

A GP and health professional's guide to the NDIS

What is the NDIS?

The National Disability Insurance Scheme (NDIS) is the new way of providing support for Australians with disability, their families and carers. The NDIS will provide all Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to live a better life. The NDIS is being implemented by the National Disability Insurance Agency (NDIA).

How is the NDIS being delivered in WA?

There have been two models of the NDIS operating in WA since July 2014:

- the Australia-wide NDIS run by the NDIA
- the Western Australian NDIS (WA NDIS, formerly known as My Way) run by the WA government.

Both NDIS models have delivered individualised support to people with disability in different locations in WA.

The Commonwealth and WA Governments announced in December 2017 that the Australia-wide NDIS (delivered by the NDIA) will be rolled out in WA.

The NDIA and WA Government are committed to ensuring the transition process is managed carefully and supports participants, families and carers, and providers.

How to access the NDIS

To access the NDIS, an eligible person must:

- meet residency requirements
- be aged under 65 at the time they apply to access the Scheme
- demonstrate they have a permanent disability that affects their everyday life.

If they are already receiving disability support services from their state or territory government, they will be contacted as the NDIS becomes available in their area.

If they are not currently receiving any disability supports, but wish to join the NDIS, they or their guardian, will need to complete an Access Request Form. This Form can be obtained by contacting NDIA on 1800 800 110, on the NDIS website www.ndis.gov.au or enquiries@ndis.gov.au.

What is a GP's and health professional's role in the NDIS?

General Practitioners (GPs) and other health professionals have an important role in the NDIS.

This includes:

- helping people understand the NDIS, particularly people who have limited community connections and support outside their GP
- referring people to current information on the NDIS website about who can access the NDIS and
- supporting an NDIS access request by:
 - completing the supporting evidence section of the Access Request Form; or
 - documenting that the person has or is likely to have a permanent disability; and
 - providing copies of reports or assessments relevant to the diagnosis/condition that details the extent of the functional impact of the disability.

GPs and health professionals do not have to refer a patient to a specialist to obtain supporting evidence. GPs or health professionals can summarise or attach existing medical reports which describe the diagnosis/condition and the impact of the disability on the person's daily function.

More information about providing evidence of disability to support a person's request to access the NDIS, can be found on the NDIS website: <https://ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability>, by contacting NDIA on 1800 800 110, or emailing enquiries@ndis.gov.au.

Visit www.ndis.gov.au to find out when the NDIS is available in your state or territory.

How do the NDIS and health system work together?

The NDIS can provide a significant source of support for people with disability; however, it is not intended to replace health or other public services. These remain the responsibility of state and territory governments.

The health system remains responsible for clinical, rehabilitation and medical treatment.

The NDIS is responsible for support related to the disability, including:

- aids such as wheelchairs, hearing aids and adjustable beds
- items such as prosthetics and artificial limbs (but not surgery)
- home modifications, personal care and domestic assistance that assists people exiting the health system to live independently
- therapies required as a result of the person's impairment, including physiotherapy, speech therapy or occupational therapy (but not treatments).

The NDIS will not fund:

- clinical services and treatment of health conditions, including mental health or all medical services such as GPs, hospital care, surgery, rehabilitation, the cost of specialists, etc.
 - medications and pharmaceuticals
 - sub-acute services such as palliative, geriatric and psychogeriatric care
 - post-acute care services, including nursing care for treating health conditions and wound management
 - dental care and all dental treatments
- or
- medical and clinical services where individuals and families have a role in funding.

Does the NDIS support young children?

Yes. For children aged 0-6 years with developmental delay or disability there is a separate pathway to access support under the NDIS through Early Childhood Early Intervention (ECEI).

The NDIS has engaged Early Childhood Partners around Australia to deliver the ECEI approach. Early Childhood Partners are experienced in providing early childhood intervention. The ECEI approach may involve referring families to appropriate supports and services in the mainstream or community, providing some short term early childhood intervention or assisting the family to complete an NDIS Access Request Form if this is required.

If a GP or health professional considers that a child aged 0-6 years may benefit from early childhood intervention or disability support through the NDIS, **do not complete an Access Request Form**. Instead refer parents/carers to the NDIA or the Early Childhood Partner in their area.

For more information about the ECEI approach: <https://www.ndis.gov.au/ecei.html>

How do GPs or health professionals provide evidence of disability?

