

National Disability Insurance Scheme and the health and aged care sector

Interim practice advice for health and aged care services

19 August 2016

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at www.dhs.vic.gov.au/home

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Section 1: What is the NDIS?

The National Disability Insurance Scheme (NDIS) is a national approach to providing individualised support and services for people with a disability who are eligible for the Scheme. The NDIS is rolling out progressively over three years in Victoria from July 2016.

The NDIS is a life-long insurance scheme that uses individualised funding plans to link people to the supports they need. Instead of providing support based on the number of places in a limited number of programs, the NDIS provides funding for reasonable and necessary disability related support needs for eligible participants.

What is the National Disability Insurance Agency?

The National Disability Insurance Agency (the NDIA) is an independent Commonwealth statutory agency. The role of the NDIA is to implement the NDIS.

Who can access the NDIS?

To access the NDIS, an individual must:

- have a permanent disability that substantially impacts a person's functional ability to take part in everyday activities
- be aged less than 65 when they first access the scheme
- be an Australian citizen, live in Australia and hold a permanent visa or a Protected Special Category Visa.

What are NDIS reasonable and necessary supports?

The NDIS funds reasonable and necessary supports that help a participant to reach their goals, objectives and aspirations and to undertake activities to enable the participant's social and economic participation. For a support to be considered reasonable and necessary it must be related to the functional impact of a person's disability. A participant's reasonable and necessary supports take into account any:

- informal supports already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services) and
- formal supports, such as health and education.

Reasonable and necessary supports will help participants to:

- pursue their goals, objectives and aspirations
- increase their independence
- increase social and economic participation, and
- develop their capacity to actively take part in the community.

Examples of reasonable and necessary supports

Examples of reasonable and necessary supports include but are not limited to:

- daily personal activities
- transport to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports including behaviour support
- allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy
- help with household tasks to allow the participant to maintain their home environment
- help to a participant by skilled personnel in aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment
- vehicle modifications.

Examples of supports that are not considered reasonable and necessary include:

- supports not related to a person's disability
- duplicates other supports already funded by a different mechanism through the NDIS
- responsibility of other service system
- relates to day-to-day living costs that are not related to a participant's support needs
- is likely to cause harm to a participant or pose a risk to others.

More information

For more information, see <<https://myplace.ndis.gov.au/ndisstorefront/index.html>>

Section 2: Supporting a person to access the NDIS

The NDIS will be a new approach for people to access disability supports. Specialist disability services and supports will no longer be provided by the Victorian government after the NDIS transition has been completed on 30 June 2019.

Access for people already in receipt of Victorian specialist disability services

Access to the scheme has been streamlined for existing Victorian clients who are receiving supports from a 'defined' list of programs. People in receipt of supports from a defined program are not required to provide evidence they meet the *disability* access criteria. . People in receipt of a defined program will receive streamlined entry to the scheme **provided** they meet the age and residency requirements.

Defined programs are:

- Disability Supported Accommodation, including Residential Institutions
- Individual Support Package (ISP)
- Futures for Young Adults
- Community and Facility Based Respite
- Therapy (specialist disability therapy as described as an activity in the Victorian Disability Act 2006).
Behaviour Intervention Services
- Flexible Support Packages
- Outreach Support
- Independent Living Training
- Case Management (specialist disability case management as described as an activity under the Victorian Disability Act 2016)
- Mental Health Community Support Services, including Adult Residential Rehab Services, Individualised Client Support Packages, Supported Accommodation Services
- Early Childhood Intervention Services.

As the NDIS is rolled out, the NDIA will contact people in receipt of a defined program who also meet age and residency requirements to arrange access to the NDIS. Details of these existing Victorian clients have been provided to the NDIA for this purpose.

Access for people who are receiving disability services which are not a defined program.

Details of existing Victorian clients have been provided to the NDIS. The NDIS will contact these people to determine eligibility and to commence the access process.

This group of clients will be required to demonstrate they meet the disability, age and residency eligibility criteria.

