

National Disability Insurance Agency

Quarterly Report to COAG Disability Reform Council
31 March 2016

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Key definitions:

Access request	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.
Active participant	Active participants are those who are currently eligible, are not deceased and have a client status of "Active".
Annualised Package Cost	Approved Package Cost, pro-rated over a 12 month period to allow like-for-like comparisons.
Culturally and Linguistically Diverse (CALD)	Country of birth is not Australia, UK, USA, Canada or South Africa, or primary language spoken at home is not English.
Payments	Payments made to providers, participants or their nominees for supports received as part of the participant's plan.
Committed support	The cost of supports that are contained within a participant's plan, approved to be provided to support a participant's needs.
In-kind	"In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.
Aboriginal and/or Torres Strait Islander	Response of: <ul style="list-style-type: none">• Aboriginal but not Torres Strait Islander; or• Australian Aboriginal; or• Torres Strait Islander.
LAC	Local Area Coordinators conduct community capacity and awareness building activities, and assist, if necessary, in the coordination and sourcing of participant supports.
Participant	An individual whose access request has been determined 'eligible'.
State/Territory	Based on the jurisdiction administering the participant.

Introduction

This report to the COAG Disability Reform Council details the delivery of the National Disability Insurance Scheme (NDIS) by the National Disability Insurance Agency (NDIA). The report contains three sections:

- Part 1: A summary of progress against the Statement of Strategic Guidance
- Part 2: A summary report on the management of Scheme cost drivers
- Part 3: A report under the Integrated NDIS Performance Reporting Framework

Part 1

Progress against Statement of Strategic Guidance

1. 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 [the NDIS website](#)). 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).

The statement outlines 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 also requests that the Board report against a set of ongoing and time-specific key deliverables in each quarterly report. A report against the ongoing key deliverables is below. The next time specific deliverables will be reported against is in June 2016.

Ongoing deliverables for period of trial – Update on progress	
Deliverable:	Status:
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 governments informed of implementation issues as they emerge	<ul style="list-style-type: none"> • This is the Board’s eleventh Quarterly Report to COAG Disability Reform Council (CDRC) (NDIS Act, s 174). • The Board also prepared an additional ‘Report on the Sustainability of the NDIS’ for the eleventh quarter as part of the Agency’s function to report on the sustainability of the Scheme. • The Board has also provided market and participant dashboards to the CDRC with more information on the progress of the Scheme, since September 2015. • 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 Chair of the Board and the CEO continue to meet regularly with shareholder governments to discuss the ongoing roll out of the NDIS. • The Agency is supporting all jurisdictions to settle arrangements for transition to full scheme. This includes Schedule G of bilateral agreements for performance reporting. • The Board has provided its Risk Management Framework to the CDRC.
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	<ul style="list-style-type: none"> • All Board meetings are run in accordance with the NDIS Act, the <i>Public Governance, Performance and Accountability 2013 Act</i> (PGPA Act) and the ANAO Public Sector Governance Better Practice Guides. • The Board has established a Sustainability Committee, Audit, Risk and Finance Committee, and an ICT Committee.

Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
<p>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"> The Board will hold strategic planning sessions to ensure it continues to undertake its governance duties at the highest level, including the Agency’s Corporate Plan. Recently, planning sessions took place on 28 January 2016.
<p>3. Operate in accordance with all relevant legislation including the NDIS Act, the CAC Act (since replaced by the PGPA Act) and IGA and comply with all responsibilities under these Acts, including those relating to the annual reports, significant events, financial accountability, conduct of directors and officers, director’s duty to disclose, compliance with General Policy Orders and Audit Committee</p>	<ul style="list-style-type: none"> Board members have published their register of interests on the NDIS website and continue to update this register. The Board has approved the Agency’s Risk Management Framework and Strategy. Risk management, including the active use of mitigation strategies, is a key priority for the Board. The Board has approved the Agency’s Corporate Plan 2015-19 in accordance with the new requirements under the PGPA Act, and submitted the plan to CDRC as required by the NDIS Act. The Board approved the NDIA Annual Report for 2014-15, which was tabled in Parliament on 22 October 2015. The Independent Advisory Council (IAC) provided formal advice to the Board on: <ul style="list-style-type: none"> ‘Capacity building’ (September 2015) - a response has been provided to the Minister and CDRC ‘Enhancing personal safeguards’ (December 2015) - a response has been developed. The Board will advise the CDRC of its responses to the IAC advice in due course, in accordance with the NDIS Act.
<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 Scheme Actuary attends all Board meetings. The Chair of the Sustainability Committee meets regularly 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 a report at each Board meeting. The Scheme Actuary also provides training to Agency staff at both the National Office and trial sites. The Scheme Actuary sits on the Sustainability Committee and attends each Audit, Risk and Finance Committee meeting and ICT Committee meeting. The Chief Financial Officer and Scheme Actuary collaborate to produce budget documents and quarterly and annual financial statements.
<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</p>	<ul style="list-style-type: none"> Quality assurance activities continue to be implemented across the NDIA through the Continuous Improvement and Quality Assurance Framework. Through internal operational reviews, the Agency is collecting and analysing data on delegate decisions especially in relation to access and the approval of reasonable and necessary supports in participant plans.

Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
transparency in access to supports	<p>These include desktop reviews of participant files and interviews with staff at trial sites.</p> <ul style="list-style-type: none">• The Agency also uses internal operational reviews to closely monitor the use of delegations, ensuring they are used appropriately and consistently across trial sites, having regard to local needs.• The Agency monitors and reviews the outcome of internal and external reviews of decisions and updates its processes and procedures in the light of this experience.• The Agency has developed a comprehensive set of operational guidelines to assist with consistency in decision making across the trial sites. These are reviewed and updated regularly, having regard to Agency experience including the outcome of internal and external reviews of decisions.

Part 2

Summary Report on Management of Scheme Cost Drivers

1. Overview of cost drivers

The analysis below 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 continues to be rolled out across the Agency to instil insurance principles within the Agency.

The Sustainability Committee has developed 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. It should be noted that the financial sustainability of the Scheme is determined by the interrelationship of all cost drivers; it is inappropriate to consider the performance of any one cost driver in isolation.

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 a participant 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.

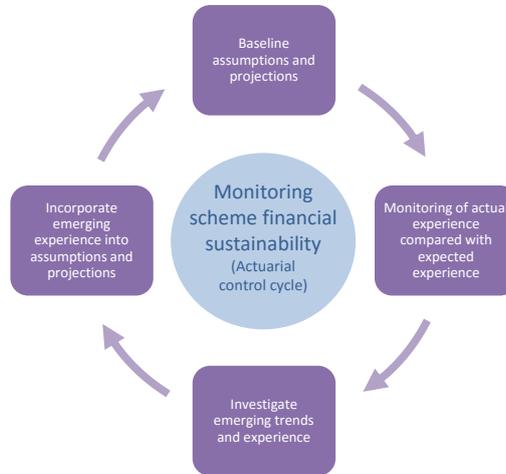
Volume: the resources available, for individual participants, to purchase supports within the scope of the Scheme.

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 by the Scheme.

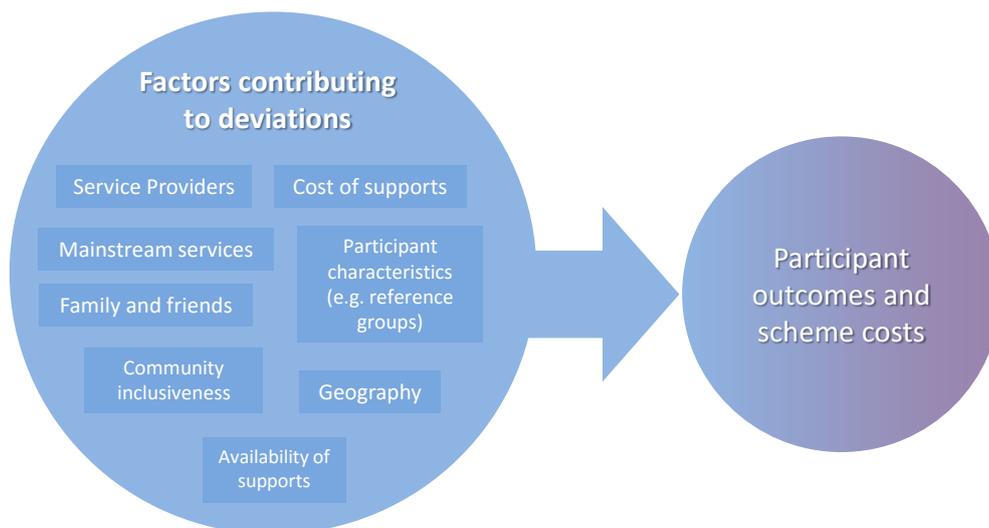
2. Monitoring framework related to cost drivers

The National Disability Insurance Agency has developed a framework for monitoring cost drivers and financial sustainability. This framework is summarised in the diagram below:



Specifically, the framework involves collecting data on the number of participants, the characteristics of these participants (to allow analysis of reference groups), the outcomes for these participants, and the cost of supports provided to participants. This allows a detailed understanding of deviations between actual and expected experience and hence identification of cost drivers. This information can then be used by the NDIA Board and NDIA management to implement any changes required to continue to ensure the NDIS remains financially sustainable.

Monitoring and investigation of actual experience compared with expected experience are continuous activities within the Agency. The Scheme Actuary prepares an annual report on the Scheme’s financial sustainability. The 2014-15 Summary Financial Sustainability Report was released with the NDIA Annual Report.



This Quarterly Report to COAG Council on Disability Reform contains a summary of performance related to cost drivers (reported in Part 3), and a summary of key initiatives related to cost drivers.

3. Summary of key initiatives related to cost drivers

During the 2015-16 reporting period, the NDIA has committed significant resources to the design of the National Disability Insurance Scheme operations required for the rollout of full scheme. This design work builds on the lessons from the NDIS trial, including the initiatives implemented related to cost drivers. In particular:

- The streamlining of access for full scheme participants through the use of existing data from State, Territory and Commonwealth governments.
- The allocation of funding in participant plans to outcome categories. This improves the understanding of the purpose of funding, increases participant choice and control over how those outcomes are achieved, and encourages sector innovation in service delivery.
- Earlier capture of actuarial data, and improved use of the NDIS reference packages. Reference packages provide a benchmark for scheme costs, and ensure that decisions are considered by a financial delegate appropriate to the level of risk.
- Increased use of support to assist participants in implementing their plan, including the engagement of providers and linkages to community and mainstream services.
- Development of a fit-for-purpose ICT system, in partnership with Commonwealth Department of Human Services.
- Development of the Early Childhood Early Intervention (ECEI) approach to better support children with a disability.
- Development of the School Leaver Employment Support (SLES) initiative to better support school leavers with a disability obtain employment.

The below table summarises key initiatives that have been implemented by NDIA during the trial period.

Cost Driver	Key Initiatives Implemented by Agency
Streamlining access	<ul style="list-style-type: none"> • Implementation of risk-based segmentation to streamline access and planning for participants in Western Australia, Northern Territory and Australian Capital Territory. This was reviewed after three months and improvements put in place. • The Agency has matured its use of data from existing State/Territory and Commonwealth programs to proactively approach potential participants. This has resulted in a more efficient and reliable phasing process, and where appropriate, pre-determined eligibility for some applicants. • Trial sites undertake regular reviews of decisions to check for local consistency. The National Quality and Innovation Team audit's decisions and monitors national consistency. • Detailed analysis of participants who have been found ineligible is undertaken to provide some indications of where possible cost pressures may arise. • A detailed review of access for people with psychosocial disability is currently underway. • Weekly operational dashboards have been put in place, which allow timely monitoring of Scheme performance. Further, daily work in progress reports assist staff to best manage workflows.

Cost Driver	Key Initiatives Implemented by Agency
	<ul style="list-style-type: none"> • A National Access Team has been established to improve the consistency of decision making, and to improve the staff coverage in response to peaks and troughs in work queues. • An increased operational focus on the collection of integral actuarial data has been embedded in the National Access Team. Operational reporting has been implemented to monitor the compliance in the capture of these data. • The introduction of the ECEI approach to better support the pathways of children with a disability into mainstream and community services as well as the NDIS.
Scope of supports funded under the Scheme	<ul style="list-style-type: none"> • A comparative review of supports funded under the NDIS versus those proposed by the Productivity Commission indicated that the scope of supports is in line. • Establishment of expert groups in autism and sensory disability to determine the evidence base for funding appropriate early intervention options for children. • 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. • Supports funded in participant plans are being classified as core, capacity or capital, improving visibility of the expected purpose and duration of the support's funding. The inclusion of capacity and capital supports indicate active work to improve participant outcomes, and in some cases, reduce the intensity of future core supports. • The NDIA has provided input (through the Inter-jurisdictional Mainstream Interface Working Group) to the review of the COAG Applied Principles and Tables of support that determine the responsibilities of the NDIS and other service systems. The findings of this review will assist in construction of appropriate operational guidelines in relation to funding of supports. • The NDIA has redefined the supports funded to align to the NDIA Outcomes Framework. This reclassification increases the emphasis of the NDIA as funding participant outcomes, and increases the choice and control of participants in the delivery of those outcomes. Reporting and historical support catalogues have been updated to ensure consistency in longitudinal analyses.
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 level of functional ability). 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 are not used to determine the amount provided to individual participants but allow for detailed monitoring. The piloting of reference packages commenced February 2015.

Cost Driver	Key Initiatives Implemented by Agency
	<ul style="list-style-type: none"> • This project has allowed streamlining of the planning process by collecting much information in advance of these discussions. The outputs of these projects is now informing the design of the full Scheme operating model of the NDIA, with increased emphasis on the early capture of reference package information. • Operational guidelines providing information on reasonable and necessary supports assist in the planning process in allocation of resources. • The ICT system has been modified to escalate funded plans that vary (both positively and negatively) from the benchmarks in the reference packages to staff with higher delegations. This is to ensure that decisions deemed a higher financial risk are determined by an appropriately experienced officer. • A simplification of the support catalogue has reduced the need for additional supports and funding to be included in plans. Historically, these additional supports were included for use in the event that planned supports were unexpectedly required at different times of the day. • Monthly dashboards monitoring the amount of supports provided by services providers have been developed.
Delivery of supports funded	<ul style="list-style-type: none"> • A pilot of the NDIA outcomes framework was conducted through January, February and March 2015. The results of the pilot, along with feedback from consultation with the disability sector have been used to improve the framework. The need to develop a shorter form to assist in participant planning arose from this pilot. The outcomes framework will 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. A report on the outcomes of the pilot study has been publicly released: http://www.ndis.gov.au/search/node/outcomes%20framework • The implementation of the outcomes framework short form, and the aligning of participant funding to its domains, occurred August 2015. This will encourage the delivery of supports to strive towards achieving positive outcomes for participants, their families and carers. Further enhancements to the Short Form Outcomes Framework have been included into its operationalised form. • Participant flexibility in the choice and consumption of allocated funding has been delivered through the “bundling” of similar supports. Providing increased flexibility has also reduced the need to choose a wider range of fixed supports in participant plans. • Work to simplify the catalogue of supports to be outcomes that are focused and encourage more innovation is complete, and was implemented in August 2015. • Enhancements to the ICT system allow participants to monitor expenditure against their plan, and to invoice online for self-purchased supports. • Work is underway to develop strategies and models of support for Indigenous communities, rural and remote communities, culturally

Cost Driver	Key Initiatives Implemented by Agency
	<p>and linguistically diverse (CALD) communities, and for participants with psychosocial disability.</p> <ul style="list-style-type: none"> • In order to better understand links with other service systems and the use of mainstream supports, the NDIA is 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 Board Committee has been formed to provide enhanced governance of this crucial component of managing cost drivers. • System improvements implemented to improve monitoring and reconciliation of supports delivered under Commonwealth, State and Territory “in-kind” funding arrangements. • Quarterly participant and market dashboards have been developed and are being publicly released with these quarterly reports. • The development of the SLES initiative to better support school leavers into employment.
Prices	<ul style="list-style-type: none"> • The development of the Assistive Technology Strategy is continuing. • Work is underway to establish an appropriate sector data collection to monitor the price and cost of supports delivered. • A sector discussion paper was released on the pricing for Specialist Disability Accommodation. • 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. • Work is underway to establish an efficient pricing model for supports specific to addressing the needs of participants living with a psychosocial disability. • A number of market engagement forums have been conducted in 2015 to inform market expectations, ICT requirements for interactions with the Agency and Participants, “eMarketPlaces”, and workforce considerations.

Part 3

**Report under the Integrated NDIS Performance
Reporting Framework**

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Agency Performance

Overview

This section provides an overview of agency performance as at 31 March 2016 across the seven trial sites. The seven locations are:

- The Hunter trial site – Newcastle, Lake Macquarie, and Maitland Local Government Areas (LGAs) in New South Wales.
- The Barwon trial site – Greater Geelong, Surf Coast, Queenscliff and Colac-Otway LGAs in Victoria.
- The South Australian trial site – 0-14 year olds.
- The Tasmanian trial site – 15-24 year olds.

