

hi!

We understand that the NDIS and all the supports can be a confusing place.

We have put together this Frequently Asked Question sheet to try to help navigate the space and understand some of the roles and requirements.

The Support Coordination team at Multicap Tasmania are always happy to chat about any of these subjects further, and are hoping this might be a helpful tool for those just starting on the journey with the NDIS or those who have been part of the scheme for longer.

topics

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1 acronyms and frequently used terms



AT	Assistive Technology	OT	Occupational Therapist
AHP	Allied Health Professionals	PBSP	Positive Behaviour Support Plan
BSP	Behaviour Support Practitioner	SC	Support Coordinator, may also be referred to as a COS, Coordinator of Supports
CB	Capacity Building	SIL	Supported Independent Living
LAC	Local Area Coordinator	STA	Short-Term Accommodation
NDIA	National Disability Insurance Agency	SW	Support worker OR DSW Disability/Direct Support Worker
NDIS	National Disability Insurance Scheme		

Consumables

Consumables are low-risk products or devices that are used to assist you with everyday living. This can include continence aids, apps, and resources for therapy.

Endorsed Provider

Under PACE, NDIS's new client management system, NDIS will need to be notified of who your providers are so that they can be linked with you on their system. Without this, there may be disruptions to their payments. Endorsed providers need to be NDIS registered.

Formal supports

Your paid support providers, such as a Support Worker.

Informal support

Your family and friends may provide unpaid supports for you.

Mainstream supports

Include services such as your school or doctors' surgery. Services that typically most people will access.

NDIS number

This is your identification number for the NDIS; it will be 9 digits and start with 43, or a 5. You can find this in any correspondence from the NDIS, such as your NDIS plan.

Providers

This refers to the people and companies that provide your support and services, including your support workers, OTs, continence products etc.

Registered Provider

If a provider is NDIS registered, they meet strict government quality and safety requirements and have passed the registration process.

Service booking (SB)

A service booking is required for NDIA-managed plans through PRODA. If you have an NDIA-managed plan, the Provider will access the online NDIS portal and claim funding from your plan for the service they have provided. A service booking with a provider means those funds are booked just for that Provider and will not be accessible to any other provider. The amount will be outlined in your service agreement. In the new PACE system, Service Bookings are not required.

Service Agreement (SA)

A Service Agreement is an agreement between yourself and a provider. It will outline what supports they will provide you, how much funding this will cost, and how long they will provide the support. Service agreements will also outline what is expected of the Provider and yourself during the time of the service agreement. They should also detail the process to cancel supports and end the service.

2 plan management



NDIA/agency managed

Agency Managed means the agency will manage your funding and pay your providers. Under this management, you can only use NDIS-registered providers.

The NDIS is currently implementing a new online portal called Pace. Tasmania is the first state to have access, and as participants are receiving new plans, they are being moved to the Pace system. If your plan is extended, it will remain on the old portal (PRODA) until a new plan is issued. In the new system, you will need to approve your providers as an Endorsed Provider, giving them access to claim for the services provided. If you move providers, this will need to be done before they can request payment. Your LAC or SC should be able to assist with this process until you can do it yourself.

To receive payment, the Provider must make a service booking on the NDIS portal and submit their payment request; the NDIA will then pay the Provider directly. You will not have to approve the payment request for the Provider to receive payment. If your plan is in the new System PACE, you will need to have your providers as endorsed providers; they will not need a service booking but will still process payments directly with the NDIS.

plan managed

If you have requested plan-managed funds in your plan, you will also be required to choose a plan manager. A Plan Manager is a third party who accesses your funding and pays your Provider's invoices. Similar to an accountant just for your NDIS plan. For a provider to receive payment, they must create an invoice outlining the services and/or the product they have provided you with and send this to your chosen Plan Manager. The plan manager will then pay them using the funds in your plan.

Plan management gives you more choice and control over the providers you use, as you do not need to use registered providers. For example, you may require continence aids; the local pharmacy sells them but isn't registered. Under plan management, you can ask them to provide an invoice to your Plan Manager, and you can still use your funding to purchase them.

Plan management also allows you to purchase a service or item with your own money and then get reimbursed from your Plan Manager using your NDIS funding. You will need to provide the receipt and your account details.

All services or items need to be purchased within your plan dates. You cannot be reimbursed for an item or service you purchased previously.

