

NATIONAL DISABILITY INSURANCE AGENCY

**Quarterly Report to COAG Disability Reform
Council**

30 June 2014

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Key definitions:

State	Based on the jurisdiction administering participant case
Access request status	A Formal request by an individual for a determination of eligibility to access the Scheme. This includes all requests and is not unique to single participants.
Participant	An individual whose Access Requests have been determined 'eligible'
Active Participant/ Plan	Participants with a plan with approved funded supports
CALD	Country of birth is not Australia, UK, USA, Canada or South Africa, or primary language spoken at home is not English
Indigenous (ATSI)	Response of: - Aboriginal but not TSI; or - Australian Aboriginal; or - Torres Strait Islander
Approved Cost	Calculated package cost, derived from all approved plan items. Costs are for duration of approved plan. Approved package cost = unit cost x quantity x number of frequency periods.
EI	Early Interventions
Annualised Package Cost	Approved Package Cost, prorated over a 12 month period to allow like-for-like comparisons. This value does not represent the expected true cost of a package.
LAC	Local Area Coordinators – these Agency roles conduct community capacity and awareness building activities and assist, if necessary, in the coordination and sourcing of participant supports

Introduction

This report to the COAG Disability Reform Council contains three sections:

Part 1: A summary of progress against the Statement of Strategic Guidance

Part 2: A summary report on Management of Scheme Cost Drivers

Part 3: A report under the Integrated NDIS Performance Reporting Framework

PART 1

Progress against Statement of Strategic Guidance

Background

On 28 June 2013 the former Commonwealth Minister for Disability Reform issued the Statement of Strategic Guidance to the National Disability Agency (NDIA) Board (available online at <http://www.ndis.gov.au/document/671>). The statement was issued with the agreement of state and territory governments in accordance with section 125 of the *National Disability Insurance Scheme Act 2013* (NDIS Act) and outlined government expectations of the Board and the NDIA for the duration of the trial phase of the NDIS and transition to full Scheme.

The statement specified key deliverables to be achieved by the Board both throughout the trial period and at specific intervals. The statement asked the Board to address progress in achieving the time-specific deliverables in its annual and quarterly reports under sections 172 and 174 of the NDIS Act.

The Statement of Strategic Guidance lists time-specific deliverables as well as ongoing deliverables. The table below provides an update on progress against the deliverables for the fourth quarter of 2013-14.

June 2014 deliverables – Update on progress	
Deliverable:	Status:
1. Ensure that the Agency has transitioned and/or is transitioning participants into the NDIS in accordance with the participant phasing schedules agreed with all jurisdictions	<ul style="list-style-type: none">• Progress against the confirmed participant numbers in Barwon, Hunter and South Australian trial sites has lifted significantly since December 2013. This increase has been due to operational reforms which improved the process for access, and also the introduction of initial plans- these initial plans keep participants largely on their existing supports, whilst they learn about the NDIS and prepare to engage in the full planning discussion.• Client-identifiable data is now being sourced from providers through the s55 provisions in the 2013 trial sites.• The Actuarial team are supporting trial sites with data cleansing to ensure data integrity, and to inform actuarial assumptions about full Scheme numbers.• This has proven to be a very valuable exercise in establishing the actual numbers of participants and is being used in the 2014 trial sites to allow smoother transition from the existing state/territory systems to the NDIS.
2. Ensure that the Agency has implemented a program of sectoral support to build organisational and workforce capabilities to meet expected current and future demands and expectations	<ul style="list-style-type: none">• The Sector Development Fund (SDF) has been established to assist the disability sector - including people with disability, families and service providers - transition to the new arrangements for disability support under the National Disability Insurance Scheme (NDIS). Approximately \$149 million has been made available for five years from 2012/13 for programs and activities to help both individuals and organisations make the transition.• The NDIA has established a strategy for the fund. The SDF strategy recognises that in order to develop an efficient, responsive and innovative market that meets the diverse

June 2014 deliverables – Update on progress

Deliverable:

Status:

needs of people with disability and their families, both supply and demand issues will have to be addressed. Outcomes have therefore been designed to address both.

- Part of the role of the SDF is to examine and support mechanisms to ensure supply – such as how to support existing providers to make the transition, and how to encourage innovation and change. Some of the projects that have been funded to date include:
 - Distribution of the National Disability Services NGO Readiness Assessment Tool and provision of business support and coaching; and
 - Support for workforce recruitment and retention through the National Disability Services CareCareers programme.
 - Equally important is to examine means of driving and shaping demand by building the capacity of people with disability and their families to become active, engaged and assertive consumers. Some of the projects funded to date include:
 - Funding for the National Disability and Carers Alliance and the National Mental Health Council to increase awareness and understanding about the NDIS and how it operates amongst people with disability and their families
 - Funding for the First Peoples' Disability Network to raise awareness of the NDIS amongst people from Aboriginal or Torres Strait Islander background and ensure the scheme meets their needs.
 - The Strategy is intended to ensure projects do not duplicate any activity previously or currently funded by state or territory governments or the continuation of projects managed by the Department of Social Services (including \$20 million to support the National Workforce Strategy).
 - The Strategy is also aligned with the priorities identified in the comprehensive Market Design Strategy currently being developed by the NDIA. The SDF is well placed to support some early stage activities in key areas.
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Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
<p>1. Provide regular information to governments, including through the quarterly report to the Ministerial Council, (as set out in section 174 of the NDIS Act and the Integrated NDIS Performance Reporting Framework in the IGA), to give all jurisdictions visibility of the Agency’s service delivery and fiscal outcomes and whether the Agency is meeting agreed performance targets, and keep government’s informed of implementation issues as they emerge</p>	<ul style="list-style-type: none"> • The Board provided its fourth Quarterly Report to COAG Disability Reform Council (NDIS Act, s 174). • The Board also prepared an additional ‘Report on the Sustainability of the NDIS’ for the third quarter as part of the Agency’s function to report on the sustainability of the Scheme. • The Board released its ‘Strategic Progress Report – Year One’ on 9 July 2014. • The Chair of the Board and the CEO appear before CDRC meetings when required. • The Agency appears before the Joint Standing Committee when required. The Committee issued its annual report on 29 July 2014. The Agency welcomes the report and will be responding to its recommendations. • The Chairman of the Board and the CEO continue to meet regularly with shareholder governments to discuss the ongoing roll out of the NDIS. • The Board provided the CDRC with a strategy on how the Sector Development Fund will be utilised.
<p>2. Maintain best practice standards of governance appropriate to the Agency, having regard to ANAO’s Public Sector Governance Better Practice Guides and ensuring Board members undertake their duties impartially with a high degree of diligence, care and skill and at all times act in a manner that promotes the highest level of corporate governance in Board operations</p>	<ul style="list-style-type: none"> • All Board meetings are run in accordance with the PGPA Act and the ANAO Public Sector Governance Better Practice Guides. • All Board members have received training through the Australian Institute of Company Directors on their obligations and duties under relevant legislation. • The Board has established a Sustainability Committee, Audit and Risk Committee, and an ICT Advisory Panel. • The Agency has established five internal governance committees: <ul style="list-style-type: none"> ○ Change Management Committee ○ People and Culture Committee ○ Corporate Committee ○ Internal Audit, Risk, Fraud and Compliance Committee, and ○ Customer and Performance Committee. • The Committees will provide advice and assurance to the Executive Management Group.
<p>3. Operate in accordance with all relevant legislation including the NDIS Act, the CAC Act and IGA and comply with all responsibilities under these Acts, including those relating to the annual reports,</p>	<ul style="list-style-type: none"> • Board members are regularly reminded of the need to disclose to the Chair and to the Board generally the existence of any actual or apparent conflicts of interest in addition to the maintenance of the interests register maintained by the Corporate Secretary. • Agency and Board policies have been updated following the introduction of the Public Governance, Performance and Accountability Act 2013 on 1 July 2014. The Board and Audit

Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
<p>significant events, financial accountability, conduct of directors and officers, director's duty to disclose, compliance with General Policy Orders and Audit Committee</p>	<p>and Risk Committee were provided with a briefing on the PGPA Act on 23 July 2014.</p> <ul style="list-style-type: none"> • Work on implementation of the Risk Management Strategy, approved by the CDRC in March 2014, is progressing.
<p>4. Demonstrate evidence for how the Board has embedded a culture of decision making informed by actuarial advice throughout the Agency</p>	<ul style="list-style-type: none"> • The Chair of the Sustainability Committee meets weekly with the Scheme Actuary and Chief Executive, and supports close contact between the Scheme Actuary and the Board. • The Sustainability Committee meets once per quarter. • The Scheme Actuary provides monthly reports to the Board. • The Scheme Actuary also provides training to agency staff at both the National Office and trial sites.
<p>5. Carefully monitor the use of discretionary powers set out in the legislation and the Rules, to ensure that these powers are subject to effective controls and operate consistently to support scheme sustainability and transparency in access to supports</p>	<ul style="list-style-type: none"> • The Operations Division established the National Internal Quality and Innovation Team (NQIT) in May 2014. • One of the first tasks of the NQIT was to finalise the NDIA Internal Quality Management Framework, which will be underpinned by a National Quality Action Plan. The NDIA Quality Management Framework is designed to support continuous improvements that benefit participants as well as to provide a benchmark for best practice of the Agency. This will be achieved by creating an environment where quality assurance is an everyday practice for all Agency staff and where the Agency and its partners share a willingness to review practices and explore and implement new and improved ways of doing things. • The NQIT has established the National Quality and Innovation Group which includes representatives from each trial site. The purpose of this Group is to ensure that internal quality assurance and continuous improvement activities (which will be outlined in the National Quality Action Plan) are managed and reviewed, to achieve consistency of practice and performance improvement across the Agency including all trial sites. • In response to the Joint Standing Committee report, the NQIT is developing a National Participant Engagement Strategy. The strategy will outline how the Agency will interact and receive feedback from participants about both their individual experiences with the NDIA and their views on the system as a whole. Participant feedback will be recorded and analysed to enable key learnings to be fed back into the Agency's continual improvement process to enhance operations. This engagement strategy will identify a range of mechanisms (including existing mechanisms in trial sites) to gain participant feedback including local governance groups, focus groups, and the use of external consultants to run feedback sessions.

PART 2

Summary Report on Management of Scheme Cost Drivers

1. Overview of cost drivers

The below analysis addresses a recommendation from the Council of Australian Government's (COAG) May 2014 meeting - *the NDIA Board is to outline in all Quarterly Reports the impact of past and future actions intended to manage cost drivers and ensure the financial sustainability of the scheme.*

As outlined in the NDIA Strategic Plan 2013-16, one of the goals of the NDIA is to ensure that the NDIS is financially sustainable and governed using insurance principles. Management of cost drivers is a key component of the insurance approach. The insurance approach enforces strong monitoring of scheme experience, including actuarial analysis which compares actual experience with expected experience. This detailed comparison allows cost pressures to be identified and addressed in a timely manner. Significant training is being rolled out across the Agency to instil insurance principles within the Agency.

The Sustainability Committee is also developing an *Insurance Principles and Financial Sustainability Manual* to more formally articulate the concepts of insurance principles and financial sustainability within the NDIS, and how these link to the NDIA Strategic Plan 2013-16. This document consolidates the process of Prudential Governance of the cost drivers set out below, and the levers open to the Board to monitor and manage financial sustainability.

At a high level, there are five categories of costs drivers which affect the financial sustainability of the National Disability Insurance Scheme (NDIS). These are:

- **Access:** how many people meet the access criteria to be participants in the Scheme, and who is entitled to a plan with supports funded or provided by the Scheme.
- **Scope:** the scope of NDIS-funded supports that are available to be purchased by participants of the Scheme, as opposed to supports that are not within the scope of the Scheme, for example, because they are more appropriately funded or provided through other systems of service delivery like the health system.
- **Volume:** for individual participants, the resources available to purchase supports within the scope of the Scheme.
- **Delivery:** the manner in which supports are funded or provided, and in particular how effectively, efficiently and economically this is done.
- **Price:** the price that it costs participants or the NDIA to purchase the supports that are funded or provided by the Scheme.

The NDIS now consists of approximately 10,300 people who have submitted access requests, 8,600 eligible participants, and 7,300 participants with approved plans. These participants still represent a small proportion of the overall expected scheme population and interpretation of findings should be treated with caution. However, the data still provides valuable information on scheme performance, including cost drivers.

Two tables are presented below – the first provides some commentary on performance to date, and the second outlines further activities initiated to manage cost drivers in the quarter.

2. Performance against cost drivers - June 2014

Cost Driver	
Access	<ul style="list-style-type: none"> • Significant reductions have been observed in the time taken to determine eligibility. The average time taken to determine eligibility between July and December 2013 was 29.7 days. Since the January reforms, the average time taken to determine eligibility has reduced to 13.3 days (that is, between January and June, 2014). • Decisions to refuse access remain constant at around 10%, with very few requests for review or applications received by the Administrative Appeals Tribunal. • Trial sites undertake regular reviews of decisions to check for consistency. • Processes to analyse people who have been found ineligible are being put in place in order to monitor any possible future cost pressures. • Weekly operational dashboards have been put in place, which allow timely monitoring of scheme performance. • Clearer eligibility guidelines, particularly regarding disability requirements. • Pre-determined eligibility for participants in some state/commonwealth disability programs. • Improved access to participant data already existing in State databases.
Scope	<ul style="list-style-type: none"> • A comparative review of supports funded under NDIS versus those proposed by the Productivity Commission indicated that the scope of supports is in line. • Focusing the planning conversation on the availability of community and mainstream support to meet the needs of participants before consideration of funded supports. This also encourages innovative ways for individuals to achieve desired outcomes.
Volume	<ul style="list-style-type: none"> • Volumes of allocated supports are now largely within expected ranges. The notable exceptions is related to funding allocated to participants living in large residential settings, however this should be considered a short-term, phasing and cash flow issue. • Committed support for 2013/14 was within the 2013/14 funding envelope (as measures by the bilateral agreements). • Considering the number of participants entering the scheme and the distribution of support packages committed to these participants, the NDIS is on track to be within the total projected cost of the NDIS in 2019/20 (the first year of full scheme across all states/territories). • Operational guidelines providing information on reasonable and necessary have assisted the planning process and have contributed to the reduction in package sizes. • Refinement of Support Need Assessment Tool to reduce time taken to complete, and improve tool's reliability.
Delivery	<ul style="list-style-type: none"> • Work has progressed to improve flexibility to participants in the choice and consumption of allocated funding. • Providing increased flexibility has reduced the need to choose a wider range of fixed supports.
Price	<ul style="list-style-type: none"> • An efficient price has been developed for personal care and community participation. This price has been set higher in the short term to support the sector to transition to the NDIS. • A national aids and equipment strategy continues to be developed.

3. Summary of new activities implemented in 2013/14 Quarter 4

Cost Driver	Activities implemented in 2013/14 Qtr4
Streamlining access	<ul style="list-style-type: none"> • Trial commenced of centralised Access Request team, responsible for processing access request forms and determining eligibility. This trial is being conducted in South Australia, with the support of other Agency sites. • Detailed analysis of participants who have been found ineligible is underway – this provides some indications of where possible cost pressures may arise.
Scope of supports funded under the Scheme	<ul style="list-style-type: none"> • Development of reporting to better understand use of mainstream services by participants. • Establishment of expert groups in autism and sensory disability to establish the evidence base for funding appropriate early intervention options for children.
Volume of supports funded	<ul style="list-style-type: none"> • Substantial research has been undertaken to refine reference packages – reference packages provide a benchmark amount for participants with similar characteristics (such as age, disability and functional support group). This allows detailed monitoring of the amount of supports provided to certain groups of participants, and identification of any cost pressures in a timely manner. It is important to note that the reference packages do not determine the amount provided to individual participants but allows detailed monitoring. • The World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0) has been piloted in trial sites. Work is underway to implement the collection of WHODAS going forward. These data will allow another point of reference from which to monitor cost pressures. • These two projects will also allow streamlining the planning process by collecting much information in advance of these discussions.
Delivery of supports funded	<ul style="list-style-type: none"> • Implementation of “product bundling”, allowing a budget to be allocated across a group of items in plan, and expended under the direction of participants and their carers. This encourages innovation and discourages participants choosing supports from a detailed itemised list. • Work is underway to implement an outcomes measurement framework for individuals. This will encourage the delivery of supports to strive towards achieving positive outcomes for participants, their families and carers. This will also provide the NDIA Board with a dynamic feedback loop to evaluate the outcomes of particular groupings of scheme participants, and the extent to which the NDIA is meeting its strategic objectives. • Work is underway to develop strategies and models of support for Indigenous communities, rural and remote communities, CALD communities, and for mental health. • In order to better understand links with other service systems and the use of mainstream supports, the NDIA is also applying to be an accredited Data Integration Authority • It is critical that the NDIA has developed a fit for purpose ICT System for full scheme roll out. A second-pass business case is being

