

Written response to Improving the NDIS Experience: Establishing a Participant Service Guarantee and removing legislative red tape.

Thank you for the opportunity to provide a written response to this important discussion paper.

Autism Spectrum Australia (Aspect) is Australia's largest not-for-profit provider of services and supports for people on the autism spectrum and their families/carers. Our mission is to provide person centred solutions which are flexible, responsive and evidence informed. In our work, we focus on the strengths and interests of people on the autism spectrum, and we work in partnership with them, their families and their communities. We work to understand people on the autism spectrum from their perspective. Our approach is autism-specific. Our research focuses on best practice. We expect positive change and progress towards positive goals and outcomes. Aspect Therapy provides early intervention, therapy and positive behaviour support services in New South Wales, Victoria, South Australia and the Australian Capital Territory. We currently provide services to 2425 individuals with NDIS funding packages, employing 210 Allied Health Practitioners and Educators.

We provide comment and recommendations on the questions most relevant to our organisation and the participants with whom we work.

1. Which of the possible principles for NDIA service standards do you think are important for the NDIA to adhere to, and why?

Aspect Therapy believes that all of the proposed service standards are important to allow participants and their families to feel respected and receive the support they need to be independent and be included in a system where they can have choice and control as promoted by the current NDIS Service Charter. Whilst these values are currently identified as important by the agency, they are often not seen in practice, nor does it appear that the agency is accountable when these values are not upheld.

Timeliness of decisions about access, planning and reviews is important for participants and their families to be able to receive the funding and supports they need. It also reduces levels of stress and anxiety they encounter when they are left waiting for long periods of time for decisions that may have a significant impact on their ability to access supports and therefore, their quality of life.

Having staff from the agency and other relevant agencies, including LAC's and ECI providers, who are genuinely **engaged** with participants and their families is extremely important at all levels of developing processes and procedures. It is important that the NDIA understand the experiences of people with disabilities and their families, both day to day, and also in terms of their interactions with agencies concerning planning and accessing supports, and that the experiences and knowledge of those with a disability are considered at all parts of the policy development and planning processes.

Having **expert** staff that have knowledge and experience in working with people with a disability, along with quality training around planning, is important to ensure all participants receive the supports they need, and that the supports provided are consistent for all participants.

Accessibility is important to ensure the scheme can be understood and accessed easily by all, and that all individuals are respected.

Having the NDIA strongly **connected** and communicating well with other departments and services will help ensure information sharing is consistent, and services can focus on providing quality services for all participants with the support of the agency.

Having decisions concerning acceptance in the scheme and concerning decisions based on supports provided that are transparent and consistent, will help participants and their families feel they were **based on merit**. It is often easier for participants and families/carers to understand decisions if they feel the information provided was heard and considered as part of the decision making process.

We believe that if the above standards are upheld by the agency at all levels, participants and their families/carers will feel **valued** through the application, planning and review process, as well as feel valued during any other interaction or experience they have with the NDIS.

2. In your experience with the NDIA, do you think they fulfilled the above principles? If not, how are they falling short?

Aspect Therapy's overall experience with the NDIS has varied, at times significantly, depending on the region and, in some cases, depending on the planner allocated within the region.

Timeliness is one standard that can vary greatly depending on region, planner and can even vary depending on the time of the year. At times we have participants that continue to wait lengthy periods of time for plan reviews, both scheduled and unscheduled. They are also often waiting to hear back from planners when small changes need to be made to plans, for example if the plan was set up as self managed instead of agency managed by mistake. We are aware of the lengthy period of time that some people are waiting to access the scheme and for their initial plan. We can be contacted by people to put their name down on our waiting list once they have been accepted, however, the length of time to receive their plan can vary greatly, and is a real barrier to them receiving timely and much needed supports.

We have had some experiences where the agency staff have engaged and communicated well with participants and their families, acknowledging the experiences of the families and helping them navigate processes and access the supports they need. However, there are also times where participants have felt ignored, times where there has been lack of communication from the agency, and participants feel they have not been heard, nor their experiences understood. This unfortunately is then reflected in the level of supports they are funded for, which do not meet their functional support needs.

Aspect Therapy staff see first-hand the impact of the diverse experience, expertise and qualifications of planners. When a plan is produced by a planner who has skills and experience (lived and/or professional) we are able to work with participants to support clearly identified, relevant and functional goals. The planning process leads smoothly into the delivery of services and supports. However, when this is not the case, there is confusion and time, energy and resources are wasted, with participants missing out on vital supports. In some regions, we have had families contact us confused and upset as they have been given misleading or incorrect information around what they can and cannot access. Discussions around allowances for travel, access to multiple therapies and best practice supports have been recent examples with some of our families.

