



Royal Australian College of General Practitioners

RACGP

National Disability Insurance Scheme

Information for general practitioners



National Disability Insurance Scheme: Information for general practitioners

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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The National Disability Insurance Agency (NDIA) is an independent statutory agency that implements the National Disability Insurance Scheme (NDIS). Through the NDIS, the NDIA provides funding and support for services and tools for Australians with significant and permanent disability. The NDIA expects to support approximately 460,000 Australians with disability when completely rolled out.

Once the NDIS is fully implemented, you will likely have several patients who will be receiving NDIS support.

Is my patient eligible for NDIS support?

Your patient is eligible for the NDIS if they meet all of these criteria:

- have permanent disability that significantly affects their ability to take part in everyday activities
- are aged less than 65 years when they first enter the NDIS
- are an Australian citizen or hold a permanent visa or a protected Special Category visa
- live in Australia where the NDIS is available.

What can my patient access through the NDIS?

The NDIS supports access to services by providing funding and coordination. Funded services include:

- aids such as wheelchairs, hearing aids and adjustable beds
- items such as prosthetics and artificial limbs (but not surgery)
- home modifications, personal care and domestic assistance that helps people exiting the health system to live independently
- therapies required as a result of your patient's impairment, including physiotherapy, speech therapy or occupational therapy (but not treatments).

Support for children aged 0–6 years

If you consider that a patient aged 0–6 years may benefit from early intervention or disability support under the NDIS, you can refer their parents to an NDIS Early Childhood Partner. Early Childhood Partners are teams of early childhood professionals and paediatric allied health staff who work with children to determine developmental support needs. Parents will work with an early childhood partner to discuss their child's disability or their concerns.

Accessing the NDIS

To become an NDIS participant, your patient will need to:

- ensure that the NDIS is available in their area
- meet the age, residency and disability or early intervention access requirements
- request access by contacting the NDIA.

Once a request has been made, you may be asked to provide evidence to support your patient's request to access the NDIS (refer to [The role of general practitioners](#) and [Completing an Access Request form](#)).

The NDIA will make a determination and contact your patient with the outcome of the access request. If successful, your patient will become an NDIS participant and the NDIA will begin to develop their individual NDIS plan (refer to [Patient NDIS plans](#)).

The role of general practitioners

You will most likely be involved when your patient is applying to become an NDIS participant. Your patient, or an NDIA representative, may ask you to provide evidence of their disability and its functional impact by completing:

- the NDIS supporting evidence section of the Access Request form
- assessments or reports outlining the extent of the functional impact of their disability.

Evidence may include:

- confirmation of the diagnosed impairment
- the effect of the disability on your patient's day-to-day function without support
- information regarding treatments completed or planned, permanency of the impairment and the impacts that the impairment has on your patient's functional capacity

- information about the impact of the disability on your patient's participation in everyday living (mobility, communication, social interaction, learning, self-care, self-management), on their economic participation and social life, and on their community
- information on other support requirements, particularly when your patient has complex support needs.¹

The NDIA may request information from you about your patient once your patient has consented, or would reasonably expect the NDIA to collect information from you.²

When requested, you can provide advice to your patient or their NDIS coordinator on:

- supports required due to your patient's functional impairment, including supports that the health system is currently providing or may provide
- whether funded support coordination is required
- supports that your patient may need to source from the broader primary healthcare system or community, and/or how to access primary healthcare or personal supports in the community.

While you may need to provide the above information on behalf of your patient, NDIS processes do not currently involve GPs in the development of their patients' NDIS plans. If you consider that a particular support tool or therapy in the community should be included in your patient's plan, you should make such a recommendation when providing information for their Access Request form and accompanying evidence.

Completing an Access Request form

Your patient may ask you to provide information to support their application to the NDIS either by completing the relevant section of an Access Request form, or by providing letters, copies of assessments or medical reports outlining their disability and its impact on the six functional domains outlined below.

Patients can obtain an Access Request form from their [Local Area Coordinator](#) (LAC), Early Childhood Early Intervention partner (if relating to a child under age seven years), local NDIA office, or by calling 1800 800 110.

The form requires your patient's details, privacy consent (for the NDIA to contact you, as the patient's medical practitioner, to access health information),³ and carer's and/or guardian's details (if applicable).

