March 2017 - CPA response to specific PC Issues paper

No.	Prod. Commission – Key area	Topic	CPA Comment	Recommendation
1	**Scheme costs**	**Cost drivers**	• The current cost drivers fail to focus on the area of Quality – so issues such as minimum standards, best practice or quality safeguarding practices are not mentioned as potential cost pressures for the scheme which will certainly have an impact on costs associated with risk management	• Include Quality as a cost driver
		Utilisation of plans	• There is a lag between clients getting a plan and setting themselves up on mygov and activating service bookings • Some clients don't realise they have a plan or have requested a review of the plan due to incorrect funding – therefore they are not drawing down on the plan	• More support provided to participants during planning process
		More clients than expected	• Quality of data is questionable • NDIS relied on state funded client data only – we understand that some clients who typically entered community health services were not picked up or counted	• Review eligibility criteria • For ECEI program to take a market stewardship role with the co-ordination of Health/Disability and Education services for children with disability or delay
		Mismatch between benchmark and actual package costs	• We understand benchmarks were priced against a typical person with ID rather than a person with PD – very different care and support requirements • Lack of transparency about the assessment tool and decision making methodologies planners actually use • Conflict with having same person doing the planning and allocating funding • Our experience has been that most LACs and Planners are very personable but have limited experience with our client cohort – therefore extremely difficult to understand, assess or allocate funding to a person	• Transparency around assessment and funding tools

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2	**Scheme boundaries**	**Eligibility**	• Unclear on eligibility for children 0 – 2 years – current focus is for a Diagnosis or evidence of 6 months delay – which is difficult for children of this age • Cost to produce evidence year on year is prohibitive for many clients/families	• Clarity on what is required for eligibility assessments for different cohorts at different ages
		ECEI	• Very confusing having ECEI approach (which is really specialist LAC) and EI services • In NSW some mainstream EI providers are being appointed and they lack specialist disability experience • Need better collaboration Health/Disability/Education services to avoid cost shifting or duplication, • Clarity around optimal referral pathways and interventions for different children/families with different risk factors between • Greater cohesion between Medicare and NDIS – to support families to access the right supports at the right time	• Change the name of ECEI • Manage conflict of interest with ECEI – as it exists • For children under 6 – greater leadership and collaboration required between Health/Disability Education
		Mainstream services	• Confusion between Health and NDIS • Lack of consistency in decision making around what clients can and can't have supported under the NDIS • Limited supply of transport providers who can accommodate people with complex needs; reliance on taxis • Child protection services – as mandatory reporters, CPA staff are required to identify, report and assist DOCs if children are at risk of abuse/neglect/harm – the time spent on this work is not funded going forwarded by the NDIS or State • People with severe disability are vulnerable – CPA has a 24/7 abuse hotline in place – with experienced staff supporting the delivery of this safeguarding support – again this is not recognised or funded by the NDIS or State	• Clarity on the States ongoing responsibility and support to providers

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		ILC and LAC	• Our sense on the ground is that LACs have been inundated with doing plans – so limited to scope to support ILC activities • The two step process for clients has been very confusing – communication and messaging between the two parties is often contradictory	• Manage conflict of interest with LACs who are also service providers
3	**Planning Processes**	**Planning**	• Unfortunately the planning process has been challenged by the accelerated phasing timetable • Emphasis on quantity versus quality of plans done per day • High number of plans have been incorrect and reviews requested • Slow response from NDIA to review plans and correct them • No public information available around the assessment tools or reference packages that planners use to make decisions – therefore unable to comment on validity and performance of these tools – however in reality the variability and mistakes in the plans give us some indication • Plans are not readily understood. At times paper plans do not match data on the client's portal. Figures on the client's portal do not always match in the "View my plan" and "my support budgets" tabs	• Transparency around planning and decision making tools • Allocation of funding for initial plan interpretation and finalisation. The onus has been put back on to service providers who have to absorb this cost.
4	**Market readiness**	**Workforce**	• Key incentives for workers, in our experience includes mission/purpose, pay, training, support, culture, flexibility, leadership, reputation etc • Factors affecting supply include location, pay, conditions, training & support, occupation • We are already noticing providers are finding it difficult to invest in some of these supports which will ultimately impact on WHS cost drivers and Quality cost drivers	• Include Quality as a cost driver – and recognise the workforce as a major influencer of quality

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		Prices	• Concerned about pricing for higher intensity clients • 28 day rule for respite is a concern and does not always meet individual's needs • 28 day rule also affects occupancy rates and therefor cost drivers for providers • Respite funding of $480.11 per night is insufficient funding to maintain a viable service. • No provision for shadow shifts being given in clients plans – how would consumers even know to ask for this – it is a critical cost driver for providers rather than for consumers • Currently NDIS only provides a group rate for Allied Health Assistance - $40 • Currently the NDIS benchmark for therapy services is $175 – this price doesn't account for the unique specialisation of this cohort of staff to work in transdisciplinary models of care – with people with complex care needs • CPA needed to spend a significant amount of time taking the agency through our methodology for SIL quotes – these quotes were accepted but it took the NDIA a very long time to approve these quotes	• Review cost methodology for people with high intensity needs – especially people with physical disability • At 80% occupancy, we calculate a cost of $500 - $600 per night per client • Review therapy prices in line with Professional Association recommended pricing and market pricing for specialist services • Streamline processes for approving SIL quotes • Consider individual rates for AHAs; factoring supervision support required to deliver this service
		Market design	• Cost to deliver is becoming unsustainable • Some services such as therapy supports or supervision to allied health assistants will be possible to deliver via technology and internet connectivity improvements; other service cannot such as self-care and community participation supports	• Block funding to assist supply to thin markets
		Fundraising/Volunteering	• CPA will need to monitor what the NDIS will and will not fund – need to be clear with donors what NDIS is not funding	• Recognition of the value contributed by volunteers through ongoing capacity building funding.

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			• Need to maintain and communicate social impact priorities for the people we support • Volunteering – ongoing costs may be prohibitive as we continue to reduce overheads	
5	**Governance and administration**	**Appropriate safeguards and quality controls**	• Some safeguarding resource shave been announced i.e. national regulator etc.	• Clarity on how these national resources will support participants and providers
		Administrative arrangements	• Shifting of admin, change management and communication responsibilities to providers – providers are spending a lot of time assisting participants with pre-planning, support to access portal, support with service bookings, support to review incorrect plans, support to advocate and chase up a response for these plans, communication with the NDIA because the plan information in the portal is incorrect - this activity is not sustainable for providers	• Streamline processes and communication with participants • Review phasing schedule in NSW
		Market stewardship	• Sector development fund – Limited impact in ILC space observed	• Increased recognition that ILC supports require more significant investment if mainstream services and non- specialist community organisations are expected to support people with disability into the future • Support co-ordination providers are struggling to support people with complex high support needs
		Provider of last resort	• Concern over State's response to people in crisis e.g. people with severe challenging behaviour and mental illness / people who become homeless if parent/career dies – typically supported by hospital system + police + crisis respite services provided by State – until individual is safe to return to their home or offered prolonged stay in respite if there are no other options or until vacancy becomes available in	• Clarity on how services will be delivered to people who are not requesting them but require them for their own safety or the safety of others

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			suitable SIL home - how will this get managed and funded going forward.	