

# National Disability Insurance Scheme (NDIS)

Information for Specialist Clinical Mental Health Services

October 2016

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# About this document

This document is intended to support Victorian Specialist Clinical Mental Health Services delivered by health services to understand and prepare for the National Disability Insurance Scheme (NDIS).

This document will be regularly updated to incorporate feedback and reflect refinements in the roll-out of the NDIS and the interface between the NDIS and health services in Victoria.

If you have a question or suggestion for this document please email Julie Skilbeck ([mail to: julie.skilbeck@dhhs.vic.gov.au](mailto:julie.skilbeck@dhhs.vic.gov.au))

## About the NDIS

On 16 September 2015, the Victorian Government signed a Bilateral Agreement with the Commonwealth Government for the full scheme roll-out of the National Disability Insurance Scheme (NDIS) in Victoria.

The Bilateral Agreement describes how and when the NDIS will be rolled out across Victoria. The National Disability Insurance Agency (NDIA) is responsible for implementing the NDIS.

The NDIS is a life-long insurance scheme that uses individualised funding plans to link people (including people with a psychosocial disability) to the supports they need. Instead of providing support based on the number of places in a limited number of programs, the NDIS provides funding for reasonable and necessary disability related supports for eligible participants. The NDIS will provide participants with more choice and control over how, when and where their supports are provided.

More information about the NDIS is available here: <[www.ndis.gov.au](http://www.ndis.gov.au)>

## Roll-out of NDIS

The NDIS is being introduced in stages across Victoria because it is a big change to the current system.

Full scheme NDIS commenced in Barwon on 1 July 2016. The transition to full scheme commenced in the North Eastern Melbourne Area from 1 July 2016. Full scheme rollout in Victoria will be completed by 30 June 2019.

To ensure a smooth roll out, people will transition according to an agreed participant sub-phasing plan unique to each geographical area. In the North Eastern Melbourne Area eligible clients of Mental Health Community Support Service (MHCSS) programs are scheduled to transition to the NDIS in May and June 2017.

The schedule for the roll-out of the NDIS, including when eligible clients of MHCSS will transition, is detailed in Appendix 1, [Table 1](#).

Clients of state funded disability services including those on the Victorian Disability Support Register (DSR) will be the first client group in each area to transition to the NDIS. People on the DSR who have the most urgent needs will enter the NDIS within the first two years of the transition period, ahead of their geographical area.

More information about the roll out schedule is available here <<https://myplace.ndis.gov.au/ndisstorefront/about-us/our-sites/vic.1.html>>.

# Eligibility

To access the NDIS, an individual must:

- be aged under 65 when they first access the scheme
- have a permanent disability that substantially impacts their functional ability to take part in everyday activities
- be an Australian citizen, live in Australia and hold a permanent visa or a Protected Special Category Visa.

## Age requirement

The NDIS rules state that a person must be under 65 years of age when they make an NDIS access request. People who are 64 years of age will need to contact the NDIA to request access to the NDIS six months prior to when their residential area is due to phase in and prior to their 65<sup>th</sup> birthday.

If an NDIS participant turns 65 after they have entered the NDIS (or 50 years old for Aboriginal and Torres Strait Islanders), they can continue to receive support under the NDIS or choose to access supports through the aged care system.

## MHCSS defined programs

A defined program has eligibility criteria that align to those of the NDIS. The following MHCSS programs are 'defined programs':

- all Individualised Client Support Packages
- all Adult Residential Rehabilitation services
- Supported Accommodation Services (excluding three services with a homelessness focus).

Clients of MHCSS defined programs do not have to provide additional evidence of their disability and the level of functional impairment to the NDIA. They will become NDIS participants provided they also meet age and residency requirements.

The NDIA and Victoria have agreed that clients of an MHCSS defined program will meet the age requirements if they are under 65 at the time NDIS roll-out commences in the area in which they reside. In the North Eastern Melbourne Area, for example, this would be from 1 July 2016. This means that an existing client of an MHCSS defined program who turns 65 during the transition period for the North Eastern Melbourne Area will meet the NDIS age eligibility requirement.

The department will continue to fund providers to deliver MHCSS defined programs for clients until they transition into the NDIS. The MHCSS Needs Register is not a defined program, however persons on this register will have a streamlined process for determining their eligibility for the NDIS.