NDIA coordinators will consider the following functional domains when determining whether your patient should receive support from the NDIS:

- mobility/motor skills
- communication
- social interaction
- learning
- self-care
- self-management.

For each functional domain, you can assist your patient by providing evidence that shows:

- the impacts, and severity, of your patient's disability
- what capacity your patient has to manage the impacts of their disability
- the expected duration of your patient's and their impacts
- what your patient requires to manage their disability/disabilities and their impacts, including the purpose of suggested equipment and supports
- if, and how quickly, your patient is deteriorating in function.

You may show evidence of a diagnosis by providing:

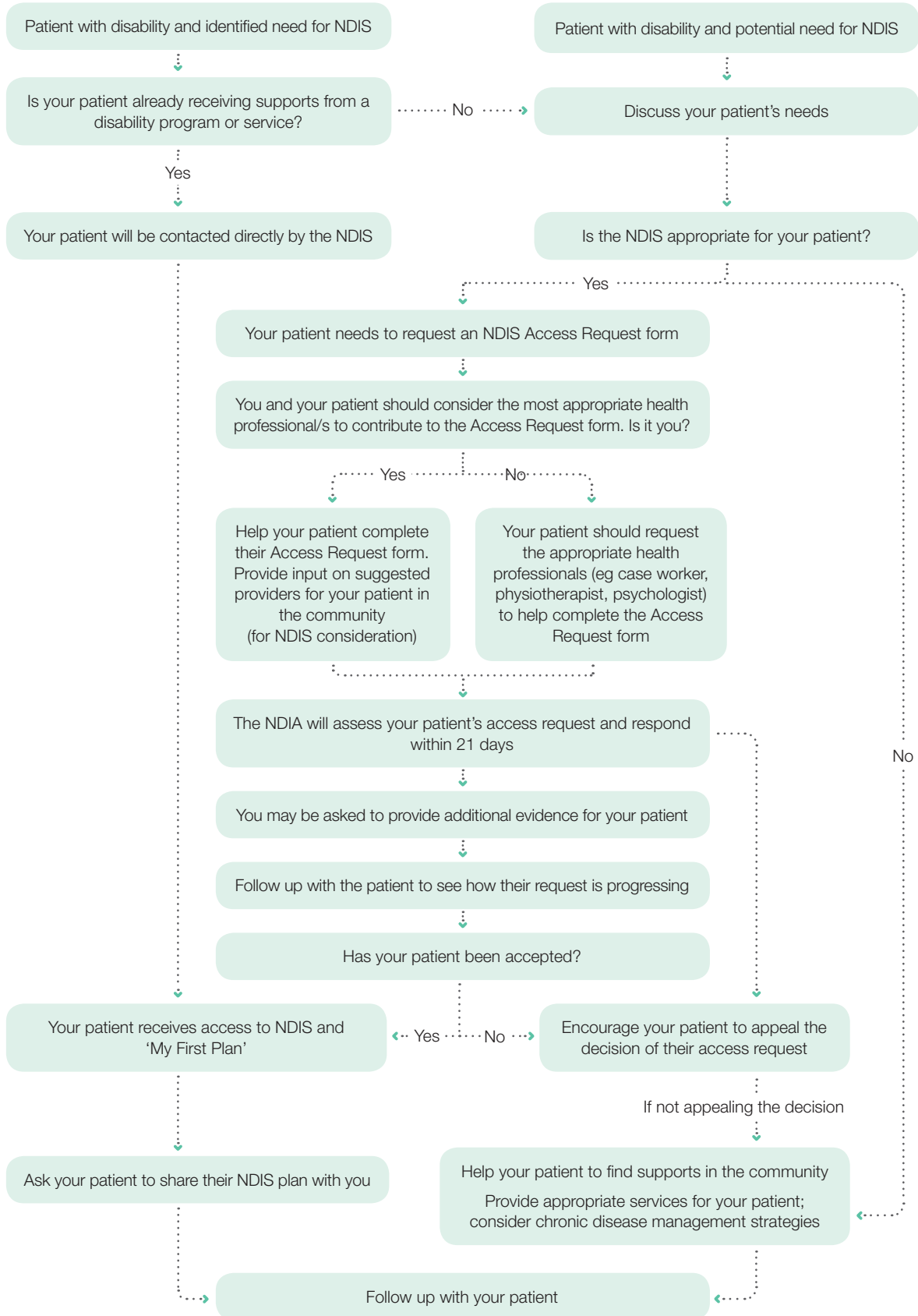
- written details of each aspect of your patient's disability
- relevant specialist reports.

