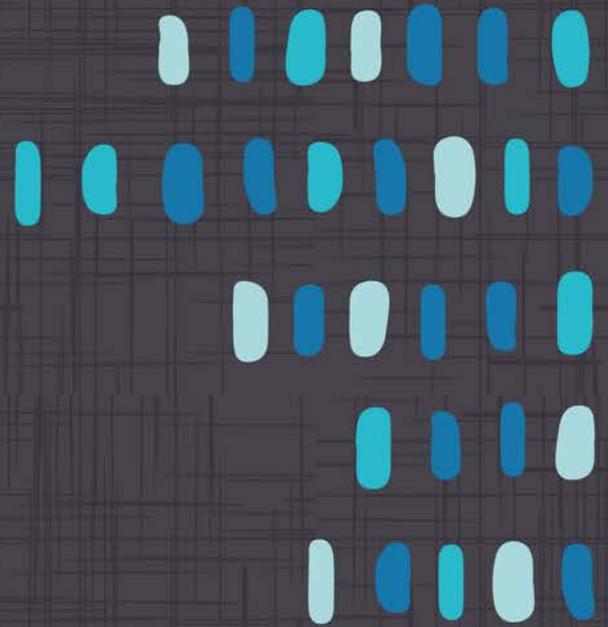




Government of **Western Australia**  
Department of **Communities**



# National Disability Insurance Scheme Western Australia Quarterly Performance Report

September 2017



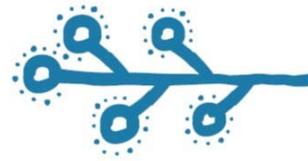
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Disability Services Commission is the statutory authority responsible for disability services in Western Australia. On 1 July 2017, the Disability Services Commission became part of the newly formed Department of Communities. For the purposes of this report, the Disability Services Commission is referred to as the Department of Communities (Disability Services).



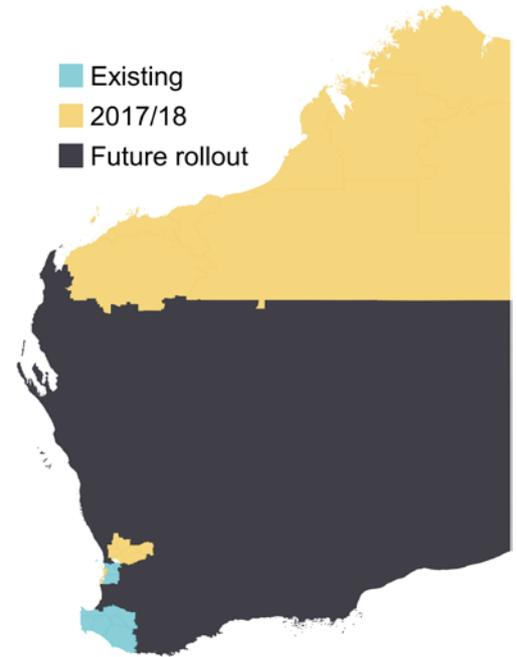
# Overview



On 31 January 2017, the Commonwealth and Western Australian governments signed a Bilateral Agreement for a transition to a nationally consistent, State-administered National Disability Insurance Scheme in Western Australia (WA NDIS).

Since 1 July 2017, the WA Government has been rolling out the State-administered NDIS in the Kimberley-Pilbara, North East Metropolitan and South Metropolitan regions. These areas have joined the existing State-administered NDIS sites in the Lower South West, Cockburn-Kwinana and Central South Metropolitan region.

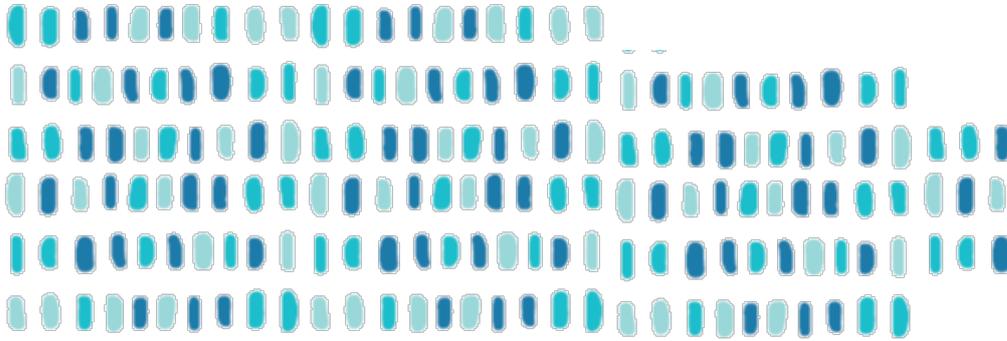
This report provides a performance snapshot of the State-administered regions of the NDIS in WA for the period 1 July 2017 to 30 September 2017. It is the first quarterly report under the Bilateral Agreement.



