SA GOVERNMENT RESPONSE TO THE PRODUCTIVITY COMMISSION DISABILITY CARE AND SUPPORT DRAFT REPORT

1. EXECUTIVE SUMMARY POINTS

National Disability Insurance Scheme

- The South Australian Government supports establishing a nationally funded disability care and support entitlement based scheme. On this basis the South Australian Government supports the National Disability Insurance Scheme (NDIS) model, proposed in the draft Productivity Commission paper.

- The Commonwealth Government and the proposed NDIS agency will need to work in close partnership with States and Territories at a policy and service delivery level, to ensure that all Commonwealth and State and Territory government agencies that interface with the NDIS, are effective and efficient. This must particularly include portfolio areas such as health, education, transport and justice responses to people with disability. The NDIS agency whilst having a mandate in the funding of specialist disability services must also take on a broader role to support jurisdictions to build better integration between specialist and mainstream services.

- A proportion of the population of people with a disability, who need care or support, will not be covered by the NDIS, or NIIS. The continuing funding commitments borne by the State needs to be acknowledged, including in assessing funding sources that can be recouped to offset the cost on an NDIS. This group includes low level HACC users and education and health funding components to support children and families with a disability.

- The South Australian Government is currently both a funder and provider of specialist disability services and will be a major stakeholder in the implementation of an NDIS, and welcomes the opportunity to work with the Commonwealth Government to establish a new scheme.

- South Australia is well suited to be a test region for the NDIS. In mid 2011, the South Australian Government will be receiving a major policy reform plan (the 'Disability Blueprint') for disability services. There is an opportunity to align the blueprint and NDIS reform agendas. In addition, South Australia has a current client population of 20,145 receiving National Disability Agreement (NDA) funded support. Approximately half is serviced by the non-Government sector and half by SA Government services. The NDIS could be piloted with one of these client groups.

- The South Australian Government supports recognition of the level of unmet need and urgency of access to care and support by the Commonwealth Government by supplementing funding under the NDA to reduce some of the worst rationing of support service (recommendation 17.3).

National Injury Insurance Scheme

- The South Australian Government supports a no fault insurance arrangement for catastrophic injury. A fully funded scheme is a highly desirable goal, which provides one rationale for such a scheme to be separate from the proposed NDIS. However the eligibility criteria for the National Injury Insurance Scheme

(NIIS) and NDIS should be sufficiently aligned to avoid the potential for clients to fall between the cracks of the two schemes, and also avoid potential for wasteful disputation and administrative effort being applied to determining which scheme would apply (eg medical incidents).

- The South Australian Government believes, however, that a no fault scheme for catastrophic injuries should be nationally legislated and funded, retaining and utilising existing State based institutional arrangements and expertise in case management and service delivery where appropriate. National legislation would ensure ongoing consistency between States and alignment with NDIS.

2. NATIONAL DISABILITY INSURANCE SCHEME

There are unequivocal benefits to people with disability under the proposed NDIS. The proposed arrangements (and the principles which sit behind these arrangements) will provide much greater certainty and equity for people with disability and their carers than the current State administered arrangements.

Under the NDIS, the State Government would no longer be primarily responsible for disability support in South Australia. Responsibility for disability support would rest with the Federal Government – in funding the scheme, and establishing and monitoring the authorities or bodies required to oversee and operate the NDIS.

This change would have significant implications for the South Australian Government role as service provider given its agency, Disability Services, is the largest disability support provider in the state and provides roughly half of all services delivered under the National Disability Agreement. It employs approximately 2,340 staff[1] (1,813 FTEs), the majority of which are direct care workers. Currently Disability Services is providing assistance to approximately 11,600 people.[2]

The South Australian Government position is that the existing arrangements for the delivery of disability services needs to be recognised in the implementation and transition to an NDIS to ensure continuity of services to the client, and manage any financial liability associated with the existing workforce. As such the South Australian Government needs to be recognised as a key partner in the development and implementation of an NDIS.

