

NATIONAL DISABILITY INSURANCE AGENCY

Quarterly Report to COAG Disability Reform Council

30 June 2015

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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 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 deliverable will be reported against in September 2015.

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 eighth 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 eighth quarter as part of the Agency's function to report on the sustainability of the scheme.• 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 Chairman 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.• The Board provided its risk management framework to the CDRC in December 2014.
2. Maintain best practice standards of governance appropriate to the Agency, having regard to ANAO's Public Sector Governance Better Practice Guides and ensuring Board members undertake their duties impartially with a high degree of diligence, care and skill and at all times act in a manner that promotes the highest level of corporate governance in Board operations	<ul style="list-style-type: none">• All Board meetings are run in accordance with the NDIS Act, the PGPA Act and the ANAO Public Sector Governance Better Practice Guides.• The Board has established a Sustainability Committee, Audit and Risk Committee, and an ICT Committee.• The Board will hold regular strategic planning days in 2015, to ensure it continues to undertake its governance duties at the highest level.

Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
<p>3. Operate in accordance with all relevant legislation including the NDIS Act, the CAC Act and IGA and comply with all responsibilities under these Acts, including those relating to the annual reports, 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. • The Board has approved the Agency's Risk Management Strategy and framework. 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 NDIS Independent Advisory Council provided formal advice to the Board in December 2014 and January 2015. The Board has provided a response to the CDRC 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 and Risk Committee meeting and ICT Committee meeting. • The Chief Finance Officer and Scheme Actuary collaborate to produce budget reports and 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 transparency in access to supports</p>	<ul style="list-style-type: none"> • Quality assurance activities are being implemented across the NDIA. • Through internal operational reviews, the Agency is collecting and analysing data on discretionary decisions especially in relation to access and the approval of reasonable and necessary supports in participant plans. These include desktop reviews of participant files and interviews with staff at trial sites. • 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 is being rolled out across the Agency to instil insurance principles within the Agency.

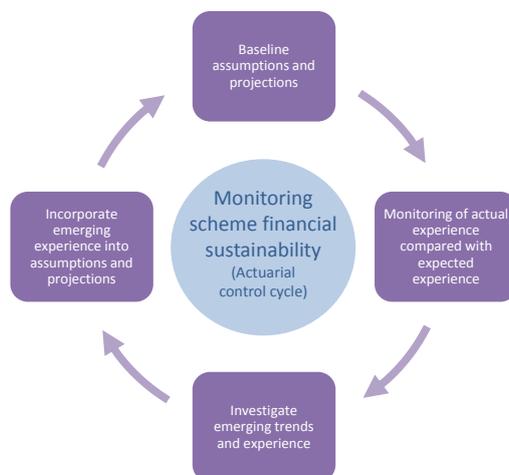
The Sustainability Committee is also developing an *Insurance Principles and Financial Sustainability Manual* to more formally articulate the concepts of insurance principles and financial sustainability within the NDIS, and how these link to the NDIA Strategic Plan 2013-16. This document consolidates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

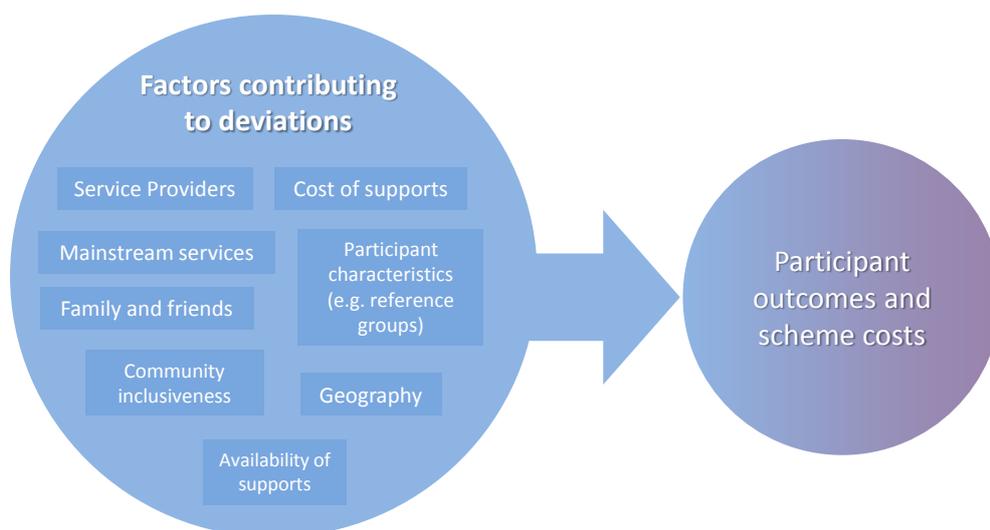
2. Monitoring framework against cost drivers

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 2013-14 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 against cost drivers (reported in Part 3), and
- A summary of key initiatives against cost drivers.

3. Summary of key initiatives against cost drivers

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.
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.
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 and disability).

Cost Driver	Key Initiatives Implemented by Agency
	<p>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.</p> <ul style="list-style-type: none"> • The World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0) will supplement the reference packages. • These two projects have 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 have assisted the planning process and have contributed to the reduction in package sizes. • A comparison of committed plan costs to reference packages is being used to determine the financial risk of an affirming decision, and escalated high risk decisions to senior officials. • 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.
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 are being 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. • The implementation of the outcomes framework short form, and the aligning of participant funding to its domains, will occur during August 2015. This will encourage the delivery of supports to strive towards achieving positive outcomes for participants, their families and carers. • 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 focused and encourage more innovation is complete, and will be 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 and linguistically diverse (CALD) communities, and for mental health. • In order to better understand links with other service systems and the

Cost Driver	Key Initiatives Implemented by Agency
	<p>use of mainstream supports, the NDIA is applying to be an accredited Data Integration Authority.</p> <ul style="list-style-type: none"> • 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.
Prices	<ul style="list-style-type: none"> • The development of the National Aids and Equipment Strategy is continuing. • Work is underway to establish an appropriate sector data collection to monitor the price and cost of supports delivered. • 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 psycho-social disability.

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 30 June 2015 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 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.

The first four trial sites commenced on 1 July 2013 and the remaining three commenced on 1 July 2014.

Access requests

22,563 access requests to the scheme have been made by individuals, with 19,545 people currently eligible¹ for the scheme (87% of access requests), and 1,667 people (7%) found ineligible (this falls to 6% when ineligibility due to age and residency requirements are excluded). Only 302 (1.3%) of these access request decisions have been requested to be internally reviewed.

¹ Note: 19,817 participants have ever been found eligible for the scheme. However, 272 participants are now inactive.

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

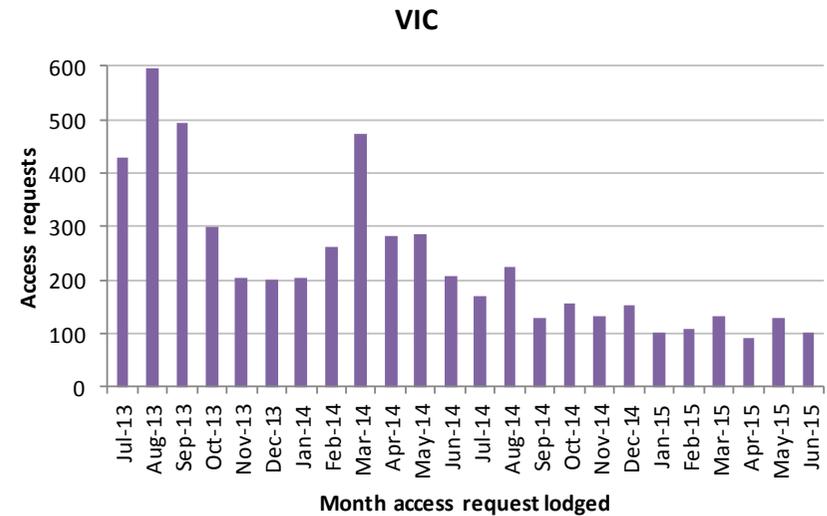
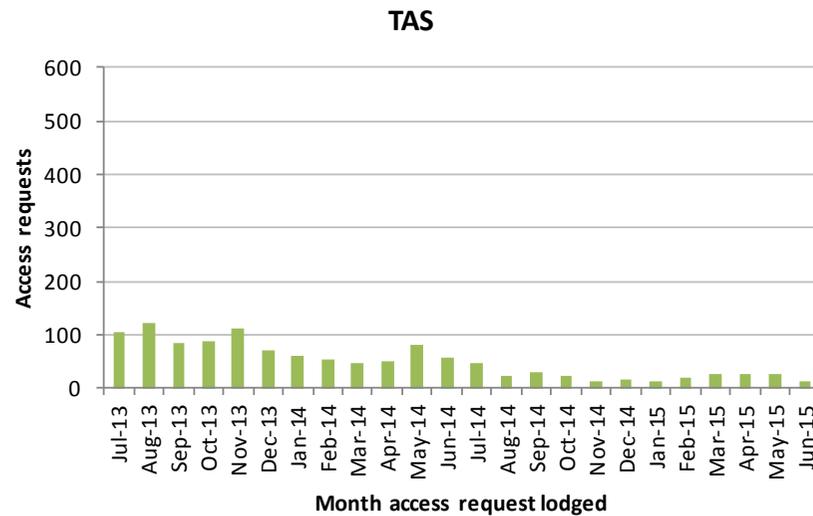
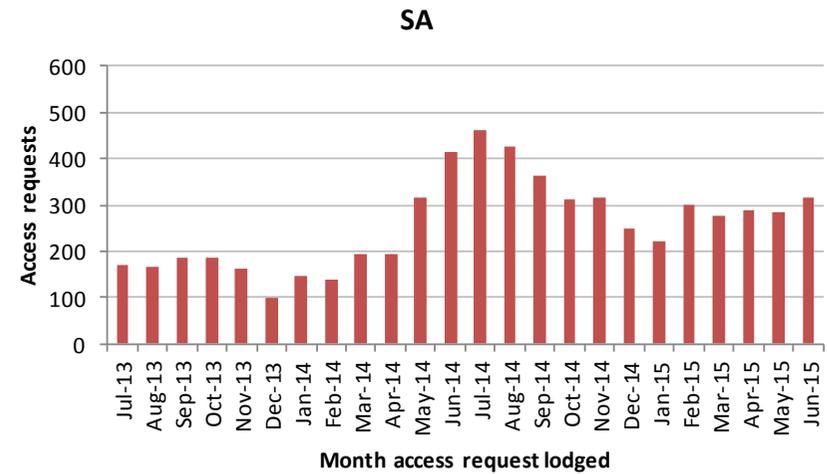
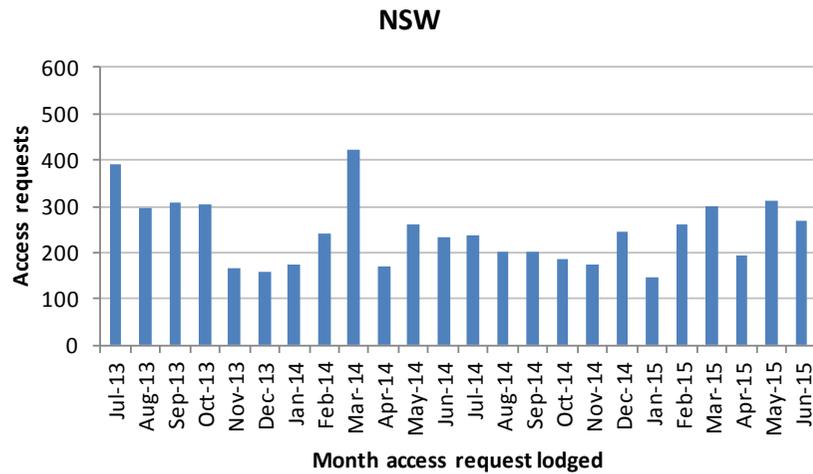
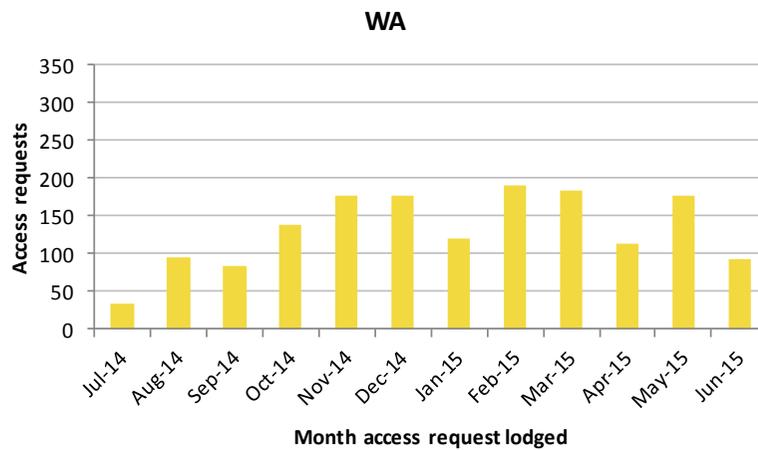
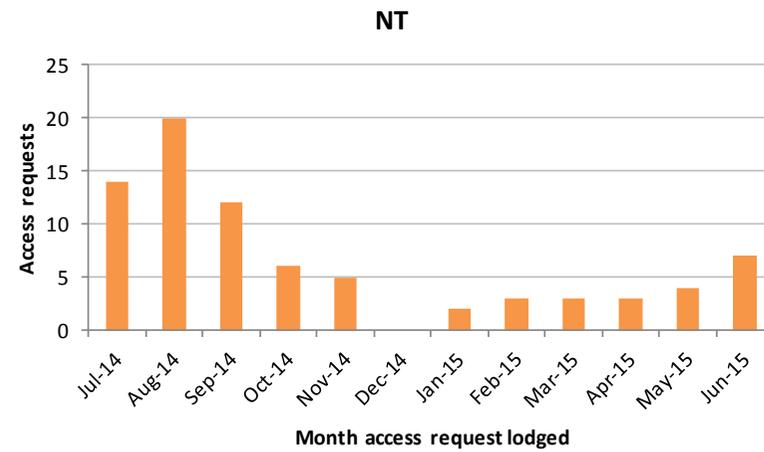
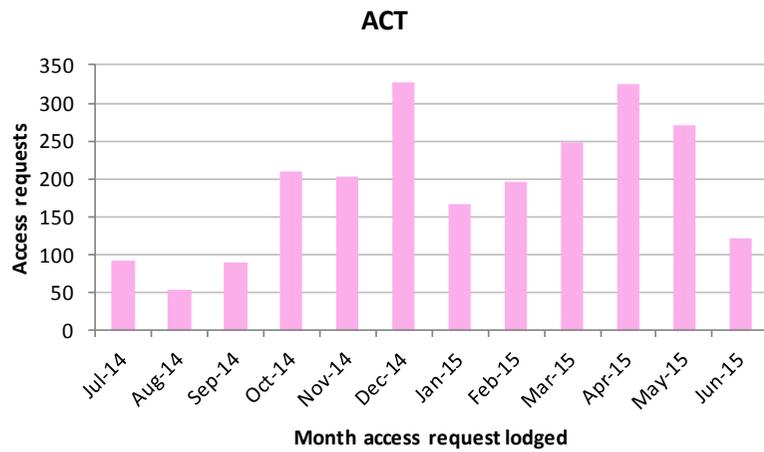