<sup>1</sup> Includes individuals carried forward from State-administered regions of the WA NDIS.



# Actuary's statement



WA NDIS commenced rolling out to the local government areas of Rockingham, Mandurah, the Pilbara and Kimberley regions on 1 July 2017. Consequently, participation in the Scheme rose substantially from 3,743 individuals to 5,580 individuals, reflecting a 50 per cent increase in the number of Western Australians who can now access support and services from the WA NDIS.

For the four newest WA NDIS sites, 52 per cent of participants already have an approved plan. This is a much better result than the Ranges which, at the same stage of rollout, had experienced significant delays in plan approval.

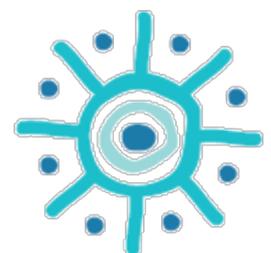
The average annualised committed cost has increased by three per cent since 30 June 2017 and is now \$35,777. This growth in average funding has been driven by the entry of higher need participants in the newest WA NDIS sites. These individuals have higher committed costs. We anticipate that the average committed cost in these sites will decrease as lower need participants begin to enter over the coming quarters. Nevertheless, the average annualised committed cost of WA NDIS remains 10 per cent below the original budget of \$39,700.

Over the past months, the Department of Communities (Disability Services) has invested further in their data infrastructure. The Department now has an improved ability to monitor emerging trends and to gain greater insights into long term drivers of scheme performance.

Alan Greenfield

Principal

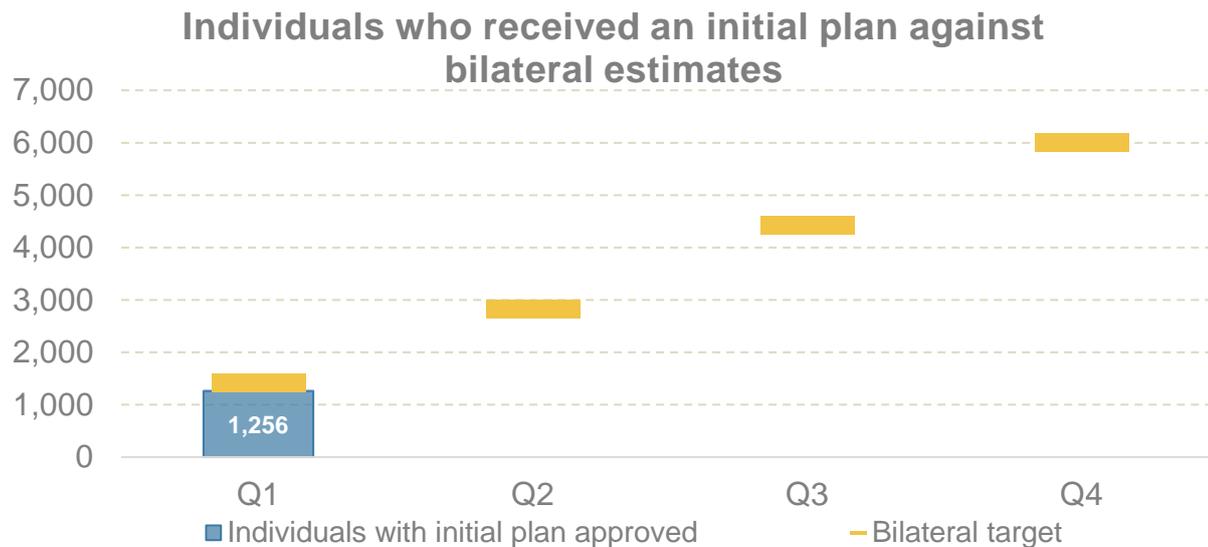
Taylor Fry Analytics and Actuarial Consulting





# Performance against bilateral targets

The Bilateral Agreement estimates 6,005 individuals in WA will enter the scheme in 2017-18<sup>2</sup>. Figure 1 shows performance against this target.