In terms of our experience in connecting with the NDIA, this also varies, depending on the region and staff from the agency involved at all levels. Our therapists often have difficulties communicating with planners and LAC's around individual participants and their support. Often this communication is required due to difficulties with funding, how plans have been set up or to support a family to apply for a plan review. At a higher level we are fortunate to have built some strong relationships but without these it is very hard to access the correct contact to support service provision.

Decisions around funding and supports provided for individual participants are not transparent or appear to be based on merit. It is not clear that all participants are able to access the same levels of support based on their needs. Aspect Therapy provides support to many participants who have extremely complex needs and significant behaviours of concern. There is a lack of transparency in how funding allocations are made, and it is hard to understand how clients with complex needs do not receive adequate funding when reports from providers and others who have an in-depth understanding of the needs of the participant, have clearly articulated the complexity and challenges in providing support. The processes involved in seeking additional support is unclear and inconsistently applied, although in some regions, we are developing contacts who can intervene to ensure that plans are adequate to provide the necessary support, which is a positive step.

3. What other key principles are important for the NDIA to follow, that could be included in a Participant Service Guarantee?

Aspect Therapy believe that **Consistency** should be considered as an additional standard across all areas



of policy and processes, in particular when it comes to funding and provision of supports for participants. From how the information is collected from participants for planning purposes, through to the quality of goal setting and funding for supports, there needs to be consistency across all regions and planners for all participants. This should also include consistency in the planners allocated to participants and how information is communicated.

It also appears that the LAC/ECI partners are not delivering services that are consistent with the terms in their tenders. This includes moving new participants through and developing their first plan as well as consistently reviewing plans on time. There is also a strong focus on deficits when collecting information from families and participant's access to the scheme, to determine goals and funding during the planning process. Those that are stronger in being able to advocate for themselves or their family member are often at an advantage, as opposed to those who are not able to strongly advocate for themselves or their family member.

4. One way to measure these principles is through a set of 'Service Standards'. Some ideas for what these Service Standards could be are listed in Attachment A. Do you think these Service Standards are fitting? Are there other standards you believe should be included?

The service standards attached to the Principals are a good start towards providing a consistent and quality service to NDIS participants. The NDIA needs to ensure that future principles and standards are clearly communicated to all, including participants and their families, providers, and other departments and agencies.

The NDIA needs to ensure timeframes placed in the standards are reasonable and adhered to. Further to this, there needs to be an additional commitment to provide immediate support and services to those families who find themselves in a crisis situation due to a significant change of circumstances. The timeframes for contacting and reviewing plans in crisis situations needs to be more immediate. The rules and timeframes put in place need to be adhered to nationwide.

To be engaged and accessible, is important that there is consultation of people with a range of with a disabilities, their families and support networks, to ensure processes are clearly understood and meet the needs of all, especially those from diverse backgrounds including CALD, LGBTQIA and Aboriginal and Torres Strait Islander people. Consideration also needs to be given to those from various socioeconomic backgrounds who may not have the capacity to understand processes or have the resources available to understand or advocate for themselves or their family member, placing them at a disadvantage. This may include families from lower socioeconomic backgrounds, parent and carers with mental health issues or families with other complex backgrounds. Continued consulting with disability reference groups is needed to ensure they are.

To ensure planners become experts in their own right and to ensure participants receive the support they require, it is essential they receive adequate training and support, and requires a multi-faceted training approach. This might include consistent nationwide induction and on boarding training for all planners including LACs and ECI providers. On the floor coaching for planners during the planning process with experienced planners and professionals, as well as individuals with disabilities who can support the interview process and the understanding of the functional impact the person's disability has on their daily experiences, to ensure allocated supports match. Training should also focus on inclusive practices and strength based, person centred approach which supports a planner's ability to fully understand the individual, which will also enable them to allocate relevant supports.

5. Do you have any ideas on how we can measure how well NDIA has delivered on each of the principles?

Like organisations providing NDIS services to participants, the NDIA, LAC's and ECI providers should also be required to undergo regular audits by an external and independent organisation to measure their performance and progress against the principles and standards developed. Quantitative data could be collected internally to measure if the agency has met the timeframes set out in the standards. This could also be measured against information gathered from participants about their experiences and waiting times when dealing with the NDIA or relevant agencies. The quantitative data, along with qualitative data could be gathered from participants via direct interviews or more often via surveys or a system such as the Net Promoter Score (NPS). The NDIA could also invite external independent parties to conduct research into the efficacy and reliability of the scheme and compare to other schemes around the world. Whether data is collected through research, surveys or an audit like

process, the results and plans for improvement should be published publically.