The NDIA requires evidence about a person's primary disability (the one which has the greatest impact on their life) as well as any other disabilities that affect them and the impact of the disability/disabilities on their functional capacity. This evidence is considered against the legislative criteria for accessing the NDIS to make a decision about the access request.

It is important to summarise the effect of the disability on the person's day-to-day function in all relevant domains, including mobility, communication, social interaction, learning, self-care, or their ability to self-manage.

To avoid requests for additional evidence about a person's disability, please include information regarding treatments that have been completed or planned, permanency of the impairment and the impact(s) the impairment has on the person's functional capacity, with particular attention to the impact on communication, mobility and social inclusion.

For more information about the access criteria: <https://www.ndis.gov.au/operational-guideline/access/access-criteria.html>

Patient summary examples

The type of disability the patient has will determine the type of health professional best placed to provide evidence on their behalf.

Further information is available on the NDIS website: <https://ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability>

The following are some examples of the information that is required.

Haiden (Functional impairment)

Haiden, 34 years old, has a significant physical disability and moderate intellectual disability, and requires support to get out of bed, complete his morning routine and travel to his part-time job in supported employment where he has some support during the day.

Mobility: Haiden requires physical assistance with all aspects of daily living including toileting, transfers from bed to his wheelchair and pushing of the wheelchair both at home and out in the community. He is unable to transfer independently. He has an old wheelchair which often results in pressure sores. His 62-year old mother is unable to continue to physically assist Haiden with his support needs. Haiden says he would like a male support person his own age to assist him. Equipment to reduce the effort of physical support and to enable Haiden to be more independent would be useful.

Self-care: Haiden requires at least one support worker for assistance in all aspects of personal care, to assist with showering, brushing his teeth and getting dressed. Haiden also needs his meals prepared and help to have the meal.

If a GP can provide an overview of how the likelihood and severity of deterioration in the patient's function, this could assist in determining the level of funding needed. Where someone has a rapidly degenerating condition, an indication of the expected trajectory is helpful.

Learning: Haiden has a moderate intellectual disability and has a part-time job in supported employment. He requires assistance with learning new skills.

Ming (functional impairment resulting from a mental health condition)

Ming has a mental health condition that has resulted in a psychosocial impairment that will likely remain across her lifetime. Ming struggles with tenancy issues which has on occasion resulted in homelessness. Ming has a loving and supportive family and a small circle of friends, but has difficulties interacting with strangers due to paranoia related to her mental health condition.

Ming struggles with budgeting, managing her money and decision making. She has formal guardianship and administration orders in place to help with this. Her bills are paid by her public

trustee and she has a small weekly allowance for incidentals. Ming loves her dog, Luna. Ming really wants to enter Luna in a local dog show but doesn't know how to go about this and is experiencing extreme anxiety about Luna's wellbeing. This has triggered a medication review as Ming's mental wellbeing has declined.

Self-management: Ming is able to manage her own small budget for incidental expenses but needs another person's assistance to make major life/financial decisions and budget.

The existence of guardianship and administration orders and limited control over her own affairs, particularly financial, demonstrates Ming has substantially reduced capacity for self-management.

Ming would meet NDIS access requirements as she has substantially reduced functional capacity in the area of decision making. Following the NDIS access decision, Ming's NDIS Planner will discuss her every day and episodic needs and the goals she would like to achieve.

How do I bill for completing an Access Request Form for a patient?

When GPs provide any details about a patient without an associated consultation and without the patient present, a Medicare rebate is not payable under subsection 19(5) of the Health Insurance Act 1973.

However, in providing this information, it is reasonable to expect that GPs will perform an examination of some description to assess or confirm the patient's current medical condition. With this examination, the time taken for GPs to provide details and information for the purposes of the NDIS, may be claimed under a Medicare item if it is part of the consultation.

Consistent with the operation of the Medicare Benefits Schedule generally, it is at the GP's discretion to select the Medicare item number that most appropriately reflects the nature of the consultation.

Paid compensation

An individual applying to access the NDIS must specify if they have received compensation for any injuries in their NDIS Access Request. If they have received compensation, including funding for NDIS-like supports, they will be asked to provide documentation.

Receiving compensation does not exclude a person from being an NDIS participant, but where the compensation provides for services/supports in line with NDIS supports, these will be taken into consideration when determining the amount of support the NDIS provides.

Compensation for pain and suffering or income replacement will not affect any support the NDIS provides.

What is the process after a person is granted access?

If a person is deemed eligible to access, a NDIS representative (such as a Local Area Coordinator or an NDIA planner) will contact the participant to gather information to develop an NDIS plan.

