

Attachment 1: Review of the NDIS Act and NDIS Rules – Response to questions in the Discussion Paper: *Improving the NDIS Experience: Establishing a Participant Service Guarantee and removing legislative red tape*

Question	Tasmanian Government response:
<p>1. Which of the above principles do you think are important for the NDIA to adhere to, and why?</p>	<p>The Tasmanian Government notes the proposed principles for NDIA service standards and considers them all to be relevant, important and of equal value. The following comments are provided for consideration:</p> <ul style="list-style-type: none"> • <i>Engaged</i> – this principle could be re-named “<i>Co-Design</i>” to reflect the importance of including stakeholders who use, or who are affected by NDIS services, including the development of operating procedures and processes • <i>Expert</i> – while a highly-skilled and knowledgeable workforce is desirable, the term ‘expert’ does not recognise the participant, their family or carers as the expert in their own life and experience. The words ‘skilled’ or ‘knowledgeable’ may better reflect the need for NDIA staff to have appropriate skills and training to enable them to understand the impact of disability on peoples’ lives, which supports are likely to be most effective and understand clinical recommendations (the Tasmanian Government is aware of cases where clinical advice has been overridden by an NDIA planner because they did not think the participant needed the support recommended by clinicians). • <i>Connected</i> – working with stakeholders to provide a coordinated and integrated service response is supported. This could be strengthened by referring to a ‘seamless’ experience for participants and making it clear it applies across the entire NDIS experience (from pre-access to plan use and review) aiming for a coordinated and integrated service system as well as integrated services for participants. • <i>Valued</i> – this could be strengthened by adding the word respectful. An important enabler of inclusion in any process is ensuring that people with disability, their families and carers and other support persons feel they have been treated with respect, listened to and have actively participated in relevant processes. • <i>Decisions are made on Merit</i> – consideration should be given to renaming this principle ‘<i>Transparent</i>’. • <i>Accessible</i> – the Participant Service Guarantee should be accessible and easily understood by all current and prospective participants, their families and carers. People with disability, their families, carers and other support persons should be actively engaged in the development of the Participant Service Guarantee.
<p>2. In your experience with the NDIA, do you think the NDIA has fulfilled the above principles? If not, how are they falling short?</p>	<ul style="list-style-type: none"> • The NDIA’s capacity to apply these principles consistently is an issue. Feedback from funded Community Sector Organisations in Tasmania indicate that participants’ experiences as they navigate their way through the NDIS vary significantly, particularly in regard to quality and appropriateness of plans, the length of time taken to move from access met to plan approval and plan reviews. • Recent training for NDIA staff, particularly on psychosocial disability and complex needs, has resulted in some improvement in NDIA staff understanding of participant needs. • The proposed principle of ‘<i>Timeliness</i>’ is of most concern, with delays demonstrated across a broad range of mainstream interface areas including health, transport, education, mental health, housing and justice and NDIS stages including access requests, NDIS plan review, planning appointments and developing plans, and access to NDIS providers.
<p>3. What other key principles are important for the NDIA to follow, that could be included in a Participant Service Guarantee?</p>	<p>Consideration should be given to inclusion of the following concepts in the final set of principles:</p> <ul style="list-style-type: none"> • <i>Equity/Consistency</i> - where applicants and NDIS participants, their families and carers can expect to have a consistent service experience, regardless of who they are and where they live - noting some participants may not be able to achieve optimum outcomes through the NDIS because of the nature or complexity of their disability; their level of informal support; the quality of the planning process and the planner; disability supports are not available where they live or regional variations in application of NDIS processes/rules. • <i>Redress</i> – outlining what participants can expect if the service standards or any other aspects of the Guarantee are not met. • <i>Certainty</i> – a participant can expect to have certainty over their supports. The Tasmanian Government has received feedback from participants who are concerned about the risk of losing their services/supports where the provision of such supports has resulted in an improvement in independence. This could be a disincentive to the participant towards a goal of independence. • <i>Responsible</i> – the NDIA should be responsible for working with people to achieve best outcomes.
<p>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 in the Discussion Paper. Do you think these</p>	<p>The service standards seem fit for purpose as drafted. Some comments for further consideration are:</p> <ul style="list-style-type: none"> • <i>Engaged</i> – face to face consultation should be across a broad range of locations not just easily accessible places like capital cities. • <i>Valued</i> – the way this service standard is phrased focuses on people being informed rather than feeling valued. • <i>Accessible information</i> – other platforms and communication methods should be considered, not just phone and website.

