

National Disability Insurance Agency

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

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

Part 1

Progress against Statement of Strategic Guidance

1. Background

On 28 June 2013 the former Commonwealth Minister for Disability Reform issued the Statement of Strategic Guidance to the National Disability Agency (NDIA) Board (available online at the NDIS website). The statement was issued with the agreement of state and territory governments in accordance with section 125 of the National Disability Insurance Scheme Act 2013 (NDIS Act).

The statement outlines government expectations of the Board and the NDIA for the duration of the trial phase of the NDIS and transition to full scheme.

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

Ongoing deliverables for period of trial – Update on progress

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 tenth 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 tenth quarter as part of the Agency's function to report on the sustainability of the Scheme.• The Board has also provided market and participant dashboards to the CDRC with more information on the progress of the Scheme.• The Chair of the Board and the CEO appear before CDRC meetings when required.• The Agency appears before the Joint Standing Committee when required.• The Chair of the Board and the CEO continue to meet regularly with shareholder governments to discuss the ongoing roll out of the NDIS.• The Agency is supporting all jurisdictions to settle arrangements for transition to full scheme. This includes Schedule G of bilateral agreements for performance reporting.• The Board has provided its Risk Management Framework to the CDRC.
2. Maintain best practice standards of governance appropriate to the Agency, having regard to ANAO's Public Sector Governance Better Practice Guides and ensuring	<ul style="list-style-type: none">• All Board meetings are run in accordance with the NDIS Act, the <i>Public Governance, Performance and Accountability 2013 Act</i> (PGPA Act) and the ANAO Public Sector Governance Better Practice Guides.

Ongoing deliverables for period of trial – Update on progress

Deliverable:	Status:
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"> • The Board has established a Sustainability Committee, Audit, Risk and Finance Committee, and an ICT Committee. • The Board will hold regular strategic planning days in 2016 to ensure it continues to undertake its governance duties at the highest level.
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	<ul style="list-style-type: none"> • Board members have published their register of interests on the NDIS website and continue to update this register. • The Board has approved the Agency's Risk Management Framework and Strategy. Risk management, including the active use of mitigation strategies, is a key priority for the Board. • The Board has approved the Agency's Corporate Plan 2015-19 in accordance with the new requirements under the PGPA Act, and submitted the plan to CDRC as required by the NDIS Act. • The Board approved the NDIA Annual Report for 2014-15, which was tabled in Parliament on 22 October 2015. • The Independent Advisory Council (IAC) provided formal advice to the Board on 'capacity building' (September 2015) and 'enhancing personal safeguards' (December 2015). The Board will advise the CDRC of its responses to the IAC advice in due course, in accordance with the NDIS Act.
4. Demonstrate evidence for how the Board has embedded a culture of decision making informed by actuarial advice throughout the Agency	<ul style="list-style-type: none"> • The Scheme Actuary attends all Board meetings. • The Chair of the Sustainability Committee meets regularly with the Scheme Actuary and Chief Executive, and supports close contact between the Scheme Actuary and the Board. • The Sustainability Committee meets once per quarter. • The Scheme Actuary provides a report at each Board meeting. • The Scheme Actuary also provides training to Agency staff at both the National Office and trial sites. • The Scheme Actuary sits on the Sustainability Committee and attends each Audit, Risk and Finance Committee meeting and ICT Committee meeting. • The Chief Financial Officer and Scheme Actuary collaborate to produce budget documents and quarterly and annual financial statements.
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	<ul style="list-style-type: none"> • Quality assurance activities continue to be implemented across the NDIA through the Continuous Improvement and Quality Assurance Framework. • Through internal operational reviews, the Agency is collecting and analysing data on delegate decisions especially in relation to access and the approval of reasonable and necessary supports in participant plans. These include desktop reviews of participant files and interviews with staff at trial sites.

Ongoing deliverables for period of trial – Update on progress

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

Part 2

Summary Report on Management of Scheme Cost Drivers

1. Overview of cost drivers

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

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

The Sustainability Committee has developed an Insurance Principles and Financial Sustainability Manual to more formally articulate the concepts of insurance principles and financial sustainability within the NDIS, and how these link to the NDIA Strategic Plan 2013-16. This document consolidates the process of Prudential Governance of the cost drivers set out below, and the levers open to the Board to monitor and manage financial sustainability. It should be noted that the financial sustainability of the Scheme is determined by the interrelationship of all cost drivers; it is inappropriate to consider the performance of any one cost driver in isolation.

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

Access: how many people meet the access criteria to be a participant in the Scheme, and who is entitled to a plan with supports funded or provided by the Scheme.

Scope: the scope of NDIS-funded supports that are available to be purchased by participants of the Scheme, as opposed to supports that are not within the scope of the Scheme, for example, because they are more appropriately funded or provided through other systems of service delivery like the health system.

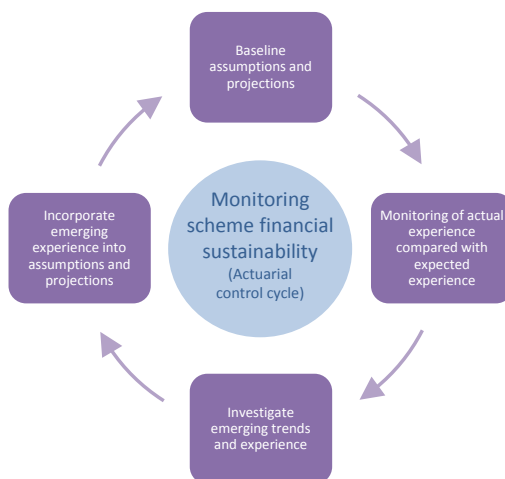
Volume: the resources available, for individual participants, to purchase supports within the scope of the Scheme.

Delivery: the manner in which supports are funded or provided, and in particular how effectively, efficiently and economically this is done.

Price: the price that it costs participants or the NDIA to purchase the supports that are funded by the Scheme.

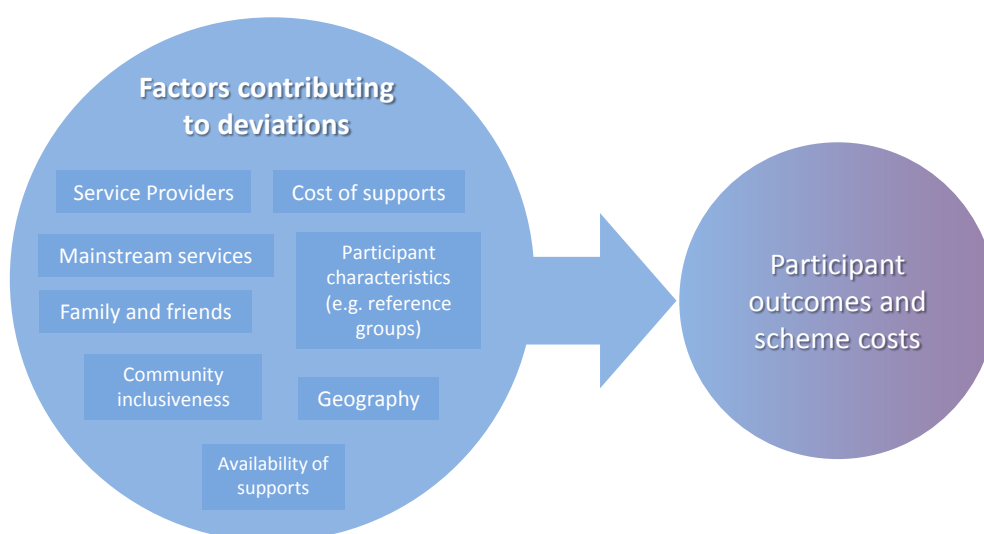
2. Monitoring framework related to cost drivers

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



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

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



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

3. Summary of key initiatives related to cost drivers

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

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

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

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

Cost Driver	Key Initiatives Implemented by Agency
	<p>reporting has been implemented to monitor the compliance in the capture of these data.</p>
Scope of supports funded under the Scheme	<ul style="list-style-type: none"> • A comparative review of supports funded under the NDIS versus those proposed by the Productivity Commission indicated that the scope of supports is in line. • Establishment of expert groups in autism and sensory disability to determine the evidence base for funding appropriate early intervention options for children. • Focusing the planning conversation on the availability of community and mainstream support to meet the needs of participants before consideration of funded supports. This also encourages innovative ways for individuals to achieve desired outcomes. • Supports funded in participant plans are being classified as core, capacity or capital, improving visibility of the expected purpose and duration of the support's funding. The inclusion of capacity and capital supports indicate active work to improve participant outcomes, and in some cases, reduce the intensity of future core supports. • The NDIA has provided input (through the Inter-jurisdictional Mainstream Interface Working Group) to the review of the COAG Applied Principles and Tables of support that determine the responsibilities of the NDIS and other service systems. The findings of this review will assist in construction of appropriate operational guidelines in relation to funding of supports. • The NDIA has redefined the supports funded to align to the NDIA Outcomes Framework. This reclassification increases the emphasis of the NDIA as funding participant outcomes, and increases the choice and control of participants in the delivery of those outcomes. Reporting and historical support catalogues have been updated to ensure consistency in longitudinal analyses.
Volume of supports funded	<ul style="list-style-type: none"> • Substantial research has been undertaken to refine reference packages – reference packages provide a benchmark amount for participants with similar characteristics (such as age and disability). 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. • This project has allowed streamlining of the planning process by collecting much information in advance of these discussions. The outputs of these projects is now informing the design of the full Scheme operating model of the NDIA, with increased emphasis on the early capture of reference package information. • Operational guidelines providing information on reasonable and necessary supports assist in the planning process in allocation of resources. • The IT system has been modified to escalate funded plans that vary (both positively and negatively) from the benchmarks in the reference

Cost Driver	Key Initiatives Implemented by Agency
	<p>packages to staff with higher delegations. This is to ensure that decisions deemed a higher financial risk are determined by an appropriately experienced officer.</p> <ul style="list-style-type: none"> • A simplification of the support catalogue has reduced the need for additional supports and funding to be included in plans. Historically, these additional supports were included for use in the event that planned supports were unexpectedly required at different times of the day. • Monthly dashboards monitoring the amount of supports provided by services providers have been developed.
Delivery of supports funded	<ul style="list-style-type: none"> • A pilot of the NDIA outcomes framework was conducted through January, February and March 2015. The results of the pilot, along with feedback from consultation with the disability sector have been used to improve the framework. The need to develop a shorter form to assist in participant planning arose from this pilot. The outcomes framework will provide the NDIA Board with a dynamic feedback loop to evaluate the outcomes of particular groupings of Scheme participants, and the extent to which the NDIA is meeting its strategic objectives. A report on the outcomes of the pilot study has been publicly released: http://www.ndis.gov.au/search/node/outcomes%20framework • The implementation of the outcomes framework short form, and the aligning of participant funding to its domains, occurred August 2015. This will encourage the delivery of supports to strive towards achieving positive outcomes for participants, their families and carers. Further enhancements to the Short Form Outcomes Framework are being implemented to improve its operationalisation. • Participant flexibility in the choice and consumption of allocated funding has been delivered through the “bundling” of similar supports. Providing increased flexibility has also reduced the need to choose a wider range of fixed supports in participant plans. • Work to simplify the catalogue of supports to be outcomes that are focused and encourage more innovation is complete, and was implemented in August 2015. • Enhancements to the ICT system allow participants to monitor expenditure against their plan, and to invoice online for self-purchased supports. • Work is underway to develop strategies and models of support for Indigenous communities, rural and remote communities, culturally and linguistically diverse (CALD) communities, and for mental health. • In order to better understand links with other service systems and the use of mainstream supports, the NDIA is applying to be an accredited Data Integration Authority. • It is critical that the NDIA has developed a fit for purpose ICT System for full Scheme roll out. A Board Committee has been formed to provide enhanced governance of this crucial component of managing cost drivers.

Cost Driver	Key Initiatives Implemented by Agency
	<ul style="list-style-type: none"> • System improvements implemented to improve monitoring and reconciliation of supports delivered under Commonwealth, State and Territory “in-kind” funding arrangements. • Quarterly participant and market dashboards have been developed and are being publicly released with these quarterly reports.
Prices	<ul style="list-style-type: none"> • The development of the Assistive Technology Strategy is continuing. • Work is underway to establish an appropriate sector data collection to monitor the price and cost of supports delivered. • 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. • A number of market engagement forums have been conducted in 2015 to inform market expectations, ICT requirements for interactions with the Agency and Participants, “eMarketPlaces”, and workforce considerations.

Part 3

Report under the Integrated NDIS Performance Reporting Framework

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Agency Performance

Overview

This section provides an overview of agency performance as at 31 December 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 first four trial sites commenced on 1 July 2013, the following three commenced on 1 July 2014:

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

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

Concurrent trials are also underway in the South West and Cockburn-Kwinana in Western Australia based on the Western Australia NDIS My Way Model. Information on these trials are not included in this report. Information on the on the Western Australia NDIS My Way Model trial sites are published separately by the Western Australian Disability Services Commission.

Access requests

30,819 access requests to the Scheme have been made by individuals, with 25,435 people currently eligible¹ for the Scheme (83% of access requests), and 1,974 people (6%) found ineligible (this falls to 5% when ineligibility due to age and residency requirements are excluded). Only 179 (0.6%) of these access request decisions have been requested to be internally reviewed.

¹ Note: 25,875 participants have ever been found eligible for the Scheme. However, 440 participants are now inactive.