Figure 1.(b). People lodging an access request by month - ACT, NT and WA trial sites ²



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

Participants

Of the 19,817 active and inactive participants³, 17,303 have received an approved plan. Of the participants with approved plans, 4% are Aboriginal and/or Torres Strait Islander and 4% Culturally and Linguistically Diverse (CALD). There has been an increase in the number of Aboriginal and/or Torres Strait Islander participants in the scheme across all trial sites in the June 2015 quarter compared with the March 2015 quarter (with the exception of a slight reduction in the Australian Capital Territory trial site) – some of this increase is likely to be due to improved reporting.⁴

However, there are still fewer than expected Aboriginal and/or Torres Strait Islander participants in the trial sites that commenced on 1 July 2013, with the exception of the Victorian trial site. These trial sites are more affected by the missing records. The proportion of Aboriginal and/or Torres Strait Islander participants in the trial sites that commenced on 1 July 2014 is largely in line with expected. Note: exception reporting has been underway since July 2014 to capture the missing data.

‘Autism and related disorders’ is the most common primary disability across all trial sites (31% of participants nationally), noting that the age-specific trial sites are included in this figure. In South Australia, 49% 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 49%, due to the young adult cohort (15-26 years). In New South Wales 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 (30% and 22% respectively across the two sites).

A number of participants in the NDIS received funded supports from existing Commonwealth and State/Territory disability programs – “existing” participants. Other participants entering the NDIS have not received any disability services before, either due to unmet need or new incidence – “new” participants. There are currently 10,067 (59%) active participants with approved plans who received funded supports from existing programs and 7,086 new participants (41%).⁵

There are 17,155 active participants with approved plans, of whom 10,172 (59%) were found eligible for the scheme because they met the disability requirements (section 24 of the NDIS Act) and 6,983 (41%) participants met the early intervention requirements (section 25 of the NDIS Act). 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.

17,093 active participants have funded supports in their approved plans, and 14,909 (87%) of these participants receive at least one early intervention support. Participants aged 0-4 years are more likely to receive early intervention supports (98%).

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.

⁴ Indigenous status is not filled out for 16% of records, compared to 58% of records not filled out at the end of June 2014.

⁵ Note: there are 2 participants with this information missing. This information is being sought.

Plans

24,640 plans have been approved to date, including 6,551 second plans, 369 third plans and 16 fourth 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 (77% of plans). The most common funded supports in dollar terms are daily tasks in shared living arrangements, community participation, and assistance with personal activities. The most commonly funded support in South Australia, however, is early childhood support.

These plans are mostly solely agency managed (62%). There are 33% which use a combination of agency management and self-management, and 6% are solely self-managed. The proportion of plans solely self-managed has increased from 5% 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.

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

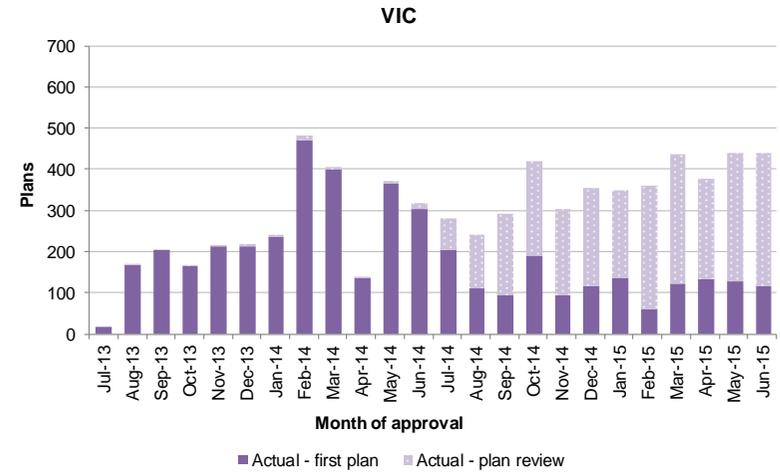
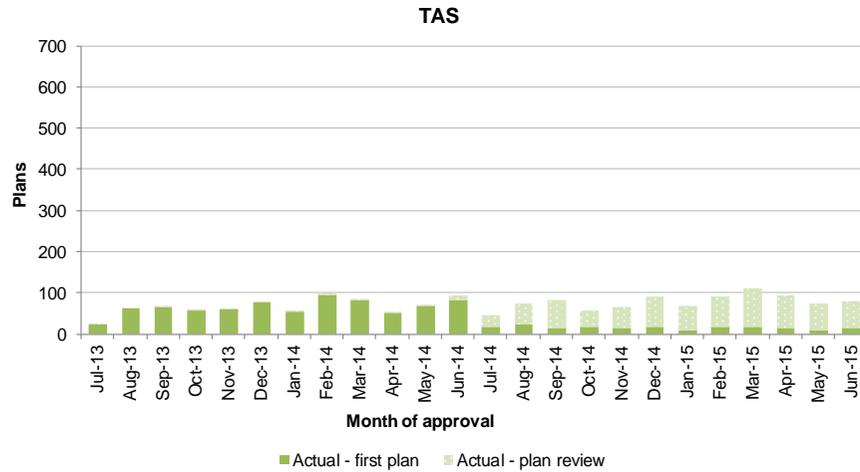
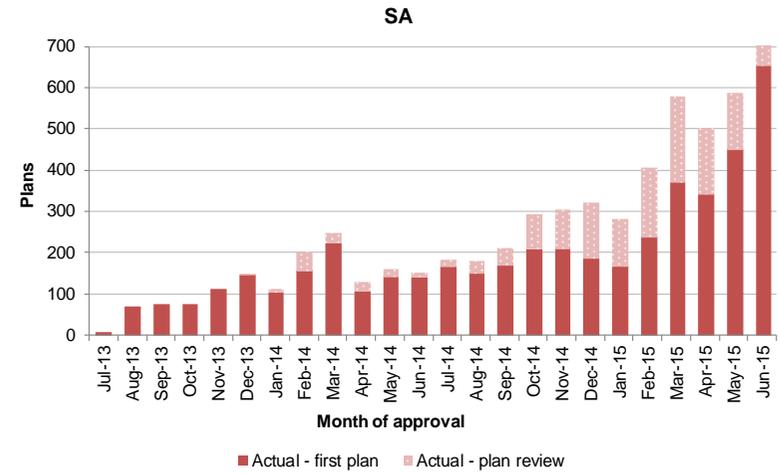
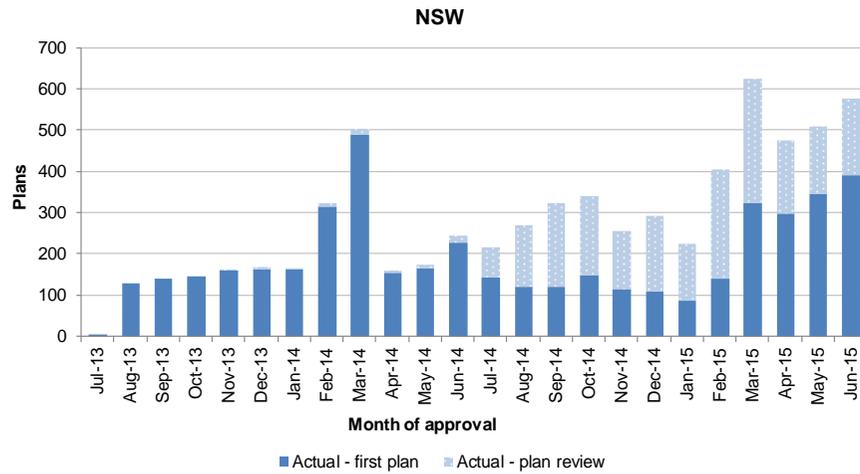
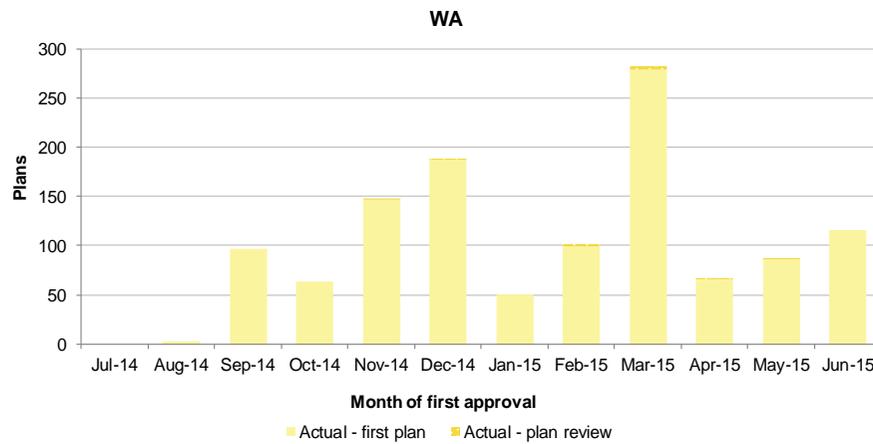
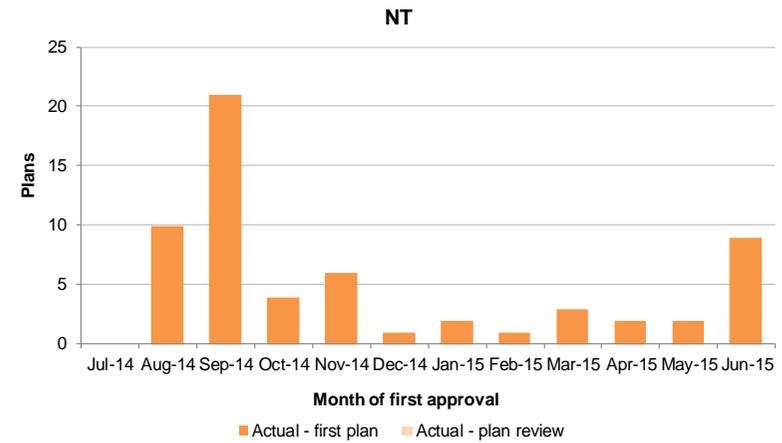
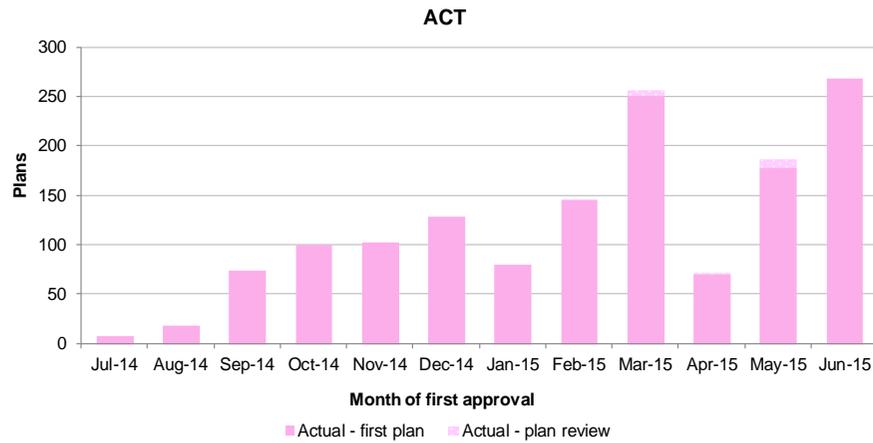