You should consider if other health practitioners or professionals (including case workers, physiotherapists, psychologists) can contribute to your patient's NDIS access request. If your patient has a current service provider or disability support provider, ask your patient or their carer whether these providers are better placed to provide information to support their access request.

The NDIA intends to roll out the NDIS everywhere in Australia by the end of 2019. Your patient can request access to the NDIS if it is available in their area.

You can check if the NDIS is available in your patient's area at www.ndis.gov.au/about-us/our-sites or by calling 1800 800 110.

Your role in helping your patients access the NDIS



The NDIA will contact your patient directly (usually by letter) with the outcome of their application. When completing an Access Request form, you should confirm the patient is able to receive this correspondence (and recommend they identify alternative arrangements if they will have difficulty receiving mail). You should advise your patient that there might be a delay between them being accepted into the NDIS and the start of their initial NDIS plan ('My First Plan'); however, the NDIA must at least respond within 21 days.

Providing evidence of disability

The NDIA provides a list of [primary disabilities and accompanying standardised assessments](#) that can provide evidence of disability. If you feel another specialist is more suited to provide this evidence, you can refer your patient to them for further support and evidence. The NDIA outlines appropriate health professionals on its [website](#).

Patient NDIS plans

What happens once my patient is accepted into the NDIS?

Your patient's NDIS plan will be a written agreement worked out with them, stating their goals and needs, and the 'reasonable and necessary' supports the NDIS will fund for them.

When accessing the NDIS, your patient will nominate one health professional as the 'lead' for support in accessing the NDIS. This may be you or another health professional.

The NDIA will not provide you with your patient's NDIS plan. You should ask your patient to bring a copy of their plan to their next consultation.

Your patient can access their plan from the NDIS portal ([myplace](#)) and may be able to do so from your consultation room. If they have not already done so, your patient will need create a [myGov account](#) in order to access NDIS myplace.

What happens if my patient is not accepted into the NDIS?

If your patient's NDIS request is denied, they have the right to appeal the decision.

In the first instance, an appeal needs to be made to the NDIA directly – for internal review). You can

support your patient by advising them about this avenue and helping them gather any additional evidence that may be required.

If an appeal is rejected, your patient can request a review of their eligibility for the NDIS through the Administrative Appeals Tribunal (AAT). The AAT can only review a decision once it has undergone an internal review and if the *National Disability Insurance Scheme Act 2013* (NDIS Act) allows the AAT to review it. The decision your patient receives from the NDIA as part of the internal review will state if this is the case. More information on how your patient can apply for a review and how that review is conducted is available on the [AAT website](#).

Outcome domains and support purpose categories

This information is intended to provide you with an overview and examples of NDIS categories so that you and your patient are aware of the areas the NDIA will assess and how each is identified.

The NDIA has eight outcome domains to help your patient determine their goals as an NDIS participant. Considering the outcome domains will assist NDIS coordinators identify what supports exist, or what supports are needed, to help your patient. Funding will be allocated to an NDIS participant, as needed, for each of these.

Once your patient becomes an NDIS participant, the NDIA will measure their attainment of goals, set against the outcome domains, to determine the NDIS's performance for that participant. Plans will need to be adjusted if goals are not being met.

The NDIS will fund the following categories of support purpose within each of the outcome domains:

- **Core** – supports enabling participants to complete activities of daily living, work towards their goals and meet their objectives
- **Capital** – investments made to support participants, such as assistance technologies, equipment or home and vehicle modifications
- **Capacity building** – supports that enable participants to build their independence and skills.

Outcome domain	Examples of outcomes
Daily living	Assistance with household tasks, organising a daily schedule, preparation and delivery of meals, transport allowances
Home	Home design and construction, installation of equipment, fixtures or fittings
Health and wellbeing	Personal training, exercise physiology to support, maintain or increase physical mobility
Lifelong learning	Skills training, advice, orientation and assistance with education
Work	Assistance with obtaining and retaining employment, supporting working relationships
Social and community participation	Support to engage in community/social or recreational activities
Relationships	Behaviour support
Choice and control	Building financial skills, organisational skills, and directional and self-management capabilities

Reviews of your patient's NDIS plan

Your patient will have a plan review date specified by the NDIA. Generally, NDIS plans are reviewed every 12 months. In the meantime, a new plan could also be prepared if:

- your patient changes their statement of goals and aspirations
- your patient requests a review of their plan
- the NDIA determines a review of your patient's plan is necessary.

