22 February 2021

Dear Sir,

**Response to Consultation paper: planning policy for personalized budgets and plan flexibility**

I am writing to you in my capacity as Chief Financial Officer of Rocky Bay Ltd.

I welcome the opportunity to respond to the paper and the aspiration to deliver more consistent and fairer approaches to planning and personalised participant budgets.

Summary

The paper seeks to address 6 examples of frustration with current NDIS planning processes and notes that “participants in the highest socio-economic cohorts are receiving more funds in their plans than those who are most disadvantaged”. Whilst I welcome the proposed increase in budget flexibility, it is not clear how the solutions offered, notably the introduction of independent assessments, addresses all the concerns and challenges noted. For instance, it is unclear that functional assessors will be any more able to address how “NDIA staff did not understand the nature of [the participant’s] disability or appreciate the challenges encountered in everyday life”. The expertise, care and compassion provided by providers, registered under the auspices of the NDIS Commission on Quality and Safeguards and many of which have decades of experience caring for and supporting people with disability have been ignored. It is my view that if the NDIA sought to foster a culture of trust then the “passage of legislative amendments” for which there appears to be appetite, might be better directed to addressing the current barriers to enabling the NDIA and providers to work collaboratively to enhancing the lives of people receiving NDIS funds.

2.1 Current challenges

Whilst I accept the “challenges” set out, it is not clear how the independent assessment process, as set out, will necessarily allocate “more funds…[to] those who are most disadvantaged”. Moreover, given the cost constraints of The Scheme, and the reported budget overspend, it appears that the proposals add cost, as it is clear that the independent assessments will need to be funded.

2.2 Summary of planned improvements

I note the independent assessments are designed to better understand an individual’s functional capacity and environment and I understand that these will be done by “trained experts”. It is my experience that many plans are well constructed and participants have been able to work towards their goals within the funding provided. The issues identified in the paper maybe better served by recruiting “trained experts” however I am not convinced that the processes outlined will necessarily improve consistency or reduce inequity over and above well trained planners. Given the recruitment challenges faced by Rocky Bay in filling allied health vacancies, my concern is that creating a new market will increase pressure still further on the ability of providers to recruit and retain skilled staff.

2.2.3 Independent assessments, personalized budgets and plan flexibility

I have deep reservations that the NDIA appears to be pushing participant’s to manage their own budgets and whilst the stated intent that “NDIS funds are not intended to be an alternative source of general income” there is a lack of basic financial controls over how budgets maybe spent today. Therefore, in providing “greater flexibility”, there is a real danger that unless robust controls are introduced then those with the capacity and desire to defraud the taxpayer will be given greater ease to do so. I would urge the NDIA to urgently review the controls and requirements around self management that delivers the desired flexibility to the honest majority in exercising their choice and control but reduces the ability for the funds to be misused.

2.2.4 Proposed NDIS planning process

I am disappointed by the Agency’s inferred lack of trust in providers. The process outlined defers to the applicant (or participant), the independent assessor and NDIS delegate(s) but discounts any input from providers or those that have been delivering supports, in some cases, for many years. It is like discussing a school child’s progress without consulting their teachers and am disappointed that no consideration has been given to the role of providers in the planning processes. It is my view that the disparities in funding (depending on socio economic factors) might be better resolved through more careful dialogue with the professionals involved in delivering supports.

3.1 Principles

I note the commitment to “maximise the participant’s opportunities for informed decision making based on the best available evidence” and, as above, this will be well served by involving those that have been trusted and chosen by the participants to deliver their supports.

I have an additional concern that in the same way what Henry Ford was reputed to suggest that if he had asked people what they wanted, they would have said faster horses, I do not believe that the proposals will necessarily drive innovation. Therefore, whilst I would not dispute that participants are “experts in their own lives” they may not always be expert on the possibilities. Therefore, again, I would suggest providers have a role to play and necessarily should push the boundaries and encourage participants to live their best lives through innovation.

3.2 Personalised budgets

I am not convinced the demarcation of budgets and supports is as simple as the paper suggests. For example, an individual who may have mental health as a secondary diagnosis, can be disadvantaged unless other “mainstream service systems” are involved. The current proposals may not enable disabled individuals presenting with complex and additional diagnoses to live their best lives. The NDIA should undertake to consult with other agencies in devising appropriate budgets.

3.6 Plan implementation

I note the stated desire to create plans for up to 5 years with budgets provided as a 12 month amount but released in monthly or quarterly tranches as standard. Where multiple providers maybe involved in delivering an individual’s supports the certainty of the agreed supports as agreed and signed in service agreements is by quarantining participant’s funds in the provider portal. The additional administrative burden imposed on providers to have to potentially check funds are available on a monthly basis in each plan would be unworkable. I would strongly urge the NDIA seek to separate what is referred to as “releases” from the service booking, however it is not clear what problem the Agency are seeking to solve in this proposal.

3.7.1 Plan variations

In noting that a plan variation can include “changing the plan management arrangement”, the NDIA should ensure a “cooling off” period for any change and provide written notice to providers particularly where participants switch from agency managed. Whilst we can accept that in an ideal world the participant would inform the provider and give them plenty of notice, thereby allowing them to complete billing processes prior to the switchover, my experience is the NDIA has not fully grasped the commercial and normative reality of billing cycles.