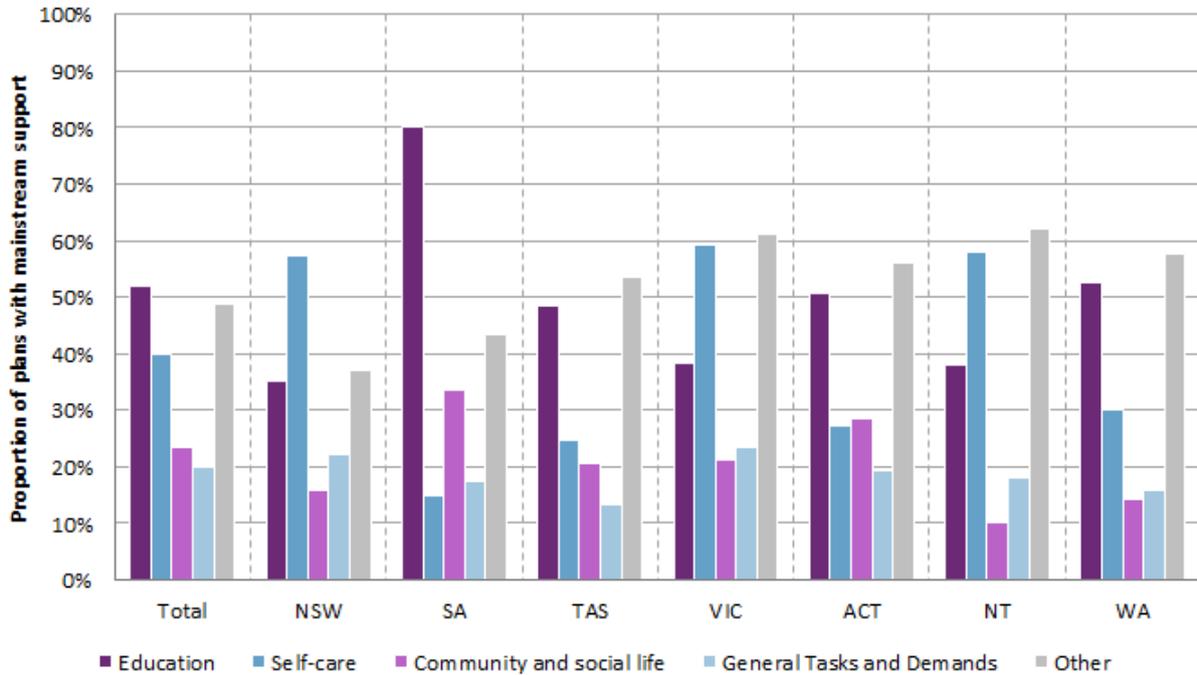
Figure 2.(b). Approved plans by month that the plan was first approved – ACT, NT and WA trial sites⁶



⁶ Note: The vertical axis for the Northern Territory is lower than the other States/Territories to make interpreting the chart easier.

In addition to supports provided through plans, 83% of participants are also accessing mainstream services (up from 73% last quarter). A large number of these mainstream services include services related to education (52%) or self-care (40%).

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



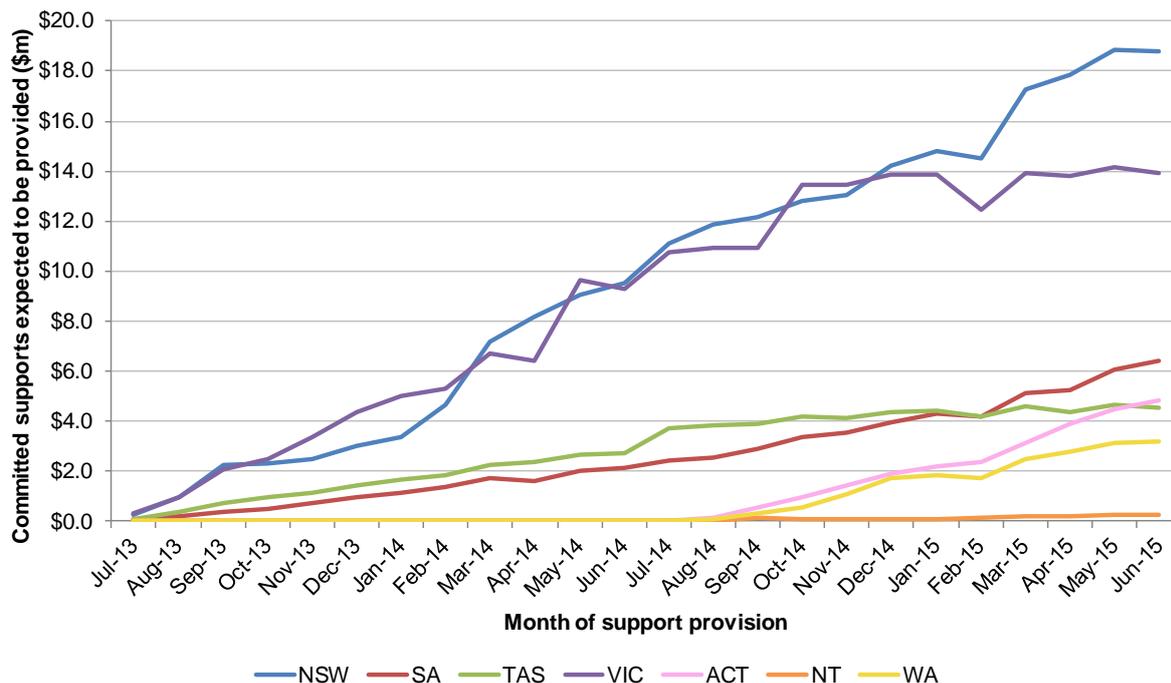
Committed funds

Overall, \$952.8 million has been committed for participant support costs to date, with \$343.6 million and \$295.5 million committed in the New South Wales and Victorian trial sites respectively (noting \$91.4 million and \$23.3 million have been committed to participants in each of 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.

These support costs are mostly 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 49% of total committed supports.⁷ On the other hand, 71% have an annualised package cost below \$30,000, and account for only 26% of annualised committed funding.

⁷ 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 trial sites is approximately \$38,400 including the Stockton, Colanda and Kanangra large residences, and \$33,600 excluding the Stockton, Colanda and Kanangra large residences.⁸ This is higher in the Tasmanian trial site at approximately \$56,900, and is lowest in South Australia at \$18,200. 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 distribution of the cost of support packages differs from expected across all trial sites. In particular, a higher proportion of low cost participants were expected compared with actual experience, and there are a higher proportion of participants receiving mid-range packages than expected. High cost participants are largely in line with expected.

The first 24 months of scheme experience indicates that overall costs of the scheme are in line with expectations. However, the average package costs are higher than expectations because fewer low cost participants have entered the scheme. The number of higher cost participants and medium cost participants are in line with expected.

⁸ Note: the bilateral agreements for the 2014/15 year indicate that the average participant cost is \$36,750.

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

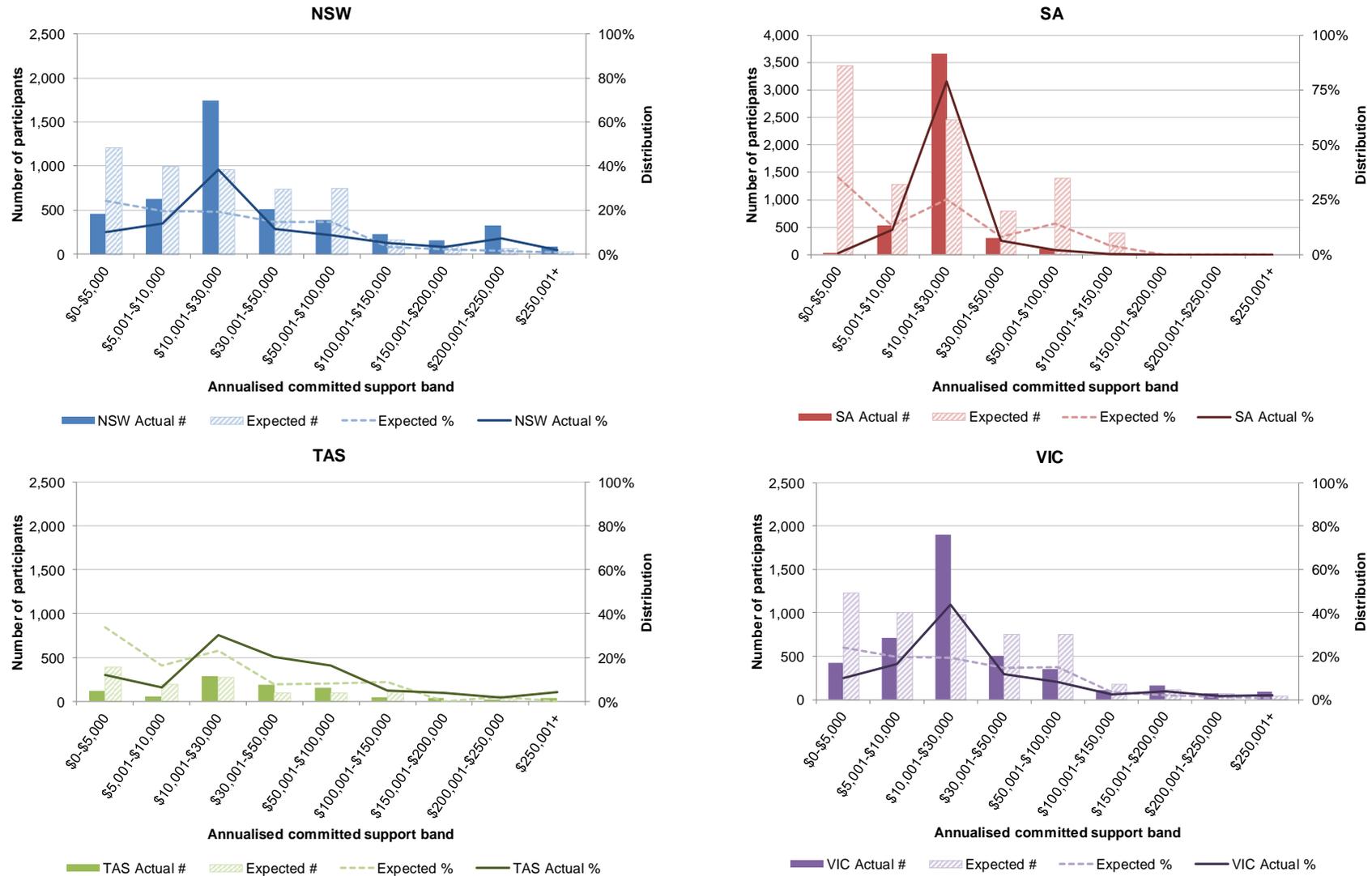
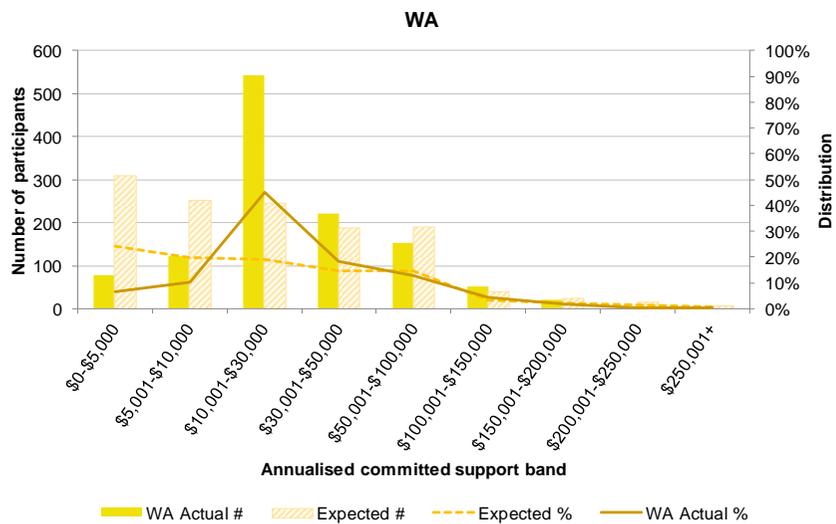
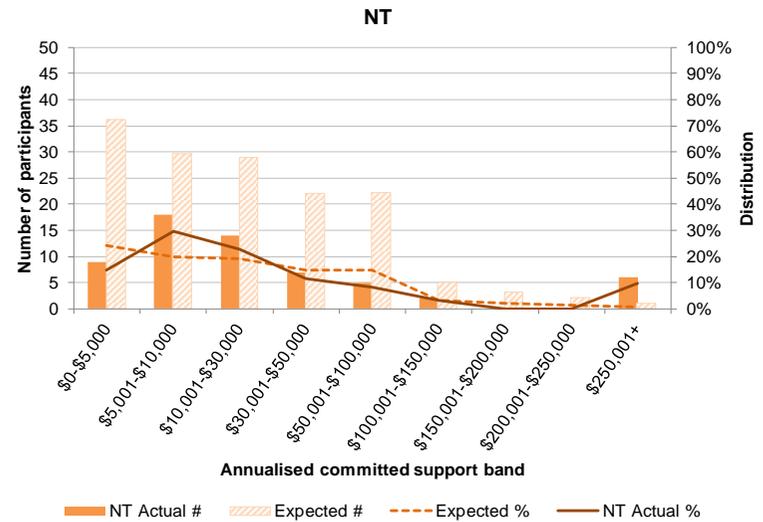
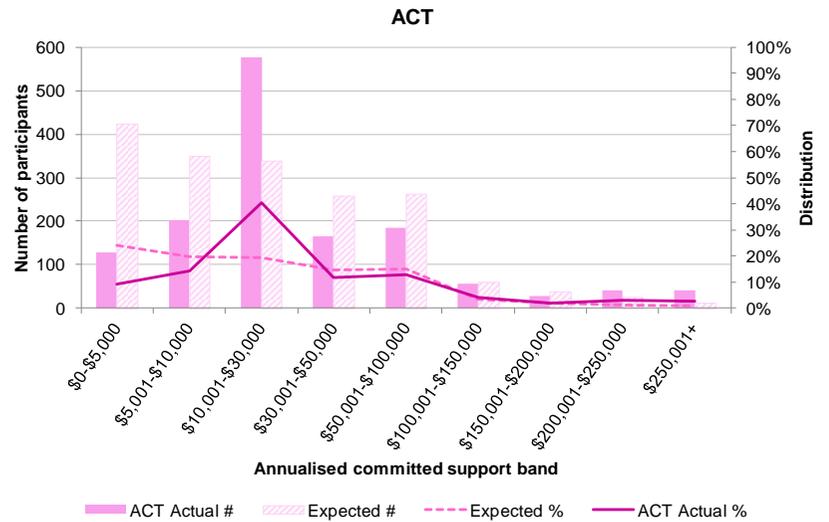


Figure 5.(b). Distribution of package costs by trial site – ACT, NT and WA trial sites⁹



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

Payments made

80% of participants with funded supports have had at least one payment against their plan (91% of those with plans over three months in length).