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

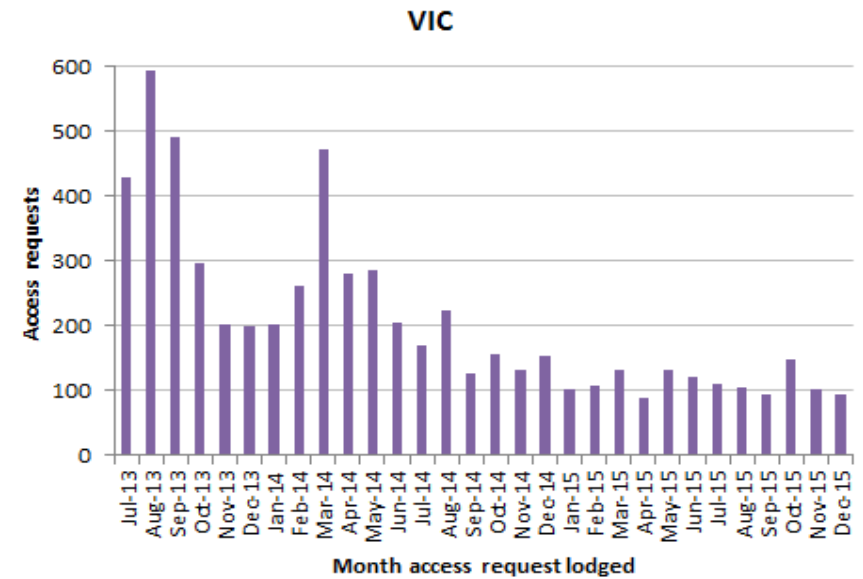
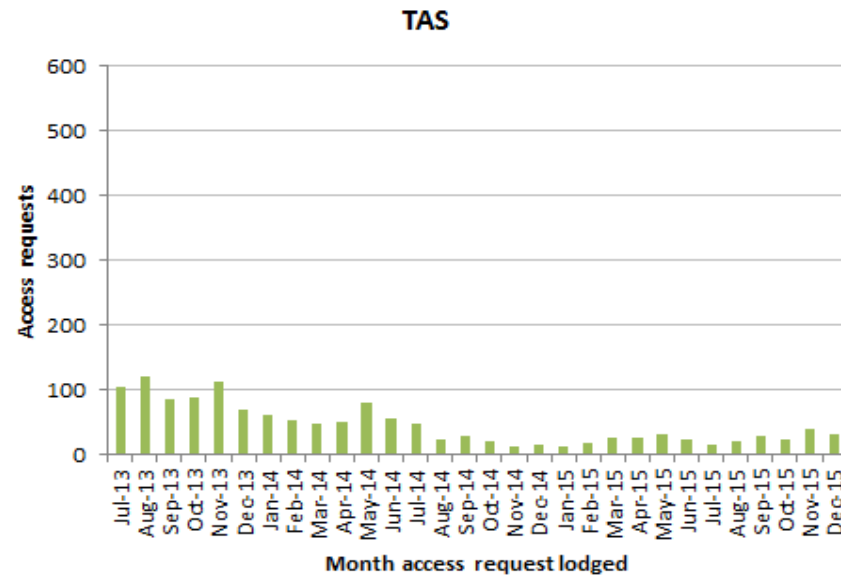
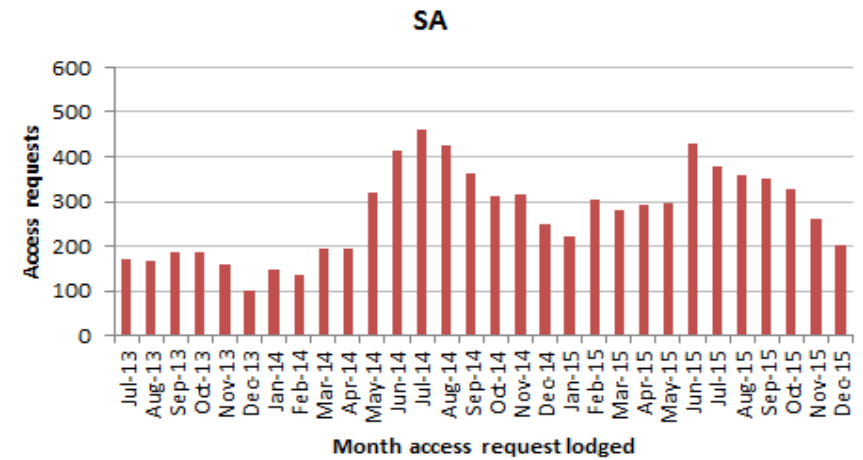
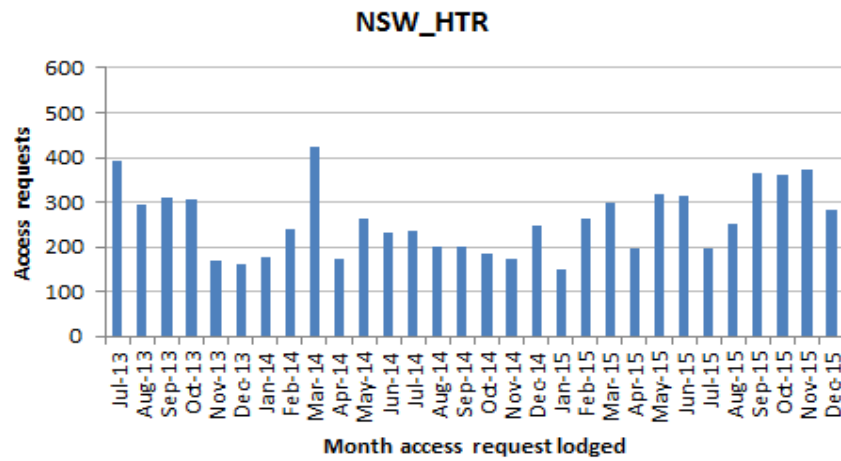
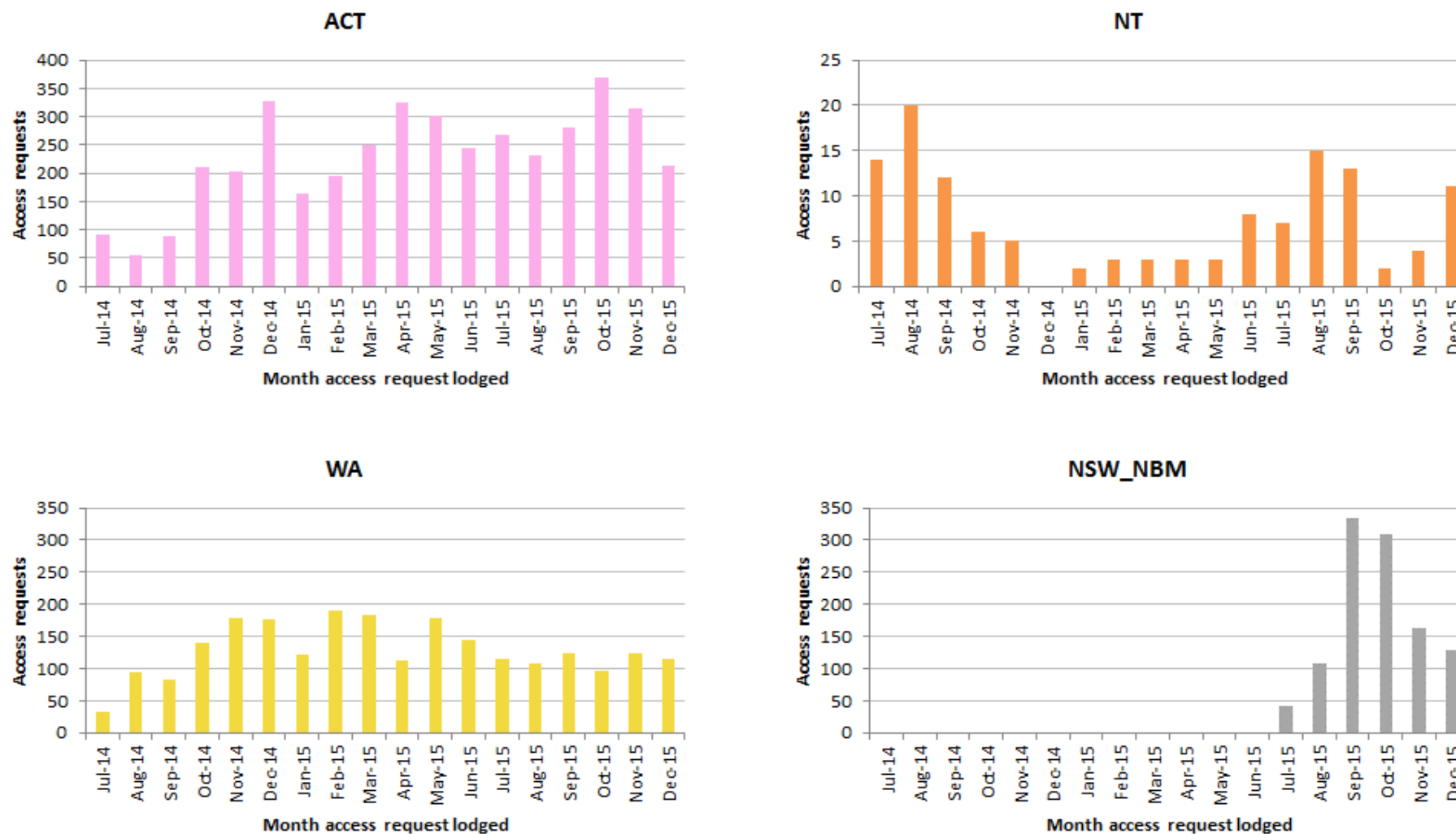


Figure 1.(b). People lodging an access request by month - ACT, NT, WA and NSW Nepean Blue Mountains (NBM) trial sites²



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

Participants

Of the 25,875 active and inactive participants³, 22,281 have received an approved plan. Of the participants with approved plans, 5% are Aboriginal and/or Torres Strait Islander and 4% are Culturally and Linguistically Diverse (CALD). These percentages are consistent with those reported in the September 2015 quarter.

The number of participants identifying as Aboriginal and/or Torres Strait Islander is largely in line with expectations, with only Tasmania and South Australia being below expectation. All sites have lower than expected CALD participants apart from in the Northern Territory, where they are above expectations.

'Autism and related disorders' is the most common primary disability across all sites (31% of participants nationally), noting that the age-specific sites are included in this figure. In South Australia, 48% of participants have Autism and related disorders listed as their primary disability due to the very young cohort of participants (0-6 year olds). In Tasmania, intellectual disability (including Down syndrome and other intellectual/learning disability) is the most prevalent primary disability at 52%, due to the young adult cohort (15-24 years). In New South Wales (Hunter) and Victoria, the two sites established in 2013-14 and inclusive of all ages, intellectual disability and Autism and related disorders are the most prevalent primary disabilities (26% 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 (55% of active participants, down from 57% last quarter). Other participants entering the NDIS have not received any disability services before, either due to unmet need or new incidence – "new" participants (45% of active participants). There are 21,999 active participants with approved plans, of whom, 12,937 (59%) were found eligible for the Scheme because they met the disability requirements (section 24 of the NDIS Act), and 9,062 (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.

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

Plans

35,939 plans have been approved to date, including 15,134 second plans, 8,613 third plans, 444 fourth plans, and 20 fifth plans. These plans are likely to include a focus on supporting participants with their goals across independence, social participation and/or health & wellbeing. They are also likely to contain multiple funded supports (81% of plans). 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 (59%). There are 34% which use a combination of agency management and self-management, and 7% are solely self-managed. Note: the management of the plan in this instance refers to the financial management of the plan. Participants can self-direct their supports whilst the agency manages the financial side of the plan.