You should be provided with a periodic statement from your plan manager, and you can always request an updated statement at any time. Some Plan Manager also have an app or online portal where you can check your funding at any time.

self managed

If you have chosen to self-manage your NDIS funding, you are responsible for paying your providers. They will send you their invoices for the services or product provided; you then pay them and request funding from the NDIA.

Self-management provides you with the same flexibility as plan management; you do not have to use registered providers.

You will need to keep a record of the invoices paid and understand what services and products come from what 'buckets' of funding.

If you would like to self-manage however feel it may be too overwhelming, you can start with plan managed and work towards self-management.

3 funding categories or 'buckets'



To assist with explaining this topic, at Multicap Tasmania, we often refer to funding categories as 'buckets'



core funding

The Core Bucket

Core Supports funding is where you will find the funding for your support workers, consumables, low-cost AT (Assistive Technology) and travel funding. Core Supports funding is here to help you with everyday activities. Within Core, there are smaller separate buckets –



Social, Community and Civic Participation

This includes Support Workers for support in the community, such as social supports, helping you get your groceries, or attending appointments.



Daily Living

Can include personal care, such as showering, and domestic activities like cooking and cleaning. Short Term Accommodation also comes from this bucket.



Consumables

Are low-risk products or devices that assist you with everyday living. Consumables can include continence aids, apps (for your devices), and resources for therapy.



Transport

Is only funded for adults.



Home and living

This includes supports such as Supported Independent Living (SIL), Independent Living Options (ILO) and lead tenant model. These are all funding options to assist you to live independently with the support needed to do so.

Core funding, however, can be used flexibly, and in some instances, you can use this funding for therapies as well (if it's for a disability-related health need). Although the funding amount has been given here, it does not mean this is exactly how much you must spend on consumables or AT.

Under the Core Supports heading on your NDIS plan, there will be a brief overview of what you have been funded for. If funding is included for AT or consumables, it will state how much.



capacity building funding

The Capacity Building bucket is funding to help you become more independent and learn new skills. These supports should be connected to your goals, for example, finding a job, living more independently, or increasing your social participation. Capacity Building includes funding for allied health therapies, support coordination, behaviour support and employment supports.



CB Daily Activity – Therapies



CB Improved Relationships – Behaviour Support



CB Choice & Control – Plan Management



CB Support Coordination – Support Coordination and Recovery Coach



CB Finding and Keeping a Job – SLES, supported employment, or employment training funding

3 funding categories or buckets continued



capital funding

Capital Funding can include home modifications, equipment such as wheelchairs and beds, and repairs and maintenance for equipment. SDA (Specialist Disability Accommodation) funding also comes from this category. This funding is usually obtained by providing evidence of why it is needed (Allied Health reports) and quotes from providers.

transport funding

Transport funding pays your support workers for their travel while you are in their vehicle or the organisation's vehicle. The SW will record how many KM you travelled with them and then charge your plan per KM; check your service agreement for how much they charge. If you are going on a longer trip, say to Hobart and back, with your SW, you may be able to negotiate a set price, talk with your Provider and see your options.

There are 3 levels of transport funding

- Level 1 is up to \$1,606 per year if you are not working, studying, or attending a day program but wish to increase your community access.
- Level 2 is up to \$2,472 per year if you are working or studying part-time, or participating in a social program.
- Level 3 is up to \$3,456 per year if you are currently working or studying and are unable to access public transport due to your disability.

If this funding is NDIA or plan-managed, your Provider will claim directly from either the online portal or your chosen plan manager.

If this funding is self-managed, the NDIS will pay fortnightly instalments into your bank account. You will need to provide the NDIS with your bank account details, do this by calling 1800 800 110, making sure you have your NDIS number handy. If your transport money is self-managed, it can be utilised to access public transport if this contributes to your goals, such as attending social groups or going to work. You may also be able to work something out with your plan manager if the budget is plan managed.



4 reasonable and necessary checklist



This checklist can be used to determine if NDIS will cover a specific product or service.

Sometimes products and services are best covered by another funding body, such as the health or education department.

- Is the service or product related to your disability?
- Does the service or product relate to your NDIS goals outlined in your plan?
- Does the service or product assist you to participate more within the community, family unit or workforce?
- Does this service or product represent value for money? Is a similar service or product at a lower cost that will give a similar outcome?
- Does this service or product increase or encourage your independence?
- Is NDIS the most appropriate funding body for this service or product?

