibility around the application and eligibility for MTA has demonstrated beneficial outcomes for participants who require MTA but do not meet traditional eligibility criteria. According to support coordinators, this has been particularly beneficial in Queensland, Victoria, and New South Wales where hospitals were able to safely discharge people with disability into MTA housing, allowing beds to be made available for the anticipated impacts of COVID-19.

¹ Medium Term Accommodation Operational Guidelines, NDIS, 28 September 2020.

The Summer Foundation has identified the following key problems:

1. **MTA eligibility being tied to confirmation of a long-term housing option and SDA, SIL or home modification is restrictive**

Many people with disability are ineligible for MTA due to extended delays in the National Disability Insurance Agency (NDIA) confirming SDA determinations, SIL funding, and home modification decisions. Participants awaiting an SDA determination and SIL supports may have to wait up to 18 months for confirmation^{2,3}. Participants who may be considered for MTA once leaving hospital and those living in hospital without secured long-term housing are needlessly waiting. This leaves participants, particularly those in hospital or RAC, living in unsuitable housing and often at greater risk of negative outcomes, such as forcing younger people into RAC. Tying MTA funding eligibility to these eligibility criteria restricts a significant cohort of participants who are in particular need of MTA housing.

2. **There are no requirements around the quality or standard of housing covered by MTA**

Participants who have access to MTA funding are finding it difficult to identify a suitable MTA option. Housing on offer as an MTA option is often of poor quality and limited to group homes or housing with long-standing vacancies. The lack of high-quality options means participants are often forced to accept MTA that is unsuitable and does not meet their needs. These poor housing settings can put participants at risk of abuse or injury and lead to a decrease in a participant's independence, health, quality of life and self-care skills.

3. **The current price limit for MTA does not reflect the housing needs of participants with complex support needs or of participants who are not suited to a shared living arrangement**

Current MTA pricing is insufficient to cover additional accessible housing features required by people who have high physical support needs. For participants who need to live on their own, pricing is insufficient when accessible features and larger living spaces are also required. Living in unsuitable housing may contribute to deteriorating health, independence and personal skills and therefore result in a need for additional supports in the future or for a sustained period, leading to greater funding required through NDIS plans.

4. **Participants using Core funding for MTA may run out of funding for other supports unless they immediately request a plan review to add MTA as a separate line item**

Participants using their Core funding to secure appropriate MTA housing may be unaware of the negative consequences of using their flexible funding to cover MTA housing solutions and may therefore use up Core funding needed for other supports.

² Winkler, D., McLeod, J., Mulherin, P., Rathbone, A. & Ryan, M. (2020) Specialist Disability Accommodation (SDA) Explainer for Investors. Melbourne, Australia: Summer Foundation and JBWere.

³ Senate Estimates, October 2020.

Policy Change Must Address a Wider Range of MTA Needs

Without urgent attention...

Participants in hospital and in RAC will remain at higher risk of unfavourable outcomes

The present waiting time for SDA and SIL outcomes can be up to 18 months from a participant's first request^{2,3}. Long waits for SDA determinations and SIL approvals mean that participants are spending more time in unsuitable and inappropriate settings such as hospital and RAC. Younger people in hospital are at risk of entering RAC while awaiting more appropriate housing, while younger people in RAC are left with no suitable options or avenues to secure appropriate housing. Where temporary entry to RAC is agreed to, young people are often forced to extend their stay as there are no appropriate alternatives.

As MTA is meant to provide a suitable housing option for participants who are unable to stay in their long-term housing solutions, the NDIA should extend MTA to participants who are ready to leave hospital and RAC and who qualify for expanded eligibility criteria. These participants are highly likely to receive SDA, SIL and home modifications, whether or not they have secured long-term housing options.

Though the NDIA suggests the SDA Panel will now make SDA decisions within 10 days⁴ of receiving a participant's information, participants may still be looking at months of waiting in hospital and/or RAC while submitting requested evidence to apply for Home and Living Supports such as SDA and SIL.

MTA represents a much needed and logical solution to prevent temporary admission into RAC. Additional flexibility around eligibility in order to support people in hospital to find suitable medium-term housing solutions solved issues of safety and housing during the COVID-19 pandemic and assisted participants along the housing journey to get out of hospital. Expanded eligibility criteria for those likely to receive SDA and SIL, as well as expanded typical timeframes of up to 180 days, allowed time for participants, their families and support coordinators to secure long-term housing options that aligned with participants' housing goals, needs and preferences. Extending MTA to up to 180 days in all instances would provide greater housing security.