## Out-of-scope MHCSS programs

A number of MHCSS programs are out-of-scope (for funding commitment purposes) for transition to the NDIS. These include: three homelessness focussed Supported Accommodation Services; Youth Residential Rehabilitation; Aboriginal mental health; Carer Support; Intake Assessment function; catchment based planning; and state-wide services.

Two MHCSS programs, Mutual Support and Self-Help and Planned Respite, remain under active consideration for transition, in full or part, to the NDIS. These programs will be excluded from transition to the NDIS at this stage and funding stability maintained until there is greater clarity on the extent to which supports provided by these programs will be delivered by the NDIS.

## People not in receipt of an MHCSS defined program

People not in receipt of an MHCSS defined program seeking psychosocial support through the NDIS will need to provide the NDIA with evidence:

- that they have a psychiatric condition;
- of the extent to which their psychiatric condition reduces their psychosocial functional capacity in respect to communication, social interaction, learning, mobility, self-care and/or self-management, and their capacity for social and economic participation (that is, their level of functional impairment); and
- that they will require some support under the NDIS for their lifetime (that is, the impairment is permanent or likely to be permanent).

This evidence that a person has a psychiatric condition and an associated psychiatric disability must be provided by an appropriate 'health professional' (i.e. the person's general practitioner, psychiatrist or psychologist). Functional assessments (for the purpose of understanding the impact of the person's psychiatric condition on their functional capacity) can be undertaken by an allied health professional (such as occupational therapists, psychologists, nurses or social workers).

Health services will play a key role in providing clients with the evidence they need to test their eligibility for the NDIS. When the person makes an access request the NDIA will use this evidence to determine if the person meets the disability requirements of the NDIS.

### Determining permanent disability

An impairment is, or is likely to be, permanent only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment.

While a person's impairment may vary in intensity, for example, due to the episodic nature of their mental illness, their impairment will be assessed as permanent if it is likely they will need support at varying levels over their lifetime.

## Access

### Access pathway for clients of MHCSS defined programs

Clients of MHCSS defined programs, or their nominated primary contact, will be contacted by the NDIA by telephone to complete the NDIS access process.

Once access is complete, NDIS planners will work with eligible MHCSS clients to develop a personal, goal-based plan (the NDIS Participant Plan or NDIS Plan).

When the person has an NDIS Plan, they will become an NDIS participant and will no longer be a client of the MHCSS defined program.

Clients living in Adult Residential Rehabilitation Services and Supported Accommodation Services will transition to the NDIS on a 'whole house' basis, consistent with the sub-area client phasing schedule for MHCSS defined programs.

## Access pathway for people not in receipt of an MHCSS defined program

Individuals will be able to access the NDIS when roll out commences in the geographical area they reside in.

Once an NDIS access request is made:

- The NDIA is required to make a decision or request further information from the person or their nominee within 21 days (refer to s.20 of the NDIS Act).
- When further information is requested, the NDIA must give the person a minimum of 28 days to provide the information (refer to s.26 of the NDIS Act).
- An access decision must then be made within 14 days of the final piece of information being received by the NDIA. The NDIA can make more than one request for further information when necessary.

When the NDIA has determined a person is eligible for the NDIS this does not mean immediate commencement of NDIS supports. Once access is complete, NDIS planners will work with the person to develop their NDIS Plan and assist them, if required, to select a service provider/s.

## Internal review and Administrative Appeals Tribunal

If a person does not agree with the NDIS access decision or a planning outcome, they may ask the NDIA to review the outcome.

If the NDIA review upholds the decision, the person can appeal the decision to the Commonwealth government's Administrative Appeals Tribunal. See here for further information:

<http://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>

More information about access to the NDIS can be found here:

[https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og\\_access\\_overview2.pdf](https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_access_overview2.pdf)

## Role of MHCSS Intake Assessment Service and Needs Register during transition

The MHCSS Intake Assessment service will remain in place in the North Eastern Melbourne Area until clients of MHCSS defined programs in this area transition to the NDIS (i.e. it will be open from 1 July 2016 up to 30 April 2017) and will continue to take referrals for individuals living in this area during this period.

During this period, people assessed as eligible for MHCSS will continue to be referred to MHCSS support providers in the area, with those that have the greatest need continuing to have priority of access. Eligible people will continue to be placed on the MHCSS Needs Register whilst they await allocation to a support provider, consistent with current practice.

It is anticipated that these arrangements will be in place in all other areas as the NDIS rolls out across Victoria. This situation will be monitored closely on an area by area basis. Health services will be advised of any change to the role of the MHCSS Intake Assessment service during transition.