Access for people who are not in receipt of disability services

- An NDIS access request can be made by contacting the Agency by phone. An access request may be processed over the phone or an Access Request Form may be sent out.
- During the NDIS transition period access requests should only be made to the NDIS if the person resides in an area where the NDIS is available. The Victorian Government has provided the NDIS with the sequence in which people will access the scheme. Not all people will be able to access the

scheme at the commencement of a roll-out area depending on the duration of the transition in that area. The roll out schedule is found here: <<http://www.ndis.gov.au/about-us/our-sites/vic>>

- If a health or aged care service is supporting a person to make an access request, they should
 1. confirm the person resides in a phasing area,
 2. ensure all eligibility requirements have been considered and evidence is available to be provided to the NDIS.

Information about eligibility is available here: <<http://www.ndis.gov.au/ndis-access-checklist>>

- Further information about access to the NDIS is found here:
<https://myplace.ndis.gov.au/ndisstorefront/people-disability/access-requirements.html>

Consent requirements

- When a person makes a NDIS access request, they will be asked to provide consent for the NDIS to ask service provider/s to ask for information required to determine eligibility and support needs.
- Consent can be provided verbally if it is requested over the phone, or via a consent form, sent by the NDIS.
- If the person cannot provide consent, a family member, guardian or representative may provide consent on the person's behalf.
- If there is no one who can provide consent on behalf of the person, an application can be made to Victorian Civil and Administrative Tribunal (VCAT) for the appointment of a guardian to provide consent. In such situations, a guardian appointed by VCAT may be required to support the person's NDIS access and planning pathway more generally.

Evidence requirements

- The NDIS has identified a list of conditions that result in permanent impairment and substantially reduced functional capacity, if the person has a condition on this list then they are likely to meet the disability access criteria. A list of these conditions is available here: <<http://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability>>
- If the person's condition is not on this list, evidence of the impact of the condition on the person's life, including any impact on mobility, communication, social interaction, learning, self-care and self-management will be required.
- This information can be provided via existing letters or reports about the person's disability and the impact it has on the person's mobility, communication, social interaction, learning, self-care and/or ability to self-manage. If these are not available, the NDIS will supply a form that can be completed to provide disability eligibility information.

Health and aged care services may be asked to support NDIS access

Some health and aged care services will be asked by individuals for information about the NDIS, for help to determine if they are eligible for the NDIS or help to contact the NDIS. Health and aged care services should provide this information as part of their service coordination role.

Health and aged care services may be asked to provide evidence

Health and aged care services may be asked to provide evidence to support an access request. The request may come from the individual, their representative (including family) or, their Guardian.

It is important that health and aged care services provide information in a timely manner to avoid delay in the processing of a person's access request

The NDIS may request some or all of the following information about a person:

- name, date of birth, address
- evidence of citizenship details
- contact details and preferred means of communication
- carer information if applicable
- evidence of the person's disability or functional impairment. A person can only become a participant of the NDIS if they meet the disability or early intervention access requirements.

Providing evidence

Evidence of the person's condition and functional impact must be provided to the NDIS. An access request will not be considered complete unless the NDIS has received all required evidence and information.

Does the Agency fund service providers to provide evidence?

- The NDIS cannot fund supports that are the responsibility of a universal or mainstream system. This means that the NDIS does not fund services to assist potential participants to access the NDIS. A person cannot be supported with NDIS funding until they have an access decision. This is considered part of usual mainstream service coordination.
- As the NDIS commences transition in an area, some health and aged care services, including general practice, may experience additional demand pressure due to requests for assessments to provide evidence of impairment.

It is recommended that organisations manage this in the following way:

- If a person asks for a copy of their most recent medical or health assessment and if this assessment is still current or clinically valid, then this information should be provided free of charge.
- If the most recent medical or health assessment needs to be updated, then the organisation should note on the assessment document that it is no longer a clinically valid assessment and a reassessment is required.
- It is then up to the person, to arrange a current assessment from a health professional of their choice. Some people will choose to go to a private practitioner (at their own cost) if it means obtaining the assessment sooner.
- If a person, who has never been a client/patient of the health organisation, requests a medical or health assessment for the sole purpose of providing 'evidence of impairment' to the NDIA, then they can access the assessment based on the health organisation's usual priority of access criteria.

How long does it take for NDIS access to be determined?