Payments made for participant supports total \$73.4 million for supports provided in 2013-14 (52% of total committed supports¹⁰ in this year) and \$257.5 million for supports provided during 2014-15 (54% of committed support). The off-system reconciliation process undertaken to date to determine the amount of in-kind provided in 2013-14 indicates that a further \$11.2 million of supports were provided in-kind in 2013-14. A large proportion of this in-kind support was provided by the New South Wales government (around \$8.7 million). Hence, \$84.6 million is estimated to have been provided in 2013-14 after this reconciliation is included (60% of committed support). An estimated \$54.1 million¹¹ of in-kind committed supports provided from 1 July 2014 to 30 June 2015 have not yet been paid. Therefore, \$396.2 million is estimated to have been provided to 30 June 2015 including the 2013-14 in-kind off-system reconciliation and the estimated 2014-15 in-kind supports that have not yet been invoiced (64% of committed support).

Note: work is underway on the 2014-15 in-kind off-system reconciliation. This will result in an increase in the \$54.1 million already identified as in-kind not invoiced.

The largest amounts overall have been paid for daily tasks/shared living (\$110.2 million) and community participation (\$74.0 million). \$276.5 million has been paid in cash, and \$54.4 million has been paid in-kind (or \$119.7 million if the off system payments are included).

Note: there will be a lag between supports being provided and subsequently invoiced by service providers.

Service Providers

There are 1,955 registered service providers, of whom:

- 1,881 (96%) operate in one state/territory only.
- 679 (35%) are individual/ sole traders and 542 (28%) are private sector companies.
- 1,637 (84%) have not been previously registered with the Department of Social Services (DSS). A number of these providers are small/medium enterprises.

¹⁰ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

¹¹ Note that this is a preliminary estimate only, as work needs to be undertaken to estimate the amount of in-kind service provision that is likely to have been provided between 1 July 2014 and 30 June 2015 being processed “off-system”. The estimated 2014-15 in-kind supports that have not yet been paid include:

- Supported accommodation committed supports for participants living in the Stockton, Kanangra and Colanda large residential centres
- Committed supports for the specific in-kind use only support item on working in an Australian Disability Enterprise (supported employment)
- Shared supported accommodation costs of participants in NSW and the ACT where no payments have been made
- Specialised transport costs to school/educational facility/employment in VIC where the support item status is ‘active – pending quote’

These service providers have received a total of \$307.4 million for participant supports, which is 93% of the total payments made to date. The remaining \$23.6 million has been paid to participants who are self-managing.¹²

Participant satisfaction

Of the 1,644 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 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 37 appeals with the Administration Appeal Tribunal - 16 due to access issues (0.07% of all access requests), and 21 due to plan issues (0.12% of all active and inactive¹³ participants with an approved plan). Of these appeals, 26 have reached a resolution – 14 have been varied (participant won the appeal) and the other 12 have been dismissed, withdrawn or affirmed (the original decision confirmed).

¹² Not including the off system payments.

¹³ 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.

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	4,605	5%	2%	61%	39%	0%
SA	4,660	4%	6%	72%	28%	0%
TAS	959	8%	2%	64%	36%	0%
VIC	4,392	2%	2%	59%	41%	0%
ACT	1,427	3%	8%	65%	35%	0%
NT	61	95%	77%	56%	44%	0%
WA	1,199	4%	4%	66%	34%	0%
Total	17,303	4%	4%	64%	36%	0%

State / Territory	0-4	5-14	15-24	25-44	45-64	65+
NSW	7%	27%	13%	19%	32%	2%
SA	31%	69%	0%	0%	0%	0%
TAS	0%	0%	88%	12%	0%	0%
VIC	7%	30%	14%	22%	26%	2%
ACT	28%	26%	25%	6%	12%	3%
NT	5%	28%	8%	28%	31%	0%
WA	8%	43%	22%	16%	11%	0%
Total	15%	39%	16%	13%	17%	1%

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

Primary Disability	NSW	SA	TAS	VIC	ACT	NT	WA	Total
Autism and Related Disorders	23%	49%	30%	22%	25%	3%	40%	31%
Cerebral Palsy	5%	3%	7%	4%	6%	11%	6%	5%
Deafness/Hearing Loss	3%	3%	0%	1%	2%	0%	1%	2%
Developmental Delay	4%	13%	2%	7%	19%	3%	1%	8%
Down Syndrome	4%	2%	7%	4%	4%	3%	5%	4%
Global Developmental Delay	3%	10%	2%	3%	5%	5%	6%	5%
Intellectual Disability	20%	2%	36%	22%	14%	18%	17%	16%
Multiple Sclerosis	2%	0%	0%	3%	2%	2%	3%	2%
Schizophrenia	6%	0%	1%	6%	1%	5%	1%	3%
Other Intellectual/learning	5%	4%	6%	5%	5%	5%	6%	5%
Other Neurological	13%	2%	5%	10%	6%	21%	8%	8%
Other Physical	4%	2%	2%	3%	5%	18%	4%	3%
Other Psychiatric	3%	0%	1%	8%	2%	0%	0%	3%
Other Sensory/Speech	5%	9%	1%	3%	5%	5%	3%	5%
Total	4,605	4,660	959	4,392	1,427	61	1,199	17,303

Table 1.1.1 shows the demographic information of participants with an approved plan. Overall, 4% of participants with approved plans to date identify as Aboriginal and/or Torres Strait Islander. Aboriginal and/or Torres Strait Islander status is not well completed in the system with 16% of records not stated (this has improved from 21% of records being not stated at the end of March). With 16% of records missing, comparison of Aboriginal and/or Torres Strait Islander rates with expected rates is difficult. There has been an increase in the number of Aboriginal and/or Torres Strait Islander participants in the scheme across all trial sites in the June 2015 quarter compared with the March 2015 quarter (with the exception of a slight reduction in the Australian Capital Territory trial site) – some of this increase is likely to be due to improved reporting. However, there are still fewer than expected Aboriginal and/or Torres Strait Islander participants in the trial sites that commenced on 1 July 2013, with the exception of the Victorian trial site. These trial sites are more affected by the missing records. The proportion of Aboriginal and/or Torres Strait Islander participants in the trial sites that commenced on 1 July 2014 is largely in line with expected.

Overall 4% of participants with approved plans are classified as Culturally and Linguistically Diverse (CALD). CALD is lower than expected in New South Wales and Victoria. CALD participants are currently significantly higher than expected in South Australia, and in line with expected in Tasmania. CALD is also lower than expected in the trial sites that commenced on 1 July 2014.

The proportion of males and females is in line with expected for the New South Wales, South Australian, Tasmanian and Victorian trial sites. The trial sites that commenced in 2014-15 have relatively more males than females due to the specific age groups currently in these trial sites.

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 25%. The proportions of disability vary between the States/ Territories due to the difference in the trial 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 49% of all participants due to the 15-24 age cohort in this site.

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/territory

State/Territory	Economic Participation	Education	Health and Wellbeing	Independence	Living Arrangements	Social Participation	Not Identified	Participants with approved plans
NSW	1,097	1,178	2,635	3,141	1,483	3,411	8	4,605
SA	39	2,289	2,864	4,136	169	4,034	0	4,660
TAS	479	358	311	606	333	636	5	959
VIC	1,128	1,099	2,515	3,036	1,429	3,418	1	4,392
ACT	344	744	842	1,123	467	1,097	0	1,427
NT	9	13	26	48	13	32	0	61
WA	355	338	542	886	180	971	0	1,199
Total	3,451	6,019	9,735	12,976	4,074	13,599	14	17,303

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

Primary Disability	Economic Participation	Education	Health and Wellbeing	Independence	Living Arrangements	Social Participation	Not Identified	Participants with approved plans
Autism and Related Disorders	658	2,552	3,153	4,406	617	4,699	3	5,397
Cerebral Palsy	157	222	483	614	260	592	1	793
Deafness/Hearing Loss	78	150	134	248	39	263	0	358
Developmental Delay	44	572	726	1,163	123	1,093	0	1,395
Down Syndrome	184	183	355	502	194	568	1	666
Global Developmental Delay	15	361	469	745	60	676	0	853
Intellectual Disability	1,125	685	1,383	1,716	1,164	2,100	7	2,736
Multiple Sclerosis	76	28	192	210	125	182	0	285
Schizophrenia	226	76	395	302	295	430	0	558
Other Intellectual/learning	194	305	465	618	193	625	0	869
Other Neurological	285	239	828	1,034	549	955	0	1,401
Other Physical	101	125	363	436	166	360	0	566
Other Psychiatric	204	127	394	296	198	393	1	532
Other Sensory/Speech	104	394	395	686	91	663	1	894
Total	3,451	6,019	9,735	12,976	4,074	13,599	14	17,303

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

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 and 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 developed after June 2014.

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

State	Core	Capacity Building	Capital	Existing	Total Plans
NSW	2,882	3,635	739	2,343	4,605
SA	1,431	4,502	942	1,463	4,660
TAS	506	720	55	764	959
VIC	2,200	3,987	888	3,103	4,392
ACT	660	1,311	118	110	1,427
NT	37	58	21	16	61
WA	460	1,154	118	184	1,199
Total	8,176	15,367	2,881	7,983	17,303

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

Primary Disability	Core	Capacity Building	Capital	Existing	Total Plans
Autism and Related Disorders	1,860	5,086	497	2,038	5,397
Cerebral Palsy	568	712	345	455	793
Deafness/Hearing Loss	177	297	111	174	358
Developmental Delay	401	1,318	149	468	1,395
Down Syndrome	394	579	111	423	666
Global Developmental Delay	269	813	124	310	853
Intellectual Disability	1,607	2,209	268	1,656	2,736
Multiple Sclerosis	248	231	136	160	285
Schizophrenia	297	474	55	297	558
Other Intellectual/learning	439	738	172	428	869
Other Neurological	1,015	1,141	539	822	1,401
Other Physical	368	471	190	238	566
Other Psychiatric	226	479	46	235	532
Other Sensory/Speech	307	819	138	279	894
Total	8,176	15,367	2,881	7,983	17,303

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 trial sites, the most commonly funded support category is capacity building. Children under 15 years are more likely to be receiving capacity building supports (95%) than people aged over 15 years (82%).

Table 1.2.2. Delivery of agreed supports¹⁴ as planned

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

State	Payments (Supports provided in 2013/14)	Committed Supports expected to be provided (2013/14)	Proportion paid (2013/14)	Payments (Supports provided in 2014/15)	Committed Supports expected to be provided (Jun 2015 quarter)	Proportion paid (Jun 2015 quarter)
NSW	\$27,212,898	\$53,150,970	51%	\$79,657,208	\$177,373,398	45%
SA	\$5,402,253	\$12,741,181	42%	\$25,860,046	\$50,073,822	52%
TAS	\$9,720,838	\$18,237,196	53%	\$28,984,442	\$50,794,970	57%
VIC	\$31,060,602	\$55,890,903	56%	\$107,451,185	\$155,582,248	69%
ACT	\$0	\$0	n/a	\$9,371,184	\$25,903,778	36%
NT	\$0	\$0	n/a	\$650,094	\$1,416,883	46%
WA	\$0	\$0	n/a	\$5,559,931	\$18,753,397	30%
Total	\$73,396,590	\$140,020,250	52%	\$257,534,090	\$479,898,495	54%
Total (incl. in-kind off system reconciliation for 2013-14 and estimated 2014-15 in-kind supports that have not been invoiced in the system)	\$84,586,616	\$140,020,250	60%	\$311,611,041	\$479,898,495	65%

¹⁴ Committed support is the dollar amount of support that has been made available to participants in their statements of support.

