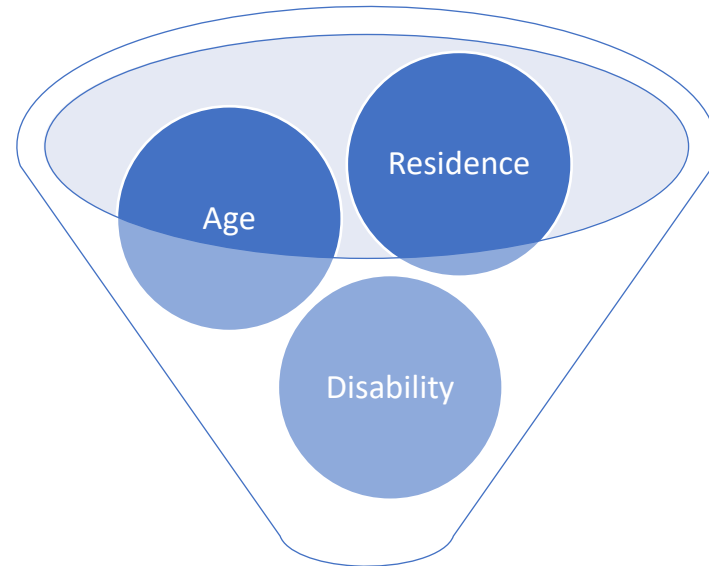


Access and planning under the NDIS – a 2 step process

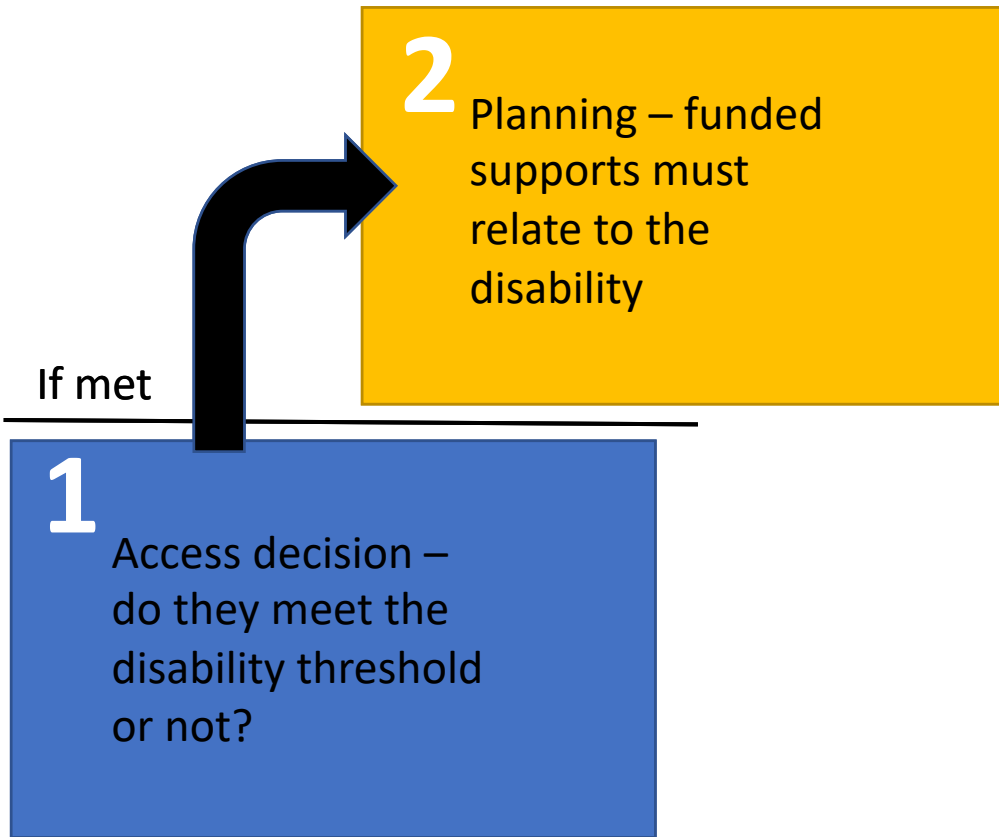
1. The access decision



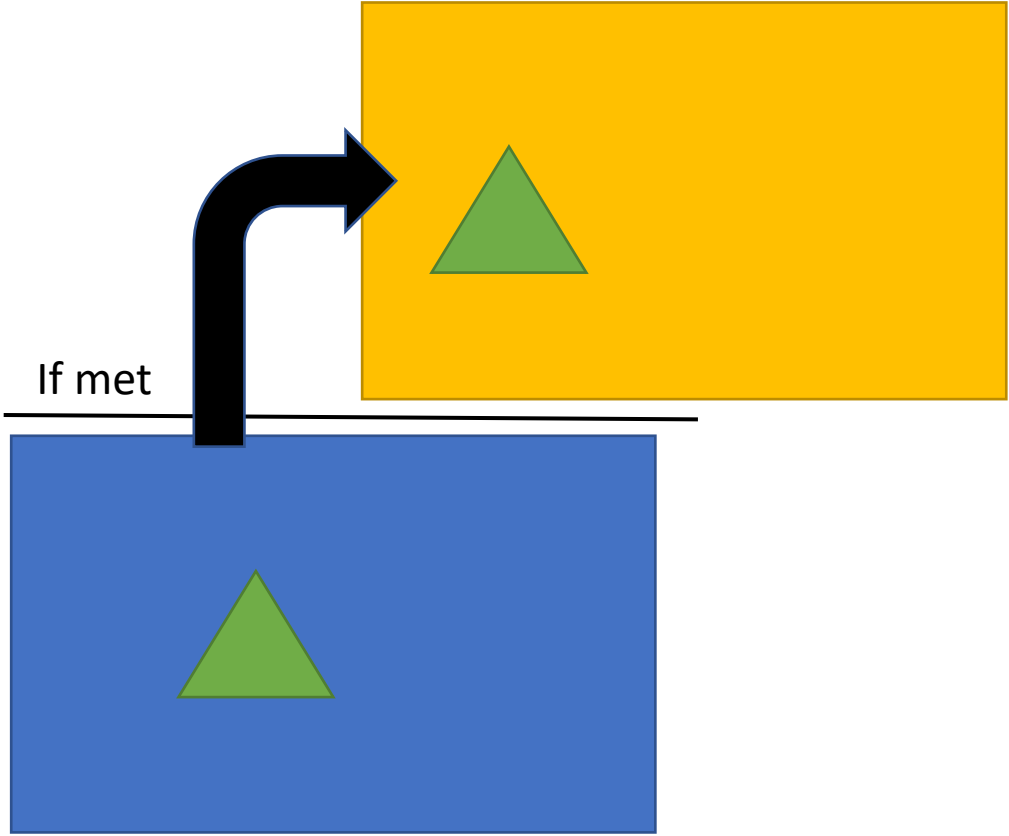
