



NDIS AND HEALTH INTERFACE TOOLKIT

These documents were produced as part of the NDIS Health Interface Project 2016.

Funded by NDIA Community Inclusion and Capacity Development Grants Program.

A Partnership between Deakin University and G21 and Barwon Health.

The documents in the toolkit have been produced as templates for use by health practitioners and services. The NDIS website should be consulted for updating information contained within the templates, www.ndis.gov.au

Glossaries and terminology

NDIS Terminology Commonly used / Sector terminology

NDIS terminology	Commonly used / Sector terminology	Meaning	Synonyms
<p>Access form</p> <p>NDIS access</p>	<p>Access form</p> <p>Request form</p> <p>Referral form</p>	<p>An electronic referral form to formally request determination of whether a person meets the eligibility requirements to become a participant of the National Disability Insurance Scheme (NDIS).</p> <p>This form is not available in hard copy. It is completed online and sent in hard copy to the client for completion. Each form has a unique client identifier attached. The form cannot be copied or used for any other person.</p>	
<p>Access team</p> <p>NAT – National Access team</p>	<p>Access Team</p> <p><i>Intake team</i></p>	<p>Team of staff who receive access forms and determine eligibility of a person for entry into the Scheme</p>	
<p>Administrative Appeals Tribunal</p>	<p>Appeals</p> <p><i>Administrative Appeals Tribunal</i></p> <p><i>AAT</i></p>	<p>Conducts independent merits review of administrative decisions made under Commonwealth laws</p> <p>http://www.aat.gov.au/about-the-aat/what-we-do</p>	

NDIS Terminology  Commonly used / Sector terminology

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Carer	Carer	<p>Someone who provides personal care, support and assistance to a person with disability and who is not contracted as a paid or voluntary worker.</p> <p>A Carer can be family members or friends who provide support to a person with a disability.</p> <p>In some instances Carers are family members in the role of the Carer, while at other times they are in the role of a paid support worker for that same participant.</p>	Informal carer
Centre based support Centre based respite Community based respite	Respite	Short break from the caring role that can include in-home respite, day care/day programs and residential respite	Break from the caring role
Client Patient Consumer	Participant	Person participating in the NDIS who receives an approved participant plan via NDIA	

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NDIS terminology	Commonly used / Sector terminology	Meaning	Synonyms
Community access	Community access	Supports people to go to local places and community activities such as social groups, libraries and general community services.	
Community-based	Community-based	A service that supports a person with a disability to learn new skills, daily living, community participation and inclusion and recreation (applicable for settings outside of a centre-based setting).	
Community Services	Outings and social connection	Community services – activities and services such as social, study, sporting or other interests, available from local non-government groups and government entities	Social connection Social groups Group outings Individual outings
Day activities	Centre-Based Service/Support. <i>Do not use 'day service'.</i>	A service that supports a person with a disability to learn new skills, daily living, community participation and inclusion and recreation.	
Engagement Officer (Regional Role)	Engagement Officer (Regional Role)	https://www.ndis.gov.au/document/our-organisational-structure Builds and manages relationships with National Office work groups, and regions, and external stakeholders to support effective communications and engagement activities.	Engagement Officer (Regional Role)

NDIS Terminology Commonly used / Sector terminology

NDIS terminology	Commonly used / Sector terminology	Meaning	Synonyms
Finance Officer (Regional)	Finance Officer (Regional)	https://www.ndis.gov.au/document/our-organisational-structure	
Formal carer	Carer (paid)	Carer paid for the caring role through NDIS	Carer Support worker
Functional assessment Functional impairment Functional impact	Assessment (also see functional assessment)	Assessment conducted, usually by a health professional, to determine if a person can adequately carry out tasks within expected boundaries for their age and life roles. A further step is assessment of, and recommendations for, reasonable and necessary supports to assist the person perform life tasks and roles.	Assessment of independence Assessment of functional capacity
Funded supports <i>Agreed funded Support</i> <i>Agreed funding</i> <i>Individualised funding</i>	Funding	Committed support – A person’s approved plan may include funded reasonable and necessary supports to help them achieve their goals. With the planner, the person with disability can choose how they purchase these supports and who will provide them. This funding provided through the NDIS or state governments to a person with a disability, is based on individual needs thus funded differently for every participant.	

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Inclusion	Inclusion	Accommodating equally and without restrictions or limitations. This includes equal access and opportunity and removal of barriers prohibiting participation.	Involvement
Individual plan Approved plan Support pla NDIS Plan	Care plan (also see 'PLAN') <i>Participant Plan</i> <i>Individual plan</i> <i>Approved plan</i> <i>Support Plan</i>	<p>A plan developed for all aspects of the person's life. Developed with the person with disability, parents/carers, employees and professionals.</p> <p>Once a person with disability is eligible for the NDIS,</p> <ul style="list-style-type: none"> • They meet with an NDIA planner • To develop a goals they would like to achieve • And identify the supports they require to achieve these goals. <p>Supports may include informal, community, mainstream or reasonable and necessary funded supports.</p> <p>A participant's final documented plan of what supports they need to achieve their goals, including which supports will be funded by the NDIA.</p> <p><i>A participant's plan includes</i></p>	Plan or Support plan or Service plan or Package of care/support

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NDIS terminology	Commonly used / Sector terminology	Meaning	Synonyms
MY PLAN		<ul style="list-style-type: none"> • Statement of the participants goals and aspirations • The supports required by the participant to attain their goals mainstream • NDIA-funded as approved by the NDIA CEO <i>A 12 month proposal prepared by the participant in collaboration with NDIA. It details a participant's goals, how they will be able to achieve them and how much funding is allocated to work towards each goal for the 12 month period.</i> <p>MY PLAN</p> <ul style="list-style-type: none"> • is the start of a lifelong relationship with the NDIS and • will continue to give the participant the current support needed, • lasts 12 months • Provides time for the participant to consider the types of support they may need to achieve their goals and aspirations before the next plan is developed. <p>It is designed to allow the participant time to</p> <ul style="list-style-type: none"> • Think about their life now, including which supports are useful and which are not. • Identify their strengths, interests, opportunities and challenges. 	
Individualised funding	Individual funding	The funding provided through the NDIS or state governments to a person with a disability.	Funding
ILC	Information, Linkages and	<ul style="list-style-type: none"> • information, linkages and referrals to connect people with disability, their families and Carers with appropriate disability, community and mainstream supports 	

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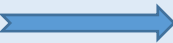
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	Capacity Building (ILC)	<ul style="list-style-type: none"> • capacity building for mainstream services • community awareness and capacity building to ensure greater inclusivity and accessibility of people with disability • individual capacity building • Local Area Coordination 	
Information and collection officer	NDIS Information Collection Officer	<u>Role only related to research projects with specific organisations only</u> – the person collecting NDIS specific data and information.	
LAC = Local Area Coordinator	Regional Coordinator	Is responsible for providing planning and coordination for people with a disability to maximise their choice and control over their services. It provides support to people with a disability to access mainstream services and to increase our community's capacity to be accessible to and supportive of people with disability.	
Mainstream services	Mainstream	Services that provide support to a range of people and not just people with disability, such as education, income support, public housing, employment, public transport, or health services.	
NDIA	NDIA	National Disability Insurance Agency Different to NDIS, it is the body responsible for running the National Disability Insurance Scheme and is responsible for assessing and approving individual support plans.	The Agency

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NDIS terminology	Commonly used / Sector terminology	Meaning	Synonyms
NDIS	NDIS	National Disability Insurance Scheme – the name of the scheme	The Scheme
National Disability Services	NDS	National Disability Services (NDS) is Australia's peak body for non-government disability service organisations	
<p>Nominee</p> <p>2 types</p> <ol style="list-style-type: none"> 1. <i>Plan nominee</i> 2. <i>Correspondence nominee</i> 	<p>Guardian</p> <p>Representative</p> <p>Advocate</p>	<p>A guardian is a person who is in a formal caring role and acts on behalf of a person with a disability. Should the participant be unable to make contact with the NDIA, their guardian can make contact on their behalf.</p> <p>A person who can act or make decisions on behalf of a participant. If a Guardian exists, it is presumed the guardian is the nominee.</p> <p>Nominated</p> <ul style="list-style-type: none"> • On request by the participant • Where necessary <p>Nominees</p> <ul style="list-style-type: none"> • must know the wishes of the participant • make decisions that maximise the personal and social wellbeing of the participant <p>Plan nominee : Can undertake all activities that a participant would including involvement in plans and funding for supports included in participant plans</p>	

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		Correspondence nominee: Can undertake all activities the participant would except review plans and/or manage funds related to the plans	
Ordinary lives	'Normal life'	<p>The use of the word 'normal' is very strongly discouraged – it is highly recommended it not be used.</p> <p>Ordinary lives include the aspects of life others take for granted i.e. lives that include positive relationships, a sense of belonging, autonomy, active involvement in decision-making, and opportunities for challenge and contribution</p> <p>https://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan</p>	
Package	Support package	The term used by the Agency to describe the funding available for the supports available to an individual participant	Care package
Participant Person we support	Client / Patient	<p>A person with disability who has an individual support plan and their supports paid for by the NDIS.</p> <p>NDIS do not use and highly discourages use of 'customer', 'client', 'user', 'resident' or 'patient' And NOT to use the words 'help or care for'.</p> <p>NDIS uses participants and the words 'person we support'.</p>	Client or Patient Consumer

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Participant outcomes	Client outcomes	A way of measuring the aggregation of whether or not participants' goals are achieved combined with whether the Agency is meeting its objectives	Client Consumer outcomes Participant Patient
Participant needs Lower needs Standard needs Higher needs	Needs <i>Client needs</i> <i>Consumer needs</i>	<p>3 levels of need</p> <ol style="list-style-type: none"> 1. Lower 2. Standard 3. High <p>Lower needs: -This support provides supervision of living arrangements as a whole including occasional to intermittent prompting to undertake household tasks and/or self- care activities:</p> <ul style="list-style-type: none"> • Supervision is not usually provided 24/7, supervision may be provided via off-site monitoring if appropriate • If the participant has had incidents of challenging behaviour, a behaviour support plan is in place and it is demonstrated that the participant can be supported effectively within the available support • Where a participant has additional support needs, they may be supported in this living arrangement through a mix of additional paid and informal supports 	

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		<p>Standard needs: This support provides 24/7 support which includes:</p> <ul style="list-style-type: none"> • Active assistance or supervision of most daily tasks • Regular inactive overnight (sleepover) • Participants may be able to spend some time with their family or a friend without paid support and may call on them for incidental assistance or companionship • If the participant has episodic or occasional challenging behaviours there is a behaviour support plan in place which has been demonstrated to effectively support the person within the available support <p>Higher needs: This support provides highly frequent (at least 1 instance per shift) assistance to the individual where features such as:</p> <ul style="list-style-type: none"> • Managing challenging behaviours that require intensive positive behaviour support; • Continual, active assistance with all daily tasks; • Active management of complex medical needs such as ventilation; • Active support is provided 24/7 usually with an active overnight shift; • Inactive overnight sleepover may be included as an exception, for example when family or friends sleepover; <p>May include higher staffing ratios at peak periods, for episodic or incidental behaviour supports, or emergency medical needs (e.g. seizure management or discharge from hospital)</p>	
Person centred approach: Use this	Client centred care <i>Person centred care</i>	Approach where the person with a disability participates makes choices to reflect their own needs, values and wants.	