6. What are some of the significant challenges faced by NDIS participants in the access process?

There are a number of significant challenges faced by individuals, families and carers when trying to access the NDIS. Eligibility requirements such as needing up to date diagnostic reports can make it impossible for some, or can significantly delay the access to the scheme for others as a result of:

- Limited or no access to diagnostic services in all regions but especially in regional areas;
- Long waiting lists for public and private diagnostic services;
- Affordability of diagnostic services and families not being able to meet the cost;
- Limited access to high quality diagnostic services, which may result in misdiagnosis, no diagnosis at all or hesitation to make a diagnosis resulting in referrals to other services;
- Poor quality assessment reports not meeting NDIS requirements.

There also seems to be a lack of consistency and transparency when it comes to what is required from families in different regions and with different planners in regards to paperwork, and whether additional assessments are required. For example, there have been situations where our organisation has assessed and diagnosed an individual and provided the relevant paperwork and the family has been informed that the assessment tool we used is not recognised by the NDIA. If this is the case, and the NDIA is specifying preferred assessment tools, then it is essential that the NDIA are contacting all assessment services to ensure this message is consistent. We would also question how decisions are being made around the preferred assessment tools. Have experienced diagnostic clinicians been involved in these processes? Have individuals and families been consulted around this?

Families have also been informed that the DSM5 is the preferred option as a diagnostic tool and that they would not need to worry about any other assessments. However, we have spoken with individuals and families who have had to work very hard to produce additional evidence of functional impairment as they received a Level 1 ASD diagnosis, which has then delayed the planning process and access to timely supports. There does not seem to be a consistent message around this and planners and LAC providers often do not know the answer when approached.

7. The NDIS Act currently requires the NDIA to make a decision on an access request within 21 days from when the required evidence has been provided. How long do you think it should take for the NDIA to make an access decision?

The NDIS should be able to make a decision on someone's eligibility within 20 business days of receiving the application, or have at least made contact with the person or parents/carers to request additional information if it is required. Our experience shows it takes significantly longer for this to occur.

8. What do you think the NDIA could do to make it quicker or easier to access the NDIS?

Communication could be clearer around the eligibility criteria and the criteria can then be used by all staff within the NDIA who are making the decisions around eligibility. Decisions around who can access the scheme need to be more consistent. There could be clearer instructions around how to apply and allow for documents to be uploaded electronically to an application to prevent things being "lost in the mail". If further information is required to make a decision, this should be communicated clearly to the participant or family/carers, within a certain timeframe of the application being submitted so that it can be followed up.

9. Does the NDIA provide enough information to people when they apply for access to the NDIS? If not, what else could they provide that would be helpful?

No, there is often not enough information given to people who want to apply for the NDIS. The form needs to be clearer. There should be an opportunity to complete and submit the application online and attach relevant documents electronically. Participants or families/carers are sometimes required to provide additional information or documentation, but it is often not specified what this needs to be or who it can come from (type of professional). Participants are often told they are ineligible for the scheme with little additional information. Others have to submit their application 2 or 3 times before

they are accepted, which again causes unnecessary stress, and delays access to supports.

10. Is the NDIA being transparent and clear when they make decisions about people's access to the NDIS? What could the NDIA do to be more open and clear in their decisions?

No. There is often no discussion with the participant or family/carer to advise why they are not eligible, or how they can further support an application. The NDIA could arrange a timely feedback phone call or interview with the applicant to advise why they do not meet the criteria to access the scheme or what additional supporting information would further strengthen their application.

10a What are some of the significant challenges faced by NDIS participants in the planning process?

As mentioned previously in our response, NDIS participants accessing our service have faced a number of challenges throughout the planning process. These have included working with different planners at different stages of the planning process, which has at times led to inconsistency of information provided and resulted in frustration and confusion. Inconsistency of information provided to participants at different stages of the planning process has also been a significant issue. A planner not having adequate knowledge or understanding of the participant's disability has resulted in plans and supports not accurately reflecting the individual's strengths and functional needs. Planner's knowledge of the scheme and available supports has also been an issue, where families have been told that they cannot access certain supports or have been incorrectly guided around best practice interventions.

