



National Disability Services

Improving the NDIS Experience: Establishing a Participant Service Guarantee and removing legislative red tape

The introduction of a Participant Service Guarantee has the potential to give participants greater confidence in their engagement with the National Disability Insurance Agency (NDIA). This consultation will help ensure it is an important addition to the National Disability Insurance Scheme Act.

In election documents, the Government has already committed to including timeframes in the Guarantee. Timeframes are necessary to set the expectations of people with disability about when decisions will be made, plans finalised and reviews undertaken. They are objective measures of how well the NDIA is servicing its primary stakeholders—people with disability, their families and carers.

The comments which follow are made with the aim of helping to create a Participant Service Guarantee that improves the experience of engaging with the NDIA. In addition, we identify parts of the Act which, with appropriate amendment, will streamline processes and cut red tape for participants and providers.

Principles

The discussion paper canvasses seven draft principles that could form part of the NDIS Participant Service Guarantee:

- timely
- engaged
- expert
- connected
- valued
- decisions are based on merit
- accessible

These are all important principles for the Guarantee. NDS, however, also considers that another two principles should be included: that decisions of the Agency will be 'informed' and 'transparent'.

NDS is aware that documentation and information provided by families and friends, providers and health professionals is sometimes ignored in the development of plans or the conduct of plan reviews, which ultimately undermines the quality of the plan. For this reason, NDS believes there is merit in including an 'informed' principle.

In this digital world, consumers are able to track progress on online orders, bills, complaints and numerous other matters. In a similar manner, participants should be

able to track the progress of their engagement with the NDIA, whether it be during assessment for eligibility, progress on the development of a plan, approval of quotations, how and when their complaint will be actioned, or arrangements for a plan review. They should also be provided with clear information about why certain decisions have been taken. Including a principle on 'transparency' in the Guarantee would be welcome.

Service Standards

Service standards need to be measurable, not least because the Government's election commitment states the "NDIA will be required to report against their performance under the new NDIS Participant Service Guarantee to the COAG Disability Reform Council". Without service standards that can be measured, performance assessment of the Agency against the Guarantee will be difficult.

The 'timely' principle offers options for measurable service standards but the proposed service standards require further work. A significant problem with some of the draft standards is they are relatively easy to meet without resolving a participant's issue. For instance, 'plan amendments are considered within XX days of the request'. What does 'considered' mean? How does a participant know how long to expect it will take to be considered and finalised?

Similarly, 'participants are offered a planning meeting within XX days of receiving their access met decision' does not give any indication whether the planning meeting will be held the following week or in six months' time.

Or, 'participants who request an internal reviews [sic] of decision are contacted within XX days of the request' does not give a participant any reassurance that the internal review will be completed within a defined period of time.

All other draft service standards need to be further developed in order to be measurable. In their present form it is hard to envisage how they could be reported to the COAG Disability Reform Council.

Access

It is an understatement to say the NDIS is confusing to participants and families and carers. Service providers continue to report they provide a substantial amount of unfunded assistance to people to access and navigate the system.

Of particular concern to people with disability is the substantial costs some are incurring in order to obtain assessments and reports to support their access request. NDS is aware that an assessment trial has been underway (where the NDIA funded assessments). No information about the results of that trial have been released or information provided as to whether it will be introduced across the scheme. Steps to remove/reduce the costs borne by participants to test their eligibility is warranted.

Locating potential participants in some parts of Australia or from some Indigenous or culturally and linguistically diverse groups has been difficult (the relatively low numbers of Queensland residents who haven't been receiving disability support but who would be eligible for the NDIS is an example). These people, even if and when they are identified, are likely to require more assistance in accessing the NDIS than those who have used

previously used state-funded disability services. The NDIA must have efficient and effective outreach services to assist all people new to the scheme.

In some parts of Australia, or for some communities, consideration must be given to funding trusted and well-known community organisations to assist people who may have difficulty in accessing the NDIS (or are reluctant to do so).

Planning

NDS's recent submission to the Joint Standing Committee on the NDIS inquiry on planning has been included as an Appendix to this submission.