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

Primary Disability	Payments (Supports provided in 2013/14)	Committed Supports expected to be provided (2013/14)	Proportion paid (2013/14)	Payments (Supports provided in 2014/15)	Committed Supports expected to be provided (Jun 2015 quarter)	Proportion paid (Jun 2015 quarter)
Autism And Related Disorders	\$13,176,317	\$25,602,233	51%	\$51,044,086	\$95,353,339	54%
Cerebral Palsy	\$8,977,544	\$17,294,220	52%	\$24,023,897	\$42,555,401	56%
Deafness/Hearing Loss	\$669,689	\$1,484,462	45%	\$1,771,397	\$4,005,826	44%
Developmental Delay	\$2,523,553	\$4,683,046	54%	\$9,416,310	\$16,862,548	56%
Down Syndrome	\$4,994,140	\$10,267,665	49%	\$14,374,515	\$27,246,884	53%
Global Developmental Delay	\$1,144,117	\$2,603,343	44%	\$5,554,962	\$10,712,546	52%
Intellectual Disability	\$19,887,733	\$34,217,332	58%	\$81,408,900	\$152,055,352	54%
Multiple Sclerosis	\$1,908,111	\$3,576,690	53%	\$4,358,424	\$7,117,248	61%
Schizophrenia	\$2,182,993	\$3,411,918	64%	\$8,167,257	\$14,054,564	58%
Other Intellectual/learning	\$3,559,324	\$7,021,621	51%	\$11,887,054	\$24,624,844	48%
Other Neurological	\$10,974,513	\$22,004,515	50%	\$30,598,404	\$55,278,021	55%
Other Physical	\$1,629,650	\$3,811,420	43%	\$5,698,700	\$11,611,208	49%
Other Psychiatric	\$864,537	\$1,727,265	50%	\$4,912,430	\$10,053,884	49%
Other Sensory/Speech	\$904,367	\$2,314,522	39%	\$4,317,755	\$8,366,831	52%
Total	\$73,396,590	\$140,020,250	52%	\$257,534,090	\$479,898,495	54%
Total (incl. in-kind off system reconciliation for 2013-14 and estimated 2014-15 in-kind supports that have not been invoiced in the system)	\$84,586,616	\$140,020,250	60%	\$311,611,041	\$479,898,495	65%

Table 1.2.2 shows the total dollar amount invoiced to date compared with the estimated funds committed for supports delivered to date. Of the \$479.9m in supports committed in participant plans to be provided in the 2014-15 year, to date 65% has been delivered and paid for by the Scheme. This measure remains too immature to interpret meaningfully due to the complexity of participants and providers transitioning to the scheme from existing funding arrangements. Also, there is a 2014-15 in-kind offline reconciliation occurring which means the 65% will increase. Lastly, there is also a lag between when a support is provided and when invoices 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	82%	93%	43%
SA	80%	96%	44%
TAS	89%	91%	33%
VIC	88%	93%	41%
ACT	62%	80%	30%
NT	44%	48%	31%
WA	63%	71%	35%
Total	80%	91%	41%

Table 1.2.3 shows the proportion of participants by trial site with funded supports that have had at least one payment against their plan. For plans that have been in place for at least 3 months, 91% have had at least one payment against their plan compared with 41% for plans in place for less than three months (up from 33% last quarter). This result highlights the lag between when supports are provided and paid.

Note: in-kind supports provided off-line are excluded from this analysis. Hence, Table 1.2.3 underestimates the proportion of plans with payments.

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

State	Jan 15 - Mar 15
NSW	76%
SA	40%
TAS	13%
VIC	40%
ACT	51%
NT	100%
WA	87%
Total	58%

Table 1.2.4 presents the proportion of plans approved within 90 days of an access request being submitted during the 3rd quarter of 2014-15. 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.

Plan reviews in the trial sites that commenced in 2013-14 have diverted resources and this explains the difference between these trial sites and the trial sites that commenced in 2014-15. Further, the higher than expected number of children in the South Australian trial site (compared with the bilateral agreement) has diverted resources to assessing eligibility rather than approving plans.

Tasmania had a very small number of plans approved (6) and access requests (48) submitted in this 3rd quarter, so the 13% should be treated with caution.

Noting these issues the Agency has seen an improvement in this measure from last quarter in the majority of States/Territories. New South Wales increased from 31% to 76% and South Australia from 14% to 40%. Total plans approved within 90 days of access requests being submitted increased from 47% to 58% in the last 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 1.2.5. Service provider characteristics and market profile

Footprint	Allied Health	Disability Support	Disability Equipment	Plan Management	Total
National	62	69	55	34	76
State	1405	1256	1237	209	1881
Provider Type					
Australian Private Company	352	288	355	39	510
Australian Public Company	111	116	83	59	141
Family or Other trust	120	96	123	16	160
Incorporated Entity	256	289	122	100	307
Individual/Sole Trader	514	423	514	10	679
Other Private	23	25	16	8	32
Other Public	30	32	25	8	36
Partnership	61	56	54	3	92
Total	1467	1325	1292	243	1957

Type	Providers Registered
New NDIS	1,637
Previously DSS	320

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 (35%) followed by private companies (28%). The majority of registered providers are new to the NDIS (84%) – that is, they were not previously registered with DSS.

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

As mentioned previously, work is underway on an outcomes framework which measures choice and control. Participants receive individual plans and flexibility in spending the money in their plan. The introduction of bundled supports from 1 July 2014 has also increased this flexibility. Further, from 1 August 2015 the catalogue of supports will be 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 proportion of participants using each, or a combination, of plan management options¹⁵

State	Agency Managed	Combination	Self-Managed
NSW	52%	46%	1%
SA	68%	20%	12%
TAS	50%	46%	4%
VIC	72%	28%	0%
ACT	48%	41%	11%
NT	93%	7%	0%
WA	60%	31%	9%
Total	62%	33%	6%

Table 1.3.1 shows the distribution of plan management options being used by active¹⁶ participants. 6% of plans are solely self-managed, and 33% of plans use a combination of agency management and self-management, up from 5% and 32% in the last quarter respectively.

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-kind¹⁷ support, they cannot solely manage their plan.

¹⁵ These numbers are rounded to the nearest whole percentage, and the rounded numbers may not add to 100% across plan management options.

¹⁶ 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.

¹⁷ "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	96	4,829	151	670	38	181	5,965
SA	11	5,506	133	349	4	65	6,068
TAS	21	1,053	13	43	5	40	1,175
VIC	75	4,656	92	350	9	204	5,386
ACT	3	2,037	116	143	5	10	2,314
NT	0	68	2	6	0	3	79
WA	3	1,396	66	106	1	4	1,576
Total	209	19,545	573	1,667	62	507	22,563

Table 1.3.2.(b) Proportions of access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW	2%	81%	3%	11%	1%	3%	5,965
SA	0%	91%	2%	6%	0%	1%	6,068
TAS	2%	90%	1%	4%	0%	3%	1,175
VIC	1%	86%	2%	6%	0%	4%	5,386
ACT	0%	88%	5%	6%	0%	0%	2,314
NT	0%	86%	3%	8%	0%	4%	79
WA	0%	89%	4%	7%	0%	0%	1,576
Total	1%	87%	3%	7%	0%	2%	22,563

Table 1.3.2 shows the number and distribution of access requests made by the current status of the request. To date, approximately 87% of people submitting access requests have been found eligible, and a further 3% are in progress. Around 7% of access requests have been deemed ineligible. Excluding ineligibility due to age and residency requirements the proportion decreases to 6%.

Table 1.3.3. Reviews of decisions (internal)

State	Affirmed	Set aside	Pending	Outcome not recorded ¹⁸	Total
NSW	13	25	12	27	77
SA	3	27	12	8	50
TAS	2	1	0	1	4
VIC	24	54	14	37	129
ACT	6	4	15	6	31
NT	0	0	0	0	0
WA	2	2	5	2	11
Total	50	113	58	81	302

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 (22,563) or plan decisions (17,303). Given the total number of decisions, there have been very few requests for review (302), with the majority from Victoria (129).

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

State	Affirmed	Set aside	Pending	Varied	Dismissed	Withdrawn	Total
NSW	1	0	2	1	2	0	6
SA	2	0	0	1	1	2	6
TAS	0	0	0	1	0	0	1
VIC	1	0	6	10	2	1	20
ACT	0	0	1	1	0	0	2
NT	0	0	0	0	0	0	0
WA	0	0	2	0	0	0	2
Total	4	0	11	14	5	3	37

Table 1.3.4 shows that there have been 37 appeals to the Administrative Appeals Tribunal of which 11 are pending. Of the 26 appeals to have reached a resolution, 14 have been varied (participant won the appeal), and the other 12 have been dismissed, withdrawn or affirmed (the original decision confirmed).

¹⁸ The National Quality and Innovation Team continue to follow this up directly with trial sites to ensure better recording of resolutions.

Table 1.3.5. Appeals by Category with the AAT

State	Access Issues	Plan Issues	Total
NSW	4	2	6
SA	3	3	6
TAS	1	0	1
VIC	8	12	20
ACT	0	2	2
NT	0	0	0
WA	0	2	2
Total	16	21	37

Table 1.3.5 shows that of the appeals lodged to date, just under half were related to access issues (16) and just over half related to plan issues (21).

Table 1.3.6. Complaints by outcome and average resolution time

State	Closed - referred to another agency	Closed - resolved	Closed - unresolved	Open	Total
NSW	2	164	11	17	194
SA	1	71	3	13	88
TAS	0	27	1	2	30
VIC	1	190	24	1	216
ACT	0	19	1	11	31
NT	0	1	0	0	1
WA	0	11	1	6	18
National Office	3	51	6	36	96
Total	7	534	47	86	674

Table 1.3.6 shows the number of complaints submitted. In total, there have been 674 complaints, of which 216 are from Victoria (32%) and 194 are from NSW (29%). Complaints can be lodged by participants, providers, organisations and members of the general community.

Table 1.3.7. Complaint type

State	Provider	Agency	Reasonable and Necessary Supports	Other	Total
NSW	8	115	46	25	194
SA	0	71	11	6	88
TAS	0	22	1	7	30
VIC	5	144	39	28	216
ACT	2	21	2	6	31
NT	0	0	0	1	1
WA	0	12	2	4	18
National Office	4	49	6	37	96
Total	19	434	107	114	674

Table 1.3.7 shows the distribution of the total complaints to date by complaint type. The majority (64%) of complaints are agency related, with a further 16% relating to the amount of reasonable and necessary supports in participant plans.

Table 1.3.8 Satisfaction with the Agency

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 ¹⁹
NSW	1.75	1.04
SA	1.51	1.06
TAS	1.75	1.35
VIC	1.75	1.14
ACT	1.52	0.83
NT	-	0.53
WA	1.37	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	78%	20%	2%	1%	0%	100%
SA	64%	27%	5%	3%	1%	100%
TAS	77%	21%	2%	0%	0%	100%
VIC	80%	17%	3%	0%	0%	100%
ACT	56%	39%	4%	0%	0%	100%
NT	-	-	-	-	-	-
WA	54%	35%	7%	3%	2%	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 and outcomes. Of the 1,644 participants who have been surveyed, 95% have responded that their planning process was either good, or very good, maintaining the high level of satisfaction with the Agency at 1.63.

Note: This survey is completed after the planning process by the participant, their family, or carer. It is conducted by an employee who has not been involved in the planning process, and responses are strictly confidential.

Note: Participant satisfaction extending beyond the planning process will be measured using the outcomes framework when implemented.

¹⁹ Experience satisfaction is no longer being collected. This will be replaced by the outcomes framework for the next quarterly report.

2. Financial Sustainability

Note: A number of measures relating to financial sustainability are addressed in the 'Report on the sustainability of the scheme' 2014-15 4th quarterly report.

For the ACT, NT and WA trial sites, which commenced on 1 July 2014, only four 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 supports²⁰

State	Committed costs	Proportion
NSW	\$343,633,408	36%
SA	\$111,878,466	12%
TAS	\$92,885,036	10%
VIC	\$295,475,034	31%
ACT	\$64,670,395	7%
NT	\$3,061,377	0%
WA	\$41,220,779	4%
Total	\$952,824,495	100%

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

Table 2.1.2. Total payments (\$, in-kind²¹)

State	Cash	In-Kind	Total
NSW	\$106,247,160	\$622,946	\$106,870,106
SA	\$28,458,296	\$2,804,002	\$31,262,299
TAS	\$33,084,596	\$5,620,685	\$38,705,281
VIC	\$93,839,471	\$44,672,316	\$138,511,787
ACT	\$9,169,995	\$201,190	\$9,371,184
NT	\$636,522	\$13,571	\$650,094
WA	\$5,094,503	\$465,428	\$5,559,931
Total payments	\$276,530,543	\$54,400,137	\$330,930,681
Total (incl. in-kind off system reconciliation for 2013-14 and estimated 2014-15 in-kind supports that have not been invoiced in the system)	\$276,530,543	\$119,667,114	\$396,197,657

²⁰ Committed support is the dollar amount of support that has been made available to participants in their statements of support – their package of supports.

²¹ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Table 2.1.2 shows total payments to date by trial site. The majority of payments are from the New South Wales and Victorian trial sites (74% of payments, combined). This is expected as these are the largest trial sites. The 2014-15 trial 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)²²

	%
Operating expenses ratio	27.0%

Table 2.1.3 shows the operating expenses ratio. This figure is similar to the 27.4% reported in the previous quarter.

Table 2.1.4. Annualised support package distributions²³

Annualised committed support band	Active plans	%
\$0-\$5,000	1,244	7%
\$5,001-\$10,000	2,283	13%
\$10,001-\$30,000	8,727	51%
\$30,001-\$50,000	1,905	11%
\$50,001-\$100,000	1,349	8%
\$100,001-\$150,000	509	3%
\$150,001-\$200,000	399	2%
\$200,001-\$250,000	466	3%
\$250,001+	273	2%
Total	17,155	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 17,155 active²⁴ participants with approved plans, 71% have an annualised package cost of less than \$30,000. This group accounts for only 26% of annualised committed funding. Conversely, 10% of participants have an annualised package cost over \$100,000 and these participants account for 49% of total committed supports.²⁵ As expected, the bulk of committed funding is being allocated to a very small proportion of high-need participants.