The first four trial sites commenced on 1 July 2013, the following three commenced on 1 July 2014:

- The Australian Capital Territory trial site.
- The Perth Hills trial site - Swan, Kalamunda and Mundaring LGAs in Western Australia.
- The Barkly region trial site in the Northern Territory.

In addition to the seven trial sites, transition to full Scheme commenced in Nepean Blue Mountains in New South Wales on 1 July 2015. The LGAs in the site are Blue Mountains, Hawkesbury, Lithgow and Penrith. Information on this site is also included in this section and throughout the report.

There are five further NDIS sites not included in this report:

- Concurrent trials are underway in the South West and Cockburn-Kwinana in Western Australia based on the Western Australia NDIS My Way Model. Information on these trials are not included in this report. Information on the Western Australia NDIS My Way Model trial sites are published separately by the Western Australian Disability Services Commission.
- In March 2016 transition to full scheme commenced in Townsville, Palm Island and Charters Towers in Queensland. At 31 March 2016, there were 16 participants in Queensland.

Access requests

34,325 access requests to the Scheme have been made by individuals, with 29,273 people currently eligible¹ for the Scheme (85.2% of access requests), and 2,289 people (6.7%) found ineligible (this falls to 5.6% when ineligibility due to age and residency requirements are excluded). Only 211 (0.6%) of these access request decisions have been requested to be internally reviewed. Figures 1 (a) and (b) show the numbers of people lodging access requests since July 2013. Access requests by month are in line with the individual jurisdiction's phasing arrangements, documented in the bilateral agreements.

¹ Note: 29,769 participants have ever been found eligible for the Scheme. However, 424 participants are now inactive.

Figure 1.(a). People lodging an access request by month – NSW Hunter (HTR), SA, TAS and VIC trial sites

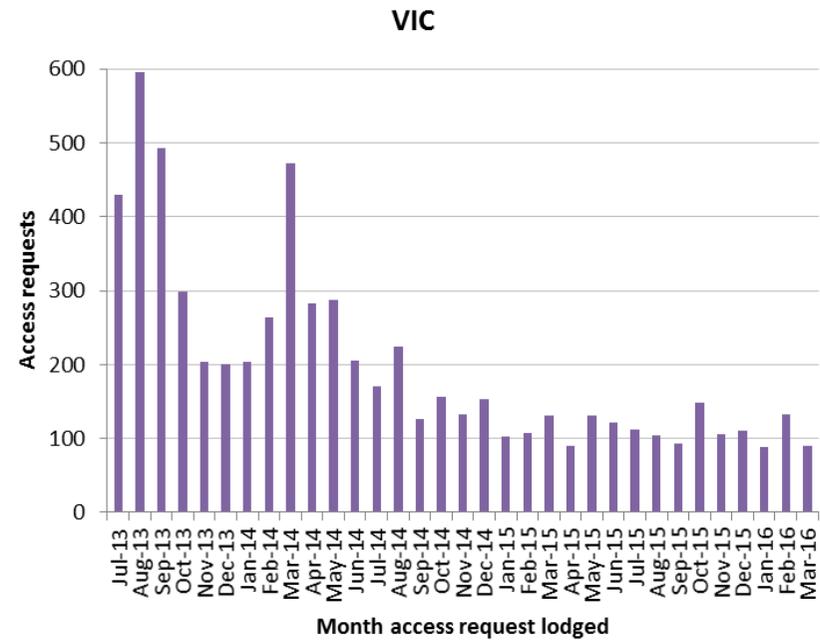
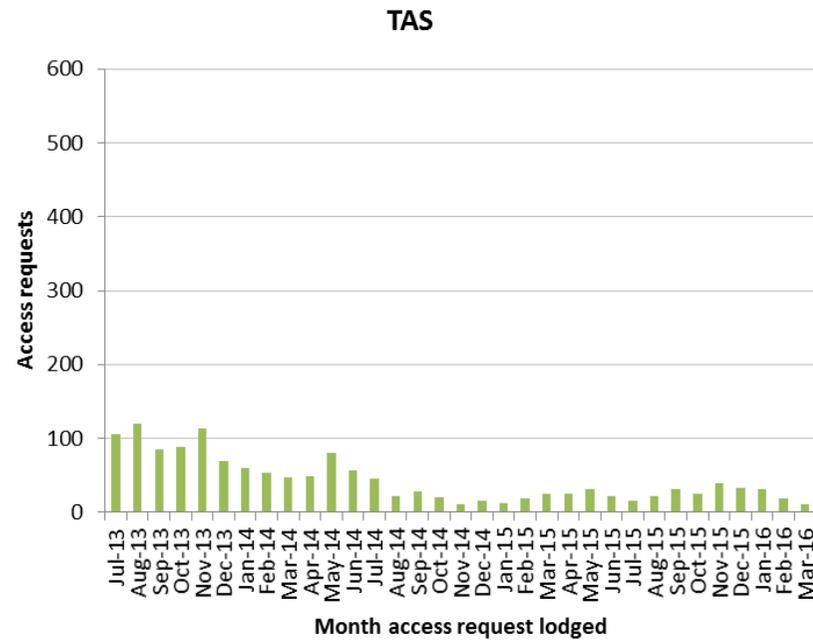
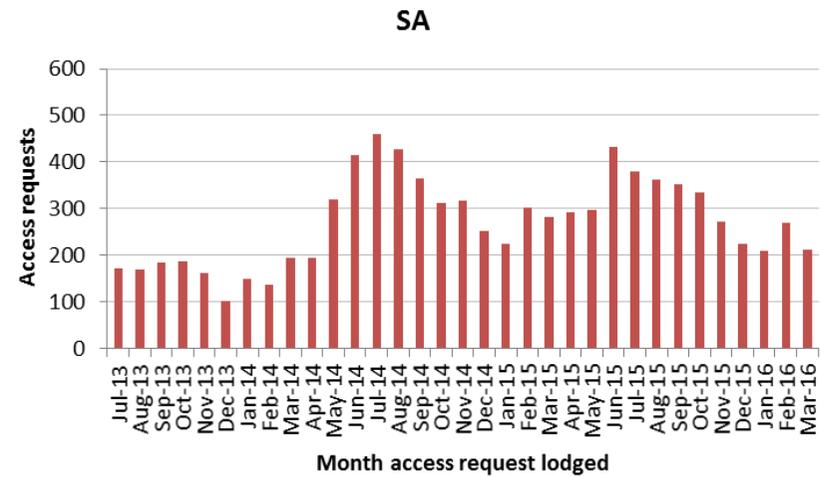
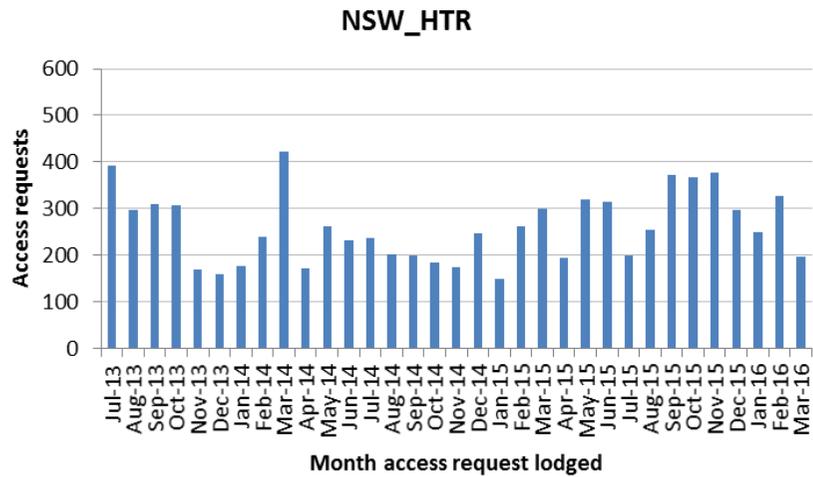
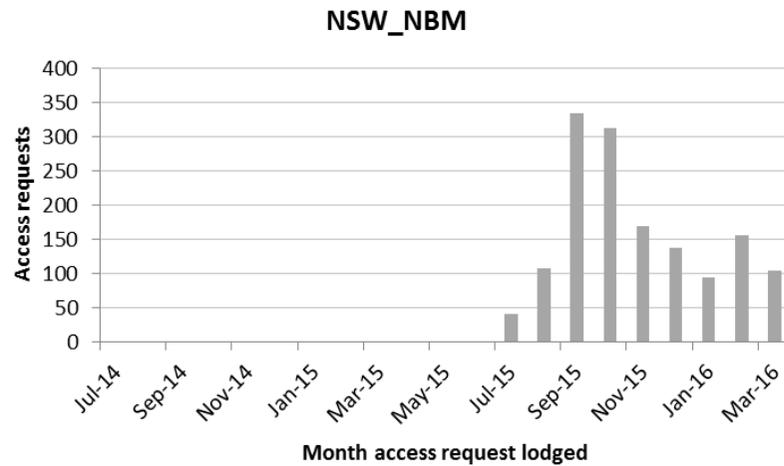
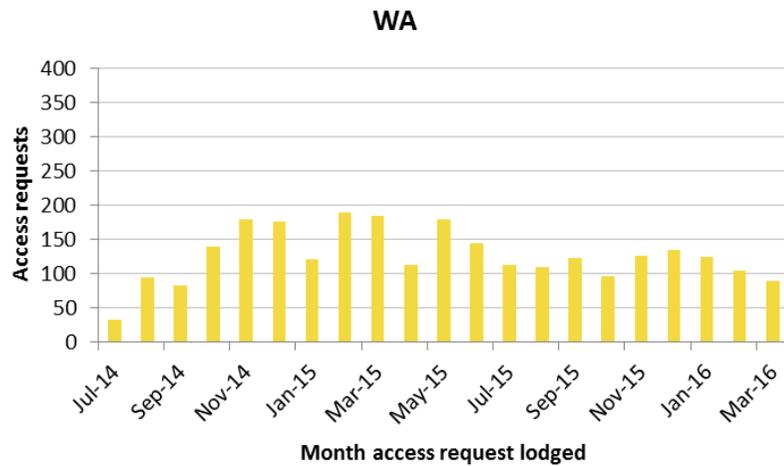
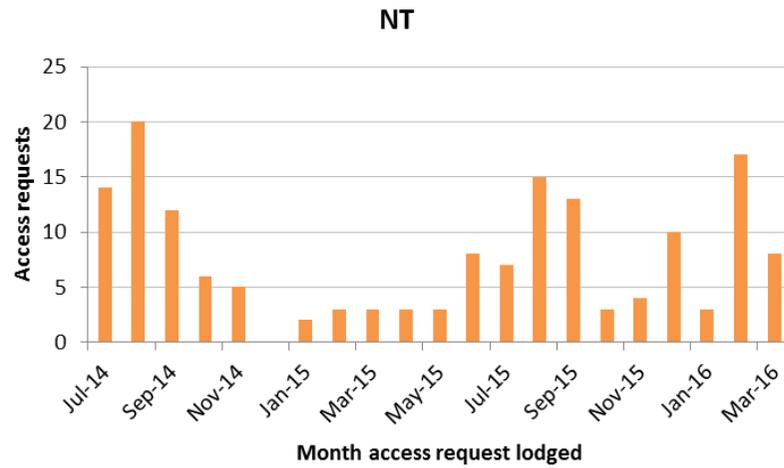
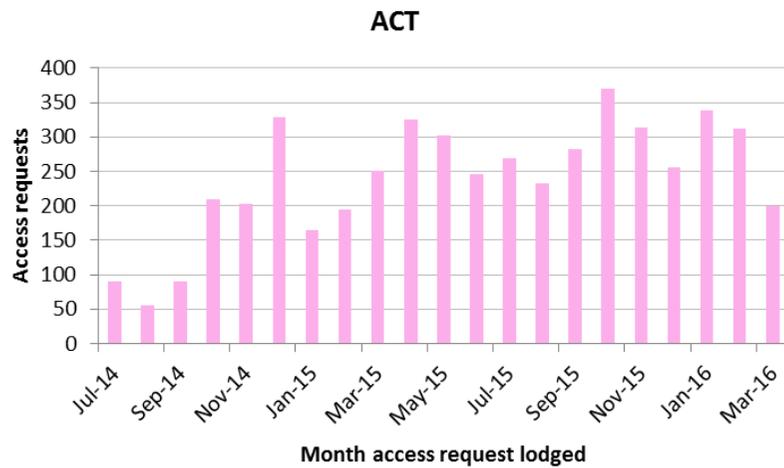


Figure 1.(b). People lodging an access request by month - ACT, NT, WA and NSW Nepean Blue Mountains (NBM) trial sites²



² Note: The vertical axis for the Northern Territory is lower than the other States/Territories to make interpreting the figure easier.
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 31 March 2016

Participants

Of the 29,769 active and inactive participants³, 24,866 have received an approved plan. Of the participants with approved plans, 5.5% are Aboriginal and/or Torres Strait Islander and 4.2% are Culturally and Linguistically Diverse (CALD). These percentages are consistent with those reported in the December 2015 quarter. The number of participants identifying as Aboriginal and/or Torres Strait Islander is largely in line with expectations, with only Tasmania, South Australia and Western Australia being below expectation. All sites have lower than expected CALD participants.

'Autism and related disorders' is the most common primary disability across all sites (31% of participants nationally), noting that the age-specific sites are included in this figure. In South Australia, 48% of participants have Autism and related disorders listed as their primary disability due to the very young cohort of participants (0-6 year olds). In Tasmania, intellectual disability (including Down syndrome and other intellectual/learning disability) is the most prevalent primary disability at 50%, due to the young adult cohort (15-24 years). In New South Wales (Hunter) and Victoria, the two sites established in 2013-14 and inclusive of all ages, intellectual disability and Autism and related disorders are the most prevalent primary disabilities (25% and 23% respectively across the two sites). These sites also demonstrate higher proportions of participants with psychosocial and degenerative disabilities, reflecting the adult cohort in the trial population.

A number of participants in the NDIS received funded supports from existing Commonwealth and State/Territory disability programs –54% of active participants, down from 55% last quarter. Other participants entering the NDIS have not received any disability services before, either due to unmet need or new incidence –46% of active participants. There are 24,535 active participants with approved plans, of whom, 14,426 (58%) were found eligible for the Scheme because they met the disability requirements (section 24 of the NDIS Act), and 10,109 (41%) participants met the early intervention requirements (section 25 of the NDIS Act). Note: there are a small proportion (1%) of participants who met the early intervention requirements and now meet the disability requirements. Participants in the younger age groups (particularly 0-12 year olds) often meet the early intervention requirements rather than the disability requirements. A small proportion of participants aged 13-18 have entered the Scheme because they meet the early intervention requirements. From age 19 onwards almost all participants meet the disability requirements.

³ Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the Scheme, as well as participants who have had their eligibility revoked.

Plans

43,946 plans have been approved to date, including 15,872 second plans, 15,441 third plans, 1,080 fourth plans, and 50 fifth plans. These plans are likely to include a focus on supporting participants with their goals across independence, social participation and/or health & wellbeing. They are also likely to contain multiple funded supports (81% of plans). Overall the most common funded supports in dollar terms are assistance with daily life and then improved daily living skills. This order is reversed in South Australia and Nepean Blue Mountains, where there is an increased focus on capacity building in the early intervention cohorts.

These plans are mostly solely agency managed (58%). There are 35% which use a combination of agency management and self-management, and 7% are solely self-managed. Note: the management of the plan in this instance refers to the financial management of the plan. Participants can self-direct their supports whilst the agency manages the financial side of the plan.