Cost Driver	Activities implemented in 2013/14 Qtr4
	developed to agree the required scope of a new system, and a Board Advisory Panel has been formed to provide enhanced governance of this crucial component of managing cost drivers.
Prices	<ul style="list-style-type: none"> • The development of the National Aids and Equipment Strategy is continuing. • Work is underway to establish an appropriate sector data collection to monitor the price and cost of supports delivered.

PART 3

Report under the Integrated NDIS Performance Reporting Framework

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1. Participant Outcomes

1.1. People with disability achieve their goals for independence, social and economic participation

1.1.1.(a) Information about participants, split by gender and age

State	Total	ATSI	CALD	M	F	X	0-4	5-14	15-24	25-44	45-64	65+
NSW	2,268	3%	2%	58%	42%	0%	7%	24%	12%	22%	33%	1%
SA	1355	3%	5%	68%	32%	0%	65%	35%	0%	0%	0%	0%
TAS	786	4%	2%	64%	36%	0%	0%	0%	95%	5%	0%	0%
VIC	2907	1%	2%	58%	42%	0%	10%	26%	15%	23%	25%	1%
Total	7316	2%	3%	61%	39%	0%	18%	24%	20%	17%	20%	1%

1.1.1.(b) Information about participants, split by primary disability

Primary Disability	NSW	SA	TAS	VIC	Total
Total	2,268	1,355	786	2,907	7,316
Autism and Related Disorders	21%	33%	30%	24%	26%
Cerebral Palsy	6%	7%	8%	5%	6%
Deafness/Hearing Loss	3%	5%	1%	1%	2%
Developmental Delay	3%	16%	2%	6%	7%
Down Syndrome	6%	4%	8%	5%	5%
Global Developmental Delay	2%	14%	2%	2%	4%
Intellectual Disability	22%	0%	33%	24%	20%
Multiple Sclerosis	2%	0%	0%	4%	2%
Schizophrenia	4%	0%	1%	4%	3%
Other Intellectual/Learning	5%	7%	6%	3%	5%
Other Neurological	14%	3%	6%	10%	10%
Other Physical	5%	3%	2%	3%	4%
Other Psychiatric	3%	0%	1%	4%	3%
Other Sensory/Speech	3%	8%	1%	3%	4%

Table 1.1.1 shows the demographic information of participants with an approved plan. Overall, 2% of participants with approved plans to date are Indigenous and 3% are classified as Culturally and Linguistically Diverse (CALD). It should be noted that Indigenous status is not well completed in the system, with 58% of records not stated. CALD status is reasonably well completed in the system, with 13% of records not stated. The Agency is actively working to ensure that these data are collected for all participants.

Participants with Intellectual disability (including Down syndrome and other intellectual/learning disability) represent the highest proportion of approved plans overall, at 30%. Participants with Autism and related disorders represent the second highest proportion of approved plans, at 26%. This proportion is higher in South Australia and Tasmania as these trial sites are age-specific. In South Australia, there is a high proportion of participants with developmental and global developmental delay (30% combined) reflecting the younger age group of the cohort (0-6 year olds).

1.1.2(a) Support needs for participants by life domain, split by state

State	Economic Participation	Education	Health and Wellbeing	Independence	Living Arrangements	Social Participation	Not Identified	Approved Plans
NSW	447	507	1408	1492	628	1517	21	2268
SA	12	505	788	1197	34	1098	4	1355
TAS	295	227	280	454	234	496	20	786
VIC	722	706	1779	2146	1011	2261	13	2907
Total	1476	1945	4255	5289	1907	5372	58	7316

1.1.2(b). Support needs for participants by life domain, split by primary disability

Primary Disability	Economic Participation	Education	Health and Wellbeing	Independence	Living Arrangements	Social Participation	Not Identified	Approved Plans
Total	1476	1945	4255	5289	1907	5372	58	7316
Autism and Related Disorders	222	709	1081	1421	277	1524	14	1874
Cerebral Palsy	65	94	265	314	128	283	4	419
Deafness/Hearing Loss	34	53	78	120	17	113	0	175
Developmental Delay	30	173	265	388	33	392	5	484
Down Syndrome	78	87	225	284	112	301	4	393
Global Developmental Delay	11	103	183	271	19	245	2	319
Intellectual Disability	536	299	756	930	597	1030	17	1459
Multiple Sclerosis	41	21	109	123	69	96	0	162
Schizophrenia	88	39	162	135	131	172	0	227
Other Intellectual/learning	75	90	221	267	83	260	3	358
Other Neurological	140	97	440	509	265	467	5	710
Other Physical	49	53	172	192	65	156	2	261
Other Psychiatric	59	45	145	108	74	138	1	193
Other Sensory/Speech	48	82	152	226	37	194	1	281

Table 1.1.2 shows the distribution of funded support by aggregated life domain. Life domains are areas of focus for participants' goals, objectives and strategies. Committed funding may address more than one life domain. Across each of the trial sites, the most commonly funded life domains are Independence, Social participation and Health & Wellbeing.

1.2 Increased mix of support options and innovative approaches to provision of support in response to assessed need

1.2.1.(a) Delivery of agreed supports as planned, split by State

State	Claimed	Estimated Committed (June 2014)	% Supports Delivered
NSW	\$19,173,398	\$49,270,774	39%
SA	\$3,817,270	\$10,720,764	36%
TAS	\$7,514,011	\$17,490,554	43%
VIC	\$19,243,037	\$53,378,517	36%
Total	\$49,747,716	\$130,860,609	38%

1.2.1.(b) Delivery of agreed supports as planned, split by primary disability

Primary Disability	Claimed	Estimated Committed (June 2014)	% Supports Delivered
Total	\$49,747,716	\$130,860,609	38%
Autism and Related Disorders	\$9,473,067	\$23,426,220	40%
Cerebral Palsy	\$4,643,349	\$15,392,552	30%
Deafness/Hearing Loss	\$532,732	\$1,464,731	36%
Developmental Delay	\$1,939,674	\$4,537,432	43%
Down Syndrome	\$3,510,271	\$10,124,600	35%
Global Developmental Delay	\$805,428	\$2,383,136	34%
Intellectual Disability	\$13,943,707	\$33,059,729	42%
Multiple Sclerosis	\$1,132,621	\$3,471,739	33%
Schizophrenia	\$1,646,559	\$3,406,733	48%
Other Intellectual/learning	\$2,667,773	\$6,924,719	39%
Other Neurological	\$6,551,082	\$18,502,656	35%
Other Physical	\$1,469,566	\$4,477,255	33%
Other Psychiatric	\$790,191	\$1,723,633	46%
Other Sensory/Speech	\$641,694	\$1,920,856	33%

Table 1.2.1 shows the total dollar amount claimed to date compared with the estimated funds committed for supports delivered to date. The proportion of supports delivered has increased from 27% to 38% since the previous quarter. This measure remains too immature to interpret meaningfully due to the complexity of participants and providers transitioning to the Scheme from existing funding arrangements. There is also a lag between when a support is provided and when claims are made.