**Figure 1: Intake against bilateral targets**

Table 1 shows the intake for this quarter under the Bilateral Agreement. A total of 1,256 individuals had an initial plan approved.

**Table 1: Intake for this quarter compared to the bilateral target**

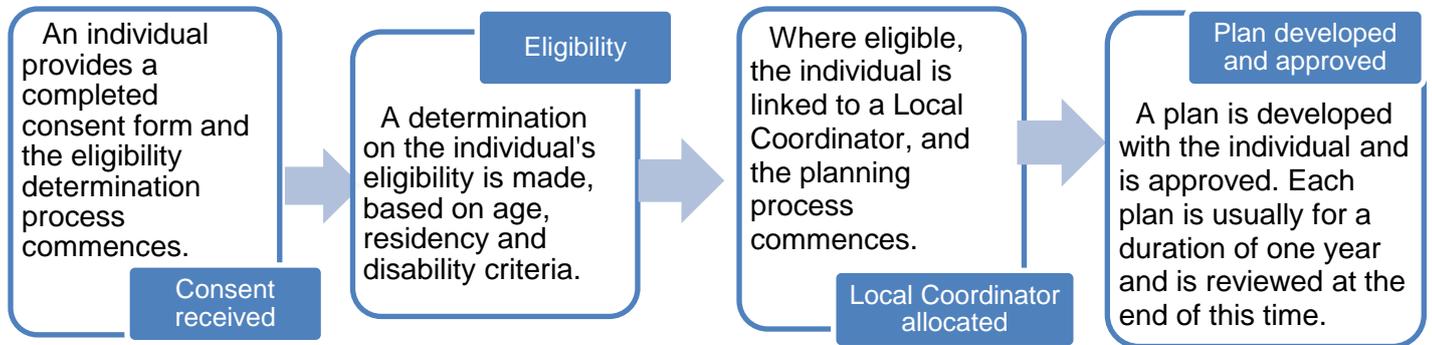
	Year to date
Bilateral target	1,415
Individuals with an initial plan approved	1,256

<sup>2</sup> See Schedule B, Table 1 of the Bilateral Agreement:  
<http://www.disability.wa.gov.au/Global/Publications/WA-NDIS-My-Way/NDIS%20in%20WA%20Bilateral%20Agreement%20and%20Schedules.pdf>



# Getting started with the WA NDIS

The process for getting started with the WA NDIS involves four key milestones, as outlined in Figure 2.



**Figure 2: The key milestones when getting started with the NDIS**

The average timeframe from receipt of the consent form and information to the date the plan is approved is 41 days. Table 2 shows the time from consent to each milestone in this quarter.

**Table 2: Milestone timeframes for this quarter**

	Consent date to eligibility determination	Consent date to linkage with Local Coordinator	Consent date to plan approval
This quarter	16 days	16 days	41 days



## Outcome of eligibility applications

To access the WA NDIS, an individual must meet age, residency and disability criteria<sup>3</sup>. After consenting to an eligibility determination, an individual receives confirmation of whether they are eligible for the WA NDIS.

A total of 822 individuals consented to an eligibility determination this quarter. Of these, 484 met the eligibility requirements for WA NDIS and 97 were determined not to be eligible. Forty applications were withdrawn, and a further 201 applications remain in progress. Of the individuals determined to be eligible, 140 had a plan approved in the quarter.

Table 3 and Table 4 present the outcomes of eligibility determinations this quarter.

**Table 3: Outcomes of eligibility determinations this quarter**

Outcome	Number of applicants	Percentage
Eligible	484	83%
Ineligible	97	17%

**Table 4: Ineligible individual characteristics**

	Number of individuals
Disability criteria not met	86
Residency criteria not met	8
Other reason	3
<b>Total ineligible individuals</b>	<b>97</b>

<sup>3</sup> The specific requirements are outlined here: <http://www.disability.wa.gov.au/wa-ndis/wa-ndis/eligibility/who-is-eligible/>



# Providers and markets

## Number of approved providers

An approved provider is a business or organisation which formally registers with the Department of Communities (Disability Services) to deliver a product or service to individuals in the WA NDIS.

Potential providers apply for the cluster(s) of services they wish to provide to individuals with disability. Each application for registration is assessed by a panel, and providers must meet specific criteria for the relevant cluster(s) to be registered. Registration applications and documentation are submitted to the Disability Services Board for endorsement.

