# The National Disability Insurance Scheme for GPs

The way that supports are provided to people with disabilities in the Australian community is undergoing a profound change:

- From a state based, rationed, crisis driven system where funding flowed to service providers which then in turn offered services to people with disabilities and their families:
- To a national system which aims to provide the reasonable and necessary supports required by eligible participants to live an ordinary life and to participate in the social and economic life of the community.

# GPs will be approached by patients and their families for:

- Information about the National Disability Insurance Scheme (NDIS).
- · Documentation confirming:
- the cause of the disability (if known);
- the way the disability impacts on daily life and function; and
- whether their need for support is likely to increase, decrease or stay the same over time (prognosis).

This information can be used to determine eligibility for the NDIS and to inform the development of the person's NDIS goals, support needs and associated funding.

#### Information about the NDIS

- General information about the NDIS: www.ndis.gov.au
- The following is information from the NDIS for GPs: www.ndis.gov.au/medias/documents/hee/h6b/8798600822814/ Factsheet-HealthProfessionals.pdf
- The Royal Australian College of Physicians has useful and comprehensive information on their website designed for physicians and paediatricians: www.racp.edu.au/ndis-guide-for-physicians

## **Eligibility criteria for the NDIS**

www.ndis.gov.au/ndis-access-checklist

To become an NDIS participant a person must:

- Have a permanent disability that significantly affects their ability to take part in everyday activities, or have a developmental delay.
- Be aged less than 65 when they first apply to enter the NDIS.
- Be an Australian citizen or hold a permanent visa or a Protected Special Category visa.
- Live in a part of Australia where the NDIS is available.

The NDIS can also be accessed for early intervention. A specific Early Childhood Early Intervention approach has been developed by the NDIS for children aged 0 to six years.

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These resources are designed to support General Practitioners in the care of their patients with cerebral palsy. They were developed in partnership by The Royal Children's Hospital; the Centre for Developmental Disability, Monash Health; and Murdoch Children's Research Institute. The project was funded by an Avant Quality Improvement Grant 2017.









### **Describing functional impact of disability**

The NDIS is not primarily interested in the person's medical diagnosis, but rather how that diagnosis impacts on that individual's function and consequent need for support. Support may involve another person, or it may involve aids and equipment, and is considered in relation to these eight life domains:

- Choice and control: Understand, make and express decisions about preferences, priorities, experiences and life directions.
- Education: Engage in educational activities to build knowledge and skill. Ability to understand, learn and remember new things.
- **Health and wellbeing:** Self monitor health, identify illness, seek appropriate advice from the right health professional, organise and attend appointments, implement management recommendations.
- Employment: Engage in voluntary or paid employment with or without support.
- Relationships: Maintain and build relationships with family members and friends; form and evaluate new relationships; cope with and regulate feelings and emotions; keep safe and respect the rights and choice of others.
- Social and community activities: Participate in social and community life. Community activities of daily life include transport, money handling, budgeting and shopping.
- Home and living situation: Live in an appropriate setting with required support.
- **Daily activities:** Organise and attend to personal activities of daily living including bathing, dressing, eating and drinking.

### The NDIS planning conversation

An NDIS or Local Area Coordinator (LAC) planner contacts each person who is eligible for the NDIS (or their representative) and meets with them to develop a plan of support. The support is designed to enable that person to receive the reasonable and necessary supports they need to live an ordinary life, with optimal independence and participation in the social and economic life of the community. The initial plan will be followed by regular reviews as required, usually each year.

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The first plan is usually current supports plus critical unmet needs. It is in place for 12 months and is a starting point. Future plans will build on this beginning.

**Personal details** will be gathered including the nature of the disability. Any reports the person has that relate to their disability will be requested at this time. There is no need to seek new reports; if more information is needed it will be identified in the meeting and gathered subsequently.

**Current informal, community and mainstream service supports** will be identified and recorded. It is the intention of the NDIS to build on and support, rather than replace, current informal and mainstream supports. This informal support may include family member support for financial management or attending appointments. Mainstream supports include local sports and other clubs, and services such as healthcare, education, transport and others available to all citizens.

**Current abilities and supports** required with respect to the management of everyday activities will be documented, for instance self-care, social participation, education, employment, relationships, choice and control or decision making, health and wellbeing and home living.

**Safety:** Areas of safety risks including health concerns (diabetes, epilepsy, osteoporosis), road awareness and safety (crossing roads), social safety, vulnerability to exploitation and financial vulnerability will be documented.

#### The NDIS focuses on goals

The participant statement sets the context for the goals and includes:

- **Description of person**; who they are, what is important to them, what their life looks like now, and what they would like to be doing.
- **Goals**; short (12 months) and long term (1–5 years) goals that are priorities for the person concerned.
- Reasonable and necessary supports required to meet these goals. These supports must relate to the person's plan, represent value for money and be effective and beneficial. They must not replace informal and community supports and services including health, transport, justice and education.
- When the plan is approved the person with the disability (or nominee) can receive assistance to implement the plan or they may self-manage.
- Plans are reviewed every 12 months in most cases.
- An earlier review can be requested if the person's situation changes significantly and more (or less) support is required.