Consistent with the recommendations contained in that submission, NDS suggests the Participant Service Guarantee should include something like:

- a participant will be supported by a planner who has appropriate knowledge, experience and expertise to facilitate the development of a plan that reflects the participant's reasonable and necessary support needs

This would mean that participants with complex needs, who have support needs arising from uncommon disability, who are from cultural and linguistically diverse backgrounds, are children and/or live in remote or very remote parts of Australia can expect to be supported by planners who have strong knowledge on which to base decision-making.

Local Area Coordinators are funded to undertake planning with participants and to assist participants with the implementation of their plan. Huge planning targets during the implementation of the scheme have led to plan development consuming the bulk of planners' time, to the detriment of assisting participants with plan implementation.

In our submission to the Joint Standing Committee on planning, NDS supports the introduction of longer plans where appropriate. This should ease the plan development burden on planners, freeing more time for them to assist with plan implementation.

Appealing a decision by the NDIA

The process participants are required to follow in seeking review of and then appealing decisions made by the Agency, should be within the ambit of the Participant Guarantee.

Under the Act, a participant wishing to seek review of a range of decisions made by the Agency must do so within 3 months of receiving notice of the decision. This then triggers an internal review process. There is no timeframe mandated by the Act within which an internal review must be completed. Furthermore, there is no timeframe for when the Agency, having reached a decision, must advise the participant of that decision.

Having eventually received the decision of the internal reviewer, the participant, if dissatisfied, is entitled to seek review of the decision by the AAT. This is a process in which costs rarely follow the result, meaning that the participant is, in most instances, at a significant financial disadvantage compared to the Agency in the event of a lengthy Tribunal process.

All Australian governments have a common law responsibility to act as model litigants. With respect to the NDIA and its conduct of proceedings in the AAT, NDS considers that

the Participant Service Guarantee should make reference to or cite Appendix B of the Legal Services Direction 2017, which outlines the Commonwealth's obligation to act as a model litigant in all proceedings, including 'merits review proceedings'.¹

Based on the experiences of participants who have appealed the AAT, the Agency has, for example, been criticised for its: failure to deal with claims promptly; belatedly making an assessment of the merits of a participant's case; or requiring the participant to prove a matter which Agency knows to be true.

Further, in instances where the Agency has not been successful before the AAT, it may decide to not reflect that decision in revised guidance, directions or advice to planners, Local Area Coordinators and Partners in Community. This is even in situations where there have been a number of cases with similar facts and judgements.

The legislative framework

In this review, NDS urges strong consideration be given to Act changes that would reduce the circumstances triggering a new plan. Currently, anything but a minor amendment to supports requires the ending of a plan and the development of a new one. This results in substantial administration, arising from the need to create new service bookings for all supports being purchased (and not just those that have been added or amended in the new plan). This review provides the opportunity to find a way to amend a plan for a support/s but allow service bookings not impacted by the change to remain in place.

There is currently no notification process which providers can rely upon to ensure they are aware of a plan amendment. At a minimum, providers with existing service bookings with a participant who has a plan under review should be notified that they may need to discuss support arrangements with that participant. This lack of knowledge about the potential for changed support arrangements causes providers to incur debts for supports provided but for which they are unable to claim.

Neither a participant nor the NDIA are required to inform a service provider (with an active service booking with a participant) when there is a support coordinator or plan manager in place. This lack of knowledge can result in providers incurring costs either by undertaking unfunded support coordination tasks for a participant they are supporting, or by being unable to be paid for supports they have provided (a participant can negotiate a service agreement with a provider but fail to let the plan manager know that they need to make a service booking in order to quarantine funds for payment).

Concerns about privacy could be managed by placing as little as a flag on the portal to indicate providers should speak with the participant about their support arrangements.

Privacy interpretation by the NDIA also impacts on the information providers receive about participants prior to delivering supports. This is a critical matter when a participant has a history of challenging behaviours (of risk to themselves, other participants, staff or community members) or has medical conditions a provider needs to be aware of. The absence of information provided by the NDIA on these matters is high risk for providers and is in tension with the NDIS Commission's Practice Standards which expect

¹ See Legal Services Direction 2017, Appendix B at <https://www.legislation.gov.au/Details/F2017L00369>.

providers to work collaboratively to ensure participants are appropriately supported (which requires information sharing).

The NDIS is required to make payments promptly. This requirement should be extended to plan managers, perhaps through Rules for plan management, as a plan manager may 'sit on' funds for a substantial time prior to making the payment to a provider.