It is expected that the NDIS will support a transformation of the current disability services sector. The disability services sector will be consumer driven and operate much more as a service-based marketplace. The challenges that this will create for both state and non government disability service providers are currently being considered by the South Australian Government as a result of its own reform process through the Disability Blueprint.

The NDIS assessment criteria will screen out some groups of people who currently receive disability support or legitimately need some level of support or assistance. This will possibly include:

- People who currently receive disability support funded by the National Disability Agreement (NDA) but who do not meet the NDIS criteria. The Commission does not support 'grand-fathering' existing clients into the NDIS. On current

[1] Disability SA Workforce Profile 2010
[2] December 2010 Disability Services Monthly Report.

information, it is difficult to assess to what extent there may be existing clients receiving disability support who will not be eligible to roll over into the new arrangements. However, South Australia is reported to have higher levels of people receiving disability supports with low levels of impairment, so there may be some existing clients excluded under the new arrangements. [3]

- Similarly, for HACC services, there are people aged under 65 years who are currently low-level HACC users who may not meet the 'significant limitation' or 'early intervention' threshold for entry into the NDIS.

- People with functional limitations resulting from chronic health or other health conditions outside of the NDIS. This group currently are not eligible for NDA funded disability support, but have been supported to a certain extent through HACC funding, particularly through assistance provided by Domiciliary Care, RDNS and Country Health.

- Finally, there may be people who are currently being supported through other mainstream systems such as Health who will now be eligible for NDIS services.

It is likely that the State Government will be required to continue to support most of these groups. This will have a cost impact including areas such as Domiciliary Care (DFC) and health services. It will be critical to get further information to enable a more accurate mapping of those people who are eligible / ineligible for a future NDIS and where they are currently receiving services in the South Australian system.

The South Australian Government supports the Productivity Commission's position that mainstream service delivery such as housing, health and transport are outside the service scope of the NDIS.

The Government also supports recognition that sometimes people eligible for NDIS support and services, will be better served outside of the NDIS services such as by the health, palliative care or aged care sectors. In these cases it is important that the cost of the service delivery is met by the NDIS.

Once again this emphasises the importance of the NDIS and Commonwealth Government working in partnership with the State Government to ensue the interface with other service provision is coordinated and efficient. This should include coordinated or shared assessment and review processes across disability, health and education to provide efficiency in information management and place the person at the centre of service support. This has particular application in the mental health area.

The issue of protections for vulnerable people must be a key consideration in the development and implementation of a care and support system. The Commission should make explicit reference to what mechanisms the NDIS will have in place, or acknowledge the need to have mechanisms in place, to ensure the rights of people with a disability are being protected. Existing care and protection mechanisms in the different jurisdictions need to be recognised in these considerations.

The Productivity Commission's proposal to include artificial limbs in the NDIS is supported. In South Australia the DFC Equipment Program already includes the SA

[3] Report on Government Services 2011 page 14.29

Amputee Limb Service. Further feedback (as requested by the Productivity Commission) is provided in Appendix 1.

Mental Health and the NDIS

The South Australian Government notes that feedback is requested by the Commission 'on where the boundaries between the mental health sector and the NDIS might lie' (3.29) and 'which system would be best placed to meet the daily support needs (not clinical needs) of individuals with a disability arising from long lasting mental health conditions (such as schizophrenia)'.

In determining responsibility for service provision the following is proposed:

Mental Health services should be provided when the extent of a person's mental health condition requires access to specialised treatment, including medication management and/or psychosocial rehabilitation that will result in:

- an improvement in symptoms
- increased capacity to self manage
- assistance with learning and developing skills for increased competence and confidence to live independently and connect with community.

For example a person with a severe mental illness might have difficulty with home maintenance. This could be due to poor organisational skills as a result of a mental health condition and psychiatric disability. This person should have access to a mental health rehabilitation program to assist with skill development in home maintenance.