## Provider characteristics and market profile

Table 5: Jurisdiction and service type

Service Provider Profile	Allied Health	Disability Support	Disability Equipment	Plan Management	Other	Total Service Providers <sup>4</sup>
<b>Footprint</b>						
<i>National</i>	8	19	2	8	6	16
<i>State</i>	66	149	21	32	15	164
<b>Total</b>	<b>74</b>	<b>168</b>	<b>23</b>	<b>40</b>	<b>21</b>	<b>180</b>

<sup>4</sup> Service providers may deliver multiple services; therefore service types will generally be greater than the total number of service providers.



**Table 6: Provider type and service type**

<b>Service Provider Profile</b>	<b>Allied Health</b>	<b>Disability Support</b>	<b>Disability Equipment</b>	<b>Plan Management</b>	<b>Other</b>	<b>Total Service Providers<sup>5</sup></b>
<b>Provider type</b>						
<i>Not-for-Profit Organisations</i>	40	98	16	32	19	96
<i>For Profit Organisations</i>	34	68	5	7	2	81
<i>Public and Government Agencies<sup>6</sup></i>	0	2	2	1	0	3
<b>Total</b>	<b>74</b>	<b>168</b>	<b>23</b>	<b>40</b>	<b>21</b>	<b>180</b>

<sup>5</sup> Service providers may deliver multiple services; therefore service types will generally be greater than the total number of service providers.

<sup>6</sup> Public and government agencies include other government departments or agencies and Local Government Authorities that provide specific services to people with disability.



# Outcomes for individuals

## Proportion of plans with goals achieved

An individual's goals are included in their WA NDIS plan. These goals allow the individual and their Local Coordinator to assess whether the plan is appropriate for the individual. The outcome of each goal is linked to one of six specific domains, which are:



Economic



Education



Health and well-being



Independence



Living arrangements



Social

A review occurs either at a plan's end date, or as requested due to changed circumstances. If progress has been made toward 50 per cent or more of an individual's goals at the time of plan review, the individual's plan is considered to have been achieved. The review process allows for analysis of the individual's goals to inform the development of their next plan.

Of all plans reviewed this quarter, 88 per cent included overall goal outcomes which had been achieved, as seen in Table 7. This is in line with the result seen in previous quarters during the trial period of the WA NDIS (1 July 2014 to 30 June 2017).

**Table 7: Proportion of plans with goals achieved**

	Number of plans reviewed	Proportion
Plans with goals achieved	582	88%
Plans with goals not achieved	82	12%
<b>Total plan reviews</b>	<b>664</b>	



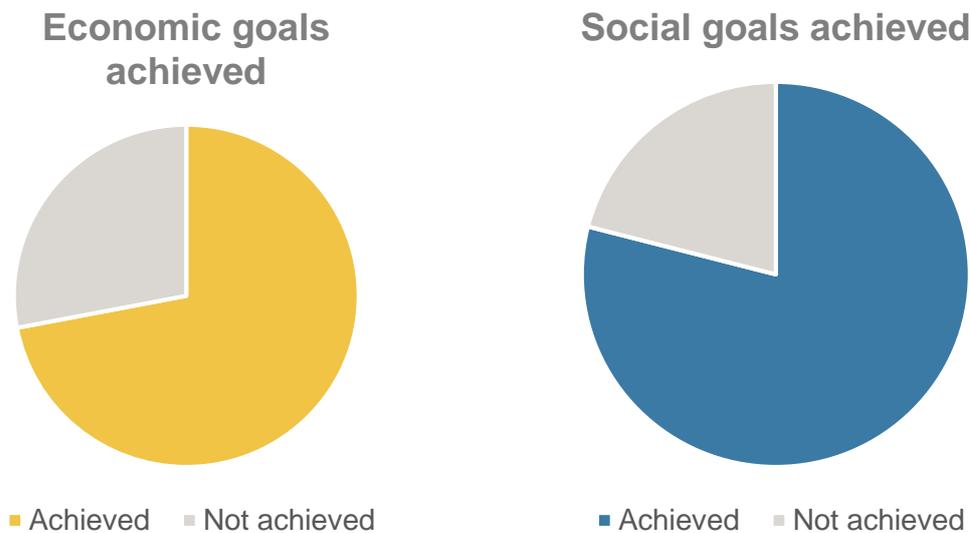
## Proportion of goals achieved in social and economic domains

Five per cent of all goals within plans that were reviewed this quarter had economic outcomes and 21 per cent had social outcomes. Of all goals with economic outcomes, 72 per cent were achieved. Of the goals with social outcomes, 79 per cent were achieved. These results can be seen in Table 8.