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

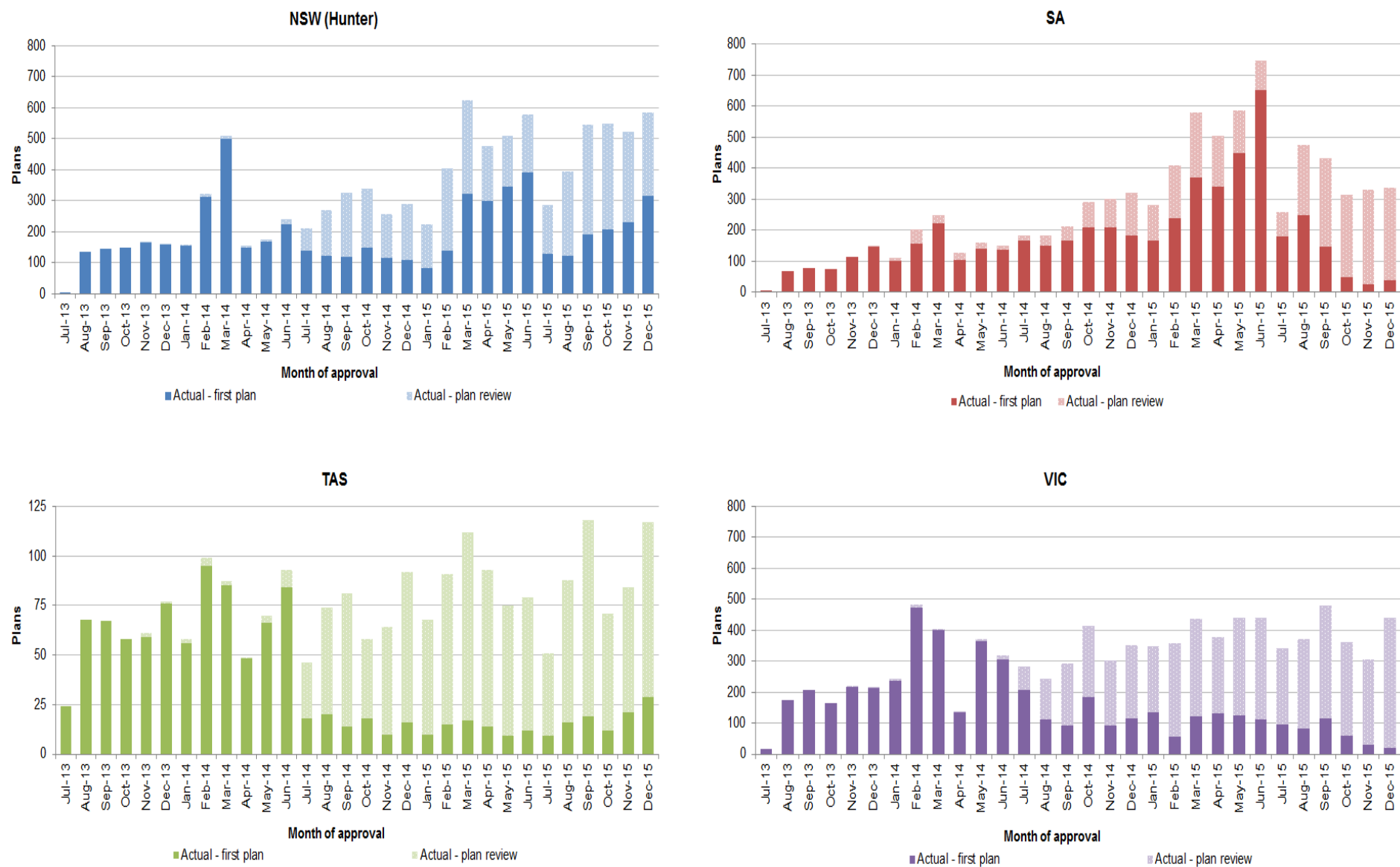


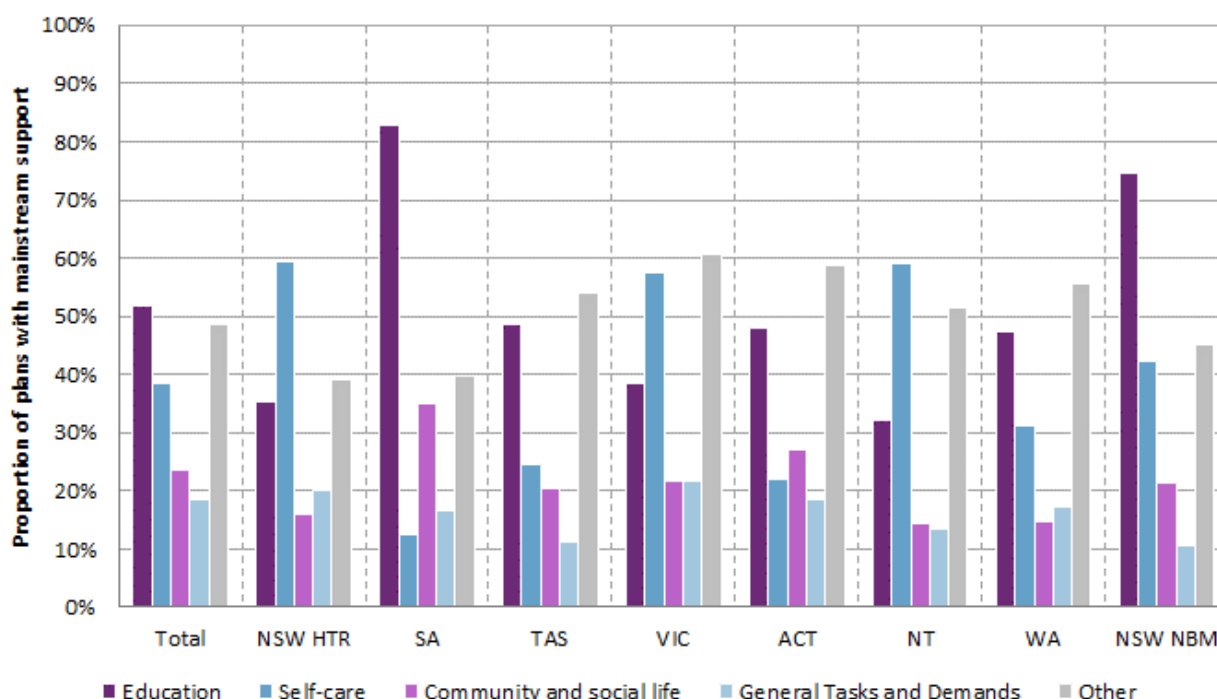
Figure 2.(b). Approved plans by month that the plan was first approved – ACT, NT, WA and NSW NBM sites⁴



⁴ Note: The vertical axis for the Northern Territory and NSW NBM are lower than the other States/Territories to make interpreting the chart easier.
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In addition to supports provided through plans, 89% of participants are also accessing mainstream services (up from 87% last quarter). A large number of these mainstream services include services related to education (52%) or community related activities (48%⁵).

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



Committed funds

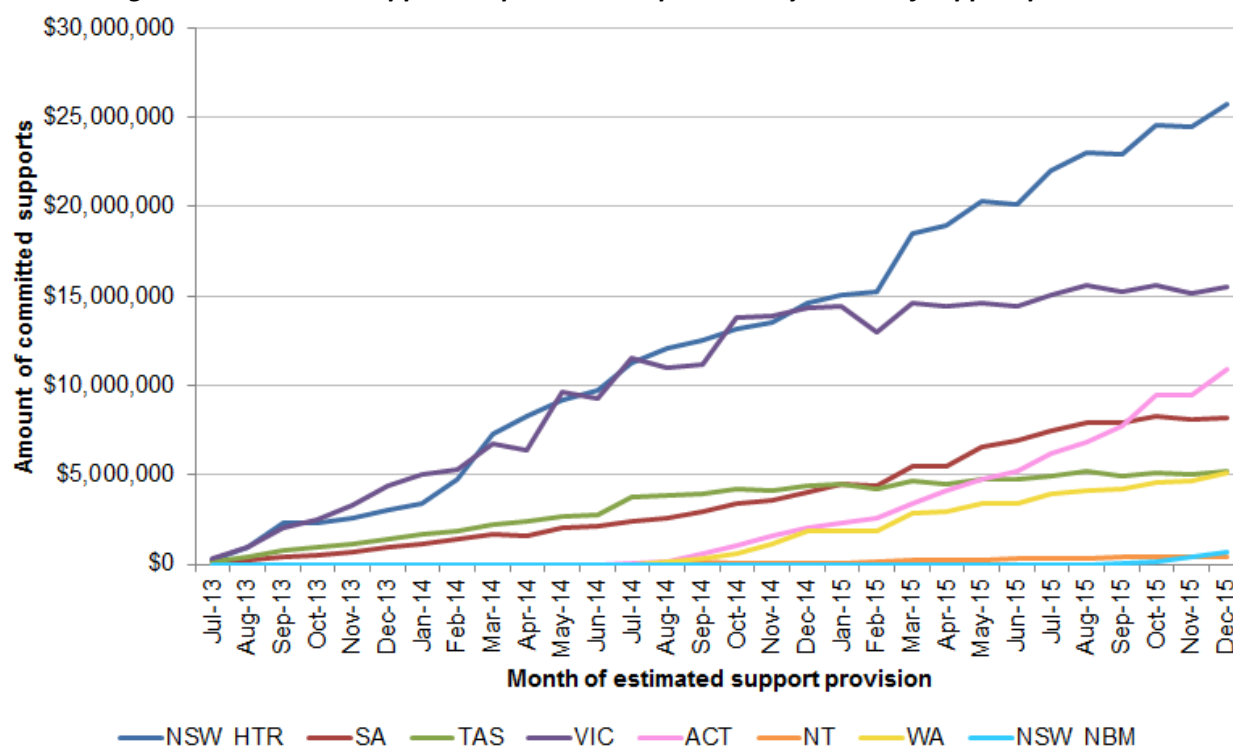
Overall, \$1.5 billion has been committed for participant support costs to date, with \$570.4 million and \$413.4 million committed in the New South Wales (Hunter) and Victorian sites respectively (noting \$146.8 million and \$44.9 million have been committed to participants in each of the Stockton and 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.

A significant proportion of support costs are allocated to a very small proportion of high-cost participants – only 10% of participants have an annualised package cost over \$100,000, but these participants account for 50% of total committed supports.⁶ On the other hand, 70% have an annualised package cost below \$30,000, and account for only 25% of annualised committed funding.

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

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

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



Overall, the average annualised package cost across all sites is approximately \$39,600 including the Stockton, Colanda and Kanangra large residences, and \$35,450 excluding the Stockton, Colanda and Kanangra large residences.⁷ This is higher in the Tasmanian trial site at approximately \$57,200, and is lowest in South Australia at \$18,700. These differences are driven by the age specifications in the Tasmanian and South Australian trial sites. However, it is important to note that average annualised package cost is not an appropriate measure of Scheme performance when considered in isolation, and should be considered in combination with the number of Scheme participants, the distribution of packages committed to these participants, and actual payments for supports provided.

The first 30 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.

⁷ Note: the bilateral agreements for the 2015-16 year indicate that the average annual participant cost is \$38,588.

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

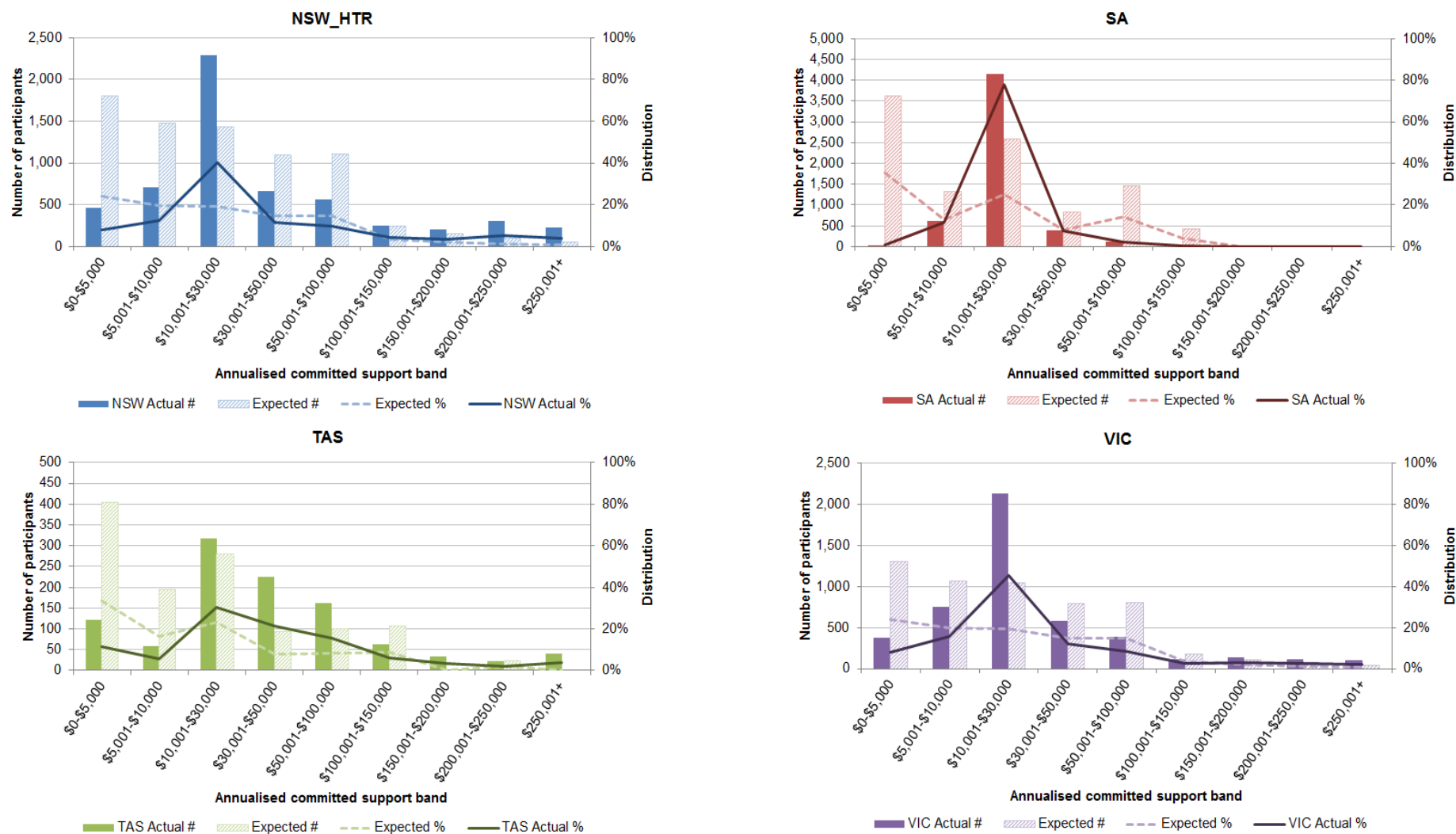
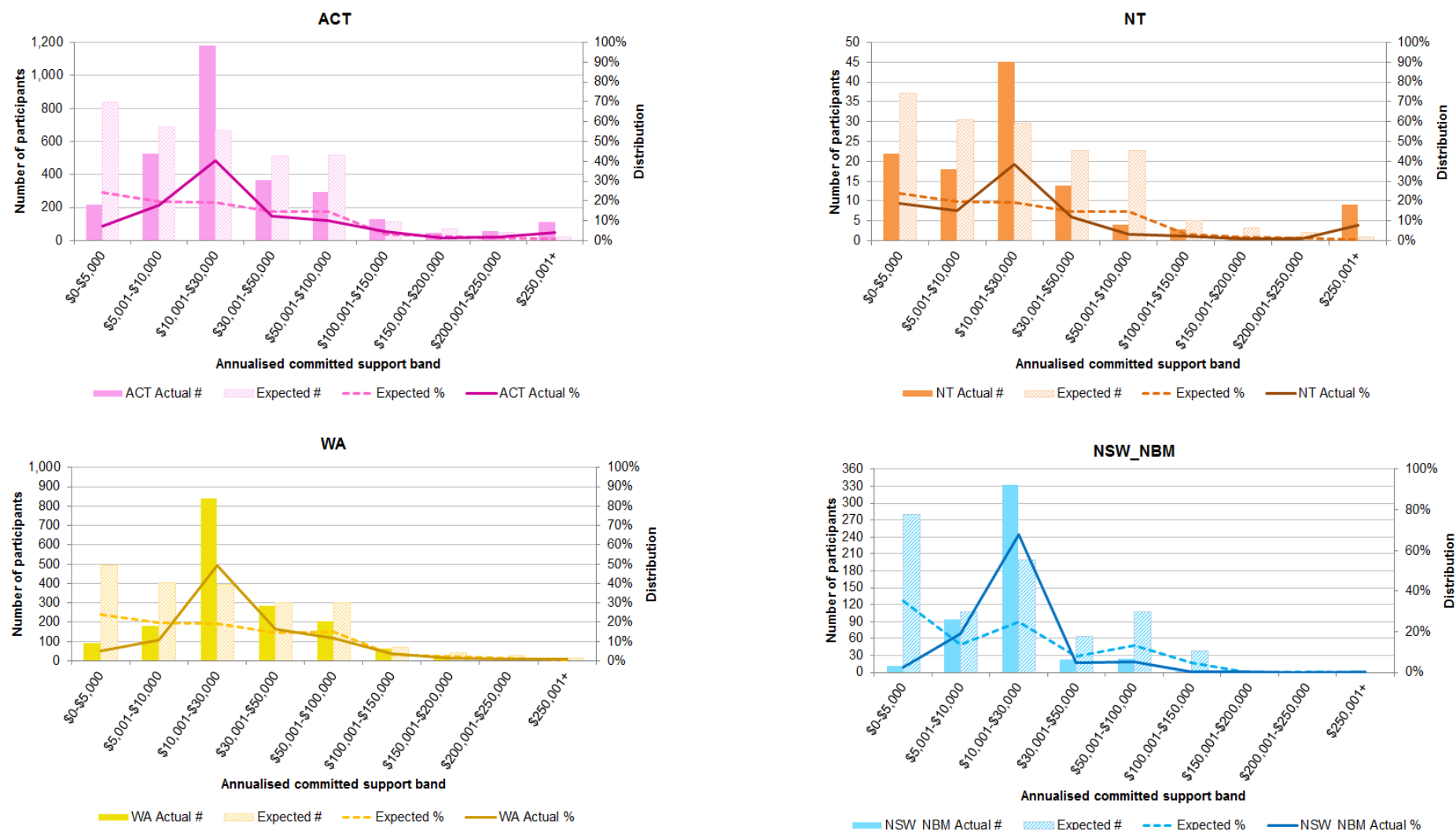


Figure 5.(b). Distribution of package costs by trial site – ACT, NT, WA and NSW NBM trial sites⁹



⁸ Note: The vertical axes are not uniform across all the States/Territories to make interpreting the charts easier.