Providers often have difficulty working with participants who are under guardianship arrangements, particularly associated with service agreements and service bookings. State guardians vary in how they address NDIS matters. Clear guidelines (which are as consistent as possible across the states and territories) would be well received. As far as we can tell, nominees are not often appointed by the NDIA, even when they are required.

NDS has long supported the recommendation of the Australian Law Reform Commission (ALRC) to establish clearly articulated 'national decision-making principles' to guide reform of all Commonwealth, state and territory laws and legal frameworks that affect decision making of people with disability. This would be the most effective strategy for building a more coherent approach to legal capacity. It should, over time, reduce the inconsistency and unnecessary administrative hurdles across different jurisdictions or areas of life that currently face people with disability, their families and service providers.

Specifically NDS supports:

- Amendments to the objects and principles of the NDIS Act to better recognise the right of participants to express their will and preferences in decision making. However, NDS is comfortable with the current text in S 4(8) and S 5 which we do not think emphasises substitute decision making.
- Amendments to bring the role of nominees in line with the ALRC concepts of a 'supporter' who could be appointed by the participant to provide support for decision making. Participants should be able to appoint a 'supporter', not as a measure of 'last resort' and when 'it is not possible for them to make decisions for themselves', but rather as a source of assistance when the participant wants help with NDIS-related decision-making.
- The supporter role should have duties similar to the nominees but expanded as proposed by the ALRC to include assisting the participant to consult with family members, carers, other significant people and 'existing appointees' in making a decision. We also agree with the ALRC that it is appropriate to add cultural and financial wellbeing to the duties of the 'supporter'/'nominee' to promote personal and social wellbeing. Unlike the current nominee role it is important that the 'supporter' role can only be appointed by the participant.
- Amendments which include the introduction of 'representatives' consistent with the ALRC principles. This addresses circumstances where a participant may not be able to make a decision for themselves with support. This change in terminology would allow a consistent approach to develop across jurisdictions and areas of government.
- Representative role/duties should be similar to those of a current nominee and be appointed as a last resort. Limiting the duty to one area of the participant's life, such as financial decision making, should be possible. The duty, to "ascertain the

wishes of a participant”, should require the representative to support the participant to ‘fully express their will and preferences.’

- Amendments to incorporate provisions dealing with the process and factors to be taken into account by the CEO of the NDIA in appointing representatives. The CEO’s powers should be exercised as a measure of last resort, with the presumption that an existing state or territory appointee (such as court-appointed guardians) will be appointed, and with particular regard to the participant’s will, preferences and support networks.
- The ALRC proposal that the CEO of the NDIA is required, before exercising the power to appoint a representative, to make an application to a state or territory guardianship body for the appointment of a person with comparable powers and responsibilities is sensible. The CEO may then exercise the power to appoint that person as a representative under the NDIS Act.

Given the increased focus the NDIS has on employment, NDS recommends that both the objects and principles be amended to make specific reference to ‘employment’ (the existing reference to economic participation is too vague).

NDS is aware that this review of the NDIS Act is not being undertaken with the intention of making substantial changes to the legislation. Given, however, the scheme is approaching full implementation, it is timely to conduct consultation on access and eligibility criteria. We have heard that within the NDIA there is a review of access for people with Autism Spectrum Disorder. We are also aware of the ongoing discussions about how to describe psychosocial disability within the legislation and guidelines (particularly associated with the use of the term ‘permanent’ and ‘recovery-oriented supports’). As the scheme moves from one that is being implemented to one that is fully operational, a substantial review of access criteria is warranted.

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National Disability Services is the peak industry body for non-government disability services. It represents service providers across Australia in their work to deliver high-quality supports and life opportunities for people with disability. Its Australia-wide membership includes over 1050 non-government organisations which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

APPENDIX

NDS's Submission to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Planning

Good planning is central to the success of the NDIS, highlighted by the attention given to it in every report of this Joint Standing Committee. The Committee's first 'Progress Report on the implementation and administration of the National Disability Insurance Scheme' in July 2014 quoted an NDIA senior manager:

The task is to build a team...one which is about flexibility and responsiveness and the ability to work in this grey, not in black, not in white, and acceptance that you are no longer working in a rationed and sanctioned system but one where it is your personal judgement about reasonable and necessary. The thing that I need to build more into our planners, which I suspect is at the basis of most of those concerns, is understanding and empathy and listening and being able to connect to that family and their circumstances and truly understand what a person-centred, family-centred approach is. Some of our planners have lived and breathed and dealt with that for many years. Some of them have come from perhaps a more academic background, or a more structured and constrained background, and they are struggling to have I suppose the individualised responsiveness.²

Five years later, the enormity of this task to deliver high quality plans remains.