Figure 2.(a). Approved plans by month that the plan was first approved – NSW HTR, SA, TAS and VIC sites

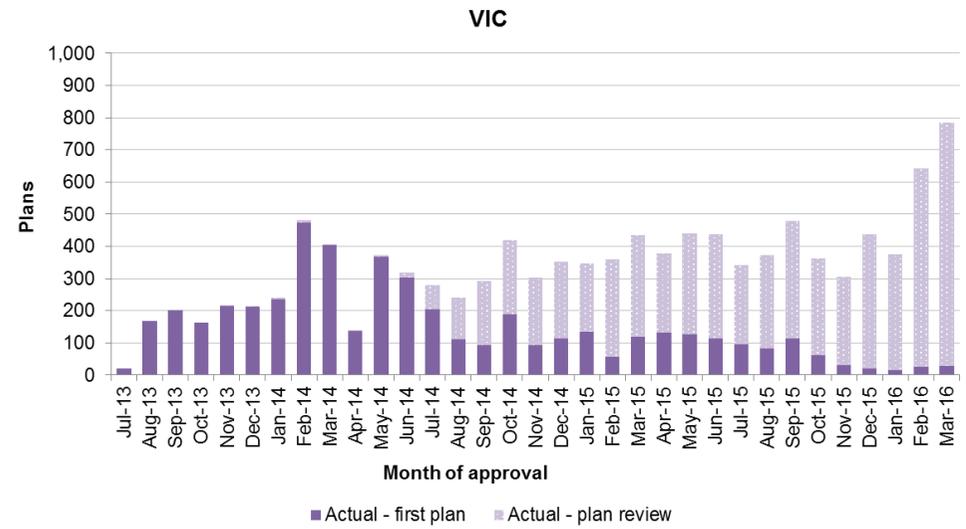
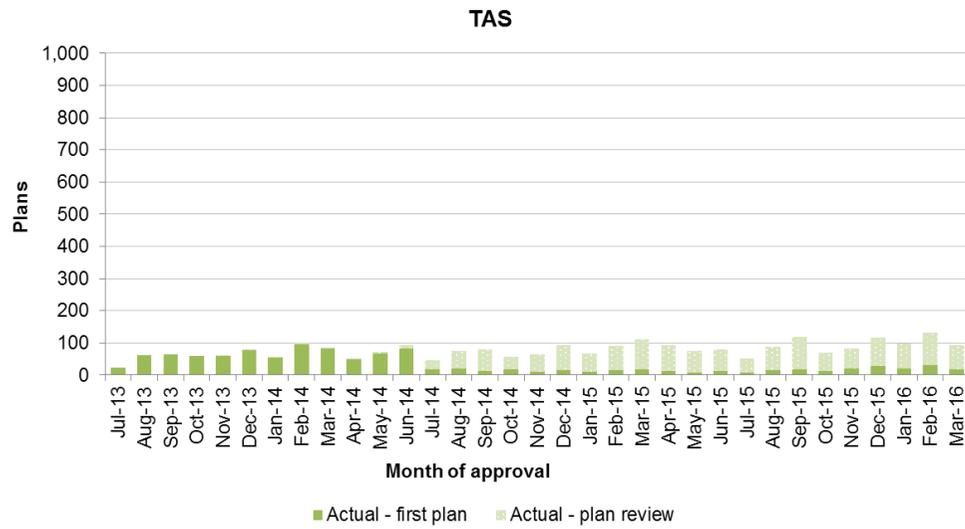
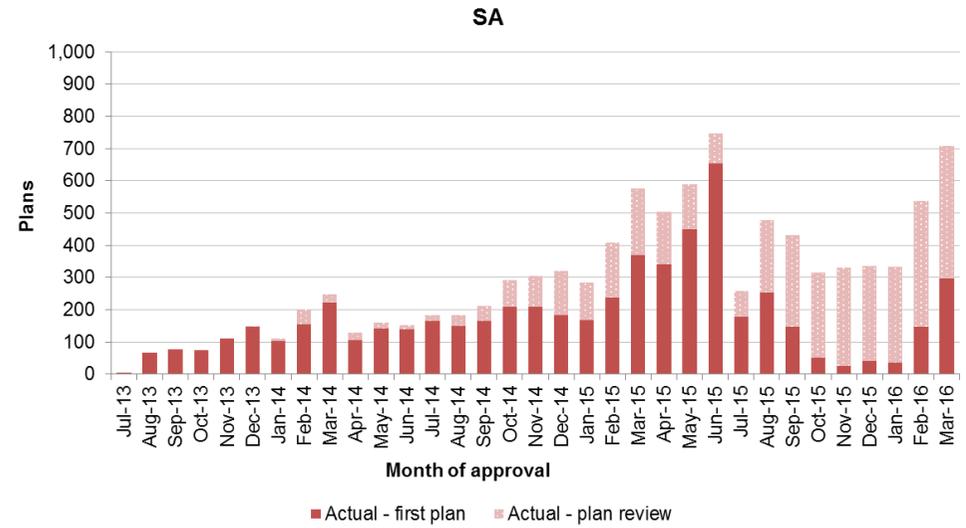
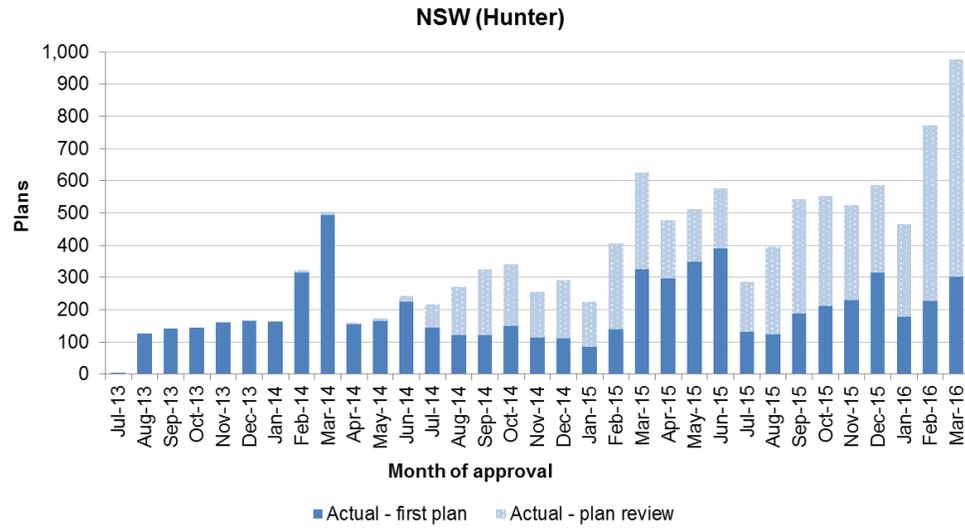
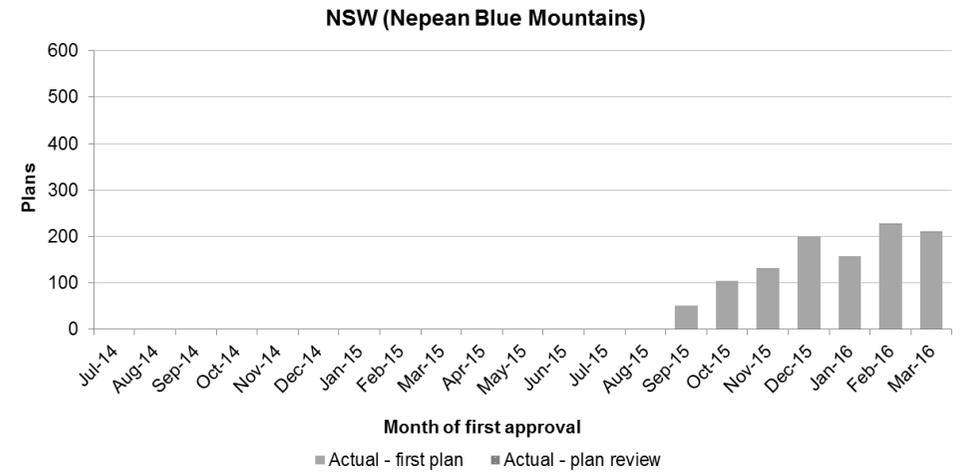
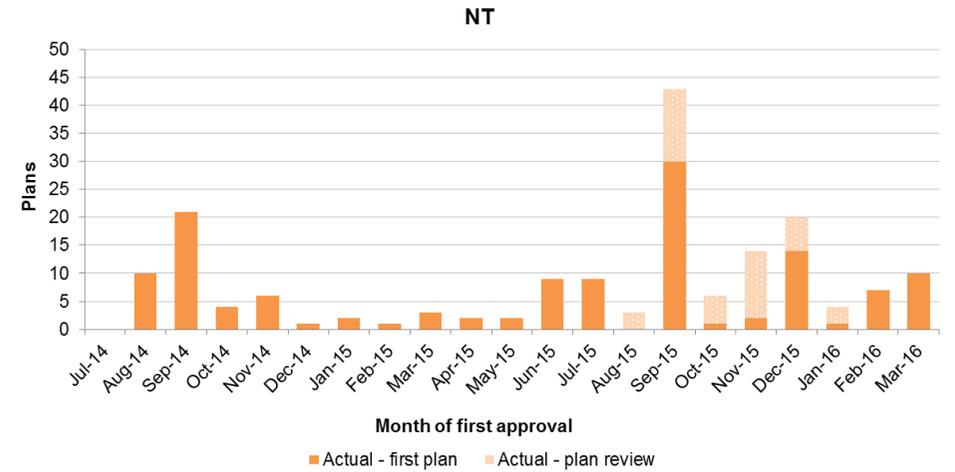
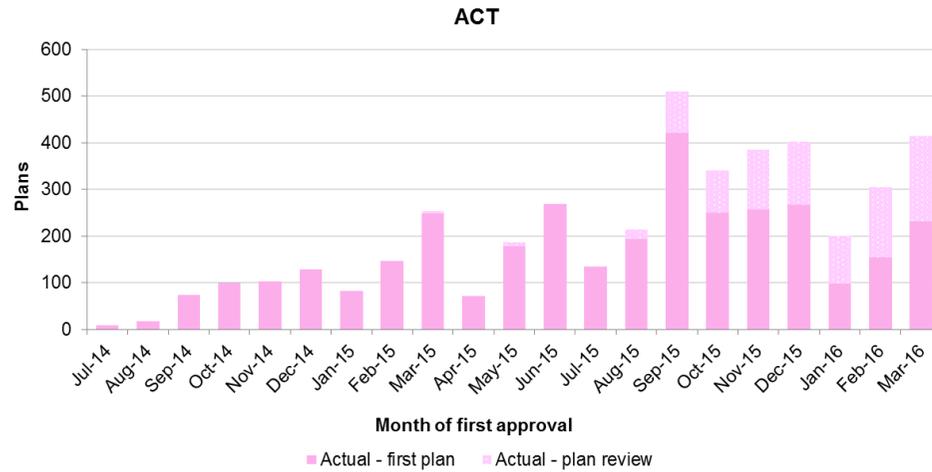


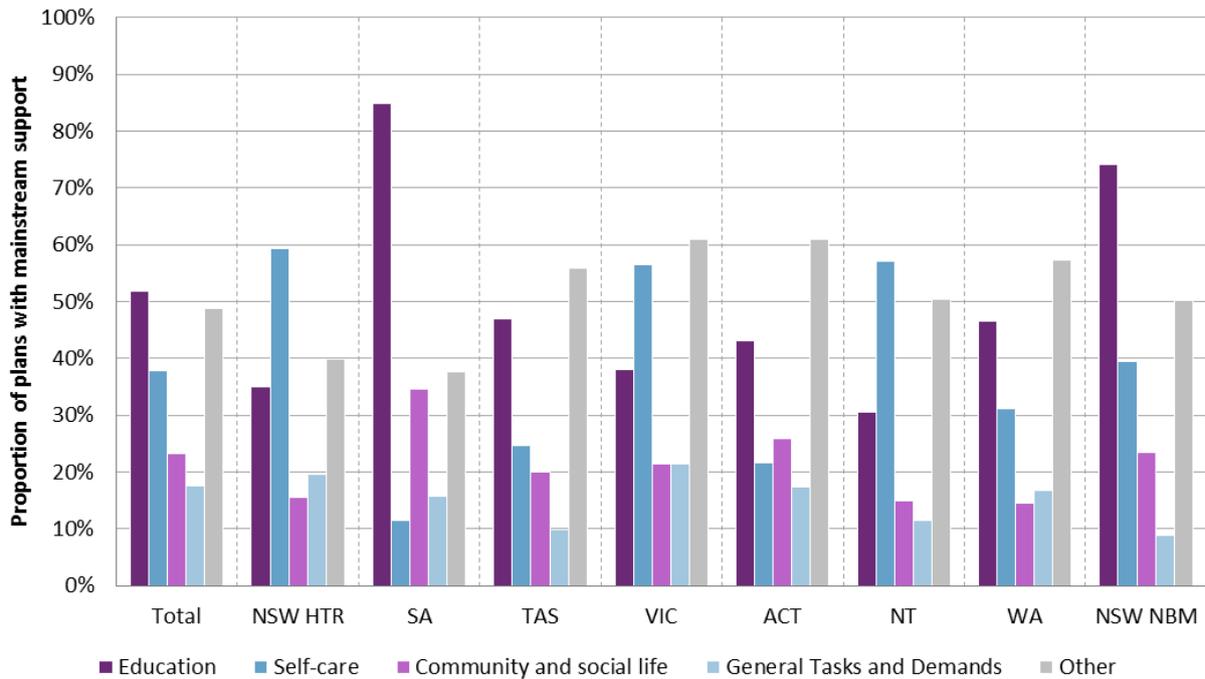
Figure 2.(b). Approved plans by month that the plan was first approved – ACT, NT, WA and NSW NBM sites⁴



⁴ Note: The vertical axis for the Northern Territory is lower than the other States/Territories to make interpreting the figure easier.
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In addition to supports provided through plans, 90% of participants are also accessing mainstream services (up from 89% last quarter). A large number of these mainstream services include services related to education (52%) or community related activities (50%⁵).

Figure 3. Types of mainstream supports accessed in participants' plans



Committed funds

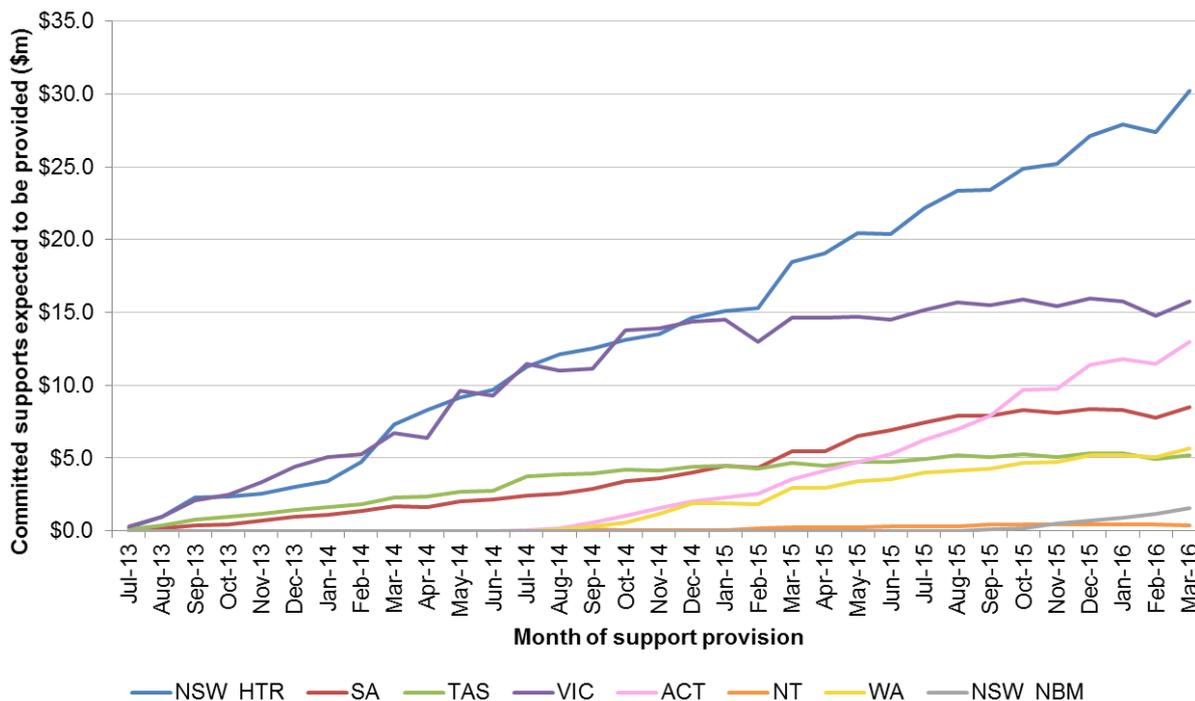
Overall, \$2 billion has been committed for participant support costs to date, with \$799.4 million and \$496.7 million committed in the New South Wales (Hunter) and Victorian sites respectively (noting \$214.4 million and \$45.5 million have been committed to participants in the Stockton and Kanangra large residences in the New South Wales trial site, and the Colanda large residence in the Victorian trial site respectively). Figure 4 shows the committed support expected to be provided each month by State/Territory.

A significant proportion of support costs are allocated to a very small proportion of high-cost participants – only 10% of participants have an annualised package cost over \$100,000, but these participants account for 50% of total committed supports.⁶ On the other hand, 71% have an annualised package cost below \$30,000, and account for only 25% of annualised committed funding.

⁵ Note 48% is comprised of mainstream categories 'community and social life' and 'community-social and civic'. Plans with supports that fall into the latter are included in the 'other' category displayed in the graph.