1.2.2.(a) Funded support categories, split by State

State	Communication	Community - Social and Civic	Domestic Life	Education	Employment	General Tasks and Demands	Interpersonal Relationships	Learning and Knowledge	Mobility	Self-care	Total Plans
NSW	1619	1014	483	28	275	981	248	64	620	1336	2268
SA	1249	301	62	13	0	162	52	239	392	497	1355
TAS	414	438	146	36	134	435	52	55	180	407	786
VIC	1892	1730	778	114	327	1533	549	265	1067	1926	2907
Total	5174	3483	1469	191	736	3111	901	623	2259	4166	7316

1.2.2.(b) Funded support categories, split by primary disability

Primary Disability	Communication	Community - Social and Civic	Domestic Life	Education	Employment	General Tasks and Demands	Interpersonal Relationships	Learning and Knowledge	Mobility	Self-care	Total Plans
Total	5174	3483	1469	191	736	3111	901	623	2259	4166	7316
Autism and Related Disorders	1516	815	192	67	100	693	447	163	269	925	1874
Cerebral Palsy	305	263	129	15	25	191	34	11	312	331	419
Deafness/Hearing Loss	167	29	7	4	18	27	8	3	17	38	175
Developmental Delay	421	111	26	11	11	81	61	50	96	152	484
Down Syndrome	316	243	74	13	67	216	43	64	137	271	393
Global Developmental Delay	279	78	18	8	2	62	24	85	69	125	319
Intellectual Disability	840	890	351	46	366	850	150	137	376	880	1459
Multiple Sclerosis	84	73	95	1	2	75	8	2	122	136	162
Schizophrenia	107	131	53	2	36	134	15	8	30	165	227
Other Intellectual/learning	244	163	77	11	24	132	31	35	165	223	358
Other Neurological	427	383	273	5	50	354	36	25	413	551	710
Other Physical	151	114	89	1	10	94	8	10	157	167	261
Other Psychiatric	76	108	52	3	16	116	18	12	20	102	193
Other Sensory/Speech	240	81	32	4	9	85	18	18	76	99	281

Table 1.2.2 shows the distribution of funded support by category. Categories are aligned to the World Health Organisation's International Classification of Function (WHO-ICF). Committed funding may address more than one support category. Across each of the trial sites, the most commonly funded support categories are Communication, Self-care and Community Participation.

1.2.3. Average days from access request to plan approval

State	Average Days
NSW	47
SA	60
TAS	54
VIC	66
Total	58

Table 1.2.3 shows the average number of days between when an access request is made and support is approved. Overall, the average is 58 days, which is an increase of 6 days on that reported last quarter. This is due to a clearing of backlogs in plans previously awaiting approval. Since January 2014 time taken to determine eligibility has reduced by an average of 16 days (Jul-Dec 2013 = 29.7, Jan-Jun 2014 =13.3).

1.2.4. (a) Proportion of participants with a claimed support, by support category and State

State	Communication	Community - Social and Civic	Domestic Life	Education	Employment	General Tasks and Demands	Interpersonal Relationships	Learning and Knowledge	Mobility	Self-care	Total Plans
NSW	58%	54%	50%	50%	15%	51%	48%	41%	48%	54%	72%
SA	68%	42%	19%	54%	0%	67%	46%	13%	47%	52%	71%
TAS	45%	56%	37%	58%	24%	52%	35%	42%	39%	56%	63%
VIC	49%	44%	50%	41%	6%	44%	44%	47%	44%	53%	70%
Total	56%	48%	48%	47%	13%	48%	44%	33%	45%	54%	70%

1.2.4. (b) Proportion of participants with a claimed support, by plan length and State

State	All Plans	Plans 3mth+	Plans <3mth
NSW	72%	84%	32%
SA	71%	86%	35%
TAS	63%	79%	14%
VIC	70%	83%	35%
Total	70%	83%	32%

Table 1.2.4 shows the proportion of participants with funded supports that have had at least one claim for payment, by support category. This proportion increases from 70% to 83% when plans less than three months are excluded (allowing for service provision and provider claiming lags).

Note: it is known that some in-kind supports have not been claimed which is distorting these results.

1.2.5. Service provider characteristics and market profile

Footprint	Allied Health	Disability Support	Disability Equipment	Plan Management	Total
National	39	35	36	17	53
State	853	850	869	164	1,238
Provider Type					
Non-Government Organisation	271	282	154	118	315
Small/Medium Enterprise	591	574	709	55	927
Other Private	10	7	22	0	24
Public	20	22	20	8	25
Total	317	291	649	33	1,291

Type	Providers Registered
New NDIS	1054
Previously DSS	237

Table 1.2.5 shows the market profile and characteristics of registered service providers. 95% of registered providers operate in one state only. The majority of registered providers are small/medium enterprises (72%), and have not been previously registered with the Department of Social Services (DSS) (82%).

1.3 People with disability are able and supported to exercise choice

1.3.1. Trends in proportion of participants using each, or a combination, of plan management options

State	Agency Managed	Combination	Self-Managed	Plan Management Provider
NSW	66%	32%	2%	0%
SA	80%	13%	6%	0%
TAS	63%	34%	3%	0%
VIC	73%	26%	0%	0%
Total	71%	26%	2%	0%

Table 1.3.1 shows the distribution of plan management options being used by active participants. Across the trial sites, the majority of plans are agency managed. Only a small proportion of plans are solely self-managed. However, 26% are a combination of self-managed and agency managed.

Note: Whilst a participant is receiving in-kind support, they cannot solely manage their plan.

1.3.2.(a) Access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW	33	2,551	110	494	28	100	3,316
SA	7	1,913	71	160	1	50	2,202
TAS	11	815	24	21	7	36	914
VIC	9	3,202	140	322	8	158	3,839
Total	60	8,481	345	997	44	344	10,271

1.3.2.(b) Proportions of access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW	1%	77%	3%	15%	1%	3%	100%
SA	0%	87%	3%	7%	0%	2%	100%
TAS	1%	89%	3%	2%	1%	4%	100%
VIC	0%	83%	4%	8%	0%	4%	100%
Total	1%	83%	3%	10%	0%	3%	100%

Table 1.3.2 shows the number and distribution of access requests made by the current status of the request. To date, approximately 83% of access requests have been found to be eligible, and a further 3% are in progress. Around 10% of access requests have been deemed ineligible; this varies by state, with New South Wales highest, at 15%, and Tasmania lowest, at 2%.

1.3.3. Reviews of decisions

State	Affirmed	Set aside	Pending	Outcome not recorded	Total
NSW	4	4	4	6	18
SA	0	0	18	4	22
TAS	0	0	0	0	0
VIC	3	4	19	16	42
Total	7	8	41	26	82

Table 1.3.3 shows the number of decisions that participants, providers, or their agents, have formally requested to be reviewed. To date, there have been very few requests for review of decisions (82), with the majority from Victoria (42), which is currently the largest trial site.

Note: Data is at 30th May 2014, as data were not available at 30th June 2014.

1.3.4. Total appeals by outcome

State	Affirmed	Set aside	Pending	Varied	Dismissed	Withdrawn	Total
NSW	1	0	2	0	1	0	4
SA	0	0	2	0	1	0	3
TAS	0	0	0	0	0	0	0
VIC	1	0	7	1	1	1	11
Total	2	0	11	1	3	1	18

Table 1.3.4 shows that there have been 18 appeals to the Administrative Appeals Tribunal lodged to date, of which 11 are pending. Of the seven appeals to have reached a resolution, two have been affirmed and zero set aside. Three resolved appeals were dismissed by the Tribunal.

1.3.5. Appeals by Category

	Access Issues	Plan Issues	Total
NSW	3	1	4
SA	1	2	3
TAS	0	0	0
VIC	5	6	11
Total	9	9	18

Table 1.3.5 shows that of the appeals lodged to date half were related to access issues and the other half related to plan issues.

1.3.6. Complaints by outcome and average resolution time*

State	Closed - referred to another agency	Closed - resolved	Closed - unresolved	Open	Total
National Office	3	15	3	10	31
NSW	0	50	8	12	70
SA	0	29	2	5	36
TAS	0	11	1	3	15
VIC	1	74	14	8	97
Total	4	179	28	38	249

Table 1.3.6 shows the number of complaints submitted. In total, there have been 249 complaints, of which 97 are from Victoria (39%) and 70 are from NSW (28%). Complaints can be lodged by participants, providers, organisations and members of the general community.