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term first then refer to 'providing support to meet the individual's need and wants.'			
Plan review	Plan review	A plan, once in effect, cannot be varied. However, it can be replaced. Plans have inbuilt 'emergency' hours to meet short term changing participant needs to avoid the need for plan reviews and approval.	
Planner	Planner	<p>A person who works for the NDIA to help participants put together their individual support plans.</p> <p>Planner's assist participants access the system. Participants can assist Planners by providing as much information as possible about their situation and goals.</p> <p>The plan will outline the person's goals and aspirations and the supports needed to achieve them. This may include; informal, community, mainstream, reasonable and necessary funded supports.</p> <p>The plan will outline the person's goals and aspirations and the supports needed to achieve them. This may include; informal, community, mainstream, reasonable and necessary funded supports.</p>	NDIS Assessor who meets/contacts the NDIS participant to determine their needs and develop a plan of support

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Pricing Guide	Price Guide	A list of supports developed by the NDIA that contains the maximum prices service providers can charge for particular supports. Each state and territory have a different Price Guide.	Available on NDIS website
Reasonable and necessary	Reasonable and necessary	Anything which is related to a participant’s disability and <ul style="list-style-type: none"> - helps them to reach their goals - and undertake activities is a reasonable and necessary support under the NDIS. Does not include day-to-day costs that are not related to a participants disability support needs.	Reasonable and necessary
Reasonable and necessary support	Reasonable and necessary support	Reasonable and necessary supports for people with disability should support people with disability to: <ul style="list-style-type: none"> • pursue their goals and maximise their independence; • live independently; and • be included in the community as fully participating citizens; and develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment	
Registered provider Providers	Provider <i>Service provider</i>	Registered with the NDIA to provide supports for participants whose supports are managed by the NDIS.	Service Service provider

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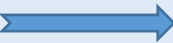
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		Who have met requirements in relation to qualifications, approvals, experience and capacity for the approved supports.	
Respite	Centre based support Centre based respite Community based respite	Short break from the caring role that can include in-home respite, day care/ay programs and residential respite	Break from the caring role
Reviewable decisions	Decision Review	<p>If a participant thinks a decision made by the National Disability Insurance Agency (NDIA) about them is wrong, they can submit an <u>application for internal review of a decision</u>. Any person directly affected by a decision of the NDIA can request such a review.</p> <p>There is a list of reviewable decisions available on the NDIS website; they include but are not limited to:</p> <ul style="list-style-type: none"> • being accepted as a participant, • the provision of reasonable and necessary supports, • And becoming a registered provider of supports. 	

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Services and supports	<p>Supports</p> <p><i>Support categories</i></p> <p><i>Support item</i></p> <p><i>Support item list</i></p>	<p>The 15 categories by which funding will be allocated to an NDIS participant. Refer to the (Price Guide for more detail</p> <p>Support items are used by providers to request payment for services/supports that have been delivered by a provider</p> <p>Previously, ('Support Catalogue') A comprehensive listing of support line items that are recognised in the NDIS payment system, including definitions and Support Item Reference Numbers (codes for payment requests). This listing can change from time to time and is kept up to date on the NDIS website.</p>	Support Catalogue
Statement of goals and aspirations	Goals	<p>The statement of goals and aspirations is a statement prepared by the participant that specifies the goals, objectives and aspirations of participant; and the environmental and personal context, including living arrangements; informal community supports and other community supports; and social and economic participation</p>	<p>Goals</p> <p>Aims</p>
Support connection	<p>Case Manager</p> <p><i>Key worker</i></p> <p><i>Care manager</i></p>	<p>Time limited assistance to</p> <ul style="list-style-type: none"> • strengthen participant's ability to connect with informal, mainstream and funded supports, • to increase capacity to maintain support relationships, resolve service delivery issues, 	

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<p>Coordination of Supports</p> <p>Specialist Support Coordination</p>		<ul style="list-style-type: none"> • and participate independently in NDIA processes. <p>Assistance to strengthen participant’s abilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. Includes:</p> <ul style="list-style-type: none"> • resolving points of crisis, • developing capacity and resilience in a participant's network • and coordinating supports from a range of sources <p>The provision of Support Coordination within a specialist framework necessitated by specific high level risks in the participant’s situation. This support is</p> <ul style="list-style-type: none"> • time limited and • focuses on addressing barriers and reducing complexity in the support environment, while • assisting the participant to connect with supports and build capacity and resilience. <p>It may also involve development of an intervention plan which will be put in place by disability support workers.</p>	
Support package	Package	The term used by the Agency to describe the funding available for the supports available to an individual participant	Care package

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Support Worker	Personal care worker <i>Personal care attendant</i> <i>Support worker</i>	A person who is paid to provide care and support to a person living with a disability	SW – personal support worker Personal carer Support carer Carer

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Access form Request form Referral form	<i>Access form</i> <i>NDIS access</i>	An electronic referral form to formally request determination of whether a person meets the eligibility requirements to become a participant of the National Disability Insurance Scheme (NDIS). This form is not available in hard copy. It is completed online and sent in hard copy to the client for completion. Each form has a unique client identifier attached. The form cannot be copied or used for any other person.	
Access Team <i>Intake team</i>	NAT – National Access team	Team of staff who receive access forms and determine eligibility of a person for entry into the Scheme	
Appeals <i>Administrative Appeals Tribunal</i> AAT	Administrative Appeals Tribunal	Conducts independent merits review of administrative decisions made under Commonwealth laws http://www.aat.gov.au/about-the-aat/what-we-do	
Area Coordinator	Local Area Coordinator (LAC)	Local Area Coordinators are have three key roles: <ul style="list-style-type: none"> • Linking potential participants to the NDIS, 	

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		<ul style="list-style-type: none"> linking participants to information and support in the community, and, working with the local community to make sure it is more welcoming and inclusive for people with disability 	
<p>Advocate</p> <p>'Guardian'</p> <p>Representative</p>	<p>Nominee</p> <p>2 types</p> <p><i>Plan nominee</i></p> <p><i>Correspondence nominee</i></p>	<p>A person who can act or make decisions on behalf of a participant. If a Guardian exists, it is presumed the guardian is the nominee.</p> <p>Nominated</p> <ul style="list-style-type: none"> On request by the participant Where necessary <p>Nominees</p> <ul style="list-style-type: none"> must know the wishes of the participant make decisions that maximise the personal and social wellbeing of the participant <p>2 types</p> <p>Plan nominee: Can undertake all activities that a participant would including involvement in plans and funding for supports included in participant plans</p> <p>Correspondence nominee: Can undertake all activities the participant would except review plans and/or manage funds related to the plans</p>	<p>Advocate can be informally appointed i.e. client elects a person (family member/friend) to represent them</p> <p>Formally appointed – guardianship, legally appointed or through an advocacy organisation</p>

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Assessment (also see functional assessment)	Functional assessment Functional impairment Functional impact	Assessment conducted by a professional to determine a person’s ability to perform tasks within the expected boundaries of a fully abled individual. Discussion with a planner to determine the reasonable and necessary supports a person with a disability is eligible for.	Assessment
Care plan (also see ‘PLAN’) <i>Participant Plan</i> <i>Individual plan</i> <i>Approved plan</i>	Individual plan Approved plan Support plan NDIS Plan	A plan developed for all aspects of the person’s life. Developed with the person with disability, parents/carers, employees and professionals. Once a person with disability is eligible for the NDIS, <ul style="list-style-type: none"> • They meet with an NDIA planner • To develop a goals they would like to achieve • And identify the supports they require to achieve these goals. Supports may include informal, community, mainstream or reasonable and necessary funded supports. A participant’s final documented plan of what supports they need to achieve their goals, including which supports will be funded by the NDIA. <i>A participant's plan includes</i>	Plan or Support plan or Service plan or Package of care/support

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<i>Support Plan</i>	MY PLAN	<ul style="list-style-type: none"> • Statement of the participants goals and aspirations • The supports required by the participant to attain their goals mainstream • NDIA-funded as approved by the NDIA CEO. <i>A 12 month proposal prepared by the participant in collaboration with NDIA. It details a participant’s goals, how they will be able to achieve them and how much funding is allocated to work towards each goal for the 12 month period.</i> <p>MY PLAN</p> <ul style="list-style-type: none"> • is the start of a lifelong relationship with the NDIS and • will continue to give the participant the current support needed, • lasts 12 months • Provides time for the participant to consider the types of support they may need to achieve their goals and aspirations before the next plan is developed. <p>It is designed to allow the participant time to</p> <ul style="list-style-type: none"> • Think about their life now, including which supports are useful and which are not. • Identify their strengths, interests, opportunities and challenges. 	
Carer	Carer	Someone who provides personal care, support and assistance to a person with disability and who is not contracted as a paid or voluntary worker.	Informal carer