While it is natural to focus on the problems caused by poor planning, it is important to note the substantial improvements to planning processes being implemented over the past 18 months or so. These include the commitment and work to introduce:

- 3 pathways: the NDIS Participant Pathway, Complex Support Needs Pathway, and Early Childhood Early Intervention (ECEI) Pathway
- 2 service streams: for psychosocial and disability and hearing
- service enhancements to meet the communication and engagement needs of people from different backgrounds, including people from ATSI and CALD backgrounds, remote and very remote communities, and people who identify as LGBTIQ+

The recent Quarterly Report summarises progress made on the implementation of these enhancements.³ NDS commends the commitment of the NDIA to improve planning, which will ultimately flow to all stakeholders. Our comments in this submission are made with that end in mind.

The experience, expertise and qualifications of planners

The expertise of planners varies greatly. Throughout the implementation of the scheme, NDS saw a predictable pattern. As areas transitioned to the scheme, new planners were recruited. The quality of plans at this point was very variable and often poor. As these planners gained experience, the quality of plans gradually improved.

² Joint Standing Committee on the National Disability Insurance Scheme, July 2014, Progress Report on the implementation and administration of the NDIS, p. 43

³ NDIA, COAG Disability Reform Council Quarterly Report 30 June 2019, pp. 42–47

This points to the need to have strong induction and mentoring in place for all new planning recruits, and appropriate quality assurance processes. It also highlights the importance of having relatively stable workforces (with only moderate turnover).

Employing people with no experience of disability as planners is problematic and complicates what is already a difficult task. If recruiting a planner without disability knowledge is the best option, comprehensive disability awareness training should be a core component of induction. Time spent shadowing experienced planners should be mandatory for all new planning staff and regular feedback on the quality of plans must be given.

Planning should be informed by a range of inputs. Too often a planner takes a response from a participant at face value. A response about whether the participant needs assistance with meals was negative, even though the participant's involvement was mainly to source ingredients from the fridge or cupboard. Input from family members, friends and/or service providers would help ensure important supports are included (or adequately funded) in plans.

Given the varying severity and sometimes episodic nature of psychosocial disability, skilled planners are required to develop quality plans for this group of participants. NDS is pleased that the Agency has identified the need for a psychosocial disability service stream but does not have information yet about whether it is improving the planning for this group of participants.

The ability of planners to understand and address complex needs

In theory, people with complex support needs should be assisted by a skilled planner employed by the NDIA. This is appropriate, and is a pathway that should be maintained. While problems with plans still arise, they appear to be less common as they are usually informed by both providers of informal and formal supports. With a good knowledge of disability, these planners seem more aware of the importance of using information from a range of sources.

Planning undertaken by Local Area Coordination partners should be for participants with less complex support needs. In reality, they do undertake the planning for some participants who would be better served by NDIA planners. Minimising the occurrence of this would be welcome as the plans are more likely to not accurately reflect the needs of participants.

The NDIS Price Guide 2019–20⁴ outlines higher intensity supports and when they might be required:

A support is considered a high intensity support if the participant requires assistance from a support worker with additional qualifications and experience relevant to the participant's complex needs. The high intensity price limits may be considered when:

- frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or

⁴ Available at <https://www.ndis.gov.au/providers/price-guides-and-information>, pp. 21–22

- continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support)

In determining which price limit for High Intensity Supports should apply to a given support, the provider should consider the skills and experience of the worker delivering the support. In general, the Level 2 price limit applies to most high intensity supports.

However, if the particular instance of support is delivered by a worker who does not have the skills and experience to deliver a high intensity support then the Level 1 price limit should be applied. If the particular instance of the support is delivered by a more highly skilled or experienced worker then the provider can consider applying the Level 3 price cap, with the participant's prior agreement.