⁶ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

Figure 4. Committed supports expected to be provided by month of support provision

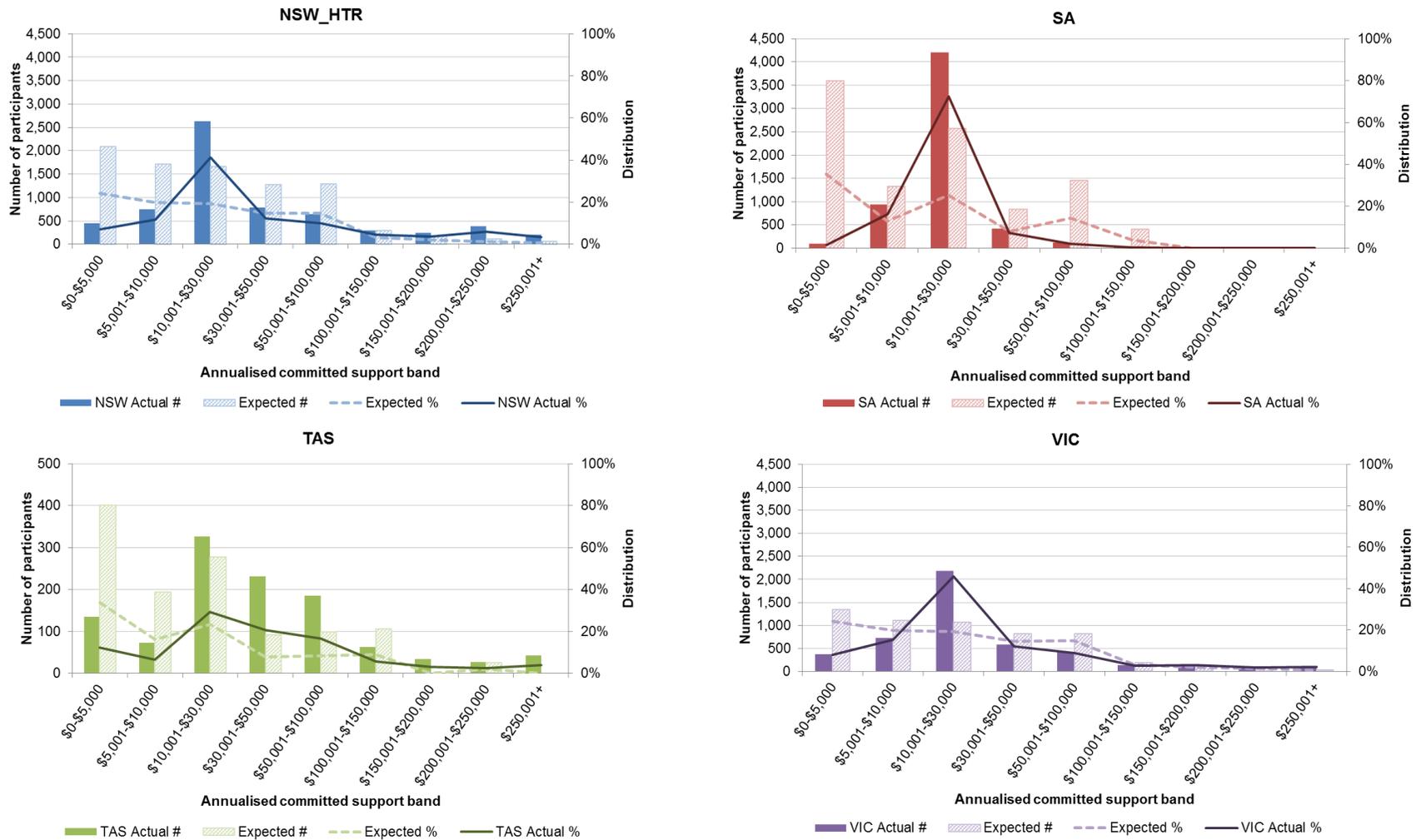


Overall, the average annualised package cost across all sites is approximately \$39,600 including the Stockton, Colanda and Kanangra large residences, and \$36,000 excluding the Stockton, Colanda and Kanangra large residences.⁷ This is higher in the Tasmanian trial site at approximately \$57,100, and is lowest in South Australia at \$18,100. These differences are driven by the age specifications in the Tasmanian and South Australian trial sites. However, it is important to note that average annualised package cost is not an appropriate measure of Scheme performance when considered in isolation, and should be considered in combination with the number of Scheme participants, the distribution of packages committed to these participants, and actual payments for supports provided.

The first 33 months of Scheme experience indicates that overall costs of the Scheme are in line with expectations, when considering the number of participants who have entered the scheme, potential participants, and the package costs of participants and potential participants.

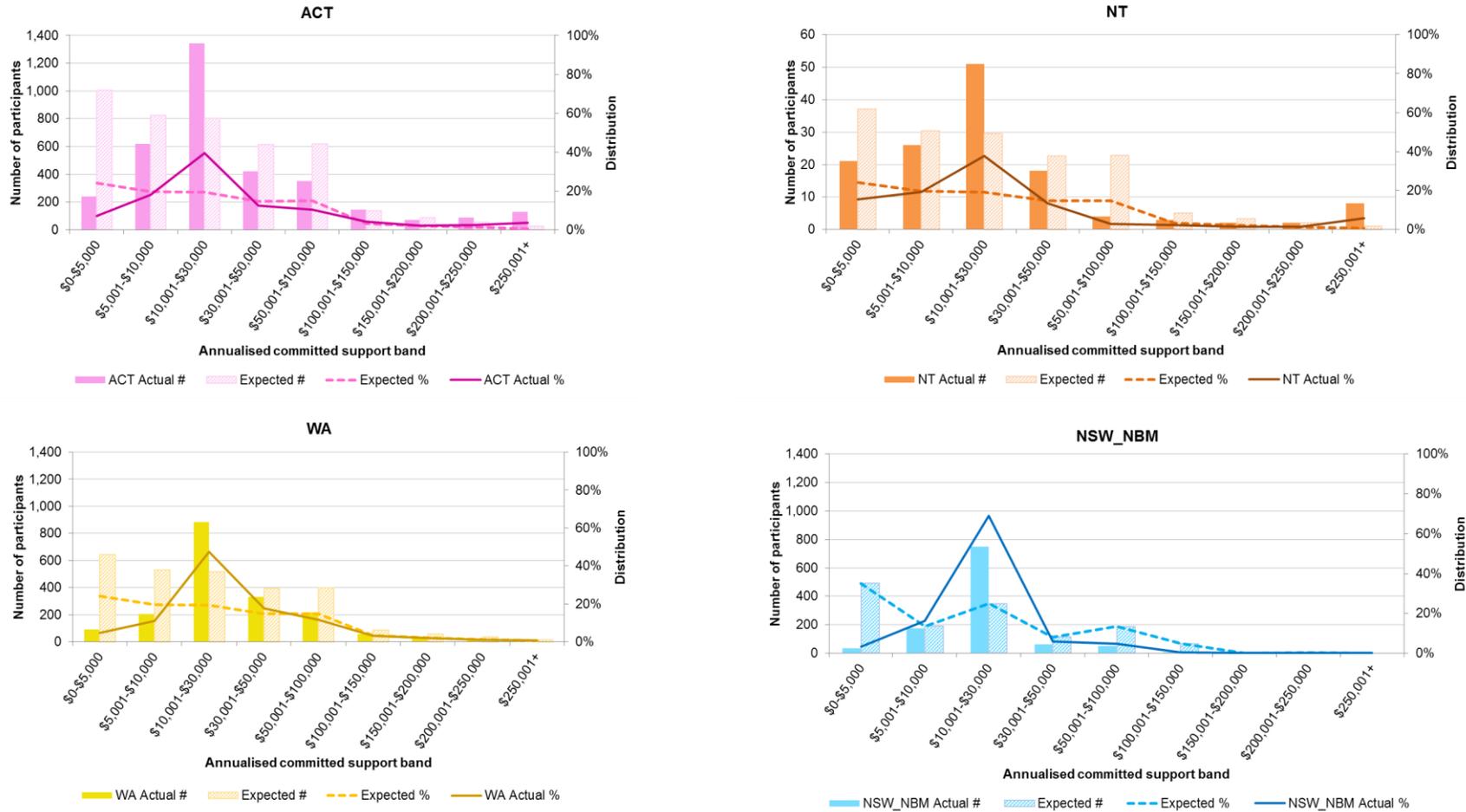
⁷ Note: the bilateral agreements for the 2015-16 year indicate that the average annual participant cost is approximately \$38,600.

Figure 5.(a). Distribution of package costs by trial site – NSW HTR, SA, TAS and VIC trial sites⁸



⁸ Note: The vertical axis for Tasmania is lower than the other States/Territories to make interpreting the chart easier.
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Figure 5.(b). Distribution of package costs by trial site – ACT, NT, WA and NSW NBM trial sites⁹



⁹ Note: The vertical axis for the Northern Territory is lower than the other States/Territories to make interpreting the chart easier.
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Payments made

77% of participants with funded supports have had at least one payment against their plan (84% of those with plans active for three months or more).¹⁰

Payments made for participant supports total \$91.3 million for supports provided in 2013-14 (65% of committed support¹¹ in this year), \$372.7 million for supports provided during 2014-15 (74% of committed support in this year), and \$421.0 million for supports provided in 2015-16 (69% of committed support to 31 March 2016). Note: payments to date include in-kind support reconciled off the system and adjustments for capital items committed in one financial year but provided in a different financial year, and that work is underway on the 2015-16 in-kind off-system reconciliation.

The largest amounts overall have been paid for assistance with daily life at home, in the community, education and at work (includes supported independent Living) (\$473 million) and improved daily living skills (\$118 million). \$612 million has been paid in cash, and \$97.5 million has been paid in-kind (or \$272.8 million if the off-system payments are included).¹²

Note: there will be a lag between supports being provided and subsequently invoiced by service providers. This is particularly relevant for support provided in the most recent months.

Service providers

There are 2,377 registered service providers, of whom:

- 2,288 (96%) operate in one State/Territory only.
- 865 (36%) are individual/sole traders and 584 (26%) are private sector companies.

These service providers have received a total of \$645 million for participant supports, which is 91% of the total payments made to date. The remaining \$63.9 million has been paid to participants who are self-managing.¹³

Participant satisfaction

Of the 2,011 participants surveyed for their satisfaction, the majority are highly satisfied with the Agency, with an overall rating of 1.63 on a scale of -2 (very poor) to +2 (very good), with slightly lower levels of

¹⁰ Note: These percentages are will be affected by in-kind payments reconciled offline and not able to be attributed to a participant.

¹¹ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

¹² Note: the catalogue of supports was modified on 1 August 2015. This has resulted in the changes to the categories of support. The reporting reflects this change.

¹³ Not including the off-system payments and including a small amount of funding paid directly to providers by the Agency.

satisfaction in South Australia, the Australian Capital Territory, and Western Australia. The overall satisfaction rating is calculated as a weighted average of the satisfaction ratings of each participant surveyed. Participants are contacted by a member of the engagement team after their plan is agreed with their planner; not all participants choose to complete and submit their survey. The participant's responses remain anonymous to their planners.

To date there have been 63 appeals with the Administration Appeal Tribunal – 19 due to access issues (0.06% of all access requests), and 44 due to plan issues (0.14% of all active and inactive¹⁴ participants with an approved plan). Of these appeals, 47 have reached a resolution – 25 have been varied (participant won the appeal) and the other 22 have been dismissed, withdrawn or affirmed (the original decision confirmed).

¹⁴ Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the Scheme, as well as participants who have had their eligibility revoked.

1. Participant outcomes

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

This section provides some descriptive information on participants in the Scheme, including their support needs. The measures specified in the COAG Integrated Performance Framework are reported where possible.

Work is underway to implement an outcomes framework, which will allow the Agency to report against Scheme outcomes. More information on the outcomes framework can be found at:

<http://www.ndis.gov.au/document/outcomes-framework-pilot>

Table 1.1.1. Information about participants with approved plans

Table 1.1.1(a). Information about participants with approved plans, split by gender and age

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW_HTR	6,510	6.5%	1.7%	61%	39%	0%
SA	5825	4.5%	5.8%	72%	28%	0%
TAS	1135	9.3%	1.9%	64%	36%	0%
VIC	4,867	2.4%	2.2%	60%	40%	0%
ACT	3,429	4.3%	7.2%	63%	37%	0%
NT	135	94.1%	65.9%	57%	43%	0%
WA	1,882	4.7%	4.4%	66%	34%	0%
NSW_NBM	1,083	8.7%	3.3%	70%	30%	0%
Total	24,866	5.5%	4.2%	65%	35%	0%

State / Territory	0-4	5-14	15-24	25-44	45-64	65+
NSW_HTR	6%	28%	14%	19%	31%	2%
SA	20%	79%	1%	0%	0%	0%
TAS	0%	0%	86%	14%	0%	0%
VIC	6%	31%	14%	21%	26%	3%
ACT	15%	40%	16%	7%	19%	3%
NT	6%	27%	4%	24%	39%	1%
WA	8%	39%	20%	16%	16%	1%
NSW_NBM	24%	65%	10%	0%	0%	0%
Total	11%	43%	15%	12%	17%	2%

Table 1.1.1(b). Information about participants with approved plans, split by primary disability

Primary Disability	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Autism and Related Disorders	23%	48%	31%	22%	23%	2%	36%	48%	31%
Cerebral Palsy	5%	3%	6%	3%	5%	7%	6%	7%	4%
Deafness/Hearing Loss	3%	3%	1%	1%	2%	3%	1%	1%	2%
Developmental Delay	5%	13%	1%	7%	16%	4%	2%	13%	9%
Down Syndrome	5%	2%	7%	3%	4%	1%	4%	3%	4%
Global Developmental Delay	2%	9%	1%	3%	3%	4%	5%	4%	4%
Intellectual Disability	19%	3%	36%	22%	13%	15%	14%	5%	15%
Multiple Sclerosis	2%	0%	0%	3%	3%	1%	2%	0%	2%
Psychosocial Disability	9%	0%	3%	14%	5%	4%	4%	1%	6%
Other Intellectual/learning	6%	5%	7%	5%	4%	7%	5%	7%	5%
Other Neurological	12%	3%	5%	10%	8%	18%	10%	4%	8%
Other Physical	5%	2%	2%	4%	7%	28%	5%	2%	4%
Other Sensory/Speech	5%	9%	1%	3%	7%	6%	3%	5%	6%
Total	6,510	5,825	1,135	4,867	3,429	135	1,882	1,083	24,866

Table 1.1.1 shows the demographic information of participants with an approved plan.

Overall, 5.5% of participants with approved plans to date identify as Aboriginal and/or Torres Strait Islander, noting that 11% of participants do not have their Aboriginal and/or Torres Strait Islander status recorded in the system((this has improved from 12% of records being not stated at the end of December 2015). There has been an increase in the proportion of Aboriginal and/or Torres Strait Islander participants in the Scheme across all sites in the March 2016 quarter compared with the December 2015 quarter apart from in the Tasmanian site where it has fallen slightly. The number of participants identifying as Aboriginal and/or Torres Strait Islander is largely in line with expectations, with only Tasmania and South Australia being below.

Overall 4.2% of participants with approved plans are classified as Culturally and Linguistically Diverse (CALD), which is below expected levels.

Participants with Autism and related disorders represent the highest proportion of approved plans overall, at 31%. The second highest proportion is represented by participants with intellectual disability (including Down syndrome and other intellectual/learning disability) at 24%. The proportions of disability vary between the States/Territories due to the difference in the site phasing. For example, in South Australia, there is a high proportion of participants with developmental and global developmental delay (23% combined) reflecting the younger age group of the cohort (0-6 year olds). In Tasmania, participants with intellectual disability (including Down syndrome and other intellectual/learning disability) represent 50% of all participants due to the 15-24 year age cohort in this site. In New South Wales (Hunter) and Victoria, the two sites established in 2013-14 and inclusive of all ages, intellectual disability and Autism and related disorders are the most prevalent primary disabilities (23% and 22% respectively across the two sites).

Table 1.1.2. Support needs for participants with approved plans by life domain

Table 1.1.2(a) Support needs for participants with approved plans by life domain, split by State/Territory¹⁵¹⁶

State	Community, Social and Civic Participation	Daily living	Education	Employment	Health and Wellbeing	Home Living	Independence	Relationships	Total Plans
NSW HTR	1,011	6,256	40	801	1,161	650	3,748	938	6,366
SA	169	5,793	70	1	301	110	843	354	5,794
TAS	351	1,059	85	245	184	60	491	108	1,083
VIC	1,168	4,685	51	647	1,030	695	3,070	851	4,746
ACT	795	3,356	135	239	603	431	2,124	384	3,391
NT	16	124	0	3	41	9	93	1	132
WA	321	1,836	45	250	261	154	1,146	210	1,853
NSW NBM	126	1,071	5	17	12	35	181	18	1,072
Total	3,957	24,180	431	2,203	3,593	2,144	11,696	2,864	24,437

¹⁵ Note: This table includes active plans with funded supports only. There are 98 approved plans that do not contain any funded supports.

¹⁶ The support need categories in this table have been updated to align to the domains of the NDIS Outcomes Framework. Historical data has been migrated to these new categories, to enable longitudinal analyses.