Additionally, this would further contribute to the NDIA's *Younger People in Residential Aged Care Strategy 2020-2025* to reduce the number of younger people in residential aged care (YPIRAC) and help ensure all participants in RAC have appropriate long-term housing by 2025. Expanding MTA eligibility would support this work and facilitate an easier transition for many participants living in RAC into more suitable housing options and prevent those ready to leave hospital who are considering RAC from entering it due to lack of better housing options. This is a clear path to further vulnerable participants' housing goals while also working to reduce the number of YPIRAC.

⁴ Specialist Disability Accommodation Operational Guideline, 1 December 2020

Participants with exceptional circumstances will continue to lack additional support

If a participant's best suited long-term housing option is not currently available and an MTA housing option is being considered, the Summer Foundation suggests the following safeguards to prevent that person needlessly ending up back in hospital or being stuck in the MTA housing option:

Ensure adequate funding for support coordination in the participant's plan. This is to ensure the person and support coordinator can continue to work on the long-term housing goal and implementation of appropriate supports.

1. Ensure adequate allied health hours are in the participant's plan to support and help prevent deterioration or loss of functional capacity while living in an MTA housing option. Allied health is also essential to help plan and facilitate the transition into the participant's long-term housing option.
2. Put in place a short-term NDIS plan (e.g. 6 months) to support the participant's MTA housing and support needs.

People with high and complex needs who require additional funding will continue to be excluded from MTA

The MTA funding level as it is currently applied prevents many people with high and complex care needs from utilising appropriate MTA. This is due to additional costs they may face, such as requiring a housing solution that allows them to live alone or in new SDA housing. This effectively excludes this cohort from accessing suitable MTA, removing safe housing options that meet their needs and increasing the likelihood of unsuitable alternatives. The NDIA must provide increased MTA funding to cover the cost of housing that is suitable for people with high and complex care needs.

MTA housing options will continue to deliver poor outcomes and place participants at risk without suitable safeguards to ensure participants have information and resources to find appropriate housing options

Many long-standing vacancies that dominate the MTA market do not meet the needs of participants. Providers in the housing market are actively searching for people to fill such vacancies and those searching for MTA often find themselves choosing those properties due to the high demand for MTA housing solutions. These properties may pose risks to the health and wellbeing of residents. NDIS planners should advise participants, their families and support coordinators of resources around MTA housing solutions, such as the [Housing Hub](#). Such resources act as a safeguard to ensure participants have the information needed to choose MTA that furthers their housing goals, needs and preferences while retaining the current flexibility which allows for creative housing solutions.

Current State of MTA and a Future Desired State

This table compares the current state of MTA with what MTA needs to look like for people with disability, including those in hospital, RAC, other high-risk, non-crisis circumstances, and those who have high and complex care needs.

DOMINANT PRACTICE	FUTURE DESIRED STATE
<p>Participants require confirmation of SDA, SIL and/or home modifications approval in their plan to qualify for MTA</p> <ul style="list-style-type: none"> • Participants must have SDA/home modifications in their plan as well as secured long-term housing to be eligible for MTA • Those with a tenancy offer, MTA solution and their support team ready do not qualify for MTA if SDA is not yet confirmed. SDA and SIL decisions are currently taking up to 18 months • Participants in hospitals and RAC who wish to leave but do not have long-term housing solutions remain stuck 	<p>Participants awaiting SDA, SIL and/or home modifications decisions/approval do so in appropriate MTA housing</p> <ul style="list-style-type: none"> • Participants who are highly likely to qualify for SDA/home modifications are able to move into MTA while waiting to have SDA/home modifications confirmed in their plan • Participants who have qualified for SDA/home modifications and are highly likely to have SIL approved are able to move into MTA while awaiting SIL approval
<p>Participants stuck in hospital, RAC or other high-risk situations without confirmed long-term housing solutions are ineligible for MTA</p> <p>Participants who are ready to leave hospital, RAC or other high-risk, non-crisis situations but do not have long-term housing solutions are forced to extend their stay in unsuitable housing</p>	<p>Participants stuck in hospital, RAC or other non-crisis high-risk situations who qualify for expanded eligibility criteria are able to move into suitable MTA housing while seeking a long-term housing option</p> <p>Participants who are ready to leave hospital, RAC or other high-risk, non-crisis situations, who meet the expanded eligibility criteria but do not have long-term housing solutions, are provided with MTA housing solutions and support to arrange long-term housing in line with their housing goals, needs and preferences</p>

