

A GP & Allied Health Professional's guide to the NDIS



What is the National Disability Insurance Scheme?

The National Disability Insurance Scheme (NDIS) is the new way of providing support for Australians with disability, their families and carers.

The NDIS will provide about 460,000 Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life.

As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life. All Australians fund the NDIS through the Medicare Levy.

The NDIS supports people with disability to build skills and capability so they can participate in the community and employment.

The NDIS is delivered by the National Disability Insurance Agency (NDIA) which is the independent Commonwealth Government agency responsible for implementing the NDIS.

How to access the NDIS

To access the NDIS, a person must **meet residency requirements, be aged under 65** at the time they apply to access the Scheme, and demonstrate they have a **permanent disability that affects their everyday life**.

If your patient is already receiving disability support services, they will be contacted as the NDIS becomes available in their area.

If they are not currently receiving any disability supports, but wish to join, they or their guardian, will need to contact us on 1800 800 110 and request an Access Request Form.

What is a GPs role in the NDIS?

General Practitioners (GPs) and other health professionals have an important role in the NDIS. This includes:

- helping patients understand the NDIS, particularly for people who have limited community connections and support outside their GP
- setting expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector
- supporting a patient's NDIS access request by:
 - completing the supporting evidence section of the Access Request Form
 - documenting that they have or are likely to have a permanent disability, and
 - providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability

GPs don't have to send a patient to specialists for supporting evidence. GPs can summarise or attach existing medical reports so they describe the diagnosis/condition and the impact of the disability on the patient's function.

Visit [ndis.gov.au](https://www.ndis.gov.au) to find out when the NDIS is currently available and how the NDIS is rolling out in your State or Territory.

How does the NDIS and health system fit together?

The NDIS is a significant source of support for people with disability, however, it is not intended to replace health or other public services. These remain the responsibility of State and Territory governments.

The health system remains responsible for clinical, rehabilitation and medical treatment.



The NDIS is responsible for:

- aids such as wheelchairs, hearing aids and adjustable beds
- items such as prosthetics and artificial limbs (but not surgery)
- home modifications, personal care and domestic assistance that assists people exiting the health system to live independently
- therapies required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy (but not treatments)

Does the NDIS support young children?



Early Childhood Early Intervention (ECEI)

Yes. For children aged 0 - 6 years with developmental delay or disability there is a separate pathway to access support under the NDIS.

The NDIA has partnered with experienced early childhood intervention providers to deliver the ECEI approach.

Early Childhood Partners are teams of early childhood professionals and paediatric allied health staff who will work with children to determine appropriate supports for their development.

Early Childhood Partners may refer families to appropriate supports in the mainstream or community, provide some short term early childhood intervention or assist the family to complete an Access Request Form if this is required.

If a health professional finds that a child aged 0 - 6 years may benefit from early childhood intervention or disability support under the NDIS, **do not complete an access request form.** Instead GPs should refer parents/carers to the NDIS Early Childhood Partner in their area.

Contact details for Early Childhood Partners can be found on the NDIS website:

<https://www.ndis.gov.au/about-us/locations.html>

For more information about the ECEI approach:

<https://www.ndis.gov.au/ecei.html>



The NDIS will not fund:

- clinical services and treatment of health conditions, including mental health and all medical services such as GPs, hospital care, surgery, rehabilitation, the cost of specialists, etc.
- medications and pharmaceuticals
- sub-acute services such as palliative, geriatric and psychogeriatric care
- post-acute care services, including nursing care for treating health conditions and wound management
- dental care and all dental treatments
- medical and clinical services where individuals and families have a role in funding

How do GPs provide evidence of disability?



If your patient has a current service provider or disability support provider, you can ask your patient whether they are better placed to provide this information.

The NDIA requires evidence about the patient's primary disability, as well as any other disabilities that affect them.

It is important to summarise the effect of the disability on the person's day to day function without support.

Also include information regarding treatments completed or planned, permanency of the impairment and the impacts the impairment has on the person's functional capacity.

The NDIA requires information around the individual's mobility, communication, social interaction, learning and self-care or their ability to self-manage.

Patient summary examples

If your patient has a current service provider, you can ask your patient whether the provider is better placed to describe functional impairment.

Alternatively if your patient does not have a service provider or prefers that you respond, the following is a good example of the information required.



Fred (Functional impairment)

Fred, 34 years old, has a significant physical disability and moderate intellectual disability, and requires support to get out of bed, complete his morning routine and travel to his part-time job in supported employment where he has some support during the day.