2. The planning decision/s

For those who meet access, proceed to planning, to discuss individual support needs

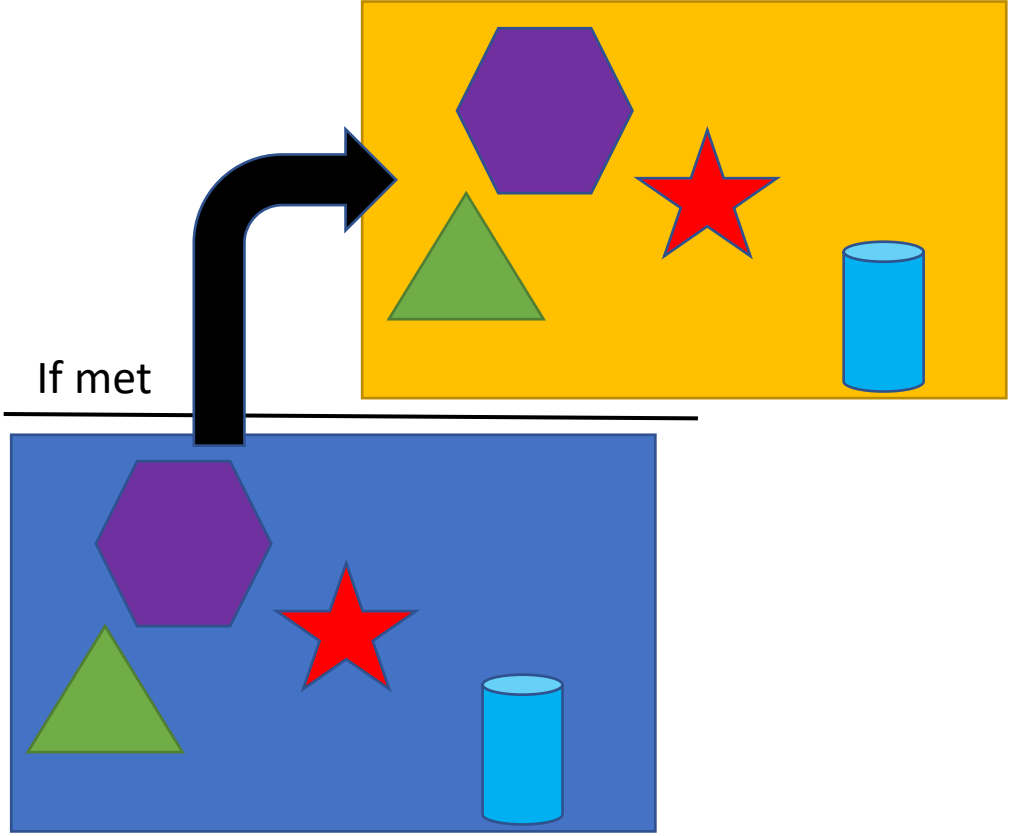
How the legislation and caselaw operates



