

1. NDIA to stop using the Plan Management method as a way to limit the services available to disabled people.

The NDIS Guide to Self Management indicates the following variations in the services which can be utilised by the participant:

What are the three ways I can manage my NDIS plan?

Self-management: The NDIA provides you with funding so you can buy supports that will best help you meet your plan goals. Your support provider may or may not be registered with the NDIS. You can negotiate the price you pay for a support, provided the cost can be met within your plan funding for the duration of your plan. You do not need to book services for your self-managed supports as you pay your providers directly.

Plan-management: the NDIA pays your plan manager, who will pay your providers for you. Your plan manager must be registered with the NDIS. A registered provider meets the NDIS quality and safety standards. If you decide to use a provider that is not registered, ensure they have the correct qualifications, training and safety checks. Your other support providers may or may not be registered with NDIS. Your plan manager cannot pay more than the NDIA set price limit for specific supports.

NDIA-managed funding: the NDIA pays your providers on your behalf. The NDIA can only pay providers that are registered with the NDIS and cannot pay more than the NDIA set price limits.

You will be asked how you would like to manage your NDIS funding during your planning meeting. Talk to your Local Area Coordinator (LAC) or the NDIA beforehand to understand your options. It is also worth connecting with self-management peer support groups. There are lots of very supportive people who can provide advice on how they self-manage.

Contrary to the details in the document, the NDIA do not necessarily allow participants or their carers to self-manage. Instead, the NDIA can assign funding to be NDIA-managed, thereby denying the participant of the ability to use available services. This is particularly a concern in rural and remote areas, where there is not the competition, or number of suppliers which exist in the major capital cities. The rules for the Plan-managed should be used for all 3 categories. The perceived abilities of the participant or carers to self-manage the funding must NOT be used by the NDIA as a method to restrict services.

I have attached document regarding my submission to the Ombudsman's Office regarding a long-running complaint on this.

2. Recognition that Suppliers are not experts, and instead recognise that Suppliers have a vested interest in the outcome.

When experts are needed, this needs to be handicapped people and/or their carers. (Could you imagine the screams if they let the owners of Aged Care homes dictate the Health Policies of Aged Care homes, but the NDIA and associated politicians have no problems in allowing the Disability equivalent from setting the policies there?)

3. The NDIA be required to have and sign a Client Charter, which recognises the rights of the disabled persons, their carers and the services they deal with. This should also be openly displayed on the NDIA website, along with a page indicating the requirements of the NDIA staff under the Public Administration Act. Along with this there needs to be a fast, efficient Complaint process, where senior management can hold NDIA staff to account for their misbehaviour, and the senior staff can IMMEDIATELY take action to rectify any situation that has been created. There also needs to be an external body ensuring that the NDIA do not fail to obey the charter.

4. Remove the anonymity from the NDIA staff, and force each of them to fully state their name on any decisions or statements made. Assignment of a Staff Number to be included along with the name will help ensure that the correct person can be identified.

This includes removal of the ability to just initial something, the use of a first name and initial, to use vague wording like “my manager”, or hidden groups like the “Service Delivery team” and the “VIC/TAS Participant Solutions Team” (for these must be the names of the Manager of team leader, who will be held accountable for the team’s comments, decisions and output).

5. Feedback loop for when a client has a review or appeal based on poor initial processing by an NDIA Staff member. This will help contain costs.

Currently, there are a significant number of people continuously involved with the reviews and new plans. This is at a high cost, and may involve additional Commonwealth expenditure in Advocacy, or in the Ombudsman’s office. Results of previous “reviews” and court proceedings are ignored. (A good example is McGarrigle vs NDIA Case decision [2017]). The staff member, and their supervisor, and the next manager up the line, should be notified that they have caused unnecessary and additional costs for the NDIA through their actions, and that further repeats will not be tolerated. Should the employee continue to perform poorly, the manager be required to performance manage both the employee and their supervisor.

6. The NDIA be required to accept their own pricing decisions, and not be permitted to use their pricing decisions as an argument that a service is not justified because of the costs which the NDIA has agreed to. The time to make any comments regarding “Value for Money” is when they are determining their Pricing Guide and cost structure, not separately for each participant. (If the NDIA agree to a price, they DO NOT get to limit services because other members of the NDIA do not like the costs which were agreed to.)

I have attached a complaint email regarding the need for multiple appeals, where the NDIA use their own funding rates to state that therapy is too expensive.

7. The reliance on “Goals” as a basis for decisions is exceedingly poor, and should an insensitive approach to handicapped people. Particularly those with mental disabilities. The NDIA must no longer be permitted to use the “goals” as a means to deprive a participant from the fees for their day program, the travel costs, recreation and socialisation costs, respite (short-term accommodation), speech, music or other therapy, or any other applicable services. Having had to play word games to “justify” services like speech therapy for an autistic adult, I can provide personal experience of how disgusting this is.

8. The LACs (Local Area Co-ordinators) be required to work for the participants, NOT the NDIA. Also, they be required to receive sign-off for their submission to the NDIA, PRIOR to the prospective plan being submitted. Where the LAC does not work properly on behalf of the participant, then the LAC does NOT get paid for that submission. Where a plan is immediately subject to review following its acceptance by the NDIA, again, the LAC does NOT get paid.

9. Separate the travel into 2 sections – the transport required to attend a daily program, and the transport required to actually carry out the functions while there. The first should be handled as at current (although it should be closer to the real costs, not remain as inadequate as it currently is). The second should be additional, and included with the normal plan and be available to be invoiced by the service providers.