- The NDIA is required to make a decision or request further information from the person or their nominee within 21 days of receiving an access request. (refer s.20 of the NDIS Act)
- When further information is requested, the NDIA must give the person a minimum of 28 days to provide the information. (refer s.26 of the NDIS Act)
- An access decision must then be made within fourteen days of the final piece of information being received by the NDIA. The NDIA can make more than one request for information when necessary.

Note: An access met decision does not mean immediate commencement of NDIS supports.

What happens once NDIS access is confirmed?

- Subject to phasing arrangements and sequencing of clients, once a person has been told they are able to participate in the NDIS, the planning process may commence. Planning aims to identify informal, community and mainstream services and determine any reasonable and necessary supports the person will require to achieve their goals.
- A NDIS representative will contact the participant to commence the planning process, one or face-to-face, depending on the person's circumstances.
- The NDIS may gather information from the Victorian Government and/or existing service providers to assist with developing the participant's plan. The focus of the first plan will be to build on any existing supports and meet unmet support need.

What happens if a person is ineligible for the NDIS or certain supports?

- A person may be ineligible for the NDIS or not have some of the supports previously received from Victoria funded by the NDIS.
- If this occurs because the person's supports are already and/or more appropriately funded by another system, the NDIS can assist linking people to mainstream systems and assist other organisations to include people with disability.

Internal review and Administrative Appeals Tribunal

- If a person does not agree with the access decision or a planning decision, they may request an internal review from the NDIA.
- If the internal review upholds the decision, the person can appeal the Access decision to the Commonwealth government's Administrative Appeals Tribunal. See here for further information: <http://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>

More information

More information about access to the NDIS can be found here:

https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_access_overview2.pdf

Section 3: Service coordination between the NDIS and the health and aged care system

The effective interaction between the NDIS and the health and aged care system is critical to ensure smooth transitions for participants into the NDIS and a coordinated response to participant's treatment and support needs, as well as reduce the risk of cost-shifting, service duplication and the creation of service gaps.

Health and aged care service providers should work with NDIS participants, Local Area Coordinators, NDIS participant's service providers (including NDIS funded support coordination where applicable) according to Victoria's service coordination framework. For more information about this framework see: <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination>

Principles that define responsibilities between the NDIS and the health system

COAG developed and agreed to a set of principles that define funding and practice responsibilities between the NDIS and Victoria's mainstream (universal) service systems and guide the way the NDIS will work with these service systems. The role of the NDIS is to implement the agreements of Governments.

The following are two principles which are specific to the NDIS interface with the health system:

- The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no wrong door approach.
- The NDIS and the health system will work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

Responsibilities of the health system

The health system is responsible for all clinical and medical treatment required by NDIS participants, for example:

- Diagnosis and clinical treatment of health conditions (including ongoing or chronic).
- Time limited, recovery orientated services and therapies (Rehabilitation) aimed primarily at restoring the person's health and improving the person's functioning after a recent medical or surgical event or treatment intervention. This includes where treatment and rehabilitation is required episodically.
- Medications and pharmaceuticals.
- Taking a lead in discharge planning.

Responsibilities of the NDIS

Governments have agreed the NDIS is not intended to replace the supports or services provided by other mainstream systems. The NDIS will fund supports which help the participant manage ongoing functional impairment that results from their disability such as:

- Supports required due to the impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living.

- Such supports include allied health and other therapies directly related to managing or maintaining a person's disability specific functional capacity including occupational therapy, speech pathology, physiotherapy, podiatry and specialist behaviour interventions. This includes long term therapy/support directly related to the impact of a person's impairment/s on their functional capacity required to achieve incremental gains or prevent functional decline. Also includes allied health therapies through early intervention for children aimed at enhancing functioning.
- Aids and equipment to enhance increased or independent functioning in the home and community.
- Training of NDIS funded workers by nurses, allied health or other relevant health professionals to address the impact of a person's impairment/s on their functional capacity as a direct result of their disability and not an unrelated health issue (e.g. training for carers by a registered nurse in the use of feeding apparatus). Coordination of NDIS supports with supports also being provided by the health system and other relevant service systems.

In general, the NDIS will not be responsible for funding support for a person in a health setting (i.e. extra staff to manage a person's daily care needs in hospital).