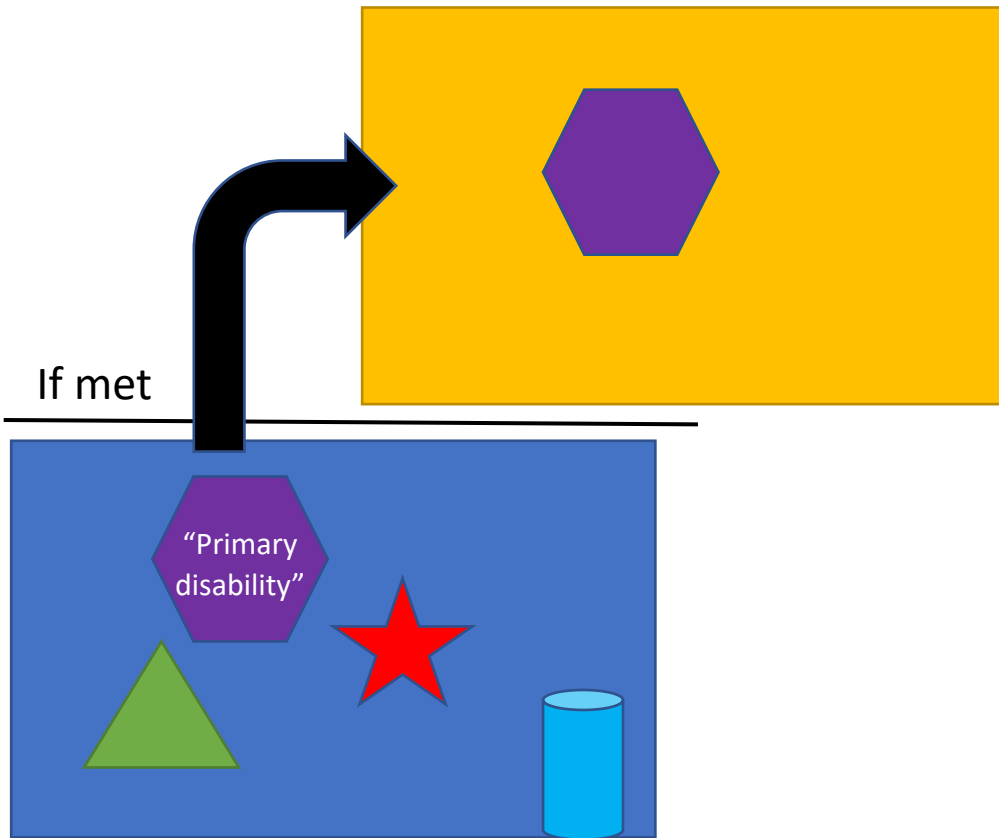
A single diagnosis/condition/impairment



A complex diagnosis/condition/impairment



How the NDIA apply this



- The participant is not notified at the point of access that this decision has been made – access is “met” or “not met”
- At the planning meeting they are told other supports won’t be funded because “access not met for those”
- There is no process for review/AAT has no jurisdiction

Why?

We're just guessing, but ...

- The Typical Support Package is based on the concept of “primary disability”, a term not present in the legislation
- The underlying assumption is that if you can identify a “primary disability” this will be a reasonable indicator of the support needs, with other conditions simply being like accessories or optional extras
- The Typical Support Package has allowed the NDIA to avoid building plans from the bottom up, and instead to enter some basic demographics and create a plan
- There are very low levels of discretion for planners to go outside of this TSP
- Undoubtedly this is more efficient, and possibly works *well enough* for some participants