NDIS support should be provided when:

- as a result of co-morbidity the disability support needs are directly attributable to a condition other than mental illness.
- in the case of psychiatric disability when it is assessed that a person is *unable* to improve with psychosocial rehabilitation, other rehabilitation efforts, or where NDIS support is required in addition to rehabilitation.

When a diagnosis of co-morbidity is primary (e.g. mental illness and a physical or intellectual disability) the boundaries for service provision are potentially clearer than when a psychiatric disability alone exists.

The South Australian Government considers those components of disability support provided in acute, inpatient or residential (mental health) rehabilitation facilities, as the responsibility of the health system as they are generally inextricably linked with acute or sub acute health care. Existing Health administered disability support program delivered in the home and community settings would be the responsibility of the NDIS.

Funding Base and Costing

The funding of the NDIS assumes that the proportion of HACC funding currently directed towards all under 65 year olds will be contributed to the new scheme. This would leave existing low-level HACC users who don't meet the NDIS criteria without a source of funded support. 'Low–level' HACC users can be regarded as those getting short term services (ie for less than 6 months); or only one service and at low level (the lowest being 0-2 hours per week) although some of these may meet the 'early intervention' target group of the NDIS. Data for 2008/09 shows that 17,981 people (or 86% of HACC users aged under 65 years in South Australia) received less than 2 hours per week of support, at an estimated cost of $12.7m. The Department for Families and Communities is investigating the profile including the resource commitments for low level HACC users who would not be expected to be included in the NDIS. This information will be shared with the PC when it becomes available.

The South Australian Government supports redirecting only HACC funding into the NDIS that applies to people who are receiving services under the scheme.

It is important that the real costs of a disability care and support system be recognised, particularly the cost at the high end, i.e. supported accommodation. The highest level of costs applied in the Productivity Commission's methodology is $113,500 - $141,900 per annum. South Australia uses four levels of costs for supported accommodation – basic $46,800 (tenancy support model), moderate $115,000 (passive night support), high $138,000 (active night support) and intensive $394,000. The last of these is for people requiring a 2:1 staff to client ratio and includes Registered Nurse rates and, whilst there are only very small numbers of people requiring this level of care, it is important to ensure that high-end costs are factored in. For support other than supported accommodation an hourly rate of $45 is used as a standard, based on individually purchased support services. Details of Disability Services cost levels are shown in Appendix 2.

The Productivity Commission has indicated that it was seeking to move away from a system where fundraising and other community goodwill was essential to providing quality services. This is agreed; however, it appears that the Commissions costing do not recognise the value of NGOs' own-source contributions. If this is the case it is likely there will be an under-estimate of the funding base required for the NDIS.

In some instances this NGO contribution is sizeable and underwrites government's funding of disability support. For example, in South Australia, Novita Children's Services report that 45% of their spending on disability support for children is from their own income. Similarly, anecdotal information suggests that government disability funding comprises only about 10% of Royal Society for the Blind expenditure on disability supports and other key disability organisations in the sensory sector. Traditionally, the sensory sector has received very low levels of state government funding compared to other disability organisations.

The South Australian Government supports the position of the Productivity Commission that 'in the period leading up until the full introduction of the NDIS the Australian Government should supplement funding under the NDA to reduce some of the worst rationing of support service'. This is essential to respond to the existing deficiencies in the disability support system, given the long lead time until full implementation, should the NDIS be adopted.

Commonwealth-State funding arrangements

The Commission recommends that the States and Territories either reduce their taxes or transfer their expenditure savings to the Commonwealth and expresses a preference for the tax reduction option.

The South Australian Government position is that the next highest priority use of any savings should be a matter for each jurisdictional Government to decide, and will be a matter for negotiation with the Commonwealth should they seek to implement the NDIS following the Commission's final report. In doing so, governments should take into account the merits of removing inefficient taxes.

3. NATIONAL INJURY INSURANCE SCHEME

The South Australian Government supports a no fault insurance arrangement for catastrophic injury. This is notwithstanding that the Productivity Commission has not explicitly identified the existence of market failure that the SA Government, in its initial submission, asked the Commission to examine.