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Service Standards are fitting? Are there other standards you believe should be included?	
5. Do you have any ideas on how we can measure how well NDIA has delivered on each of the principles?	<p>The Tasmanian Government notes some descriptions of the principles do not easily translate to the corresponding standard or performance indicator and suggests that:</p> <ul style="list-style-type: none"> • once measures are defined, they should be reflected in existing participant satisfaction mechanisms and be publicly reported • service and mainstream providers’ experience should also be sought to give a ‘360’ approach • the following measurements for principles be considered: <ul style="list-style-type: none"> ○ <i>Timely</i> – the timeliness interacting with mainstream service providers is a critical factor - for example, an NDIS participant receiving psychosocial supports who has been admitted to acute inpatient care, may require a plan review. This is often not prioritised by the NDIA and can lead to discharge delay while waiting for appropriate supports to be approved. Delays accessing ECEI services are also an issue. ○ <i>Engaged</i> – while the description of this principle references families, carers and other supports, the service standard does not. The service standard should include a focus on ensuring people with disability and their support networks are actively engaged. ○ <i>Expert</i> – the type of training provided to achieve this principle should be subject to a process of continuous review, to ensure the training meets the needs of participants. ○ <i>Valued</i> – the description of this principle and the service standard do not align. The description references participants, their families and carers and other support persons whereas the service standard references only the broader community.
6. What are some of the significant challenges faced by NDIS participants in the access process?	<p><u>Navigating the Access Process:</u></p> <ul style="list-style-type: none"> • An under-developed Local Access Coordinator (LAC) role and lack of connection to the National Access Team (NAT) continues to be an issue for Tasmania • The language used by the NDIA is not well understood and should be simplified across the operational aspects of the Scheme • Does the NDIA have capacity to give people a reminder when the critical date for information approaches and a contact point to discuss any barriers and discuss alternate information options? If not this could be considered. • The NDIA communicates mainly by letter, phone or face to face through the LAC or NDIA offices. Using the phone as the primary communication method has limitations as outlined below: <ul style="list-style-type: none"> ○ Where the NDIA calls the person and there is no response, often no message is left or if it is, people cannot easily call back as the number is “private”. This counts as an <i>Unable to Contact</i>. The NDIA could consider using a text message and/or being an identified caller? This would minimise instances where people ignore the call, particularly where they do not recognise the number (they may suspect a hard sell or even a scam phone call). • Feedback suggests that people without strong networks have difficulty pulling together the evidence for an access request and if denied (due to incomplete evidence) are withdrawing from the process, rather than seeking an appeal. • Where access has been denied (either because of ineligibility or incomplete information) people should be encouraged to seek further assistance through advocacy support, LACs, mainstream or other appropriate services. <p><u>Supported Independent Living:</u></p> <ul style="list-style-type: none"> • The Supported Independent Living (SIL) approval process requires that only a single clinical recommendation can be provided in one request, with additional requests made only if the first request is declined. This process is time consuming for participants and often requires extensive length of inpatient stays while waiting for approval outcomes. This has flow-on effects for participants and the Tasmanian hospital system in the form of discharge delays. • The process could be improved by allowing provision of multiple clinical recommendations in one request. This would streamline the process for providers, allow for shorter inpatient stays and speed the process up for participants. A recent case study illustrates this: Three SIL requests were made for one participant, two were declined due to cost and the third approved after delay. Each SIL request took between two to three weeks,

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	<p>followed by a week for the SIL review/approval process. Feedback about the declined request was not provided to the Tasmanian Health Service (THS) which resulted in significant delays for the participant in getting their SIL supports approved.</p> <ul style="list-style-type: none"> The THS also notes that during the SIL process, where interim accommodation arrangements are required, the THS is responsible for arranging and paying for accommodation, even if the participant has been approved for access to the NDIS and is awaiting either the plan outcome or the SIL request outcome. The Tasmanian Government considers it would be appropriate for the NDIA to explore interim accommodation arrangements further.