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		<p>A Carer can be family members or friends who provide support to a person with a disability.</p> <p>In some instances Carers are family members in the role of the Carer, while at other times they are in the role of a paid support worker for that same participant.</p>	
Carer (paid)	Formal carer	Carer paid for the caring role through NDIS	<p>Carer</p> <p>Support worker</p>
<p>Case Manager</p> <p><i>Key worker</i></p> <p><i>Care manager</i></p>	<p>Support Connection</p> <p>Coordination of Supports</p> <p>Specialist Support Coordination</p>	<p>Time limited assistance to</p> <ul style="list-style-type: none"> strengthen participant’s ability to connect with informal, mainstream and funded supports, to increase capacity to maintain support relationships, resolve service delivery issues, and participate independently in NDIA processes. <p>Assistance to strengthen participant’s abilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. Includes:</p> <ul style="list-style-type: none"> resolving points of crisis, developing capacity and resilience in a participant's network and coordinating supports from a range of sources 	

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		<p>The provision of Support Coordination within a specialist framework necessitated by specific high level risks in the participant’s situation. This support is</p> <ul style="list-style-type: none"> • time limited and • focuses on addressing barriers and reducing complexity in the support environment, while • assisting the participant to connect with supports and build capacity and resilience. <p>It may also involve development of an intervention plan which will be put in place by disability support workers.</p>	
Centre-Based Service/Support. <i>Do not use ‘day service’.</i>	Day activities	A service that supports a person with a disability to learn new skills, daily living, community participation and inclusion and recreation.	
Centre based support Centre based respite Community based respite	Respite	Short break from the caring role that can include in-home respite, day care/ay programs and residential respite	Break from the caring role
Client / Patient	Participant	A person with disability who has an individual support plan and their supports paid for by the NDIS. NDIS do not use and highly discourages use of	Client or Patient

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	'Person we support'	'customer', 'client', 'user', 'resident' or 'patient' And NOT to use the words 'help or care for' . NDIS uses participants and the words 'person we support'.	Consumer
Client centred care <i>Person centred care</i>	Person centred approach Use this term first then refer to 'providing support to meet the individual's need and wants.	Approach where the person with a disability participates makes choices to reflect their own needs, values and wants.	
Client outcomes	Participant outcomes	A way of measuring the aggregation of whether or not participants' goals are achieved combined with whether the Agency is meeting its objectives	Client Consumer outcomes Participant Patient

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<p>Community Services</p>	<p>Outings and social connection</p>	<p>Community services – activities and services such as social, study, sporting or other interests, available from local non-government groups and government entities</p>	<p>Social connection</p> <p>Social groups</p> <p>Group outings</p> <p>Individual outings</p>
<p>Decision Review</p>	<p>Reviewable decisions</p>	<p>If a participant thinks a decision made by the National Disability Insurance Agency (NDIA) about them is wrong, they can submit an <u>application for internal review of a decision</u>. Any person directly affected by a decision of the NDIA can request such a review.</p> <p>There is a list of reviewable decisions available on the NDIS website; they include but are not limited to:</p> <ul style="list-style-type: none"> • being accepted as a participant, • the provision of reasonable and necessary supports, 	

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		<ul style="list-style-type: none"> • And becoming a registered provider of supports. 	
Engagement Officer (Regional Role)	Engagement Officer (Regional Role)	<p>https://www.ndis.gov.au/document/our-organisational-structure</p> <p>Builds and manages relationships with National Office work groups, and regions, and external stakeholders to support effective communications and engagement activities.</p>	Engagement Officer (Regional Role)
Finance Officer (Regional)	Finance Officer (Regional)	<p>https://www.ndis.gov.au/document/our-organisational-structure</p>	
Functional Assessment	Functional assessment Functional impairment Functional impact	<p>Assessment conducted, usually by a health professional, to determine if a person can adequately carry out tasks within expected boundaries for their age and life roles.</p> <p>A further step is assessment of, and recommendations for, reasonable and necessary supports to assist the person perform life tasks and roles.</p>	Assessment of independence Assessment of functional capacity
Funding	Funded supports <i>Agreed funded</i>	Committed support – A person’s approved plan may include funded reasonable and necessary supports to help them achieve their goals. With the planner, the	

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Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
	<p><i>Support</i></p> <p><i>Agreed funding</i></p> <p><i>Individualised funding</i></p>	<p>person with disability can choose how they purchase these supports and who will provide them.</p> <p>This funding provided through the NDIS or state governments to a person with a disability, is based on individual needs thus funded differently for every participant.</p>	
Goals	Statement of goals and aspirations	<p>The statement of goals and aspirations is a statement prepared by the participant that specifies:</p> <ul style="list-style-type: none"> • the goals, objectives and aspirations of participant; and • the environmental and personal context, including: <ul style="list-style-type: none"> ○ living arrangements; ○ informal community supports and other community supports; and • social and economic participation 	Goals Aims
Guardian Representative Advocate	<p>Nominee</p> <p>2 types</p> <p><i>Plan nominee</i></p> <p><i>Correspondence nominee</i></p>	<p>A guardian is a person who is in a formal caring role and acts on behalf of a person with a disability. Should the participant be unable to make contact with the NDIA, their guardian can make contact on their behalf.</p> <p>A person who can act or make decisions on behalf of a participant. If a Guardian exists, it is presumed the guardian is the nominee.</p> <p>Nominated</p> <ul style="list-style-type: none"> • On request by the participant 	


Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		<ul style="list-style-type: none"> • Where necessary <p>Nominees</p> <ul style="list-style-type: none"> • must know the wishes of the participant • make decisions that maximise the personal and social wellbeing of the participant <p>2 types</p> <p>Correspondence nominee: Can undertake all activities the participant would except review plans and/or manage funds related to the plans</p> <p>Plan nominee: Can undertake all activities that a participant would including involvement in plans and funding for supports included in participant plans</p>	
Inclusion	Inclusion	Accommodating equally and without restrictions or limitations. This includes equal access and opportunity and removal of barriers prohibiting participation.	Involvement
Individual funding	Individualised funding	The funding provided through the NDIS or state governments to a person with a disability.	Funding

Commonly used / Sector terminology  NDIS Terminology


Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
Information, Linkages and Capacity Building (ILC)	ILC	<ul style="list-style-type: none"> • information, linkages and referrals to connect people with disability, their families and Carers with appropriate disability, community and mainstream supports • capacity building for mainstream services • community awareness and capacity building to ensure greater inclusivity and accessibility of people with disability • individual capacity building • Local Area Coordination 	
Intake team <i>Access Team</i>	NAT – National Access team	Team of staff who receive access forms and determine eligibility of a person for entry into the Scheme	

<p>Key worker</p> <p><i>Case manager</i></p> <p><i>Care coordinator</i></p> <p><i>Care Manager</i></p>	<p>Support Connection</p> <p>Coordination of Supports</p> <p>Specialist Support Coordination</p>	<p>Time limited assistance to</p> <ul style="list-style-type: none"> strengthen participant’s ability to connect with informal, mainstream and funded supports, to increase capacity to maintain support relationships, resolve service delivery issues, and participate independently in NDIA processes. <p>Assistance to strengthen participant’s abilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. Includes:</p> <ul style="list-style-type: none"> resolving points of crisis, developing capacity and resilience in a participant's network and coordinating supports from a range of sources <p>The provision of Support Coordination within a specialist framework necessitated by specific high level risks in the participant’s situation. This support is</p> <ul style="list-style-type: none"> time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience. <p>It may also involve development of an intervention plan which will be put in place by disability support workers</p>	<p>Case coordination</p> <p>Care coordination</p> <p>Care Management</p> <p>Care advisor</p> <p>Key worker</p> <p>Support Advisor</p> <p>Coordinator</p> <p>Case coordination</p> <p>Care coordination</p> <p>Care Management</p> <p>Care advisor</p>
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Commonly used / Sector terminology  NDIS Terminology			
Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
Mainstream	Mainstream services	Services that provide support to a range of people and not just people with disability, such as education, income support, public housing, employment, public transport, or health services.	
Needs <i>Client needs</i> <i>Consumer needs</i>	Participant needs	<p>3 levels lower, standard, high</p> <p>Lower needs: -This support provides supervision of living arrangements as a whole including occasional to intermittent prompting to undertake household tasks and/or self- care activities:</p> <ul style="list-style-type: none"> • Supervision is not usually provided 24/7, supervision may be provided via off-site monitoring if appropriate • If the participant has had incidents of challenging behaviour, a behaviour support plan is in place and it is demonstrated that the participant can be supported effectively within the available support • Where a participant has additional support needs, they may be supported in this living arrangement through a mix of additional paid and informal supports <p>Standard needs: This support provides 24/7 support which includes:</p> <ul style="list-style-type: none"> • Active assistance or supervision of most daily tasks • Regular inactive overnight (sleepover) • Participants may be able to spend some time with their family or a friend without paid support and may call on them for incidental assistance or companionship 	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		<ul style="list-style-type: none"> • If the participant has episodic or occasional challenging behaviours there is a behaviour support plan in place which has been demonstrated to effectively support the person within the available support <p>Higher needs: This support provides highly frequent (at least 1 instance per shift) assistance to the individual where features such as:</p> <ul style="list-style-type: none"> • Managing challenging behaviours that require intensive positive behaviour support; • Continual, active assistance with all daily tasks; • Active management of complex medical needs such as ventilation; • Active support is provided 24/7 usually with an active overnight shift; • Inactive overnight sleepover may be included as an exception, for example when family or friends sleepover; <p>May include higher staffing ratios at peak periods, for episodic or incidental behaviour supports, or emergency medical needs (e.g. seizure management or discharge from hospital)</p>	
NDIS	NDIS	National Disability Insurance Scheme – the name of the scheme	The Scheme
NDIA		National Disability Insurance Agency	The Agency