The MHCSS Needs Register is not a defined program because individuals on this register are yet to become a registered client of an MHCSS defined program. This means that people on the MHCSS Needs Register do not automatically meet the disability requirements for the NDIS. However, because people on the Register have been assessed as eligible for an MHCSS defined program they will receive streamlined access to the NDIS access process.

MHCSS Intake Assessment providers will actively prepare people on the Needs Register for the NDIS access process, including explaining how NDIS access will take place and supporting the person to collect the required information they need to undergo NDIS access. This will include contacting the person's public or private mental health provider to confirm the person has a psychiatric condition and that the condition has resulted in functional impairment that will require support over their lifetime.

Health services in the North Eastern Melbourne Area may refer people to the MHCSS Intake Assessment providers operating in this area if their client needs support to manage the NDIS access process. Alternatively, the health service can assist the individual to manage the access request process by helping them gather the information they need to demonstrate they meet the disability requirements of the NDIS.

### **Access to bed based MHCSS programs during transition**

During transition in a given area, access to Adult Residential Rehabilitation and Supported Accommodation Services will continue via the Regional Panels managed by MHCSS Intake Assessment services, as per current arrangements. This will ensure that vacancies are managed and bed occupancy targets are met.

This arrangement will cease from the date clients of these services begin to transition to the NDIS, as per the sub-phasing schedule for specific cohorts.

The MHCSS Intake Assessment providers will continue to screen for eligibility for Youth Residential Rehabilitation services and coordinate access to this program, as per current arrangements. This function is not impacted by the roll-out of the NDIS.

## **NDIS reasonable and necessary supports**

The NDIS funds reasonable and necessary supports that help a participant to reach their goals, objectives and aspirations and to undertake activities to enable social and economic participation. For support to be considered reasonable and necessary it must be related to the functional impact of a person's disability. A participant's reasonable and necessary supports take into account any:

- informal supports already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services)
- formal supports, such as health services and education.

Reasonable and necessary supports will help participants to:

- pursue their goals, objectives and aspirations
- increase their independence
- increase social and economic participation, and
- develop their capacity to actively take part in the community.

Examples of reasonable and necessary supports include but are not limited to:

- daily personal activities
- transport to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports including behaviour support
- allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy
- help with household tasks to allow the participant to maintain their home environment
- aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment
- vehicle modifications.

Examples of supports that are not considered reasonable and necessary include supports that:

- are not related to a person's disability
- duplicate other supports already funded by a different mechanism through the NDIS
- are deemed the responsibility of other service system
- relate to day-to-day living costs that are not related to a participant's support needs
- are likely to cause harm to a participant or pose a risk to others.

## NDIS plan reviews

Plans are typically reviewed in the weeks preceding the plan end date unless an earlier plan review is requested by the participant or their plan nominee.

An earlier plan review can be requested if there is a change in a person's circumstances that indicates reasonable and necessary supports may need to change. Examples of circumstances accepted as a trigger for a review include:

- significant progression or deterioration of a condition
- new injury, resulting in a permanent increase in support needs
- a permanent decrease in the amount of informal support available.

### Requesting a NDIS plan review

To request a plan review, a participant or their nominee may contact the NDIA on the telephone, visit a local office or complete a 'Change of Circumstances' form and submit this to the NDIA. The form can be found here:

<https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/Participants/Change-of-circumstances-form.pdf>.

Evidence of the change in support need must be documented, including:

- what has changed in the participant's life that affects their plan
- why the changes mean that the existing funded supports need to change, i.e. what is the impact on the person's functional capacity to perform activities of daily living
- evidence that the support need is a result of the disability.

In urgent situations the NDIS may review a plan within 14 days of receiving a request from a participant or their nominee.

Health services, if nominated by a client to do so, can support or facilitate a review of the person's NDIS Plan. The health service can also provide the NDIS with a current clinical assessment (such as Health of the Nation Outcome Scale and Life Skills Profile 16) as evidence that a client's support needs have changed to support a plan review.

## **Does the NDIS fund health services to provide evidence of a change in support need?**

The NDIS will not fund supports that governments have agreed are the responsibility of a universal or mainstream system. This includes the diagnosis and assessment of health conditions, which is the responsibility of the health system. More information about this is available here:

<<https://www.coag.gov.au/node/497>>

For a registered client/patient, if a health service has a current clinical assessment that provides evidence of a change in support needs then this should be provided to the NDIS participant to support a plan review. If such an assessment does not exist, the NDIS participant can ask their health service to undertake and document a functional assessment.