The Commission have proposed the establishment of a National Injury Insurance Scheme (NIIS), separate from the proposed NDIS.

The South Australian Government acknowledges that there is justification for a separate set of arrangements for injuries. Some important considerations are the existence of well functioning no fault motor vehicle accident injury schemes in some jurisdictions, and the ability to establish a fully funded scheme arrangement for NIIS (in contrast to the NDIS which will be likely to have a significant pay as you go funding element). In relation to the latter point the South Australian Government's original submission argued that:

"…..The added value of an insurance arrangement is that it may be structured to support some form of guaranteed access or entitlement to a defined range of supports now and into the future. It may also be a more stable funding mechanism than one which meets costs as they arise. (sub. 496 p. 2)

The South Australian Government agrees with the Commission's suggestion that there is also a "*good rationale for equal insurance and access to care and supports*" no matter whether a catastrophic injury occurs through a motor accident, workplace accident, medical treatment assault or general accident occurring at home or in the community. A fully funded no fault scheme would improve the equity and efficiency of care and support services.

The NIIS as proposed by the Commission however is not a single scheme, but eight schemes established in a consistent manner across jurisdictions. In South Australia's case the Commission proposes that South Australia either establish a new body to administer no fault insurance cover for all catastrophic injuries, or use an existing structure. Within South Australia there is limited institutional experience in the funding and delivery of a no fault insurance/long term care and support at present. The Motor Accident Commission administers a fault based third party lump sum compensation arrangement for motor accidents. While the Workcover scheme is a no fault periodic benefit arrangement, catastrophic workplace injuries are small in number and not a core component of the business activity.

The South Australian Government believes that the NIIS should instead be a nationally legislated and funded scheme. It is not clear how the proposed national full time secretariat will have sufficient power to ensure, and ultimately maintain, consistency in scheme design, eligibility and assessment across eight separate State and Territory schemes. There are potentially major challenges in securing the passage of consistent legislation through all of the respective State and Territory Parliaments. Furthermore, if each State raises its own premiums it is inevitable that differences in premium levels will emerge over time. This could create pressure for legislatures to consider variations to eligibility and benefits, creating inconsistency between jurisdictions and misalignment with the NDIS.

A national scheme that delivers care and support services to all who experience catastrophic injury does not necessarily mean, however, that local solutions to the delivery of such support could not be accommodated. A nationally legislated scheme could act as fund holder and manager, be responsible for broad eligibility criteria, service definitions and assessment tools, research and data management. The case management responsibilities could be devolved to different entities in each State or region – this model could take advantage of, and build upon, existing expertise in catastrophic injury support services where they exist in some jurisdictions. These bodies could in turn contract with a network of service providers. Such a model would lock in national consistency and premium setting and collection while allowing State or regionally based diversity in the management of client relations and service delivery.

A national scheme would avoid any potential difficulties that could arise with the portability of entitlements when clients move between States, remove potential for disputation over coverage and funding responsibility between Schemes when residents of one jurisdiction are injured when visiting another jurisdiction, and would be better placed to deal with risks that may impact on the viability of the scheme (such as injuries arising from acts of war, terrorism or airline disasters). Other coverage issues potentially handled more efficiently under a national scheme are foreign residents injured in Australia and Australian residents injured overseas.

The Commission states that "*The NIIS should be funded from a variety of sources, but mainly from existing premium income sources*" (page 16.9). It would appear, however, that the Commission's position in relation to existing insurance premiums differs depending on the nature of the risks which are covered by the existing funds - ie it would appear that the Commission are suggesting that:

- Existing motor vehicle injury insurance premiums should be used as a source of funding for the NIIS, and where there are gaps in coverage such premiums should increase to meet the extension of coverage. The same may apply to other transport accidents (air, sea, water) through a flat levy on existing insurance premiums.