1.3.7. Complaint type*

State	Provider	Agency	Reasonable and Necessary Supports	Harm, Abuse, Neglect	Other	Total
National office	2	15	0	1	13	31
NSW	1	46	17	0	6	70
SA	0	27	8	0	1	36
TAS	0	10	0	0	5	15
VIC	2	64	15	0	16	97
Total	5	162	40	1	41	249

Table 1.3.7 shows the distribution of the total complaints to date by complaint type. The majority (65%) of complaints are agency related, with a further 16% relate to the amount of reasonable and necessary supports in participant plans.

*Note: Data are at 30th May 2014, as data were not available at 30th June 2014.

1.3.8.(a) Participant/Carer satisfaction with the Agency and life experience

(Note: Satisfaction is reported on a scale of -2 very poor to +2 very good, with 0 = neutral)

State	Participant satisfaction	Experience satisfaction
NSW	1.80	0.10
SA	1.44	0.25
TAS	1.90	0.37
VIC	1.75	0.23
Total	1.66	0.21

1.3.8.(b) Participant satisfaction with the Agency

State	Very good	Good	Neutral	Poor	Very Poor	Total
NSW	82%	16%	2%	0%	0%	100%
SA	59%	31%	7%	3%	0%	100%
TAS	90%	10%	0%	0%	0%	100%
VIC	78%	19%	3%	0%	0%	100%
Total	72%	22%	4%	1%	0%	100%

Table 1.3.8 shows participant satisfaction of the Agency, and in particular, the planning process. Experience satisfaction measures participants overall satisfaction with their current life experience and outcomes. Of the 871 participants who have been surveyed 94% have responded that their planning process was either good, or very good, maintaining the high level of satisfaction with the Agency at 1.66. Participants experience satisfaction has also remained constant since last quarter.

Note: Carer satisfaction is currently being captured in plan reviews; reporting will commence once this measure has matured.

2. Financial Sustainability

Note: A number of measures relating to financial sustainability will be addressed in the Annual Financial Sustainability Report, which will be released later in the year.

2.1. Effective estimation and management of short-term and long term costs

2.1.1. Total payments (\$, in kind)

State	Cash	In-Kind	Total
NSW	\$19,142,721	\$30,677	\$19,173,398
SA	\$3,523,006	\$294,264	\$3,817,270
TAS	\$5,754,879	\$1,759,132	\$7,514,011
VIC	\$13,960,764	\$5,282,273	\$19,243,037
Total payments	\$42,381,371	\$7,366,345	\$49,747,716

Table 2.1.1 shows total payments to date by trial site. The majority of payments are from the New South Wales and Victorian trial sites (78% of payments, combined). This is expected as these are the largest trial sites. The proportion of cash payments remains stable from the previous quarter at 85% of total payments.

2.1.2. Operating Expenses Ratio (%) total costs

	%
Operating expenses ratio	49.2%

Table 2.1.2 shows the operating expenses ratio. The significant decrease in the operating expenses ratio since March 2014 is primarily due to accrual of unpaid participant support expenses at 30 June 2014.

2.1.3. Annualised support package distributions

Annualised committed support band	Active plans	%
\$0-\$5,000	944	13%
\$5,001-\$10,000	1,097	15%
\$10,001-\$30,000	3,010	41%
\$30,001-\$50,000	798	11%
\$50,001-\$100,000	644	9%
\$100,001-\$150,000	321	4%
\$150,001-\$200,000	239	3%
\$200,001-\$250,000	170	2%
\$250,001+	62	1%
Total	7,285	100%

Table 2.1.3 shows the majority of participants have annualised package costs of between \$10,001 and \$30,000 and few participants have high cost plans of over \$100,000. Of the 7,285 active participants with approved plans, 69% have an annualised package cost of less than \$30,000; this group accounts for only 22% of annualised committed funding. As expected, the bulk of committed funding is being allocated to a very small proportion of high-cost participants.

2.1.4. Average length of time from application to commencement of services

State	Days
NSW	80
SA	94
TAS	87
VIC	105
Total	94

Table 2.1.4 shows the average length of time from when an access request is submitted before an invoice for support is received. There is no specific data on plan commencement date, hence the NDIA is reliant on data from service provider claims to understand when plans are likely to have commenced. Only participant plans that have had at least one claim are included in this measure. Many plans are yet to have their first claim, and as such this measure is underdeveloped. At this stage, the average number of days range from 80 to 105 across the trial sites.

2.1.5. Payments to providers and participants split by support cluster

Support Category	Participant	Service Provider	Total
Accommodation/Tenancy	\$2,003	\$32,740	\$34,743
Assess-Skill, Ability, Needs	\$13,173	\$533,816	\$546,989
Assist Access/Maintain Employ	\$443	\$346,404	\$346,847
Assist Prod-Pers Care/Safety	\$161,132	\$457,571	\$618,703
Assist-Integrate School/Ed	\$36,743	\$236,613	\$273,356
Assist-Life Stage, Transition	\$15,646	\$1,117,217	\$1,132,863
Assist-Personal Activities	\$642,097	\$8,652,782	\$9,294,879
Assist-Travel/Transport	\$737,181	\$754,027	\$1,491,208
Assistive Equip-Recreation	\$44,382	\$51,407	\$95,789
Assistive Prod-Household Task	\$10,752	\$2,291	\$13,043
Behaviour Support	\$14,035	\$184,291	\$198,325
Comms & Info Equipment	\$105,054	\$27,285	\$132,339
Community Nursing Care	\$15,232	\$76,286	\$91,519
Daily Tasks/Shared Living	\$124,149	\$13,930,089	\$14,054,238
Development-Life Skills	\$70,031	\$606,854	\$676,885
Early Childhood Supports	\$197,775	\$2,638,782	\$2,836,556
Equipment Special Assess Setup	\$3,052	\$51,777	\$54,829
Hearing Equipment	\$24,820	\$15,491	\$40,311
Home Modification	\$67,909	\$284,127	\$352,035
Household Tasks	\$58,413	\$259,410	\$317,824
Interpret/Translate	\$2,259	\$42,949	\$45,208
Other Innovative Supports	\$33,316	\$84,272	\$117,589
Participate Community	\$472,998	\$12,448,182	\$12,921,180
Personal Mobility Equipment	\$89,145	\$427,047	\$516,192
Physical Wellbeing	\$92,646	\$51,712	\$144,358
Plan Management	\$300	\$36,401	\$36,701
Therapeutic Supports	\$181,108	\$2,912,483	\$3,093,591
Training-Travel Independence	\$4,107	\$53,838	\$57,945
Vehicle modifications	\$44,383	\$129,626	\$174,009
Vision Equipment	\$14,850	\$22,810	\$37,660
Total	\$3,279,134	\$46,468,581	\$49,747,716

Table 2.1.5 shows total payments (cash & in-kind) expenditure split by support cluster. Support clusters are groupings of similar supports. A single plan may have funding over many support clusters. Payees can include participants who are self-managing or providers claiming directly. The majority of payments are made to providers (over 90%). The total cash payments made have increased from \$14M in the previous quarter to almost \$50M.

2.1.6. Real, average and median costs of individual support packages

State	Actual expenditure total	Average annualised committed	Median annualised committed
NSW	\$19,173,398	\$38,708	\$18,990
SA	\$3,817,270	\$14,234	\$12,357
TAS	\$7,514,011	\$44,434	\$25,972
VIC	\$19,243,037	\$38,430	\$17,001
Total	\$49,747,716	\$34,586	\$16,415

2.1.7. Value of and number of active approved packages by participant group

Primary Disability	Number	Committed costs*	Average annualised cost
Total	7,285	\$285,362,779	\$34,586
Autism and Related Disorders	1,872	\$47,675,859	\$24,635
Cerebral Palsy	417	\$28,926,727	\$59,512
Deafness/Hearing Loss	175	\$2,551,969	\$14,356
Developmental Delay	484	\$8,778,384	\$17,921
Down Syndrome	392	\$20,907,015	\$45,123
Global Developmental Delay	319	\$5,155,512	\$15,592
Intellectual Disability	1,453	\$87,607,294	\$52,881
Multiple Sclerosis	162	\$5,422,893	\$32,082
Schizophrenia	224	\$8,510,131	\$37,341
Other Intellectual/learning	355	\$15,112,537	\$34,918
Other Neurological	704	\$36,241,992	\$43,149
Other Physical	255	\$8,618,074	\$26,895
Other Psychiatric	193	\$5,836,669	\$26,840
Other Sensory/Speech	279	\$3,756,403	\$12,990

* Committed costs are not annualised.