Commonly used / Sector terminology  NDIS Terminology			
Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		Different to NDIS, it is the body responsible for running the National Disability Insurance Scheme and is responsible for assessing and approving individual support plans.	
NDS	National Disability Services	National Disability Services (NDS) is Australia's peak body for non-government disability service organisations	
NDIS Information Collection Officer	Information and collection officer	<u>Role only related to research projects with specific organisations only</u> – the person collecting NDIS specific data and information.	
'Normal life'	Ordinary lives	<p>The use of the word 'normal' is very strongly discouraged – it is highly recommended it not be used.</p> <p>Ordinary lives include the aspects of life others take for granted i.e. lives that include positive relationships, a sense of belonging, autonomy, active involvement in decision-making, and opportunities for challenge and contribution</p> <p>https://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan</p>	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
Outings and social connection	Community Services	Community services – activities and services such as social, study, sporting or other interests, available from local non-government groups and government entities	Social connection Social groups Group outings Individual outings
Package	Support package	The term used by the Agency to describe the funding available for the supports available to an individual participant	Care package
Participant	Client Patient Consumer	Person participating in the NDIS who receives an approved participant plan via NDIA	
Person centred care <i>Client centred care</i>	Person centred approach Use this term first then refer to 'providing support to meet the	Approach where the person with a disability participates makes choices to reflect their own needs, values and wants.	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
	individual's need and wants.		
Personal care worker <i>Personal care attendant</i> <i>Support worker</i>	Support Worker	A person who is paid to provide care and support to a person living with a disability	SW – personal support worker Personal carer Support carer Carer
Plan <i>Participant Plan</i> <i>Individual plan</i> <i>Approved plan</i>	Support Plan MY PLAN	A plan developed for all aspects of the person's life. Developed with the person with disability, parents/carers, employees and professionals Once a person with disability is eligible for the NDIS, <ul style="list-style-type: none"> • They meet with an NDIA planner • To develop a goals they would like to achieve • And identify the supports they require to achieve these goals. • Supports may include informal, community, mainstream or reasonable and necessary funded supports. A participant's final documented plan of what supports they need to achieve their goals, including which supports will be funded by the NDIA.	Plan or Support plan or

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
Planner	Planner	<p>A person who works for the NDIA to help participants put together their individual support plans.</p> <p>Planner's assist participants access the system. Participants can assist Planners by providing as much information as possible about their situation and goals.</p> <p>The plan will outline the person's goals and aspirations and the supports needed to achieve them. This may include; informal, community, mainstream, reasonable and necessary funded supports.</p> <p>The plan will outline the person's goals and aspirations and the supports needed to achieve them. This may include; informal, community, mainstream, reasonable and necessary funded supports.</p>	NDIS Assessor who meets/contacts the NDIS participant to determine their needs and develop a plan of support
Provider <i>Service provider</i>	Registered provider Providers	<p>Registered with the NDIA to provide supports for participants whose supports are managed by the NDIS.</p> <p>Who have met requirements in relation to qualifications, approvals, experience and capacity for the approved supports.</p>	Service Service provider

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
Price Guide	Pricing Guide	A list of supports developed by the NDIA that contains the maximum prices service providers can charge for particular supports. Each state and territory have a different Price Guide.	Available on NDIS website
Referral form <i>Request form</i> <i>Access form</i>	Access form NDIS access form	An electronic referral form to formally request determination of whether a person meets the eligibility requirements to become a participant of the National Disability Insurance Scheme (NDIS). This form is not available in hard copy. It is completed online and sent in hard copy to the client for completion. Each form has a unique client identifier attached. The form cannot be copied or used for any other person.	
Reasonable and necessary	Reasonable and necessary	Anything which is related to a participant's disability and <ul style="list-style-type: none"> - helps them to reach their goals - and undertake activities is a reasonable and necessary support under the NDIS. Does not include day-to-day costs that are not related to a participants disability support needs.	Reasonable and necessary
Reasonable and necessary support	Reasonable and necessary support	Reasonable and necessary supports for people with disability should: support people with disability to: <ul style="list-style-type: none"> • pursue their goals and maximise their independence; • live independently; and 	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		<ul style="list-style-type: none"> • be included in the community as fully participating citizens; and • develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment 	
Regional Coordinator	LAC = Local Area Coordinator	Is responsible for providing planning and coordination for people with a disability to maximise their choice and control over their services. It provides support to people with a disability to access mainstream services and to increase our community's capacity to be accessible to and supportive of people with disability.	
Registered provider <i>Providers</i> <i>Provider</i> <i>Service provider</i>	Service provider	<ul style="list-style-type: none"> - Registered service with the NDIA to provide supports for participants whose supports are managed by the NDIS. - Service providers who have met requirements in relation to qualifications, approvals, experience and capacity for the approved supports. 	Service Service provider
Request form <i>Referral form</i> <i>Access form</i>	Access Request <i>Access form</i> <i>NDIS access</i>	<p>A formal request to determine whether a person meets the eligibility requirements to become a participant of the National Disability Insurance Scheme (NDIS).</p> <ul style="list-style-type: none"> • An electronic referral form to formally request determination of whether a person meets the eligibility requirements to become a participant of the National Disability Insurance Scheme (NDIS). 	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		This form is not available in hard copy. It is completed online and sent in hard copy from NDIA to the client for completion. Each form has a unique client identifier attached. The form cannot be copied or used for any other person.	
Representative 'Guardian' Advocate	Nominee 2 types <i>Plan nominee</i> <i>Correspondence nominee</i>	<p>A guardian is a person who is in a formal caring role and acts on behalf of a person with a disability. Should the participant be unable to make contact with the NDIA, their Guardian can make contact on their behalf.</p> <p>A person who can act or make decisions on behalf of a participant. If a Guardian exists, it is presumed the Guardian is the nominee.</p> <p>Nominated</p> <ul style="list-style-type: none"> • On request by the participant • Where necessary <p>Nominees</p> <ul style="list-style-type: none"> • must know the wishes of the participant • make decisions that maximise the personal and social wellbeing of the participant <p>2 types</p> <p>Correspondence nominee: Can undertake all activities the participant would except review plans and/or manage funds related to the plans</p>	

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
		Plan nominee: Can undertake all activities that a participant would including involvement in plans and funding for supports included in participant plans	
Respite	Centre based support Centre based respite Community based respite	Short break from the caring role that can include in-home respite, day care/day programs and residential respite	Break from the caring role
Service provider	Registered provider	Providers - Registered with the NDIA to provide supports for participants whose supports are managed by the NDIS. Who have met requirements in relation to qualifications, approvals, experience and capacity for the approved supports.	Provider Service provider
Supports <i>Support Categories</i> <i>Support Item</i>	Services and supports	The 15 categories by which funding will be allocated to an NDIS participant. Refer to the (Price Guide for more detail Support items are used by providers to request payment for services/supports that have been delivered by a provider	Support Catalogue

Commonly used / Sector terminology  NDIS Terminology

Commonly used / Sector terminology	NDIS terminology	Meaning	Synonyms
<i>Support Item List</i>		Previously, ('Support Catalogue') A comprehensive listing of support line items that are recognised in the NDIS payment system, including definitions and Support Item Reference Numbers (codes for payment requests). This listing can change from time to time and is kept up to date on the NDIS website.	
Support package	Package	The term used by the Agency to describe the funding available for the supports available to an individual participant	Care package

Planning templates

NDIS Health Interface Project: Planning Templates

EXISTING NDIS PARTICIPANT ADMITTED AS INPATIENT: A DISABILITY RELATED ADMISSION

Responsibilities			
Estimated Time Frames	Setting i.e. inpatient rehab	NDIA	Patient, Participant, Family, Representative/Nominee
<i>Admission to inpatient setting</i>	<p><i>Key worker role identified</i></p> <p><i>Understanding of current plan acquired</i></p>	<i>Key contact identified</i>	<i>Identification of key person/s</i>
2-4 weeks prior to discharge (as early as possible if shorter time frame)	<p><i>Key worker responsible for discharge planning – comparison of current plan to future needs.</i></p> <p><i>Are they ongoing needs or temporary?</i></p> <p><i>Plan reviews occur after significant events only.</i></p> <p><i>Consider potential needs i.e. support and equipment; provision of information to NDIS pre discharge planning meeting</i></p>	<p><i>Plan review meeting organised</i></p> <p><i>- be prepared re health related needs and health funding vs NDIS funding</i></p> <p><i>Support coordination role</i></p>	<i>All key persons attend pre discharge planning meeting</i>

Responsibilities			
Estimated Time Frames	Setting i.e. inpatient rehab	NDIA	Patient, Participant, Family, Representative/Nominee
1-2 weeks prior to discharge	<i>Plan developed considering home modifications, support services, continence and transport needs, ongoing rehabilitation or maintenance therapy identified and approved. LIST</i>	<i>Handover from NDIA Identify and engage with post discharge key roles i.e. Support coordinator</i>	<i>All key persons attend pre discharge planning meeting</i>
Discharge from Inpatient/rehabilitation setting	<i>Funding obtained – Health or NDIS? Home based rehab, community rehab, SWEP</i>	<i>Transport, support services, assistive technology,</i>	<i>All key persons fully informed - note</i>
Periodic rehabilitation	<i>Health related rehabilitation</i>	<i>Maintenance of functional status</i>	<i>All key persons fully informed - note</i>
6-12 month participant plan review		✓	✓

NDIS Health Interface Project: Planning Templates

**EXISTING NDIS PARTICIPANT ADMITTED to INPATIENT REHABILITATION CENTRE- MEDICAL ADMISSION –
NON - DISABILITY RELATED**

ALWAYS REMEMBER– NDIS philosophy supports a person centred approach that aims to provide CHOICE and CONTROL to the participant.

This templates is to be used as a guide only and adapted to your specific requirements

Please populate the template with relevant key information, responsibilities, tasks and timelines

Thank you to McKellar Centre, North Geelong for sharing their information

EXISTING NDIS PARTICIPANT ADMITTED AS INPATIENT - A **Non disability related admission**

EXAMPLE SITUATION: An NDIS current participant is admitted with a medical condition NOT RELATED to their disability (e.g. participant with MS who suffers a fracture unrelated to MS i.e. trauma related, and requires hospitalisation/rehabilitation)

At Admission

QUESTION whether the new medical condition likely to meet NDIS criteria for access?

Is the new medical condition permanent and could it lead to an ongoing, significant functional impairment?