If a person, who has never been a client/patient of the mental health service requires a medical or health assessment for the sole purpose of providing evidence of a change in support need, they will need to obtain this from their general practitioner.

## **Role of NDIS Local Area Coordination**

NDIS Local Area Coordination (LAC) is designed to support people with disability to explore and build an ordinary life within their communities. Local Area Coordinators are available to:

- Provide assistance to NDIS participants and non-NDIS participants to connect to and build informal and natural supports.
- Work with community, providers and mainstream to build inclusion and awareness of the needs of people with disability.
- Provide assistance to NDIS participants with the planning process.
- To assist NDIS participants with effective plan implementation, including:
  - identify options (funded, mainstream and in informal networks)
  - investigate options
  - understand funding flexibility
  - reach decisions regarding timing of support activation
  - reach service agreements with providers
  - assist the participant to ensure that new support arrangements are established and are meeting the participant's expectations.

More information about Local Area Coordination can be found here:

<<https://myplace.ndis.gov.au/ndisstorefront/people-disability/information-and-referral.html>>

# NDIS and Specialist Clinical Mental Health Services interface

## Responsibilities of NDIS and Mental Health Services

All governments around Australia have developed and agreed to a set of principles that define funding responsibilities of the NDIS and mainstream systems and guide the way the NDIS will work together with other services and systems. These principles are outlined in the document *Principles to Determine the Responsibilities of the NDIS and Other Service Systems* which can be found here:

<<https://www.coag.gov.au/node/497>>

The following are two principles specific to the NDIS interface with the health and aged care system:

- The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no wrong door approach.
- The NDIS and the health system will work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

Consistent with NDIS Applied Principles, the health system will remain responsible for:

- Assessment and diagnosis of health conditions.
- Clinical treatment of health conditions, including ongoing or chronic health conditions, delivered in acute, extended care, sub-acute and community settings.
- Services and therapies aimed primarily at restoring the person's health and improving the person's functioning after an acute episode of mental illness.

The NDIS will provide necessary and reasonable supports required due to the impact of a person's impairment/s on their functional capacity to undertake activities of daily living and participate in the social and economic life of the community.

The effective interaction between the NDIA and mainstream health services is critical to ensure smooth transitions for participants into the NDIS and a coordinated response to participant's treatment and support needs, as well as reduce the risk of cost-shifting, service duplication and the creation of service gaps.

## Key areas of interface

Key areas of interface between specialist clinical mental health services delivered by health services and the NDIS include:

- Providing registered clients with the evidence they need to demonstrate to the NDIA they meet the disability requirements of the NDIS.
- Supporting eligible clients to make an access request to the NDIA and attending NDIS planning meetings with clients (at the request of the client).
- Working with the NDIA and participant's service provider (including NDIS funded support coordination where applicable) to ensure a:
  - client's NDIS plan takes account of their current and changing support needs.
  - coordinated response to NDIS participant's clinical treatment and psychosocial support needs, including when people are discharged from bed-based clinical mental health settings.
  - coordinated response to current, or prospective, NDIS participants involved with the specialist clinical mental health service system who are experiencing an urgent need.

- Sharing information with the NDIA (with client consent), for example, when a registered client is:
  - undergoing NDIS eligibility assessment.
  - undergoing planning to develop an NDIS plan or review their NDIS plan.
  - experiencing a significant or rapid change in their psychosocial support requirements which requires an immediate response.
  - when a participant is admitted to a bed-based specialist clinical mental health service.
  - when the specialist clinical mental health service discharges a NDIS participant from a bed-based mental health service.
  - when the NDIA ceases funding support for a participant who is a client of the specialist clinical mental health service system.

Table 1 provides further information on key areas of interface between the NDIS and specialist clinical mental health services. This information will be refined as the interface between the NDIS and health services in Victoria is tested and further developed during transition.