⁹ Note: The vertical axis for the Northern Territory and Nepean Blue Mountains are lower than the other States/Territories to make interpreting the chart easier.

Payments made

82% of participants with funded supports have had at least one payment against their plan (89% of those with plans active for three months or more).¹⁰

Payments made for participant supports total \$91.2 million for supports provided in 2013-14 (65% of committed support¹¹ in this year), \$367.1 million for supports provided during 2014-15 (73% of committed support in this year), and \$250.1 million for supports provided in 2015-16 (63% of committed support to 31 December 2015). Note: payments to date include in-kind support reconciled off the system and adjustments for capital items committed in one financial year but provided in a different financial year.

Note: work is underway on the 2015-16 in-kind off-system reconciliation.

The largest amounts overall have been paid for assistance with daily life at home, in the community, education and at work (includes supported independent Living) (\$376 million) and improved daily living skills (\$96.0 million). \$483 million has been paid in cash, and \$82.5 million has been paid in-kind (or \$224.2 million if the off-system payments are included).¹²

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

Service providers

There are 2,217 registered service providers, of whom:

- 2,134 (96%) operate in one State/Territory only.
- 788 (36%) are individual/sole traders and 584 (26%) are private sector companies.

These service providers have received a total of \$516.5 million for participant supports, which is 91% of the total payments made to date. The remaining \$49.3 million has been paid to participants who are self-managing.¹³

Participant satisfaction

Of the 1,962 participants surveyed for their satisfaction, the majority are highly satisfied with the Agency, with an overall rating of 1.62 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

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

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

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

¹³ Not including the off-system payments.

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 48 appeals with the Administration Appeal Tribunal – 17 due to access issues (0.06% of all access requests), and 31 due to plan issues (0.14% of all active and inactive¹⁴ participants with an approved plan). Of these appeals, 38 have reached a resolution – 16 have been varied (participant won the appeal) and the other 22 have been dismissed, withdrawn or affirmed (the original decision confirmed).

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

1. Participant outcomes

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

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

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

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

Table 1.1.1. Information about participants with approved plans

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

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW HTR	5,804	6.3%	1.8%	61%	39%	0%
SA	5,348	4.5%	6.0%	72%	28%	0%
TAS	1,065	9.5%	1.7%	64%	36%	0%
VIC	4,795	2.3%	2.2%	59%	41%	0%
ACT	2,947	4.2%	7.4%	64%	36%	0%
NT	117	94.0%	70.1%	54%	46%	0%
WA	1,717	4.7%	4.5%	66%	34%	0%
NSW NBM	488	7.8%	4.1%	69%	31%	0%
Total	22,281	5.3%	4.3%	64%	36%	0%

State / Territory	0-4	5-14	15-24	25-44	45-64	65+
NSW HTR	6%	28%	14%	19%	31%	2%
SA	24%	75%	1%	0%	0%	0%
TAS	0%	0%	86%	14%	0%	0%
VIC	6%	31%	14%	21%	26%	2%
ACT	17%	40%	18%	6%	17%	3%
NT	7%	26%	6%	24%	38%	0%
WA	9%	40%	20%	16%	15%	1%
NSW NBM	25%	66%	9%	0%	0%	0%
Total	12%	42%	15%	12%	17%	1%

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

Primary Disability	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Autism and Related Disorders	23%	48%	30%	22%	25%	2%	37%	48%	31%
Cerebral Palsy	5%	3%	7%	4%	5%	8%	7%	10%	4%
Deafness/Hearing Loss	3%	3%	1%	1%	2%	3%	1%	2%	2%
Developmental Delay	5%	14%	2%	7%	15%	4%	2%	12%	9%
Down Syndrome	5%	2%	7%	4%	4%	2%	4%	3%	4%
Global Developmental Delay	2%	9%	2%	3%	4%	4%	6%	2%	5%
Intellectual Disability	19%	2%	35%	21%	13%	16%	15%	7%	15%
Multiple Sclerosis	2%	0%	0%	3%	2%	1%	2%	0%	2%
Psychosocial Disability	9%	0%	3%	14%	5%	3%	3%	0%	6%
Other Intellectual/learning	6%	4%	6%	5%	4%	6%	6%	7%	5%
Other Neurological	13%	2%	5%	10%	7%	17%	10%	4%	8%
Other Physical	5%	2%	2%	4%	6%	29%	6%	1%	4%
Other Sensory/Speech	5%	10%	1%	3%	7%	5%	3%	5%	6%
Total	5,804	5,348	1,065	4,795	2,947	117	1,717	488	22,281

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

Overall, 5.3% 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 12% of records not stated (this has improved slightly from 13% of records being not stated at the end of September 2015). With 12% 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 sites in the December 2015 quarter compared with the September 2015 quarter. The number of participants identifying as Aboriginal and/or Torres Strait Islander is largely in line with expectations, with only Tasmania and South Australia being below.

Overall 4.3% of participants with approved plans are classified as Culturally and Linguistically Diverse (CALD), which is below expected levels. All sites have lower than expected proportion of CALD participants apart from in the Northern Territory where it is slightly above expectations.

The overall proportion of males and females is consistent across trial sites, with the exception of South Australia. The observed higher proportion of male participants in this site is explained by the younger age group of this site – the experience of South Australia is in line with other trial sites when only this age group is considered.

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 28%. The proportions of disability vary between the States/Territories due to the difference in the site phasing. For example, in South Australia, there is a high proportion of participants with developmental and global developmental delay (23% combined) reflecting the younger age group of the cohort (0-6 year olds). In Tasmania, participants with intellectual disability (including Down syndrome and other intellectual/learning disability) represent 52% of all participants due to the 15-24 year age cohort in this site. In New South Wales (Hunter) and Victoria, the two sites established in 2013-14 and inclusive of all ages, intellectual disability and Autism and related disorders are the most prevalent primary disabilities (26% and 22% respectively across the two sites).

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

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

state	Community, Social and Civic Participation	Daily living	Education	Employment	Health and Wellbeing	Home Living	Independenc e	Relationships	Total Plans
NSW HTR	691	5,571	35	692	1,137	573	2,844	595	5,674
SA	91	5,326	61	0	288	96	555	238	5,327
TAS	276	1,003	82	213	180	58	433	89	1,026
VIC	833	4,622	37	604	1,016	640	2,782	813	4,686
ACT	566	2,878	133	164	488	303	1,734	309	2,908
NT	17	109	0	2	28	8	82	1	115
WA	227	1,674	38	215	255	133	960	183	1,691
NSW NBM	54	487	3	4	3	18	52	10	488
Total	2,755	21,670	389	1,894	3,395	1,829	9,442	2,238	21,915

¹⁵ Note: This table includes active plans with funded supports only.

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

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

Primary Disability	Community, Social and Civic Participation	Daily living	Education	Employment	Health and Wellbeing	Home Living	Independence	Relationships	Total Plans
Autism And Related Disorders	789	6,796	158	321	513	130	2,241	916	6,833
Cerebral Palsy	149	978	37	56	462	186	467	53	983
Deafness/Hearing Loss	35	452	2	24	20	12	124	18	456
Developmental Delay	54	1,903	10	27	121	24	309	73	1,909
Down Syndrome	175	829	24	155	212	64	426	131	830
Global Developmental Delay	25	1,005	16	6	83	18	202	45	1,005
Intellectual Disability	801	3,138	81	822	583	320	2,042	411	3,239
Multiple Sclerosis	12	331	0	5	169	134	216	2	332
Psychosocial Disability	293	1,336	3	205	113	170	1,195	365	1,379
Other Intellectual/learning	165	1,111	26	123	221	84	487	88	1,135
Other Neurological	150	1,683	12	103	581	448	1,014	95	1,703
Other Physical	51	847	10	17	243	186	413	15	849
Other Sensory/Speech	56	1,261	10	30	74	53	306	26	1,262
Total	2,755	21,670	389	1,894	3,395	1,829	9,442	2,238	21,915

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

¹⁷ Note: This table includes active plans with funded supports only.

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

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

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

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

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

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 HTR	3,850	5,134	1,361	2,069	5,804
SA	2,118	5,239	1,476	1,290	5,348
TAS	694	891	104	733	1,065
VIC	3,051	4,576	1,209	2,833	4,795
ACT	1,590	2,841	585	36	2,947
NT	61	110	42	1	117
WA	775	1,675	275	45	1,717
NSW NBM	192	484	44	0	488
Total	12,331	20,950	5,096	7,007	22,281

¹⁸ A review the “Existing” support category at the end of December 2015 has highlighted a small number of support items being misclassified in the IT system. This issue has been raised, and will be rectified in future reporting.

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	3,041	6,657	901	1,864	6,877
Cerebral Palsy	733	942	558	384	998
Deafness/Hearing Loss	242	412	221	164	463
Developmental Delay	595	1,870	264	437	1,922
Down Syndrome	627	808	202	387	840
Global Developmental Delay	400	985	207	267	1,012
Intellectual Disability	2,324	2,933	461	1,444	3,303
Multiple Sclerosis	315	312	219	142	343
Psychosocial Disability	879	1,319	171	422	1,406
Other Intellectual/learning	667	1,069	279	346	1,149
Other Neurological	1,423	1,620	907	703	1,805
Other Physical	612	814	428	199	889
Other Sensory/Speech	473	1,209	278	248	1,274
Total	12,331	20,950	5,096	7,007	22,281

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

Table 1.2.2. Delivery of agreed supports¹⁹ as planned

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

State	Paid (Supports provided in 2013-14)	Committed Supports expected to be provided (2013-14)	Proportion paid (2013-14)	Paid (Supports provided in 2014-15)	Committed Supports expected to be provided (2014-15)	Proportion paid (2014-15)	Paid Supports provided in Jul 2015 - Sep 2015	Committed Supports expected to be provided Jul 2015 - Dec 2015	Proportion paid Jul 2015 - Dec 2015
NSW HTR	\$27,569,218	\$54,050,215	51%	\$87,871,322	\$185,244,475	47%	\$62,491,793	\$142,802,150	44%
SA	\$5,419,146	\$12,756,375	42%	\$28,978,572	\$52,188,803	56%	\$24,114,396	\$47,810,496	50%
TAS	\$9,739,528	\$18,246,332	53%	\$34,672,343	\$51,601,070	67%	\$17,707,584	\$30,357,618	58%
VIC	\$31,037,328	\$55,909,530	56%	\$115,508,859	\$161,136,838	72%	\$60,139,428	\$92,147,755	65%
ACT	\$0	\$0	n/a	\$13,237,958	\$27,766,636	48%	\$21,888,712	\$50,555,787	43%
NT	\$0	\$0	n/a	\$808,168	\$1,593,661	51%	\$1,367,040	\$2,299,756	59%
WA	\$0	\$0	n/a	\$8,660,244	\$20,212,273	43%	\$14,351,786	\$26,515,778	54%
NSW NBM	\$0	\$0	n/a	\$0	\$0	n/a	\$189,763	\$1,343,387	14%
Total	\$73,765,221	\$140,962,452	52%	\$289,737,467	\$499,743,756	58%	\$202,250,502	\$393,832,726	51%
Total (incl. in-kind off system reconciliation and capital adjustments)	\$91,198,467	\$140,962,452	65%	\$366,104,039	\$502,443,756²⁰	73%	\$250,115,449	\$396,731,172²¹	63%

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

²⁰ For Victoria, this includes \$2.7 million of support for attendant care in schools used in 2014-15 which has not been put into committed supports.

²¹ For Victoria, this includes \$1.4 million of support for attendant care in schools and \$1.4 million for specialised student transport which has not been put into committed supports.

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

Primary Disability	Paid (2013-14)	Committed Supports (2013-14)	Proportion paid (2013-14)	Paid (2014-15)	Committed Supports (2014-15)	Proportion paid (2014-15)	Paid Supports provided in Jul 2015 -Dec 2015	Committed Supports Jul 2015 - Dec 2015	Proportion paid Jul 2015 - Dec 2015
Autism And Related Disorders	\$13,236,317	\$25,652,559	52%	\$57,989,726	\$98,382,133	59%	\$44,990,466	\$86,606,480	52%
Cerebral Palsy	\$8,948,688	\$17,238,086	52%	\$27,364,122	\$44,857,532	61%	\$17,049,031	\$30,188,845	56%
Deafness/Hearing Loss	\$671,192	\$1,484,828	45%	\$2,146,982	\$4,193,006	51%	\$1,473,543	\$2,991,866	49%
Developmental Delay	\$2,525,916	\$4,696,682	54%	\$10,341,987	\$17,399,905	59%	\$8,696,340	\$15,311,296	57%
Down Syndrome	\$4,950,832	\$10,380,713	48%	\$16,037,962	\$28,020,700	57%	\$10,612,704	\$23,731,402	45%
Global Developmental Delay	\$1,132,877	\$2,601,081	44%	\$6,093,686	\$11,150,769	55%	\$5,142,612	\$9,570,610	54%
Intellectual Disability	\$20,236,068	\$34,950,999	58%	\$89,686,648	\$156,273,123	57%	\$57,036,301	\$114,042,275	50%
Multiple Sclerosis	\$1,875,950	\$3,510,978	53%	\$4,992,780	\$7,735,024	65%	\$3,463,266	\$5,902,988	59%
Psychosocial Disability	\$3,022,212	\$5,105,984	59%	\$14,651,249	\$24,269,728	60%	\$10,717,075	\$21,219,952	51%
Other Intellectual/learning	\$3,601,504	\$7,078,693	51%	\$13,877,338	\$25,670,290	54%	\$10,532,433	\$21,432,605	49%
Other Neurological	\$11,001,073	\$22,116,012	50%	\$34,959,463	\$59,748,189	59%	\$22,093,209	\$42,650,225	52%
Other Physical	\$1,692,826	\$3,944,027	43%	\$6,826,086	\$13,549,977	50%	\$5,664,320	\$11,099,611	51%
Other Sensory/Speech	\$869,766	\$2,201,809	40%	\$4,769,436	\$8,493,379	56%	\$4,777,825	\$9,053,560	53%
Total	\$73,765,221	\$140,962,452	52%	\$289,737,467	\$499,743,756	58%	\$202,250,502	\$393,832,726	51%
Total (incl. in-kind off system reconciliation and capital adjustments)	\$91,198,467	\$140,962,452	65%	\$366,104,039	\$502,443,756²²	73%	\$250,115,449	\$396,731,172²³	63%

²² For Victoria, this includes \$2.7 million of support for attendant care in schools used in 2014-15 which has not been put into committed supports.

