

Preparing for the National Disability Insurance Scheme

2015



Disclaimer

This strategy document outlines general principles regarding the operation of the National Disability Insurance Scheme. Guidelines and requirements for the scheme are continually changing and this document should be used in conjunction with any updates released by the National Disability Insurance Agency and any other relevant bodies.

The recommendations made may not be applicable to all organisations and additional advice specific to each organisation should be obtained before acting on any of the recommendations made.

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*Recommendations for the
Queensland Aboriginal and
Islander Health Council
and Aboriginal & Islander
Community Controlled Health
Services in Queensland*



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Abbreviations

AICCHS	Aboriginal and Islander Community Controlled Health Service
IFP	Individually Funded Packages
ILC	Information, Linkages and Capacity Building
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
PIRS	Patient Information and Recall System
QAIHC	Queensland Aboriginal and Islander Health Council

Executive Summary

The National Disability Insurance Scheme (NDIS) represents a major change to the funding and delivery of disability services in Australia. Queensland Aboriginal and Islander Health Council (QAIHC) represents a broad base of members delivering health care services to Aboriginal and Torres Strait Islander people and communities in Queensland. The NDIS will have direct impacts on these organisations. The purpose of this strategy document is to explore issues and impacts around the NDIS for disability service provision and to make recommendations to QAIHC and its members about how to best prepare for key changes.

Burden of disability

Although there are limitations in available data, it is clear that Aboriginal and Torres Strait Islander people suffer from higher rates of disability when compared to non-Aboriginal and Torres Strait Islander people and that those who live with a disability have higher rates of severe core-activity limitation requiring assistance. Despite this Aboriginal and Torres Strait Islander people have lower rates of disability service access, an issue that is more pronounced in Queensland.

The NDIS and its status in Queensland

The NDIS is currently operating at a number of trial sites around Australia, with a Queensland trial site likely to commence within the next 6 months before a wider rollout between July 2016 and June 2019. At this time it is expected to have created 13,000 additional jobs in Queensland and be providing services to around 100,000 people with a disability. The eligibility criteria for the NDIS is outlined and it is expected that between 5,000 and 15,000 Aboriginal and Torres Strait Islander people will be eligible for NDIS services in Queensland.

Key operational issues

Operational issues are outlined for both participants and providers with a key feature being that funding is provided directly to individual participants who then negotiate with service providers to deliver services in line with a documented disability plan and pre-set pricing rates. A wide range of providers meeting qualification and registration requirements will be able to participate in providing NDIS services within 14 defined support categories. Rural and remote access issues are accommodated through additional loading being payable for services. Many existing disability service programs will transition into the NDIS over a period of time.

Opportunities, risks and challenges for AICCHSs

For Aboriginal and Islander Community Controlled Health Services in Queensland, a number of opportunities, risks and challenges are explored. Opportunities include becoming providers of choice for Aboriginal and Torres Strait Islander people with a disability, access to additional funding, and adaptability of existing business models to take advantage of the NDIS. Risks include competition from mainstream disability providers, excessive administration burdens, and non-payment for clients who do not attend appointments. Challenges include workforce issues, identification and support for clients to access the NDIS, viability of some support activities, and access issues.

Key recommendations

Key recommendations fall into the following categories:

For AICCHSs:

- Recommendation 1: Develop a clear understanding of current clients with a disability
- Recommendation 2: Review organisational business model to determine opportunities under the NDIS
- Recommendation 3: Assess and plan for impacts on the organisation's workforce due to the NDIS
- Recommendation 4: Ensure early organisational preparedness for the NDIS
- Recommendation 5: Prepare clients for service access under the NDIS

For QAIHC:

- Recommendation 1: Support AICCHSs with readiness activities for the NDIS
- Recommendation 2: Assess and plan for NDIS impacts on the workforce of AICCHSs
- Recommendation 3: Explore partnerships and additional funding to support the readiness of AICCHS sector
- Recommendation 4: Advocacy to NDIA related to key issues for AICCHSs and Aboriginal and Torres Strait Islander people.

Additional resources

A checklist has been developed and is included in Appendix 1 to assist AICCHSs with preparation for the NDIS.

Introduction

Methodology and scope

The purpose of this strategy document is to examine the impact of the National Disability Insurance Scheme (NDIS) and to make recommendations to assist the preparedness of the Queensland Aboriginal and Islander Health Council (QAIHC) and Aboriginal and Islander Community Controlled Health Services (AICCHSs) in Queensland. It was outside the scope defined by QAIHC to consult directly with members or to look at specific disability data held by individual health services.

The report is based on consultations with QAIHC and the National Disability Service (NDS), publicly available information about the NDIS, status reports from current trial sites, research around disability among Aboriginal and Torres Strait Islander people, and experience gained through working with AICCHS.

Structure of the strategy document

The strategy document examines and summarises current research about disability among Aboriginal and Torres Strait Islander people in both a National and Queensland context and outlines key features and operational requirements of the NDIS. Broad estimates of eligibility numbers for Aboriginal and Torres Strait Islander people in Queensland are outlined, and funding and access issues discussed. Opportunities, risks and challenges specific to AICCHS are explored and recommendations made for both AICCHSs and QAIHC.

An appendix is included outlining a suggested checklist that could be used by AICCHSs in Queensland to prepare for the NDIS.