**Table 8: Plan goal achievement linked to improved economic and social outcomes**

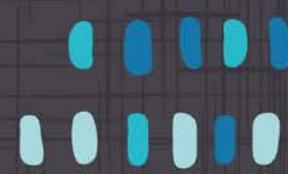
Domain	Proportion of total plan goals	Proportion with plan goals achieved
Economic	5%	72%
Social	19%	79%

Figure 3 provides an overview of the proportion of economic and social goals achieved.



**Figure 3: Proportion of economic and social goals achieved**

Under the Bilateral Agreement, reporting on satisfaction levels of participating individuals is required. Methodologies to measure and report satisfaction are currently being developed.



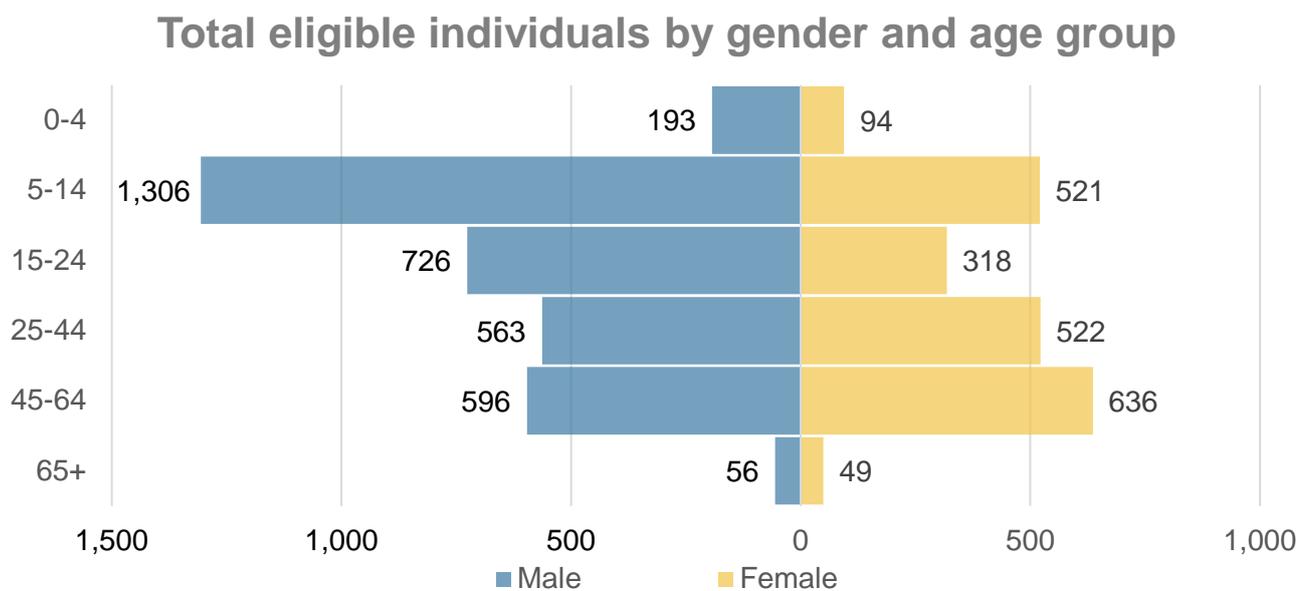
# Characteristics of participating individuals

## Numbers of individuals and average costs

### Gender and age group

There were 5,580 eligible individuals at the end of the quarter, of whom 2,140 were female and 3,440 were male. Over 30 per cent of the 5,580 individuals are aged 5 to 14, making this the largest age group.

Figure 4 shows the gender and age profile at the end of this quarter.



**Figure 4: Gender and age group profiles**

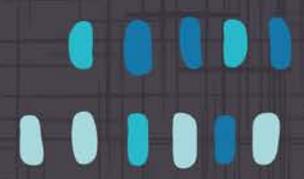


Figure 5 shows package costs by gender and age group. The average and median annualised package cost is highest for participants in the 25 to 44 age group. This is consistent with the cost profile seen in previous quarters during the trial period.