**Table 1: Key areas of interface between Specialist Clinical Mental Health Services and the NDIS**

Supporting people to access the NDIS		
Context/Process	Role of specialist clinical mental health services	Role of NDIA
<p>A person must meet the disability requirement set by the <i>National Disability Insurance Scheme Act 2013</i> in order to become a participant of the NDIS. Generally speaking a person will meet the disability requirement if they have a disability that is attributable to an impairment that is permanent or likely to be permanent and that results in substantially reduced functional capacity. This includes psychiatric disability.</p> <p>To access the NDIS, a prospective participant must first make an access request to the NDIA. This process includes the need to provide consent for the NDIA to collect and share personal information to make a decision about whether the person can access the NDIS. To complete this process the person will need to provide evidence they meet the NDIS age, residence (including citizenship or visa status) and disability requirements.</p> <p>In order for the NDIA to determine if a person meets the disability requirements the person will need to provide evidence when they make an access request that:</p> <ul style="list-style-type: none"> <li>• They have a psychiatric condition;</li> <li>• That they have a functional impairment/s that is attributable to their psychiatric condition (that is, a psychiatric disability);</li> <li>• The impairment/s result in substantially reduced psychosocial functioning (that is, it affects their day to day life and social and economic participation); and</li> <li>• They will require some support under the NDIS for their lifetime (that is, the impairment is permanent or likely to be permanent).</li> </ul> <p>Without this evidence the person cannot complete the NDIA access process.</p> <p>More information about NDIS access can be found here:  <a href="https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_access_overview2.pdf">https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_access_overview2.pdf</a></p>	<p>Specialist clinical mental health services can play a key role in explaining to relevant clients the benefits of being a NDIS participant and the NDIA access process.</p> <p>Current and past clients (discharged from the service in the last 12 months) will need the help of specialist clinical mental health services to provide evidence they meet the disability requirements of the NDIS.</p> <p>In this regard, the person may ask their health professional to:</p> <ul style="list-style-type: none"> <li>• Provide copies of reports, letters or recent assessment of their psychiatric disability (and other co-existing disability if relevant) and the impact it has on their mobility, communication, social interaction, learning, self-care and or ability to self-manage</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Complete a functional assessment.</li> </ul> <p>A 'health professional' includes a psychiatrist, psychologist, mental health nurse practitioner or general practitioner.</p>	<p>The NDIA will support the person to make an access request. The person, or a person they nominate, can initiate this by contacting the NDIA online, via the telephone or from a local NDIA Office.</p> <p>The access request may be performed over the phone or via an Access Request Form which needs to be completed and returned to the NDIA (via email, post, fax or directly to a local NDIA Office).</p> <p>Once the access request is complete, the NDIA has 21 working days to notify the person if they meet the NDIS eligibility criteria (based on the assessment of the evidence provided) or request further information from the person or their nominee.</p> <p>When further information is requested, the NDIA must give the person a minimum of 28 days to provide the information.</p> <p>An access decision must then be made within 14 days of the final piece of information being received by the NDIA. The NDIA can make more than one request for information when necessary.</p> <p>The NDIA may directly ask the person's health professional to provide further information or clarification to complete the eligibility assessment.</p>

## Supporting participants in the NDIA planning conversation

Context/Process	Role of specialist clinical mental health services	Role of NDIA
<p>Once a person has been assessed as meeting the NDIS access criteria the NDIA will contact them to develop a NDIS Plan.</p> <p>The person can invite people who are important in their life to help or support them during their NDIS planning conversation, including family, friends, carers or others. The purpose of this discussion is to develop a personal, goal orientated plan. More than one discussion will occur if required.</p> <p>The planning discussion/s can take place in person or over the telephone, depending on the person's circumstances.</p> <p>Some NDIS participants, due to their high level psychiatric disability and severity/acuity of their mental illness, may require intensive or tailored support to make and express decisions related to their psychosocial support needs throughout the NDIA administration process (from access to plan development, implementation and review).</p> <p>A NDIS participant may authorise a person (such as a carer/family member/guardian/advocate) to make decisions on his/her behalf regarding the Plan. In some circumstance this representative may need support to make decisions regarding the individual's psychosocial support needs.</p> <p>The need for additional support is particularly relevant for people who do not have a carer/family/guardian/advocate to support them.</p>	<p>Specialist clinical mental health services may assist registered clients by attending the NDIA planning meeting/s (with the consent of the individual) to assist them with the planning conversation.</p> <p>As indicated, this may be particularly important for clients with complex needs and/or those who do not have other formal or informal supports.</p> <p>In some situations this planning discussion may need to take place in a bed based clinical mental health setting.</p> <p>Health service can provide the client with a record of their most recent Health of the Nation Outcome Scale (HoNOS) and Life Skills Profile 16 (LSP-16) assessment to assist them and the NDIA with the planning conversation.</p>	<p>The NDIA will:</p> <ul style="list-style-type: none"> <li>• Coordinate the planning discussion with the person and their family, friends, carer(s) or other people who are important to the person.</li> <li>• In consultation with the person, develop and document their NDIS Plan.</li> <li>• Fund supports or directly assist the person to select (a) service provider/s to deliver supports in their NDIS Plan (if this assistance is required).</li> </ul>

