**NDIS review updates – new intuitive and common sense solution
SEE attached Decision chart(flowchart) for procedure implementation suggestions**

 NDIS system design needs to be changed so that a review does NOT create a new plan.

So the plan remains, the start date and end dates remain, the review date at the end of the plan remains, the service agreements and service bookings remain... the workload and stress is reduced for the participant (meaning participant or their representative), and providers.

At present all reviews trigger fund proportioning over every section and every service booking within each section (by software).

This severely adversely impacts providers and participants. Many providers do not provide services evenly over the whole plan. The NDIS requires providers to provide their services before making claims.
Example: a SIL review causes a new plan to be generated after six days, thus a provider with a service booking over the plan year and who has done three days’ work in those six days will have the service booking amount pruned to 6/365 of the booking amount. For a 10 day booking @ $100pd (total $1000), this means $300 is owed the provider. The service booking has been proportioned to 6/365 of $1000 = $16.48 to pay for this service.
The problem is that the NDIS assumes that fund usage has a flat profile.

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Some examples of changes that would NOT trigger a new plan but do now are

. Change from NDIA to plan or self-managed or proportioned between the management styles for any section(s).

. Purchase of a AT piece of equipment, or the additional of funds to AT for a piece of equipment

. Addition of funds to therapy for assessment by an OT for a piece of equipment urgently needed

. A SILS review should NOT change anything else in the plan except the SILS, and the SILS review should also not trigger any new plan.
 A SILS review is needed whenever there is a new client in the house.

In our experience, SILS reviews do not necessarily consider the best interests of participants.
if a SILS review will alter other sections within a plan then a joint SILS& participant review should be called.

Many NDIS think that a simple change to one section , only changes that section (and does not mean a whole new plan). Intuitively it should. The suggested design allows for the changes to be applied as you would expect if common sense prevailed.

It also reduces the overhead significantly for the NDIS in that the planner does NOT have to create a whole new plan each time, although, obviously, they should look over the plan to see the item is not being claimed elsewhere in another section or this does not affect any other section- although this should be the exception. There is something referred to in discussions as “light tough reviews” , however they are still triggering a new plan for the participants with all the overheads I and stress associated with new service bookings , and, for nearly all companies new service agreements are also required, although I have been informed this is not required by the NDIA.

The client still gets his important full review in the expected time frame (usually 12 months), no matter how many reviews have been done by SILS or equipment purchases during the year.

This reduction in overheads for the NDIS takes the stress off the heavily backlogged planner review and the need for the ongoing training, reduces the hugely underestimated planner time required., as changes can be made quickly, over the phone in a few minutes if it is just a change from say self-managed to NDIA managed for a section, and the scheduled review is always there at the end of the plan, not changed to yet again sometime in the future.

 This translates into less wait time for a review and happier, less stressed NDIS participants.
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More detail ––

On the proportioning designed to make ongoing expenses fit into a plan

.Instead of proportioning every service booking in every section of the plan as occurs now after a review, everything is left alone. The stress of new service booking and service agreements (for most provider requirements) does not happen. The untenable position placed on providers whose funds have been “pruned” never happens.
 Participants are no longer left with having to pay the shortage of the funds after they disappear and the provider has done the work. Many service agreements require the participant or their representative to sign saying they will cover the money spend if not paid by the NDIA. The CRRT team is not as overloaded..

Addition to ongoing services such as some therapies designed to last the full year and quoted on a year's worth of therapy or SILS or Soc and community like day program funding these would need proportioning.

 Proportioning for ongoing items = days in plan left / total no of days in plan multiplied by one year’s funding amount. IE the fraction of the plan left by the total funding for a full year

Other items..eg a wheelchair or orthotics or once-off AT items would not be proportioned as they are a fixed amount.

Therapies would depend on time expected for the therapy to last, eg, some therapies may fit into the plan and only be expected to last a no of weeks . These would include funding for assessments. These are fixed if they are to be completed in this plan for the next review.

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Before becoming a carer I was involved in analysis, design and programming of parts of large complex computer systems for govt and large private firms

 The changes are required to fix a major design flaw in the NDIS.
They make it easier and quicker to make reviews, reduce the stress associated with the proportioning, allow providers to be paid for work completed if it was in the plan originally.
NDIS funds can be spent as planned for and as the service booking originally intended Some of the underspending the NDIA has been criticized for will disappear allowing the participants to spend over the plan as intended instead of having funds sectioned away and inaccessible by the flawed current system plan review software.

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We appreciate the following needed and helpful minor improvements to the participant portal that have already occurred. They save on phone calls to the NDIA call centre reducing their long wait times.
 e.g.
. being able to see the funds remaining in each service booking in the new “My funding report”. Yes it was always possible to track oneself, but with many pages of payment requests, very time consuming

Being able to view what management style has been assigned for each section in the plan and the percentage of each also saves on NDIA call centre calls and participant time.
Another improvement that made the Portal more user friendly was reversing the order of display of the service payments so the latest are displayed first.
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