### Average and median annualised package cost by gender and age group

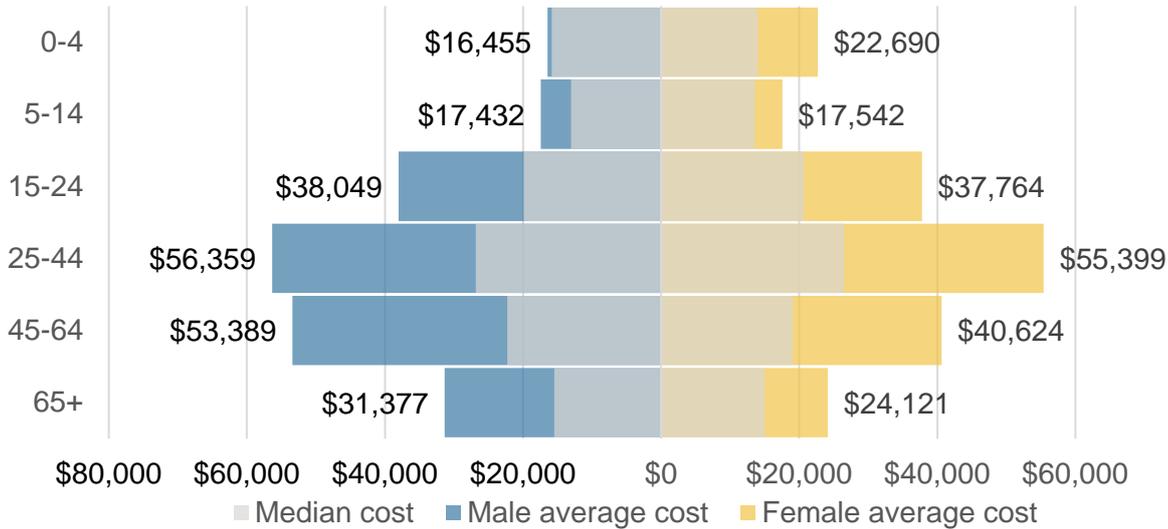


Figure 5: Average and median annualised package cost by gender and age group

### Cultural and linguistic diversity

There are 382 individuals who identify as culturally and linguistically diverse (CaLD), equivalent to seven per cent of eligible individuals.

### Aboriginal and Torres Strait Islanders

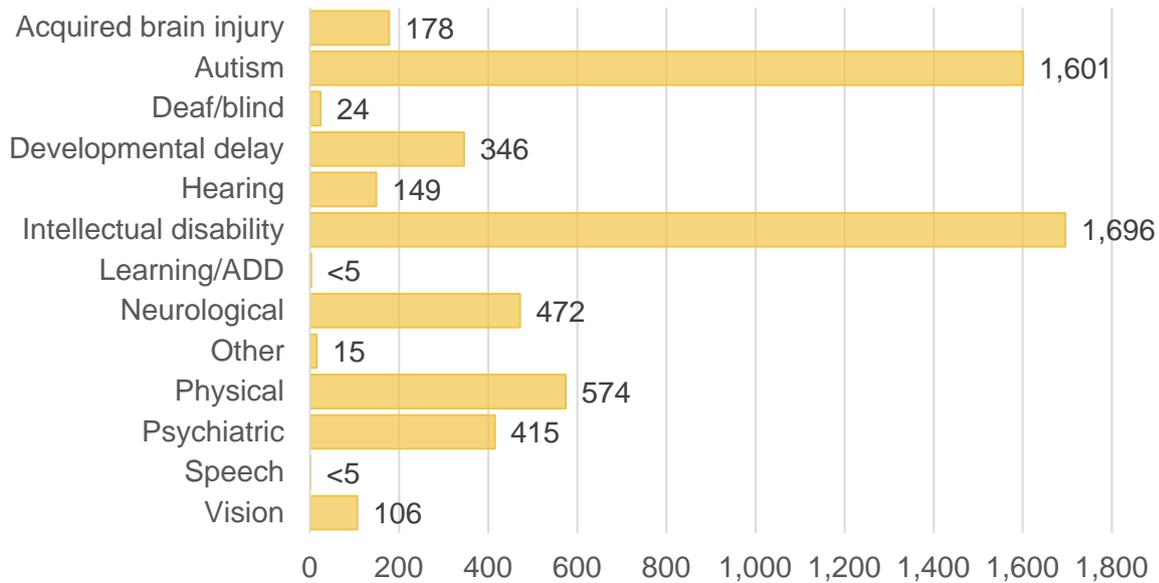
There are 499 individuals who identify as Aboriginal and Torres Strait Islander, equivalent to nine per cent of eligible individuals. This is a sharp increase from 148 in the previous quarter, largely due to the newly rolled-in Kimberley-Pilbara region.