Mobility: Fred requires physical assistance with all aspects of daily living including toileting, transfers from bed to wheelchair and pushing of the wheel chair both at home and out in the community. He is unable to transfer independently. He has an old wheel chair which often results in pressure sores. His mother, 62 years old, cannot continue to do this demanding physical work, and Fred says he would like a male support person his own age to assist him. Equipment to reduce the effort of physical support and enable Fred to be more independent would be useful.

Self-care: Fred requires at least 1 person assistance for all aspects of personal care, hand over hand support with showering, brushing teeth and total support getting dressed. He is unable to independently prepare or eat meals.



If a GP can provide an overview of how quickly a person is deteriorating in function, this could support in identifying the level of funding needed to enable swift support adjustments for a deteriorating patient.

Learning: Fred has a moderate intellectual disability and has a part-time job in supported employment. He requires assistance learning new skills.

Jo (Mental health impairment)

Jo has a mental health condition that has resulted in a psychosocial impairment that will likely remain across her lifetime. Jo struggles with tenancy issues which has on occasion resulted in homelessness. Jo has a loving and supportive family and a small circle of friends, but has difficulties interacting with strangers due to paranoia related to her mental health condition.

Jo struggles with money management and decision making, she has formal guardianship and administration orders in place to help with this. Her bills are paid by her public trustee and she is provided with a small allowance per week to buy incidentals. Jo loves her dog, Spot. Jo really wants to enter Spot in a local dog show but doesn't know how to go about this and is experiencing extreme anxiety about Spot's wellbeing. This has triggered a medication review as Jo's mental wellbeing has declined.

Self-management: The existence of guardianship and administration orders and limited control over her own affairs, particularly financial, demonstrates Jo has substantially reduced capacity for self-management.

Social Interaction: Jo's difficulties interacting with strangers due to paranoid thoughts impacts her ability for social interaction. However, the fact she is usually able to maintain a small circle of friends, likely means her capacity for social interaction would not be considered substantially reduced.

Jo would meet the NDIS access as she has substantially reduced functional capacity in the area of self-management.

Due to the episodic nature of her mental health condition Jo may at times require additional support to her self-management needs. For example she may require social support to keep her engaged and to help her achieve the goal of getting into the community with Spot and attending a dog show. Following the access decision, Jo's planner will discuss with Jo's every day and episodic needs and the goals she would like to achieve.



How do I bill for completing an Access Request Form for a patient?

For GPs to provide details about their patients impairment and complete the Access Request Form, it is likely they will need to book an extended consultation.

GPs need to ensure that any service billed to Medicare is clinically relevant, meets the Medicare Benefits Schedule (MBS) item description and any eligibility requirements.

The latest MBS can be found on the Department of Health's website: www.mbsonline.gov.au

Paid compensation



We ask if the applicant has received compensation for any injuries which form part of their application. If they have received compensation including funding for NDIS-like supports, then they will be requested to provide documentation.

Receiving compensation does not exclude a person from being an NDIS participant, but their compensation may include supports for daily living, which will be taken into consideration when determining the amount of support we provide. Compensation for pain and suffering or income replacement will not affect any support the NDIS provides.

Are copies of plans automatically supplied to GPs?

No. GPs should ask participants to bring a copy of their plan to a subsequent consultation.

It may be useful to be aware of what services can be purchased by the Participant with NDIS funds, as these may complement those available through Medicare.

What happens after a plan is approved?



Once a plan is approved, a Local Area Coordinator or a funded Support Coordinator will help the participant to link with mainstream and community services; to select providers for funded services and develop service agreements with them and to understand how to track expenditure of NDIS funds throughout the life of their plan.

What is the process after a person is granted access?

Once a person is granted access to the NDIS, a Local Area Coordinator or an NDIA planner will contact the participant to gather information to develop a plan. Plans are built in accordance with participant's goals and plan budgets.



Funds will be approved to help a person to have an ordinary life and increase their social and economic participation. The plan will detail how the funding is expected to help the person.

NDIS places great emphasis on capacity building and many plans will specify supports that build a person's skills to manage independently. Equipment, home or vehicle modifications are considered an investment in a participant's increased independence and are funded as capital expenditure items.

All supports in a plan must be reasonable and necessary and related to their disability.

More information

www.ndis.gov.au



1800 800 110
8am to 11pm (local time)
Monday to Friday



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For people with hearing or speech loss



TTY: 1800 555 677



Speak and Listen: 1800 555 727

For people who need help with English



TIS: 131 450

*1800 calls from fixed lines are free.
Calls from mobiles may be charged.