But

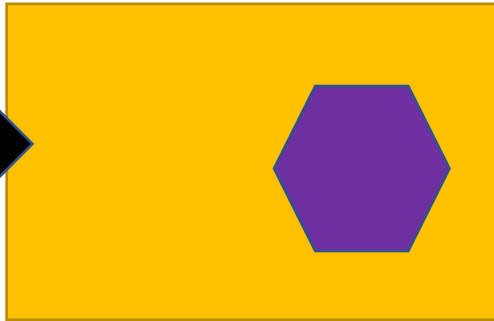
- Co-morbidities are more likely to compound the effect of other conditions, not accessorise them
 - If a person has an intellectual disability, is blind, and is a paraplegic, what is their “primary disability”? Can their overall support needs be predicted by comparing to other participants with only one of these impairments?
 - Necessary supports are determined by the evidence once at the Tribunal, including for eg OT assessments, but the NDIA are making their own judgement calls based on what they perceive to be the “disability” and the relationship of the supports to that
- The process is unfair, confusing, inconsistently applied, lacks transparency, and there is no right of review

An alternative avenue for participants to resolve this issue is to apply for an internal review regarding the reasonable and necessary supports funded in their plan (then appeal to the AAT).

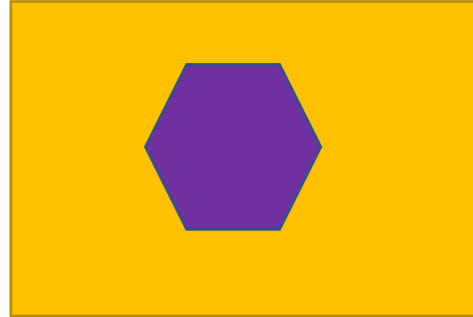
As demonstrated by VGCP, even if successful following an internal review (and AAT appeal) the core issue of the particular disabilities recorded in the NDIA's system is not resolved for subsequent plans.

VGCP

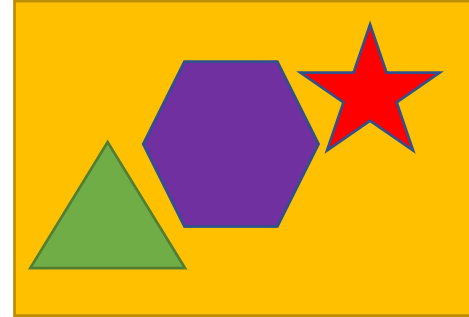
1st planning meeting



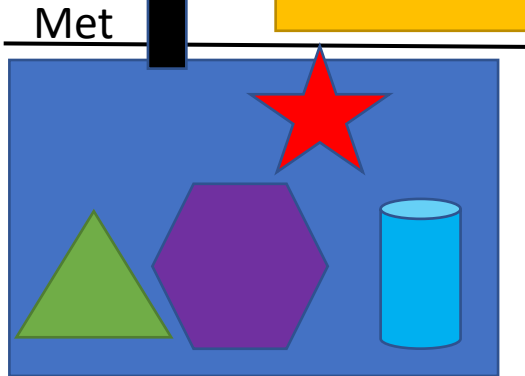
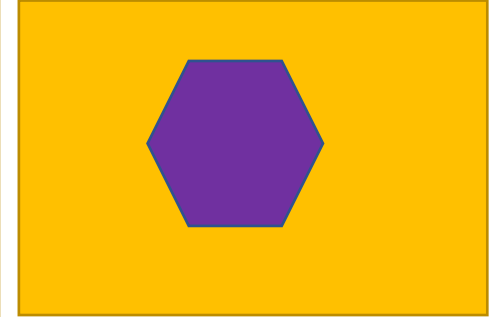
Internal review



By agreement at AAT

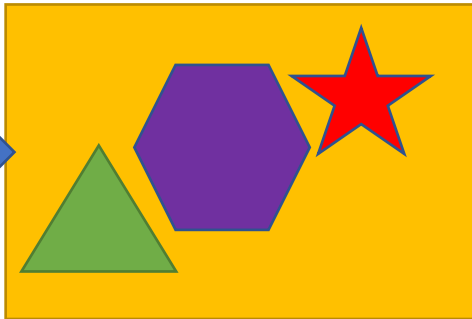


2nd planning meeting

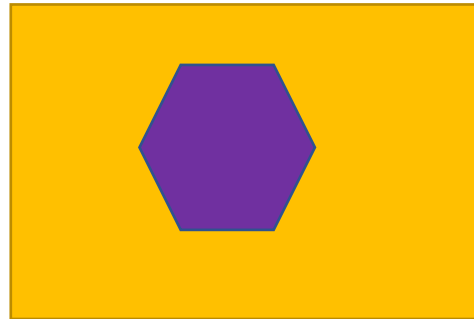


VGCP still going...

After Ombudsman
complaint



Ombudsman complaint closed



Meanwhile, assistive technology funded would imply ...