Key limitations

The NDIS is still in early stages of implementation in Queensland and many operational issues specific to Queensland are yet to be determined or documented. Much of the analysis within this document is based on the operation of the NDIS at trial sites within other States and common principles defined within key legislation and operational guidelines for the NDIS. This should be considered when looking at recommendations presented in this report, and any new information should be examined as it becomes available before acting on the recommendations presented.



Disability and Aboriginal and Torres Strait Islander People

Definitions and background

For the purposes of this document the definition of disability is “a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities”[1]. This covers a broad range of conditions including intellectual/learning, neurological, physical, psychiatric and sensory/speech disabilities.

Key sources for information about disability among Aboriginal and Torres Strait Islander people include:

- Australian Bureau of Statistics’ Survey of Disability, Ageing and Carers (SDAC) [1] which was last undertaken in 2012. This provides information about the extent of Aboriginal and Torres Strait Islander people living with disability and requiring assistance with core activities, and allows for breakdown at a Queensland state level.
- The 2011 Census of Population and Housing [3]. This provides information on numbers of Aboriginal and Torres Strait Islander people reporting a profound or severe core-activity limitation and requiring assistance and allows for analysis of data by region.
- The 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) [4]. This provides data on the numbers of Aboriginal people reporting broad categories of disability including physical disability, sight/hearing/speech disability, and intellectual disability.

Burden of disease and prevalence

A summary of the above data sources reveals the following:

- Overall rates of disability amongst Aboriginal and Torres Strait Islander people are increasing
- Overall rates of disability among Indigenous men are higher than for Indigenous women, however for the 0-14 year age group, the difference was more pronounced.



Figure 1: Overall Aboriginal and Torres Strait Islander disability rates in Australia
Source: Look Both Ways from ABS data [2]

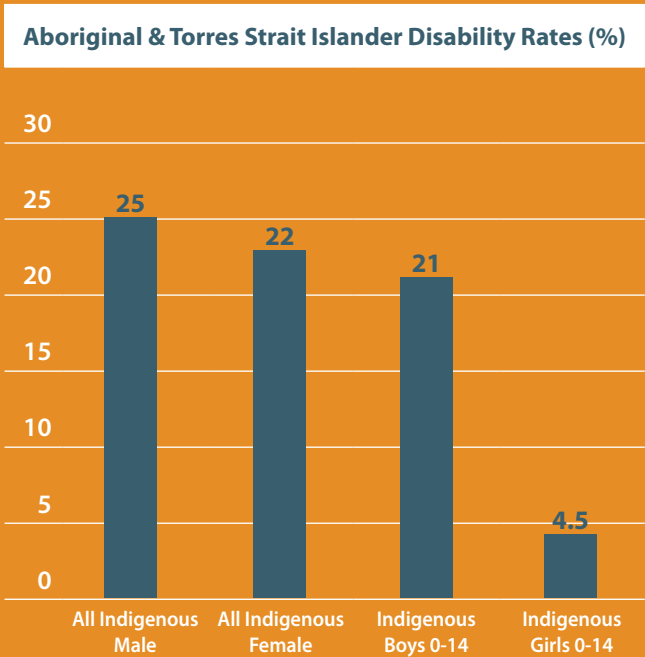


Figure 2: Aboriginal and Torres Strait Islander disability rates by sex and for 0-14 age group, Australia
Source: Look Both Ways from ABS data [2]

- Aboriginal and Torres Strait Islander people have higher rates of disability compared to non-Aboriginal and Torres Strait Islander people (across all ages and for both male and female). This was most evident in the 35-54 year age group.

Category	Disability rate ratio – Aboriginal and Torres Strait Islander: Non Aboriginal and Torres Strait Islander
35-54 year age group	2.7
Overall (age adjusted)	1.7

Figure 3: Aboriginal and Torres Strait Islander disability rates compared to non-Aboriginal and Torres Strait Islander people, Australia
Source: Look Both Ways from ABS data [1]

- Aboriginal and Torres Strait Islander people with disability are more likely than non-Aboriginal and Torres Strait Islander people to have a severe core activity limitation requiring assistance. Core activities include self-care, mobility and communication.

Location	Rate ratio Aboriginal and Torres Strait Islander: Non Aboriginal and Torres Strait Islander requiring assistance with core activities
Australia Wide	1.7 times (age adjusted)

Figure 4: Aboriginal and Torres Strait Islander people with a disability requiring assistance with core activities
Source: Look Both Ways from ABS data [1]

- Queensland specific data outlining the numbers of Aboriginal and Torres Strait Islander people living with a disability can be extracted from the 2011 ABS Census and 2008 NATSISS.

Data Source	Qld Aboriginal and Torres Strait Islander People with severe core activity limitation	Qld Aboriginal and Torres Strait Islander people with unspecified limitation or restriction
2011 Census	7,507	-
2008 NATSISS	5,600	37,800

Figure 5: Aboriginal and Torres Strait Islander people with limitations and restrictions, Queensland
Source: Look Both Ways from ABS data [3]

- Broad categories of disability and rates affecting Aboriginal and Torres Strait Islander People were outlined by the 2008 NATSIS.