## Disability category

The disability categories with the highest numbers of individuals are intellectual disability and autism, as seen in Figure 6.

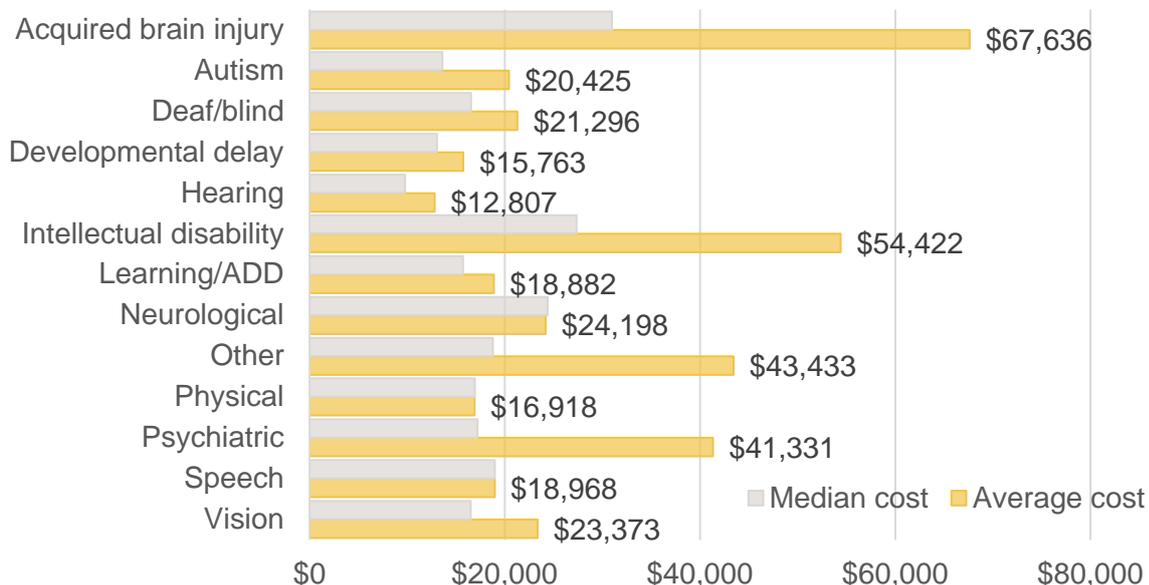
### Total eligible individuals by disability category



**Figure 6: Total eligible individuals by disability category**

Average and median annualised package cost is highest in the acquired brain injury category, followed by the intellectual disability category. The average annualised package cost in the acquired brain injury category is \$67,636 and the median is \$30,985.

### Average and median cost of packages by disability category



**Figure 7: Average and median annualised package cost by disability category**



# Scheme sustainability

## Committed support

Committed support is the value of support services in an individual's plan, as an annualised amount. The total annualised value of all current plans at the end of the quarter assumes that all current plans have a 12 month duration. Where the plan is shorter than 12 months the costs are 'annualised', or calculated for a 12 month period. The total committed support on plans active at the end of this quarter is approximately \$163 million.

## Actual payments

During the quarter, actual payments made in relation to plans totalled \$29 million.

## Distribution of package costs

Figure 8 presents the distribution of package costs. Almost 50 per cent of plans cost between \$10,000 and \$30,000.