²³ For Victoria, this includes \$1.4 million of support for attendant care in schools and \$1.4 million for specialised student transport which has not been put into committed supports.

Table 1.2.2 shows the total dollar amount paid to date compared with the estimated funds committed for supports delivered to date. Of the \$396.7m in supports committed in participant plans to be provided since the start of the 2015-16 year, to date 63% 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, the 2015-16 in-kind offline reconciliation is continuing to be undertaken which means the 63% will increase. Lastly, there is also a lag between when a support is provided and when payments are made.

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

State	All Plans	Plans 3mth+	Plans <3mth
NSW HTR	84%	92%	32%
NSW NBM	10%	20%	9%
SA	89%	91%	16%
TAS	88%	92%	22%
VIC	89%	91%	5%
ACT	65%	75%	38%
NT	45%	53%	0%
WA	75%	85%	23%
Total	82%	89%	27%

Table 1.2.3 shows the proportion of participants by site with funded supports that have had at least one payment against their plan, noting that payments are made within two working days of an invoice being received. For plans that have been in place for at least 3 months, 89% have had at least one payment against their plan compared with 27% for plans in place for less than three months. This result is in line with previous quarters, with the exception of quarter four of 2014-15 which saw a sharp increase in payments most likely due to it being the final quarter of the financial year. Overall the 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	1 Apr 15 – 30 Jun 15
NSW HTR	62%
SA	18%
TAS	7%
VIC	18%
ACT	59%
NT	94%
WA	57%
NSW NBM	57%
Total	45%

Table 1.2.4 presents the proportion of plans approved within 90 days of an access request being submitted during the 1st quarter of 2015-16. This is a more appropriate measure of the time taken between access requests and plan approval than calculating average days. This is due to average days requiring censored data in the calculation. Further, some participants are found eligible and then cannot have a plan approved until the program/service provider is scheduled to phase into the Scheme. This phasing can be significantly later than when the access request was received and this will impact this result. It is also important to note that the ratio between new participants and those entering the Scheme via a state funded program can influence the results, as the information required to make a determination is not always as readily available.

Overall this measure fell from the last quarter, going from 57% to 45%. The most noticeable reductions being in the NSW Hunter (81% to 62%), SA (69% to 18%), VIC (31% to 18%) and TAS (13% to 7%) sites. A number of factors are likely to have impacted these results. Each of these sites saw a high level of plan reviews approved over the last three months of 2015 which would have diverted resources. SA and TAS have a well-known participant base and a clear phasing schedule meaning that access requests are often submitted well in advance of the participant phasing into the Scheme.

VIC, TAS and SA had a low number of plan approvals for the quarter (111, 62 and 116) also, so their results should be treated with caution. Further, the NDIA processes access requests as they are received and then undertakes planning with participants in line with the bilateral phasing schedule. In order to remain within the phasing schedule in VIC, TAS and SA, the time between access request and plan approval increases.

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	69	74	63	33	83
State	1,570	1,405	1,494	213	2,134
Provider Type					
Australian Private Company	399	322	412	47	584
Australian Public Company	127	131	103	59	156
Family or Other trust	134	108	143	19	182
Incorporated Entity	274	315	189	97	338
Individual/Sole Trader	582	485	604	6	788
Other Private	23	27	19	11	33
Other Public	29	30	25	6	35
Partnership	71	61	62	1	101
Total	1,639	1,479	1,557	246	2,217

Type	Providers Registered
New NDIS	1875
Previously DSS	342

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

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

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

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

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

State	Agency Managed	Combination	Self-Managed
NSW HTR	49%	49%	2%
SA	66%	21%	13%
TAS	49%	46%	5%
VIC	71%	28%	1%
ACT	43%	42%	15%
NT	94%	5%	1%
WA	57%	35%	9%
NSW NBM	78%	9%	14%
Total	59%	34%	7%

Table 1.3.1 shows the distribution of plan management options being used by active²⁵ participants. 7% of plans are solely self-managed, up from 6% last quarter and 34% of plans use a combination of agency management and self-management.

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

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

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

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

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

Table 1.3.2. Access requests made**Definitions**

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

Table 1.3.2(a). Access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW_HTR	152	6,253	369	762	38	187	7,761
NSW_NBM	0	945	113	26	0	2	1,086
SA	27	6,762	818	350	5	73	8,035
TAS	28	1,132	86	49	5	38	1,338
VIC	119	4,973	352	360	9	205	6,018
ACT	30	3,296	557	231	6	27	4,147
NT	0	120	1	6	0	3	130
WA	15	1,954	128	190	2	15	2,304
Total	371	25,435	2,424	1,974	65	550	30,819

Table 1.3.2(b) Proportions of access requests made

State	Closed	Eligible	In progress	Ineligible	Revoked	Withdrawn	Total
NSW_HTR	2.0%	80.6%	4.8%	9.8%	0.5%	2.4%	7,761
NSW_NBM	0.0%	86.8%	10.4%	2.4%	0.0%	0.2%	1,086
SA	0.3%	84.2%	10.2%	4.4%	0.1%	0.9%	8,035
TAS	2.1%	84.6%	6.4%	3.7%	0.4%	2.8%	1,338
VIC	2.0%	82.6%	5.8%	6.0%	0.1%	3.4%	6,018
ACT	0.7%	79.5%	13.4%	5.6%	0.1%	0.7%	4,147
NT	0.0%	92.3%	0.8%	4.6%	0.0%	2.3%	130
WA	0.7%	84.8%	5.6%	8.2%	0.1%	0.7%	2,304
Total	1.2%	82.5%	7.9%	6.4%	0.2%	1.8%	30,819

Table 1.3.2 shows the number and distribution of access requests made by the current status of the request. To date, approximately 83% of people submitting access requests have been found eligible, and a further 8% are in progress. Around 6% of access requests have been deemed ineligible. When ineligibility due to age and residency requirements are excluded the proportion decreases to 5%.

Table 1.3.3. Reviews of decisions (internal)

State	Affirmed	Set aside	Pending	Outcome not recorded	Total
NSW	24	43	15	38	120
SA	10	34	8	23	75
TAS	2	1	0	1	4
VIC	33	69	17	44	163
ACT	8	8	9	15	40
NT	0	0	0	0	0
WA	4	3	3	5	15
National Office	1	8	8	1	18
Total	82	166	60	127	435

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 (30,819) or plan decisions (22,281). Given the total number of decisions, there have been very few requests for review – 435 in total, of which 179 relate to access decisions.

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

State	Affirmed	Set aside	Pending	Varied	Dismissed	Withdrawn	Total
NSW	2	0	4	1	2	0	9
SA	1	0	3	2	2	2	10
TAS	0	0	0	1	0	0	1
VIC	2	2	1	11	2	5	23
ACT	0	0	0	1	0	1	2
NT	0	0	0	0	0	0	0
WA	0	0	2	0	1	0	3
National Office	0	0	0	0	0	0	0
Total	5	2	10	16	7	8	48

Table 1.3.4 shows that there have been 48 appeals to the Administrative Appeals Tribunal of which 10 are pending. Of these appeals, 30 have reached a resolution – 16 have been varied (participant won the appeal) and the other 22 have been dismissed, withdrawn or affirmed (the original decision confirmed).

Table 1.3.5. Appeals by Category with the AAT

State	Access Issues	Plan Issues	Total
NSW	4	5	9
SA	3	7	10
TAS	1	0	1
VIC	8	15	23
ACT	0	2	2
NT	0	0	0
WA	2	1	3
National Office	0	0	0
Total	18	31	48

Table 1.3.5 shows that of the appeals lodged to date, 18 were related to access issues and 31 were related to planning issues.

Table 1.3.6. Complaints by outcome

State	Closed - referred to another agency	Closed - resolved	Closed - unresolved	Open	Open - referred to another jurisdiction	Total
NSW	4	229	11	24	0	268
SA	2	99	9	8	0	118
TAS	0	34	1	1	0	36
VIC	1	227	26	4	0	258
ACT	0	39	3	10	1	53
NT	0	1	0	1	0	2
WA	1	27	2	1	0	31
National Office	5	133	10	54	2	204
QLD	0	2	1	1	0	4
Total	13	791	63	104	3	974

Table 1.3.6 shows the number of complaints submitted. In total, there have been 974 complaints, of which 258 are from Victoria (26%) and 268 are from NSW-Hunter (28%). 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	10	167	57	34	268
SA	0	98	11	9	118
TAS	0	27	2	7	36
VIC	5	178	44	31	258
ACT	2	43	2	6	53
NT	0	1	0	1	2
WA	0	23	2	6	31
National Office	4	143	9	48	204
QLD	0	3	1	0	4
Total	21	683	128	142	974

Table 1.3.7 shows the distribution of the total complaints to date by complaint type. The majority (70%) of complaints are agency related, with a further 13% relating to the amount of reasonable and necessary supports in participant plans.

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

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

State	Participant/family/ carer satisfaction	Experience satisfaction ²⁷
NSW	1.73	1.04
SA	1.55	1.06
TAS	1.69	1.35
VIC	1.76	1.14
ACT	1.48	0.83
NT	-	0.48
WA	1.32	1.06
Total	1.62	1.09

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

State	Very good	Good	Neutral	Poor	Very Poor	Total
NSW	76%	22%	1%	1%	0%	100%
SA	67%	25%	5%	3%	1%	100%
TAS	74%	22%	3%	0%	1%	100%
VIC	81%	16%	3%	1%	0%	100%
ACT	53%	43%	4%	0%	1%	100%
NT	-	-	-	-	-	-
WA	52%	36%	7%	2%	3%	100%
Total	70%	25%	3%	1%	1%	100%

²⁷ Life Experience satisfaction is no longer collected during planning. This measure is part of the outcomes framework being base-lined in 2015-16. Reporting will be included in the 2015-16 end of year report.

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 1,962 participants who have been surveyed, 95% have responded that their experience was either good or very good.

2. Financial sustainability

Note: A number of measures relating to financial sustainability are addressed in the 'Report on the sustainability of the Scheme' 2015-16 2nd quarterly report.

For the ACT, NT and WA trial sites, which commenced on 1 July 2014, only 6 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 supports²⁸

State	Committed costs	Proportion
NSW HTR	\$570,354,116	38%
SA	\$156,555,330	10%
TAS	\$130,012,781	9%
VIC	\$413,361,290 ²⁹	27%
ACT	\$159,956,960	11%
NT	\$6,498,484	0.4%
WA	\$75,522,821	5%
NSW NBM	\$8,767,679	1%
Total	\$1,521,029,461	100%

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

²⁸ Committed support is the dollar amount of support that has been made available to participants in their statements of support – their package of supports.

²⁹ Note: For Victoria, this includes \$2.7 million of support for attendant care in schools used in 2014-15, \$2.9 million of support for attendant care in schools and \$2.9 million of support for specialised student transport used in 2015-16 which has not been put into committed supports.

Table 2.1.2. Total payments (\$, in-kind³⁰)

State	Cash	In-Kind	Total
NSW (HTR)	\$176,313,429	\$1,618,905	\$177,932,334
SA	\$53,980,130	\$4,531,985	\$58,512,115
TAS	\$52,828,936	\$9,290,519	\$62,119,455
VIC	\$141,298,257	\$65,387,358	\$206,685,615
ACT	\$34,560,050	\$566,620	\$35,126,670
NT	\$2,149,141	\$26,067	\$2,175,208
WA	\$21,947,026	\$1,065,004	\$23,012,030
NSW (NBM)	\$189,763	\$0	\$189,763
Total payments	\$483,266,732	\$82,486,458	\$565,753,190
Total (incl. in-kind off system reconciliation for 2013-14 and estimated 2014-15 in-kind supports that have not yet been paid)	\$483,266,732	\$224,151,223	\$707,417,955

Table 2.1.2 shows total payments to date by site. The majority of payments are from the New South Wales (HTR) and Victorian sites (68% of payments, combined). This is expected as these are the largest sites. The newer sites have made fewer payments than the 2013-14 trial sites. This is expected as they have had less Scheme experience and there is a lag between support provision and payment.

Table 2.1.3 Operating Expenses Ratio (% total costs)³¹

	%
Operating expenses ratio	19.6%

Table 2.1.3 shows the operating expenses ratio. This figure has reduced from 20.4% reported in the previous quarter. This reduction should be treated with some caution however as the figure of 19.6% relates only to the first half of the 2015-16 year only.

³⁰ "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

³¹ The numerator includes all operating expenses of the Agency including sector development grants but excludes participant payments. The denominator is total expenses incurred by the Agency including all grants, operating expenses and participant support.

Table 2.1.4 Annualised support package distributions³²

Annualised committed support band	Active Plans	%
\$0-\$5,000	1,345	6%
\$5,001-\$10,000	2,941	13%
\$10,001-\$30,000	11,280	51%
\$30,001-\$50,000	2,546	12%
\$50,001-\$100,000	1,769	8%
\$100,001-\$150,000	642	3%
\$150,001-\$200,000	458	2%
\$200,001-\$250,000	514	2%
\$250,001+	504	2%
Total	21,999	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 21,999 active³³ participants with approved plans, 70% have an annualised package cost of less than \$30,000. This group accounts for only 25% of annualised committed funding. Conversely, 10% of participants have an annualised package cost over \$100,000 and these participants account for 50% of total committed supports.³⁴ As expected, the bulk of committed funding is being allocated to a very small proportion of high-need participants.

³² This table includes participants with active plans only. The total of 21,999 is slightly lower than the 25,875 active and inactive participants with an approved plan reported elsewhere in this report.

³³ 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.

³⁴ 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	Jan 15 – Mar 15
NSW HTR	83%
SA	65%
TAS	30%
VIC	57%
ACT	59%
NT	71%
WA	70%
NSW NBM	NA ³⁵
Total	66%

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 4th 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.

Further, in-kind invoicing is affecting this measure, as not all in-kind services provided are invoiced in the system. Despite this, the total proportion of this measure has remained consistent, only reducing slightly from 68% 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.

³⁵ No data has been collected from the NBM site as yet due to the lag in data needed to record this measure.