Disability Category	Proportion reported by Aboriginal and Torres Strait Islander people with a disability
Physical disability	33%
Sight/Hearing/Speech disability	17%
Intellectual disability	7.7%

Figure 6: Aboriginal and Torres Strait Islander people with disability: key categories Source: Look Both Ways from ABS data [3]

- Use of disability support services provided by States and Territories indicate that services are underutilised by Aboriginal and Torres Strait Islander people, with Queensland having the second lowest rates of access in Australia

Location	Aboriginal and Torres Strait Islander people accessing disability services based on potential pool
Australia	41%
Queensland	26%

Figure 7: Aboriginal and Torres Strait Islander access of disability services
Source: Steering Committee for the Review of Government Service Provision, 2013 [5]

Limitations with data

While the data outlined provides a broad overview of disability amongst Aboriginal and Torres Strait Islander people, it is important to be aware of limitations that impact on how this data is interpreted.

The First Peoples Disability Network Australia cautions that the vast majority of Aboriginal people with disability do not self identify for a number of reasons such as different understandings of what disability means and fear of discrimination [6].

The Australian Bureau of Statistics (ABS) notes that comparing data across different surveys is not possible due to differences in methodology used, sample sizes and wording of questions [2]. The ABS also notes that other factors unique to Aboriginal and Torres Strait Islander people impact on data quality including inaccuracies in identifying Aboriginal and Torres Strait Islander people, overall lower response rates to questions, lower literacy levels and differences in understanding about disability [7].

All of these factors result in the prevalence of disability among Aboriginal and Torres Strait Islander people being underestimated [7].

Cultural understanding of disability

As previously noted Aboriginal and Torres Strait Islander people have different understandings of disability when compared to non-Aboriginal and Torres Strait Islander people. The First Peoples Disability Network explains that in traditional language there is no comparable word for 'disability' as understood in mainstream culture – suggesting that disability was considered part of the human experience [6].

The importance of kinship in Aboriginal and Torres Strait Islander families also means that caring for household members with disability often becomes part of broader family responsibilities. This results in underutilisation of available services and additional burdens on family members for providing care and support.

These differences in cultural understandings of disability and practices around disability have a big impact on how Aboriginal and Torres Strait Islander people respond to questions about disability and interact with disability services. This can impact on the appropriateness of disability services, access to services, and how Aboriginal and Torres Strait Islander people are represented during wider sector planning.



About the National Disability Insurance Scheme (NDIS)

In 2013 the Federal Government passed the National Disability Insurance Scheme Act 2013. This Act established the National Disability Insurance Agency (NDIA) as an independent statutory body. The NDIA's role is to implement the NDIS, which changes the way that services and funding are provided for people with a significant and permanent disability. Decisions about supports including who will provide them will be made by people with disabilities themselves, through the establishment of an approved support plan with the NDIA. Once approved, funding will be allocated to the individual in order to access required supports, under an Individually Funded Package (IFP) [8].

Currently the NDIS is operating at trial sites in the following regions:

- Tasmania for young people aged 15-24
- South Australia for children aged six and under
- Barwon area of Victoria
- Hunter area in New South Wales for people up to age 65.
- ACT
- Barkly region of Northern Territory
- Perth Hills area of Western Australia.
- Nepean Blue Mountains area in New South Wales for up to 2000 young people aged 18 and under [10]

Current status of the NDIS in Queensland

Consultation with the disability sector in Queensland suggests that a trial site for the NDIS in Queensland has been selected, although it has not been officially announced. Current timeframes will see the trial site operational sometime before early 2016.

The National Disability Insurance Scheme (NDIS) will officially commence rolling out in Queensland from 1 July 2016 with a target for full implementation by 30 June 2019, where it is expected the scheme will be supporting almost 100,000 people in the State [9].

The NDIS is still in early stages in Queensland, with the bilateral agreement between the Commonwealth and Queensland Governments still being negotiated. Once finalised this bilateral agreement will provide details about when people with a disability will phase into the NDIS, along with details about any transitional funding arrangements.

Commonwealth projections anticipate the creation of 13,000 additional jobs in Queensland when the NDIS is fully implemented [9].

Eligibility criteria for the NDIS

Eligibility for the NDIS is currently based on 4 criteria: age, location, residency and meeting disability or early intervention requirements.

- Age requirements – people with a disability will be able to access the NDIS if they are aged under 65. Some trial sites have additional age restrictions.
- Location requirements – access to the NDIS is currently restricted to certain regions based on trial site locations.
- Residency requirements – to be eligible for the NDIS, an individual must live in Australia and be an Australian citizen, hold a Permanent Visa or hold a Protected Special Category Visa.
- Disability or early intervention requirements:

Disability Requirements

- Presence of an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and
- the impairment substantially reduces ability to participate effectively in activities, or perform tasks or actions without:
 - assistance from other people or
 - assistive technology or equipment (other than common items such as glasses) or
 - unable to participate effectively even with assistance of aides and equipment *and*
- the impairment affects capacity for social and economic participation *and* likely to require support under the NDIS for a lifetime.

Early intervention requirements

- Presence of an impairment or condition that is likely to be permanent and
- there is evidence that getting supports now (early interventions) will help by:
 - reducing how much help will be needed to do things because of the impairment in the future *and*
 - improving or reducing deterioration of functional capacity or
 - helping family and carers to keep helping *and*
 - those supports are most appropriately funded through the NDIS, and not through another service system.