²² 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.

²³ This table includes participants with active plans only. The total of 17,155 is slightly lower than the 17,303 active and inactive participants with an approved plan reported elsewhere in this report.

²⁴ 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.

²⁵ 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	Jul 14 – Sep 14
NSW	62%
SA	40%
TAS	28%
VIC	38%
ACT	64%
NT	50%
WA	71%
Total	54%

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 2nd quarter of 2014-15. 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. 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.

The results are driven by the lower proportion of plans approved within 90 days of an access request being submitted reported in Table 1.2.4. Further, in-kind arrangements are affecting this measure, as not all in-kind services provided are invoiced in the system. Despite this, the total proportion of this measure has increased to 54%, from 51% last 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.

Note: in the Tasmanian and Northern territory trial sites the number of approved plans in the quarter was very low and hence these figures should be treated with caution.

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

Support Category	Participant	Service Provider	Total
Accommodation/Tenancy	\$13,356	\$319,413	\$332,769
Assess-Skill, Ability, Needs	\$62,411	\$2,176,775	\$2,239,186
Assist Access/Maintain Employ	\$94,407	\$3,396,979	\$3,491,386
Assist Prod-Pers Care/Safety	\$895,585	\$5,197,563	\$6,093,148
Assist-Integrate School/Ed	\$156,732	\$1,084,277	\$1,241,009
Assist-Life Stage, Transition	\$171,235	\$7,835,005	\$8,006,240
Assist-Personal Activities	\$3,928,092	\$40,289,755	\$44,217,847
Assist-Travel/Transport	\$4,801,440	\$4,697,087	\$9,498,528
Assistive Equip-Recreation	\$141,427	\$338,040	\$479,467
Assistive Prod-Household Task	\$50,179	\$76,592	\$126,771
Behaviour Support	\$53,310	\$1,269,428	\$1,322,738
Comms & Info Equipment	\$452,044	\$636,352	\$1,088,396
Community Nursing Care	\$54,458	\$439,157	\$493,615
Daily Tasks/Shared Living	\$987,959	\$109,165,136	\$110,153,095
Development-Life Skills	\$510,815	\$4,560,185	\$5,071,000
Early Childhood Supports	\$4,362,679	\$25,849,241	\$30,211,919
Equipment Special Assess Setup	\$26,935	\$338,268	\$365,203
Hearing Equipment	\$109,865	\$64,066	\$173,931
Home Modification	\$164,509	\$2,699,881	\$2,864,390
Household Tasks	\$532,942	\$2,001,566	\$2,534,508
Interpret/Translate	\$15,401	\$201,954	\$217,355
Other Innovative Supports	\$267,463	\$760,737	\$1,028,200
Participate Community	\$3,766,220	\$70,283,416	\$74,049,636
Personal Mobility Equipment	\$394,461	\$8,498,036	\$8,892,497
Physical Wellbeing	\$259,516	\$188,733	\$448,249
Plan Management	\$6,941	\$468,565	\$475,507
Therapeutic Supports	\$926,457	\$12,551,387	\$13,477,844
Training-Travel Independence	\$52,532	\$343,248	\$395,780
Vehicle modifications	\$220,507	\$1,149,713	\$1,370,220
Vision Equipment	\$74,758	\$495,490	\$570,247
Total	\$23,554,637	\$307,376,043	\$330,930,681
Total (incl. in-kind off system reconciliation for 2013-14 and estimated 2014-15 in-kind supports that have not been invoiced in the system)			\$396,197,657

Table 2.1.6 shows total payments (cash & in-kind²⁶) expenditure split by support cluster, excluding the off-system reconciliation. Support clusters are groupings of similar supports. A single plan may have funding over many support clusters. Payees can include participants who are self-managing or providers who invoice against a plan. The majority of payments are made to providers (93%). The total payments made have increased from approximately \$228 million in the previous quarter to over \$330 million excluding the in-kind off system reconciliation, and \$396 million when this reconciliation is included.

²⁶ "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 packages²⁷

State	Average annualised committed	Median annualised committed
NSW	\$38,973	\$18,872
SA	\$18,234	\$15,184
TAS	\$56,940	\$31,162
VIC	\$35,317	\$17,543
ACT	\$45,361	\$18,759
NT	\$50,327	\$15,847
WA	\$34,894	\$23,210
Total	\$33,597	\$17,182

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

Table 2.1.8. Value of and number of active approved packages by participant group – since 1 July 2013²⁸

Primary Disability	Number	Committed costs ²⁹	Average annualised cost
Autism and Related Disorders	5,386	\$196,219,404	\$25,838
Cerebral Palsy	783	\$83,758,108	\$62,651
Deafness/Hearing Loss	356	\$7,710,815	\$13,662
Developmental Delay	1,392	\$35,164,665	\$16,207
Down Syndrome	660	\$57,618,397	\$48,841
Global Developmental Delay	853	\$22,437,535	\$19,393
Intellectual Disability	2,709	\$287,486,288	\$56,261
Multiple Sclerosis	277	\$14,789,494	\$33,145
Schizophrenia	553	\$29,326,529	\$38,027
Other Intellectual/learning	865	\$49,153,434	\$35,325
Other Neurological	1,354	\$108,422,185	\$46,446
Other Physical	549	\$22,836,697	\$26,315
Other Psychiatric	529	\$19,315,308	\$27,187
Other Sensory/Speech	889	\$18,585,639	\$15,955
Total	17,155	\$952,824,495	\$33,597

Table 2.1.8 shows the number of active participants³⁰ 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 age distributions of each group. The overall average annualised plan amount to date is \$33,597³¹

²⁷ Note: Average annualised cost excludes participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

²⁸ Note: Average annualised cost excludes participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

²⁹ Committed costs are not annualised and include costs committed to inactive participants.

³⁰ 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.

³¹ Note: the bilateral agreements for the 2014-15 year indicate that the average participant cost is \$36,750.

excluding the Stockton, Colanda and Kanangra large residences, or \$38,423 when the Stockton, Colanda and Kanangra large residences are included.

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

Table 2.1.9. Number of participants receiving supports paid for with cash and/or in-kind³² supports by state/territory

State	Cash	In-kind	Cash & In-kind	Total
NSW	3,595	9	157	3,761
SA	2,862	31	833	3,726
TAS	463	3	359	825
VIC	1,501	171	2,189	3,861
ACT	725	26	122	873
NT	19	2	7	28
WA	524	20	202	746
Total	9,689	262	3,869	13,820

Table 2.1.9 shows that almost all participant plans that have had at least one invoice are receiving cash payments (70%) or a combination of cash payments and in-kind supports (28%) 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	100%	0%
SA	95%	5%
TAS	95%	5%
VIC	88%	12%
ACT	98%	2%
NT	93%	7%
WA	90%	10%
Total	94%	6%

Table 2.1.10 shows the distribution of services funded through cash and in-kind arrangements by trial site. Victoria has the highest percentage of in-kind supports at 12%, while New South Wales has the lowest at below 0.5%. Note: A number of in-kind supports have been invoiced off the system, and a reconciliation process has been undertaken. These results have not yet been allocated to participants and are not included in the above table - the above results should be interpreted with caution.

³² "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Table 2.1.11. Participant numbers

Table 2.1.11.(a) Participant numbers, split by gender, age and primary disability

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW	4,605	249	92	2,818	1,787	0
SA	4,660	201	279	3,335	1,325	0
TAS	959	78	19	609	350	0
VIC	4,392	89	86	2,589	1,803	0
ACT	1,427	42	117	924	503	0
NT	61	58	47	34	27	0
WA	1,199	50	52	789	409	1
Total	17,303	767	692	11,098	6,204	1

State / Territory	0-4	5-14	15-24	25-44	45-64	65+
NSW	321	1,243	605	870	1,481	85
SA	1,451	3,209	0	0	0	0
TAS	0	0	848	111	0	0
VIC	307	1,302	612	952	1,146	73
ACT	400	375	351	91	165	45
NT	3	17	5	17	19	0
WA	91	519	261	191	134	3
Total	2,573	6,665	2,682	2,232	2,945	206

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

	NSW	SA	TAS	VIC	ACT	NT	WA	Total
Autism and Related Disorders	1,043	2,270	287	965	351	2	479	5,397
Cerebral Palsy	249	154	67	155	84	7	77	793
Deafness/Hearing Loss	127	137	4	54	28	0	8	358
Developmental Delay	179	624	16	295	269	2	10	1,395
Down Syndrome	198	109	68	165	60	2	64	666
Global Developmental Delay	121	444	16	133	68	3	68	853
Intellectual Disability	917	95	344	972	195	11	202	2,736
Multiple Sclerosis	95	0	1	126	32	1	30	285
Schizophrenia	261	0	5	257	21	3	11	558
Other Intellectual/learning	235	209	58	225	65	3	74	869
Other Neurological	618	110	50	427	90	13	93	1,401
Other Physical	191	86	17	151	66	11	44	566
Other Psychiatric	140	2	14	344	28	0	4	532
Other Sensory/Speech	231	420	12	123	70	3	35	894
Total	4,605	4,660	959	4,392	1,427	61	1,199	17,303

Table 2.1.11 shows the number of participants accessing supports.

The corresponding distribution of participants is shown in Table 1.1.1.

Table 2.1.12. Total number of plans developed

State	Total plans developed
NSW	6,842
SA	6,102
TAS	1,745
VIC	7,237
ACT	1,445
NT	61
WA	1,208
Total	24,640

Table 2.1.12 shows the total number of plans completed. This includes 6,551 second plans, 369 third plans and 16 fourth plans. 148 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	870	19%
SA	2,018	43%
TAS	66	7%
VIC	397	9%
ACT	430	30%
NT	5	8%
WA	178	15%
Total	3,964	23%

Table 2.1.13 shows the number of approved plans that only contain a single type of support. Overall, 23% of approved plans only contain a single type of support, up from 21% last quarter. South Australia has 2,018 of these plans, which make up 43% of all approved plans in South Australia.

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

Of the 17,155 active participants with approved plans, 10,172 (59%) were found eligible for the scheme because they met the disability requirements (section 24 of the NDIS Act), and 6,983 (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. 17,093 active participants have funded supports in their approved plans, and 14,909 of these contain at least one funded support for early intervention.

Table 2.2.1. Participants with early intervention supports

2.2.1(a). Participants with early intervention supports, by state/territory

State	Number	Proportion	Aboriginal and/or Torres Strait Islander	CALD	M	F	X	0-4	5-14	15-24	25-44	45-64	65+
NSW	3,792	84%	190	81	2,306	1,486	0	291	993	472	714	1,255	67
SA	4,624	99%	200	277	3,310	1,314	0	1,439	3,185	0	0	0	0
TAS	701	76%	47	15	439	262	0	0	0	609	92	0	0
VIC	3,519	81%	67	68	2,085	1,434	0	288	1,018	514	762	885	52
ACT	1,244	88%	39	104	811	433	0	392	317	264	88	145	38
NT	38	62%	36	29	23	15	0	2	7	3	10	16	0
WA	991	84%	38	45	664	327	0	87	474	186	140	101	3
Total	14,909	87%	617	619	9,638	5,271	0	2,499	5,994	2,048	1,806	2,402	160

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

Primary Disability	NSW	SA	TAS	VIC	ACT	NT	WA	Total
Autism and Related Disorders	79%	99%	76%	78%	80%	50%	87%	88%
Cerebral Palsy	94%	99%	95%	97%	98%	57%	94%	96%
Deafness/Hearing Loss	94%	100%	75%	88%	85%	.	88%	95%
Developmental Delay	85%	99%	63%	85%	94%	50%	90%	93%
Down Syndrome	91%	100%	81%	90%	93%	0%	86%	90%
Global Developmental Delay	90%	100%	87%	83%	100%	0%	87%	94%
Intellectual Disability	86%	99%	71%	87%	89%	55%	71%	84%
Multiple Sclerosis	78%	.	0%	91%	94%	100%	77%	85%
Schizophrenia	64%	.	20%	61%	76%	33%	27%	61%
Other Intellectual/learning	89%	100%	80%	86%	81%	33%	73%	88%
Other Neurological	88%	100%	80%	91%	88%	85%	87%	90%
Other Physical	88%	100%	75%	89%	92%	91%	93%	91%
Other Psychiatric	66%	100%	46%	51%	68%	.	75%	56%
Other Sensory/Speech	79%	99%	83%	87%	86%	67%	94%	91%
Total	3,792	4,624	701	3,519	1,244	38	991	14,909

Table 2.2.1 shows the proportion of participants receiving early intervention supports by trial site. South Australia has the highest proportion at 99%, reflecting the lower age of participants in this trial site. On average there has been a 1% increase from last quarter across the board for all disabilities in receiving early intervention support. The highest percentage continues to be participants living with cerebral palsy, deafness or a development delay with a range of 93-96%. A number of these participants are children.

3. Community Inclusion

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

As mentioned previously, the Agency is developing 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 ³³
NSW	3,685	81%
SA	4,096	88%
TAS	688	73%
VIC	3,727	86%
ACT	1,246	87%
NT	50	82%
WA	793	66%
Total	14,285	83%

Table 3.1.1 shows the proportion of participants with an approved plan accessing mainstream supports. This measure has increased from 73% to 83% in the last quarter.