<p>Answer to question is YES</p>	<p>Answer to question is NO</p>	<p>Time frame <i>Note: referrals to be made in advance to ensure support continuity where needed</i></p>
<p>Key worker/social worker liaises with NDIA and provides information about new disability to NDIA</p>	<p>Department of Health/Health Service funds any needs related to the new medical condition, that are not disability related, for the first 30 days.</p> <p>Health Service refers to post discharge supports for the 30 days post discharge, ie. State based State wide Equipment Program (SWEP), Post Acute Care (PAC), Transition Care Program (TCP), Self-funding or private health insurance</p> <p>SWEP may be able to assist with Assistive Technology and home modification after 30 days from discharge</p> <p>Additional personal care / community access may be funded through HACC.</p> <p>Aged care services for over 65 may be accessed via my aged care and ACAT assessments</p>	<p>First 30 days</p> <p>Post discharge</p> <p>After 30 days from discharge</p> <p>After post discharge supports cease</p>

During Discharge Planning: Are NDIS supports, additional to those in the existing plan, required post discharge?

EXISTING NDIS PARTICIPANT ADMITTED AS INPATIENT - A Non disability related admission

Answer to question is YES	Answer to question is NO	Time frame
Key worker requests NDIS plan review for the participant and provides supporting documentation for the participant's additional needs.	Current NDIS participant support plan is recommenced on participant's discharge from hospital/rehabilitation.	1-2 weeks prior to discharge.
What does NDIS fund in this scenario?		
NDIS fund the participant's current plan for disability related support and any new additional supports associated with the participant's disability that impacts on their ability to manage their new medical condition.		

NON NDIS PARTICIPANT ADMITTED AS INPATIENT - NEWLY Acquired Disability- A Disability Related Admission

Responsibilities			
Estimated Time Frames	Setting i.e. inpatient rehab Considerations and responsibilities	NDIA	Patient, Participant, Family, Representative/Nominee
Admission to inpatient setting	<i>Key worker role identified</i>		<i>Identification of key person and person to liaise with NDIA</i>
NDIA referral/ access request and eligibility	<i>Consider potential needs, evidence of disability, assessments. Is an advocate needed?</i>	<i>Sends access form to participant Eligibility determined within 3 weeks</i>	<i>All key persons involved</i>
Initial planning	<i>Develop Plan considering home modifications, support services, continence and transport needs, ongoing rehabilitation or maintenance therapy identified and approved. HARP/PAC/HITH/TCP?</i>	<i>Identify and engage with post discharge key roles i.e. Support coordinator</i>	<i>All key personnel attend pre discharge planning meeting</i>

6-4 weeks prior to discharge (as early as possible if shorter time frame)	<i>Key worker responsible for discharge planning</i>	<i>Planning conversation/meeting; be prepared re health related needs and health funding vs NDIS funding Support coordination role</i>	
1-4 weeks prior to discharge (as early as possible if shorter time frame)	<i>Health sector key worker / service coordinator identification/liaison</i>	<i>Handover from NDIA – reviewed plan – additional ongoing support</i>	
Discharge from Inpatient/rehabilitation setting	<i>Funding – Health or NDIS? Home based rehab, community rehab, HITH, PAC, SWEP</i>	<i>Support coordinator now key contact replacing social worker in inpatient setting. Transport, support services, assistive technology,</i>	<i>All key persons fully informed</i>
Periodic rehabilitation	<i>Health related rehabilitation</i>	<i>Maintenance of functional status funded by NDIS</i>	
6-12 month post discharge plan review		✓	✓

Assessment and report writing

A Guide for the Health Sector on how to Assist a Person with their NDIS Planning

The IMPORTANCE OF PRE-PLANNING

ALWAYS REMEMBER– NDIS philosophy supports a person centred approach that aims to provide CHOICE and CONTROL to the participant.

With acknowledgement to Sunnyfield - <http://www.sunnyfield.org.au/planning-tools>

NDIS Health Interface Project

Pre-Planning is very important to the person achieving their goals with the support provided in their NDIS plan.

1. With the person and/or their family, identify and document the services and support/s the person is currently receiving.
2. Also identify and document the types of services & support the persons family may need, to be able to support the person in the way they need to be supported.

The following steps can assist a health professional with this process.

Supports from others that assist the person

1. When identifying the services the person receives, note why they receive the particular supports, and note the types of services they will need to request.
2. To do this, you will need to know and understand the services and supports that are available via NDIS (see NDIS website for information on the help people can receive: <https://www.ndis.gov.au/people-disability/what-help-can-i-get> and also the price guide if more detailed information is required).
3. Then work with the person to identify the types of service and support they may want to include in their plan and potentially purchase with their funding.

Good preparation is the link that makes a plan work.

Preparation needs to:

- Consider future needs as well as current needs
- Consider they types of events that could arise unexpectedly
- Focus on the persons goals & the outcomes they want to achieve
- Strategies that will assist the person to achieve their goals
- Be broad and include consideration of

	<ul style="list-style-type: none"> ✓ Education, ✓ Employment, ✓ Social participation, ✓ Health and wellbeing, ✓ Living arrangements, ✓ Independence, ✓ Specialist services ✓ Equipment and aids.
<p>Preparation needs to help the person identify:</p>	<ul style="list-style-type: none"> • Their interests • Their strengths and skills • What a typical week is for them • Formal & informal supports • <u>What</u> is important for that person to reach their maximum function • <u>What</u> is also important <u>to</u> the person <p>! (these two considerations may be very different)!</p>
<p>It is important to understand:</p>	<p>What is actually involved in meeting the person's needs? What the support services do when they visit.</p> <p>For example daily support services might:</p> <ol style="list-style-type: none"> a) Assist with skill building and ADL's b) Provide direct medication and transport assistance c) Provide training and support to the person relating to self-administration of medication i.e. Parkinson's disease d) Provide training and support to the person in accessing, understanding and using transport systems e) Require staff training on Parkinson's disease. f) Provide staff to assist attendance at specialist consultations g) Active support to help the person administer their own medications.

Important information to collect as part of the pre-planning process to provide evidence of the person's needs

- Medical and allied health reports
- Other professional reports i.e. school, evidence of functional abilities and needs.

The process from here on

Once the person has a summary of all of this information & identified their goals, it is given to their planner for approval, with the name/s of their selected service provider.

NDIA approves the plan; sends agreed plan to selected service providers.

- Service provider prepares a quote for the services in the plan
- NDIA approves quote
- Contract signed with provider
- **Services commence.**

NDIS and Health Interface Project

Tips for allied health professionals writing reports for NDIS

Some general tips when writing reports for NDIS participants follow.

- Use the terminology that is in the NDIS Act (2013), especially in the Reasonable and Necessary criteria (Section 34).
- Link the recommendation to the participant's statement of goals and aspirations. For example, if the participant's goal is to attend a book club once a month, ensure that your goal is linked to this. Examples of functional, participation-level goals can be found on the 'Tip sheet – goal writing'.
- Familiarise yourself with the Reasonable and Necessary legislation (provide a link to the R&N legislation – I think include it separately as a doc on our website...no one can ever find it in the full legislation)
- Ensure that the support you are recommending complies with the reasonable and necessary legislation, and state that clearly in the report. It is fine to say something like 'this recommendation is in accordance with Section 34, NDIS Act (2013) Reasonable and necessary supports' and provide justification for this.

Checklist to ensure that supports you are recommending are consistent with the Reasonable and necessary legislation (Section 34).

Does/is the support:

- Help the participant reach their goals and aspirations?
- Facilitate social and economic participation?
- Represent value for money in relation to the benefits achieved?
- Represent value for money in relation to the alternative supports?
- Likely to be effective and beneficial for the participant?
- Consistent with what is generally regarded as good practice in the area?
- Reasonable regarding what it expects of families, carers, and other networks to provide?

NDIS Health Interface Project

SAMPLE ALLIED HEALTH REPORT

Participant Details:

Name:

Address:

DOB:

Contact No:

NDIS Number:

Next of Kin Contact:

Assessment Details:

Assessment data was collected by direct observation of Mrs B's performance in her home. The X Community Services team has been working with Mrs. B since June 2016 following referral for urgent equipment and support needs.

Background:

Mrs. B has an untreatable malignancy which has caused impaired concentration, attention and memory. She also has impaired balance and is at high risk to be left alone due to impulsive behaviours and decreased safety awareness/insight, causing a falls risk.

Mrs. B has poor right upper limb fine motor control. Her level of independence will continue to decline as her disability progresses. Mrs. B lives with her partner, Mr. B who is having difficulty managing his work and care commitments for Mrs. B.

CURRENT OCCUPATIONAL PERFORMANCE:

Communication: Mrs. B has functional communication (receptive and expressive) but can require additional time to respond to answers due to slowed speed of processing and some difficulty understanding complex information.

Mobility: Mrs. B's mobility is significantly impaired due to poor balance as a result of her condition. Mrs. B has had several falls and is at high risk of falling due to impulsive behaviours, poor balance and decreased insight into functional limitations.

Mrs. B has declined a gait aid at this time and prefers to walk with hand hold support from partner, but is open to the requirement of a gait aid in the near future.

Template: functional needs assessment report

Mrs. B has reduced endurance and can only engage in minimal community access. Limited funded hire of a manual wheelchair has been provided but this equipment will be required long term.

Transfers: Mrs. B is a high falls risk with transfers due to her impaired balance and impulsiveness. She requires close supervision for all functional transfers.

Using Transportation: Mrs. B does not drive and relies on her partner Mr. B for all transport needs, including to multiple medical appointments. Mrs. B would benefit from funded supports for community access/transport.

Personal Care: Mrs. B requires moderate assistance for personal care and this is provided by Mr. B. Mrs. B needs to be seated for all personal care tasks due to her impaired balance.

Mrs. B has urinary incontinence at times, especially at night and would benefit from continence bedding.

Looking after one's health: Mrs. B requires assistance from Mr. B to manage her medications and appointments.

Acquisition of Goods: Mrs. B requires the assistance of Mr. B to assist with all shopping and finances.

Preparation of Meals: Mrs. B reports that she enjoys preparing meals but is limited by her cognitive impairments and fatigue. Mrs. B requires supervision and verbal prompting when attempting to prepare meals and Mr. B is struggling to support her with this, given his other caring and work commitments.