Or

- child aged under 6 years of age with developmental delay which results in:
 - substantially reduced functional capacity in one or more of the areas of self-care, receptive and expressive language, cognitive development or motor development and
 - results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of extended duration, and are individually planned and coordinated; *and* those supports are most appropriately funded through the NDIS, and not through another service system.

Source: NDIS Eligibility Guidelines [11]



Current breakdown of disability types funded at NDIS trial sites

Primary Disability of Current NDIS Trial Participants

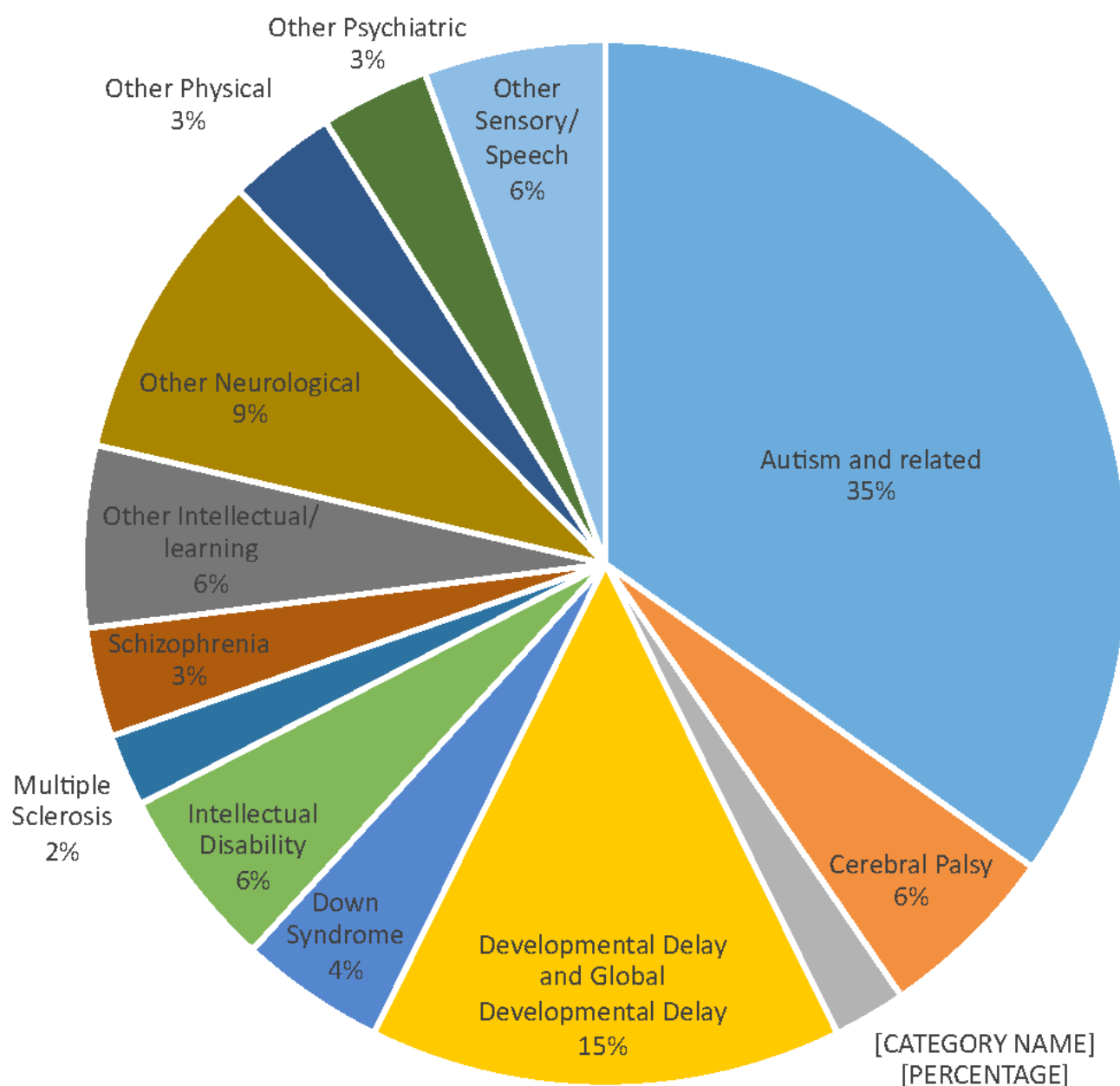


Figure 8: Primary disability of current NDIS trial site participants

Source: Look Both Ways from data in [13]

Estimates of eligibility numbers for the NDIS for Queensland Aboriginal and Torres Strait Islander People

There are a number of methods that can be used to attempt to project the numbers of Queensland Aboriginal and Torres Strait Islander people eligible for the NDIS. All methods underestimate likely eligible numbers due to the limitations previously identified.

Method 1. Based on NDIS estimates of total Queensland access

Projection of **7000** Aboriginal and Torres Strait Islander People Eligible for NDIS in Queensland based on:

- NDIS Estimate for all Queensland residents: 97,000 Eligible
- Based on proportion of Aboriginal and Torres Strait Islander people in Queensland [12] and taking into account 1.7 times rate of Aboriginal and Torres Strait Islander: Non-Aboriginal and Torres Strait Islander for disability

Method 2. Based on self reported core activity limitations by Aboriginal and Torres Strait Islander people from ABS data collections

Projection of **5600-7500** Aboriginal and Torres Strait Islander People Eligible for NDIS in Queensland based on:

- ABS Census and NATSIS data.