Table 3.1.2. Support categories with mainstream services

Support categories	NSW	SA	TAS	VIC	ACT	NT	WA	Total
Self-care	2,117	613	170	2,211	341	29	238	5,719
Education	1,301	3,280	334	1,423	630	19	416	7,403
General Tasks and Demands	821	709	92	872	242	9	125	2,870
Community and social life	582	1,379	141	789	355	5	113	3,364
Community - Social and Civic	444	737	108	914	385	4	235	2,827
Mobility	275	296	58	676	79	6	60	1,450
Carer/Family Support	202	419	34	322	89	8	66	1,140
Employment	192	5	134	367	71	3	83	855
Domestic Life	213	39	44	416	83	14	47	856
Communication	137	469	12	146	93	1	32	890
Interpersonal Relationships	155	144	26	162	34	.	41	562
Learning and Knowledge	73	274	35	131	66	.	30	609
Total	3,685	4,096	688	3,727	1,246	50	793	14,285

Table 3.1.2 shows the most common mainstream supports are education and self-care with 7,403 and 5,719 utilised respectively by participants with approved plans³⁴.

³³ The variability between the states/territories may be partially explained by inconsistencies in reporting. Further work with the trial sites is underway to address this issue. Further, there are some issues with missing data in some states/territories. This is also being addressed.

³⁴ 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	
NSW	<ul style="list-style-type: none"> • Community expos – <ul style="list-style-type: none"> ○ MultiCultural Services Expo - 27th May '15 Organised by the Multicultural Neighbourhood Centre providing accessible information and connecting people with local services and supports. Approximately 300 people attended ○ You're Kidding Me Expo - 20th May '15 connecting families with local services and programs, hosted by Lake Macquarie City Council which featured more than 30 exhibitors • 6 Interagency meetings attended, approx. 165 attendees, including: <ul style="list-style-type: none"> ○ Lake Macquarie, Maitland, Newcastle, Mental Health and Aboriginal Employment • Community Forums - information sessions about NDIS <ul style="list-style-type: none"> ○ Lake Macquarie [Belmont] ○ Newcastle, 18 attendees ○ Maitland, 3 attendees ○ CALD, 30 attendees • Aboriginal Disability Network Incorporated: Quality and Safeguards Forum 30th April 2015 Participated in a local workshop providing information and networking within the local Aboriginal key stakeholders • DEC Principals Conference, 70 attendees • School leavers meeting x 2 , 34 attendees • Indigenous information session Mingara Recreation Club, 60 attendees • Juvenile justice information session, 20 attendees • Provided information sessions on the NDIS to local schools and support groups <ul style="list-style-type: none"> ○ Grossman High School, 30 attendees ○ Hunter River School, 12 attendees ○ Callaghan College, 30 attendees ○ Community Options Program ○ Hunter Regional Neighbourhood Centre ○ School Leavers committee ○ Northern Settlement Services ○ DSS Employment Consultation
SA	<ul style="list-style-type: none"> • Community Information sessions, 15 events - 172 attendees, were held at NDIA offices in St Marys, Elizabeth and Murray Bridge and in the Riverland, Mid-North, Limestone Coast and Kangaroo Island regions of the State. • LACs were involved in local area networks, key stakeholder and interagency forums, including the Murray Mallee Taskforce, the City of Salisbury Reaching Inclusion 2015 forum and the South Australian Aboriginal HACC & Disability Forum. Coordinators provide information about the NDIS while raising awareness of opportunities for inclusion within these networks.

State/Territory	
	<ul style="list-style-type: none"> • Information sessions were provided for a number of mainstream and community providers including Medicare Locals, Child and Adolescent Mental Health Services, Carer Support organisations, schools, pre-schools and parent support groups. • Pre-planning workshops - 20 events, 195 attendees - were held in metropolitan and regional communities including the Riverland, Limestone Coast, Mid-North and Kangaroo Island. A continuing focus of these workshops is to support families to access community and mainstream services. • Local Area Coordinators supported Families SA case managers to develop their understandings of NDIS and NDIA processes resulting in more streamlined access for children under the Guardianship of the Minister. • Coordinators provided information, linkage and capacity building for participants who were waiting to phase in to the Scheme. Coordinators referred families to mainstream and community services such as child care, recreational organisations, and user led community groups and health services. • Plan implementation workshops have been introduced to support families to implement their plan and engage with Mainstream and Community supports. 8 workshops were attended by 72 families across the NDIA offices at St Marys, Elizabeth and Murray Bridge. • A videoconference for local Disability Employment Service providers was hosted at each office, this presented attendees with an overview of the Scheme and an opportunity to connect with National and Local NDIA staff. • Coordinators provided an update on the progress of the Scheme at the Victor Harbour Autism conference. The conference was attended by educators, service providers, parents and carers. <p>Meetings have been held with Child Assessment units at Paediatric Hospitals to develop awareness of NDIS access process and eligibility requirements.</p>
TAS	<p>During the April to June 2015 quarter, Engagement and Local Area Coordination Teams have connected with over 3200 Tasmanians through 316 activities. NDIS has been strongly represented through:</p> <ul style="list-style-type: none"> • 30 information sessions • 8 workshops • 21 public forums • 165 meetings. • 91 other (telephone information) • 1 conference <p>Connections beyond mainstream services have begun into the broader community over the last quarter, targeting areas that do not require government funding. The focus has been:</p> <ul style="list-style-type: none"> • Local and State-wide Real-estate firms. Meeting with property managers to promote the private tenancy between landlords and people with disability. Ensuring this sector have a strong awareness of the NDIS and the supports available to people with disability that can then be passed onto potential property owners to reduce possible refusal of applications within the private housing market. • Forums for local shop owners to promote the NDIS and address communication barriers to enhance inclusion and social participation for people with disability. <p>Working with mainstream providers in understanding the NDIS and how we will work together, for example, multiple meetings have been held with Epilepsy and Mental health providers in the last quarter. Partnering with State Government on delivering and supporting these messages has been vital.</p>

State/Territory	
VIC	<ul style="list-style-type: none"> • Community groups present fortnightly presentations to all Barwon staff to strengthen understanding and linkages between community services and activities in the Barwon region • Barwon staff have attended several expos/forums to provide information on the scheme. Including: <ul style="list-style-type: none"> ○ Public hospital presentations to rehab and hospital based social workers ○ OT network ○ Paediatric OT providers ○ Presentation on Support coordination ○ Representation to a forum on “Why self-advocacy matters” along with a display table ○ Local school presentation ○ Therapists presentation on reasonable and necessary ○ Preparation for catalogue training to providers, and support coordinators • Preparation of 2nd birthday celebrations and working with National office for participant stories demonstrating the outcomes of the scheme.
ACT	<ul style="list-style-type: none"> • Plan ready workshops for school communities phasing in throughout the year • Managing your Plan workshops being run by the community team – assisting participants to understand their plans, use the participant portal and choose support providers • Drop in sessions organised by local P&C at Malkara and Cranleigh Schools- to assist parents with the Access request process and planning for the NDIS. • Participated in local Expos- Control and Choice Expo, Housing, Pathway planning, – providing information and networking with local disability organisations • Working with local Autism Advisors to prepare for their access and planning for the NDIS • Addressing the national defence coordinators annual gathering on the NDIS. • International Day of People with Disability activities
NT	<ul style="list-style-type: none"> • Continued to participate in or organise community meetings (planned and opportunistic) throughout the Barkly region. The experience so far in the Barkly region has demonstrated that our engagement needs to be agile, responsible and innovative. These meetings need to be flexible and tailored to individual communities in the region, and they aim to speak to a cross section of the community to raise awareness of the NDIS, introduce Tennant Creek based staff and to also begin identifying participants who may be eligible the Scheme. • The trial site participates in monthly Barkly Regional Coordination meetings, convened by the local representative of the Office of the Chief Minister. • The NDIA established a Barkly trial site Local Advisory Group (LAG) providing a collaborative forum for identifying and resolving difficulties faced by people with disability in the trial site region through sharing local knowledge, and it continues to meet regularly. • The trial site has established meetings with key agencies in the region, known as ‘tea room chats’. Staff of Government and non-government organisations are invited to come into the NDIA and meet NDIS staff, build relationships and to learn more about the progress of the NDIS in the Barkly. • Significant work continues in the planning for the Desert Harmony Festival. This year’s festival has a disability theme and the NDIS is the major 2015 sponsor. • In June 2015, the First Peoples Disability Network began the rollout of the Disability Support Organisations (DSO) project in the Barkly, aimed at developing Peer Support Networks. NDIA staff have taken the opportunity to participate in community events such as BBQs that were organised.

State/Territory	
WA	<ul style="list-style-type: none"> • NDIS Presentation to staff at Midland TAFE • Workshop help for families with children in accommodation being phased into NDIS (IdentityWA) • Media presence with two participants (one on advisory group and one who is a participant/employee) as they prepared to embark on a 400km trek of the Bibbulman Track (Kalamunda to Balingup, but it extends to Albany). Participating in such a walk is in both participants' plans. • Local connections continue to be forged with local Aboriginal groups, with meetings held with local workers and providers. • National Disability Services Sector Interest Group meetings continue to be held at the NDIA - Midland Office to discuss timely issues such as Support Coordination and Pricing. • Reaching out to CALD participants continues via workshops and general information sessions with EDAC and Umbrella • Connections with child health services continue through workshops and presentations • Hon Alanna Clohesy MLC met with Trial Site Exec • Stephen Dawson, Shadow Disability (State) met with Trial Site Manager • State Disability Minister Helen Morton met with Bruce Bonyhady • General Community Information Sessions have been established as phase one of bringing in brand new participants not previously known by State services • Presentations provided to a variety of groups are ongoing, including to organisations and workers new to the disability industry • Presence at EXPOs and general info forums is ongoing • Therapy Providers' workshop held as part of 1 year anniversary celebrations • Mental Health Forum held as part of 1 year anniversary celebrations, more than 80 people attended to hear from a panel of experts in the area as well as a participant consumer of mental health.

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	
NSW	<ul style="list-style-type: none"> • Developed and facilitated a NSW External Linkers Education Workshop. • Provided pre planning workshops within Hunter trial site • Facilitated community conversations in local libraries – informal setting for people to receive information and support in any aspect of the participants partway including access. • Commenced ‘pop-ups at sole café – local venue that provides supports for people living rough. – providing information and support with accessing the scheme • Participated in Hunter CALD Disability Engagement group– Developing resources to assist CALD community to understand the NDIS and improve accessibility. • Working with National Office to develop easy read preplanning resource (Maggie booklet locally created) as an animation. • Developed and facilitated informal implementation workshops “Now I have a plan ...what next” • Supported the Assistive Technology mentors to attend and provide mentorship in preplanning workshops • Facilitated Riverview lodge workshop – information and support provided to participant who had recently moved into a supported living residence • Worked with Mainstream services to better support individuals with mental health conditions that frequent the emergency services - reviewing improved support options - Rapid Planned, Coordination Referral Process, 14 attendees • Participated in Early childhood intervention national guidelines workshop, 50 attendees • Diversity activities: <ul style="list-style-type: none"> ○ Aboriginal Quality & Safeguards Forum, 16 attendees ○ Multicultural services expo, 275 attendees ○ Cerebral Palsy Alliance, 10 attendees ○ Indigenous community members meeting, 3 attendees ○ Hunter New England Health Service Multicultural staff meeting, 30 attendees ○ CALD drop in service, 4 attendees ○ CALD disability engagement group x 4, 44 attendees in total
SA	<ul style="list-style-type: none"> • Local Area Coordinators outsourced to local organisations, Tullawon Health Service, Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council continue to work within Indigenous and Remote communities. The LACs have been actively involved in supporting families with accessing the NDIS and preparing for planning conversations. • The FPDN working group is continuing to develop strategies for the engagement of Aboriginal people living in regional South Australia and in the metropolitan area. • Local Area Coordinators, recruited by First Peoples Disability Network (FPDN), assisted Aboriginal people in regional and metropolitan areas to access the