- Medical indemnity funds "*should contribute at least some of the costs of claims under the NIIS*…." (page 16.14) but there is also a role for taxpayer funding of some medical incidents which would be covered by the NIIS.

- In relation to general and criminal injuries that taxpayer funding would be the sole funding source, removing the costs of existing long term care from public liability insurance premiums (which would fall as a result).

Based on Walsh (2005) the Commission has estimated an annual (net) cost of NIIS of around $685 million (or $31 per Australian). The Walsh (2005) estimates were, however, net of costs already incurred through existing insurance arrangements (both fault based and no fault). As noted above, on page 16.22 of its Draft Report the Commission appears to suggest that public liability premiums would no longer cover catastrophic claims. If this were the case public liability insurance premiums in these areas would fall and the NIIS would need to fund the gross cost of catastrophic injuries in these areas. Based on Walsh (2005) and inflating to today's dollar it would

appear to increase the additional funding task for a NIIS to $782 million[4]. Some of this 'additional' cost is at present met by State and local governments through their own insurance pools and/or reinsurance arrangements. Similarly if the NIIS were to relieve medical indemnity insurance pools from costs which they currently meet, there would be a further funding task for the NIIS, although this may in part be met by a redirection of Federal subsidies to Medical Defence Organisations.

The rationale for the differential approach to contributions from existing insurance arrangements is not entirely clear in the Commission's report, but appears to be based on the fact that (i) third party insurance for motor vehicle accidents is mandatory which provides a better basis to seek higher contributions from this source and (ii) that there are stronger arguments to reflect some of the cost of fault based accidents in medical indemnity premiums than is the case for public liability premiums.

In relation to catastrophic injuries arising from motor vehicle accidents, the South Australian Government remains concerned that Compulsory Third Party insurance premiums in this State are already higher than in most other States and Territory schemes. South Australia's current CTP premium ($476 for a Class 1 passenger vehicle) is higher than in States with no fault schemes, notwithstanding the fact that such schemes provide broader coverage. If the NIIS were to be funded in part through a levy on CTP insurance which reflected the full cost of all catastrophic motor vehicle accident injuries, South Australian CTP premiums would have to rise further. Walsh (2005) estimated that an increase of $28 per vehicle would be required. Should this occur, consideration may need to be given to the design of the South Australian CTP scheme including benefit levels for non catastrophic injuries.

In relation to the funding of catastrophic medical accidents, the South Australian Government would support the redirection of existing Federal subsidies – in particular any budgetary provisions relating to the Exceptional Claims Scheme and the High Cost Claim Scheme[5] - combined with a contribution from medical indemnity funds reflective of the emerging cost of fault based claims. The objective would be to balance these contributions to ensure that medical indemnity insurance premiums remain affordable but equally that the cost of medical errors is reflected in the price signal provided through insurance premiums. A significant proportion of medical incident claims are against public health units funded by Government captive insurer arrangements and private hospitals through separate insurance arrangements.

In relation to the coverage of medical accidents within the NIIS, it is possible that having two schemes rather than one may create some difficulties. For example in cerebral palsy cases there are significant disputes in nearly every claim as to whether it is related to genetic/congenital causes or the management of a mother's labour. Another example could be an autistic person who has a car accident leading to spinal injuries and requiring additional care and support. The South Australian Government believes that whatever demarcation exists between the definition of accidents (NIIS coverage) and genetic/congenital disabilities (NDIS coverage), it is important that the care and support available to participants in both schemes is as closely aligned as possible, avoiding the potential for costly disputes or administrative

[4] This estimate is based on adding to the Commission's estimate the Walsh (2005) estimate of public liability insurance costs for catastrophic injuries nationally ($70 million) inflated to today's dollars ($97 million based on the Commission's inflation factor).

[5] If, ultimately, the introduction of the NIIS produced savings in the cost of the Premium Support Scheme such savings could reduce the need for additional budget capacity to be found.

decision making processes to determine which scheme applies and unnecessary distress to families.