Due to severe limitations with the data only a broad estimated range of eligibility numbers for Queensland Aboriginal and Torres Strait Islander people can be provided. This figure would likely be somewhere between 5,000 and 15,000 people.



Operational issues

The current processes for clients and service providers to participate in the NDIS are outlined in the following flowcharts.
Source of information: [11].

Process for person with a disability

Step 1: Check eligibility to participate in NDIS against specified criteria (see 3.2)

Web based "My Access Checker" tool can be used and determination reference number from this will be required at step 2.

Step 2: Person with disability (or Parent, legal guardian or representative) completes an Access Request Form

Supporting documentation is required including evidence of disability form

Step 3: NDIA are required to respond with a determination to the Access Request within 21 days.

If approved a Support Needs Assistance Tool is used to determine the participants support needs across a number of domains e.g. mobility, communication and self-care.

A specialist needs assessment may also be requested by the NDIA.

Step 4: A plan is developed by the participant with a delegate and the involvement of others as desired identifying goals and funding required to achieve those goals.

Step 5: Once plan and funding amounts are approved by NDIA, funding is made available to participants in a dedicated NDIS bank account.

Participant can then negotiate with service providers to provide funded supports under a Service Agreement, and once services are performed payment will be required by the participant from their NDIS bank account.

Reporting and review requirements form part of the participants approved plan.

Process for service providers

Step 1: Organisation completes a "Provider Registration Application Form". This requires information about the legal setup of the organisation, financial information, and geographical areas serviced.

An employee will also have to be identified to act as the "Senior Administrator" for the organisation for communications with NDIA

Step 2: NDIA will issue details to the Senior Administrator to allow login to the NDIA Provider Portal.

This user will also require an AUSKey if they don't already have one.

Step 3: The Senior Administrator can login to the Provider Portal to enter details of employees the organisation wishes to register (supports they will provide, qualifications, experience, registrations etc.).

Step 4: NDIA will assess the suitability of the provider and notify of the outcome.

Step 5: Participant approaches service providers to provide services under their Individually Funded Package (IFP). As services are delivered the provider will either invoice the participant directly (if self-managing funds) or submit claims through a web portal direct to the NDIA.

Types of services that will be funded under the NDIS

The NDIS currently funds 14 categories of supports.

Support Category	Examples
0001 Assistance with daily life in the community education and work	Assistance with self-care activities, accessing recreational activities, and group based activities.
0002 Transport to access daily activities;	Transport to school, employment, and community events.
0003 Supported Independent Living;	Assistance in shared living or short term accommodation.
0004 Improved daily living skills;	Assistance with budgeting, training for carers, individual counselling, assessment and support by a nurse.
0005 - 0008 Assistive Technology, Vehicle Modifications and Home Modifications	Wide range of equipment covering mobility, continence, furniture, prosthetics, safety equipment, vehicle modification, home modification.
0009 Increased social and community participation	Individual or group skills development
0010 Finding and keeping a job	Employment support or supervision
0011 Improved relationships	Behaviour management and social skill support
0012 Improved health and wellbeing	Exercise physiology, personal training, and dietitian consultation.
0013 Improved learning	Learning support through school.
0014 Improved Life Choices	Coordination of supports, financial processing support.

Types of providers eligible to deliver services in support categories

The NDIA have published a guide to suitability requirements for providers wanting to register to deliver services under the NDIS [14]. These requirements indicate that the following types of providers would be eligible within one or more support categories (see 4.3). Many AICCHS currently employ a number of providers within this list:

- Disability support worker
- Welfare worker
- Accountant / Bookkeeper
- Social Worker
- Occupational Therapist
- Registered Nurse
- Orthoptist
- Podiatrist
- Psychologist
- Physiotherapist
- Speech Therapist
- Audiologist
- Art Therapist
- Counsellor
- Exercise Physiologist
- Personal Trainer
- Translator

Aboriginal Health Workers/Practitioners are not specifically mentioned within the suitability guide, but it is expected that they will also be eligible due to current status under Medicare within the Allied Health Provider category.

Providers may be required to meet criteria in addition to occupation specific qualifications and registration in order to deliver services under the NDIS in Queensland. This may include:

- State based disability registration requirements and checks e.g. specific accreditation
- Organisational compliance issues such as quality systems, working with children/criminal checks, due diligence assessments, and compliance with specific legislation
- Minimum qualifications relevant to disability services e.g. Cert III Disability Services.

Funding and payment for services

Approved pricing lists for services under the NDIS are maintained by the NDIA. The NDIA provides funding to participants of the NDIS in line with the participant's approved plan and funding amounts (Individually Funded Package or IFP). A participant's funds will be managed either by the participant themselves or by the NDIA. For participants whose funds are managed by the NDIA, the provider will submit an electronic claim through the web portal which will be paid within 2 business days. Participants self-managing funding will pay the provider directly and obtain a receipt to forward on to the NDIA so that payments can be acquitted against amounts in the IFP.



Additional funding streams: Information, Linkages and Capacity Building

The NDIS will also make funding available through the NDIS that is not linked to Individually Funded Packages (IFPs). This funding was initially known as "Tier 2" but is now referred to as Information, Linkages and Capacity Building (ILC). The purpose of this funding is to support the effective operation of the NDIS at a system level by improving connections between participants and service providers, expanding the capacity of organisations to deliver services under the NDIS and promoting inclusivity and accessibility for people with disability [15].