Table 1.1.2(b). Support needs for participants with approved plans by life domain, split by primary disability¹⁷

Primary Disability	Community, Social and Civic Participation	Daily living	Education	Employment	Health and Wellbeing	Home Living	Independence	Relationships	Total Plans
Autism And Related Disorders	1,159	7,612	179	414	551	152	2,837	1,115	7,653
Cerebral Palsy	191	1,093	40	65	474	228	563	79	1,098
Deafness/Hearing Loss	48	516	2	30	20	15	157	18	520
Developmental Delay	71	2,146	9	25	120	24	414	83	2,152
Down Syndrome	232	915	28	176	224	80	507	162	916
Global Developmental Delay	38	1,070	16	8	82	26	251	55	1,070
Intellectual Disability	1,111	3,454	92	918	622	368	2,504	646	3,553
Multiple Sclerosis	16	375	0	7	187	163	274	4	376
Psychosocial Disability	478	1,519	3	231	124	192	1,394	400	1,571
Other Intellectual/learning	237	1,258	26	144	235	96	646	130	1,282
Other Neurological	216	1,861	13	130	612	512	1,243	121	1,880
Other Physical	73	977	10	18	262	230	535	19	980
Other Sensory/Speech	87	1,384	13	37	80	58	371	32	1,386
Total	3,957	24,180	431	2,203	3,593	2,144	11,696	2,864	24,437

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 all of the sites, the most commonly funded life domains are Daily living, followed by Independence.

¹⁷ Note: This table includes active plans with funded supports only.
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1.2. Increased mix of support options and innovative approaches to provision of support in response to assessed need

The NDIS provides a range of supports aimed at increasing participant independence, inclusion, and social & economic participation. These supports are designed to be more flexible than the previous system and allow innovation. Importantly, the supports are specific to an individual, and not provided through block grants to service providers. No specific data on services received under the previous disability system is collected and comparison is difficult due to block grants. It is envisioned that the range of supports funded by the Scheme will expand over time.

This section provides descriptive information on funded support categories, payments and registered service providers.

Table 1.2.1. Number of participant plans with each funded support category

Core	A support that enables a participant to complete activities of daily living and enables them to work towards their goals and meet their objectives.
Capacity building	A support that enables a participant to build their independence and maximise skills so as to progress towards their goals.
Capital	An investment, such as assistive technologies, equipment and home or vehicle modifications.
Existing supports	Supports entered into a participants plan prior to June 2014 when support item purpose was introduced. Reporting against this measure does not occur for plans first developed after June 2014 ¹⁸ .

Table 1.2.1(a). Number of participant plans with each funded support category, split by State/Territory

State	Capacity building	Capital	Core	Existing	Total Plans
NSW HTR	6,072	1,702	4,509	2,051	6,510
SA	5,740	1,681	2,626	1,274	5,825
TAS	972	126	826	724	1,135
VIC	4,707	1,312	3,658	2,762	4,867
ACT	3,344	799	1,973	28	3,429
NT	126	46	65	1	135
WA	1,846	356	992	34	1,882
NSW NBM	1,068	123	428	0	1,083
Total	23,875	6,145	15,077	6,874	24,866

¹⁸ Participant plans may be extended where there is no change in circumstances. Plans first developed prior to July 2014, and subsequently extended may continue to contain supports in the "existing" category.

Table 1.2.1(b). Number of participant plans with each funded support category, split by primary disability

Primary Disability	Capacity building	Capital	Core	Existing	Total Plans
Autism and Related Disorders	7,528	1,101	3,927	1,851	7,702
Cerebral Palsy	1,073	672	833	370	1,112
Deafness/Hearing Loss	475	275	277	163	526
Developmental Delay	2,128	322	717	422	2,174
Down Syndrome	900	246	746	381	928
Global Developmental Delay	1,065	249	475	256	1,083
Intellectual Disability	3,403	569	2,834	1,431	3,627
Multiple Sclerosis	367	260	361	134	387
Psychosocial Disability	1,531	197	1,160	418	1,602
Other Intellectual/learning	1,236	332	841	336	1,297
Other Neurological	1,855	1,042	1,635	675	1,999
Other Physical	971	545	728	191	1,028
Other Sensory/Speech	1,343	335	543	246	1,401
Total	23,875	6,145	15,077	6,874	24,866

Table 1.2.1 shows the distribution of funded support by category. Committed funding may address more than one support category. Across each of the sites, the most commonly funded support category is capacity building.

Table 1.2.2. Delivery of agreed supports¹⁹ as planned

Table 1.2.2(a). Delivery of agreed supports as planned, split by State/Territory

State	Paid (Supports provided in 2013-14)	Committed Supports expected to be provided (2013-14)	Proportion paid (2013-14)	Paid (Supports provided in 2014-15)	Committed Supports expected to be provided (2014-15)	Proportion paid (2014-15)	Paid Supports provided in Jul 2015 - Mar 2016	Committed Supports expected to be provided Jul 2015 - Mar 2016	Proportion paid Jul 2015 - Mar 2016
NSW HTR	\$27,595,613	\$54,088,763	51%	\$89,372,914	\$185,965,531	48%	\$111,324,560	\$231,721,680	48%
SA	\$5,419,954	\$12,758,275	42%	\$29,123,649	\$52,089,252	56%	\$37,697,210	\$72,619,599	52%
TAS	\$9,743,152	\$18,244,421	53%	\$34,702,006	\$51,641,039	67%	\$28,650,588	\$46,354,310	62%
VIC	\$31,060,632	\$55,927,830	56%	\$115,792,660	\$161,698,282	72%	\$96,565,507	\$139,913,673	69%
ACT	\$0	\$0	n/a	\$13,482,972	\$27,997,931	48%	\$40,385,734	\$88,172,948	46%
NT	\$0	\$0	n/a	\$811,180	\$1,598,817	51%	\$2,298,196	\$3,568,949	64%
WA	\$0	\$0	n/a	\$8,847,482	\$20,614,869	43%	\$25,288,466	\$43,022,177	59%
NSW NBM	\$0	\$0	n/a	\$0	\$0	n/a	\$1,426,397	\$5,216,462	27%
Total	\$73,819,351	\$141,019,288	52%	\$292,132,865	\$501,605,720	58%	\$343,636,660	\$630,589,797	54%
Total (incl. in-kind off system reconciliation and capital adjustments)	\$91,295,333	\$141,019,288	65%	\$372,661,370	\$504,713,889²⁰	74%	\$420,956,923	\$634,937,332²¹	66%

¹⁹ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

²⁰ For Victoria, this includes \$2.7 million of support for attendant care in schools used in 2014-15 which has not been put into committed supports. For NT in 2014-15, this includes \$408,169 of support for participants living in a group home which was not captured in committed supports

²¹ For Victoria, this includes \$2.2 million of support for attendant care in schools and \$2.2 million for specialised student transport which has not been put into committed supports.

Table 1.2.2(b). Delivery of agreed supports as planned, split by primary disability

Primary Disability	Paid (2013-14)	Committed Supports (2013-14)	Proportion paid (2013-14)	Paid (2014-15)	Committed Supports (2014-15)	Proportion paid (2014-15)	Paid Supports provided in Jul 2015 - Mar 2016	Committed Supports Jul 2015 - Mar 2016	Proportion paid Jul 2015 - Mar 2016
Autism And Related Disorders	\$13,223,553	\$25,640,568	52%	\$58,496,825	\$98,172,276	60%	\$75,085,788	\$136,217,413	55%
Cerebral Palsy	\$8,962,564	\$17,267,767	52%	\$27,567,880	\$45,244,005	61%	\$28,344,519	\$48,439,924	59%
Deafness/Hearing Loss	\$671,192	\$1,484,828	45%	\$2,262,606	\$4,198,131	54%	\$2,319,561	\$4,847,369	48%
Developmental Delay	\$2,436,821	\$4,538,212	54%	\$10,073,043	\$16,983,932	59%	\$13,935,222	\$23,909,604	58%
Down Syndrome	\$4,950,002	\$10,388,388	48%	\$16,095,233	\$28,066,018	57%	\$17,738,100	\$38,802,201	46%
Global Developmental Delay	\$1,078,148	\$2,443,606	44%	\$5,777,420	\$10,668,195	54%	\$7,951,216	\$14,569,166	55%
Intellectual Disability	\$20,401,545	\$35,223,084	58%	\$91,249,291	\$157,513,519	58%	\$97,610,649	\$181,525,788	54%
Multiple Sclerosis	\$1,883,648	\$3,582,589	53%	\$5,088,477	\$7,824,400	65%	\$6,314,187	\$10,211,525	62%
Psychosocial Disability	\$3,021,762	\$5,097,312	59%	\$14,689,147	\$24,260,449	61%	\$18,165,183	\$34,189,630	53%
Other Intellectual/Learning	\$3,616,033	\$7,107,756	51%	\$14,069,306	\$25,923,415	54%	\$18,476,092	\$34,622,745	53%
Other Neurological	\$11,011,857	\$22,093,721	50%	\$35,079,521	\$60,277,767	58%	\$39,499,608	\$69,775,074	57%
Other Physical	\$1,703,873	\$3,975,255	43%	\$6,925,499	\$13,946,958	50%	\$10,340,565	\$18,672,364	55%
Other Sensory/Speech	\$858,354	\$2,176,203	39%	\$4,758,615	\$8,526,655	56%	\$7,855,970	\$14,806,992	53%
Total	\$73,819,351	\$141,019,288	52%	\$292,132,865	\$501,605,720	58%	\$343,636,660	\$630,589,797	54%
Total (incl. in-kind off system reconciliation and capital adjustments)	\$91,295,333	\$141,019,288	65%	\$372,661,370	\$504,713,889²²	74%	\$420,956,923	\$634,937,332²³	66%

²² For Victoria, this includes \$2.7 million of support for attendant care in schools used in 2014-15 which has not been put into committed supports. For NT in 2014-15, this includes \$408,169 of support for participants living in a group home which was not captured in committed supports

²³ For Victoria, this includes \$2.2 million of support for attendant care in schools and \$2.2 million for specialised student transport which has not been put into committed supports.

Table 1.2.2 shows the total dollar amount paid to date compared with the estimated funds committed for supports delivered to date. Of the \$634.9m in supports committed in participant plans to be provided since the start of the 2015-16 year, to date 68% has been delivered and paid for by the Scheme. Complexity in the funding arrangements for participants and providers transitioning to the Scheme make this experience difficult to interpret. A large proportion of payments are reconciled off-system - the 2015-16 in-kind offline reconciliation is continuing to be undertaken which means the 68% will increase. Further, there is an expected lag between when a support is provided and when payments are made.

Table 1.2.3. Proportion of participants with payments, by plan length and State/Territory

State	All Plans	Plans 3mth+	Plans <3mth
NSW HTR	80%	86%	35%
NSW NBM	15%	20%	12%
SA	83%	90%	6%
TAS	86%	89%	22%
VIC	89%	90%	7%
ACT	65%	70%	32%
NT	41%	47%	0%
WA	73%	78%	26%
Total	77%	84%	22%

Table 1.2.3 shows the proportion of participants by site with funded supports that have had at least one payment against their plan, noting that payments are made within two working days of an invoice being received. For plans that have been in place for at least 3 months, 84% have had at least one payment against their plan compared with 22% for plans in place for less than three months. These proportions have decreased since last quarter. However, in-kind supports funded off-line have increased in value and number since last quarter. This results in Table 1.2.3 underestimating the proportion of plans with payments. Further, State Government funding to providers in the NBM are being reduced gradually which is likely to be impacting provider invoicing behaviour. Overall the result highlights the lag between when supports are provided and paid.

Table 1.2.4. Proportion of plans approved within 90 days of access request

State	Oct 15 - Dec 15
NSW_HTR	48%
SA	1%
TAS	9%
VIC	4%
ACT	26%
NT	88%
WA	30%
NSW_NBM	74%
Total	33%

Table 1.2.4 presents the proportion of plans approved within 90 days of an access request being submitted during the second quarter of 2015-16. This is a more appropriate measure of the time taken between access requests and plan approval than calculating average days. This is due to average days requiring censored data in the calculation. Further, some participants are found eligible and then cannot have a plan approved until the program/service provider is scheduled to phase into the Scheme. This phasing can be significantly later than when the access request was received and this will impact this result. It is also important to note that the ratio between new participants and those entering the Scheme via a state funded program can influence the results, as the information required to make a determination is not always as readily available.

Overall there was a decrease in this measure from the last quarter (from 45% to 33%). NSW HTR (62% to 48%), SA (18% to 1%), VIC (18% to 4%), ACT (59% to 26%), NT (94% to 88%) and WA (57% to

30%) all decreased noticeably. TAS increased from 7% to 9% and NSW NBM from 57% to 74%. A number of factors are likely to have impacted these results. The NDIA processes access requests as they are received and then undertakes planning with participants in line with the bilateral phasing schedule. In order to remain within the phasing schedule in VIC, ACT and SA, the time between access request and plan approval increases. SA in particular have a well-known participant base and a clear phasing schedule meaning that access requests are often submitted well in advance of the participant phasing into the Scheme. In addition to this all sites saw the highest level of plan reviews to date approved over the last three months of 2015 which would have diverted resources. Other factors including staff leave, staff movement and difficulties in scheduling planning meetings with participants over the Christmas holiday period would also effect this result. Furthermore VIC and TAS had a low number of plan approvals for the quarter (72 and 69) so their results should be treated with caution.

The Agency is continuing to work on streamlining both the planning and reviewing processes and has improved reporting for this purpose in order to improve results.

Table 1.2.5. Service provider characteristics and market profile

Footprint	Allied Health	Disability Support	Disability Equipment	Plan Management	Total
National	73	80	50	35	73
State	1680	1513	872	235	1680
Provider Type					
Australian Private Company	355	348	319	54	617
Australian Public Company	143	155	73	70	179
Family or Other trust	126	115	99	20	191
Incorporated Entity	281	322	109	96	345
Individual/Sole Trader	724	527	249	10	865
Other Private	28	30	9	13	37
Other Public	31	30	19	6	35
Partnership	65	66	45	1	108
Total	1753	1593	922	270	2377

Type	Providers Registered
New NDIS	2015
Previously DSS	362

Table 1.2.5 shows the market profile and characteristics of registered service providers. 96% of registered providers operate in one State/Territory only. Individual/sole traders are the most common provider type (36%), followed by private companies (26%). The majority of registered providers are new to the NDIS (85%) – that is, they were not previously registered with DSS.

1.3. People with disability are able and supported to exercise choice

As mentioned previously, the NDIS participant & family/carer outcomes framework has been piloted and is now being implemented. This framework measures choice and control. Participants receive individual plans and flexibility in spending the money in their plans. The introduction of bundled supports from 1 July 2014 has also increased this flexibility. Further, from 1 August 2015 the catalogue of supports has been simplified further and brought into line with the participant outcomes framework. This will allow increased flexibility and innovation.

This section presents data on participants' self-management and satisfaction, and information on appeals and complaints.

Table 1.3.1. Trends in the proportion of participants using each, or a combination, of plan management options²⁴

State	Agency Managed	Combination	Self-Managed
NSW HTR	49%	50%	2%
SA	66%	21%	13%
TAS	50%	46%	4%
VIC	72%	27%	1%
ACT	40%	45%	15%
NT	94%	5%	1%
WA	55%	37%	8%
NSW NBM	76%	12%	12%
Total	58%	35%	7%

Table 1.3.1 shows the distribution of plan management options being used by active²⁵ participants. 7% of plans are solely self-managed and 35% of plans use a combination of agency management and self-management. These results are consistent with last quarter.

Note: the management of the plan in this instance refers to the financial management of the plan. Participants can self-direct their supports whilst the agency manages the financial side of the plan.

Note: Whilst a participant is receiving in-kind²⁶ support, they cannot solely manage their plan.

²⁴ These numbers are rounded to the nearest whole percentage, and the rounded numbers may not add to 100% across plan management options due to this rounding.

²⁵ Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the Scheme, as well as participants who have had their eligibility revoked.

²⁶ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Table 1.3.2. Access requests made**Definitions**

Closed	A participant's access to the Scheme has ceased due to death, or they have chosen to exit the Scheme.
Eligible	Prospective participant fulfils the criteria to access the NDIS.
In progress	The access request is in progress and is yet to be determined.
Ineligible	Does not fulfil the access criteria or adequate information has not been provided.
Revoked	Where the delegate of the CEO is satisfied that the person no longer meets the eligibility requirements.
Withdrawn	Prior to an eligibility determination, the prospective participant requests a withdrawal or where requested information has not been received within a reasonable period.

Table 1.3.2(a). Access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW_HTR	168	6,958	309	834	39	226	8,534
NSW_NBM	1	1,298	97	52		10	1,458
SA	30	7,747	489	382	11	99	8,758
TAS	29	1,245	17	62	5	46	1,404
VIC	134	5,370	202	398	9	219	6,332
ACT	38	4,247	331	328	7	87	5,038
NT		138	10	7		2	157
WA	18	2,270	99	226	3	28	2,644
Total	418	29,273	1,554	2,289	74	717	34,325

Table 1.3.2(b) Proportions of access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW_HTR	2.0%	81.5%	3.6%	9.8%	0.5%	2.6%	8,534
NSW_NBM	0.1%	89.0%	6.7%	3.6%		0.7%	1,458
SA	0.3%	88.5%	5.6%	4.4%	0.1%	1.1%	8,758
TAS	2.1%	88.7%	1.2%	4.4%	0.4%	3.3%	1,404
VIC	2.1%	84.8%	3.2%	6.3%	0.1%	3.5%	6,332
ACT	0.8%	84.3%	6.6%	6.5%	0.1%	1.7%	5,038
NT		87.9%	6.4%	4.5%		1.3%	157
WA	0.7%	85.9%	3.7%	8.5%	0.1%	1.1%	2,644
Total	1.2%	85.2%	4.6%	6.7%	0.2%	2.1%	34,325

Table 1.3.2 shows the number and distribution of access requests made by the current status of the request. To date, 85.2% of people submitting access requests have been found eligible, and a further 4.6% are in progress. Around 6.7% of access requests have been deemed ineligible (up from 6.4% last quarter). When ineligibility due to age and residency requirements are excluded the proportion decreases to 5.6%. A further 1.5% of participants have exited the Scheme; the most common reason for this is because the individual is deceased.