More information about the respective roles and responsibilities of the health and aged care system and the NDIS, can be found here: <<https://www.coag.gov.au/sites/default/files/sched-i-att-a-principles-responsibilities-ndis-other.pdf>>

The interface between the NDIS and the health and aged care system

Key areas of interface between the NDIS and the health system include, but are not limited to:

- Supporting people to access the NDIS. This will include the health system triggering an NDIS access request if it appears a person would benefit from the NDIS and/or supporting an access request by providing information upon the request of a potential participant ensuring a coordinated response to a participant's health and disability support needs.
- Identifying when a person has a change in circumstance that may mean they require a review of their NDIS plan and/or supporting the person to provide evidence of this to the NDIS.

Examples of circumstances where this interface may occur include, but are not limited to:

- An individual has had a significant and/or rapid change of health or disability related needs.
- An individual has been, or is at risk, of hospital admission and intervention could avert.
- Discharge planning from hospital is required.
- An individual is unable to remain living in the community without additional support.
- A person is moving from residential care to independent living.
- A person is undergoing NDIS access, planning or having a review of their NDIS plan.
- A person is undergoing a health assessment or a health plan is being developed or reviewed.

Indicators of Good Practice

A coordinated and integrated approach will ensure timely and appropriate provision of support through the NDIS and health and aged care service system. This will require the health and aged care service system and the NDIS and providers (including NDIS funded support coordination where applicable) to demonstrate;

- A focus on empowering individuals to exercise choice and control in setting goals, planning and delivering care and supports.

- Initiative to communicate in a timely manner.
- Application of information sharing practices consistent with legislation.
- A willingness to be flexible in the best interest of the individual.
- A commitment to assess, plan and provide care and supports in a coordinated manner.

Section 4: Providing evidence of a change in a NDIS participant support need

All NDIS participants have a plan which is developed and approved by the NDIA. A participant's plan is structured into support budgets that have an amount allocated to spend on achieving outcomes. There is flexibility within a budget to use funding across multiple support types delivered at various times. Prior to a plan review being undertaken, it is best to review the ability to use current funding to meet any increased demand in support needs. If you are providing health and/or aged care services to a participant, it is recommended you ask the person for a copy of relevant parts of their plan to assist you to coordinate care.

When will a NDIS participant's plan be reviewed?

- Plans are typically reviewed in the weeks preceding the plan end date unless the following scenarios occur;
- If there is a change in a person's circumstances, a plan review can be requested by the participant or their plan nominee.
- The NDIS will only agree to a plan review out of sequence if there is evidence of a change in the circumstances that indicate reasonable and necessary support/s may need to change.
- Examples of circumstances accepted as a trigger for a review include:
 - significant progression or deterioration of a condition
 - new injury, resulting in a permanent increase in support needs
 - a permanent decrease in the amount of informal support available.

How to request a plan review

- To request a plan review, a participant or their nominee may contact the NDIA on the telephone, visit a local office or complete and submit to the NDIA a 'Change of Circumstances' form. The form can be found here; <https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/Participants/Change-of-circumstances-form.pdf> . Evidence of the change in support need must be documented, including:
 - what has changed in the participant's life that affects their plan and
 - why the changes mean that the existing funded supports need to change, i.e. what is the impact on the person's functional capacity to perform activities of daily living
 - evidence that the support need is a result of the disability.
- When providing evidence of a change in support need, language should be consistent with supports that are in scope of the NDIS.

Role of the health or aged care service

- The health or aged care service may identify a change in a person's support needs that suggests the person requires a review of their NDIS funded reasonable and necessary supports.
- The NDIS participant, family or the NDIA may request documentation about change in support needs from health and aged care services.

Does the NDIS fund health organisations to provide evidence of a change in support need?

- The NDIS will not fund supports that governments have agreed are the responsibility of a universal or mainstream system. This includes the diagnosis and assessment of health conditions, which is the responsibility of the health system. More information about this is available here: <https://www.coag.gov.au/node/497>
- For an existing client/ patient, if a health organisation has a current, clinically valid assessment that provides evidence of a change in support needs then this should be provided to the NDIS participant to support a plan review. If such an assessment does not exist, the NDIS participant can ask the health organisation to use some of their approved hours in their NDIS support plan to complete a report detailing evidence of a change in support needs.
- If a person, who has never been a client/ patient of the health organisation requests a medical or health assessment for the sole purpose of providing evidence of a change in support need, they can access the assessment based on the health organisation's usual priority of access criteria.