The South Australian Government queries the rationale for not seeking any funding contribution to the NIIS from existing public liability insurance funds. Like medical accidents it could be argued that such premiums should continue to reflect the costs that they are currently incurring (ie for fault based accidents). Reflecting the deliberations of the Henry tax review the Commission have raised concerns that specific taxation of insurance products is highly inefficient, but if a NIIS levy on public liability insurance funds were to only reflect the current care and support costs being incurred for fault based accidents such a levy would arguably "*reflect the external costs of consuming a product*[6]" rather than being a tax. It is noted that there are separate State taxes on insurance products which the Henry tax review found to be inefficient, but this issue would need to be addressed through a broader reform of the taxation system and Federal Financial Relations.

The Commission has suggested that part of the rationale for funding general catastrophic injury care and support costs from a levy on local government rates is that local (and State) governments can take actions to address the risks that lead to injuries in the community and through criminal acts. However it needs to be recognised that the costs of such actions may exceed the benefits (indeed it is unusual for the Commission to suggest, as on page 16.26 of the Draft Report, regulatory responses without a cautionary note that a proposition such as this would need to be subject to a full Regulatory Impact Assessment including a cost benefit analysis).

In its final report the Commission may wish to further consider the prudential arrangements for the NIIS. In its original submission the South Australian government stated that:

> *"….it would not be necessary to load the premium with a profit margin or seek dividend returns to Governments. South Australia's workers compensation and motor accident schemes do not make dividend payments to the South Australian Government. Given the long term nature of the liabilities it may not be necessary for the premium setting arrangements to be slavishly attuned to a full funding requirement in relation to the entitlements that it supports. Given inherent volatility in investment and financial markets a fixed funding ratio target can introduce significant volatility in premiums when investment returns and discount rates move erratically".* (Sub. 496 p. 19)

The Commission discusses the possibility of extending no fault insurance cover to other heads of damage (economic loss, pain and suffering) and other significant, but non catastrophic, forms of injury.

The South Australian Government considers that addressing the inequities and inefficiencies associated with current arrangements for catastrophic injury should be given the initial priority. Extension of scope of no fault accident cover beyond catastrophic injury raises other potential issues including avoiding return to work/recovery disincentives in scheme design.

The NIIS Scheme design proposed by the Commission would still require a legal process for the other main heads of damage, such as economic and non economic

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[6] Draft Report, page 16.29

loss, for those suffering catastrophic injury. Keeping economic loss as part of the common law system will maintain the often lengthy delay before final settlement of the common law claim. This creates another source of anxiety, worry and potential financial hardship for the person and their families. For fault based insurance schemes, the legal costs on catastrophic claims can be a significant part of the premium. The introduction of a comprehensive entitlement to no fault compensation for economic loss as well as care and support would maximise the offsetting savings in legal costs for fault based insurance schemes. The reduction in legal costs may be considerably diminished if the introduction of no fault cover is restricted to care and support needs and left other heads of damage within a legal disputation framework. Further offsetting costs may arise through the provision of economic loss compensation via a periodic payment arrangement rather than upfront lump sum – eg it would address the potential efficiency problems associated with lump sum compensation payments not lasting or being wasted and associated "double dipping" into welfare support.

Non economic loss could remain within the common law system, particularly if there are concerns regarding the need to retain some form of restorative justice element.

Consideration would need to be given to the interaction with other schemes and common law heads of damage in instances where NIIS clients had an interim participation approval but were subsequently assessed as not requiring permanent support through NIIS.

The Commission considers that the NDIS should fund artificial limbs and seeks feedback on the desirability and practicality of this option.

Potential benefits of inclusion

- Consistency between states – currently very inconsistent in regards to the amount of funding per client, number of prosthesis to a client, allowed components and whether these are fully funded or subsidy only.

- Correlation between prosthesis provision and other equipment e.g. wheelchair and home modification to aid in assessing eligibility for certain features/items as part of "package" of equipment – this is supported as amputees, regardless of their ambulatory status and independence with prosthesis, all need assistance from other ambulatory aids from time to time. Also delays in home modifications often delay discharge from hospital.