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

Support Category	Participant	Service Provider	Total
Assistance with daily life at home, in the community, education and at work	\$1,140,550	\$4,160,660	\$5,301,210
Assistance with daily life at home, in the community, education and at work (includes supported independent Living)	\$20,422,254	\$355,607,626	\$376,029,881
Assistive technology	\$2,417,186	\$22,015,217	\$24,432,403
Finding and keeping a job	\$162,333	\$8,319,074	\$8,481,408
Home modifications	\$363,516	\$4,102,989	\$4,466,505
Improved daily living skills	\$13,345,014	\$81,157,266	\$94,502,280
Improved health and wellbeing	\$844,178	\$4,039,914	\$4,884,092
Improved learning	\$76,311	\$593,292	\$669,603
Improved life choices	\$510,774	\$15,135,263	\$15,646,037
Improved living arrangements	\$16,697	\$439,682	\$456,379
Improved relationships	\$320,342	\$3,100,165	\$3,420,507
Increased social and community participation	\$336,232	\$7,966,848	\$8,303,080
Transport to access daily activities	\$8,992,402	\$8,012,511	\$17,004,913
Vehicle modifications	\$310,683	\$1,844,209	\$2,154,892
Total	\$49,258,473	\$516,494,717	\$565,753,190
Total (incl. in-kind off system reconciliation)			\$707,417,955

Table 2.1.6 shows total payments (cash & in-kind³⁶) expenditure split by support category. Support categories are groupings of similar supports. A single plan may have funding over many support clusters. Payees can include participants who are self-managing or providers who invoice against a plan. The majority of payments are made to providers (91%). The total payments made have increased from approximately \$440 million in the previous quarter (\$552 million including the in-kind off system reconciliation) to over \$565 million excluding the in-kind off system reconciliation, and \$707 million when this reconciliation is included.

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

³⁶ "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 packages³⁷

State	Average annualised committed	Median annualised committed
NSW HTR	\$43,376	\$18,472
SA	\$18,647	\$15,421
TAS	\$57,238	\$32,127
VIC	\$35,901	\$17,963
ACT	\$45,421	\$18,026
NT	\$44,791	\$15,055
WA	\$35,582	\$22,061
NSW NBM	\$18,653	\$12,604
Total	\$35,450	\$17,192

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

Table 2.1.8. Value of and number of active approved packages by participant group – since 1 July 2013³⁸

Primary Disability	Number	Committed costs*	Average annualised cost
Autism and Related Disorders	6,856	\$308,024,355	\$26,936
Cerebral Palsy	984	\$132,119,213	\$63,546
Deafness/Hearing Loss	460	\$11,850,591	\$13,654
Developmental Delay	1,911	\$56,821,394	\$16,610
Down Syndrome	830	\$97,534,639	\$54,705
Global Developmental Delay	1,006	\$33,737,793	\$20,544
Intellectual Disability	3,255	\$441,808,660	\$60,974
Multiple Sclerosis	332	\$24,490,295	\$40,755
Psychosocial Disability	1,384	\$78,423,872	\$34,514
Other Intellectual/learning	1,142	\$78,951,598	\$37,167
Other Neurological	1,715	\$175,815,922	\$51,388
Other Physical	857	\$41,773,250	\$29,914
Other Sensory/Speech	1,265	\$31,009,610	\$16,545
Other Not recorded	2	\$172,652	\$85,771
Total	21,999	\$1,512,533,843³⁹	\$35,450

³⁷ Note: Average and median annualised costs exclude participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

³⁸ Note: Average annualised cost excludes participants from the Stockton and Kanangra large residential centres in NSW and Colanda large residence in VIC.

³⁹ Note: This excludes \$2.7 million of support for attendant care in schools used in 2014-15, \$2.9 million of support for attendant care in schools and \$2.9 million of support for specialised student transport used in 2015-16 which has not been put into committed supports.

Table 2.1.8 shows the number of active participants⁴⁰ 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 \$35,450⁴¹ excluding the Stockton, Colanda and Kanangra large residences, or \$39,600 when the Stockton, Colanda and Kanangra large residences are included.

Note: annualising plan values adds uncertainty to estimates. 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 site.

Table 2.1.9. Number of participants receiving supports paid for with cash and/or in-kind⁴² supports by State/Territory

State	Cash	In-kind	Cash & In-kind	Total
NSW HTR	4,746	20	419	5,185
SA	3,665	11	1,361	5,037
TAS	527	2	394	923
VIC	1,698	162	2,625	4,485
ACT	1,813	40	295	2,148
NT	44	2	10	56
WA	1,031	6	389	1,426
NSW NBM	189	0	0	189
Total	13,713	243	5,493	19,449

Table 2.1.9 shows that almost all participant plans that have had at least one invoice are receiving cash payments (71%) 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.

⁴⁰ 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.

⁴¹ Note: the bilateral agreements for the 2015-16 year indicate that the average participant cost is \$38,588.

⁴² "In-kind" supports are existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

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

State	Cash Services	In-kind Services
NSW HTR	99%	1%
SA	96%	4%
TAS	96%	4%
VIC	88%	12%
ACT	98%	2%
NT	97%	3%
WA	96%	4%
NSW NBM	100%	0%
Total	94%	6%

Table 2.1.10 shows the distribution of payments for services funded through cash and in-kind arrangements by site. Victoria has the highest percentage of in-kind payments at 12%, while New South Wales has the lowest at 0.6%. Note: Nepean Blue Mountains is yet to fund any services through in-kind arrangements and a number of in-kind supports have been invoiced off the system. These results have not yet been allocated to participants and are not included in the above table, hence, the above results should be interpreted with caution.

Table 2.1.11. Participant numbers

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

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

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW HTR	5,804	366	105	3,567	2,237	0
SA	5,348	240	320	3,841	1,507	0
TAS	1,065	101	18	678	387	0
VIC	4,795	110	107	2,851	1,943	1
ACT	2,947	125	219	1,877	1,068	2
NT	117	110	82	63	54	0
WA	1,717	80	77	1,133	583	1
NSW NBM	488	38	20	336	152	0
Total	22,281	1,170	948	14,346	7,931	4

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

State / Territory	0-4	5-14	15-24	25-44	45-64	65+
NSW HTR	371	1,604	799	1,113	1,786	131
SA	1,303	4,018	27	0	0	0
TAS	0	0	918	147	0	0
VIC	303	1,471	676	1,005	1,231	109
ACT	495	1,187	520	176	492	77
NT	8	30	7	28	44	0
WA	147	684	346	271	256	13
NSW NBM	122	321	45	0	0	0
Total	2,749	9,315	3,338	2,740	3,809	330

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

Primary Disability	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Autism and Related Disorders	1,324	2,575	320	1,059	729	2	636	232	6,877
Cerebral Palsy	271	165	70	168	153	9	113	49	998
Deafness/Hearing Loss	158	154	6	67	53	3	14	8	463
Developmental Delay	276	739	16	350	445	5	33	58	1,922
Down Syndrome	269	121	76	168	114	2	77	13	840
Global Developmental Delay	142	484	16	149	112	5	95	9	1,012
Intellectual Disability	1,090	118	378	1,027	388	19	249	34	3,303
Multiple Sclerosis	107	0	1	129	65	1	40	0	343
Psychosocial Disability	518	5	28	652	148	4	49	2	1,406
Other Intellectual/learning	328	238	68	248	130	7	96	34	1,149
Other Neurological	743	126	53	470	210	20	164	19	1,805
Other Physical	274	102	20	175	183	34	95	6	889
Other Sensory/Speech	304	521	13	133	217	6	56	24	1,274
Total	5,804	5,348	1,065	4,795	2,947	117	1,717	488	22,281

Table 2.1.12. Total number of plans developed

State	Total plans developed
NSW HTR	9,720
SA	8,245
TAS	2,273
VIC	9,534
ACT	3,431
NT	156
WA	2,092
NSW NBM	488
Total	35,939

Table 2.1.12 shows the total number of plans completed. This includes 15,134 second plans, 8,613 third plans, 444 fourth plans, and 20 fifth plans. 282 participants with approved plans have since left the Scheme via participant-initiated request, death or Agency-initiated eligibility revocation.

Table 2.1.13. Number of plans with single supports

State	Single items	Ratio
NSW_HTR	924	16%
SA	2,052	39%
TAS	73	7%
VIC	411	9%
ACT	476	16%
NT	8	7%
WA	223	13%
NSW NBM	144	30%
Total	4,341	19%

Table 2.1.13 shows the number of approved plans that only contain a single type of support. Overall, 19% of approved plans only contain a single type of support, down from 22% last quarter. South Australia has 2,052 of these plans, which make up 39% of all approved plans in South Australia.

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

Of the 21,999 active participants with approved plans, 12,937 (59%) were found eligible for the Scheme because they met the disability requirements (section 24 of the NDIS Act), and 9,062 (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.

3. Community inclusion

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

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

Table 3.1.1. Proportion of participants accessing mainstream services

State	Participants accessing mainstream services	Proportion accessing mainstream services
NSW HTR	5,097	90%
SA	4,886	92%
TAS	734	70%
VIC	4,387	93%
ACT	2,709	92%
NT	103	88%
WA	1,324	78%
NSW NBM	483	99%
Total	19,723	90%

Table 3.1.1 shows the proportion of participants with an approved plan accessing mainstream supports. This measure has increased from 87% to 90% in the last quarter.

Table 3.1.2. Support categories with mainstream services

Support categories	NSW HTR	SA	TAS	VIC	ACT	NT	WA	NSW NBM	Total
Self-care	3,027	615	181	2,525	596	61	411	204	7,620
Education	1,807	4,053	356	1,691	1,296	33	626	360	10,222
General Tasks and Demands	1,025	810	82	957	499	14	227	51	3,665
Community and social life	822	1,710	149	948	732	15	197	103	4,676
Community - Social and Civic	825	954	126	1,269	1,108	16	409	137	4,844
Mobility	298	205	47	672	119	7	77	7	1,432
Carer/Family Support	283	533	34	350	201	11	92	67	1,571
Employment	259	5	151	373	111	2	133	2	1,036
Domestic Life	311	48	42	483	147	26	108	17	1,182
Communication	150	371	23	149	132	1	33	8	867
Interpersonal Relationships	166	117	27	166	67	.	47	10	600
Learning and Knowledge	79	205	37	119	90	2	43	5	580
Total	5,097	4,886	734	4,387	2,709	103	1,324	483	19,723

Table 3.1.2 shows the most common mainstream supports are education and self-care, with 10,222 and 7,620 utilised respectively by participants with approved plans⁴³. 19,723 active, approved plans contain mainstream supports (90%)

⁴³ Participants may be accessing more than one mainstream service, and hence the overall total is not the sum of the services across the support categories.

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

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

State/Territory	Community awareness activity
NSW HTR	<p>During the period October – December 2015 Hunter Trial Site Engagement and Local Area Coordinator Teams connected with more than 4,000 individuals through the following activities:</p> <ul style="list-style-type: none"> • International Day for People with Disability • Provider forums/workshops • Community Expos • Interagency meetings • NDIA Information Desks at local shopping centres and markets • Interagency meetings • Mainstream Interface operational working groups • School Information sessions • Vision Australia Forum • Carers Expo
SA	<ul style="list-style-type: none"> • Community Information Sessions were held at NDIA offices and in regional communities, a total of 9 sessions were attended by 98 people. • Coordinators provided an outreach service to the Riverland region every two weeks. This included meeting with potential participants, community organisations and service providers to raise awareness of the Scheme within the region. • Coordinators out posted in regional areas met regularly with local providers and attended community network meetings to increase awareness of the Scheme. • Information sessions were delivered for Leadership groups from the Mainstream sectors of Education, Health and Child Protection. Three sessions were attended by 48 people. • Information sessions were delivered for the Australian Refugee Association, Aboriginal Cultural Consultants and Nunkawarrin Yunti of SA Inc. Three sessions were attended by 28 people. • Staff attended carer network meetings and the South Australian Carers Services Roundtable to present information and updates about the progress and roll out of the Scheme. • Staff were invited to present information at three Annual General Meetings for disability and community service providers. • Information sessions were delivered to students enrolled in Allied Health, Education and Disability Services courses at Universities and Tertiary and Further Education (TAFE) SA , 4 sessions were attended by over 200 students.

State/Territory	Community awareness activity
	<ul style="list-style-type: none"> Discussions were held with the Regional Director of the Anangu School from the Department of Education and Child Development to develop a Broad Referral Model for remote Indigenous communities, utilising school staff who are in a position to refer people into the scheme should they consider that they may be eligible. LACs employed through Tullawon Health Service, NPY Women's Council and the First People's Disability Network participated in 70 community awareness activities throughout this quarter, specifically targeted at increasing access and knowledge of the NDIS with Indigenous families in SA. LACs engage broadly within a community or region and develop long term trusted relationships with community members, service providers and key stakeholders. The Local Area Coordinator engaged through Tullawon Health visited the Oak Valley community on a fortnightly basis to increase community engagement and awareness.
TAS	<p>NDIA engagement team and outsourced Local Area Coordinators (LACs) have connected with close to 2500 individuals at 248 functions. Highlights of engagement include:</p> <ul style="list-style-type: none"> Agency staff and LACs participated in International Day for People with Disability community events across the state, including the celebration of the UR Connected community arts project which involved providers and arts groups working throughout 2015 to gather 2015 circles of art, each depicting an individual's interpretation of how they feel connected to their community. Attendance at various Mental Health Week activities including an inter-government function for Beyond Blue hosted by the ATO. Monthly drop-in sessions for participants and families/carers continued in Hobart, Launceston and Devonport offices. LACs undertook the first round of pre-bilateral community awareness sessions across some 40 local area regions in Tasmania, providing general information about the NDIS, targeted primarily to people outside of the current cohort group. These will be followed up with similar sessions in March and May 2016 where more detailed information about the rollout of transition to full scheme will be provided. Agency staff and LACs met with a number of mainstream services and businesses to discuss the NDIS and opportunities for inclusion of people with disability in the broader community and business sectors. LACs attended the "Get with the Program" disability awareness expo run by the Huon Valley Council, aimed at increasing awareness of the needs of people with disability and the opportunities for them to be fully included in the local community. Various forums and workshops hosted for registered and potential service providers including: ongoing coordination of supports peer group workshops; National Disability Services forums; speaking with various provider Boards and provider staff meetings; and monthly drop-in sessions for newly registered providers at all Tasmanian offices.
VIC	<ul style="list-style-type: none"> Streaming of New World Conference opened to public with partnership with Deakin university Representation at numerous local Annual General Meetings to strengthen relationships with local providers/stakeholders Forum presentations/attendance with community groups and agencies regarding the NDIS - 11 were undertaken for this quarter CICD projects launched in this period included: <ul style="list-style-type: none"> CUBED: project for young carers Mental Health Forum:

State/Territory	Community awareness activity
	Support of and attendance for the Disability Services Commissioner forum on complaints
ACT	<ul style="list-style-type: none"> • Information sessions held at local schools to facilitate Access and Pre-Planning. • Facilitated number of Information sessions with local community organisations and peaks such as Women with Disabilities, Autism Asperger ACT, Australian Council for Social Services, CatholicCare, Partners in Recovery, Squalor and Hoarding Community Network. • Participated in Asset-Based Community Development workshop. • Stallholder at local Indigenous Yarramundi markets and annual Carers ACT Expo. • Participated and Co-Chaired local NDIS Mental Health Transition Forum on Access and Engagement, well attended by local community and clinical practitioners. • Assisted ACT Independent Advisory Council visit and support with hosting local community forum. • Participated in ACT Mental Health Strategic Planning Day, facilitated by Primary Health Network. • IDPWD activities on site including lunch and presentations from local community groups (Social housing initiative and mental health Peer Workers)
NT	<ul style="list-style-type: none"> • Continued to participate in or organise community meetings (planned and opportunistic) throughout the Barkly region. • The trial site participates in monthly Barkly Regional Coordination meetings, convened by the local representative of the Office of the Chief Minister. • The Agency hosted a well-attended event on 3 December to support International day of people with Disability. Participants and community members were invited to participate in activities aimed to raise awareness of disability and the NDIS. Several Providers also attended to promote awareness of their services, and which included an extensive showcase of mobility assistive technology appropriate to remote Australia.
WA	<ul style="list-style-type: none"> • Monthly community information sessions continue at site – first Friday of each month • Weekly outreach to Aboriginal Emergency Accommodation and street doctor continues. This has increased the knowledge of local Aboriginal people about the scheme and increased access requests. • Week long presence at local shopping centre resulted in several access request kits being sent out • Terms of reference and meeting schedule for local Aboriginal Reference Group finalised. One member of our group has been approached by NDIA to represent on national group. • National Disability Services Sector Interest Group meetings continue to be held at the NDIA • Fortnightly provider information sessions commenced this quarter to deal with trending issues and provide a question and answer forum for providers – covers the very basic (connecting to a participant, portal issues) to more complex (reporting, HACC, transport) • Briefing provided to community arts workers re NDIS and inclusion generally • Regular meeting with local child protection agency and subsidiaries continues, resulting in good working relations and seamless work with mutual participants.

State/Territory	Community awareness activity
	<ul style="list-style-type: none"> • International Day of People with disability coordinating committee of three local providers facilitated by engagement team. Resulted in more than 100 people attending the site for presentations from state Mental Health Commissioner, local person with disability who is both a provider and participant, followed by an acoustic session which included a local person who is both a staff member. • Presentation provided at Department of Human Services Consultative Forum on Health & Older Australians Disability and Carers for International Day highlighting a participant's story with the NDIS.
NSW NBM	<ul style="list-style-type: none"> • Nine Community Connectors are employed in NBM by Uniting (previously Uniting Care) under contract to NDIA. Their purpose is to assist participants to engage with the Agency by completing access requests and to assist participants with plan preparation and implementation. • In undertaking these tasks, Community Connectors held a number of general information sessions, with 129 individuals attending and assistance provided to 127 potential participants to complete their access request in the December quarter. • 55 referrals were made to Ability Links or Early Links – the services available in the region to assist those who do not become NDIS participants. Another 22 families were provided with information on mainstream and community services available to meet their needs. • In addition, Agency staff continued to provide information to numerous community and provider groups. Monthly forums were held in conjunction with NDS, ECIA and FACS – these attracted attendance of over 100 representatives from Provider organisations at each forum. • When the Bilateral Agreements were signed by the NSW and Commonwealth Governments, information sessions were held in the regions across Sydney and rural NSW that will commence in July 2016 and 2017. • The CALD community is not large in NBM but forums were conducted with three of the more significant cultural groups (Bhutanese, Sudanese and Iranian) to facilitate their understanding of how their community members may benefit from the NDIS • The Agency has connected into the local Aboriginal and Torres Strait Islander community service network and continues to have close relationships with this community through representatives of the Aboriginal Disability Network. • The Agency and Community Connectors have connected into over 12 local interagencies across the 4 local government areas.

3.3. Effectiveness of LAC community capacity building activities

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

State/Territory	Community capacity building activity
NSW HTR	<ul style="list-style-type: none"> • 18 pre-planning/plan readiness workshops were held • Facilitated provider workshops in the delivery of Coordination of Supports to increase capacity and capability in the sector for the provision of this support to participants. • Actively supported Australian Disability Enterprises to full transition of their DSS funded program into individualised funding for participants. • Participation in NSW Regional Support Workers Conferences developing an understanding of the changes required by front line staff to empower participants in achieving their individual outcomes. • Planning and supporting people with complex needs in the NDIS Workshop. Provided opportunity to explore interface issues and sharing of best practice and strategies in supporting participants with complex needs. • Early Childhood Intervention Workshop which included presentation from Hunter New England Health Service and panel of service providers sharing best practice in working partnerships within the Scheme. • Outreach to James Fletcher Campus, coaching and supporting clinicians and individuals to make application to the Scheme.
SA	<ul style="list-style-type: none"> • Plan implementation workshops were delivered to support families to implement their plan and engage with Mainstream and Community supports. Seven workshops were attended by 39 people in metropolitan and regional areas. • Staff participated in the Regional Development Australia Whyalla and Eyre Peninsula (RDAWEP) Forum -Implementing the Whyalla Master Plan for Disability and Aging. Opportunities to support the Whyalla Regional Development Board project, Advancing Whyalla to an Age and Disability Friendly City, were discussed and prioritised. • Coordinators out posted in regional areas participated in 98 community capacity building activities focussing on supporting communities to develop opportunities for increased inclusion of children with disabilities in mainstream and community activities including school holiday programs. • Coordinators met with Agencies including: Families SA, Disability SA, Centrelink and the Department for Education and Child Development to discuss local support needs, regional challenges and opportunities to address barriers to participation and inclusion. • Coordinators developed relationships with mainstream and community services such as child care, schools, recreational organisations, user led community groups and health services to support these services to build capacity and consider increased opportunities to deliver inclusive programs. • Information, linkage and capacity building support was provided for participants prior to planning appointments. Coordinators supported families to access mainstream and community services. • A project is underway to ensure that when interpreters are engaged to work with the NDIA to support participants and families to understand the scheme, that the interpreters themselves understand the Scheme and can appropriately interpret the messages and the concepts as required. • Staff participated in the Carers SA Good Practise Forum which was focussed on Supporting Carer Awareness of Financial Abuse and Risk Factors. • The SA Youth Advisory Group for young people aged 12-24 years met monthly. The group provided advice to the trial site on engagement and communication with young people about the Scheme.

State/Territory	Community capacity building activity
	<ul style="list-style-type: none"> The SA trial site is working with representative and self-advocacy groups to support the development of local resources and engagement strategies for people living with intellectual disability. SA Trial Site staff regularly met with Express Yourself peer support and advocacy group for people with intellectual disability to receive advice on engagement and access to the scheme to inform continual improvement. LACs employed through Tullawon Health Service, NPY Women's Council and the First Peoples Disability Network participated in 75 community capacity building activities throughout this quarter.
TAS	<p>NDIA engagement team and outsourced Local Area Coordinators (LACs) have focused on Information Linkages and Capacity Building (ILC/Tier 2) organisations in this quarter.</p> <ul style="list-style-type: none"> Continued to work closely with the consortium led by SpeakOut who are funded to establish 20 peer support groups in Tasmania. Ongoing close work with ILC providers such as mental health providers, advocacy organisations and a range of sole/small providers of specialised services such as OTs, and speech pathologists. Worked with mainstream real estate services to explore with developers a range of alternate accommodation options, including long-term private rental options. Successfully trained school staff to undertake functional assessment of students with disability in year 12 to understand their functional abilities and assist with preparing students who are eligible for a School Leavers Employment Support (SLES) package which is being piloted in 2016, resulting in more than 100 young people being offered a range of supports under SLES.
VIC	<ul style="list-style-type: none"> State Government ministers briefings – Bendigo, Darebin, Ballarat, Warrnambool Meetings with Geelong yacht club, Arts access Victoria, Parks Victoria, Bundoora school network, Geelong Football club, Volunteering Geelong & several potential providers re registering with the agency and how it works Humanitarian Settlement services Grants forum Ministers trial site visit 16/11 Aboriginal Disability Forum Thornbury Inclusive sports day Barwon Male Health Network meetings Having a say organising committee meetings Valid peer support meetings Barwon aboriginal advisory group meeting Meet with the Good foundation (Jamie's ministry of food) Disability Support Organisations and meetings/ support/education working with Diversity field officer workers re employment project Education session to allied health providers with APHRA re understanding and working within the scheme Participant led forum on Providers supported to enhance awareness of "customer experience" Lead in International Day of Disability activities over a week with Regional representation and a variety of community activities

State/Territory	Community capacity building activity
ACT	<ul style="list-style-type: none"> Delivered 29 Pre-planning workshops with 218 attendees Delivered 10 Managing Your Plan workshops with 113 attendees Delivered 3 of Community Conversations with 15 attendees Provided individual support to over 30 participants to assist with implementation, managing plans and linking and connecting to providers and mainstream services. Ongoing partnership, meeting fortnightly with local Indigenous Youth Corporation Gudan-Gulwan to facilitate Access and Planning for Indigenous participants. Facilitating new access and planning arrangements for mental health cohort, including weekly drop-in information sessions held offsite at community organisations; St Vincent de Paul, Innana, Canberra Mens Centre, Belconnen Community Service, Brian Hennessey Rehabilitation Centre, Ainslie Lodge, Mental Health Foundation, Schizophrenia Fellowship.
NT	<ul style="list-style-type: none"> Planning has commenced to implement a Sector Development Fund project to undertake the development and trial of a remote accredited training programme. The training programme will be targeted at Indigenous people in remote communities in the Barkly to support the implementation of the NDIS. If successful the training programme could be used as a model for future NDIS rollout regions. With support from the NDIA in Tennant Creek and funding through the Community Inclusion and Capability Development (CICD) fund Anyinginyi Health Aboriginal Corporation has engaged a Project Officer to work within local Indigenous communities to raise awareness of the NDIS and Disability in general and will work closely with staff of the NDIA.
WA	<ul style="list-style-type: none"> Self-Management Workshops held twice weekly, conducted by the finance team for participants Pre-planning workshops held weekly on Monday mornings and evenings Plan implementation workshops held weekly on Tuesdays morning and evening (week about) CICD project focussing on transition from education to employment and beyond school has commenced. Workshops held for parents and students. Contact with local Advocacy agency, MIDLAS continues to build mutual understanding. Representation on state panel to quality assure providers under the bilateral in order for them to gain registration as a NDIA provider Presentations to a wide variety of groups are ongoing, including disability organisations, mental health, workers new to the disability industry, local community residents' associations, Catholic education.
NSW NBM	<ul style="list-style-type: none"> Plan readiness and plan implementation workshops with individuals and groups were conducted by the Community Connectors. In total 274 individuals were assisted through the plan readiness workshops whilst 113 were helped with plan implementation. On average 4 plan readiness and 9 plan implantation workshops were held each week in the reporting period.

State/Territory	Community capacity building activity
	<ul style="list-style-type: none"> • Forums for providers by Agency staff included assistance with understanding how the Agency applies eligibility criteria, the reasonable and necessary principles that underpin funding decisions and how providers can best assist participants to articulate their goals and the types of support required to achieve their goals. • Separate forum held for private practitioners regarding how to conduct business with the NDIA. • Further refinements were made to the Education/NDIA interface and discussions commenced on piloting a model of personal care in schools. • A community connector has been allocated to the Sydney Children's Hospital Network, Westmead, to ensure that delays in service provision are avoided by early notification to the Agency of children with disability before discharge from hospital care. • Work continues with local hospital and community health services to ensure communication and referrals between the service systems are optimal • Discussion on the needs of young people in contact with the Juvenile Justice system, including integrated planning with Juvenile Justice, commenced and will be progressed in early 2016 • The Early Childhood Early Intervention Pilot being conducted with four contracted Early Childhood Intervention providers in each of the four LGAs in the region commenced in October 2015. 100 children and their families were benefiting from the services available by end December 2015.

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

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

1. People with disability lead lives of their choice

- Proportion of plans requiring early review (%)
- Planning and goal setting completed on time (%)
- Trends in proportion of participants using different approaches to decision supports
- Carer satisfaction with agency

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

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

3. People with disability are included in their community

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

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

Appendix 2

Accessible tables for Agency performance overview graphs

Table 1. People lodging an access request by month⁴⁴

Table 1(a):Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
National	1,054	1,104	977	818	605	469	544	666	1,114	666	922	898
NSW HTR	376	266	271	284	161	144	167	228	413	163	251	220
SA	163	151	170	172	146	91	130	129	185	188	312	407
TAS	102	116	83	88	112	66	58	53	47	47	77	56
VIC	413	571	453	274	186	168	187	255	469	268	281	199
ACT												
NT												
WA												
NSW NBM												

⁴⁴ Note: There are 295 access requests for which a date of receipt has not been recorded. Consequently they are not included in the tables below.