Table 1.3.3. Reviews of decisions (internal)

Status	Definition
Affirmed	Original decision was maintained
Set Aside	Original decision was overturned
Pending	Review is still underway

State	Affirmed	Set aside	Pending	Outcome not recorded ²⁷	Total
NSW	28	56	19	49	152
SA	14	36	12	27	89
TAS	2	1	1	2	6
VIC	41	79	25	46	191
ACT	8	16	7	21	52
NT	0	0	0	0	0
WA	5	6	3	5	19
National Office	9	19	12	5	45
Total	98	194	67	150	554

Table 1.3.3 shows the number of decisions that participants, providers, or their agents have formally requested to be reviewed. Reviews can be requested for decisions on access requests (34,325) or plan decisions (43,946). Given the total number of decisions, there have been very few requests for review – 554 in total, of which 219 relate to access decisions.

Table 1.3.4. Total appeals by outcome with the Administrative Appeals Tribunal (AAT)

Determination	Definition
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 prior to determination

State	Affirmed	Set aside	Pending	Varied	Dismissed	Withdrawn	Total
NSW	2	0	3	3	2	0	10
SA	1	0	1	3	3	5	13
TAS	0	0	0	1	0	0	1
VIC	2	2	6	12	3	5	30
ACT	0	0	3	1	0	1	5
NT	0	0	0	0	0	0	0
WA	0	0	1	2	1	0	4
National Office	0	0	0	0	0	0	0
Total	5	2	14	22	9	11	63

²⁷ Current ICT system does not enforce the recording of a review outcome. The NDIA and the Department of Human Services (DHS) are currently implementing a new ICT system that addresses this issue.

Table 1.3.4 shows that there have been 63 appeals to the Administrative Appeals Tribunal of which 14 are pending. Of these appeals, 49 have reached a resolution – 22 have been varied (participant won the appeal) and the other 27 have been set aside, dismissed, withdrawn or affirmed (the original decision confirmed).

Table 1.3.5. Appeals by Category with the AAT²⁸

State	Access Issues	Plan Issues	Total
NSW	5	5	10
SA	3	10	13
TAS	1	0	1
VIC	8	22	30
ACT	1	4	5
NT	0	0	0
WA	1	3	4
National Office	0	0	0
Total	19	44	63

Table 1.3.5 shows that of the appeals lodged to date, 19 were related to access issues and 44 were related to planning issues.

Table 1.3.6. Complaints by outcome

State	Closed - referred to another agency	Closed - resolved	Closed - unresolved	Open	Open - referred to another jurisdiction	Total
NSW	4	279	17	23	0	323
SA	2	134	24	5	0	165
TAS	1	36	1	1	0	39
VIC	1	241	26	5	0	273
ACT	1	64	3	4	0	72
NT	0	2	0	1	0	3
WA	1	28	2	2	0	33
National Office	5	169	11	78	3	266
Total	15	953	84	119	3	1174

Table 1.3.6 shows the number of complaints submitted. In total, there have been 1,174 complaints, of which 273 are from Victoria (23%) and 323 are from NSW-Hunter (27%). Complaints can be lodged by participants, providers, organisations and members of the general community.

²⁸ Note: Three appeals that were attributed to access issues in previous reports are now attributed to plan issues.

Table 1.3.7. Complaint type

State	Provider	Agency	Reasonable and Necessary Supports	Other	Total
NSW	15	213	59	36	323
SA	0	141	13	11	165
TAS	0	30	2	7	39
VIC	5	191	45	32	273
ACT	2	56	6	8	72
NT	1	1	0	1	3
WA	0	25	2	6	33
National Office	5	199	10	52	266
Total	28	856	137	153	1174

Table 1.3.7 shows the distribution of the total complaints to date by complaint type. The majority (73%) of complaints are agency related, with a further 12% relating to the amount of reasonable and necessary supports in participant plans.

Table 1.3.8(a) Participant/Carer/Family 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/family/carer satisfaction	Experience satisfaction ²⁹
NSW	1.73	1.04
SA	1.55	1.06
TAS	1.69	1.35
VIC	1.76	1.14
ACT	1.50	0.83
NT	-	0.53
WA	1.34	1.04
Total	1.63	1.09

Table 1.3.8(b) Participant/Carer/Family satisfaction with the Agency

State	Very good	Good	Neutral	Poor	Very Poor	Total
NSW	76%	23%	1%	1%	0%	100%
SA	67%	25%	5%	3%	1%	100%
TAS	77%	23%	3%	0%	1%	100%
VIC	81%	16%	3%	1%	0%	100%
ACT	55%	41%	3%	0%	1%	100%
NT	-	-	-	-	-	-
WA	53%	36%	7%	2%	3%	100%
Total	71%	24%	4%	1%	0%	100%

Table 1.3.8 shows participant satisfaction with the Agency, and in particular, the planning process. Experience satisfaction measures a participant's overall satisfaction with their current life experience

²⁹ Life Experience satisfaction is no longer collected during planning. This measure is part of the outcomes framework being base-lined in 2015-16. Reporting will be included in the 2015-16 end of year report.

and outcomes. Of the 2,011 participants who have been surveyed, 95% have responded that their experience was either good or very good.

2. Financial sustainability

Note: A number of measures relating to financial sustainability are addressed in the 'Report on the sustainability of the Scheme' 2015-16 3rd quarterly report.

For the ACT, NT and WA trial sites, which commenced on 1 July 2014, only 7 quarters of data are available. The phasing schedules significantly impact the information presented for these sites.

There are five categories of cost drivers which affect the financial sustainability of the Scheme – access to the Scheme, and the scope, volume, delivery, and price of NDIS-funded supports. Managing cost drivers is a key component of the insurance approach, and enables identification and handling of any cost pressures that arise.

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

Table 2.1.1 Total amount of committed supports³⁰³¹

State	Committed costs	Proportion
NSW HTR	\$799,429,888	41%
SA	\$185,124,637	9%
TAS	\$146,272,079	7%
VIC	\$496,673,996 ³²	25%
ACT	\$208,509,720	11%
NT	\$7,562,590 ³³	0%
WA	\$96,841,863	5%
NSW NBM	\$20,469,773	1%
Total	\$1,960,884,546	100%

Table 2.1.1 shows the total cost of committed supports for participants by site.

³⁰ Committed support is the dollar amount of support that has been made available to participants in their statements of support – their package of supports.

³¹ This measure includes funding committed in plans of inactive and deceased participants.

³² This includes \$2.7 million of support for attendant care in schools used in 2014-15, \$2.9 million of support for attendant care in schools and \$2.9 million of support for specialised student transport used in 2015-16 which has not been put into committed supports.

³³ Includes \$408,169 of support for participants living in a group home which was not captured in committed supports.

Table 2.1.2. Total payments (\$, in-kind³⁴)

State	Cash	In-Kind	Total
NSW (HTR)	\$226,316,831	\$1,976,257	\$228,293,087
SA	\$67,104,255	\$5,136,559	\$72,240,814
TAS	\$62,712,074	\$10,383,672	\$73,095,746
VIC	\$166,345,139	\$77,073,661	\$243,418,800
ACT	\$53,080,852	\$787,855	\$53,868,707
NT	\$3,083,309	\$26,067	\$3,109,376
WA	\$32,059,992	\$2,075,957	\$34,135,949
NSW (NBM)	\$1,426,397	\$0	\$1,426,397
Total payments	\$612,128,849	\$97,460,026	\$709,588,876
Total (incl. in-kind offline reconciliation for 2013-14 and 2014-15 and known in-kind in 2015-16)	\$612,128,849	\$272,784,777	\$884,913,626

Table 2.1.2 shows total payments to date by site. The majority of payments are from the New South Wales (HTR) and Victorian sites (66% of payments, combined). This is expected as these are the largest sites. The newer sites have made fewer payments than the 2013-14 trial sites. This is expected as they have had less Scheme experience and there is a lag between support provision and payment.

Table 2.1.3 Operating Expenses Ratio (% total costs)³⁵

	%
Operating expenses ratio	20.6%

Table 2.1.3 shows the operating expenses ratio. This figure has increased from 19.6% reported in the previous quarter. This increase reflects the increased operational and setup costs associated with the ramp up in preparation for the NDIS Full Scheme Launch on 1 July 2016.

³⁴ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

³⁵ The numerator includes all operating expenses of the Agency including sector development grants but excludes participant payments. The denominator is total expenses incurred by the Agency including all grants, operating expenses and participant support.

Table 2.1.4 Annualised support package distributions³⁶

Annualised committed support band	Active participant plans	%
\$0-\$5,000	1,440	6%
\$5,001-\$10,000	3,502	14%
\$10,001-\$30,000	12,363	50%
\$30,001-\$50,000	2,847	12%
\$50,001-\$100,000	1,995	8%
\$100,001-\$150,000	718	3%
\$150,001-\$200,000	542	2%
\$200,001-\$250,000	619	3%
\$250,001+	509	2%
Total	24,535	100%

Table 2.1.4 shows that the majority of participants have annualised package costs of between \$5,001 and \$30,000 (64%) and few participants have high cost plans of over \$100,000 (10%). Of the 24,535 active³⁷ participants with approved plans, 70% have an annualised package cost of less than \$30,000. This group accounts for only 25% of annualised committed funding. Conversely, 10% of participants have an annualised package cost over \$100,000 and these participants account for 50% of total committed supports.³⁸ As expected, the bulk of committed funding is being allocated to a very small proportion of high-need participants.

³⁶ This table includes participants with active plans only. The total of 24,535 is slightly lower than the 24,866 active and inactive participants with an approved plan reported elsewhere in this report.

³⁷ Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the Scheme, as well as participants who have had their eligibility revoked.

³⁸ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

Table 2.1.5 Proportion of participants with approved plans receiving support within 180 days of access request

State	Jun 15 – Sep 15
NSW HTR	79%
NSW NBM	74%
SA	18%
TAS	25%
VIC	22%
ACT	60%
NT	41%
WA	58%
Total	50%

Table 2.1.5 shows the proportion of participants with approved plans who have received support within 180 days of submitting an access request during the 1st quarter of 2015-16. This is a more appropriate measure of the time taken between access requests and receiving supports than calculating average days. This is due to average days requiring censored data in the calculation.

Overall, this measure has decreased since the previous quarter, from 66% to 50% with the most significant changes being in SA (65% to 18%), VIC (57% to 22%) and the NT (71% to 41%). This result can be impacted by a number of different factors but appears to be driven by the proportion of plans approved within 90 days of access request reported in Table 1.2.4. States/Territories with a lower proportion of approvals within 90 days of an access request being submitted report a lower proportion of supports received within 180 days. Further, in-kind invoicing is affecting this measure, as not all in-kind services provided are invoiced in the system and are therefore not included in the proportions above. In-kind services invoiced offline have increased significantly this quarter.

The Agency is continuing to work on streamlining both the planning and reviewing processes and has improved reporting for this purpose in order to improve results.

Table 2.1.6. Payments to providers and participants split by support category – since 1 July 2013

Support Category	Participant	Service Provider	Total
Assistance with daily life at home, in the community, education and at work (capacity building)	\$1,290,688	\$5,140,915	\$6,431,602
Assistance with daily life at home, in the community, education and at work (includes supported independent Living)	\$27,434,097	\$445,459,265	\$472,893,362
Assistive technology	\$3,047,162	\$27,784,013	\$30,831,175
Finding and keeping a job	\$217,326	\$11,781,105	\$11,998,431
Home modifications	\$444,823	\$4,897,600	\$5,342,423
Improved daily living skills	\$17,648,369	\$100,291,156	\$117,939,525
Improved health and wellbeing	\$996,329	\$4,600,958	\$5,597,287
Improved learning	\$86,453	\$603,709	\$690,162
Improved life choices	\$718,270	\$19,279,615	\$19,997,886
Improved living arrangements	\$27,481	\$541,200	\$568,681
Improved relationships	\$404,878	\$3,734,469	\$4,139,347
Increased social and community participation	\$568,034	\$9,323,706	\$9,891,740
Transport to access daily activities	\$11,426,159	\$9,301,368	\$20,727,526
Vehicle modifications	\$319,269	\$2,220,459	\$2,539,728
Total	\$64,629,337	\$644,959,539	\$709,588,876
Total (incl. in-kind off system reconciliation)			\$884,913,626

Table 2.1.6 shows total payments (cash & in-kind³⁹) expenditure split by support category. Support categories 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 who invoice against a plan. The majority of payments are made to providers (91%). The total payments made have increased from approximately \$566 million in the previous quarter (\$707 million including the in-kind off system reconciliation) to over \$709 million excluding the in-kind off system reconciliation, and \$885 million when this reconciliation is included.

A new catalogue has been introduced for supports funded by the NDIS (from 1 August 2015), to support the move to full scheme and encourage outcome-focussed support provision. The categories in the table contain the categories used in the new support catalogue. Historical payments have update to correspond to the new support catalogue.

³⁹ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Table 2.1.7. Average and median costs of individual support packages⁴⁰

State	Average annualised committed	Median annualised committed
NSW HTR	\$45,445	\$19,318
SA	\$18,057	\$14,427
TAS	\$57,062	\$31,432
VIC	\$36,244	\$18,277
ACT	\$46,975	\$18,749
NT	\$42,327	\$15,055
WA	\$37,217	\$21,927
NSW NBM	\$19,103	\$12,814
Total	\$35,992	\$17,056

Table 2.1.7 shows the average annualised plan amount and the median annualised plan amount, by site.

Table 2.1.8. Value of and number of active approved packages by participant group – since 1 July 2013⁴¹

Primary Disability	Number	Committed costs ⁴²	Average annualised cost
Autism and Related Disorders	7,678	\$385,517,641	\$26,755
Cerebral Palsy	1099	\$162,799,399	\$65,102
Deafness/Hearing Loss	523	\$15,278,113	\$13,618
Developmental Delay	2160	\$67,318,731	\$16,059
Down Syndrome	917	\$122,266,241	\$57,660
Global Developmental Delay	1073	\$39,782,941	\$19,949
Intellectual Disability	3575	\$597,484,458	\$62,959
Multiple Sclerosis	376	\$31,375,623	\$42,249
Psychosocial Disability	1577	\$106,983,272	\$35,330
Other Intellectual/learning	1288	\$106,192,161	\$37,543
Other Neurological	1889	\$223,823,309	\$53,784
Other Physical	989	\$53,923,888	\$29,425
Other Sensory/Speech	1391	\$39,233,886	\$16,806
Total	24,535	\$1,951,979,664	\$35,992

Table 2.1.8 shows the number of active participants⁴³ who have approved plans, the total cost committed in these plans and the average annualised cost of the plans, split by primary disability group. The average annualised costs by primary disability group will be affected by the underlying

⁴⁰ Note: Average and median annualised costs exclude participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

⁴¹ Note: Average annualised cost excludes participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

⁴² Excluding in-kind support reconciled offline

⁴³ Note: Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the Scheme, as well as participants who have had their eligibility revoked.

age distributions of each group. The overall average annualised plan amount to date is \$35,992⁴⁴ excluding the Stockton, Colanda and Kanangra large residences, or \$39,600 when the Stockton, Colanda and Kanangra large residences are included.

Note: annualising plan values adds uncertainty to estimates. Further, average annualised package cost 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 site.

Table 2.1.9. Number of participants receiving supports paid for with cash and/or in-kind⁴⁵ supports by State/Territory

State	Cash	In-kind	Cash & In-kind	Total
NSW HTR	5,339	34	530	5,903
SA	3,806	7	1,470	5,283
TAS	585	3	399	987
VIC	1,770	141	2,708	4,619
ACT	2,252	37	373	2,662
NT	61	2	10	73
WA	1,117	3	494	1,614
NSW NBM	692			692
Total	15,622	227	5,984	21,833

Table 2.1.9 shows that almost all participant plans that have had at least one invoice are receiving cash payments (72%) or a combination of cash payments and in-kind supports (27%) against their plans. Note: This measure does not include participants who have received supports, but their service provider is yet to invoice for the support provided. Further, this measure excludes in-kind payments made off-system.

Table 2.1.10. Ratio of cash to in-kind services by State/Territory

State	Cash Services	In-kind Services
NSW HTR	66%	34%
SA	91%	9%
TAS	82%	18%
VIC	62%	38%
ACT	66%	34%
NT	80%	20%
WA	85%	15%
NSW NBM	100%	0%
Total	69%	31%

⁴⁴ Note: the bilateral agreements for the 2015-16 year indicate that the average participant cost is approximately \$38,600.

