21 February 2019

Mr Gerry McInally
Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

By email: ndis.sen@aph.gov.au

Dear Mr McInally

As you would be aware, Occupational Therapy Australia (OTA) is due to appear before the Committee in Melbourne this Tuesday.

In view of the Committee's request that there be no extended opening statements at this hearing, we ask that the Committee accept this correspondence in lieu of an opening statement. It outlines problems our members and the participants they support are experiencing with the National Disability Insurance Scheme; some of them ongoing and itemised in your correspondence to our Chief Executive Officer of 4 February, others new and emerging.

We would therefore be grateful if this correspondence could be brought to the attention of Committee members prior to Tuesday's hearing.

OTA raises the following issues:

- There remain real difficulties at the interface with the health system/s and other mainstream services. Our members report they frequently receive conflicting advice from National Disability Insurance Agency (NDIA) staff on interface issues, particularly around health and housing. It has been reported that there is an increasing trend for our members to receive service enquiries from non-funded clients who are seeking support in the private market. These clients are often aged pensioners who have been placed on long waiting lists at Community Health Centres and who have been advised that this is due to the priority given to NDIS funded participants;

- Delays in plan activation and access to services remain acute – as do delays in plan reviews. It is frequently noted that participants without Support Coordination, who rely on Local Area Coordinators (LACs) are not adequately supported to implement their plan in a timely manner. LACs often report they do not have the resources or the knowledge to assist the participants with plan activation. Our members report they receive last minute, urgent service requests to complete an assessment and report for participants who have not implemented their plan yet are going to plan review;

- With regard to the ILC program, OTA believes the findings of projects, instructive evidence, and the "lessons learned" need to be disseminated more widely and effectively. It has been suggested that a central information hub could be usefully established;

- Recent reforms to travel-related subsidies have created more problems than they have solved, and travel remains a barrier to the delivery of NDIS services by providers. Providers aim to cluster appointments geographically so as to minimise the negative effects of the recent changes to travel arrangements. However, this is not possible in many instances and is particularly difficult with regard to areas of practice that require specialised support, such as complex home modifications, driving and Specialist Disability Accommodation;

- Certification by the NDIS Quality and Safeguards Commission is a disincentive to continued registration with the NDIS, in particular the prohibitive cost of the required audit. OTA asks again why one arm of government, the Australian Health Practitioner Regulation Agency (AHPRA), deems our members fit to practice while another, the Commission, questions that fitness. In discussions with the Commission and the NDIA, it has become evident that there is a difference in understanding between the two organisations with respect to members providing support to children under the age of 7 years. The Commission advises that it is of the view that members providing therapeutic supports to these children in a single practice, often sole provider, capacity should not need to undergo certification. In practice, however, the NDIA are placing funds within the Early Childhood supports line item, thereby necessitating our members to undergo certification to support these participants. OTA is aware that a large number of providers are choosing not to re-register and that this has led to a significant increase in the number of families requesting plan reviews to change their funding to self or plan managed, thereby enabling them to see unregistered providers;

- While most participants establish their eligibility for the NDIS by virtue of their pre-existing supports, OTA is aware of a gap into which some potential participants are falling. In order to access NDIS funding for management of their functional impairment, these would-be participants must first establish their eligibility by way of a detailed, costly and time-consuming functional assessment. The expense of such an assessment is often beyond the means of the would-be participant, meaning that the potential participant is denied access to a scheme for which they might otherwise be eligible. In order to address this problem, the Australian Government should give consideration to providing free or substantially subsidised initial assessments;

- Too frequently, people found ineligible for the NDIS are not given adequate, or adequately understandable, reasons for their ineligibility. This compromises their chances of successfully appealing the decision;

- Comprehensive information provided by experienced therapists in support of NDIS applications is, in some cases, being declined by the NDIA. In particular, this issue has been reported by providers of early childhood supports in South Australia. The NDIA should provide greater clarity around supporting documentation requirements to ensure that applications are processed in a timely manner;

- OTA believes that the NDIS and its personnel are not responding effectively to the needs of participants with rapidly declining conditions, such as Motor Neurone Disease. There are

unacceptable delays in responding to the urgent problems experienced by these people. This cohort of participants are frequently left without adequate assistive technology to maintain their quality of life and enable them to have their support needs met in the final stages of their lives;

- A potential gap in service delivery has been identified for people with an intellectual disability who have an IQ of between 55 and 70. Whereas an IQ of 70 or less would likely have guaranteed access to state-funded disability programs, the NDIA now specifies that an IQ of 55 or less is likely to meet the disability requirements in section 24 of the NDIS Act. There is concern that those with an IQ of between 55 and 70 will have to provide additional evidence to demonstrate the functional impact of their disability, which may prove impossible for a cohort that includes people at risk of ending up in the health care system or, worse, the criminal justice system. The NDIA should clarify what an IQ of 55 or less actually guarantees prospective participants; and provide information on the number of applicants who meet the criteria that have been accepted into the scheme, as well as the likelihood of gaining entry with an IQ above 55. This would reduce the risk of the stated criteria being potentially misinterpreted by Planners.

OTA thanks the Committee for its consideration of these matters.

Yours sincerely

Michael Barrett
National Manager, Government and Stakeholder Relations