Table 1(b): Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
National	1,028	1,019	891	1,010	1,002	1,156	769	1,069	1,167	1,035	1,258	1,277
NSW HTR	226	197	193	181	164	241	146	260	298	194	317	314
SA	452	420	362	305	315	244	221	298	277	290	296	425
TAS	44	20	27	20	11	16	13	18	24	24	31	22
VIC	169	215	125	154	131	151	101	107	131	88	131	119
ACT	91	55	90	207	200	329	165	194	251	325	300	245
NT	13	19	11	6	5	0	2	3	3	3	3	8
WA	33	92	83	137	176	175	121	189	183	111	180	143
NSW NBM	0	0	0	0	0	0	0	0	0	0	0	1

Table 1(c): Financial year 2015/2016

State/Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
National	1,131	1,199	1,587	1,636	1,378	1,076						
NSW HTR	195	252	363	360	372	282						
SA	380	360	350	328	261	202						
TAS	16	21	29	24	38	31						
VIC	109	104	94	147	102	95						
ACT	269	231	280	369	314	213						
NT	7	15	13	2	4	11						
WA	114	109	123	96	125	114						
NSW NBM	41	107	335	310	162	128						

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

Table 2(a):Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
NSW HTR	3	128	141	145	160	164	162	315	494	154	165	225
SA	6	67	76	75	111	146	103	156	222	107	142	140
TAS	23	62	66	59	60	78	55	96	84	50	68	84
VIC	16	170	203	165	214	214	235	473	403	138	367	303
ACT												
NT												
WA												
NSW NBM												
National	48	427	486	444	545	602	555	1,040	1,203	449	742	752

Table 2(b):Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
NSW HTR	144	121	120	149	113	110	85	140	325	298	348	391
SA	166	150	166	208	210	185	167	238	371	341	449	653
TAS	18	21	14	18	10	16	10	15	17	14	9	12
VIC	205	112	92	190	93	115	134	58	118	132	126	113
ACT	8	18	74	100	103	129	82	145	250	71	178	268
NT	0	10	21	4	6	1	2	1	3	2	2	9
WA	0	4	97	64	148	186	51	100	278	66	85	118
NSW NBM												
National	541	436	584	733	683	742	531	697	1,362	924	1,197	1,564

Table 2(c):Financial year 2015/2016

State/ Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
NSW HTR	131	123	189	211	233	317						
SA	179	252	146	51	25	40						
TAS	9	16	19	12	21	29						
VIC	96	84	115	61	30	20						
ACT	133	193	421	250	258	266						
NT	9	0	30	1	2	14						
WA	106	67	91	98	64	94						
NSW NBM	0	0	50	104	132	202						
National	663	735	1,061	788	765	982						

Table 3. Types of mainstream supports accessed in participants plans

Support categories	Total	NSW	SA	TAS	VIC	ACT	NT	WA	NSW NBM
Total	19,723	5,097	4,886	734	4,387	2,709	103	1,324	483
Education	52%	35%	83%	49%	39%	48%	32%	47%	75%
Self-care	39%	59%	13%	25%	58%	22%	59%	31%	42%
Community and social life	24%	16%	35%	20%	22%	27%	15%	15%	21%
General Tasks and Demands	19%	20%	17%	11%	22%	18%	14%	17%	11%
Other	49%	39%	40%	54%	61%	59%	51%	56%	45%

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

Table 4(a): Financial year 2013/2014

State/Territory	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
National	\$0.8	\$2.5	\$5.4	\$6.2	\$7.8	\$9.8	\$11.3	\$13.2	\$18.0	\$18.7	\$23.5	\$23.8
NSW HTR	\$0.2	\$1.0	\$2.3	\$2.3	\$2.5	\$3.0	\$3.4	\$4.7	\$7.3	\$8.3	\$9.2	\$9.7
SA	\$0.1	\$0.2	\$0.4	\$0.5	\$0.7	\$0.9	\$1.1	\$1.4	\$1.7	\$1.6	\$2.0	\$2.1
TAS	\$0.1	\$0.4	\$0.7	\$1.0	\$1.2	\$1.4	\$1.7	\$1.8	\$2.3	\$2.4	\$2.7	\$2.7
VIC	\$0.3	\$0.9	\$2.1	\$2.5	\$3.3	\$4.4	\$5.0	\$5.3	\$6.7	\$6.4	\$9.6	\$9.3
ACT												
NT												
WA												
NSW NBM												

Table 4(b): Financial year 2014/2015

State/Territory	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
National	\$29.0	\$29.9	\$31.5	\$36.2	\$37.9	\$41.3	\$42.7	\$41.3	\$49.6	\$50.6	\$54.6	\$55.1
NSW HTR	\$11.2	\$12.1	\$12.5	\$13.1	\$13.5	\$14.6	\$15.1	\$15.2	\$18.5	\$18.9	\$20.3	\$20.2
SA	\$2.4	\$2.6	\$2.9	\$3.4	\$3.6	\$4.0	\$4.4	\$4.3	\$5.5	\$5.5	\$6.5	\$6.9
TAS	\$3.8	\$3.9	\$3.9	\$4.2	\$4.1	\$4.4	\$4.5	\$4.2	\$4.6	\$4.5	\$4.8	\$4.7
VIC	\$11.6	\$11.0	\$11.1	\$13.8	\$13.8	\$14.3	\$14.5	\$12.9	\$14.6	\$14.4	\$14.6	\$14.4
ACT	\$0.0	\$0.2	\$0.6	\$1.1	\$1.5	\$2.0	\$2.3	\$2.6	\$3.4	\$4.1	\$4.7	\$5.2
NT	\$0.0	\$0.0	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.2	\$0.2	\$0.3	\$0.3
WA	\$0.0	\$0.1	\$0.3	\$0.6	\$1.2	\$1.9	\$1.9	\$1.8	\$2.8	\$2.9	\$3.4	\$3.4
NSW NBM												

Table 4(c): Financial year 2015/2016

State/Territory	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
National	\$59.9	\$63.0	\$63.5	\$68.1	\$67.6	\$71.8						
NSW HTR	\$22.0	\$23.0	\$23.0	\$24.6	\$24.5	\$25.7						
SA	\$7.5	\$7.9	\$7.9	\$8.3	\$8.1	\$8.2						
TAS	\$4.9	\$5.2	\$4.9	\$5.1	\$5.1	\$5.2						
VIC	\$15.0	\$15.6	\$15.3	\$15.6	\$15.2	\$15.5						
ACT	\$6.2	\$6.8	\$7.7	\$9.4	\$9.4	\$10.9						
NT	\$0.3	\$0.3	\$0.4	\$0.4	\$0.4	\$0.4						
WA	\$4.0	\$4.1	\$4.2	\$4.5	\$4.6	\$5.1						
NSW NBM	\$0.0	\$0.0	\$0.08	\$0.16	\$0.43	\$0.67						

Table 5. Distribution of package costs by site

	NSW HTR	NSW HTR	SA	SA	TAS	TAS	VIC	VIC	ACT	ACT	NT	NT	WA	WA	NSW NBM	NSW NBM
Annualised committed support band	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.	Actual	Exp.
Total	5688	7466	5327	10222	1046	1205	4696	5406	2930	3472	117	154	1707	2042	488	800
\$0-\$5,000	463	1797	37	3609	122	405	382	1301	218	836	22	37	89	492	12	280
\$5,001-\$10,000	707	1476	612	1332	59	196	748	1069	524	686	18	30	180	404	93	108
\$10,001-\$30,000	2289	1435	4142	2576	317	280	2133	1039	1182	667	45	30	840	392	332	199
\$30,001-\$50,000	667	1096	393	831	225	93	577	794	365	510	14	23	282	300	23	64
\$50,001-\$100,000	563	1106	126	1461	163	100	390	801	296	514	4	23	202	303	25	107
\$100,001-\$150,000	252	249	13	413	64	107	117	180	129	116	3	5	63	68	1	38
\$150,001-\$200,000	208	157	3	0	34	0	141	114	45	73	1	3	25	43	1	0
\$200,001-\$250,000	311	101	1	0	22	25	109	73	58	47	1	2	12	28	0	2
\$250,001+	228	49	0	0	40	0	99	36	113	23	9	1	14	13	1	0

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

1. Participant outcomes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
1.1.1.	Information about participants with approved plans	Summary of demographics for participants, defined as people eligible for funding as per the Act, who have had or currently have an approved plan for funding in place.	Yes
1.1.2.	Support needs for participants	For participants, identifies the life domains which supports are being funded to address identified need. Note: Approved funding may address more than one life domain.	Yes
n/a	Proportion of participants achieving their life goals as specified in their plan	The outcome of a review of a participant's goals. Goals refer to the overarching, personal goals of participants.	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
n/a	Proportion of participants achieving their plan goals (total)	The outcome of a review of a participant's plan objectives (plan goals). Plan objectives refer to the identified aims within a plan, for which funding is allocated to support the achievement.	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
n/a	Proportion of participants achieving their plan goals in one or more specific domains	The outcome of review of a participant's plan objectives (plan goals), with identification of the aggregated life domain the objective was related to.	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
n/a	Planning and goal setting completed on time (%)	Reports the proportion of plan reviews that are completed on or before the previous plan's scheduled end date.	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
n/a	Plans requiring early review (%)	Reports the proportion of plans that were, or are due to be, reviewed less than 12 months after the plan commenced	No- an appropriate measure is required to be developed. There is also insufficient Scheme development for this

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
			measure to be meaningful.

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
n/a	Active Participants (Tier 2 and Tier 3)	On plan review, number of participants who change the way funding is utilised to support their needs.	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
n/a	Availability of provider services (%)	Proportion of identified support needs that have at least one registered provider servicing the residential area of the participant.	No. Data is not currently available for this measure.
1.2.1.	Funded support purpose	Support purposes for which supports have been funded. Note: A single plan can contain funding in multiple support purposes.	Yes
n/a	Proportion of participants with support packages within expected ranges (reference +/- x %)	Delegations are determined by the instrument of Delegation. This measure reports the delegation required to approve committed plans	No. Data is not currently available for this measure
1.2.2.	Delivery of agreed supports as planned	Proportion of funds committed for supports delivered to date that have been invoiced.	Yes
1.2.3.	Proportion of participants with invoiced support	Proportion of participants with funded supports in support category that have had at least one payment.	Yes
n/a	Trends in proportion of participants using different approaches to decision supports	At plan review, proportion of participants who choose to change the way their plan is managed	No - insufficient Scheme development for any plan reviews. Reporting to commence following finalisation of outcomes framework.
1.3.1.	Trends in proportion of participants using each, or a combination, of plan management options	Split of plan management options being used by active participants.	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
1.3.2	Access requests accepted for funding	Number of eligible access requests that have established plans for funding.	Yes
1.3.3.	Reviews of decisions	Number of decisions that have been formally requested to be reviewed. Outcome of reviews are classified as: Affirmed = original decision was maintained; Set Aside = original decision was overturned Pending = review is still underway	Yes
1.3.4.	Total appeals by outcome with the Administration Appeal Tribunal	Number of appeals submitted to the AAT. Outcome of reviews are classified as: Affirmed = participant loses appeal; Set Aside = participant wins appeal Pending = appeal is still underway Varied = participant wins appeal Dismissed = appeal is dismissed Withdrawn = participant withdraws appeal	Yes
1.3.5.	Appeals by Category with the Administration Appeal Tribunal	Number of appeals submitted.	Yes

2. Financial sustainability

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q1 report?
n/a	Management of prudential risk	Reports liabilities and assets of the Agency	No - Work on an <i>Insurances Principles and Financial Sustainability Manual</i> is underway. This document sets out a prudential governance framework.
2.1.6.	Payments to providers and participants, split by support category	Payments against plans, split by support type and payee.	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q1 report?
2.1.7.	Average and median costs of individual support packages	Reports average and median annualised committed funds in each site	Yes
2.1.8.	Value of and number of active approved packages by participant group	Number of plans with approved funding, the total costs committed in those plans, and the average annualised cost of the plans.	Yes
2.1.9.	Number of participants receiving supports paid for with cash and/or in-kind supports	Number of participants who have had payments against plans. This does not represent total expenditure	Yes
2.1.10.	Ratio of cash to in-kind services by participant group	Ratio of supports paid for through cash or in-kind arrangements	Yes
n/a	Average cost of supports per assessor	Average value of funds committed in plans per planner	No - insufficient Scheme experience for informed adjustment to actuarial model
2.1.11.	Tier 3 participant numbers, and people supported by Tier 2	Reports number of people accessing Tier 3 supports.	Partial - system for capturing Tier 2 activities was not implemented for 2013-14
2.1.12.	Total number of plans developed	Total number of plans that have been developed and approved. This measure includes plans that have now been superseded.	Yes
2.1.13.	Number of plans with single supports	Number of plans approved that only contain a single type of support	Yes
n/a	Current and future funding resources	Current annualised costs of approved plans, and the un-annualised committed value of plans	No - Projections will be provided in the annual financial sustainability report.
n/a	Current expenditure compared to projections	Actual expenditure compared to actuarial projections	No - Projections will be provided in the annual financial sustainability report.
n/a	Projected expenditure compared to projected revenue	Comparison of projected expenditure to projected revenue	No - Projections will be provided in the annual financial sustainability report.
n/a	Long term cost trends (population, price and wage growth)	Monitors long term economic assumptions	No - Projections will be provided in the annual

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q1 report?
			financial sustainability report.
n/a	Average client lifetime cost of support	Average actuarial estimate of individual participants' future cost liabilities.	No - insufficient Scheme experience for informed adjustment to actuarial model
n/a	Number of Tier 2 supports with LAC funding and purpose of funding	Number of supports with Tier 2 funding. Note: This is not the same as number of participants - supports are not necessarily attached to individuals	No - system for capturing Tier 2 activities was not implemented for 2013-14
n/a	Average cost of internal reviews	Average cost of administering internal reviews)	No - system is not in place for capturing internal review costs
n/a	Average cost of appeals	Average cost of administering appeals	No - system is not in place for capturing appeal costs for 2013-14
n/a	Proportion of participants with reduced needs after intervention supports	Reports growth in annual committed costs for participants who have had early intervention supports as part of the previous plans.	No - Analysis of participant's who have received second plans will be included in the financial sustainability report. This analysis will become more meaningful as the Scheme progresses.
n/a	Proportion of participants with early intervention supports	Proportion of currently approved plans with non-zero supports that have supports identified as early intervention supports - included to reduce long term need for lifetime supports	No. The data item previously being used to report this measure was reviewed and deemed not meaningful. Work is underway to better report against this measure.
n/a	Total cost of Investment in research and innovation (including the sector development fund)	Costs for investment into research and innovation which includes the sector development fund.	No- The relevant grants (sector development fund) have been transferred to the Department of Social Services.

3. Community Inclusion

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
3.1.1	Proportion of participants accessing mainstream services	Proportion of participants with active approved funded supports who are also	Yes

Measure as indicated in Integrated Performance Framework	Title	Brief Description	Included in 2015-16 Q2 report?
		accessing mainstream supports	
3.1.2	Support categories with mainstream services	Number of mainstream services, by support category	Yes
3.2.1	Community awareness activities undertaken within the period	Reports community awareness activities undertaken by LACs	Yes
3.3.1	Community capacity building activities undertaken by LACs within the period	Reports community capacity building activities undertaken by LACs	Yes
n/a	Community capacity building activities undertaken by funded NGOs within the period	Reports funding provided to Non-Government Organisations to undertake community capacity building activities.	No – Difficult to measure with accuracy. Further work is being conducted to ensure reporting on this is possible.