

Clinical services role in supporting access to the NDIS for people with a psychiatric disability

<p>The NDIS is the new way of providing disability support</p>	<p>The National Disability Insurance Scheme (NDIS) is a national approach to providing individualised support and services for eligible people with a disability. The NDIS is administered by the National Disability Insurance Agency (NDIA). Individuals need to be an Australian resident and aged under 65 years to access the NDIS. People with a psychiatric disability are eligible for the NDIS. The NDIS is social insurance, not welfare. As an insurance scheme, the NDIS takes a lifetime approach to support, investing in people with disability early to improve their outcomes later in life.</p> <p>The NDIS will replace some community mental health programs provided by the Victorian and Commonwealth Governments¹. The NDIS will not replace public clinical mental health treatment services.</p> <p>For information:</p> <ul style="list-style-type: none"> • about the NDIS, see https://www.ndis.gov.au/. • in other languages, see https://www.ndis.gov.au/news/My-NDIS-Pathway-in-languages-other-than-English.html • about psychosocial disability and the NDIS, see https://www.ndis.gov.au/medias/documents/heb/h21/8799160959006/Fact-Sheet-Psychosocial-disability-recovery-and-the-NDIS-PDF-774KB-.pdf
<p>Roll out schedule</p>	<p>NDIS commenced in Barwon and is rolling out progressively over three years in Victoria from July 2016. Within each residential area, people in receipt of state funded Mental Health Community Support Services (MHCSS) will be phased in according to the type of disability support they receive (for roll out schedule see http://www.vic.gov.au/ndis/getting-ready.html).</p>
<p>Access for people currently in receipt of mental health community support services or on the MHCSS Needs Register</p>	<p>Existing clients of selected state funded MHCSS², who meet the NDIS age and residency requirements, will be contacted by the NDIA to arrange access when the NDIS transitions in the person's residential area. These clients do not need to provide evidence they meet the NDIS disability requirement. No action is required by you for this group.</p> <p>People on the MHCSS Needs Register (waiting list) will receive streamlined access to the NDIS. This process is being managed by the MHCSS Intake service. You may be contacted by your local MHCSS Intake service (on behalf of someone) to provide evidence so they can complete the NDIS Access Request Form.</p> <p>People who are clients of a Commonwealth funded community mental health programs may also ask you to provide evidence that they meet the NDIS disability requirement.</p>
<p>People NOT currently in receipt of mental health community supports</p>	<p>New clients must make an access request to establish their eligibility for the NDIS. An access request can be made by contacting the NDIA by phone on 1800 800 110. NDIS access requests can be made if the person:</p> <ul style="list-style-type: none"> • lives in an area where the NDIS has commenced, and • has permanent (or likely to be permanent) psychiatric disability that substantially impacts their ability to take part in everyday activities. <p>NDIS access is based on the need for support for daily tasks, not on diagnosis.</p> <p>Some people, or their representative such as a family member, will ask services to help them provide evidence of functional impairment/s and that the disability associated with the functional impairment/s is permanent or likely to be permanent.</p>
<p>No evidence is required if</p>	<p>If the person has at least one of the conditions on the list overleaf they do not need to provide evidence of disability. This means they will meet the NDIS disability access criteria and supporting evidence of impairment is not required. This would also apply to people with at least one of these conditions and co-existing psychiatric disability.</p>
<p>Evidence is required if</p>	<p>In order to test their eligibility for the NDIS, people with a psychiatric condition require evidence of the functional impact of their mental health condition on their life and the support they require.</p> <p>This includes evidence about the impact of impairment on their: mobility/ motor skills (e.g. using transport); communication (e.g. asking for help, expressing needs); social interaction (e.g. developing and maintaining relationships, controlling emotions, participating in community activities); learning (e.g. paying attention and mastering new skills); self-care (e.g. bathing, cleaning, cooking, shopping); and/or self-management (e.g. using strategies when becoming unwell, managing mental health, making decisions, handling problems).</p>

¹ Existing clients of Commonwealth funded community mental health services (such as Personal Helper and Mentors, Partners in Recovery and Day to Day Living) will need to provide evidence they meet the NDIS disability requirements.

² Relevant state funded MHCSS program include: Individualised Client Support Packages, Adult Residential Rehabilitation Services and Supported Accommodation Service.

Format for providing evidence	<p>To provide evidence, the treating practitioner can complete either the Professional's Report section in Part F of the Access Request Form or the NDIS Supporting Evidence Form. Alternatively, the same evidence can be provided in a different format, such as copies of existing assessments and reports about the person's psychiatric disability and the impact it has on their daily life and function. If these reports are not available, the NDIS may supply a form that can be completed to provide disability eligibility information.</p> <p>Clinical tools that can be used to assess a person's life skills and social functioning include, for example, Life Skills Profile -16 and Health of the Nation Outcome Scale (HoNOS).</p>
Change in support need	<p>All NDIS participants have an individualised plan. If a participant's circumstances change, they may require a plan review to increase support. Changes would include: significant progression or deterioration of a condition, new injury resulting in a permanent increase in support needs or change in personal/ family/ carer arrangements.</p> <p>To support a participant register a change in support need, complete and submit the form on the NDIS website http://www.ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances</p>
Medicare (MBS items)	<p>General Practitioners, Psychiatrists, Psychologists and Clinical Psychologists should claim normal MBS consultation fees when providing the evidence a person requires for the NDIS. Examples include but are not limited to:</p> <p>General Practice</p> <ul style="list-style-type: none"> • Level A – D general practice consultations: MBS items 3, 23, 36, 44 • Items 2700, 2701, 2715 or 2717 - Preparation of a GP Mental Health Treatment Plan • Item 2712 - Review of a GP Mental Health Treatment Plan • Item 2713 - GP Mental Health Treatment Consultation. <p>Psychiatrists</p> <p>Item 291, for when a patient is referred to a psychiatrist for either:</p> <ul style="list-style-type: none"> • an 'opinion and report' – for the General Practitioner to manage as the primary health-care provider, or • ongoing management where the patient becomes a patient of the psychiatrist. <p>If the psychiatrist determines that more than one appointment is required to make an opinion, Medicare rebates are available for up to three appointments using this item.</p> <p>Psychologists and Clinical Psychologists</p> <p>Items 80100- 80115 for 'Individual focussed psychological strategies' for a psychologist or items 80000-80015 for 'Individual psychological therapy' for a clinical psychologist.</p>

Conditions that do not require supporting evidence under current NDIS guidelines:

(for more information see www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability)

- **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria (e.g. IQ 55 points or less and severe deficits in adaptive functioning).
- **Autism diagnosed** by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
- **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
- **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Down syndrome
 - Edwards syndrome (Trisomy 18 – full form)
 - Epidermolysis Bullosa (severe forms)
 - Lesch-Nyhan syndrome
 - Leigh syndrome
 - Leukodystrophies
 - Lysosomal storage disorders resulting in severe intellectual and physical impairments.
 - Mucopolysaccharidoses – MPS 1-H (Hurler syndrome) and MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms): Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy
- **Spinal cord injury or brain injury** resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia where there is severe or total loss of strength and movement in the affected limbs of the body.
- **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. **(An optometrist report is not sufficient for NDIS purposes.)**
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- Amputation or congenital absence of a foot, dominant hand or two limbs.