At times participants have felt like planners have not properly listened to their story and planners have taken an "expert" approach where they know best, and so have not listened when it comes to them communicating their functional needs. Some planners have also demonstrated biases towards organisations that provide supports, and have spoken negatively about other organisations to individuals and what they offer.

The mode of planning interview offered, for example, phone vs face to face has at times made things more challenging. For example participants who have had a phone interview have found it somewhat harder to communicate their functional needs and have felt their plan did not accurately reflect their needs.

11. Are there stages of the planning process that don't work well? If so, how could they be better?

There are many stages of the planning process that do not seem to run smoothly for participants as already highlighted in this document. Lack of consistency across stages and planners is one of the biggest concerns faced by participants. Lack of understanding of the functional impact of an individual's disability is also a major concern as it results in plans not adequately meeting participant needs. Consistent training and support needs to be provided to ensure that planners are giving a consistent message to participants.

Lack of communication around time frames and when participants will receive their plan has been an issue. Clearer guidelines and standards should identify timeframes and these should be monitored regularly to identify and rectify any issues.

As mentioned in the previous question, how the planning interview is conducted can have a positive or negative impact on the final plan produced. Phone interviews appear more challenging, with more useful and relevant information being gathered through face to face interviews, where a planner can also observe the participant. Home or community visits would also be a much more efficient way to gather real life information on the functional impact a disability has on an individual's everyday function. Hearing about and seeing the functional impact of a disability are very different and allows for a more objective assessment of a participant's needs.

12. How long do you think the planning process should take? What can the NDIA do to make this quicker, remembering that they must have all the information they need to make a good decision?

An initial plan should be developed, approved and sent to participants within 4-6 weeks of the initial planning meeting. This should be sent in draft form with the ability for minor edits to be made by the family/planner prior to the plan being activated on the portal. Plan reviews should be completed in a 2-3 week timeframe. The process could be more efficient if planners spent time reading documents prepared by professionals already involved with the participant prior to the planning meeting, so they had some background information going into the meeting. It would also be more efficient to have the same planner for subsequent plans so information does not have to be repeated to multiple agency, LAC or ECI staff.

13. Is the NDIA giving people enough, and the right type of information, to help them prepare for their planning meetings? If not, what else could they provide?

Participants are not always told of the booklets that are available for them to access on the NDIS website to support their understanding of the NDIS, planning process or how to utilise their plans. For those who cannot access these documents on the internet, it is difficult for them to pick up copies of these from their local NDIS office, and they are often not offered the option of having them posted out to them. Participants are not often reminded to consider using these again for plan reviews. The documents are large and there is a lot of information to navigate. Some participants would benefit from additional support in being able to navigate and complete these prior to their planning meetings.

The process of developing the goals after the planning meeting and then allocating the funding amounts is not clear for participants and is not communicated well by the planners. There are no clear timeframes for when participants can expect to hear about their plans and this can cause high levels of stress for participants and families.

There is not enough time given for participants to prepare for plan reviews. They can receive a phone call one day and are expected to participate in a planning meeting the following week. Participants and families/carers often do not understand that they have, or are given the option, of having more time, and asking for the review date to be moved. They are then rushed to gather reports and information required for the review meeting. Some are receiving calls 2-3 months before their plans are due to finish and then are not hearing anything from the planner before their new plan is live on the portal. Others are not contacted until their plans are almost finishing or have finished and the review process is then rushed. There is no consistency for when plan reviews happen for participants. It appears at times that the timing of plan reviews is driven more by the need for planners, LAC's or ECEI partners to meet KPI's at the end of quarters rather than them being set at times that are suitable and relevant for participants, families and carers.

All participants and families/carers should be told of the planning documents at their first and subsequent plan reviews. They should have the option of accessing them via the internet or having copies posted to them. Those that need additional support in understanding and completing the documents should have access to support in navigating these documents so they can prepare for their planning/review meetings accordingly. There should be a clear process and timeframe for planning meetings and plan reviews with participants, families and carers given ample time to prepare and gather the documentation required. At the start of the plan, there should be a date/month given for when the plan will be reviewed and reminders given as the review date approaches. Planners should clearly advise of the process of developing the plan with goals and allocating funding in time for it to be reviewed and altered before the plan needs to be uploaded to the portal.

14. Is the NDIA being responsive and transparent when making decisions in participants' plans? If not, how could this be improved?

