Supporting NDIS access

The role of General Practice

April 2017

The NDIS is the new way of providing disability support	The National Disability Insurance Scheme (NDIS) is a national approach to providing individualised support and services for eligible people with a disability. The NDIS is administered by the National Disability Insurance Agency (NDIA). Individuals need to be an Australian resident and aged under 65 years to access the NDIS. People with a psychiatric disability are eligible for the NDIS. The NDIS is social insurance, not welfare. As an insurance scheme, the NDIS takes a lifetime approach to support, investing in people with disability early to improve their outcomes later in life. For information: • about the NDIS, see https://www.ndis.gov.au/. • in other languages, see https://www.ndis.gov.au/news/My-NDIS-Pathway-in-languages-other-than-English.html
Roll out schedule	The NDIS is rolling out progressively over three years in Victoria from July 2016. Within each residential area, people in receipt of state funded specialist disability services will be phased in according to the type of disability support they receive (for roll out schedule see < http://www.vic.gov.au/ndis/getting-ready.html>). Disability supports will no longer be provided by the Victorian government in an area after transition.
Existing disability services clients	Existing clients of specialist disability services, who meet the age and residency requirements, will be contacted by the NDIA to arrange access when the NDIS transitions to the person's residential area. These people do not need to provide evidence that they meet the NDIS disability requirement. **No action is required by you for this group.**
People NOT currently in receipt of disability services	New clients must make an access request to establish their eligibility for the NDIS. An NDIS access request can be made by contacting the NDIA by phone on 1800 800 110. An access request can be made if the person: • lives in an area in where the NDIS has transitioned • has permanent (or likely to be permanent) disability that substantially impacts their functional ability to take part in everyday activities. **NDIS access is based on the need for support for daily tasks, not on diagnosis.** Some of your patients, or their representative such as a family member, will ask you to help them provide evidence of permanent disability and functional impairment.
No evidence is required if	If the person has at least one condition on the list overleaf they do not need to provide evidence of disability. This means they will meet the NDIS disability access criteria and evidence of impairment is not required.
Evidence is required if	People with conditions not listed overleaf require evidence of the functional impact of their condition on their life and the support they require as a result. This includes evidence about the impact of impairment on: mobility/ motor skills (e.g. use of transport), communication (e.g. expressing needs, comprehension), social interaction (e.g. controlling emotions, developing and maintaining relationships), learning (e.g. paying attention and mastering new skills), self-care

	(e.g. bathing, eating, caring for health) and self-management (e.g. doing daily jobs, making decisions, handling problems and money). The latter two items are not relevant to young children. Providing evidence may require supportive assessments from allied health practitioners or a psychiatrist.
Format for providing evidence	To provide evidence, complete either the Professional's Report section in Part F of the Access Request Form or the NDIS Supporting Evidence Form. Alternatively, the same evidence can be provided in a different format, such as copies of existing assessments and reports about the person's disability and the impact it has on their daily life and function.
Change in support need	All NDIS participants have an individualised plan. If a participant's circumstances change, they may require a plan review to increase support. Changes would include: significant progression or deterioration of a condition, new injury, resulting in a permanent increase in support needs and/or change in carer arrangements. To support a participant register a change in support need, complete and submit the form on the NDIS website (google 'NDIS change of circumstances').
Medicare Benefits Scheme	General Practitioners should claim normal consultation fees through the Medicare Benefits Scheme for the consultation when providing the evidence a person requires for the NDIS. For example, Level A – D consultations: MBS items 3, 23, 36, 44 would be suitable.

Conditions that do not require evidence under current NDIS guidelines

(see www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability)

- **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria (e.g. IQ 55 points or less and severe deficits in adaptive functioning).
- **Autism diagnosed** by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
- **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
- **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
  - Angelman syndrome
  - Coffin-Lowry syndrome in males
  - Cornelia de Lange syndrome
  - Cri du Chat syndrome
  - Down syndrome
  - Edwards syndrome (Trisomy 18 – full form)
  - Epidermolysis Bullosa (severe forms):
    - Autosomal recessive dystrophic epidermolysis bullosa
    - Hallopeau-Siemens type
    - Herlitz Junctional Epidermolysis Dystrophica
  - Lesch-Nyhan syndrome
  - Leigh syndrome
  - Leukodystrophies:
    - Alexander disease (infantile and neonatal forms)
    - Canavan disease
    - Krabbe disease (globoid cell leukodystrophy) – Infantile form
    - Pelizaeus-Merzbacher Disease (Connatal form)
  - Lysosomal storage disorders resulting in severe intellectual and physical impairments:
    - Gaucher disease Types 2 and 3
    - Niemann-Pick disease (Types A and C)
    - Pompe disease
    - Sandhoff disease (infantile form)

    - Schindler disease (Type 1)
    - Tay-Sachs disease (infantile form)
  - Mucopolysaccharidoses – the following forms:
    - MPS 1-H (Hurler syndrome)
    - MPS III (San Fillipo syndrome)
  - Osteogenesis Imperfecta (severe forms):
    - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
  - Patau syndrome
  - Rett syndrome
  - Spinal Muscular Atrophies of the following types:
    - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
    - Dubowitz disease (SMA Type II – Intermediate form)
    - X-linked spinal muscular atrophy
- **Spinal cord injury or brain injury** resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia where there is severe or total loss of strength and movement in the affected limbs of the body.
- **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (**An optometrist report is not sufficient for NDIS purposes**.)
  - Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
  - Amputation or congenital absence of a foot, dominant hand or two limbs.

Note: There are many conditions in which the functional capacity is variable and further assessment of functional capacity is required.

To receive this publication in an accessible format phone 9096 5111, using the National Relay Service 13 36 77 if required.

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