NDIS funds services and products that are typically not required for someone without a disability. For example, everyone is required to maintain the structure of their home. However, not everyone requires a ramp to gain access to their home. Therefore, if your disability requires it, NDIS would cover the home modification to add a ramp (with OT recommendations and builders' quotes) but not fix your leaky roof.

5 choice and control



Choice and control is a phrase often used, but what does it really mean?

It means you have the choice around your daily life, such as who provides your support, how your day looks, what activities you engage in, and that you have the control to change these things if they don't meet your needs or you aren't happy with them. You are in control over the course of your life and have the choice to make decisions that impact you and your life.

There are things that you, as a person with a disability, do not have control over, so it is important to make sure the things you do have choice and control over are your decision. This could be something small, like what you have for breakfast, or what colour your bed sheets are, or it could be something bigger, like who your GP is or how your funding is spent.

Your Support Coordinator, your Service providers, and your informal supports can assist you to make an informed decision and ensure you have all the information needed to make this decision. You are also able to have an NDIS nominee of your choosing to assist you with the different processes of the NDIS plan. Your nominee should be a person you trust. This could be your parents, partner, family member or close friend. If you have a nominee, they will be able to access and request changes to your NDIS plan, so trusting and knowing them is important. Your nominee is not a paid support.

6 plan reassessment



length of plan and change of circumstance

Once you have been through the application process and received your first plan, you will notice a plan start and end date. Typically, your plan will run for 1 or 2 years; however, it can be any duration from 3 months to 4 years or more, depending on your needs and how often they could change.

A plan reassessment will happen between yourself, your nominee (if you have one), your SC (if you have one), and the planner or the LAC. A plan reassessment (previously called a review) will happen a couple of months before the end of the plan. If your needs change throughout your plan, you can request a change of Circumstance Plan Reassessment. If your plan comes back and you disagree with the decision the NDIS has made, you can request a Review of a Reviewable Decision.

If your needs change part way through a plan and you require more supports, you can speak with your SC, LAC or Planner, and they will assist you in submitting a Change of Circumstance. By submitting a Change of Circumstance you will let the NDIS know you would like a Plan Reassessment (previously known as a Plan Review).



evidence

In a Plan Reassessment, you must have evidence to show what supports and services you need. Evidence can come from your Allied Health Professionals, such as an OT, Speech Pathologist, Psychologist, or Physiotherapist. If you have funding for a SC, they will also write a report to show what funding you have used during the plan, what changes you need in the next plan and summarise your Allied Health Professionals recommendations. Your SC should read this report with you and provide you with a copy if you choose. This applies to any report about you; it is your information and property.

It is important to remember that your SC and Allied Health Professionals need to report on the worst-case scenarios and risks in your life. This can mean they look at everything that could go wrong, such as your housing- do you live in secure housing? Or your informal supports- are they managing? Is there a risk of burnout? Addressing these situations and recommending how to prevent them reduces the risk of it happening. This is to show the NDIS the risks of not funding you with the supports that have been requested and recommended. This is also why Allied Health Professional recommendations are critical in plan reassessment.



reports

Reports also let the NDIS know what has worked well throughout the plan and how you are progressing toward your goals. This is also the time to change your goals if you have achieved them or would like to change them to something more relevant to your life now.



plan continuance

If your needs have stayed the same, your funding is meeting your needs, and you are happy with your supports, you may be offered a continuance (sometimes called a plan rollover).

This will give you the same plan, just with new dates. A plan rollover can also be requested if you are on the waitlist for Allied Health Professionals and need these assessments completed for evidence before you request a plan reassessment. Once these assessments and reports are completed, you can request a change of situation review. Your LAC or Support Coordinator will assist with this.

7 plan managers and support



the difference



A Plan Manager

Is like your own accountant, just for your NDIS plan. Providers send them an invoice once they have provided you with a service or product, and the Plan Manager will pay it for you using the funds from your plan.

Plan management gives you more flexibility than NDIA managed as you can use non-registered providers for your supports and products. Plan Managers will check the invoices and may ask some questions about the service or products to make sure they fit within the NDIS guidelines.



A Support Coordinator

Assists you to connect with services and providers that can help meet your needs. This can include NDIS services and supports or mainstream supports. SCs help manage your funding and ensure you have enough funds for your supports to last the plan period.

Support Coordinators also assist you with plan reassessment. They can help collect all your reports and complete their report to submit to NDIS to advise the NDIS on what worked well in the last plan and what might need changing in the next.