There is often no evidence or explanation given for decisions made in regards to goals included or funding allocated in participants plans. There is no opportunity offered for the participant or families/carers to discuss the plan with the planner or LAC/ECEI representative after it has been developed and sent. Some planners may be proactive in discussing with participants what may or may not be included in their plans during the planning/review meetings. However, often it is when the plan is active that participants find out what has been included and the only option for changing this is for the plan to be reviewed in full.

Having all planners communicate with participants as to what they may expect to be included in their plans during the planning meeting would be beneficial. Plans should be available in a draft form for participants and families/carers prior to them being made active in the portal to allow for small changes to be made and prevent the need for adjustments and unscheduled reviews.

15. If you have been in the NDIS for more than one year, is it easier to make a plan now than when you first started? What has the NDIA improved? What still needs to improve?

It is no easier for participants to have a plan developed now than it was when the scheme first started. There still appears to be a lack of consistency in the plans that are being developed and in the supports being provided as has been mentioned above. Some participants are having to go through internal reviews and appeals to the AAT to receive the supports that they are entitled to.

16. What are some of the significant challenges faced by NDIS participants in using the supports in their plan?

One of the most significant challenges faces by many participants is being able to access the supports available to them due to the lengthy waitlists of service providers. In the therapy space in particular, there are not enough therapists available that are registered to provide NDIS supports. There was little planning to increase the amount of allied health professionals in the workforce to be able to meet the increased demand that has come with the roll out of the NDIS. As an organisation we are experiencing the workforce shortages firsthand, finding it extremely difficult to meet the demand for services with staff availability.

Another challenge is the ability of participants or their families/carers to be able to access and navigate the portal to understand what funds they have available or remaining in their plan. When participants can access the portal and understand the data, there are times when it is incorrect or not updated.

17. Is the NDIA giving people enough, and the right type of information, to help them use their plan? If not, what other information could the NDIA provide?

No not always. As mentioned previously, families have been encouraged to access certain services over others, or have given incorrect information in regards to service provision and best practice intervention. Sometimes participants and families are so overwhelmed with the whole process they do not even know how to get started. When participants and families contact our service, we are often spending significant time working through their plan with them so they understand what supports they can access and what they might look like.

18. What other advice, resources or support could the NDIA provide to help participants to use their plan and find supports?

LACs that have good local knowledge of supports could be doing more plan reviews, to ensure participants are accessing relevant services and supports. The old Autism Advisor program was a good example of this, where non biased information was provided to families about the services and supports available to them in their local areas. Ensuring the portal is updated and accurate is essential to ensure participants and providers have accurate information. Without a proper service catalogue it is often simply word of mouth, of making your way through list after list of services, that may or may not be appropriate to meet a participant's needs.

19. What are some of the significant challenges faced by NDIS participants in having their plan reviewed (by planned or unplanned review)?

As previously mentioned, the time given to families for planned review meetings may not be adequate to ensure they are ready and organised with all the necessary information and paperwork. Unplanned reviews often result in significant challenges, such as not having up to date reports ready to take to review meetings, and families may be asked for random reports that they are unsure how to access. The most concerning aspect of these reviews is that participants ca not access the services they require, whilst they await a review meeting and their new plan. There does not seem to be a clear process for the review process with inconsistencies across regions, which makes it even harder to support participants and their families.

20. What can the NDIA do to make this process easier or more effective?

The most important thing is to have a clear and consistent process for both planned and unplanned reviews, that is communicated to participants and providers, so that everyone is well informed and can support the process. Clearer expectations must also be communicated about what is needed and what should be provided to support these reviews, from all relevant parties. Having longer plan durations may ease the workload around plan reviews and will allow participants to continue accessing supports as required if their status has remained unchanged.

21. How long do you think plan reviews should take?

A plan should be reviewed and the participant notified of the initial outcome within 2 weeks of the review application being received.



22. What are some of the significant challenges faced by NDIS participants when they seek a review of an NDIA decision?

Participants and their families/carers can face several challenges as they seek a review of an NIA decision. Firstly, the process on how to seek a review is often unclear, and the information given by planners or LAC/ECI staff can be inconsistent. Families are often not clear on how to best to communicate their concerns, or what they want to appeal, and how to submit this information. Different planners appear to have their own rules on what they will accept as information for an appeal and what they will not. There is often no communication from the NDIA to advise when an appeal has not been received, nor are participants updated on where appeals are up to. Communication from the NDIA around the appeal process is very poor at all levels. Families are then not sure of who they can contact when they have had a poor experience with a planner and an appeal, to be able to lodge a formal complaint. They will also often hold off on starting or continuing services whilst the review is underway, sometimes due to fear that they may have supports reduced or other times due to information provided to them by a planner to tell them not to spend funds available. This can be a very stressful time for the participant and their families/carers to be without support services whilst trying to navigate and at times fight the system.