What to do in cases of urgency

The NDIS must decide whether to review a plan within 14 days of receiving a request from a participant.

Section 5: NDIS funded Support Coordination

The NDIS defines support coordination as: ‘assistance to strengthen participants’ abilities to coordinate and implement supports and participate more fully in the community’.

Support coordination can include:

- initial assistance with linking participants with the right providers to meet their needs
- assistance to source providers
- coordinating a range of supports, both funded and mainstream, and building on informal supports
- resolving points of crisis
- parenting training and
- developing participant resilience in their own network and community.

Levels of support coordination

Support coordination is included in a participant’s plan at a level of intensity that reflects the person’s needs. There are three levels of support coordination that describe the level of support coordination activity:

Support Connection

Time limited assistance to strengthen participant’s ability to connect with informal, mainstream and funded supports, and to increase capacity to maintain support relationships, resolve service delivery issues, and participate independently in NDIA processes.

Coordination of Supports

Assistance to strengthen participant’s abilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. This includes resolving points of crisis, developing capacity and resilience in a participant’s network and coordinating supports from a range of sources.

Specialist Support Coordination

The provision of Support Coordination within a specialist framework is necessitated by specific high level risks in the participant’s situation. This support is time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience. It may also involve development of an intervention plan which will be put in place by disability support workers.

When is NDIS funded Support Coordination required?

NDIS funded Support Coordination is required when a person needs assistance with activities such as:

- decision making
- activities of daily living
- communication
- mobility and transport
- challenging behaviours
- training of disability support workers
- coordination of supports from multiple service systems.

How to work with a NDIS funded Support Coordinator

Health and aged care services should liaise with a NDIS participant's funded Support Coordinator. This includes liaising with the Support Coordinator for all matters that may affect the participant's plan.

Circumstances when it would be beneficial for health and aged care services to work with a NDIS funded Support Coordinator include but are not limited to:

- When delivery of supports require coordination to ensure best outcomes.
- When a person's situation or condition has changed and planning is required about how to respond to changed needs. This would include health care planning or NDIS funded support planning.
- When a person has a change in health, aged care or NDIS funded inputs and coordination is required between different providers to ensure an integrated response.

Can a service provider request NDIS funded Support Coordination?

- Having NDIS funded Support Coordination added to a participant's plan may require a plan review.
- See 'How to Request a Plan Review' on p.17 for further information.

Note: Service providers have a fundamental responsibility to ensure the supports they deliver are reasonably coordinated with other supports in a person's life.

Section 6: Local Area Coordination

Local Area Coordination (LAC) is designed to support people with disability to explore and build an ordinary life within their communities. Local Area Coordinators are available to:

- Provide assistance to NDIS participants and non-NIDS participants to connect to and build informal and natural supports;
- Work with community, providers and mainstream to build inclusion and awareness of the needs of people with disability;
- Provide assistance to NDIS participants with the planning process;
- To assist NDIS participants with effective plan implementation, including:
 - identify options (funded, mainstream and in informal networks)
 - investigate options
 - understand funding flexibility
 - reach decisions regarding timing of support activation
 - reach service agreements with providers
 - assist the participant to ensure that new support arrangements are established and are meeting the Participant's expectations.

More information

More information about Local Area coordination can be found here:

<https://myplace.ndis.gov.au/ndisstorefront/people-disability/information-and-referral.html>

Section 7: How to improve hospital discharge planning during NDIS transition

Good discharge planning results in an individual having a coordinated, safe and timely discharge from hospital with support needs appropriately addressed and available so delays in a person's discharge are minimised.

Who should be involved in discharge planning

The health service continues to be responsible for overseeing and managing the discharge planning processes to support a person to be discharged from hospital.