<p>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?</p>	<ul style="list-style-type: none"> In Tasmania, the 21-day maximum timeframe is often the minimum period of time taken for an access decision and there is little transparency of the tasks required to be undertaken by the NDIA as part of this process. It would be beneficial for Tasmanian participants if timeframes for an access decision were shorter, perhaps up to 10 days and the process was more transparent.
<p>8. What do you think the NDIA could do to make it quicker or easier to access the NDIS?</p>	<ul style="list-style-type: none"> Consideration should be given for applicants/participants to be able to consent to the NDIA directly contacting key supports including health/allied health professionals to obtain information/evidence more quickly.
<p>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?</p>	<ul style="list-style-type: none"> Sometimes, eligible participants assume that ‘access’ equates to receiving an NDIS plan. It is not clear that they need to progress to an approved plan in order to start receiving NDIS supports. It is important that these processes are made clear to participants to manage expectations, reduce stress and uncertainty and not create further delays in accessing NDIS supports. Decisions made nationally by the NDIA are not always reflected in planning conversations with Tasmanian applicants or participants as decisions take time to filter to the local operational level. Where national decisions have been incorporated into local operations in a timely manner (such as the use of interim plan and Coordination of Supports) this is primarily due to Tasmanian Government officials escalating issues directly to the NDIA for resolution. It would be helpful if people knew what to do, where they could go, or who they could speak to if they are struggling to get timely information from the NDIA. It would be helpful if the NDIS has greater visibility in the broader community, such as libraries, schools, hospitals, doctor’s surgeries, TV promotional campaigns, social media etc. There are many NDIS logos attached to provider material, but very little about the NDIS generally. People have to go on line to access information, which limits the exposure of the NDIS. Information needs to be more accessible to meet a wide range of communication needs.
<p>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?</p>	<p>The Tasmanian Government suggests the NDIA could undertake the following actions to improve transparency for participants and for states and territories:</p> <p><u>Strengthening transparency for participants:</u></p> <ul style="list-style-type: none"> Providing clear guidelines on the type of information required for people to test their NDIS eligibility – including clearer messaging to help participants communicate effectively with health/allied health and other providers assisting with the access process. <p><u>Strengthening transparency for states and territories:</u></p> <ul style="list-style-type: none"> Participating in the development of national policy and discussion of implementation issues through the COAG Disability Reform Council (DRC) Senior Officials Working Group (SOWG) provides a valuable mechanism for collaboration between the Commonwealth, the NDIA and states and territories. This could be further strengthened through consistent application of decision-making processes that: are transparent; provide opportunity for genuine and timely consultation and ensure that policy decisions are appropriately implemented in a timely manner across jurisdictions. For example, all states and territories expressed concern about the ongoing delays and lack of consultation and inclusiveness in the

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	development of the NDIS Transport policy. Other examples include release of long and complex papers by the NDIA one or two days, or in some cases hours, before they are due to be discussed and decisions reached.
<p>11. What are some of the significant challenges faced by NDIS participants in the planning process?</p>	<p><u>Lack of support available to participants in the planning process:</u></p> <ul style="list-style-type: none"> The NDIA and LACs generally use a participant centred planning process, however, there are occasions where participant involvement (supported via advocacy) in planning processes could be improved. This is particularly the case where a participant presents with complex needs. There is an increased risk the participant’s requirements may not be accurately reflected in their plans. <p><u>Planner and Partner Planner expertise and understanding of complex support needs:</u></p> <ul style="list-style-type: none"> It is understood that many planners in the Tasmanian context do not have formal disability or health qualifications. Appropriate ongoing training and guidance for NDIA planners is critical to ensure an appropriate skill level to deliver good planning outcomes for participants. Enhancing planners’ ability to understand and address complex needs, particularly if the participant is an inpatient of a hospital facility is also an area for improvement. <p><u>Lack of Health Professional involvement in planning process:</u></p> <ul style="list-style-type: none"> If qualified health professionals were involved in the planning process this may reduce delays in plan development and contribute to the development of a quality plan. <p><u>Peer Support and Advocacy</u></p> <ul style="list-style-type: none"> This type of support can play a significant role in addressing the challenges faced by participants as they navigate their way through the NDIS process. These supports need to be adequately resourced to enable them to provide an appropriate level of support.