ILC contains 5 streams:

1. Information, Linkages and Referrals
2. Capacity building for mainstream services
3. Community awareness and capacity building
4. Individual capacity building
5. Local Area Coordination

Rural and remote access issues

The NDIS attempts to compensate providers delivering services in "remote" or "very remote" areas (as classified by the Australian Statistical Geography Standard). This is achieved through additional price lists for these areas which provide for increased payment rates for services. For example for assistance with self-care activities on a weekday, the current pricing is \$41.18 per hour for a non-remote location, \$49.61 per hour for remote, and \$52.18 per hour for very remote (this equates to a loading of 16% in remote areas and 22% in very remote areas). Additional payments for travel to remote locations may also be available through negotiation with NDIA (cost is usually spread between all clients serviced in the area travelled to). [11]

Impacts on current funding

The intention of policymakers with regard to disability services is for the majority of disability specific Government funded programs to transition to the National Disability Insurance Scheme. The transition arrangements for each State vary and continue to evolve in States not yet participating in the NDIS. Providers with existing contracts outside the NDIS (including any Aboriginal and Islander Community Controlled Services) will be required to continue to provide these contracted services and will not be able to claim NDIS payments for services already paid for under these existing contracts.

Opportunities risks and challenges for AICCHSs in Queensland

The NDIS and Aboriginal & Islander Community Controlled Health Services in Queensland

Aboriginal and Islander Community Controlled Health Services are a network of organisations delivering a wide range of health care services to Aboriginal and Torres Strait Islander people in Queensland. These services include Medical, Allied Health, Social and Emotional Wellbeing, Drug and Alcohol along with a range of supporting services including transport. Most of the funding for these organisations is provided through the Federal Department of Prime Minister and Cabinet and federal Department of Health, with additional funding through State level programs, one-off grants and Medicare income generated through clinical services.

The NDIS represents a major change to how services for people with a disability are funded and accessed. For Aboriginal and Islander Community Controlled Health Organisations, the transition to the NDIS presents many opportunities, but also some risks and challenges. These will now be examined. Where relevant, learnings from current trial sites will form part of this analysis.

Opportunities

1. Providers of choice for disability services for Aboriginal and Torres Strait Islander people.

Aboriginal and Islander Community Controlled Health Services (AICCHS) in Queensland are well positioned to provide services to their communities under the NDIS. These organisations have strong links with the communities they service, have built up long-standing trusted relationships with Aboriginal and Torres Strait Islander people and work with people living with disability every day. As a result AICCHSs are strongly placed to position themselves as the best choice for Aboriginal and Torres Strait Islander people for accessing some types of services under the NDIS.

2. Access to additional funding for services through Individually Funded Packages

The NDIS represents a key opportunity for AICCHS to access additional funding and to expand services provided to the communities they work with, through payment for services under clients' Individually Funded Packages (IFP's). Access to payments for work performed which is currently unfunded may be possible in some circumstances e.g. using existing transport services to provide funded transport for community members with

a disability. In other areas services could be expanded using additional funding available through NDIS e.g. a Health Service currently employing a dietitian one day per week may be able to expand this service by providing funded consultations to people with a disability.

3. Access to additional funding through Information, Linkages and Capacity Building

NDIS system funding through Information, Linkages and Capacity Building (formally known as Tier 2) presents an opportunity for organisations such as QAIHC or individual AICCHSs to apply for funding or one-off grants to support the delivery of disability services to Aboriginal and Torres Strait Islander people. This funding is broad in scope and could be utilised for a wide range of activities to strengthen the Aboriginal and Torres Strait Islander service sector e.g. workforce capacity building, developing guidelines for culturally appropriate disability care, and education resource development.

4. Compatibility of existing business models

Many Queensland AICCHSs currently operate under business models that can be readily adapted to take advantage of NDIS funding. They have the governance systems necessary to become providers of NDIS services. They have existing staff who are qualified and eligible to provide services under the NDIS. Many have models of care built around maximising Medicare income which could be supplemented through services provided under the NDIS. For example, an AICCHS currently providing services to an Aboriginal or Islander person with diabetes who also qualifies for services under NDIS will continue to be able to claim Medicare for health assessments, care planning and follow up services under Medicare, but will now also be able to access additional funding to provide supports such as transport services and additional Allied Health visits.

Risks

1. Competition from mainstream providers of disability services

If AICCHSs are not ready to provide services under the NDIS from its commencement in Queensland, mainstream disability services may enter into arrangements with some of their clients. This will lock out AICCHS from providing services to these clients.

Risk mitigation: AICCHSs should prepare for and register for the NDIS as soon as available, and should work with existing clients from an early stage to assist with registration and promote the services the organisation will offer under the NDIS.

2. Payment only for services provided

Many AICCHS report challenges related to clients' not attending services e.g. cancellations, did not attend (DNA) for booked appointments, or client not being at home when a home visit was scheduled. Services under NDIS will only be paid if the service is provided, which means that high numbers of DNA's may threaten the viability of disability services, particularly if the service provider has travelled a long distance to provide the service.

Risk mitigation: AICCHSs should have clear processes for reminding clients about upcoming appointments and support clients with access issues (e.g. transport) to attend scheduled care under the NDIS.

