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| Providing evidence to test NDIS eligibility |
| Tip sheet |

Purpose: to provide mental health clinicians with an overview of the NDIS access criteria and tips on how to prepare evidence to support a consumer testing their NDIS eligibility.

To access the NDIS a person must live in an area where the NDIS is available and:

* Be aged under 65 years when the access request is received by the NDIA (section 22);
* be an Australian citizen, or a permanent resident, or hold a protected special category visa (section 23)
* meet all the disability requirements (section 24) i.e.
* **Likely permanent psychosocial disability**
	+ [Criteria (a) psychosocial disability](https://www.transitionsupport.com.au/lessons/RVD9FcHqTokrb2ykd1FVbNi9O4BAh7-f)
	+ [Criteria (b) likely permanence](https://www.transitionsupport.com.au/lessons/nZnN54ZJ4_gnKXqeLVREw_doMWwTH-JG)
* **Substantially reduced functional capacity in at least one domain**
	+ [Criteria (c) Functional](https://www.transitionsupport.com.au/lessons/nZnN54ZJ4_gnKXqeLVREw_doMWwTH-JG) capacity
* **Social and economic impact of the disability requires NDIS support**
	+ [Criteria (d) & (e) Social and economic impact, requires NDIS support](https://www.transitionsupport.com.au/lessons/2OnfcGuxCFv5NCmue-gZQFSvmugsK-M2)

Not everyone who is living with a severe and persistent mental health illness will be able to access the NDIS. Decisions about who can and cannot access the NDIS are made by access assessors in the NDIA using evidence provided in the application. The assessors sit with the evidence and the legislation in front of them and tick which requirements the person meets. The criteria are arranged in a hierarchal order and once the answer is NO to any of the criteria, the potential participant will be deemed ineligible.

If the assessor is not satisfied that the evidence confirms a disability, theywill ask for more information. To avoid delays in access decisions NDIS recommends providing ‘excellent evidence’ of disability that is:

* Recent (< 6 months old) and reliable (consumer known to service/clinician > 2 years)
* Completed by a treating professional relevant to the primary disability
* Confirms diagnosis of a primary disability
* Confirms functional impacts (related to the disability) across different life domains
* Describes previous treatments and functional outcomes
* Describes future treatment options and expected functional outcomes

Evidence of **age and residency** can be provided by the consumer consenting to share their Centrelink CRN with the NDIA.

Evidence of a likely **permanent psychosocial disability** needs to be provided by the treating clinician (i.e. psychiatrist or GP).

The psychiatrist/GP’s report needs to include:

* Past, current and proposed ongoing treatment (including date of diagnosis & hospital admissions)
* Evidence that all appropriate and available treatment/intervention options have been explored and why the impairment will remain even when treatment continues
* Statement of a clinical rationale for why commonly known treatment for the condition has not been explored and that the impairment is likely to remain regardless of ongoing treatment/interventions.

Evidence of **substantially reduced functional capacity** and impact of disability requiring NDIS support can be provided by the mental health clinician.

The mental health clinician’s evidence needs to focus on the functional impact of the mental illness and should include

* a report identifying substantially reduced capacity in at least one of the six domains of daily living (Part F of Access Request Form or the Supporting Evidence Form – addressed by the *ARF Clinician Report* template).
1. **Mobility**: ability to undertake activities of daily living requiring the use of limbs.
2. **Communication:**  being understood, understanding others and expressing needs.
3. **Social interaction:** making and keeping friends, interacting with the community.
4. **Self-management:** the cognitive capacity to organise one's life, to plan and make decisions, including problem solving, and managing finances.
5. **Self-care:** personal care, feeding oneself, and to caring for own health needs.
6. **Learning:**  understanding and remembering information, learning new things
* recent copies of HONOS, LSP 16, WHODAS (17 years and over) or PEDI-CAT (16 years and under) - *NDIA’s preferred standardised assessments*.
* Other relevant reports (including Occupational Therapy, neuropsychiatry, Carer Allowance, or Disability Support Pension reports)
* Financial Administration and Guardianship orders.

A substantial reduction in capacity is much more than experiencing difficulty with a task or taking longer than most people to complete a task; it is when someone is unable to effectively participate in or complete most tasks or activities in at least one of the domains.

When providing evidence of *substantially reduced* capacity, think about capacity to participate in activities:

* **Without support:** e.g**.** if a carer is providing extensive support it could mask the impairment. Consider what a person's life would look like if the support was not there.
* **Between acute episodes:** show that the person has difficulty in the domain(s) on a daily basis rather than only when very unwell.
* **Relative to a person in the community who has not experienced similar impairment:** consider whether this is something that people *without* a disability might also struggle with.

Use language that is clear, concise and doesn't leave any room for misinterpretation. This can be tricky when you are used to phrasing things in a more positive way. Always keep the access criteria in mind and use language that aligns with the requirements.

Examples of problematic language:

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| **When unwell** | this implies that the impairments or impacts are intermittent. To access the NIDS a person must have reduced functional capacity most of the time (on an average day). |
| **Would benefit from** | this is not a strong enough descriptor for support needs. Lots of people would benefit from support, to access the NDIS a person must need support |
| **Guidance and prompting** | these are vague terms because they don’t indicate how much guidance or prompting is required. Instead say exactly what is needed to support the person. |

**Tip:** make sure the evidence provided supports a consistent narrative to give assessors a clear picture of what the person's life looks like. Use your judgement to build the most convincing evidence base.

**Source:** adapted from the Transition Support Project *Accessing the NDIS,* Flinders University, Adelaide, viewed July 23rd 2018, <[https://www.transitionsupport.com.au/training/modules/18-accessing-ndis/#/?\_k=39e8u7](https://portal.staff.austin.org.au/cvpn/http/server650s.armc.org.au/owa/redir.aspx?C=NkzaMihPYZ87Z14cokmXD-MORtBCyCmzZPXQJ2EkKcCsJGO8V_DVCA..&URL=https%3a%2f%2fwww.transitionsupport.com.au%2ftraining%2fmodules%2f18-accessing-ndis%2f%23%2f%3f_k%3d39e8u7)>