Problems arise as this requires planners to understand the complexity of the supports required and to fund plans at prices related to that complexity (for some supports, prices are set for three levels of complexity). If they calculate funding using a pricing level lower than a provider believes is appropriate (because they are using more skilled workers), fewer hours of support will be able to be purchased. Participants with complex support needs should not be placed in the position of deciding whether to trade hours of support because the funding in their plan is not adequate (and this should not occur for participants with challenging behaviours).

The NDIA has indicated that providers have the ability to quote for the supports for participants with very complex needs. Comments from providers suggests this does not seem to be an option in use for determine the supports for many high need participants.

Participant involvement in planning processes and the efficacy of introducing draft plans

The introduction of face-to-face planning for all participants (unless they request otherwise) was a welcome initiative by the Agency. It has improved the experience for participants, families and carers and has improved the quality of plans.

As noted above, the propensity of some planners to take participant information at face value causes problems, particularly for some people with an intellectual disability or cognitive impairment. Positive responses to questions can result in necessary supports being omitted from plans. This problem is exacerbated if the planner ignores additional information which may have been submitted by formal or informal support providers. All available information should be used to inform the development of plans.

NDS understands that the current planning process includes showing the participant a draft plan at the conclusion of the planning meeting but does not give it to them to take away to consider. In an ideal world, they would be given a draft plan to take away to consider. We cannot comment, however, on what impact the provision of a draft plan would have on things like plan completion time, increased requests for funding or additional supports that are outside the reasonable and necessary criteria, or perhaps on the improved quality of plans.

A limited trial on the impact of providing participants with a draft plan to take home to consider is warranted.

The incidence, severity and impact of plan gaps

Others will comment on the problems plan gaps cause participants and their families and carers.

From a provider perspective, the impact of plan gaps is substantial. Scheme design inappropriately limits the information available to providers. Even when providers have a service agreement in place with a participant, they will not be informed of a plan review. The consequence is they may continue to provide services for which they are unable to receive payment. This is unacceptable.

When a plan review is initiated, providers with existing service agreements with the participant should receive notification that it is occurring. They should also be notified when a new plan is in place or when a plan has been extended. A weekly report to providers that have service bookings with participants who have a plan that may change would reduce the administrative and financial costs to providers. It would flag they need to check with the participant about plan changes.

To respond to circumstances where a plan expires before a plan review is completed, the NDIA has announced a portal change that automatically extends the plan (with pro rata funds) for some supports. This recent portal update is welcome. NDS understands an additional update will be implemented to do the same for quotable supports (such as Supported Independent Living). If and when this occurs, the financial impost of plan gaps on providers will be greatly reduced.

NDS has yet to hear whether these portal updates are working as expected.

The reassessment process, including the incidence and impact of funding changes

Plan reviews result in a substantial administrative, and often financial, costs for providers. A major contributor to these costs is the lack of information available to providers that are supporting the participant. Providers are not informed that a review is underway so have no awareness that they may need to stop providing supports or amend the service agreements they have in place with a participant. The participant can change cancel or amend a contract without informing providers that then find they cannot claim for the work undertaken during this period.

As noted above, the Agency should flag the initiation of a plan review with all providers that have a service agreement in place with the participant. Poor NDIS processes should not result in the provision of services which a provider cannot claim payment for.

The review process and means to streamline it

Lack of notification about a plan review limits the information available to inform the new plan. This is short-sighted and contributes to poorer quality plans. All available information, from both informal support and support providers about what has been delivered and the outcomes achieved should be used to construct a new plan.

Plan reviews should trigger an automatic request for information from relevant sources – to be provided in a concise, streamlined format – which should inform the review process. Planners should not be able to ignore these inputs (which some currently do).

The circumstances in which longer plans could be introduced or rolled over

Prior to the NDS, clients receiving state or territory government-funded disability supports generally struggled to have their supports increased if their needs changed. It was hard to convince the state or territory of the need for additional funding, and even if you did, available funding was limited. It was not uncommon for people to never have their support needs re-assessed other than if/when they were at risk of not being able to be supported in their home or group home. It was crisis driven.