Mrs. B would benefit from formal supports to assist with meal preparation.

Housework: Mrs. B is unable to complete household/domestic tasks and would benefit from funded supports to assist with this to relieve the carer burden from Mr. B.

Work: Mrs. B is unable to work due to her disability.

Community Participation: Mrs. B has limited community participation, mainly due to her fatigue and impaired mobility. Mrs. B reports that she enjoys going to the beach, as well as to the local shopping centre.

RECOMMENDATIONS:

- NDIS to fund the following core supports:
 - Domestic assistance
 - Community access/transport
 - Meal preparation assistance
 - Shopping assistance

- Plus Support coordination

Template: functional needs assessment report

- NDIS to fund the following equipment needs. Additional equipment will be required in the future as Mrs. B's condition deteriorates. The recommended approach for equipment acquisition would be for hire rather than purchase due to the progressive nature of the condition.
 - Ongoing hire of manual wheelchair
 - Hire of portable ramp for garage access
 - Hire of 4 wheel walker for mobility
 - Installation of hand held shower
 - Purchase of bedding continence aids

- Future equipment needs:
 - ROHO cushion for pressure care
 - Hi-Lo hospital bed and memory foam mattress
 - Portable hoist for transfers
 - Hire of electric lift recliner chair

Ten (10) hours of Occupational Therapy intervention will be required for Mrs. B's NDIS plan to follow up on the above recommendations and implement the required supports in a safe manner.

Please feel free to contact me if you have any questions

Regards

GP CLINIC/ Organisation title	FUNCTIONAL NEEDS ASSESSMENT REPORT (GP'S and Health Staff) DRAFT Principles <i>NOTE: this form was modelled as an example from TAC Functional Assessment template,, at the request of NDIS Health Interface project stakeholders who requested information on functional assessments</i>
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Note:

- NDIS philosophy supports a person centred approach that aims to provide choice and control to the participant.
- Please complete all fields in this form where able.
- This information is important to the development of your patients NDIS support plan. Without this information, the NIDA may be unable to determine the relevance of the requested support to your patient's goals.
- Your patient's Functional Independence Assessment information will be used to assist NDIA with decision making for the provision of supports requested.
- This form can be used to recommend services and as a funding request.

Patient/participant/Client details

Client name

NDIS Unique Identifier (number)

--

Client address

Date of Birth
...../...../.....
Date of Accident
...../...../.....

List of injuries or health issues impacting on the person's ability to lead an ordinary life

--

Date of assessment

--

Date of referral

--

1. Disability questions

Is the person's disability a pre-existing disability **YES/NO**

If no - Did you know this person pre their disability? **YES/NO**

Template: functional needs assessment report

Did the person receive community supports in the past **YES/NO/UNKNOWN** (*The information is unobtainable at present*)

If 'Yes' to the last question, please explain why these were required and if able, list the types of services recommended

i.e. the patient has vision impairment/spinal injuries/cerebral palsy

Does the patient/client need their pre NDIS support services recommenced?

Yes

No

Unknown (Information not currently available)

If No, please state reasons

i.e. Did not need assistance prior to irreversible deterioration in condition; additional newly acquired lifelong disability, etc.

Does the patient/client have any other pre-existing or **non-disability related** injuries or illness?

YES/NO

IF YES, please describe or list the services

2. Functional independence (*please ask your Patient/client for their perspective and write this in their words*)

Patient/Client's current functional independence (*abilities to perform everyday actions and tasks*) as reported in the patient/clients' own words

Impact on daily life – *for example I need assistance with preparing and eating meals because I am unable or unsafe to cook i.e. unable to dress myself, unable to access community without assistance etc.*

Please list any duties performed by other household members or family if known.

Please explain the reasons the participant/client gives for their inability to undertake ADL tasks now

3. Functional independence - GP/HEALTH PROFESSIONAL PERSPECTIVE

Health issue /disability barriers to independence (*physical, cognitive, behavioural*) e.g. *from a professional perspective does the person access the community alone? Can they dress themselves? Do they need toileting assistance? Can they clean their house? Do they need the assistance of communication technology?*

PHYSICAL

Template: functional needs assessment report

COGNITIVE
BEHAVIOURAL

Is there any other relevant information that has an effect on the patients/clients situation, e.g. Child/partner/extended family with a disability or special needs living in the same house.

--

4. Home assessment (if within reporters' scope of practice)

Is this within the reporter's scope of practice **YES/NO.**

If NO; is an OT assessment required to complete this? **YES/NO.**

If completed, please provide a task analysis and evaluation of the client's functional capacity.

Task assessed by direct observation (If not directly observed please detail why not)	Independent Yes/No If 'No' explain why	Recommended strategies/equipment to increase independence	Details of assistance required (list who and time required per week)

Summary of services (if known)

Current support services	Hours/Frequency	Proposed support services	Recommended hours/frequency
Total		Total	

5. Equipment and/or modifications likely to be required YES/NO

OT assessment required **YES/NO**

Are you referring the patient/client to an OT? **YES/NO**

Template: functional needs assessment report

For funding purposes; is a referral to allied health related to the clients disability **(YES/NO)**, or health issue **(YES/NO)**.

Assessor details

Provider name:

Contact details

Address:

Phone:

Fax:

Email:

Signature of Assessor

Please Print name

Qualification/s

Date of report

...../...../.....

NDIS process and community information

NDIS Review of Decision Process

Many NDIA decisions are reviewable, including being accepted as a participant; the provision of reasonable and necessary supports and becoming a registered provider.

All requests for a Review of a Decision made by NDIA must be made

WITHIN 3 MONTHS OF THE INITIAL DECISION.

An application for a [review of decision form](#) can be downloaded from the NDIS website. Although it is not mandated that this form be used, it may help describe why a review of the decision is being requested.

Any initial query in the Barwon Region can be directed to	vicwestconnections@ndis.gov.au	1800 800 110
Formal requests for review of a decision can be made by	Email enquiries@ndis.gov.au	1800 800 110
	In writing to <ul style="list-style-type: none"> • Chief Executive Officer National Disability Insurance Agency GPO Box 700 Canberra ACT 2601 	
	In person at an NDIA office, by email, talking to an NDIA representative or in writing	sending an email to: enquiries@ndis.gov.au

If you are still not happy after the review of the decision, you can apply for an Administrative Appeals Tribunal (AAT) independent review.

You cannot ask the AAT to review a decision until the NDIA has reviewed it.

For information about applying for an AAT review, [visit the AAT website](#) or call 1800 228 333.

If you are not happy with the way the NDIA carried out its decision-making, or how it dealt with you during the review process, you can **make a complaint**. The NDIS website has a separate fact sheet on ***Feedback and Complaints***.

Call 1800 800 110 Monday to Friday, 8am to 11pm local times

For people with hearing or speech loss:

- TTY: 1800 555 677

- Speak and Listen: 1800 555 727

- For people who need help with English TIS: 131 450

NDIS Health Interface Project

NDIS Query Escalation Process

Queries - need to be directed to vicwestconnections@ndis.gov.au

Complaints - should be directed to vicwestfeedback@ndis.gov.au

The same phone number for both (1800 800 110).

All complaints and/or queries must be made by the participant or their representative to the participants support coordinator or LAC

Escalation process within NDIA		
	Email	Phone number
All queries can be directed to:	vicwestconnections@ndis.gov.au	1800 800 110
NDIS follow an internal escalation process. The process will be followed and participant informed of the outcome		
Complaints process within NDIA		
NDIS internal complaints system	vicwestfeedback@ndis.gov.au (Barwon region) feedback@ndis.gov.au	1800 800 110
Complaints form is a downloadable form on the NDIS website under the heading 'Complaints'. www.ndis.gov.au	Form can be <ul style="list-style-type: none"> emailed to either of the above email addresses posted to NDIS <i>National Disability Insurance Agency, GPO Box 700, Canberra ACT 2601</i> <ul style="list-style-type: none"> Or handed in at any NDIS office. 	

NDIS Health Interface Project identified participant and health sector Enablers and Dis-enablers

NDIS philosophy supports a person centred approach that aims to provide the participant with CHOICE and CONTROL

	SUGGESTED ENABLERS FOR HEALTH AND DISABILITY SECTOR	Current identified DIS-ENABLERS of the HEALTH AND DISABILITY SECTORS	
HEALTH 'Needed'	<ul style="list-style-type: none"> • Education on the NDIS – greater awareness across the sectors • Methods to improvement of engagement between GP’s and NDIS • Education for GP’s on identifying how the health issue is also a disability, potentially NDIS eligible • Education on the boundaries of NDIS • Education on disability-focused practice • Education on how disability affects clients lives • Education on Functional assessment • Key NDIS workers within key health services • Funding to facilitate interagency, multidisciplinary meetings • Easy access to required information • Hard copy of access form – for explanatory purposes • Inability to obtain the access form when sent to participant and participant may be unaware of what they have received and its’ importance • Key NDIS contact person • Access to NDIA policies and procedures i.e. complaints, reviews, timelines and processes • Interagency forums 	<ul style="list-style-type: none"> • NDIS funding level is inadequate for organisations to provide staff education (not well worded) • Understanding of the National Model in the Barwon Region (BR) – no National Model education provided to BR since roll out in July 2015. • Relatively fast access to NDIS – frequent lengthy waiting periods between completion of access forms – eligibility – support plan- approval- service commencement - Choice and control diminished during this period. • Participants still need to tell their story multiple times – sometimes more than pre NDIS due to reduced information sharing • Lack of NDIS templates for the health sector • Capacity for multidisciplinary meetings due to lack of funding • Competitive nature of the service sector since introduction of NDIS has reduced information sharing • Lack of key NDIS worker in the health sector • Access form no longer available on the internet • Access form only sent to participant • Lack of easy access to required information 	DIMINISHED
LARGER SCALE	<ul style="list-style-type: none"> • Education on disability in undergraduate education • NDIS policies and Procedures in GP clinics and health organisations • WestVic PHN increased support – greater acknowledgment of primary health sector and disability – emphasis and provision of training to GPs and sector wide to promote integrated an approach across all primary care settings. 	<ul style="list-style-type: none"> • Key NDIS contact person • Limited inclusion of ‘disability and health’ in most nursing and medical training. Training is generally based on a ‘typical’ situation and variation to ‘ordinary’ health status. 	