The NDIA may ask you for information at the plan review stage, including evidence that your patient's impairments are still present.

Concerns with NDIS plan support

If you are concerned that your patient is unable to implement an NDIS plan without support (and coordination support is not funded in the plan), you should encourage your patient to discuss this with their NDIS coordinator and/or request an unscheduled plan review. You can provide information to the NDIA on the impact of unfunded support coordination if required and with your patient's consent.

If you consider a change to your patient's funded supports is required, you should encourage your patient to ask for their plan to be reviewed.

How am I paid for doing this work?

You should determine billing policies and set fair and equitable fees for your services to enable you to provide high-quality services for your patients.

The Department of Health has confirmed that access to the NDIS is considered relevant for the purposes of managing the medical condition of your patient. This means Medicare Benefits Schedule (MBS) patient rebates are available for preparing NDIS paperwork when completed as part of a consultation (with your patient present).

When you complete an Access Request form without an associated consultation and without your patient present, you will need to choose whether to bill your patient directly for providing the service. This is also the case when you prepare information for subsequent requests. MBS rebates are not available without an associated consultation at which your patient attends.

The NDIA will not reimburse you if you complete work for a patient accessing or participating in the NDIS.

RACGP position on the NDIS

The Royal Australian College of General Practitioners (RACGP) is supportive of the NDIS and wants to work collaboratively with the NDIA to ensure its success.

Specialist GPs work with patients on a wide range of issues and understand the complex interaction between health, social issues, workforce participation and education. The [RACGP curriculum](#) includes a variety of learning objectives relating to the management of patients with disability, many of which align with the goals of the NDIS – for example, maintaining up-to-date knowledge of the social, financial and legal services available to support people with a disability, their families and carers; and where to find further information about such services.

The RACGP notes that the transition to the NDIS has been staggered and there are variations in implementation between states and territories that affect stakeholder interaction (eg communication and education). As the NDIA implements the NDIS, the RACGP would like to see increased awareness and recognition of the role that GPs and general practice have in the ongoing management of patients with disability. Further support is required for GPs, including:

- improved communication – including, with the patient’s consent, NDIS plans being forwarded to their GP
- efficient and reliable disability assessment tools for GPs
- consideration of time spent preparing medical information for NDIS assessment and planning purposes
- avenues for reimbursement
- well-integrated referral pathways
- education and training for GPs on the services provided through the NDIS.

In any instance where your patient needs information from you relating to accessing the NDIS, you should encourage them to make an appointment to see you.

NDIS stakeholders and key terms

NDIS participant – when your patient is provided access to NDIS support, they become an NDIS ‘participant’.

National Access Team (NAT) – NDIA staff members who work in locations around Australia to review NDIS access applications (including Access Request forms) and decisions relating to a participant’s eligibility for the NDIS.

Local Area Coordinators (LACs) – LACs are local organisations working in partnership with the NDIA to help participants, their families and carers access the NDIS. LACs will help participants write and manage their plans and connect participants to mainstream services and local and community-based supports. LACs also help participants to find a support coordinator.

Support coordinator – someone who assists participants to understand and optimise the supports in their plan. Support coordinators also help participants to negotiate with providers and ensure that service agreements are completed.

Provider – someone who has products or services to help participants achieve the goals in their plan. Participants can choose their providers and change providers at any time.

Supplier – someone who provides items to support participants (eg equipment).

NDIS contact information

You and your patients can obtain further information on the NDIS by contacting the NDIA directly.

Online contact form: www.ndis.gov.au/form/contact-form.html

Phone: 1800 800 110

8.00 am – 5.00 pm (local time), Monday–Friday

For people with hearing or speech loss

National Relay Service (NRS): 1800 555 677

Speak and Listen: 1800 555 727

For people who need help with English

Translating and Interpreting Service (TIS): 131 450

References

1. National Disability Insurance Agency. A GP and allied health professional’s guide to the NDIS. Canberra: NDIA, 2017. Available at <https://ncphn.org.au/wp-content/uploads/2018/03/NDIS-GP-AH-Factsheet.pdf> [Accessed 24 April 2018].
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