A range of people and agencies may need to be involved in discharge planning, together with the person with a disability and their family or significant others. The people involved will vary depending on a person's individual circumstances and coordination between all parties will be critical. Involvement may include:

- a) Acute and subacute health service staff involved in discharge planning, such as social workers, care coordinators, medical, nursing and allied health staff.
- b) NDIS staff and funded providers (including NDIS funded support coordination where applicable).
- c) Aged Care Assessment Service (ACAS) teams including ACAS manager, assessors and delegates (if residential aged care is being explored as the most appropriate discharge option).
- d) Ambulatory and Community services such as community rehabilitation programs, specialist clinics, community health providers.
- e) Case managers from a variety of agencies.
- f) Local government agencies.
- g) Interactions with other mainstream service systems (e.g. housing, justice, mental health, child protection) may be required for appropriate discharge planning.

An indicative pathway outlining the NDIA access process and responsibilities of the health system and NDIA is at the end of this section.

When should the NDIS be involved in discharge planning?

Joint discharge planning between the health service and the NDIS and participant's service providers (including NDIS funded support coordination where applicable)/ Aged Care Assessment Service and the individual and family should be undertaken to ensure there is coordination and appropriate planning to support a safe discharge from hospital when:

- The discharge from hospital is conditional to additional NDIS supports being available.
- A person is at risk of inappropriate admission to a residential care facility (formerly referred to as Residential Aged Care).
- The person will require re-instatement of their disability supports post discharge.
- A person will require both health and disability related supports to enable discharge.

