

NDIS Pathway Timelines

Response times and guidance on follow up action for clinical mental health services

Purpose

To provide an overview of key points in the NDIS pathway, expected response time and follow up

Tip: Flag expected response times in your electronic calendar or diary.

Key follow up timelines



If a consumer would like your support to follow up any NDIS queries they must provide consent to the National Disability Insurance Agency (NDIA) and, once they have a plan, their NDIS funded Service Providers. You can register this consent with the NDIA by -

- calling the 1800 number with the consumer and getting their verbal consent to have your contact details added to their NDIS file, or
- submitting a signed consumer consent form to the NDIA

Tip: Calling before 10.00 am and after 6.00 pm can reduce call wait times.

For NDIS funded Service Providers, particularly Support Coordinators, you can do this by -

- ensuring your contact details are listed on the consumer's NDIS Plan at the Planning Meeting, or
- submitting a signed consumer consent form to the Service Provider which includes your contact details.

Key contact details

Access progress queries: direct to NAT@ndis.gov.au

Complaints: direct to feedback@ndis.gov.au (be assertive to get action)

Telephone: 1800 800 110 (for both access progress queries and complaints)

Local escalation and advice process (delete as appropriate)

- Discuss with NDIS Local Lead on your team
- Feedback to local service NDIS Working Group
- Escalate to NDIS Program Lead within mental health service
- NDIS Program Lead who will collate and feedback to
 - Local Area Mental Health NDIS Interface Group
 - State-wide Mental Health NDIS Interface Group

The table on the following pages outlines the key steps in the NDIS pathway, expected response time frames and any related follow up actions

NDIS pathway process	Expected response time	Follow up action
Getting an Access Request Form (ARF) after calling NDIS	Seven days via post	<p>If consumer does not receive ARF via post after two weeks call 1800 800 110 or email the National Access Team (NAT) NAT@ndis.gov.au and document in file.</p> <p>Consumer has four weeks to send completed ARF and supporting evidence back. Call 1800 800 110 or email NAT if more time needed.</p>
NAT may request further information after submitting valid ARF	NAT will make request within 21 days of receiving valid ARF	Clinicians must provide additional information within 4 weeks of receiving request from NAT otherwise the access request is considered to have been withdrawn. Call 1800 800 110 or email NAT@ndis.gov.au if more time needed.
Eligibility decision after submitting valid ARF	21 days via post Where additional information has been requested, within 14 days of receiving the final piece of information	If no decision after five weeks , call 1800 800 110 or email NAT@ndis.gov.au and document in file.
Priority Planning meeting	<p>Immediate priority for NDIS participants who are at risk of harm, or whose stability of accommodation or care arrangements have broken down;</p> <p>Within two weeks of eligibility decision for NDIS participants whose stability of accommodation or care arrangements are unsustainable, fragile or at risk of breakdown;</p> <p>Within six weeks of eligibility decision for NDIS participants in, or returning to, a community setting who:</p> <p>have no, or very few, supports in place where delay is likely to result in higher scheme costs, poorer longer term outcomes or a further reduction in functioning; or</p> <p>need to have appropriate support arrangements in place to be able to return to the community, for example participants returning home after an admission for acute mental health treatment or participants being released from prison or custody.</p>	Identify consumer as needing a priority planning meeting and provide supporting evidence as requested to NAT via email NAT@ndis.gov.au or call 1800 800 110. Follow local escalation process within the mental health service when clinically indicated.

NDIS pathway process	Expected response time	Follow up action
Phone call from an NDIS Business Administration Support Officer (BSO) to the consumer or their nominee to arrange a meeting time and place to meet with Planner	<i>Shortly</i> after receiving letter confirming eligibility – no specific time frame.	If no contact after one week call 1800 800 110 or email enquiries@ndis.gov.au and document in file. Request contact name, number and email of BSO for any liaison prior to meeting to ensure: planner has all information prior to meeting planner is aware of how meeting should be conducted to support consumer e.g. multiple shorter meetings, location/environment
Planning Discussion meeting with NDIA Planner or Local Area Coordinator (LAC)	Six weeks after acceptance into NDIS. Note: If Planner approves Support Coordination they will ask participant to choose a provider in this meeting.	Request contact name, number and email of Planner for any additional documents or information you may want to send or follow up later
Plan approval, copy of Plan and activation code	10 days after last Planning Discussion meeting via post. Consumer's Plan will be available on the NDIS <i>Myplace</i> portal about 24 hours after it has been approved.	If Plan not received after two weeks contact Planner, or call 1800 800 110 and document in file. LAC or the NDIA will provide the consumer with an activation code needed to access <i>Myplace</i> for the first time. Activation code will also be included with mailed approved Plan and will expire within approximately 10 days. Another code can be given by calling the NDIA on 1800 800 110 or contacting LAC.
Phone call from Support Coordinator provider to arrange meeting	Within 2 days of plan handover between planner and support coordinator	If no contact within one week of plan being approved, contact Planner to address delay and document in file.
Meeting with Support Coordinator	Within 5 days of plan handover between planner and support coordinator	If meeting has not occurred within two weeks of plan being approved, call Provider to address delay and document in file.
(if required) Request Internal Review because participant is dissatisfied with approved plan. Note: participant must request an Internal Review within three months of receiving plan	Within 14 days of receiving the request for an Internal Review, the NDIA must decide whether or not to conduct the review and will notify participant in writing	If no contact after three weeks call 1800 800 110 or email enquiries@ndis.gov.au to address delay and document in file.