State/Territory	
	<p>NDIS.</p> <ul style="list-style-type: none"> • Local and Youth Advisory Groups have met and identified a number of areas of interest and themes for future discussion. • Coordinators continue to meet regularly with Express Yourself Self Advocacy Group for people with intellectual disability. This group is supporting local NDIA staff with the development of plan readiness resources and strategies for people living with intellectual disability. • Coordinators attended a planning workshop facilitated by Access2Arts for South Australia's arts and disability organisations. These organisations are developing strategies for offering inclusive and sustainable programs for participants and non-participants of the NDIS. • Hackham West Community Centre provided a report on the positive outcomes of the training provided to volunteer crèche workers funded through a CICD Grant. • Coordinators assisted families from CALD backgrounds to implement their plans, including accessing mainstream and community supports
TAS	<ul style="list-style-type: none"> • Facilitation of Regional forums in the rural and remote areas of Tasmania. This was a deliberate attempt to understand the barriers for people with disability living in isolated areas of Tasmania and to strengthen the community connection and learn how providers can service these regions efficiently and effectively in the future. Groups raised awareness to the: • Outcomes achieved from these forums; <ul style="list-style-type: none"> ○ The East Coast Region of Tasmania will establish a disability support peer group in the area. ○ The Huon Valley area will hold its own Community Expo on 5th November 2015 with the objective to build capacity of mainstream and universal providers in the region for people with disabilities. It will be a chance to provide back to the community information; resources' available and overall enhance inclusiveness of people with disability. ○ The West Coast region is now in discussion with other key stakeholders to also scope out the possibility of a community expo. • All regional solutions aim to address the current workforce shortage in the disability sector but also economic participation for participants. Service level agreement workshops were held regularly in each office and regional areas across the State. Promoting, educating and supporting the use of legally binding agreements to participants as they enter into an economic relationship with providers.
VIC	<ul style="list-style-type: none"> • Barwon staff now have a presence in community venues such as libraries, community houses and maternal health centres. This is called 'community conversations' and aims to increase the availability of NDIA staff for community members. • Continuing work with local indigenous contacts to ensure representation of ATSI group grows and awareness of local needs are identified • City of Greater Geelong are liaising with Barwon Engagement staff to ensure the new Geelong Library meets the universal access needs of people with a disability. They are also exploring options for an NDIA presence at the library. • The Barwon Engagement team staff regularly attend community based participant peer support networks such as 'peer to peer' and 'support to buy support'. This aims to increase understanding of services and supports available to participants and strengthen the capacity of participants to self-direct services. • The Barwon Engagement Team is Convening and leading a regional approach to International day of disability representatives on the working group include Local Government, Deakin University, Geelong Chamber of Commerce, Committee for Geelong and G21 network. This working group aims to coordinate regional activities to celebrate the International Day of People with Disability. • Barwon Engagement staff have been attending local advocacy networks and are delivering a training session for staff to encourage the use of advocates in

State/Territory	
	<p>planning.</p> <ul style="list-style-type: none"> • Implementation of CICD grants including a peer led DVD for people with a mental illness, along with a young carers street art project strengthening the message of inclusion and awareness of supports across the community
ACT	<ul style="list-style-type: none"> • Working with ACT Government Participant Capacity building reference group and with local projects to support individual and community capacity building projects • Discussing arts and other creative programs with local interagency group to develop local innovative community activities that are inclusive of people with disability • Working with Gugan Gulwan Youth Aboriginal Corporation to ensure that the Aboriginal and/or Torres Strait Islander community is supported to access the NDIS • NAIDOC Week events – attended family Fun day and regularly participated in NDIS ‘yarning’ lunch – providing information and networking with local aboriginal communities. • Held meetings with the National Disability Coordination Officers (NDCO) re working together to support the transition from school • Working with local Community Housing provider and community organisations to develop innovative project to support people with disability to find suitable accommodation options
NT	<ul style="list-style-type: none"> • The targeted Request for Information is being used to increase the availability of services in remote and Indigenous communities. RFI process for the <i>Barkly Region Request for Service Delivery Proposals</i> has closed and the Agency is now working with organisations that have submitted a proposal and where additional information is required. The process may help address service demands in the Barkly. • The Barkly trial site continues to work with Anyinginyi Health Aboriginal Corporation on a project funded through the Community Inclusion and Capacity Development fund to engage a Project Officer to work within local Aboriginal communities. The position would raise awareness of available disability and health supports, help facilitate the building of relationships and trust with local communities, identify training gaps, identify other community service needs, and identify and encourage the entrance of new providers. • Tennant Creek Transport Incorporated has been funded through the CICD fund to purchase an accessible bus for the township of Tennant Creek and some surrounding communities.
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 • CICD Development - meetings held re Community Arts Development and Mental Health, Recreation agencies re inclusion • Mental health interface continues with a number of local providers including ARAFMI, Richmond WellBeing and PIR • Interfacing with DHS and associated agencies continues. • Meeting held with Senses about people who are deaf-blind to gain an understanding of experiences and associated needs for people who are Deaf-Blind • Meeting held with inclusion officers in early childhood sector including the Early Childhood and Education Branch at DSS to discuss interface, overlaps, conflicts and connections across agencies

State/Territory	
	<ul style="list-style-type: none"> • Collaborative links between NDIS Planning and planning for students with disability in secondary settings were explored with local specialist high schools with the view of creating a CICD project which will focus on transition planning. Other workshops have also been held for parents, facilitated by someone with a long history in Disability Employment. • City of Swan has expressed interest in providing their recreation staff with specialist training to be able to better accommodate participants wishing to access their recreation venue throughout the Shire. Discussions are ongoing. • Contact with local Advocacy agency, MIDLAS continues to build mutual understanding.

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 2014/15 Q3. 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. People lodging an access request by month

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	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	1,096	1,179	1,073	879	645	531	587	692	1,136	698	947	908	1,052	1,042	905	1,028	1,017	1,170	775	1,077	1,166	1,039	1,205	921
NSW	391	296	310	306	168	160	176	240	422	172	262	233	237	201	200	185	173	247	148	262	300	195	314	268
SA	170	168	185	186	161	101	148	137	194	195	318	413	461	427	365	311	315	250	223	302	277	289	283	317
TAS	105	120	85	89	113	69	60	53	47	49	80	56	45	22	28	21	11	16	13	18	25	25	27	13
VIC	430	595	493	298	203	201	203	262	473	282	287	206	171	224	127	156	132	153	102	107	131	90	130	102
ACT													91	54	90	210	203	328	166	195	247	324	271	121
NT													14	20	12	6	5	0	2	3	3	3	4	7
WA													33	94	83	139	178	176	121	190	183	113	176	93

Table 2.(a) First approved plans by month that the plan was first approved

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	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	47	426	484	442	544	601	552	1,037	1,197	448	741	752	540	438	590	734	687	744	533	699	1,367	927	1,203	1,570
NSW	3	128	141	145	160	164	162	315	492	154	165	227	143	121	121	149	115	110	86	140	325	299	347	393
SA	6	68	76	75	111	146	103	156	222	107	142	140	166	150	168	208	210	185	167	238	371	341	450	654
TAS	22	62	64	58	60	77	53	95	83	50	68	82	18	22	15	18	13	17	10	16	18	15	10	13
VIC	16	168	203	164	213	214	234	471	400	137	366	303	205	112	93	191	93	115	136	59	121	132	129	117
ACT													8	19	75	100	103	129	81	145	250	71	178	268
NT													0	10	21	4	6	1	2	1	3	2	2	9
WA													0	4	97	64	147	187	51	100	279	67	87	116

Table 2.(b) Plan reviews by month that the plan was first approved for 2013/14 trial sites.

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	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	2	2	2	6	11	24	71	47	32	36	56	194	363	515	544	499	633	526	815	929	666	689	674
NSW	0	0	0	0	2	3	3	9	13	5	8	18	74	149	204	191	142	182	139	266	301	178	164	186
SA	0	0	0	0	0	3	9	46	26	23	18	12	17	32	45	85	95	137	116	169	209	163	139	98
TAS	1	0	2	1	2	2	4	5	3	1	4	11	28	53	66	40	51	75	58	75	94	78	65	67
VIC	0	2	0	1	2	3	8	11	5	3	6	15	75	129	200	228	210	238	213	301	316	245	311	323
ACT													0	0	0	0	0	0	0	2	6	1	9	0
NT													0	0	0	0	0	0	0	0	0	0	0	0
WA													0	0	0	0	1	1	0	2	3	1	1	0

Table 3. Types of mainstream supports accessed in participants plans

Support categories	Total	NSW	SA	TAS	VIC	ACT	NT	WA
Number of plans with mainstream supports	14,285	3,685	4,096	688	3,727	1,246	50	793
Education	52%	35%	80%	49%	38%	51%	38%	52%
Self-care	40%	57%	15%	25%	59%	27%	58%	30%
Community and social life	24%	16%	34%	20%	21%	28%	10%	14%
General Tasks and Demands	20%	22%	17%	13%	23%	19%	18%	16%
Other	49%	37%	43%	53%	61%	56%	62%	58%

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

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	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	\$0.8	\$2.5	\$5.4	\$6.2	\$7.7	\$9.8	\$11.2	\$13.1	\$17.8	\$18.5	\$23.3	\$23.7	\$28.0	\$29.5	\$30.8	\$35.3	\$36.7	\$40.1	\$41.4	\$39.6	\$46.8	\$48.2	\$51.6	\$51.9
NSW	\$0.2	\$1.0	\$2.2	\$2.3	\$2.5	\$3.0	\$3.4	\$4.7	\$7.2	\$8.2	\$9.0	\$9.5	\$11.1	\$11.9	\$12.2	\$12.8	\$13.1	\$14.2	\$14.8	\$14.5	\$17.3	\$17.9	\$18.9	\$18.8
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	\$2.4	\$2.6	\$2.9	\$3.3	\$3.6	\$4.0	\$4.3	\$4.2	\$5.1	\$5.2	\$6.1	\$6.4
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	\$3.7	\$3.8	\$3.9	\$4.2	\$4.1	\$4.4	\$4.4	\$4.2	\$4.6	\$4.4	\$4.6	\$4.5
VIC	\$0.3	\$0.9	\$2.1	\$2.5	\$3.3	\$4.4	\$5.0	\$5.3	\$6.7	\$6.4	\$9.7	\$9.3	\$10.8	\$11.0	\$10.9	\$13.4	\$13.4	\$13.9	\$13.9	\$12.5	\$13.9	\$13.8	\$14.2	\$13.9
ACT													\$0.0	\$0.2	\$0.6	\$1.0	\$1.4	\$1.9	\$2.2	\$2.3	\$3.1	\$3.9	\$4.5	\$4.8
NT													\$0.0	\$0.0	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.2	\$0.2	\$0.2	\$0.2
WA													\$0.0	\$0.1	\$0.3	\$0.5	\$1.1	\$1.7	\$1.8	\$1.7	\$2.5	\$2.8	\$3.1	\$3.2

Table 5. Distribution of package costs by trial site

Annualised committed support band	NSW		SA		TAS		VIC		ACT		NT		WA	
	Actual	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual	Expected
Total	4,542	5,030	4,652	9,733	948	1,164	4,329	5,083	1,426	1,757	61	150	1,197	1,287
\$0-\$5,000	457	1,211	33	3,437	115	391	422	1,223	129	423	9	36	79	310
\$5,001-\$10,000	632	994	534	1,269	59	189	714	1,005	203	347	18	30	123	254
\$10,001-\$30,000	1,743	967	3,667	2,453	287	271	1,897	977	577	338	14	29	542	247
\$30,001-\$50,000	514	738	298	791	193	90	507	746	165	258	7	22	221	189
\$50,001-\$100,000	392	745	105	1,391	156	96	354	753	185	260	5	22	152	191
\$100,001-\$150,000	229	167	14	394	46	103	109	169	57	58	2	5	52	43
\$150,001-\$200,000	154	106	1	0	36	0	160	107	28	37	0	3	20	27
\$200,001-\$250,000	330	68	0	0	17	24	72	69	42	24	0	2	5	17
\$250,001+	91	33	0	0	39	0	94	34	40	12	6	1	3	9

APPENDIX 3

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

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
1	Participant Outcomes		
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 to be meaningful.

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
n/a	Active Participants (Tier 2 and Tier 3)	On plan review, number of participants who change the way funding is utilised to support their needs.	No - insufficient scheme development for any plan reviews. Reporting to commence 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
1.2.4.	Length of time from access request to plan approval	Proportion of plans approved within 90 days of access request.	Yes
1.2.5.	Service provider characteristics and market profile	Market profile of registered providers	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
n/a	Trends in proportion of participants using different approaches to decision supports	At plan review, proportion of participants who choose to change the way their plan is managed	No - insufficient scheme development for any plan reviews. Reporting to commence 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
1.3.2.	Access requests made	Number of formal requests for access, with status of request.	Yes
n/a	Access requests accepted for funding	Number of eligible access requests that have established plans for funding.	No- Reported in 1.3.2
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

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
1.3.6.	Complaints by outcome and average resolution time	Number of complaints submitted by participants, providers, staff, and/or the general community.	Yes
1.3.7.	Complaint type	Number of complaints submitted by participants, providers, staff, and/or the general community.	Yes
1.3.8.	Participant/Carer/Family satisfaction with the Agency and life experience	On a scale of -2 very poor to +2 very good, with 0 = neutral, self-reported satisfaction of participants and their carers. "Participant/Carer/Family Satisfaction" reports satisfaction of participants/Carers/Family with the Agency, and in particular, the planning process. "Experience Satisfaction" reports the overall satisfaction of a participant with their current life experience and outcomes.	Yes
2 Financial Sustainability			
n/a	Growth in future commitments	Reports growth in projected liabilities, as per actuarial modelling	No – This measure is currently addressed in the actuarial financial sustainability report
2.1.1.	Total committed supports	Reports costs of supports committed to be funded for Tier 3 participants.	Partial - Tier 2 activities are not captured during the trial phase of the NDIS.
2.1.2.	Total payments (\$, in-kind)	Total payments for plans, split by cash and in-kind.	Yes
2.1.3.	Operating Expenses Ratio (% total costs)	Operating Expenses as a proportion of total costs.	Yes
2.1.4.	Annualised support package distributions	Distributions of annualised funded support packages.	Yes
2.1.5.	Length of time from access request to commencement of services	Proportion of participants with approved plans receiving support within 180 days of access request.	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 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 cluster	Payments against plans, split by support type and payee.	Yes
2.1.7.	Average and median costs of individual support packages	Reports average and median annualised committed funds in each trial 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

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
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 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

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2014-15 Q4 report?
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.
2.2.1.	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	Yes
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		
3.1.1	Proportion of participants accessing mainstream services	Proportion of participants with active approved funded supports who are also accessing mainstream supports	Yes
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.