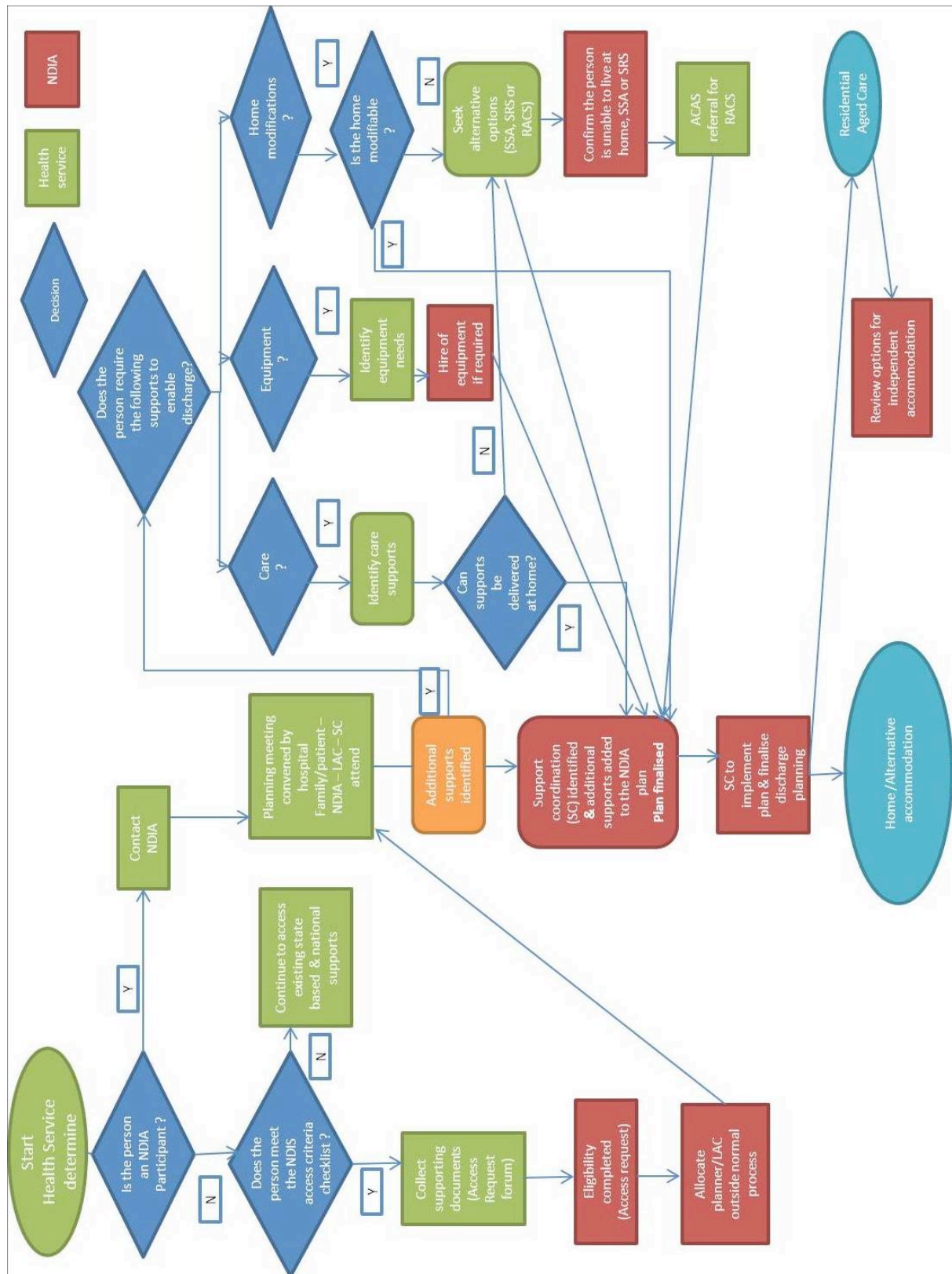
Indicators of Good Practice

Good discharge planning will require the NDIS, NDIS participant's service providers, the health and aged care service system (including Aged Care Assessment Services) to demonstrate:

- A shared understanding between health services and NDIA of how each system operates, practice drivers and service limitations.
- Timely engagement – including determining a person's NDIS eligibility and post discharge support and care needs assessment, planning, delivery and review.
- Active involvement in planning and coordination of supports between the health and aged care system and NDIA, prior to hospital discharge, recognising at times that inputs may be required from both systems at the same time or there is a need to ensure a smooth transition from one to another.

Where a person is unable to return home, all options for appropriate accommodation and care should be explored and the person accommodated in an age appropriate setting. If entry to a residential care facility will be required, this will require timely referral to the Aged Care Assessment Service.

Figure 1: Indicative NDIS Hospital discharge pathway – new or changed NDIS supports



Section 8: Time critical responses

Prompt and effective responses to time critical circumstances will attempt to avert, or slow the rate, of deterioration of a person's functionality or health and reduce their long term support and care needs.

This will require that the NDIA, Local Area Coordinator, NDIS participant's service providers (including NDIS funded support coordination where applicable), the health and aged care service system (including Aged Care Assessment Services) demonstrate:

- Efforts that support people to live as independently as possible in the community.
- Quality, sustainable and flexible supports that build capacity, enhance wellbeing and uphold human rights.

Circumstances

A time critical response should be applied in circumstances where a person, either an existing or prospective NDIS participant, is a hospital in-patient or living in the community and:

- Is at risk of inappropriate admission to a residential aged care facility (formerly referred to as Residential Aged Care).
- Is at risk of admission to hospital without a rapid response to presenting support and care needs.
- There is significant risk to the person's health or wellbeing if a rapid health or disability response is not affected.

Indicators of good practice

NDIA, Local Area Coordinator, NDIS participant's service providers (including NDIS funded support coordination where applicable), the health and aged care service system (including Aged Care Assessment Services) will:

- Support the timely purchase and supply of necessary aids and equipment to avoid delays in discharge or harm for participants whose equipment is of clinical importance (ie. low value items such as pressure cushions).
- work together to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.
- Participate in case planning.

More information

For more information about managing time critical responses with the Agency, see

<https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_planning_assessment_urgent_cases.pdf>

Section 9: What to do when things do not go smoothly

Interface practice issues may become evident during the NDIS transition, for example:

- If a person is not deemed eligible for the NDIS or is not provided the complement of reasonable and necessary supports they require and you, in your role, disagree with the outcome (once an appeal has been made, see here for information about the appeals process <http://www.aat.gov.au/applying-for-a-review/national-disability-insurance-scheme-applicants>).
- If there is a change in a participant's support or care needs that requires a time critical response and you are experiencing difficulty engaging the NDIA.
- If you are unable to engage a NDIS funded service provider to coordinate support and care for a person.

If you require support to manage a practice interface issue during the NDIS transition, escalate the matter internally in your organisation. If the issue cannot be resolved within your organisation contact the:

- NDIA National Office for issues regarding an access request
- Divisional NDIA Office for issues regarding a participant's plan.

If the issue cannot be resolved with the NDIA, speak with your usual departmental contact.