Response to questions posed

1 How should we set out the participants Plan?

It is fundamental that plans are accessible to all participants whether electronically or by paper, depending on participant preference. Consideration must be given to those with intellectual disabilities and anxious guardians that struggle to comprehend the contents of their plan.

As such, the Plan should be written in layman’s terms, with minimal jargon – many plans are, however inconsistencies in the way plans are set out are common.

To assist participant’s in exercising their choice and control consideration should be given to investing in technology that assists them to model their spend. For technology savvy participants, the Plan could be available on an interactive app. This could include features such as where the participant wants to increase therapy spend, they can immediately see the impact that it will have on other areas in the Flexible budget

2. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?

Sufficient notification, perhaps by SMS, of when the meeting is scheduled. Participant should be given advance notice of the questions so they don’t feel “put on the spot” in the meeting. Trusted providers should either be encouraged to attend and participate or at least provide written submissions to assist in supporting recognition that the participant is an expert in their disability.

The inputs should be collated either by the participant or their representative (carer, family member etc) or by the Support Coordinator to ensure a fulsome set of considerations are taken into account in designing the plan.

3. Which supports should always be in the fixed budget? What principles should apply in determining when supports should be included in the fixed budget?

•Home mods

•Assistive tech

•SDA, and other long term accom

•Behaviour Support Plans

•Support Coordination, at least in Year 1 of the Plan

Fixed budgets should, in general, be determined by the level of expertise involved in delivering them.

4.How can we assure participants that their plan budgets are at the right level? (e.g. panels of the Independent Advisory Council that meet every six-months to review learnings and suggest improvements)

As suggested in 1 above, if participants were given a tool by which they could test the mix and volume of supports available, they would be able to have ready access to understand the cost implications of the supports they maybe seeking.

Participants should be encouraged to consult with their providers before agreeing to a final plan – it is inconceivable that anyone would take out a home improvement loan before understanding first whether the funding is enough or what the constraints on the improvements there maybe.

5. What new tools and resources should we provide to support people using their plan and new plan flexibilities?

Lots of public sessions. Training workshops on line. Involve providers to assist participants to understand. Ie. Rocky Bay could have a champion to facilitate the workshops, roll out, provide updates in the newsletter etc

The portal app should include easy to understand videos to explain each section. Make it really user friendly with jargon kept to a minimum

Use case studies of various examples, including those from lower socio econ groups, older people with disabilities

In order to reduce exposure to financial abuse or fraud and to provide greatest transparency to participants across their whole plan with multiple providers it would be helpful to consider a system such as hicaps to enable registered providers to claim. For self managers who may wish to engage non registered providers they would make claims on presentation of actual invoices enabling funds to b paid directly to the service provider rather that risk temptation to use the money for daily living as occurs today. It would have the additional benefit allowing the NDIA to understand the role of non registered providers as well as assist in safeguarding and encouraging compliance with tax obligations.

6.What do we need to consider for children aged 7 and above in the new planning process?

Even greater flexibility to meet rapidly changing needs, and more frequent check-ins. Additional assistance for anxiety & behaviours. Greater involvement of the school in the partnership. Additional assistance for parents to build capacity for parenting a child with disabilities

NDIS need to consider customers who are marginalized – more social work available to integrate with families. Programs available

More consideration on the cultures of customers including more success stories with aboriginal customers, low socio-economic and customers with cognitive constraints (most examples we see is more around a physical disability with active next of kin supports)

More awareness of the stages of cultural identities and how disability is perceived in those categories. More training to be available for family members

7.What ideas do you have for how people can use their plan more innovatively?

Access to holistic therapies which we all have access to eg

-Floatation (loads of scientific evidence on positive results, particularly for those with chronic pain)

-Massages (especially for those with MS & CP)

-Chiros

-Acupuncture

-Nutritionist (as opposed to dietician)

-Financial advice

8.How best to handle the timing of the release of funds into plans and rollover of un-used funds?

As much flexibility as possible, and the possibility of rolling for more than 12 months during exceptional circumstances eg COVID lockdowns. Be open and transparent in communication to ensure full awareness. As set out above, the NDIAS should carefully consider separating what maybe a “release of funds” to what is on the service booking. It is, nevertheless unclear hat problem the releasing of funds is trying to prevent and the concept appears at face value to reduce choice and control.

9. How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?

Given the frustrations cited about the “delays…around how the NDIA [makes] decisions” the “check in” needs to have heavily prescribed inputs and easily defined and delivered decision flows.

Offer the option of F2F or remotely with providers encouraged to participate.

The check-in process should include families, carers, providers, educational institutions (where appropriate) so that it is all encompassing. Penalties should exist for no shows and late cancellations.

10. How often should we check-in with participants in different circumstances?

The NDIA should consider different types of check ins hat the participant can opt for – some maybe mandated but where participants and their families may struggle with daily life welfare check ins should also be available and conducted.

11.How can the NDIS ensure positive relationships between participants and planners?

Efficient communication, with Planners getting sufficient time to do their jobs properly. They should be easily accessible by phone and email (not the case now)

12.How can we best support participants to transition to this new planning model?

Publish service standards and stick to them.

Enlist the support of providers who see the participants regularly and usually have a strong and trusted relationship with them

Appoint provider Champions to ensure Providers fully on-board and supportive.

Clear, concise and transparent communications.

Yours faithfully,



Adam Maxwell