- Discharge planning and assessment for NDIS should commence as early as possible and should include prosthesis and other equipment.

Potential barriers to inclusion

- Setting of acute and sub-acute care (health) vs community care. For example, rigid removable dressings, interim prostheses and stump shrinkers in the acute phases post amputation are normally undertaken as part of acute care and early rehabilitation programs in health. Definitive prostheses are then provided by the community care model..

- Health clinicians (typically surgeons and rehabilitation physicians) are normally considered the prescribers of prostheses, often via clinics held with an allied health prosthetist. This is different from other equipment and home modifications where the allied health clinician is typically the prescriber. Both could be included in the assessment process for a 'package' of equipment.

- Hospital based or day rehabilitation health services provide interim prosthetic care to maximise ambulation ability and re-integration to home and community life. The client is usually ready for discharged from the health service once they can manage their prosthesis and ambulatory aid (stick, frame or crutches) safely.

This is the point where the client would be ready to access the NDIS. This would include the provision of definitive prosthesis. Liaison between the health service and the NDIS would be critical at this point and should commence with discharge planning as soon as possible.

What items should be included if in the NDIS?

- There would need to be careful consideration of the evidence base in regards to the components that could be supplied 1) automatically 2) with additional justification for some clients.

- The same evidence base could define the hours of labour required in the manufacture of a type of prosthesis (or its repair). These costs (in conjunction with an appropriate price for the service) would need to be determined and included in the provision costs.

- Definitive prosthetic provision should include;
    - Multi-purpose prostheses with componantry selected appropriate for client need.
    - Waterproof prosthesis with componantry to allow safe ambulation whilst in bathroom to prevent falls and to provide prosthetic use for water-based activities.
    - Funding for a recreational prosthesis should be considered to allow the client to engage in specific activities that cannot be catered for with multi-purpose or waterproof prosthesis.

- A large range of componantry is available for amputees to use, some specific to individual needs, others more generic. Technology and material advancement over the last 15 years has seen an increased cost in componantry, as well as an increase in durability and longevity of products. Componantry selection needs to be carefully considered for best results, with major consultation between client and prosthetist.

- Amputees will need assistance with ambulatory aids from time to time and crutches, walking sticks / poles, frames and wheelchairs should be funded by the NDIS.

- Footwear is of critical importance, including appropriate orthotic supports for contralateral limb (for unilateral lower limb amputees).

- Consumables need to be provided. These are currently provided under the SA Amputee Limb Service and include, stump socks, donning lotions, moisturising creams for limb protection, shrinkers for ongoing oedema management, and cosmetic stockings.

Appendix 2

Disability Services support costs

These costs are used to calculate the estimated costs of unmet needs

SUPPORTED ACCOMMODATION

		January 2011
BASIC – up to 20 hrs week	no night support	$46,800
MODERATE	passive nights	$115,000
HIGH	active nights	$138,000
INTENSIVE	2 staff to 1 client ratio includes RN rates.	$394,000

PERSONAL SUPPORT AND ANY OTHER SERVICES REQUIRING AN HOURLY RATE.

HOURLY RATE	**January 2011**
Based on average hourly rates.	$45/HR

THERAPY – costings based on $100 hr, provider is Disability Services

Consultancy – average 6 hrs plus 2hrs documentation	$800
Timed Intervention – 6 visits at 2 hrs plus 3 hrs documentation and 2 hrs follow up	$1,700
Regular Intervention – 12 visits at 2 hrs plus 3 hrs documentation and 2 hrs follow up	$2,900
Intensive Program – through CYSS	$12,000

RESPITE

	January 2011
Weekend Respite – 48hrs	Block rate - $600 day w/e rate = $1,200
Hours per Week – numbers of hrs required	$45 hr
Week Blocks (7 Days)	Block rate - $400 day week days/$600 day w/e = $3,200