MTA funding allows for any bricks and mortar option without any directed safeguards

Participants have great flexibility in choice of MTA but no protections or guidelines for minimum standards:

- Many participants seeking to escape inappropriate housing may find themselves in an unsuitable MTA housing solution
- Housing providers are actively searching for people to fill long-standing vacancies and in-kind stock. Many of these properties may be unsuitable for the participant's needs

MTA funding allows for individually suited medium-term housing solutions that are also safe and suitable

The NDIS Price Guide and *MTA Operational Guidelines* have a strengthened definition of MTA funding as funding directed towards safe and suitable housing options in line with the participant's housing and other goals and meeting their needs and preferences

Participants search for suitable housing options

Participants with MTA approval are using Core Budget funding for MTA housing, which may quickly use up funding required for other supports

Participants requiring MTA housing options must locate a suitable housing solution. This is problematic as participants:

- May be unable to easily visit a housing option to judge its suitability for themselves
- May be forced to agree to an unsuitable housing option in order to quickly leave their current housing arrangement
- May be unaware of what their options are if they are unhappy with the quality of their MTA housing option

Ready access to resources and information around MTA funding and housing

NDIS planners:

- Support participants, families and support coordinators to MTA funding options, such as requesting an immediate review to add MTA funding as a line item rather than using Core Budget funding
- Advise participants, families and support coordinators about resources and information around housing matching platforms, such as the Housing Hub, to help a person and their family or support coordinator to find appropriate housing options
- Advise participants what to do if they are unhappy with the quality of their MTA housing options

Participants with high and complex care needs are unable to find suitable MTA housing

Participants with high and complex care needs who require additional features and supports struggle to find appropriate housing with current MTA pricing

Higher pricing levels for MTA funding are available for participants in line with high and complex care needs

Participants with high and complex care needs have access to suitable MTA funding allowing them to stay in appropriate MTA housing, such as:

- Housing that allows them to live on their own
- New SDA housing

The Way Forward

To deliver positive outcomes for participants requiring MTA, we recommend the following:

1. Recommendation 1: Expand eligibility for MTA

- a. The NDIA must expand MTA eligibility criteria for participants who are in hospital, RAC or a non-crisis, high risk situation to allow MTA consideration for those with a high likelihood of an eligible SDA determination, SIL approval or approved home modification.
- b. Participants in hospital, RAC or non-crisis high risk situation who are highly likely to receive/have SDA funding and are highly likely to have a SIL approval, or participants who are highly likely to require home modifications, must be approved for MTA while awaiting SDA/SIL/home modifications determinations in appropriate housing.

2. Recommendation 2: Create safeguards to ensure participants' long-term housing options are realised

- a. When in MTA, the NDIA must ensure adequate funding for support coordination in participants' plans to enable the participant to be well supported, build independence and increase their skillsets, minimising the chance they will return to an unsuitable housing option (hospital or RAC).
- b. The NDIA should provide supports to enable participants to achieve their housing goals and transition into long-term housing solutions.
- c. The NDIA must provide for adequate allied health hours in a participant's plan to support and help prevent deterioration or loss of functional capacity while living in an interim housing option. Allied health is also essential to help plan and facilitate the transition into participants' long-term housing options.
- d. Typical MTA timeframes should be expanded to up to 180 days to allow time for participants, their families and support coordinators to secure long-term housing options that align with participants' housing goals, needs and preferences. Extending MTA to up to 180 days in all instances would provide greater housing security.
- e. The NDIA must put in place a short-term NDIS plan (e.g. 6 months) to support participants' medium-term housing and support needs.

3. Recommendation 3: Define MTA as funding that furthers participants' housing goals

- a. The NDIA must have strengthened definitions of MTA within the NDIS Price Guide and *MTA Operational Guidelines* as funding directed towards flexible, suitable housing options that are also safe and in line with a participant's housing goals and meeting their needs and preferences.

4. Recommendation 4: Increase funding for participants with high and complex care needs

- a. The NDIA should increase MTA funding prices for those with high and complex needs to ensure access to suitable housing options that appropriately address their individual needs.