## Coordinated service planning

Context/Process	Role of specialist clinical mental health services	Role of NDIA
<p>Some NDIS participants will have complex needs associated with their psychiatric disability and may experience barriers to accessing, developing and implementing their NDIS plan.</p> <p>In these circumstances the NDIA may fund support coordination as part of the participant's NDIS plan. Support coordination is not funded for all NDIS participants. For some participants support coordination may be provided by the Local Area Coordinator (LAC)</p> <p>Support coordination can include, for example, assisting a participant to: engage with specialist clinical mental health services; make decisions related to their disability support; be actively engaged in case/care planning; and make and attend appointments.</p> <p>Few people diagnosed with psychiatric conditions have a static set of psychosocial support needs. As people explore or move towards one goal, another goal will emerge, or change. In the early stages of receiving NDIS support many participants may struggle to identify goals. On this basis it is likely that most people with psychosocial disability will require more frequent and iterative goal planning and review.</p>	<p>Coordination of service/supports between a participant's NDIA service provider/s and health service, in collaboration with the individual, will ensure a more integrated response to the participant's psychosocial support and mental health treatment needs.</p> <p>Specialist clinical mental health services can support this outcome by:</p> <ul style="list-style-type: none"> <li>• Participating in joint case planning with the NDIA, or funded NDIS providers/NDIS support coordination provider to ensure the participant's NDIS Plan and treatment plan complement each other.</li> <li>• Request the NDIA consider support coordination be part of the participant's NDIS plan if in their judgement they feel this is a necessary support.</li> <li>• Initiating contact with the NDIA/Local Area Coordinator or the participant's NDIS provider when the participant is experiencing a significant change in their psychosocial functioning and request a review of their NDIS Plan.</li> <li>• Notifying the participant's nominated NDIS service provider or funded NDIS support coordination provider when:             <ul style="list-style-type: none"> <li>○ A participant is admitted to a bed-based specialist clinical mental health service (acute inpatient, sub-acute and extended care services).</li> <li>○ A participant ceases to be a client of the clinical specialist mental health service system.</li> </ul> </li> </ul>	<p>The NDIA, via the Local Area Coordinator or the participant's support coordination provider, where applicable, will (with the consent of the participant) participate in case/service planning meetings with participant's treating clinician/case manager to:</p> <ul style="list-style-type: none"> <li>• Share information on the individual's current NDIS Plan.</li> <li>• Undertake joint planning to ensure the participant's NDIS plan and treatment plan complement each other and optimise outcomes for the individual.</li> <li>• Determine the need to review the participant's NDIS plan to ensure it provides the level of support that is responsive to the individual's changing needs.</li> <li>• Develop an agreed understanding on how the participant's NDIS providers are to respond for participants with episodic or variable support needs.</li> <li>• Identify how access to clinical mental health supports will be maintained, including health services available at times of crisis or escalation of need.</li> <li>• Advise the participant's clinical specialist mental health service if the individual ceases to be a NDIS participant.</li> </ul>

## Information sharing

Context/Process	Role of specialist clinical mental health services	Role of NDIA
<p>Information on prospective and existing NDIS participants who are registered clients of the specialist clinical mental health service system will need to be shared between the service system and the NDIA to support participants to engage in, and complete, the NDIS access, assessment, planning, review and implementation processes.</p> <p>The sharing of client/participant information can only occur with the informed consent of the individual.</p> <p>Robust information sharing practices will: reduce the risk that clients of the specialist clinical mental health service system who are eligible for the NDIS miss out on required supports; ensure client/participant treatment and supports plans are well coordinated and efficiently delivered; and the participant's NDIS plan is responsive to the participants changing psychosocial disability support needs.</p>	<p>Information sharing practices between health services and the NDIA are to be applied in circumstances when a client of a specialist clinical mental health service is:</p> <ul style="list-style-type: none"> <li>• Undergoing NDIS access requirements.</li> <li>• Undergoing planning to develop a NDIS Plan or review their NDIS Plan.</li> <li>• Experiencing a significant or rapid change in their psychosocial support requirements which requires an immediate response.</li> <li>• When a participant is admitted to a bed-based specialist clinical mental health service.</li> <li>• When a client's legal status changes, as this relates to the application or cessation of an involuntary treatment order or a compulsory treatment order.</li> <li>• When the clinical mental health services ceases to deliver treatment to a client who is a NDIS participant</li> </ul>	<p>The NDIA, Local Area Coordinator and NDIS funded providers will develop and maintain processes and practices that support effective and timely communication with the participant's specialist clinical mental health service and the secure transfer of client/participant information between all parties.</p> <p>The NDIA will advise the participant's specialist clinical mental health service if and when the person ceases to be an NDIS participant.</p>