NDIS plans are built in accordance with participant's immediate needs, and their medium to longer-term goals.

All supports in an NDIS plan must be reasonable and necessary and related to their disability.

Funds will be approved to help a person to have an ordinary life and increase their social and economic participation. The NDIS plan will detail how the funding is expected to help the person.

The NDIS places great emphasis on building an individual's independence and many NDIS plans will specify supports that build a person's ability to develop their skills and independence.

Equipment, home and/or vehicle modifications are considered an investment in a participant's increased independence and are funded as capital items.

What happens after an NDIS plan is approved?

Once a plan is approved, a Local Area Coordinator or a funded Support Coordinator will help the participant to access other government and community services; to select providers to provide services to them and develop Service Agreements with these providers; and to understand how to track expenditure of NDIS funds throughout the life of their plan.

Are copies of plans automatically supplied to GPs and health professionals?

No. GPs and health professionals should ask participants to bring a copy of their NDIS participant plan to any follow-up appointment. It is useful to be aware of the services that are available through the NDIS, as these may complement those available through Medicare.

NDIS referrals

Example	Role of GP/Health Professional	Patient's Experience
<p>The parent of a 5-year old boy who has autism would like support for their son.</p> <p>What do I do?</p>	<p>Inform the parents support is available through the NDIS Early Childhood Early Intervention approach. Contact details for Early Childhood Partners or the nearest NDIA office can be found on the NDIS website: https://www.ndis.gov.au/about-us/locations.html</p>	<p>The NDIA or the Early Childhood Partner may either link the family with appropriate community and mainstream supports, deliver short term early intervention supports or assist the family to complete a formal access request into the NDIS.</p>
<p>I have a patient who has been receiving supports for the past 12 months through an individual WA NDIS plan.</p>	<p>If your patient has a WA NDIS plan, their plan and their supports will transfer to the NDIA.</p> <p>The transfer of WA NDIS plans will take place between April – December 2018.</p>	<p>Your patient will be contacted by the WA Government informing them that the NDIA will be rolling out the NDIS in WA. If your patient has not received any information about the transfer of their WA NDIS plan they should contact their Local Coordinator.</p>
<p>I have a 42-year old patient who has a permanent disability who I think will benefit from the NDIS.</p> <p>They currently do not receive any government support.</p> <p>What do I do?</p>	<p>If the NDIS is available to them, they are aged less than 65 and meet the residency and disability requirements, either yourself, the patient or their guardian/carer, can call the NDIS on 1800 800 110 and request an Access Request Form.</p>	<p>The patient will receive an Access Request Form and will be required to fill in the form, including providing evidence of disability.</p> <p>Upon receiving a valid access request, the NDIA must respond within 21 days.</p> <p>If the patient is eligible for the NDIS, they will receive an individual NDIS plan that outlines the short and long-term goals they want to achieve.</p>
<p>I have a patient who is aged under 65, who has a permanent disability, who is already receiving Government support.</p> <p>How can they join the NDIS?</p>	<p>If your patient is already receiving supports from a State or Territory government or Commonwealth Government program, they or their carer will receive a letter and a phone call from an NDIS representative when it is time for them to transition to the NDIS.</p>	<p>Once the patient has been contacted by the NDIA and their access is confirmed, they will receive an individual NDIS plan that outlines the short and long-term goals they want to achieve.</p> <p>Their existing supports and services will continue until they have an NDIS plan in place.</p>

NDIS referrals continued

Example	Role of GP/Health Professional	Patient's Experience
<p>I have a patient who is aged over 65, who has a permanent disability.</p> <p>What can I do?</p>	<p>If the patient is aged 65 years and over, and they currently do not receive any government support, they are not eligible to join the NDIS.</p> <p>Instead, refer the patient to the My Aged Care program. More information about the Australian Government's My Aged Care program can be found on their website: https://www.myagedcare.gov.au</p> <p>Please note: If you have a patient who is over 65 and currently receives support from the WA or Commonwealth Governments please refer them to information about Continuity of Support on the NDIS website: https://www.ndis.gov.au/people-disability/continuity-support.html</p>	<p>The patient will receive a My Aged Care assessment to work out their care needs and what types of care and services they may be eligible for.</p>

More information

<http://www.ndis.gov.au/>

National Disability Insurance Agency

Telephone 1800 800 110

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For people who need help with English TIS: 131 450

For people with hearing or speech loss

TTY: 1800 555 677

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