⁴⁵ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Table 2.1.10 shows the distribution of payments for services funded through cash and in-kind arrangements by site. Victoria has the highest percentage of in-kind payments at 38%, while South Australia has the lowest at 9%. Note: Nepean Blue Mountains is yet to fund any services through in-kind arrangements and figures include in-kind off system reconciliation.

Table 2.1.11. Participant numbers

Note – the results expressed in the following tables are also contained in Table 1.1.1 as percentages.

Table 2.1.11(a). Participant numbers, split by gender, CALD and Aboriginal and/or Torres Strait Islander status

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW HTR	6,510	420	111	3,996	2,513	1
SA	5,825	264	339	4,195	1,630	0
TAS	1,135	106	22	722	413	0
VIC	4,867	119	109	2,897	1,969	1
ACT	3,429	149	248	2,145	1,282	2
NT	135	127	89	77	58	0
WA	1,882	88	83	1,247	634	1
NSW NBM	1,083	94	36	763	320	0
Total	24,866	1,367	1,037	16,042	8,819	5

Table 2.1.11(c). Participant numbers, split by age and site

State / Territory	0-4	5-14	15-24	25-44	45-64	65+	Total
NSW HTR	374	1,815	935	1,239	1,989	158	6,510
SA	1,176	4,604	45	0	0	0	5,825
TAS	0	0	971	164	0	0	1,135
VIC	282	1,508	701	1,007	1,242	127	4,867
ACT	528	1,359	557	224	667	94	3,429
NT	8	36	6	32	52	1	135
WA	143	734	378	308	302	17	1,882
NSW NBM	263	709	110	1 ⁴⁶	0	0	1,082
Total	2,774	10,765	3,703	2,975	4,252	397	24,866

Table 2.1.11(b). Participant numbers, split by primary disability

Primary Disability	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Autism and Related Disorders	1,500	2789	348	1076	793	3	673	520	7,702
Cerebral Palsy	295	199	72	169	174	10	116	77	1112
Deafness/Hearing Loss	189	157	8	67	71	4	16	14	526
Developmental Delay	319	766	8	361	534	5	44	137	2174
Down Syndrome	295	140	78	169	130	2	81	33	928
Global Developmental Delay	143	514	10	150	120	5	101	40	1083
Intellectual Disability	1205	175	410	1047	444	20	267	59	3627
Multiple Sclerosis	123	0	1	131	87	1	44	0	387
Psychosocial Disability	616	6	30	659	187	6	84	14	1602
Other Intellectual/learning	366	270	75	253	150	9	103	71	1297
Other Neurological	801	149	58	474	262	24	187	44	1999
Other Physical	323	114	22	178	226	38	103	24	1028
Other Sensory/Speech	335	546	15	133	251	8	63	50	1401
Total	6,510	5,825	1,135	4,867	3,429	135	1,882	1,083	24,866

⁴⁶ Note: The age of a participant's parent was erroneously input into their record. There are 0 participants in the NSW NBM site aged in the 25-44 bracket and 710 in the 5-14 bracket. Overall percentages are not impacted.

Table 2.1.12. Total number of plans developed

State	Total plans developed
NSW HTR	11,934
SA	9,817
TAS	2,596
VIC	11,338
ACT	4,349
NT	177
WA	2,649
NSW NBM	1,086
Total	43,946

Table 2.1.12 shows the total number of plans completed. This includes 15,872 second plans, 15,441 third plans, 1,080 fourth plans, and 50 fifth plans. 331 participants with approved plans have since left the Scheme via participant-initiated request, death or Agency-initiated eligibility revocation.

Table 2.1.13. Number of plans with single supports

State	Single items	Ratio
NSW_HTR	834	13%
SA	1378	24%
TAS	79	7%
VIC	179	4%
ACT	774	23%
NT	5	4%
WA	263	14%
NSW NBM	133	12%
Total	3,645	15%

Table 2.1.13 shows the number of approved plans that only contain a single type of support. Overall, 15% of approved plans only contain a single type of support, down from 19% last quarter. South Australia has 1,378 of these plans, which make up 24% of all approved plans in South Australia.

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

Of the 24,535 active participants with approved plans, 58% were found eligible for the Scheme because they met the disability requirements (section 24 of the NDIS Act), and 10,109 (41%) participants met the early intervention requirements (section 25 of the NDIS Act). Younger participants are more likely to meet the early intervention requirements which aim to improve, stabilise or lessen the impact of the person's impairment on their functional capacity.

The NDIS Outcomes Framework will be used to monitor participant outcomes and benefit realisation. The Outcomes Framework is currently being baselined, and reporting will commence at the end of 2015-16.

3. Community inclusion

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

As mentioned previously, the Agency is has developed an outcomes framework to systematically measure outcomes across participants and families/carers. This section presents data on participants' use of mainstream services. Mainstream services are those supports provided by other public systems including health, education, housing and justice. Further work is required to link NDIS participant data to administrative data from mainstream services to understand both the baseline and changes over time.

Table 3.1.1. Proportion of participants accessing mainstream services

State	Participants accessing mainstream services	Proportion accessing mainstream services
NSW HTR	5,844	92%
SA	5,418	93%
TAS	793	71%
VIC	4,513	95%
ACT	3,201	94%
NT	121	90%
WA	1,545	83%
NSW NBM	1,050	97%
Total	22,485	92%

Table 3.1.1 shows the proportion of participants with an approved plan accessing mainstream supports. This measure has increased from 90% to 92% in the last quarter.

Table 3.1.2. Support categories with mainstream services

Support categories	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Self-care	3,466	623	196	2,545	693	69	482	414	8,488
Education	2,050	4,598	373	1,717	1,381	37	720	779	11,655
General Tasks and Demands	1,141	850	78	962	555	14	260	93	3,953
Community and social life	911	1,877	158	969	830	18	224	247	5,234
Community - Social and Civic	1,028	1,050	155	1,402	1,432	21	504	372	5,964
Mobility	314	192	46	638	129	8	82	15	1,424
Carer/Family Support	328	579	36	352	243	13	117	139	1,807
Employment	282	8	162	358	132	2	162	4	1,110
Domestic Life	379	61	44	511	158	27	150	21	1,351
Communication	169	307	30	133	139	1	32	15	826
Interpersonal Relationships	184	99	30	142	65		52	11	583
Learning and Knowledge	86	187	36	111	98	2	45	13	578
Total	5,844	5,418	793	4,513	3,201	121	1,545	1,050	22,485

Table 3.1.2 shows the most common mainstream supports are education and self-care, with 11,655 and 8,488 utilised respectively by participants with approved plans⁴⁷. 22,485 active, approved plans contain mainstream supports (92%)

⁴⁷ Participants may be accessing more than one mainstream service, and hence the overall total is not the sum of the services across the support categories.

3.2. Effectiveness of Local Area Coordinators (LAC) community capacity building activities

Table 3.2.1. Community awareness activities undertaken within the period by LACs

State/Territory	Community awareness activity
NSW HTR	<p>During the period January – March 2016 Hunter Trial Site Engagement and Local Area Coordinator Teams conducted the following activities:</p> <ul style="list-style-type: none"> • Mental Health Community of Practice Forums • Provider forums/workshops • Community Expos • Interagency meetings • NDIA Information Desks at local shopping centres and other community venues • Mainstream Interface operational working groups • School Information sessions • Future Proofing Your Organisation – Managing Change in an NDIS World Forum – Armidale • Partners in Recovery Aboriginal Advisory Group Meeting • Workshop with Justice Agencies to support access to the scheme for potential participants • Community meeting with Mindaribba Lands Council
SA	<ul style="list-style-type: none"> • Five information sessions were held with approximately 150 staff working in the Child Protection sector who are directly supporting children with disabilities to assist them in supporting people to access the NDIS and prepare for planning. • Coordinators participated in the Disability Expo and Forum – Gawler, Barossa and surrounding areas, including delivering a key welcome speech and hosting an information booth to increase awareness of the NDIS in these communities. • Coordinators in regional areas met regularly with local services and attended community network meetings to increase awareness of the Scheme. • Coordinators jointly delivered the NDIS Psychosocial Support Information and Workshop in conjunction with the Mental Health Coalition. • Coordinators delivered four National Disability Coordination Officer Transition network sessions, with over 80 attendees across Adelaide, focussing on increasing community awareness of the NDIS and the transition from Education to Employment for people with disabilities. • Coordinators attended the South Australian Carers Services Roundtable and a range of carer network meeting to build broader awareness of the NDIS and provide updates about the progress and roll out of the Scheme and the role of carers. • Coordinators delivered information session to Health Networks regarding to build community awareness of the NDIS, roll out in SA and access to the scheme.

State/Territory	Community awareness activity
TAS	<ul style="list-style-type: none"> • Forty-six community information session held across the State to potential participants and families in March 2016. • Weekly drop-in sessions in Launceston office for participant and carers - information on self-managing fund, using the portal and service level agreements. • Continue to meet with potential providers to discuss and support the registration process. • Supported the Mental Health Council of Tasmania at a workshop to explore the way forward for people with psychosocial disability.
VIC	<ul style="list-style-type: none"> • meet with new providers to region regarding the scheme and the schemes principles • information stand and presentation sessions at the Having a say conference for 3 days • meet with private landlord about ways to engage people with disabilities for rental opportunities • Meet with RMIT regarding the scheme and potential to work alongside each other • Bacchus Marsh community information session • Skilling the bay presentation • Amaze autism support group (Ararat) information session • CICD project openings COLAC community garden indigenous story wall and bluebird foundation young carer art installation • information stall at Tony Attwood work shop • Information stall at state wide vision resource centre forum. • Advocacy forum presentation re NDIS and the role of advocates • supporting NDS on State Conference
ACT	<ul style="list-style-type: none"> • Commenced attendance at local Child Youth and Family Gateway network meeting to provide NDIS information to Engagement Officers and Regional Network Coordinators – meetings held monthly. • Stallholder at the annual ACT Multicultural Festival • Participated and Co-Chaired local NDIS Mental Health Transition Forum on ‘Getting Plan Ready’, attended by up to 60 local community and clinical practitioners. • Supported ILC Information Sessions in ACT • Facilitated the establishment of ACT’s Local Advisory Group and coordinated the first meeting. Participated in General Practitioners Expo, delivering NDIS presentation and facilitating NDIS stall.
NT	<ul style="list-style-type: none"> • Ongoing participation in local community meetings and events to continue to build awareness of the NDIS throughout the Barkly region, for example the Ali Curing Family Day held on 23 March. • Ongoing participation in the monthly Barkly Regional Coordination meetings, convened by the Office of the Northern Territory Chief Minister. • Regular Barkly trial site Local Advisory Group meeting held. The Local Advisory Group has been running for most of the period of the trial and continues to operate as a key forum to support community consultation and engagement about the Barkly trail and the NDIS.

State/Territory	Community awareness activity
WA	<ul style="list-style-type: none"> • Monthly community information sessions continue at site – first Friday of each month • Weekly outreach to Aboriginal Emergency Accommodation – Karnany- and street doctor continues. This has increased the knowledge about the scheme and increased access requests. • Three more pop up stalls at local shopping centres have been booked (one completed this quarter) resulting in eight AR kits being sent out. • AR kits that are sent out are tracked and followed through by the Perth Hills engagement team to return to the Agency as these are generally sent to people who are vulnerable and have more difficulty following through on their access request (e.g. people with mental health issues, intellectual disability). • Local Aboriginal Reference Group continues to meet and is now chaired from within the membership. The chair has been approached by NDIA to represent on national group. • Planning for future National Disability Services (NDS) Sector Interest Group meetings for 2016 is underway. These meetings will be held at the NDIA • Fortnightly provider information sessions continue this quarter and continue to be well attended – more than 20 providers at each session. The workshops deal with trending issues and provide a question and answer forum for providers – covering the very basic (connecting to a participant, portal issues) to more complex (reporting, HACC, transport, support coordination) • Engagement staff are part of networks with other agencies in the area including the Midland Leadership Group, Strong Families, local shire disability advisory groups, Disability Employment Service (Centrelink chaired group), ADE network group. Through these networks, information about the NDIS is shared and contacts made to encourage people to access the scheme. • Regular meeting with local child protection agency and subsidiaries also continues, resulting in good working relations and seamless work with mutual participants. • Visits to GP practices to meet with clinical teams to explain the NDIS has become a regular activity – meeting with on average one per week.
NSW NBM	<ul style="list-style-type: none"> • Contracted Community Connectors conducted 18 General Information Sessions. • NDIA staff conducted 34 general awareness sessions

3.3. Effectiveness of LAC community capacity building activities

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

State/Territory	Community capacity building activity
NSW HTR	<ul style="list-style-type: none"> • Individual pre-planning support provided to participants entering the scheme. • Monthly capacity building provider workshops in the delivery of Coordination of Supports to increase capacity and capability in the sector for the provision of Support Connection and Support Coordination to participants – each month has a different focus, the month of March was focussed on the role of Coordination of Support and the Health interface, this workshop was co-facilitated with Hunter New England Health. • Co-hosted NSW Regional Service Provider Information Sessions with National Disability Services (NDS), Early Childhood Intervention association (ECIA NSW/ACT and Family and Community Services (FACS) preparing providers for the rollout of the scheme across NSW commencing 1 July 2016. Overview of the scheme and NDIA also included – Tamworth, Gosford and Newcastle. • One-on-one assistance for potential NDIS participants to complete access Request Forms. • Supporting young people in residential aged care in partnership with the Summer foundation to access the scheme and provided education awareness regarding the scheme to staff in aged care facilities. • One-on-one assistance for potential NDIS participants to complete access Request Forms. • Hunter Primary Care Information Session for regional staff – coordination of support focus. • North Coast Allied Health Association Forum – Coffs Harbour. • Collaboration with Aboriginal Affairs in working together with providers to increase. • Coordination of Supports training with Hunter New England Health. • Outreach to Mental Health facilities, coaching and supporting clinicians and individuals to make application to the scheme.
SA	<ul style="list-style-type: none"> • “Getting Plan Ready” sessions were delivered to support families to think about goals and planning meetings at the NDIS. Seven sessions were delivered to people in metropolitan and regional areas. • “Make your Child’s NDIS plan work for them” workshops were offered to support families to implement their plan and engage with Mainstream and Community supports. 12 workshops were delivered to people in metropolitan and regional areas. Individual phone and face to face sessions were offered in regional areas to help people to access the information. • Coordinators in regional areas participated in community capacity building activities focussing on supporting communities to develop opportunities for increased inclusion of children with disabilities in mainstream and community activities including school holiday programs. • Coordinators from the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council, working in the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands), have undertaken a range of community awareness activities in communities on the APY Lands. These have included meetings to building community capacity with Anangu Pitjantjatjara Yankunytjatjara (APY) communities, including Ernabella, Mimili and Indulkana; Anangu Co-ordinators; Early childhood Nurse co-coordinator and School principals and council members from Ernabella , Mimili and Indulkana;

State/Territory	Community capacity building activity
	<ul style="list-style-type: none"> • Coordinators from Tullawon Health Service, working in Yalata, have worked with the Yalata and Oak Valley communities, School Attendance Officers Community members, Aboriginal health workers and Tullawon Health to build community capacity and support children with disability to access the NDIS. • Work directly with Aboriginal communities and families in Adelaide and surrounding areas have been undertaken by coordinators working with the First Peoples Disability Network, to increase awareness of the NDIS, build community capacity and directly support families of children with a disability to access the NDIS. • Coordinators met with Agencies including: Families SA, Disability SA, Centrelink and the Department for Education and Child Development to discuss local support needs, regional challenges and opportunities to address barriers to participation and inclusion. • Coordinators developed relationships with mainstream and community services such as child care, schools, recreational organisations, user led community groups and health services to support these services to build capacity and consider increased opportunities to deliver inclusive programs. • Continuing to work with potential and existing providers (particularly those who can offer support coordination services) in metropolitan, rural and remote areas to build options for participants to have help to set up supports in their plans. • Focus in regional areas on connecting with families who need help to access the NDIS. • The SA Youth Advisory Group for young people aged 12-24 years met monthly. The group continues to provide advice to the trial site on engagement and communication with young people about the Scheme. Some of their current projects include designing posters and videos and language to engage young people. • Introduction to the NDIS session delivered to over 65 providers to help build support options for participants. • Provider information session delivered to over 80 NDIA registered providers about delivery of therapy supports and reporting outcomes • Regular Education and Health interface meetings held to progress working arrangements and plan suitable engagement support to these sectors. • Facilitated a workshop for a range of Interpreters in the community to better understand the NDIS context that they offer services within and to seek their input on CALD resources – 40 attendees – further session in next quarter. • Remote Service provider forum – National forum held in Adelaide to consult and build understanding with key remote service providers.
TAS	<ul style="list-style-type: none"> • LACs have worked Department of Education and NDIA staff to support participants engaged in School Leavers Employment Support, specifically to connect participants with employment providers. • LACs have met with a number of local councils to discuss NDIS. • LACs met with a number of Allied Health professionals across the state to provide information about full scheme rollout and registration processes.
VIC	<ul style="list-style-type: none"> • Meeting with OT Australia and Gymnastics Victoria regarding therapy being provided in gymnastics centres. • Federation University provider information session • Support coordinators forum • new participant self-management information sessions • Otway health information session • Aboriginal advisory group participation • Road shows with Carers Vic re NDIS and planning