Table 2.1.6 shows the actual expenditure, the average annualised plan amount and the median annualised plan amount, by trial site.

Table 2.1.7 shows the number of participants who have approved plans, the total cost committed in these plans and the average annualised cost of the plans, split by primary condition group. The overall average annualised plan amount to date is \$34,586.

Note: annualising plan values adds uncertainty to estimates. It is not an appropriate measure of scheme performance when considered in isolation from other metrics. It is important to consider the number of scheme participants, the distribution of packages committed to these participants, and actual payments for supports provided. All of these factors contribute to the overall cost. The phasing of participants also influences plan costs by trial site. For example, New South Wales is phasing by provider and Barwon is phasing by program. As a result, plan costs to date are not comparable across trial sites.

Note: Average annualised cost excludes participants from the Stockton large residential centre in NSW.

Note: One participant does not have a primary disability recorded and have been removed from the table. Thus, the number of participants does not sum.

2.1.8. Number of participants receiving supports paid for with cash and/or in-kind supports by State

State	Cash	In-kind	Cash & In-kind	Total
NSW	1,208	1	385	1,594
SA	700	21	239	960
TAS	166	36	272	474
VIC	982	216	816	2,014
Total	3,056	274	1,712	5,042

Table 2.1.8 shows that almost all participant plans are receiving cash payments (61%) or a combination of cash payments and in-kind supports (34%) against their claims.

Note: Not all participants at this stage have received a claim.

Note: It is known that in-kind support is not being claimed. A reconciliation process is underway.

2.1.9. Ratio of cash to in-kind services by participant group

State	Cash Services	In-kind	Cash & In-kind
NSW	97%	0%	3%
SA	93%	5%	3%
TAS	79%	19%	2%
VIC	86%	13%	1%
Total	90%	8%	2%

Table 2.1.9 shows the distribution of services funded through cash and in-kind arrangements by trial site. Tasmania has the highest percentage of in-kind supports at 19%.

Note: It is known that in-kind support is not being claimed. A reconciliation process is underway.

2.1.10. Number of plans with single supports

State	Single items	Ratio
NSW	414	18%
SA	546	40%
TAS	102	13%
VIC	316	11%
Total	1378	19%

Table 2.1.10 shows the number of approved plans that only contain a single type of support. There has been an increase in this proportion from 11% in the previous quarter to 19%. South Australia has the highest percentage of these plans, at 40%.

2.1.11a Participant numbers, split by gender, age and primary disability

State	Total	ATSI	CALD	M	F	X	0-4	5-14	15-24	25-44	45-64	65+
NSW	2,268	61	55	1,325	943	-	159	545	279	504	755	26
SA	1,355	45	69	919	436	-	886	469	0	0	0	0
TAS	786	31	13	503	283	-	0	0	744	42	0	0
VIC	2,907	28	62	1,699	1,208	-	286	760	430	679	733	19
Total	7,316	165	199	4,446	2,870	-	1,331	1,774	1,453	1,225	1,488	45

2.1.11b Participant numbers, split by primary disability

	NSW	SA	TAS	VIC	Total
Total	2,268	1,355	786	2,907	7,316
Autism and Related Disorders	474	453	239	708	1,874
Cerebral Palsy	127	94	59	139	419
Deafness/Hearing Loss	79	64	4	28	175
Developmental Delay	76	211	15	182	484
Down Syndrome	128	58	59	148	393
Global Developmental Delay	53	185	15	66	319
Intellectual Disability	489	4	260	706	1,459
Multiple Sclerosis	49	0	1	112	162
Schizophrenia	100	0	4	123	227
Other Intellectual/learning	120	91	48	99	358
Other Neurological	320	39	46	305	710
Other Physical	108	41	16	96	261
Other Psychiatric	70	2	11	110	193
Other Sensory/Speech	74	113	9	85	281

Table 2.1.11 shows the number of participants accessing Tier 3 supports.

The corresponding distribution of Tier 3 participants is shown in Table 1.1.1.

Note: One participant does not have a primary disability recorded and has been removed from the table. Thus, the number of participants does not sum.

2.1.12. Total cost of supports funded

State	Committed costs
NSW	\$113,647,628
SA	\$20,599,084
TAS	\$35,836,692
VIC	\$115,279,375
Total	\$285,362,779

Table 2.1.12 shows the total cost of committed supports for Tier 3 only.

2.1.13. Total number of plans developed

State	Total plans developed
NSW	2,328
SA	1,495
TAS	811
VIC	2,951
Total	7,585

Table 2.1.13 shows the total number of Tier 3 plans developed. This includes 266 plans which are participant's second plans and 3 plans which are participants third plans; 31 participants with approved plans have since left the scheme via participant-initiated request, death or Agency-initiated eligibility revocation.

2.2 Benefits are realised from targeted investment strategies in enhanced disability support

2.2.1(a). Participants with early intervention supports, by State

State	Number	Proportion	ATSI	CALD	M	F	X	0-4	5-14	15-24	25-44	45-64	65+
NSW	1,542	70%	38	19	901	641	0	141	346	174	333	530	18
SA	1,258	93%	36	14	846	412	0	828	430	0	0	0	0
TAS	417	56%	11	7	269	148	0	0	0	389	28	0	0
VIC	2,015	70%	17	28	1,179	836	0	251	456	293	481	523	11
Total	5,232	73%	102	68	3,195	2,037	0	1,220	1,232	856	842	1,053	29

2.2.1(b). Proportion of participants with early intervention supports, by primary disability

Primary Disability	NSW	SA	TAS	VIC	Total
Total	1,542	1,258	417	2,015	5,232
Autism and Related Disorders	65%	91%	54%	63%	69%
Cerebral Palsy	87%	98%	86%	90%	90%
Deafness/Hearing Loss	86%	100%	25%	78%	89%
Developmental Delay	79%	91%	43%	75%	82%
Down Syndrome	65%	100%	62%	72%	72%
Global Developmental Delay	77%	97%	57%	85%	90%
Intellectual Disability	63%	100%	49%	69%	64%
Multiple Sclerosis	71%	0%	0%	83%	79%
Schizophrenia	51%	0%	33%	47%	48%
Other Intellectual/learning	76%	97%	60%	80%	80%
Other Neurological	76%	92%	61%	78%	77%
Other Physical	82%	90%	69%	87%	84%
Other Psychiatric	53%	100%	30%	34%	41%
Other Sensory/Speech	69%	86%	67%	74%	77%

Table 2.2.1 shows the proportion of participants receiving early intervention supports by trial site. South Australia has the highest proportion at 93%, reflecting the lower age of participants in this trial site. 80-90% of participants living with cerebral palsy, deafness or a developmental are accessing early intervention supports.

2.2.2. Total cost of investment in research and innovation (including the sector development fund)

	Committed	Under development	Total
Research / Innovation	\$31,335,508	\$63,360,409	\$94,695,917

Table 2.2.2 shows the total funding committed and the value of projects under development by the Agency on research and market innovation (from 2012/13 to 2016/17).

Note:

Committed represents funds committed to projects with formal contracts or Memorandums of Understanding.

Under development represents funds for projects supported by the Board but have not yet been committed.

3. Community Inclusion

3.1 People with disability are able to access support from mainstream services

3.1.1. Proportion of participants accessing mainstream services

State	Participants accessing mainstream services	Proportion accessing mainstream services
NSW	1,498	67%
SA	1,138	84%
TAS	590	75%
VIC	2,589	89%
Total	5,815	80%

Table 3.1.1 shows that the majority of participants with approved plans are also accessing mainstream supports (80%).