<p>12. Are there stages of the planning process that don’t work well? If so, how could they be better?</p>	<p><u>Planner and Partner Planner expertise and understanding of complex support needs:</u></p> <ul style="list-style-type: none"> The level of complexity of people presenting with psychosocial disability in the pre-access stage is an area of concern for Tasmania, particularly in the context of a developing support coordination market. The NDIA’s capacity to respond to participants with complex needs is mixed. This is often linked to skills of the planner - standardisation of planning processes may improve the participants experience and provide guidance for NDIA planners The planning process could be improved if specialist planners, preferably with a health professional qualification (such as Nursing or Allied Health), could be requested for participants with complex needs. An alert process could be considered for people with complex needs to assist in a process where a specialist planner could then be assigned for identified participants. The Tasmanian Government is aware of several examples where additional services received (such as home care or personal care through the Home and Community Care supports program) are not factored into a participant’s plan and are therefore withdrawn once the person becomes an NDIS participant.
<p>13. 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?</p>	<ul style="list-style-type: none"> The planning process should be aligned to the needs and circumstances of the participant - urgent and complex cases should be prioritised. Care should be taken to ensure that accelerating assessment times to meet legislated timeframes does not compromise the quality of the assessment or the plan. Timeliness performance indicators should be considered alongside measures of quality. Consideration should be given to the flow-on effects of lengthy planning decision, for example discharge delays in hospitals or prison. Where clinical recommendations are made in regard to a participant, the participant should expect to see those reflected in their plan. Where they are not, a clear process to facilitate discussion between the appropriate clinician and NDIA planner would help to quickly resolve any issues.

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14. 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?	<ul style="list-style-type: none"> • The NDIA does not always provide sufficient information to enable applicants to prepare well for their planning meetings. This has been a particular issue for participants who are inpatients in Tasmanian hospitals. • Participants are not always aware of the opportunity to have support people and/or health professionals present at their meetings or available to assist in the planning process. • There have been good outcomes in this area through peer support, self-advocacy and peer worker programs i.e. not relying on the NDIA as the only source of information and support.
15. Is the NDIA being responsive and transparent when making decisions in participants' plans? If not, how could this be improved?	<ul style="list-style-type: none"> • Wide variances in participants plans (where participants are in similar circumstances) could indicate a lack of consistency in decision-making between planners. • What is discussed in the planning conversation and what appears in the plan can vary greatly and often without any rationale.
16. 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?	No comment.
17. What are some of the significant challenges faced by NDIS participants in using the supports in their plan?	<ul style="list-style-type: none"> • A significant challenge for NDIS participants in using the supports in their plan is finding providers to fulfil the supports required. This is particularly the case in regional and remote areas of Tasmania. • The time taken to activate/implement the plan can often extend over 30, 60 and 90 days which means people are left for long periods of time post plan approval without the supports they need. • Plans are often not intuitive or in plain language which can make it hard to understand what needs to happen next. Evidence suggests the more support people receive to implement the plan the better the outcomes are in activating and using the plan. • The complexity of the support model can negatively affect people accessing it – for example Specialist Disability Accommodation and Early Childhood Early Intervention.
18. 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?	<ul style="list-style-type: none"> • Utilisation and satisfaction rates would indicate the NDIA may not be providing participants enough information and the right type of information to help them use their plan.
19. What other advice, resources or support could the NDIA provide to help participants to use their plan and find supports?	<ul style="list-style-type: none"> • The NDIA could undertake activities to better manage participant expectations in regard to receiving a service. This would help participants understand that some supports in approved plans may be based on clinical need, and therefore, are subject to prioritisation processes applied by the service providers. • More support is required to implement plans. • NDIA resources should be simple and easy to understand.
20. What are some of the significant challenges faced by NDIS participants in having their plan reviewed (by planned or unplanned review)?	<p><u>Lengthy wait times for plan reviews:</u></p> <ul style="list-style-type: none"> • At a local level, the Tasmanian Government is aware of participants waiting 12 months for plan reviews. In a recent case, the Tasmanian Health Service (THS) and family members intervened to help a participant awaiting a plan review to avoid an unnecessary hospital admission by escalation through the NDIA. • Feedback from participants and their supports suggest the lengthy wait times for a plan review can be detrimental to their wellbeing. This is particularly the case when necessary services (for example, meals and domestic assistance) have not been included in NDIS plans.