3. Excessive administration burdens relative to extra funding received

Some AICCHSs may find that the extra administration and accreditation requirements for participating in the NDIS outweigh any additional funding able to be produced under the scheme. This may particularly be relevant to small AICCHSs servicing small numbers of clients, and those services providing lower level support i.e. self-care assistance as opposed to Allied Health involvement.

Risk mitigation: AICCHSs should carefully review key aspects of NDIS participation to ensure viability e.g. numbers of current clients likely to be eligible, pricing structures, availability of staff time for extra administration and accreditation requirements and types of services able to be offered.

Challenges

1. Workforce issues

The NDIS will allow for expansion of disability support services, but in many cases AICCHSs may have initial difficulties accessing a workforce with the required skills and cultural competency to provide these services. Current difficulties accessing providers such as Disability Support Workers, Welfare Workers and Allied Health staff may become even harder as demand for such providers increase.

2. Identification and support for people with a disability to access the NDIS

One of the keys to successful integration of NDIS services into the core business of AICCHSs will be to identify current clients who are likely to be eligible for services and to support them to apply for NDIS support. Additional support will then be required to assist with the development of individual plans and to promote services available at the AICCHS so that these can be integrated into the plans. This will require a lot of work initially but is crucial to take full advantage of NDIS funding for clients and the organisation.

3. Identification of viable support activities under the NDIS

There is large variation in the pricing levels established for different services provided under the NDIS. Some activities attract low pricing e.g. assistance with self-care (\$41 per hour) while pricing for other services is much higher e.g. dietitian consult (\$172 per hour). AICCHS will need to carefully consider which activities are viable for the organisation and how these will fit in the overall business model of the organisation.

4. Access, social and economic issues

The provision of services to Aboriginal and Torres Strait Islander people is often complicated by lower levels of literacy, remoteness, transience of living arrangements, and underlying social and economic disadvantage. Under the NDIS the application process, development of a plan, engagement of service providers to support the plan and managing of billing arrangements will add huge burdens to people living with a disability and may impact on initial and ongoing access to care under the scheme.



Recommendations – Aboriginal and Torres Strait Islander Health Services

Recommendations are outlined below along with suggested timeframes. Key actions stemming from these recommendations have been combined into an organisational readiness checklist at Appendix 1.

Recommendations (Queensland based Aboriginal & Islander Community Controlled Health Services)	Timeframe
<p>Recommendation 1: Develop a clear understanding of current clients with a disability</p> <p>AICCHSs should develop a clear understanding of current clients who have an existing disability. This can be achieved through targeted searches of the organisation's Patient Information and Recall Systems (PIRS) (e.g. Medical Director, Communicare and Best Practice) for diagnoses indicating disability. These lists could be organised into registers of clients categorised under key categories currently used in the NDIS:</p> <ul style="list-style-type: none"> • Autism and related • Cerebral Palsy • Deafness/Hearing Loss • Developmental Delay and Global Developmental Delay • Down Syndrome • Intellectual Disability • Multiple Sclerosis • Schizophrenia • Other Intellectual/Learning • Other Neurological • Other Physical • Other Psychiatric • Other Sensory/Speech <p>In many cases these registers will under-represent the number of current clients with each type of disability (due to client understanding of disability or incorrect coding practices by providers in the Patient Information System). The generated registers should be compared to staff knowledge of individuals living with disability and expanded where required to ensure all clients are correctly captured.</p>	Immediate
<p>Recommendation 2: Review organisational business model to determine opportunities under the NDIS</p> <p>AICCHSs should undertake a review of their current business model in order to make adjustments to accommodate new opportunities under the NDIS. Careful considerations should be given to pricing structures under the NDIS to determine the viability of providing these services. The cost and staff time required for additional registration and compliance requirements under the scheme should also be taken into consideration when assessing viability of NDIS participation.</p>	Immediate
<p>Recommendation 3: Assess and plan for impacts on the organisation's workforce due to the NDIS</p> <p>AICCHSs should review the implications of the NDIS for current and future staffing levels. This includes allied health staff such as dietitians and occupational therapists, transport staff and disability support staff. In the short-term, additional training opportunities should be identified for existing staff in order to upskill where required to deliver disability services e.g. Certificate III in disability. Longer term preparation should also begin in order to increase the capacity of the organisation to provide expanded disability services in the future e.g. Disability Support Workers traineeships.</p> <p>AICCHSs should also consider how to build extra capacity within the organisation to provide culturally appropriate disability services, as this will ultimately produce the best chance for a competitive advantage when Aboriginal and Torres Strait Islander people are looking to engage providers under the NDIS.</p>	3-6 months
<p>Recommendation 4: Ensure early organisational preparedness for the NDIS</p> <p>AICCHSs should start to identify key people within the organisation to oversee organisational readiness for the NDIS. This includes identifying current staff who may be eligible to provide services, assigning a person to act as a Senior Administrator for communications with the NDIS, applying for an AUSKey for the Senior Administrator if required, reviewing qualifications of current staff, and exploring additional training to improve disability service skills.</p> <p>AICCHSs should start to document services they are able to provide to clients with a disability and look at generating sample client plans that align with these services. This will assist in promoting disability services to clients and ensure that clients generating plans are able to easily include services provided by AICCHSs that align with identified needs.</p>	3-6 months
<p>Recommendation 5: Prepare clients for service access under the NDIS</p> <p>AICCHS should start to educate clients about the NDIS and promote its potential for improved access to disability services. Assistance should be provided where possible to apply for the NDIS when available in Queensland and to promote services provided at the AICCHS which can be built into client care.</p>	6-9 months