3.1.2. Support categories with mainstream services

Support categories	NSW	SA	TAS	VIC	Total
Total	1,498	1,138	590	2,589	5,815
Self-care	933	344	145	2,795	4,217
Education	517	881	282	1,097	2,777
General Tasks and Demands	1,515	264	109	802	2,690
Community and social life	342	399	169	774	1,684
Community - Social and Civic	208	233	111	754	1,306
Mobility	188	194	56	712	1,150
Carer/Family Support	103	165	42	390	700
Employment	104	0	114	319	537
Domestic Life	93	10	56	376	535
Communication	90	193	13	171	467
Interpersonal Relationships	87	73	25	173	358
Learning and Knowledge	50	101	26	114	291

3.2 Effectiveness of LAC community capacity building activities

3.2.1. Community awareness activities undertaken within the period by LACs

State	
NSW	<ul style="list-style-type: none"> · Attended community expos coordinated by local member Sharon Claydon MP in both the Maitland and Newcastle LGAs. · Have participated in key interagency meetings with council and community providers. · Made individual community connections when supporting participants, resulting in positive changes to community activities.
SA	<ul style="list-style-type: none"> · Have run community awareness activities focused on building local networks. These community awareness activities have involved contact with a range of community agencies including: schools, kindergartens, child development units, carer support groups, children’s centres, childcare agencies, primary health networks, local Indigenous support agencies, councils, and mainstream community services such as swimming centres, libraries and play groups. · Have made 408 general community contacts. · In regional SA, the LAC is the primary NDIS presence. Consequently they have developed and maintained strong community networks.
TAS	<p>Regular community awareness activities have been undertaken by the engagement team and the LACs. The focus has been threefold:</p> <ul style="list-style-type: none"> · Participants – seeking feedback and information sharing. A range of expos and employment conferences have been targeted. · Registered providers – discussions around increasing registration scope and increasing their awareness around services that they can expand to provide as part of the scheme. Discussions have focused on ‘respite’, housing and education. · Potential providers – scoping mainstream providers to encourage their registration for participants. The past few months have seen a focus on schools and the Beyond the School Gate sessions as Tasmania is trialling an integrated planning approach for students leaving school and moving to further education/training, work or other activities.
VIC	<ul style="list-style-type: none"> · Directly engaged with the LEAD group which provides independent opportunity for participants to raise issues with the scheme. · Continually talking with all early childhood providers and mainstream supports to improve referral pathways. · Attended NAIDOC week activities. · Regular attendance at the Barwon Disability Advocacy network. · Regular presentations to local service provider forums such as Colac Services Forum and GRAND and the Colac Autism Community of Practice. · Regular presentations to the Mental health professional’s network.

3.3 Effectiveness of LAC community capacity building activities

3.3.1. Community capacity building activities undertaken by LACs within the period

State	
NSW	<ul style="list-style-type: none"> · Have been networking with organisations to, improve the means of connection and recognise and promote community opportunities for participants. Some of these organisations include: Octopod (arts), Men’s Shed, Sole café, TAFE, DSS, Ability Links and PIR. · Have been meeting regularly with Ability Links and PIR to identify community gaps and to collaborate in ongoing community capacity building activities. · Submitted CICD funding application to National Office on behalf of a local non for profit organisation that supports participants.
SA	<ul style="list-style-type: none"> · Linked 361 families with mainstream supports in the quarter, which is a key element of capacity building. They offer an opportunity for LACs to support families to engage with their local communities meaningfully, and to advocate for the needs of their child where this is required. Often this then provides a platform for conversations about how mainstream agencies can build their capacity to support children with disability. · Provided frequent supports in relation to accessing: kindergartens, child care, play groups, music groups and kindergym. Many families also appreciated conversations about planning in preparation for school transitions. · Contacted families who had submitted an access request but were not eligible for the scheme. LACs linked these families with mainstream and community supports, particularly when it had been identified that the support needs of the child would most appropriately be met through another support system.
TAS	<ul style="list-style-type: none"> · Have undertaken regular community capacity building activities. The focus over the past few months for participants has been targeting specific communities to begin community capacity building. It is also looking at creating service ‘maps’ for specific communities as a benchmark and starting point. · One CICD project is supporting the Huon Disability Network which was begun by parents of children with disability who were concerned about the lack of services in their region.
VIC	<ul style="list-style-type: none"> · Have been working with the Wathaurong Family Support workers to establish strong collaborative networks to assist families of aboriginal children with developmental delay/disability to access support. · Have been holding discussions with Arthritis Victoria around access to supports and the development of support groups for people with musculoskeletal health conditions and disabilities. · Working with Rural access workers to establish linkages in local government disability inclusion plans. · Holding discussions with Australian Camps Association to discuss the development of more holiday day programs and camps in the Barwon region. · Working with Colac Otway Shire re pool accessibility in new Bluewater Fitness build and with transport providers to ensure adequate transport access between communities to access the pool.

APPENDIX 1

Measures documented in Level 2 Performance Reporting Framework not included in this report

For reasons detailed in Appendix 2, not all measures documented in the Intergovernmental Agreement were able to be reported on for 2013/14 Q4. These are listed below:

1. People with disability lead lives of their choice

- Proportion of plans requiring early review (%)
- People with disability achieve their goals for independence, social and economic participation
- Proportion of participants achieving their life goals as specified in their plan
- Proportion of participants achieving their plan goals (total)
- Proportion of participants achieving their plan goals in one or more specific domains:
 - Economic
 - Social
 - Education
 - Health and well-being
 - Living arrangements
- Planning and goal setting completed on time (%)
- Trends in proportion of participants using different approaches to decision supports
- Carer satisfaction with agency

2. NDIS is a financially sustainable, insurance-based scheme

- Growth in future commitments
- Management of prudential risk
- Provision of supports
- Average cost of supports per assessor
- Current and future funding resources
- Current expenditure compared to projections
- Projected expenditure compared to projected revenue
- Long term cost trends (population, price and wage growth)
- Average client lifetime cost of support
- Number of Tier 2 supports with LAC funding and purpose of funding
- Average cost of internal reviews
- Average cost of appeals
- Proportion of participants with reduced needs after intervention supports

Note: A number of measures relating to financial sustainability will be addressed in the financial sustainability report.

APPENDIX 2

Definition of measures reported in Quarterly Report to the COAG Disability Reform Council

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
1	Participant Outcomes	16		
1.1.1.	Information about participants (total active participants)	16	Summary of demographics for active participants, defined as people eligible for funding as per the Act, who have an approved plan for funding in place.	Yes
1.1.2.	Support needs for participants	17	For active participants, identifies the life domains which supports are being funded to address identified need. Note: Approved funding may address more than one life domain.	Yes
n/a	Proportion of participants achieving their life goals as specified in their plan	-	The outcome of a review of a participant's goals. Goals refer to the overarching, personal goals of participants.	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
n/a	Proportion of participants achieving their plan goals (total)	-	The outcome of a review of a participant's plan objectives (plan goals). Plan objectives refer to the identified aims within a plan, for which funding is allocated to support the achievement.	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
n/a	Proportion of participants achieving their plan goals in one or more specific domains	-	The outcome of review of a participant's plan objectives (plan goals), with identification of the aggregated life domain the objective was related to.	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
n/a	Planning and goal setting completed on time (%)	-	Reports the proportion of plan reviews that are completed on or before the previous plan's scheduled end date.	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
n/a	Plans requiring early review (%)	-	Reports the proportion of plans that were, or are due to be, reviewed less than 12 months after the plan commenced	No- an appropriate measure is required to be developed. There is also insufficient scheme development for this measure to be meaningful.