There are times where reviews are required due to mistakes made by NDIA staff during the planning process or when the plans are uploaded to the portal, for example a plan being set up as self managed when it should have been agency managed or when funding amounts are loaded incorrectly against the support budgets. In these situations, there should not be the need for a full plan review, rather that the mistakes are fixed quickly and the current plan continue. Participants and families/carers also feel significantly stressed when these mistakes impact payment to providers for services delivered that cannot then be claimed.

23. Are there other issues or challenges you have identified with the internal and external review process?

The review process is not consistent and is often reliant on decisions from the planner involved in the initial planning process. Review decisions are often made by planners who do not have the necessarily skills or knowledge to understand the needs of the participant or the complexities of their situation.

There is not enough information given to participants and families/carers should they wish to lodge an appeal with the AAT if their matter was not resolved at an internal review. Moving to an appeal with the AAT can be overwhelming, and they are often not aware of the legal support or advocacy available to support with the process.

24. How could the NDIA improve the decision review process?

There should be clear information available outlining how a participant can apply for a review and how they can lodge an appeal with the AAT if they are not happy with the outcome of an internal review. This information can be provided in easy English with visual supports and include what documentation would be needed for the review to move forward.

It would be fair and equitable if the original planner was not involved in deciding whether the application for review was accepted or in any further part of the review process. A fair system would be for any reviews, complaints and appeals to be dealt with by another office or region, and not be done in the office where the original planner works.

25. How long do you think reviews of decisions should take?

Reviews of decisions should be completed within 3 weeks of the application for review being submitted.

26. Do you think there are parts of the NDIS Act and the Rules that are not working or make things harder for people interacting with the NDIS?

As detailed all other responses.

27. What changes could be made to the legislation (if any) to:

- a. Improve the way participants and providers interact with the Scheme?
 - b. Improve the access request process?
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- c. Improve the participant planning and assessment process?
- d. Better define 'reasonable and necessary' supports?
- e. Improve the plan review process?
- f. Improve the internal merit review process?
- g. Improve the way other government services interact with the Scheme?

No changes with regard to legislation. It is about how it is interpreted for all individuals engaging with the scheme, so consistent messaging is required by the agency and its subcontractors.

28. What are the significant challenges faced by NDIS participants in changing their plan?

The process for participants wanting to make changes to their plans, even if small, is not always straight forward. There is no clear pathway for all participants to follow and usually they have to communicate through their planner in the initial instance. Not all planners are easily contactable, nor are they consistent with the way they handle the request for changes. Ongoing communication with participants is often poor and getting a response to their request takes time. Another challenge is having a small change to a plan trigger an entire plan review and the existing plan ceases with a new plan being issued, often without notice. This, in turn, has an impact for providers in claiming sessions when a new plan issued without communication.

29. How do you think a 'plan amendment' could improve the experience for participants? Are there ways in which this would make things harder or more complicated for people?

A plan amendment would be beneficial for smaller adjustments or additions to a plan that could be made without having to issue an entire new plan and could be done without delays. This could include in the management of the plan changes, funding needs to be moved between support budgets or additional funds needed to be added to the plan. As long as the changes are communicated clearly and in a timely manner to participants and providers, this could be beneficial.

30. How long should people have to provide evidence that they need the changes they are requesting in a plan amendment?

This would be dependant on the evidence required. If it is a medical report that the participant needs to source, this could take some time given current wait lists with specialists and paediatricians are up to 12 months. Otherwise, 2-3 weeks would be a suitable timeframe for participants and their families to provide evidence of change of circumstances or additional documentation.

31. Are there other situations during the planning cycle where a quicker and easier way to make changes may be necessary?

Yes. When planners make a mistake or plans are loaded incorrectly into the portal. There are times when the information provided to participants and families in their NDIS plans do not match what data that is entered into the portal. There are also times where plans are loaded as self managed, when in fact they should have been agency managed. These changes should all be corrected without the need for a plan review.

32. How else could the NDIA improve the process for making changes to a plan?

Have clear communication, build relationships/partnerships with participants and understand the needs of those with disabilities. As an employee of the NDIS, staff should have a comprehensive understanding of the scheme.

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