What can a Support Coordinator help me with?

The Support Coordinator's role is to help you understand NDIS processes, and what your NDIS plan can be used for, connect you with services, and increase your informal and formal supports. Support Coordinators can help you to communicate with your providers, such as letting them know if things have changed or you have a new plan, and helping you build your capacity to do this yourself.

SCs can assist in finding new providers and services and request these services on their behalf. Your SC works with you to budget your funds to ensure your needs are met, and your supports are supporting your goals. Your SC can let providers know what supports are required and assist them to maintain the budget. This will be done in consultation with you. If you require extra supports, ongoing or once-off, to ensure this is within your budget, it is a great idea to check with your Support Coordinator. Otherwise, you may be at risk of overspending towards the end of your plan.

Your Support Coordinator can also help with mainstream services and building on your informal supports. Your Support Coordinator will research activities of interest in your local community that are available to everyone and somewhere you can meet new people and build relationships.

As with all your services, you can change Support Coordinators at any time. If you're not comfortable talking about this with your current Support Coordinator, ask someone you know and trust to help you, or call NDIS on 1800 800 110 and let them know – they'll have someone help you through the change.



8 allied health professionals



Allied Health Professionals deliver therapeutic supports to NDIS participants and include Occupational therapists, Speech Pathologists, Physiotherapists, Psychologists, and Behaviour Support Practitioners. Many other professions also come under this title; the above listed are probably the most common for NDIS participants and their needs.

Allied Health Professionals can assist with making disability-related recommendations such as assistive technology, home modifications, mental health supports, and supports. Their reports and recommendations are evidence for the NDIS to help the NDIS understand why you might need these supports and products to help make your life easier and reach your goals.



Occupational Therapist

Occupational Therapists will work with you to identify areas of everyday life that you may struggle with now and make recommendations for improvement. For example, you may struggle to read traditional cookbooks, and they might recommend a visual cookbook. Or you may struggle to get on and off the toilet.

An OT might consider putting in some grab rails to make this easier. OTs are usually the therapist who will be involved in your care team if you require a wheelchair or other assistive technology, or home modifications and will be able to recommend how many hours of support from a SW you need a week.

Often OT's will complete a functional capacity assessment which will look at all your daily activities and which areas you might need support in.

This helps them decide what supports they need. If they have enough funding to continue working with you, your OT will be able to put these supports and products in place alongside the other members of your care team.



Speech Pathologists

Speech Pathologists are often thought of when someone has barriers around their speech, but they can help with so much more. Speech Pathologists can also work on support needed around mealtimes and swallowing assessments, how you communicate with others, and even your reading, writing, and spelling. There are many ways people communicate their needs, and speech therapists can identify ways to make this communication effective. This might include visuals, eye gaze or using apps to help you make sure others can understand your needs and wants.



Physiotherapists

Physiotherapists are here to help keep you moving, help to manage chronic pain and diseases and recommend assistive technology to make everyday tasks easier. They may give you exercises to help address concerns and work as a part of your care team to ensure you receive support that will help address your needs and goals.

Continued overleaf...

8 allied health professionals continued



Behaviour Support Practitioners

Behaviour Support Practitioners look at behaviours of concern, this includes harm to yourself, others, or your environment, and help to eliminate the risk of someone getting hurt. As we know, all behaviours are a form of communication.

BSPs will identify what someone is trying to communicate through their behaviours and help put a plan in place to limit any risks. This could be training for your staff around how best to communicate your needs and how to help if you are feeling stressed, frustrated, scared etc. They might look at where you are living and if this is a suitable environment for you, or look at your routine and recommend meaningful activities for you to participate in.

BSPs will also be involved in your care team if any restrictive practices are involved in your supports. This could be chemical (medications that alter mood), environmental (not having access to certain rooms of your house), mechanical (harness or bed rails), seclusion (locking you in a room), or physical (pulling you in a direction you do not wish to go). Restrictive practices are only ever used as a last resort and help to keep you safe. BSPs will identify if restrictive practices are being used and monitor the situation. Restrictive practices are required to be reported to the Office of the Senior Practitioner and the NDIS Commission, and this is to be done by the support provider that is using the restrictive practice.

Your BSP will write a Positive Behavior Support Plan (PBSP), which will outline what behaviours can look like and strategies for your supports to follow to make sure you are best supported and your needs are met. As with all your supports, these supports will only be funded under your NDIS plan if it is seen as reasonable and necessary.