State/Territory	Community capacity building activity
	<ul style="list-style-type: none"> working with local university and other key agencies in developing a Health literacy workshop for participants and providers supporting Arts Victoria in planning and understanding their role in NDIS
ACT	<ul style="list-style-type: none"> Delivered 17 Pre-planning workshops with 82 attendees Delivered 9 Managing Your Plan workshops with 103 attendees Delivered 2 Community Conversations sessions with 10 attendees Delivered 2 NDIS Information sessions with 10 attendees Delivered NDIS Information Session to local staff at the National Australian Library Delivered three NDIS information sessions for local Community Centre and their clients Provided individual support to over 40 participants to assist with implementation, managing plans, linking and connecting to providers and mainstream services. Ongoing partnership, meeting weekly with local Indigenous Youth Corporation Gugan-Gulwan to facilitate Access and Planning for Indigenous participants. Delivered two Coordination of Support workshops to over 60 local community members
NT	<ul style="list-style-type: none"> Planning is continuing to initiate a Sector Development Fund project to support the development and trial of a locally focused community based Disability Worker targeted training programme. The training programme will be targeted at Indigenous people in remote communities in the Barkly to support the implementation of the NDIS. If successful, the training programme could be used as a model for other regions across remote Australia. The trial site continues to work closely with the Ali Curung community to support dialogue around disability issues and needs. For example the trial site is working closely with the community and the local Community Development Programme (CDP) contractor, Julalikari, to support a project to rejuvenate the local Respite Centre and then potentially use that facility as a future hub to support people with disability and others, including as a future hub for increased social participation. Close collaboration with the Tennant Creek Transport Group to support promotion of new public transport and point to point taxi subsidy eligible transport options for people with disability - which have previously not existed.
WA	<ul style="list-style-type: none"> Self-Management Workshops held twice weekly, conducted by the finance team for participants Pre-planning workshops held weekly on Monday mornings and evenings Plan implementation workshops held weekly on Tuesdays morning and evening (week about) CICD projects continue and include: <ul style="list-style-type: none"> Transition from education to employment for those in years 10, 11, 12 and post compulsory (13) continues and has extended to Catholic Education. This will mean adding in 150 hours to those in that age cohort to explore employment – customised employment / job carving approach. Fortnightly info sessions are held for parents and students to find out more about the program.

State/Territory	Community capacity building activity
	<ul style="list-style-type: none"> ○ Accessing community arts ○ Developing and building on mainstream sport and rec club's capability to include people with disability in their clubs ○ Reducing social isolation for people with disability through developing local networks and friendship groups ○ Building capacity of people with disability to access assistive technology ● Contact with local Advocacy agency, MIDLAS continues to build mutual understanding. ● Representation on state panel to quality assure HACC providers also occurred in this period.
NSW NBM	<ul style="list-style-type: none"> ● Community Connectors conducted 143 Plan Readiness Workshops and assisted over 400 individual participant families with understanding and implementing their NDIS plan. ● NDIA staff commenced Support Coordination workshops for providers.

Appendix 1
Measures documented in Level 2
Performance Reporting Framework not
included in this report

For reasons detailed in Appendix 3, not all measures documented in the Intergovernmental Agreement were able to be reported on for 2015/16 Q2. These are listed below:

1. People with disability lead lives of their choice

- Proportion of plans requiring early review (%)
- 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

3. People with disability are included in their community

- Community capacity building activities undertaken by funded NGOs within the period

Note: A number of measures relating to financial sustainability will be addressed in the Summary Financial Sustainability Report.

Appendix 2

Accessible tables for Agency performance overview graphs

Table 1. Access requests lodged by month⁴⁸

Table 1(a): Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
National	1,097	1,179	1,073	879	646	531	588	693	1,136	698	948	908
NSW HTR	391	296	310	306	168	160	176	240	422	172	262	232
SA	171	168	185	186	162	101	149	137	194	195	319	414
TAS	105	120	85	89	113	69	60	53	47	49	80	56
VIC	430	595	493	298	203	201	203	263	473	282	287	206
ACT												
NT												
WA												
NSW NBM												

⁴⁸ Note: There are 374 access requests for which a date of receipt has not been recorded. Consequently they are not included in the tables below.

Table 1(b): Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
National	1,053	1,044	905	1,028	1,020	1,171	774	1,078	1,175	1,044	1,265	1,287
NSW HTR	237	202	200	185	173	246	148	262	300	195	320	314
SA	461	427	364	311	317	251	223	303	281	292	298	433
TAS	46	22	28	21	11	16	13	18	25	25	31	22
VIC	171	224	127	156	132	153	102	107	131	90	131	121
ACT	91	55	91	210	203	329	165	195	251	326	302	245
NT	14	20	12	6	5	0	2	3	3	3	3	8
WA	33	94	83	139	179	176	121	190	184	113	180	144
NSW NBM	237	202	200	185	173	246	148	262	300	195	320	314

Table 1(c): Financial year 2015/2016

State/Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
National	1,137	1,206	1,598	1,657	1,407	1,201	1,136	1,336	910			
NSW HTR	199	253	371	366	378	296	248	326	196			
SA	380	363	351	335	272	223	209	269	211			
TAS	16	22	31	25	40	33	31	18	11			
VIC	112	104	93	148	105	111	89	133	90			
ACT	269	232	282	370	313	256	338	312	199			
NT	7	15	13	3	4	10	3	17	8			
WA	113	109	123	97	126	135	124	105	90			
NSW NBM	41	108	334	313	169	137	94	156	105			

Table 2 First approved plans by month that the plan was first approved

Table 2(a):Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
NSW HTR	4	127	141	145	160	164	162	315	494	154	165	225
SA	6	67	76	75	111	146	103	156	222	107	142	140
TAS	24	61	66	60	60	78	55	96	84	50	68	84
VIC	20	169	201	164	215	213	235	473	403	138	367	303
ACT												
NT												
WA												
NSW NBM												
National	54	424	484	444	546	601	555	1,040	1,203	449	742	752

Table 2(b):Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
NSW HTR	144	121	120	149	114	110	85	140	325	298	348	391
SA	166	150	166	208	210	184	167	238	369	341	449	653
TAS	18	21	14	18	10	16	10	15	17	14	9	12
VIC	205	112	92	190	93	115	134	58	118	132	126	113
ACT	8	18	74	100	103	129	82	145	249	71	178	268
NT	0	10	21	4	6	1	2	1	3	2	2	9
WA	0	4	97	64	148	187	51	100	278	65	85	118
NSW NBM												
National	541	436	584	733	684	742	531	697	1,359	923	1,197	1,564

Table 2(c): Financial year 2015/2016

State/ Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
NSW HTR	131	123	189	213	231	316						
SA	179	252	146	51	25	40						
TAS	9	16	19	12	21	29						
VIC	96	84	115	61	30	20						
ACT	133	193	421	250	257	267						
NT	9	0	30	1	2	14						
WA	106	67	89	96	64	94						
NSW NBM	0	0	51	104	132	201						
National	663	735	1,060	788	762	981						

Table 3. Types of mainstream supports accessed in participants plans

Support categories	Total	NSW	SA	TAS	VIC	ACT	NT	WA	NSW NBM
Total	22,485	5,844	5,418	793	4,513	3,201	121	1,545	1,050
Education	52%	35%	85%	47%	38%	43%	31%	47%	74%
Self-care	38%	59%	11%	25%	56%	22%	57%	31%	39%
Community and social life	23%	16%	35%	20%	21%	26%	15%	14%	24%
General Tasks and Demands	18%	20%	16%	10%	21%	17%	12%	17%	9%
Other	49%	40%	38%	56%	61%	61%	50%	57%	50%

Table 4. Committed supports expected to be provided by month of support provision (\$millions)

Table 4(a): Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
National	\$0.8	\$2.5	\$5.4	\$6.2	\$7.8	\$9.8	\$11.3	\$13.2	\$18.0	\$18.7	\$23.5	\$23.9
NSW HTR	\$0.2	\$1.0	\$2.3	\$2.3	\$2.5	\$3.0	\$3.4	\$4.8	\$7.3	\$8.3	\$9.2	\$9.7
SA	\$0.1	\$0.2	\$0.4	\$0.5	\$0.7	\$0.9	\$1.1	\$1.4	\$1.7	\$1.6	\$2.0	\$2.1
TAS	\$0.1	\$0.4	\$0.7	\$1.0	\$1.2	\$1.4	\$1.7	\$1.8	\$2.3	\$2.4	\$2.7	\$2.7
VIC	\$0.3	\$0.9	\$2.1	\$2.5	\$3.3	\$4.4	\$5.0	\$5.3	\$6.7	\$6.4	\$9.6	\$9.3
ACT	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
NT	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
WA	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
NSW NBM	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Table 4(b): Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
National	\$28.9	\$29.9	\$31.5	\$36.3	\$38.0	\$41.4	\$42.8	\$41.4	\$49.9	\$51.0	\$54.8	\$55.7
NSW HTR	\$11.3	\$12.1	\$12.5	\$13.1	\$13.5	\$14.6	\$15.1	\$15.3	\$18.5	\$19.0	\$20.5	\$20.4
SA	\$2.4	\$2.6	\$2.9	\$3.4	\$3.6	\$4.0	\$4.5	\$4.3	\$5.5	\$5.5	\$6.5	\$6.9
TAS	\$3.8	\$3.9	\$3.9	\$4.2	\$4.1	\$4.4	\$4.5	\$4.2	\$4.6	\$4.5	\$4.8	\$4.7
VIC	\$11.5	\$11.0	\$11.1	\$13.8	\$13.9	\$14.4	\$14.5	\$13.0	\$14.6	\$14.6	\$14.7	\$14.5
ACT	\$0.0	\$0.2	\$0.6	\$1.1	\$1.5	\$2.0	\$2.3	\$2.6	\$3.5	\$4.2	\$4.8	\$5.3
NT	\$0.0	\$0.0	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.3	\$0.2	\$0.3	\$0.3
WA	\$0.0	\$0.1	\$0.3	\$0.6	\$1.2	\$1.9	\$1.9	\$1.8	\$2.9	\$3.0	\$3.4	\$3.5
NSW NBM	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Table 4(c):Financial year 2015/2016

State/Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
National	\$60.3	\$63.6	\$64.6	\$69.3	\$69.3	\$74.5	\$75.7	\$73.0	\$80.3			
NSW HTR	\$22.2	\$23.3	\$23.4	\$24.9	\$25.2	\$27.1	\$27.9	\$27.4	\$30.2			
SA	\$7.5	\$7.9	\$7.9	\$8.3	\$8.1	\$8.3	\$8.3	\$7.8	\$8.5			
TAS	\$4.9	\$5.2	\$5.0	\$5.3	\$5.1	\$5.4	\$5.4	\$4.9	\$5.2			
VIC	\$15.2	\$15.7	\$15.5	\$15.9	\$15.4	\$15.9	\$15.7	\$14.8	\$15.8			
ACT	\$6.2	\$7.0	\$7.9	\$9.7	\$9.7	\$11.4	\$11.8	\$11.5	\$13.0			
NT	\$0.3	\$0.3	\$0.4	\$0.4	\$0.4	\$0.5	\$0.4	\$0.4	\$0.4			
WA	\$4.0	\$4.1	\$4.3	\$4.6	\$4.8	\$5.2	\$5.2	\$5.1	\$5.6			
NSW NBM	\$0.0	\$0.0	\$0.12	\$0.20	\$0.54	\$0.70	\$0.92	\$1.15	\$1.59			

Table 5. Distribution of package costs by site

	NSW HTR	NSW HTR	SA	SA	TAS	TAS	VIC	VIC	ACT	ACT	NT	NT	WA	WA	NSW NBM	NSW NBM
Annualised committed support band	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.
Total	6378	8684	5795	10186	1115	1194	4754	5571	3407	4174	135	154	1868	2681	1083	1400
\$0-\$5,000	446	2090	92	3596	135	401	379	1341	241	1005	21	37	90	645	36	491
\$5,001-\$10,000	747	1717	932	1328	72	194	725	1101	619	825	26	30	205	530	176	189
\$10,001-\$30,000	2629	1669	4201	2567	326	278	2178	1070	1344	802	51	30	886	515	748	349
\$30,001-\$50,000	782	1275	421	828	231	92	579	818	420	613	18	23	333	394	63	113
\$50,001-\$100,000	646	1287	125	1456	185	99	416	825	350	618	4	23	218	397	51	188
\$100,001-\$150,000	291	289	17	412	62	106	133	185	147	139	3	5	60	89	5	66
\$150,001-\$200,000	240	182	6	0	34	0	150	117	71	88	2	3	37	56	2	0
\$200,001-\$250,000	388	118	1	0	27	24	93	76	87	57	2	2	21	36	0	4
\$250,001+	209	57	0	0	43	0	101	37	128	28	8	1	18	18	2	0

Appendix 3
Definition of measures reported in
Quarterly Report to the COAG Disability
Reform Council

1. Participant outcomes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
1.1.1.	Information about participants with approved plans	Summary of demographics for participants, defined as people eligible for funding as per the Act, who have had or currently have an approved plan for funding in place.	Yes
1.1.2.	Support needs for participants	For 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 following finalisation of outcomes framework.
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 following finalisation of outcomes framework.
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 following finalisation of outcomes framework.
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 following finalisation of outcomes framework.
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 as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
			measure to be meaningful.

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 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 following finalisation of outcomes framework.
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.	Funded support purpose	Support purposes for which supports have been funded. Note: A single plan can contain funding in multiple support purposes.	Yes
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.	Delivery of agreed supports as planned	Proportion of funds committed for supports delivered to date that have been invoiced.	Yes
1.2.3.	Proportion of participants with invoiced support	Proportion of participants with funded supports in support category that have had at least one payment.	Yes
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 following finalisation of outcomes framework.
1.3.1.	Trends in proportion of participants using each, or a combination, of plan management options	Split of plan management options being used by active participants.	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
1.3.2	Access requests accepted for funding	Number of eligible access requests that have established plans for funding.	Yes
1.3.3.	Reviews of decisions	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 with the Administration Appeal Tribunal	Number of appeals submitted to the AAT. 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 with the Administration Appeal Tribunal	Number of appeals submitted.	Yes

2. Financial sustainability

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
n/a	Management of prudential risk	Reports liabilities and assets of the Agency	No - Work on an <i>Insurances Principles and Financial Sustainability Manual</i> is underway. This document sets out a prudential governance framework.
2.1.6.	Payments to providers and participants, split by support category	Payments against plans, split by support type and payee.	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
2.1.7.	Average and median costs of individual support packages	Reports average and median annualised committed funds in each site	Yes
2.1.8.	Value of and number of active approved packages by participant group	Number of plans with approved funding, the total costs committed in those plans, and the average annualised cost of the plans.	Yes
2.1.9.	Number of participants receiving supports paid for with cash and/or in-kind supports	Number of participants who have had payments against plans. This does not represent total expenditure	Yes
2.1.10.	Ratio of cash to in-kind services by participant group	Ratio of supports paid for through cash or in-kind arrangements	Yes
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
2.1.11.	Tier 3 participant numbers, and people supported by Tier 2	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 number of plans developed	Total number of plans that have been developed and approved. This measure includes plans that have now been superseded.	Yes
2.1.13.	Number of plans with single supports	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 un-annualised committed value of plans	No - Projections will be provided in the annual financial sustainability report.
n/a	Current expenditure compared to projections	Actual expenditure compared to actuarial projections	No - 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	No - 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	No - Projections will be provided in the annual

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
			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
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
n/a	Average cost of internal reviews	Average cost of administering internal reviews)	No - system is not in place for capturing internal review costs
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.	No - Analysis of participant's who have received second plans will be included in the financial sustainability report. This analysis will become more meaningful as the Scheme progresses.
n/a	Proportion of participants with early intervention supports	Proportion of currently approved plans with non-zero supports that have supports identified as early intervention supports - included to reduce long term need for lifetime supports	No. The data item previously being used to report this measure was reviewed and deemed not meaningful. Work is underway to better report against this measure.
n/a	Total cost of Investment in research and innovation (including the sector development fund)	Costs for investment into research and innovation which includes the sector development fund.	No- The relevant grants (sector development fund) have been transferred to the Department of Social Services.

3. Community Inclusion

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
3.1.1	Proportion of participants accessing mainstream services	Proportion of participants with active approved funded supports who are also	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q3 report?
		accessing mainstream supports	
3.1.2	Support categories with mainstream services	Number of mainstream services, by support category	Yes
3.2.1	Community awareness activities undertaken within the period	Reports community awareness activities undertaken by LACs	Yes
3.3.1	Community capacity building activities undertaken by LACs within the period	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 – Difficult to measure with accuracy. Further work is being conducted to ensure reporting on this is possible.