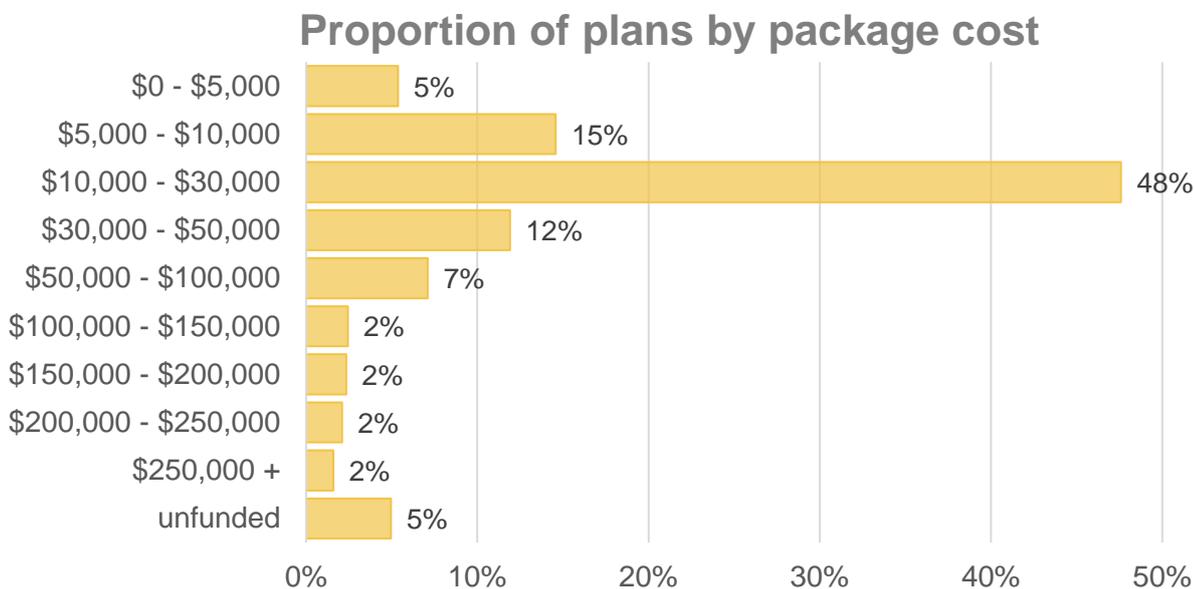


Figure 8: Proportion of plans by package cost



## Total, average and median plan costs

The average plan cost is the total committed cost of current plans divided by the total number of current plans. The median is the mid-point value when current plans are ordered in ascending order of committed cost. Table 9 presents the breakdown of current plan costs.

**Table 9: Total, average and median plan costs**

Total current plans	4,560
Total committed cost	\$163,143,919
Average plan cost	\$35,777
Median plan cost	\$16,945

## Changes in plan cost over time

It is expected that over time, the average annualised cost of a plan will increase due to indexation and other factors.

One observation in the WA NDIS is that subsequent plans often have a higher committed cost than earlier plans, particularly initial plans, and that the increased cost of the subsequent plan is higher than would be expected if due to indexation alone. Where plan costs increase at a rate greater than indexation, it is important for the sustainability of the WA NDIS to understand what is driving cost increases. Plan costs have been monitored and the dynamics that drive plan cost changes analysed. There are several factors which have been identified, and further factors that are being considered, including:

- Initial plans reflect the supports and services that an individual was receiving prior to the WA NDIS, and the process of plan review following the initial plan period provides an opportunity to explore a greater range of capacity-building supports than the individual may have accessed previously.
- A group of individuals with high support needs entered the WA NDIS at the same point, and are progressing through the cycle of plan review and renewal at the same time. This group are now in their third planning cycle, thereby contributing to the higher average cost of third plans.
- Service providers have developed their methodology and systems to cost individualised services, which were previously block-funded or funded at a prescribed benchmark rate, to reflect the full cost of their service provision. The ability of service providers to fully cost individualised services ensures the sustainability of services, and therefore supports individual choice and control.



# Information, linkages and capacity building

Information, linkages and capacity building (ILC) supports individuals with disability, their families and carers to participate in their community, while also supporting communities to become more accessible and inclusive.

## ILC grants

Three ILC priority areas were identified: information and advice on the WA NDIS, preparation for the planning process, and information on self-management of supports and services. In May 2017 grants to 13 organisations were funded to focus on these areas.

This quarter, ILC grant activities directed support to people with Down syndrome, intellectual disability and younger onset dementia. ILC support for Aboriginal and Torres Strait Islanders was delivered, particularly in the Kimberley-Pilbara region, as well as targeted support for individuals from CaLD backgrounds in metropolitan areas.



**This quarter, 779 people were involved in ILC grant activities in regions across the State.**



**These activities included hosting information sessions and workshops, developing booklets and toolkits, and undertaking individual consultations.**

## Local Coordination

Local Coordinators provide ILC supports to individuals, families and carers by:

- Providing information about the supports and services in their community, and assisting individuals and families to connect with those supports and services.
- Building the capacity of individuals to self-advocate more effectively, and exercise choice and control over their lives.
- Building the capacity of communities to be more supportive of individuals with disability, and to meet their needs in a flexible, inclusive and responsive way.
- Assisting individuals to link with advocacy services where required, including the provision of some direct advocacy support.

Data collection and methodologies to report on individuals accessing mainstream services are currently under development, in accordance with the Bilateral Agreement.