## Discharge Planning

Context/Process	Role of specialist clinical mental health services	Role of NDIA
<p>On discharge from hospital (acute inpatient) or bed-based clinical mental health settings, existing and prospective NDIS participants may have changed or newly acquired psychosocial disability support needs that need to be in place in order for the person to be discharged.</p> <p>In some instances, support may need to be provided with minimal notice at the time of discharge or within hours of discharge, particularly when a person is discharged from an acute mental health inpatient setting.</p> <p>This will require timely engagement with the NDIA, the Local Area Coordinator and/or the participant's NDIS provider (if they have one). More information can be found here  <a href="https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_planning_assessment_urgent_cases.pdf">https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/og_planning_assessment_urgent_cases.pdf</a></p> <p>Good joint discharge planning will ensure patient/clients psychosocial support needs are appropriately identified and NDIS supports are in place at the time of discharge.</p>	<p>Joint discharge planning should be applied in circumstances where an individual - either an existing or prospective NDIS participant - requires planning to support their discharge from acute mental health inpatient, sub-acute, secure extended care and community care unit service settings. This includes circumstances where:</p> <ul style="list-style-type: none"> <li>• Patients in a bed-based specialist mental health service require specific funded NDIS support to facilitate discharge, and need to undergo NDIS access and planning to determine eligibility and obtain this support.</li> <li>• An existing NDIS participant's discharge from hospital, sub-acute or a secure extended care mental health service is conditional on the provisional of additional NDIS supports being available and the person is at risk of a longer than necessary stay in the absence of an appropriate level of NDIS support.</li> <li>• A person has multiple service responses that require coordination by their NDIS provider to ensure a timely discharge and appropriate discharge destination/outcome.</li> </ul> <p>Specialist mental health services delivering acute (hospital), bed-based subacute or rehabilitation services will:</p> <ul style="list-style-type: none"> <li>• Ensure early notification to NDIA to determine a person's status as a NDIS participant, with their consent or that of their carer/family/advocate/ nominated person.</li> <li>• Provide timely advice to the NDIA that the client/participant has been admitted to a bed-based mental health services.</li> <li>• Prepare and collect relevant document/evidence to support the NDIA access and planning process for prospective NDIS participants.</li> <li>• Facilitate case planning and information sharing between the service, the patient/client and their carer/s and the NDIA while the person is in the bed-based service.</li> <li>• Develop, review and implement an agreed discharge plan throughout the persons stay, in collaboration with the NDIA, the individual's carer/family/guardian/advocate (as relevant) and other relevant non NDIA support services the person may need.</li> <li>• Oversee and manage the discharge planning process, as it relates to the coordination of the client's clinical treatment needs.</li> <li>• Monitor changes in the patient's medical and functional status and social support needs throughout the persons' hospitalisation/sub-acute admission and ensure these are taken into account in discharge planning.</li> </ul>	<p>The NDIA (and its funded providers) will:</p> <ul style="list-style-type: none"> <li>• Confirm a person's status as a NDIS participant within NDIS legislative timeframes and restrictions.</li> <li>• For new participants, undertake access and planning processes in situ to ensure NDIS supports are in place when the individual is discharged.</li> <li>• For existing participants, identify, communicate and action additional NDIS supports required on discharge from all bed-based mental health settings (if required). This may involve reviewing the participant's NDIS Plan in response to any change in the person's functional capacity when at home.</li> <li>• For participants who require multiple service responses on discharge, ensure the participant has support coordination as part of their NDIS plan.</li> <li>• Provide timely updates on NDIS access and planning outcomes to the individual/family.</li> </ul>

## Support to health services

The Victorian Government recently announced the investment of \$10 million for NDIS Transition Support Package that will support providers to adapt to the NDIS operating model, build their business capability and deliver viable services under the NDIS. This includes funding to the Victorian Health Association to assist health services to work collaboratively with the NDIA during transition.