DIFFERENCES BETWEEN LAC, PLANNER AND SUPPORT COORDINATOR

LAC	Planner	Support Coordinator
<p>✓ Numerous Partners across Australia (i.e. La Trobe Community Health in some regions of Victoria, St Vincent de Paul Society in NSW,) and specialist Early Childhood Early Intervention organisations.</p>	<p>✓ NDIA staff</p>	<p>✓ NDIA Registered Service Providers</p>
<p>✓ Conduct information gathering process for Participants</p>	<p>✓ Conduct information gathering for participants in large residential centres and those that have other jurisdictional interface</p>	<p>✗ Do not conduct information gathering</p>
<p>✗ Do not make reasonable and necessary decisions or approve plans</p>	<p>✓ Make reasonable and necessary decision in accordance with the NDIS Act 2013, approve plans</p>	<p>✗ Do not come into contact with NDIS participant until they have an approved plan.</p> <p>Are chosen by the participant</p>
<p>✓ Support Participants as allocate by agency to plan, implement and review</p>	<p>✗ Do not support participants to implement their plans</p>	<p>✓ Support those that have interface with other jurisdictional areas and/or planned for by agency staff</p>

Please note: Barwon Region - Introduction of the LAC role is planned for September 2017.

NDIS HEALTH INTERFACE PROJECT
Alternative supports while awaiting NDIS planning

NDIS philosophy supports a person centred approach that aims to provide CHOICE and CONTROL to the participant.

Program	Target group and program outline	Contact details
<p>HACC Support for Younger People Program</p>	<p>Aged under 65</p> <ul style="list-style-type: none"> • For those with no alternative support • Short term interim support • Can include personal support, respite, social activities. 	<p>City of Greater Geelong Intake Team - Aged & Disability Services P: 03 5272 4677 F: 03 5272 4752 E: adsintake@geelongcity.vic.gov.au 103 Corio Street Geelong PO Box 104 Geelong 3220</p> <p>Colac Otway Shire Colac Service Centre P. (03) 5232 9400 2-6 Rae St, Colac Monday-Friday 8.30-5pm.</p> <p>Apollo Bay Service Centre Phone 52329400 69 Nelson Street Apollo Bay</p>

Program	Target group and program outline	Contact details
		<p>Hours Monday – Friday 0945-1.15</p> <p>Colac Area Health 2-28 Connor Street COLAC Monday-Friday 8:00-5:00 Ph 5232 5100 Email: csrecep@cah.vic.gov.au</p> <p>Otway Health 75 McLachlan Street Apollo Bay Monday-Friday 8:30-5:00 Ph 5237 8500 Email: otwayhealth@swarh.vic.gov.au</p>
<p>NEW PROGRAM commencing in 2017 (MULTICULTURAL AGED CARE AND MOYNE HEALTH SERVICES)</p> <p>Short Term Restorative Care Program</p> <p>https://agedcare.health.gov.au/programs-services/flexible-care/short-term-restorative-care-programme</p>	<p>Any person who meets the eligibility criteria and is approved for STRC by an ACAT, irrespective of their age, may receive STRC.</p> <p>STRCP aims to reverse or slow functional decline through a reablement and wellness focus.</p> <p>STRC services are:</p> <ul style="list-style-type: none"> • time-limited (up to eight weeks); • accessible as a result of functional decline (not linked to a recent hospital admission) resulting in a client needing assistance for a short period of time; • provided, in a home setting or residential care setting, or a combination of both, depending on the needs of the client; and 	<p>Commencing 2017</p> <p>Multicultural Aged Care Services Geelong Inc 100 Weddell Road Geelong North VIC 3215 Phone: (03) 5279 6800 Fax: (03) 5279 6876</p> <p>Moyne Health Services 97 Regent Street 30- 36 Villiers St,</p> <p>Port Fairy VIC 3284 Ph. (03) 5568 0100</p>

Program	Target group and program outline	Contact details
	<ul style="list-style-type: none"> Where the client has received Transition Care they cannot access STRC until 6 months has elapsed since discharge. 	
<p>SHORT-TERM RESTORATIVE CARE: FREQUENTLY ASKED QUESTIONS</p> <p><i>Will STRC be offered to any individual experiencing functional decline or only those over the age of 65 years?</i></p> <p>The <i>Aged Care Act 1997</i> does not specify an age that a person becomes an aged person and eligible to receive aged care services. Any person who meets the eligibility criteria and is approved for STRC by an ACAT, irrespective of their age, may receive STRC.</p> <p><i>Can a person who chooses to stay on the National Disability Insurance Scheme (NDIS) be eligible for STRC?</i></p> <p>As STRC is a time-limited flexible care programme, an episode of STRC will not make the person ineligible to receive NDIS services. Conversely, receipt of NDIS services will not prevent an otherwise eligible person from receiving STRC services. There is an expectation in both the scheme and the STRC Programme that care be coordinated with other services.</p> <p>https://agedcare.health.gov.au/short-term-restorative-care-programme-manual-2016-and-frequently-asked-questions</p>		
<p>Post-Acute Care</p>	<ul style="list-style-type: none"> Short-term after hospital support for people being discharged from a public hospital (including emergency departments, acute services and subacute services) can access supports. Services arranged are provided for the duration of the recuperative period. Applicant need to be assessed as requiring short-term, community-based help to assist them to recuperate in the community, and to ensure a safe and timely discharge. <p>Examples;</p> <ul style="list-style-type: none"> community nursing personal care home care. 	<p>https://www2.health.vic.gov.au/hospital-s-and-health-services/patient-care/rehabilitation-complex-care/health-independence-program/short-term-supports</p>

Program	Target group and program outline	Contact details
The Tipping Foundation	A range of support services	Telephone: (03) 9564 1000 https://www.tipping.org.au/services/disability
Karingal Inc.	Variety of services and supports, some NDIS funded, others not.	ph (03) 5249 8900 http://www.karingal.org.au/contact-us/
St Laurence Community Services	Variety of services and supports, some NDIS funded, others not.	Support and Care: 1800 752 273 http://www.stlaurence.org.au/contact/phone-enquiry/
Advocacy Services Valid Assert4All LEGAL Villamanta Disability Rights Legal Service	<ul style="list-style-type: none"> • A free State-wide Community Legal Service that works only on disability related legal and justice issues. • Main purpose - to make sure that Victorian people who have a disability know about the law, and use the law, to get their rights. • Main focus is the rights of people who have an intellectual disability. Provides: <ul style="list-style-type: none"> • Freecall telephone information, advice and referral service • Casework on disability related legal issues • Community Legal Education • Policy and Law Reform 	www.valid.org.au/ (03) 9416 4003 http://www.bdrc.org.au/ info@bdrc.org.au (03) 52218011 Freecall Advice line (1-3pm Monday-Friday) 1800 014 111 Phone: (03) 5227 3338 http://www.villamanta.org.au/contactus.html

Program	Target group and program outline	Contact details
<p>NDIS Appeals</p>	<p>The NDIS Appeals has been set up to ensure that all people with disability, and others affected by <u>reviewable decisions</u> of the National Disability Insurance Agency (NDIA), have access to support when they are seeking review of those decisions in the Administrative Appeals Tribunal (AAT).</p> <p>A person must apply to the NDIA to have the decision reviewed internally, and access the supports available under the NDIS Appeals before they can lodge an appeal to the AAT.</p> <p>If dissatisfied with the outcome of the internal review they can then apply to the AAT for an external review.</p> <p>Applications for an AAT review must be made within 28 days after you receive the decision from the National Disability Insurance Agency - extensions can be granted by the AAT.</p> <p>There are two main types of assistance available via the NDIS Appeals:</p> <ul style="list-style-type: none"> • access to a skilled advocate who acts as a support person, and • access to legal services - where a case raises complex or novel legal issues <p>All services provided under NDIS Appeals are free of charge</p>	<p>https://www.dss.gov.au/disability-and-carers-programmes-services-for-people-with-disability/external-merits-review-information</p>
<p>National Disability Advocacy Program (NDAP)</p>	<p>Provides people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation.</p>	<p>https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-</p>

Program	Target group and program outline	Contact details
	<p>Advocacy for people with disability can be defined as speaking, acting or writing with minimal conflict of interest on behalf of the interests of a disadvantaged person or group, in order to promote, protect and defend the welfare of and justice for either the person or group</p>	<p>with-disability/national-disability-advocacy-program-ndap</p>
<p>Carer Respite & Carelink Services</p>	<p>Provides emotional support and guided referral to other services including carer counselling as required.</p> <p>Offers a range of programs and services that reflect the diversity of the carers that need supporting.</p> <p>Emergency service a 24 hour service for carers needing to access in-home respite in the event of an emergency, or other family crisis.</p>	<p>Barwon South West Region Commonwealth Respite & Carelink Centre</p> <p>Newcomb Community Health Centre 64B Banyan St, Warrnambool FreeCall 1800 052 222. Contact Hours: 8.30am to 5.00pm, Monday to Friday; 24-hour emergency service</p> <p>Non-English speaking persons - TIS National Interpreters on 131 450. Callers who are deaf, have hearing or speech impairment please call the National Relay Service on 1800 555 727. Fax: (03) 4215 7582; (03) 5561 5091</p>
<p>Respite and day programs associated with Health Services</p>		<p>Colac Area Health</p> <p>http://www.swarh2.com.au/cah/content/services</p> <p>(includes Birregurra)</p>

Program	Target group and program outline	Contact details
		<p>Timboon and District Health Care Service</p> <p>http://www.timboonhealthcare.com.au/healthcare-services/home-community-services</p> <p>Cobden District Health Service</p> <p>http://cdhs.com.au/community-services/</p> <p>Hesse Rural Health Service</p> <p>http://www.hesseruralhealth.net.au/</p>

Health sector training

Health Sector

NDIS Health Interface project frequently asked questions.

Do I always remember that– *NDIS philosophy supports a person centred approach that aims to provide CHOICE and CONTROL to the participant?*

How does a potential NDIS participant access NDIS?