The introduction of the NDIS has dramatically improved this situation. During the trial and implementation of the Scheme, participants support needs have been re-assessed at least yearly. But that also has a downside. The pressure on planners during the implementation of the NDIS has been intense, and will have contributed to poor quality plans. If planners continue to review most plans every year, this intensity will not diminish. For this reason, NDS supports efforts to identify participants who could be well served by longer plans (noting they retain the ability to request a plan review at any time).

It is easier to respond to the question on the circumstances in which longer plans could be introduced by considering when longer plans are not recommended. These include:

- early childhood
- transition to school
- leaving school
- transition to work years
- degenerative conditions
- ageing (noting it is important to take account of disability types e.g. people with Down syndrome have a relatively high prevalence of early onset dementia, which will increase support needs)
- participants living at home with elderly parents
- participants with specialist support coordination in their plans
- participants with challenging behaviours who have authorised restrictive practices
- participants who have connections with mainstreams services such as justice, child protection, homelessness or domestic violence

Participants should have to agree to the longer plan and understand they can seek a review at any time. When longer plans are in place, the NDIA should do a yearly 'check in' to ask whether the plan has been working well for the participant, whether there have been changes to their goals or informal supports.

Consideration should be given to whether some safeguards need to be built in for participants. For example, should service bookings be limited to a certain time period to ensure the provider discusses/negotiates changes to support arrangements with a participant at least yearly?

The adequacy of the planning process for rural and regional participants

Rural and regional participants experience similar problems with the quality of plans, as outlined earlier in this submission.

In addition, they commonly experience additional disadvantages associated with provider travel and transport. While the Agency improved the provider travel allowances for this financial year, the new arrangements remain insufficient to cover the travel time to support some participants. This problem is compounded by the fact that travel costs associated with the use of a vehicle are not claimable. A provider travelling 100 kms to support a participant will be out-of-pocket by almost \$80 for travel. Until the NDIA allow providers to claim for the use of vehicles, rural and regional participants will have restricted access to supports even if they are contained in a participant's plan.

Rural and regional participants report great frustration at the inadequacy of funding in plans to cover their transport needs. NDS understands the NDIA has been reviewing participant transport issues for some time but no report has been released. We also understand that the Disability Reform Council has a working group on participant transport which again, has not released any information.

Other matters

- **Remote and very remote participants**

Providers working in remote and very remote parts of Australia are concerned plan reviews are resulting in substantial reductions in funding, which they believe is due to participants struggling to purchase supports. Reduced funding in plans will reduce demand, which will then fail to signal what level of supports are actually needed in these communities.

NDS requests that regular information on supply and demand be released for remote and very remote communities alongside detailed information on changes in the size of funding packages. This will allow planning for participants living in these regions to be monitored and responded to.

- **Support coordination and plan management**

When a participant has funding for a support coordinator and/or plan management, a flag on the portal should notify other providers. At present, this does not occur and is problematic.

With respect to plan management, actions by a participant can result in the provision of services for which a provider cannot be paid. A participant negotiates a service agreement directly with a provider. They are under no obligation to inform the provider that a plan manager is in place, nor will they necessarily inform their plan manager that they have negotiated service agreements with one or more providers. Non-payment of a provider can result.

Providers are also not informed when there is funding for a support coordinator; they do not necessarily know a support coordinator is available to assist with problems that may arise. Providers end up undertaking unfunded coordination work. In addition, it is not uncommon for support coordination in plans to be funded for very few hours (enabling

the coordinator to meet the participant to discuss arrangements and to develop the first report for the NDIA). There needs to a minimum time allocated for support coordination support.

- **Funding for Supported Independent Living and Specialist Disability Accommodation**

Planners are often not adept at identifying participants who may need to move into Supported Independent Living (SIL), and even when it is identified, having funding allocated is a slow process. Planner training is needed, alongside work to streamline the determination of funding. Providers may have a housing option available but the allocation of SIL takes weeks or months to be made.

Similar problems can arise in the allocation of funding for Specialist Disability Accommodation.

- **NDIS Act review**

A review of the NDIS Act is underway, primarily to introduce a Participant Service Guarantee. During this review, NDS urges consideration be given to Act changes that would reduce the circumstances that trigger a new plan. Whenever a plan is developed, providers are forced to make new service bookings (even if the bookings were for supports not changed by the new plan) and renew service agreements. It is administratively burdensome for providers, but also for the NDIA.