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	<p><u>Lack of suitable accommodation:</u></p> <ul style="list-style-type: none"> • A lack of suitable accommodation can be a significant barrier to the planning and review process. The THS has had recent experience where accommodation has been identified but the plan does not enable those accommodation options to be considered. This triggers a plan review, with long waiting times resulting in lengthy inpatient stays for the participants and additional costs to the health system • The THS acknowledges that sourcing accommodation is not a new issue. However, with the transfer of state funding to the NDIS, the state hospital system now has limited capacity to resolve the barriers and find solutions (interim or longer term) to support a participant leaving hospital in a timely manner. • Reviews can mean that providers are unable to claim for services provided, or if the plan review is completed without advice, they can end up not being able to claim for services provided. • Sections 47 and 48 of the Act could be streamlined and focused more on participant need rather than NDIA process, and reasonable timeframes for review completion to be added.
21. What can the NDIA do to make this process easier or more effective?	<ul style="list-style-type: none"> • The NDIA needs to explore new ways to respond to changes in circumstances. The longer a plan review takes, the more likely a person's needs/situation escalates towards crisis rather than a reduction in severity/resolution of issues. The concept of plan amendments could be introduced to simplify and speed up the process for minor amendments to plans.
22. How long do you think plan reviews should take?	<ul style="list-style-type: none"> • Different processes could be introduced for scheduled and unscheduled plan reviews. An unscheduled plan review should occur more quickly as it indicates a participant's plan is not meeting a participant's needs. • The time taken for plan reviews by the NDIA should be shorter. This could be supported by enabling access to hospital admission data where participants have been admitted to hospital and are waiting a plan review.
23. What are some of the significant challenges faced by NDIS participants when they seek a review of an NDIA decision?	<ul style="list-style-type: none"> • Challenges include the time taken and a lack of visibility for the participant about the status/outcome of the review. This could be addressed by providing the participant with a regular update on the status of their review.
24. Are there other issues or challenges you have identified with the internal and external review process?	No comment.
25. How could the NDIA improve the decision review process?	<ul style="list-style-type: none"> • The NDIA review process should have greater transparency.
26. How long do you think reviews of decisions should take?	<ul style="list-style-type: none"> • A timeframe is important but should not be at the expense of the quality of the outcome for the participant. Noting that Sections 47 and 48 provide some timeframes, but these can be lengthy.
27. 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?	<ul style="list-style-type: none"> • As noted before – the NDIA processes can often be the issue and this makes it unclear as to whether it is an issue with the Act or the Rules or with procedure/implementation.
28. 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?	<ul style="list-style-type: none"> • Better defining the term 'reasonable and necessary' would provide more clarity and transparency in decision making. Using AAT decisions can also help to frame the approach to decision making. • Introducing better capacity to change/amend a plan without a complete review.

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<p>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?</p>	
<p>28. What are the significant challenges faced by NDIS participants in changing their plan?</p>	<ul style="list-style-type: none"> • The length of time to get a plan review and the level of evidence required to make changes to the plan can be a challenge for many participants. Plan amendments should be introduced to speed up and streamline this process.
<p>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?</p>	<ul style="list-style-type: none"> • This is supported as it provides an option to address the needs of the participant without a full plan review.
<p>30. How long should people have to provide evidence that they need the changes they are requesting in a plan amendment?</p>	<ul style="list-style-type: none"> • As long as they need and with appropriate support if required.
<p>31. Are there other situations during the planning cycle where a quicker and easier way to make changes may be necessary?</p>	<ul style="list-style-type: none"> • Yes. In urgent circumstances, such as critical incidents, health and well-being matters, homelessness etc, a case conference approach that allows the plan to be quickly changed to respond to the crisis, the means to develop an interim plan in conjunction with the relevant professionals, then a review once situation is stabilised to develop the next plan.
<p>32. How else could the NDIA improve the process for making changes to a plan?</p>	<ul style="list-style-type: none"> • The NDIA could improve the process for making changes to a plan by implementing participant plans for a period longer than 12 months for suitable participants (for example, participants with relatively stable needs, who are on their second or third plan cycle). Where appropriate, plans could be in place for a certain time limit (for example, no more than 3 years). • Implementing a longer timeframe for plans for suitable participants would reduce administrative burden for the NDIA and improve consistency, confidence and stability for participants, their families, carers and other support networks.