NDIS pathway process	Expected response time	Follow up action
Request for Plan Review due to change in circumstance	Within 14 days of receiving the request the NDIA must decide whether or not to conduct the review and will notify participant in writing	If no response after three weeks call 1800 800 110 or email enquiries@ndis.gov.au to address delay and document in file.
Unscheduled Plan Review Meeting	Within 14 days of deciding to conduct the review the NDIA must commence reviewing the participant's plan	If no response after three weeks call 1800 800 110 or email enquiries@ndis.gov.au and document in file.
Scheduled Plan Review	Three months prior to plan expiring participant will be contacted by NDIA to arrange a Plan Review meeting	If no contact two months prior to plan expiring call 1800 800 110 or email enquiries@ndis.gov.au and document in file.

Helpful Links

1. NDIS Complaint form

If a consumer is not satisfied with the way the NDIA carried out its decision-making, or how the NDIA dealt with them during the review process, they can make a complaint.

<https://www.ndis.gov.au/about/contact-us/feedback-complaints/complaint-form.html>

2. Application for a review of a Reviewable Decision

Many decisions made by the NDIA are reviewable. They include, for example:

- NDIS access decision
 - The funding and provision of reasonable and necessary supports i.e. the appropriateness of the Plan
- When a consumer is told about an NDIA decision (e.g. eligibility or an approved NDIS plan), they will be told how to request an internal review. If a consumer thinks a decision made by the NDIA about them is wrong, they can submit an application for internal review of a decision. If they disagree with a decision about the supports in their plan, use the **review of a decision form to request an internal review**. The request for review must be made **within three months** of receiving the reviewable decision notice.

When asking for a review, they need to explain why they think the decision is incorrect.

You don't have to use this Application for review of a reviewable decision form, but it can help describe why an internal review of the decision is needed.

<https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review/application-review-reviewable-decision>

3. NDIS Change in circumstance form

If a consumer requires increased or new psychosocial disability supports due to a significant change or life event (e.g. becoming homeless, a recent trauma, loss of informal supports, acquisition of co-morbid other disability e.g. ABI) and requires a plan review this can be initiated via a change in circumstance form.

<https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances>

4. NDIS Plan Review Request form

A Plan Review is a process in which the NDIA performs a re-assessment of a participant's support needs and prepares a new plan on behalf of the participant.

A Plan Review can take place:

- as part of the planning cycle (a Scheduled Plan Review); or
- at any time, on the initiative of the NDIA (an Unscheduled Plan Review); or
- at any time, where a participant requests a review and the NDIA decides to conduct a review of the participant's plan (an Unscheduled Plan Review).

<https://www.ndis.gov.au/medias/documents/plan-review-form-pdf/Plan-Review-Request-Form.pdf>

A consumer can request an Unscheduled Plan Review **at any time** by filling out this form and returning it to: NDIA, GPO Box 700, Canberra, ACT 2601. An Internal Review is a separate process by which an NDIA staff member, known as an internal reviewer, reviews a decision made by another NDIA staff member.

If a consumer disagrees with a decision about the supports in their plan, use the review of a decision form to request an internal review within three months of the decision date. If they are still not happy after the internal review of the decision, they can apply for a review by the Administrative Appeals Tribunal (AAT), a tribunal that exists outside the NDIA. Please note: The AAT cannot review a decision by the NDIA until the decision has been internally reviewed by the NDIA.

For information about applying for a review by the AAT, see the AAT website <http://www.aat.gov.au/applying-for-a-review/national-disability-insurance-scheme-applicants>