The NDIS website has a link to the 'access checklist' which will guide a person through questions that help determine the likelihood of that person being eligible for NDIS support.

Is the NDIS means tested? No

Does a person have to leave the NDIS when they reach the aged of 65?

No. You can stay on the NDIS as you age. When you turn 65 you will have a choice between the aged care sector and remaining on the NDIS, if you meet the aged care sector criteria.

What is deemed health funded and what is deemed NDIS funded?

'Supports the NDIS will fund in relation to healthcare' fact sheet explains this. There will be occasions where the interface is not so clear and will require further investigation and clarification.

Where can I find this information? You will need to contact your National Access Team or the NDIS website.

What happens when a patient/client is waiting for a decision on funding access and needs to be discharged? Explore other options for supporting the client when they are at home; i.e. post discharge support services such as Post Acute Care, your local Government may have some funding for under 65's that can assist, private agencies, a client advocate may be able to assist in working through delays with the NDIS.

How can the hospital avoid delays in discharging patients who are known to be NDIS eligible but not yet accessed NDIS support and services?

The health setting needs to begin discharge planning on admission and have as much documentation ready as possible prior to approaching NDIS for an access form if they think the patient may be eligible for NDIS support.

Are there alternative supports during this interim period to avoid lengthy discharge delays?

Some supports exist and may be available as interim measures. Contact your local Government community care team.

How do I know if a patient needs an advocate? The person may

- Ask for an advocate or someone to help them
- Not have anyone to support them and their decision making
- Be unable to advocate for themselves.

NDIS Health Interface project frequently asked questions (cont).

How can I find an advocacy agency/individual? Ask NDIA for a list of advocates

Ask other providers and colleagues, search on google, use the links on the temporary website developed via this project

NDIS use a 'new' language. How do I know what the words mean?

The NDIS website provides access to a glossary.

Is there a key contact NDIS person for a particular health service? No, you need to telephone the National Access Team. Once introduced to the region, the Local Area Coordinator will be able a key contact person.

What is a Local Area Coordinator (LAC)?

The Barwon LAC will commence in October 2017. The LAC role is to

- link people to the NDIS
- Link them with information and support in the community, and
- Work with their local community to make sure it is more welcoming and inclusive for people with disability.
- NDIS website <https://www.ndis.gov.au/communities/local-area-coordination#do>

Does this region (Barwon Region) have a Local Area Coordinator (LAC)?

La Trobe Community Health have the regional contract for LAC. They are in the process for advertising for LAC staff. The role will not commence until late in 2017.

What is ILC? ILC has two parts;

- ILC means **Information Linkages and Capacity Building**; the focus is on community inclusion. It does not provide funding to communities.
- It provides funding in the form of grants, to organisations.
- ILC we will also support people who have an NDIS plan as well as those who do not.
- The Barwon Region will gain access to ILC in 2019
-

It is about;

1 personal capacity building - making sure people with disability and their families have the resources and confidence to participate in the community and can access the same opportunities as other people.

2 Community capacity building – making sure that mainstream services and community organisations become more inclusive of people with disability (NDIS)

NDIS Health Interface project frequently asked questions (cont).

What has happened to the Early Childhood Early Intervention (ECEI) Support Form?

This was a form used previously in the Barwon Region. The ECEI approach aims to ensure children are provided with the right level of support at the right time for the right length of time. There is no specific point in the ECEI approach where a child needs to have a medical diagnosis to receive support. Information on ECEI can be found on the NDIS website.

What model of Early Childhood early Intervention is the Barwon Region meant to be using?

With the roll out of the National Model, all areas should be working to the same model. Good early childhood intervention approaches recognise that a developmental delay or disability can result from numerous disorders. The design of the ECEI approach is based on functional assessment, not a medical diagnosis. It is about the appropriate response obtained through the assessment of functional impact that must be the key focus. While medical diagnosis may be important, it should not be the only consideration for a young child. The most up to date information on ECEI is available on the NDIS website.

Does the National Model implemented on July 1 2016 differ from models in the trial sites?

Yes, you will need to familiarise yourself with the national model on the NDIS Website or ask your local office for some training.

Are the former trial sites expected to be working within the National Model now?

Yes, absolutely. There is only one model across Australia (except WA).

What evidence of functional capacity will be required?

This can vary, depending on individual circumstances. The National Access Team can assist with enquiries.

What is the National Model of NDIS?

The Commonwealth and State governments have signed an agreement that outlines the consistent arrangements across Australia with the vision of all NDIS offices and staff working in a consistent approach to provide fair and equitable support to NDIS participants. . In Victoria, the NDIS will be operating state-wide by July 2019.

Where can I obtain information and education on the National Model? You will need to contact the National Access Team or your NDIS Community Engagement Team or via the NDIS website.

NDIS Health Interface project frequently asked questions (cont).

Can people under aged 65 living in aged care facilities access NDIS?

Yes if they meet the NDIS eligibility criteria. The NDIS will fund any reasonable and necessary support that is unable to be met by the aged care facility such as 1:1 outings or expensive equipment i.e. maybe an electric wheelchair.

What are reasonable and necessary supports in the NDIS?

Under the NDIS anything that is related directly to a disability that does not replicate supports the family or the community already assist with may be deemed a reasonable and necessary support.

Sometimes the lines blur between disability and health and therefore it is not always clear who should providing funding for the support. It is intended the two sectors work together to ensure no person is disadvantaged during the transition to NDIS.

What is COAG and why are the COAG principles so important to understanding the NDIS?

COAG is the Council of Australian Governments. The State and Territory Premiers /leaders, the president of the Australian Local Governments Association and Prime Minister meet together to form the COAG to discuss and meet agreement on important issues. They meet 2 times a year. COAG is relevant to the NDIS because the State and Territory Governments have reached agreement with the Federal Government on binding principles relating to the NDIS.

Council of Australian Governments (COAG). (2015). *Principles to determine responsibilities of the NDIS and other service systems*. <https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf>

TRAINING MODULES RECOMMENDED BY NDIS Health Interface Project

The Health sector was very clear on the NDIS training topics they need and closely relate to the patient outcomes and ongoing quality of life.

Module 1 Introduction to NDIS for health services

- i. What is NDIS – background and relevance of COAG principles
- ii. NDIA role
- iii. Potential eligibility identification
- iv. Stages and system for approval
- v. Stages and system for plan development
- vi. Roles at NDIA – i.e. LAC, planner. Definitions LAC, ILC, Support Coordination etc.
- vii. Basic rules i.e.
 - A plan review versus a new plan
 - Usage of hours in plans – hours included meant to coverage for unexpected temporary events
 - Claiming
 - Information sharing
- viii. Overview of the National Model
- ix. National Model comparison with current processes and past processes in the Barwon Region

Module 2 Explaining the COAG Principles and the Health and NDIS Interface

- i. What are the COAG Principles and why are they important?
- ii. Intention of the COAG Principles
- iii. How the COAG Principles apply to the NDIS
- iv. Who funds what?

Module 3

National NDIS Model July 2016 (Barwon Region)

- i. Rationale behind moving to a National Model?
- ii. Impact on the Barwon Region
- iii. What stays the same?
- iv. What has changed?
- v. Difference between a reviewed plan and a 'new plan'.
- vi. NDIS/Health Funding clarification - the process to follow when the respective agencies are unable to agree on funding arrangement?
Example situations.

Module 4

Advocacy

- vii. The definition and meaning of advocacy
- viii. Goal of advocacy
- ix. Rights of an advocate
- x. Types of advocates - Formal/Informal – the difference
 - Family member/friend nominated (informal)
 - Self-advocacy
 - Appointed
 - Roles of advocates
 - Key features of advocate role

**TRAINING MODULES RECOMMENDED BY
NDIS Health Interface Project**

Module number	Topic/s	Key information	Responsibility	Delivery Mode Options
Module 1	Introduction to NDIS for health services	<ul style="list-style-type: none"> i. What is NDIS – background and relevance of COAG principles ii. NDIA role iii. Potential eligibility identification iv. Stages for approval v. Stages for plan development vi. Roles at NDIA – i.e. planner, vii. Definitions LAC, ILC, Support Coordination etc. viii. Basic rules; i.e. ix. A Review vs New Plan x. Usage of hours in plans – hours included meant to coverage for unexpected temporary events xi. Claiming xii. Information sharing xiii. Overview of the National Model xiv. How it affects how things work in the Barwon Region 	NDIA and/or NDIS Health Interface Project	<ul style="list-style-type: none"> a. Face to face / forum b. Webinar c. Online modules - can complete in own time - stop and save
Module 2	Explaining COAG Principles and their relationship to Health and NDIS Interface	<ul style="list-style-type: none"> i. What are the COAG Principles and why are they important? ii. Intention of the COAG Principles iii. How the COAG Principles apply to the NDIS iv. Who funds what? 	<ul style="list-style-type: none"> • Valid • Assert4All • Villamanta Legal Service 	<ul style="list-style-type: none"> a. Face to face / forum b. Webinar c. Online modules - can complete in own time, stop, save, recommence

**TRAINING MODULES RECOMMENDED BY
NDIS Health Interface Project**

Module number	Topic/s	Key information	Responsibility	Delivery Mode Options
Module 3	National NDIS Model July 2016 (Barwon Region)	<ul style="list-style-type: none"> i. Rationale behind moving to a National Model? ii. The national model iii. Impact on the Barwon Region iv. What stays the same v. What has changed Difference between a reviewed plan and a 'new plan'.	NDIA and/or NDIS Health Interface Project	<ul style="list-style-type: none"> a. Face to face / forum b. Webinar c. Online modules d. Can complete in own time stop, save and recommence
Module 4	Advocacy	<ul style="list-style-type: none"> i. The meaning of advocacy ii. Goal of advocacy iii. Rights of an advocate iv. Types of advocates - Formal/Informal – the difference v. Family member/friend nominated (informal) vi. Self-advocacy vii. Appointed viii. Roles of advocates ix. Key features of an advocate role 	NDIA and/or NDIS Health Interface Project	<ul style="list-style-type: none"> a. Face to face / forum b. Webinar c. Online modules d. Can complete in own time -stop and save, recommence