## More information

For more information on transition related to MHCSS programs download the *MHCSS and NDIS Fact Sheet*: <[www.ndis.vic.gov.au](http://www.ndis.vic.gov.au)>

For more information on the NDIS: <[www.ndis.gov.au](http://www.ndis.gov.au)>

For more information on the Victorian roll-out: <[www.ndis.vic.gov.au](http://www.ndis.vic.gov.au)>

Useful information on the responsibility for supports can be found here:

- *Bilateral Agreement between the Commonwealth and Victorian Government* <<https://www.coag.gov.au/node/526>>
- Transition Operational Plan <<http://www.ndis.gov.au/about-us/our-sites/vic>>
- Applied Principles and Tables of Support <<https://www.coag.gov.au/node/497>>
- NDIS interface with health, mental health and aged care <<http://www.ndis.gov.au/people-disability/fact-sheets-and-publications>>
- NDIS (Supports for Participant) Rules 2013 – Schedule 1 [National Disability Insurance Scheme \(Supports for Participants\) Rules 2013 - Schedule](http://www.ndis.gov.au/about-us/our-sites/vic)

NDIS Operational Guideline – Planning and Assessment – Supports in the Plan – Interface with Mental Health < <https://myplace.ndis.gov.au/ndisstorefront/operational-guideline-planning-and-ass-8.html>

## Appendix 1: NDIS phasing schedule

Roll-out commences	Roll-out completed	When unique clients of an MHCSS defined program will transition	NDIS Area	Local Government Authority
1 July 2016	30 June 2017	May - Jun 2017	North Eastern Melbourne	Banyule, Darebin, Nillumbik, Whittlesea and Yarra
1 January 2017	30 June 2017	May - Jun 2017	Central Highlands	Ararat, Ballarat, Golden Plains, Hepburn, Moorabool, Pyrenees
1 May 2017	31 October 2017	Sep - Oct 2017	Loddon	Campaspe, Central Goldfields, Greater Bendigo, Loddon, Macedon Ranges, Mount Alexander
1 October 2017	31 March 2018	Feb - Mar 2018	Ovens Murray, Inner Gippsland and Wimmera South West Area	<u>Ovens Murray</u> : Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta, Wodonga <u>Inner Gippsland</u> : Baw Baw, Latrobe, Bass Coast, South Gippsland <u>Wimmera South West Area</u> : Hindmarsh, Horsham, Northern Grampians, West Wimmera, Yarriambiack, Corangamite, Glenelg, Southern Grampians, Moyne, Warrnambool
1 November 2017	<u>Inner Eastern Melbourne</u> : 31 October 2018  <u>Outer Eastern Melbourne</u> : 31 July 2018	Sep - Oct 2018  Jun - Jul 2018	Inner Eastern Melbourne and Outer Eastern Melbourne	<u>Inner Eastern Melbourne</u> : Boroondara, Manningham, Monash, Whitehorse <u>Outer Eastern Melbourne</u> : Knox, Maroondah, Yarra Ranges
1 March 2018	30 November 2018	Oct - Nov 2018	Hume Moreland	Hume, Moreland
1 April 2018	31 March 2019	Feb - Mar 2019	Bayside Peninsula	Bayside, Glen Eira, Kingston, Port Phillip, Stonnington, Frankston, Mornington Peninsula
1 September 2018	30 June 2019	May - Jun 2019	Southern Melbourne	Cardinia, Casey, Greater Dandenong
1 October 2018	30 June 2019	May - Jun 2019	Brimbank Melton and Western Melbourne	<u>Brimbank Melton</u> : Brimbank, Melton <u>Western Melbourne</u> : Maribyrnong, Melbourne, Moonee Valley, Hobsons Bay, Wyndham
1 January 2019	30 June 2019	May - Jun 2019	Goulburn, Mallee and Outer Gippsland	<u>Goulburn</u> : Greater Shepparton, Mitchell, Moira, Murrindindi, Strathbogie <u>Mallee</u> : Buloke, Gannawarra, Swan Hill, Rural City of Mildura <u>Outer Gippsland</u> : East Gippsland, Wellington