Recommendations – Queensland Aboriginal and Islander Health Council

Recommendations are outlined below along with suggested timeframes:

Recommendations (QAIHC)	Timeframe
<p>Recommendation 1: Support AICCHSs with readiness activities for the NDIS</p> <p>Due to the complexities of the NDIS and differences compared to traditional funding processes, it is anticipated that AICCHSs will benefit from guidance and support. QAIHC would be an ideal provider of such support including:</p> <ul style="list-style-type: none"> • Information and checklists to assist AICCHSs to prepare for registration and delivery of services under the NDIS e.g. based on the checklist provided at Appendix 1. • Training or provision of guidelines for generating registers of clients with disability related diagnoses in Patient Information and Recall Systems. • Updates about progress of the NDIS in Queensland as it rolls out, key dates, and commencement of Provider registration processes in Queensland. 	<p>Immediate</p>
<p>Recommendation 2: Assess and plan for NDIS impacts on the workforce of AICCHSs</p> <p>It is likely that demand for disability services will grow quite quickly which will require an appropriately skilled workforce. QAIHC should consider how this will impact on the current workforce and training needs of its members and should explore ways to build capacity in these areas. Examples could include provision or outsourcing of entry level disability training and cultural competence training for disability service providers new to the AICCHS sector.</p>	<p>3-6 months</p>
<p>Recommendation 3: Explore partnerships and additional funding to support the readiness of the AICCHS sector</p> <p>Specific funding for sector readiness for the NDIS may be available through Information, Linkages and Capacity Building (ILC) funding or may fit within guidelines of existing funds e.g. Queensland Sector Development Fund. QAIHC should consider preparing a submission to access such funding to provide for specific activities to support AICCHSs with the NDIS. Such funding could support QAIHC project officers to provide assistance to AICCHSs for NDIS readiness, training for AICCHSs in areas such as extracting disability registers from patient information systems, or provision/outsourcing of specific training.</p> <p>Partnerships between QAIHC and other organisations to access funding for readiness may carry more weight and could build on the willingness of other organisations to work with QAIHC e.g. Queensland office of National Disability Services.</p>	<p>3-6 months</p>
<p>Recommendation 4: Advocacy to NDIA related to key issues for AICCHSs and Aboriginal and Torres Strait Islander people.</p> <p>Current guidelines and pricing structures for the NDIS pay little attention to the specific needs of Aboriginal and Torres Strait Islander people with a disability. QAIHC should continue to advocate for the health needs of Aboriginal and Torres Strait Islander people to the NDIA over matters such as:</p> <ul style="list-style-type: none"> • Higher pricing structures for disability service provision to Aboriginal and Torres Strait Islander people under the NDIS that take into account the access issues, cultural issues and social/economic disadvantage faced. • Financial support to QAIHC to support readiness activities amongst its members. • Greater recognition by the NDIA of the importance/relevance of the Aboriginal Health Worker / Practitioner role in service provision for Aboriginal and Torres Strait Islander people with a disability. • Greater emphasis by the NDIA on ensuring cultural competence of disability service providers delivering services to Aboriginal and Torres Strait Islander people under the NDIS. 	<p>Ongoing</p>

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Appendix 1: NDIS Readiness Checklist for Aboriginal and Islander Community Controlled Health Services in Queensland

- ✓ We have allocated key people within the organisation to oversee our participation in the NDIS. This includes designating a "Senior Administrator" role to an employee for communications with the NDIA, and ensuring that this employee has applied for an AUSKey.
- ✓ We have identified current clients in our Patient Information Systems who have disability related diagnoses and ensured that those not identified have had a correct diagnosis added.
- ✓ We have explored the impact on the NDIS on our business model and identified areas where NDIS services could be provided and allow for additional payments for services.
- ✓ We have a clearly defined service area which can be communicated to the NDIA when completing registration processes.
- ✓ We know if any of our service areas are classified as "remote" or "very remote" (under Australian Statistical Geography Standards) to ensure that higher price rates are charged for NDIS services provided to clients in these areas.
- ✓ We have looked at the 14 support categories under the NDIS and identified areas where our organisation could provide such services.
- ✓ We have looked at the qualifications of current staff and identified those who have the qualifications and registrations to provide services under the NDIS. This includes nursing and allied health staff, accounting/bookkeeping staff and transport officers.
- ✓ We have explored options for enhancing staff qualifications for disability service provision e.g. Cert III Disability Services.
- ✓ We have explored the possibility of additional staffing positions that would allow for the provision of a broader range of services to Aboriginal and Torres Strait Islander people with a disability e.g. Disability Support Workers.
- ✓ We have looked into any additional registration/ accreditation requirements we might need to deliver disability services in Queensland.
- ✓ We have a process for educating our staff and clients about the NDIS and have begun to develop sample disability plans that align with the services we want to be able to offer.
- ✓ We have a system for finding out about key dates for the NDIS in Queensland including the start and location of the trial site, the opening of provider registration and the broader rollout of the scheme within Queensland.



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