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
n/a	Active Participants (Tier 2 and Tier 3)	-	On plan review, number of participants who change the way funding is utilised to support their needs.	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
n/a	Availability of provider services (%)	-	Proportion of identified support needs that have at least one registered provider servicing the residential area of the participant.	No. Data is not currently available for this measure.
1.2.1.	Delivery of agreed supports as planned	18	Proportion of funds committed for supports delivered to date that have been claimed.	Yes - insufficient time for meaningful development
n/a	Proportion of participants with support packages within expected ranges (reference +/- x %)	-	Delegations are determined by the instrument of Delegation. This measure reports the delegation required to approve committed plans	No. Data is not currently available for this measure
1.2.2.	Funded support categories	19	Support categories (WHO-ICF domains) for which supports have been funded. Note: A single plan can contain funding in multiple support categories.	Yes
1.2.3.	Average days from access request to support approval	20	Days taken from when Access Request is received until initial funded plan is approved.	Yes
1.2.4.	Proportion of participants with a claimed support	20	Proportion of participants with funded supports in support category that have had at least one claim for payment.	Yes
1.2.5.	Service provider characteristics and market profile	21	Market profile of registered providers	Yes

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
n/a	Trends in proportion of participants using different approaches to decision supports	-	At plan review, proportion of participants who choose to change the way their plan is managed	No - insufficient scheme development for any plan reviews. Reporting to commence in 2014/15.
1.3.1.	Trends in proportion of participants using each or a combination of plan management options	22	Split of plan management options being used by active participants.	Yes
1.3.2.	Access requests made	23	<p>Number of formal requests for access, with status of request.</p> <p>Statuses are defined as:</p> <p>Closed = Participant initiated exit from the Scheme after being found eligible (e.g. deceased, chosen to exit after being found eligible, etc.)</p> <p>Eligible = Person is eligible to be a participant of the scheme.</p> <p>In Progress = Access Request has started, but no decision made yet.</p> <p>Ineligible = Person is not eligible to be a participant of the scheme (out of area, outside age bracket, does not meet disability requirements, etc.)</p> <p>Revoked = Person was previously found eligible, but Agency has revoked the eligibility.</p> <p>Withdrawn = Person withdrew their access request whilst it was in progress.</p>	Yes
n/a	Access requests accepted for funding	-	Number of eligible access requests that have established plans for funding.	No- Reported in 1.3.2

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
1.3.3.	Reviews of decisions	24	Number of decisions that have been formally requested to be reviewed. Outcome of reviews are classified as: Affirmed = original decision was maintained; Set Aside = original decision was overturned Pending = review is still underway	Yes
1.3.4.	Total appeals by outcome	25	Number of appeals submitted. Outcome of reviews are classified as: Affirmed = participant loses appeal; Set Aside = participant wins appeal Pending = appeal is still underway Varied = participant wins appeal Dismissed = appeal is dismissed Withdrawn = participant withdraws appeal	Yes
1.3.5.	Appeals by Category	25	Number of appeals submitted.	Yes
1.3.6.	Complaints by outcome and average resolution time	26	Number of complaints submitted by participants, providers, staff, and/or the general community.	Yes
1.3.7.	Complaint type	26	Number of complaints submitted by participants, providers, staff, and/or the general community.	Yes
1.3.8.	Participant/Carer satisfaction with the Agency and the experience	27	On a scale of -2 extremely dissatisfied to +2 extremely satisfied, with 0 = neutral, self reported satisfaction of participants and their carers. "Participant Satisfaction" reports satisfaction of participants with the Agency, and in particular, the planning process. "Experience Satisfaction" reports the overall satisfaction of a participant with their current life experience and outcomes.	Partial - Data is not mature at this time to report Carer Satisfaction

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
2	Financial Sustainability	28		
n/a	Growth in future commitments	-	Reports growth in projected liabilities, as per actuarial modelling	No – This measure is currently addressed in the actuarial monitoring report
2.1.1.	Total payments (\$, in kind)	28	Total claims against plans, split by cash and in-kind. Note: This does not represent total expenditure (reported in Measure 2.1.17)	Yes
2.1.2.	Operating Expenses Ratio (% total costs)	28	Operating Expenses as a proportion of total scheme costs	Yes
2.1.3	Annualised support package distributions	29	Distributions of annualised funded support packages against expected.	Yes
2.1.4.	Average length of time from application to commencement of services	29	Average time from when access request is submitted, to first invoice for support is received by NDIA	Yes
n/a	Management of prudential risk	-	Reports liabilities and assets of the Agency	Work on an <i>Insurances Principles and Financial Sustainability Manual</i> is underway. This document sets out a prudential governance framework.
2.1.5.	Cash payments to providers and participants, split by support type	30	Cash payments against plans, split by support type and payee. This does not represent total expenditure (See measure 2.1.17)	Yes
2.1.6.	Real, average and median costs of individual support packages	31	Reports total expenditure, compared with average and median annualised committed funds	Yes
2.1.7.	Value of and number of approved packages by participant group	31	Number of plans with approved funding, the total costs committed in those plans, and the average annualised cost of the plans.	Yes
2.1.8.	Number of participants receiving supports paid for with cash and/or in-kind supports	32	Number of participants who have had claims against plans. This does not represent total expenditure	Yes
2.1.9.	Ratio of cash to in-kind services by participant group	32	Ratio supports claimed paid through cash or in-kind arrangements	Yes

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
n/a	Average cost of supports per assessor	-	Average value of funds committed in plans per planner	No - insufficient scheme experience for informed adjustment to actuarial model
2.1.10.	Number of plans with single supports	32	Number of plans approved that only contain a single type of support	Yes
n/a	Current and future funding resources	-	Current annualised costs of approved plans, and the unannualised committed value of plans	Projections will be provided in the annual financial sustainability report.
n/a	Current expenditure compared to projections	-	Actual expenditure compared to actuarial projections	Projections will be provided in the annual financial sustainability report.
n/a	Projected expenditure compared to projected revenue	-	Comparison of projected expenditure to projected revenue	Projections will be provided in the annual financial sustainability report.
n/a	Long term cost trends (population, price and wage growth)	-	Monitors long term economic assumptions	Projections will be provided in the annual financial sustainability report.
n/a	Average client lifetime cost of support	-	Average actuarial estimate of individual participants' future cost liabilities.	No - insufficient scheme experience for informed adjustment to actuarial model
2.1.11.	Tier 3 participant numbers, and people supported by Tier 2	33	Reports number of people accessing Tier 3 supports.	Partial - system for capturing Tier 2 activities was not implemented for 2013-14
2.1.12.	Total cost of supports funded	34	Reports annualised costs of supports committed to be funded for Tier 3 participants.	Partial - system for capturing Tier 2 activities was not implemented for 2013-14
n/a	Number of Tier 2 supports with LAC funding and purpose of funding	-	Number of supports with Tier 2 funding. Note: This is not the same as number of participants - supports are not necessarily attached to individuals	No - system for capturing Tier 2 activities was not implemented for 2013-14
2.1.13.	Total number of plans developed	34	Total number of plans that have been developed and approved. This measure includes plans that have now been superseded.	Yes
n/a	Average cost of internal reviews	-	Average cost of administering internal reviews)	No - system is not in place for capturing internal review costs

Measure	Title	Page	Brief Description	Included in 2013-14 Q4 report?
n/a	Average cost of appeals	-	Average cost of administering appeals	No - system is not in place for capturing appeal costs for 2013-14
n/a	Proportion of participants with reduced needs after intervention supports	-	Reports growth in annual committed costs for participants who have had early intervention supports as part of the previous plans.	Analysis of participant's who have received second plans will be included in the financial sustainability report. Note: only a small number of participant's have received second plans. This analysis will become more meaningful as the Scheme progresses.
2.2.1.	Proportion of participants with early intervention supports	35	Proportion of currently approved plans that have supports identified as early intervention supports - included to reduce long term need for lifetime supports	Yes
2.2.2.	Total and average cost of Investment in research and innovation	36	Costs for investment into research and innovation	Yes
3	Community Inclusion			
3.1.1	Proportion of participants accessing mainstream services	37	Proportion of participants with approved funded supports who are also accessing mainstream supports	Yes
3.1.2	Successful referrals to mainstream services	37	Reports successful referral to mainstream supports by Local Area Coordinators	Yes
3.2.1	Community awareness activities undertaken within the period	38	Reports community awareness activities undertaken by LACs	Yes
3.3.1	Community capacity building activities undertaken by LACs within the period	39	Reports community capacity building activities undertaken by LACs	Yes
n/a	Community capacity building activities undertaken by funded NGOs within the period	-	Reports funding provided to Non-Government Organisations to undertake community capacity building activities.	No- Reported in 2.2.2