

Webinar#2: Getting the Most from Your NDIS Plan - Self Manage or Plan Manage

NICOLE:

Hello everyone and welcome to the second in our series of our NDIS webinars. Today we're here to talk about how to get the most out of your NDIS plan.

Let me tell you a little bit about myself and our two panelists: My name is Nicole Gamerov and I'm the founder of [MyCareSpace](https://mycarespace.com.au). We're an online community that creates meaningful connections for people living with a disability so that they can build extraordinary lives.

Thank you to everyone who has dialed in and everyone who have sent in questions. We were overwhelmed with the number of questions, and it would be impossible to answer all of them, however, we will be producing a document resource on our website mycarespace.com.au with useful links.

Back to our two panelists: We are very fortunate today to have two individuals who are extremely knowledgeable and skilled in their particular area of expertise. We have Sean Dempsey who is the CEO of Plan Management Partners. Plan Management Partners are leading experts and a provider of plan management and support coordination services for NDIS participants.

Sean is driven by his desire to help people realise their potential, and he supports his team in helping people bring their NDIS plans to life.

Welcome, Sean.

SEAN:

Thank you.

NICOLE:

We also have Charmaine who is a support coordinator and a peer mentor for NDIS participants. Charmaine is also a trainer for professionals and parents in the field of Autism, and Charmaine also happens to be a mother of two teenage children, the eldest one of which is on the Autism spectrum.

Here are two random or quirky facts about Sean and Charmaine respectively:
Sean as a child grew up in Queensland and was bitten by a snake and ended up spending a night in hospital. I just asked him if he knew what the snake was, but sadly they never found out.

Charmaine, on the other hand, really loves putting together IKEA furniture. Go figure!
Looks like we are in good hands.

There are a couple of things that we really want to emphasise today. There are probably three things one needs to understand about getting the most out of your NDIS plan - through either plan management or through self management.

The first thing to understand is that if you're **agency-managed**, you need to **use NDIS registered providers**, and you need to comply with the NDIS price guide.

If you're **plan managed** you have the **choice of using non NDIS registered service providers** but you do need to stick within the NDIS price guide.

On the other hand if you're **self managing**, you **don't need to only use NDIS registered providers** and you don't need to stick within the NDIS price guide.

So really, in a nutshell, that will give you the high level of differences between the three.

Based on the questions that we've received from everyone, there are already three main sections to our webinar:

The first is about **getting ready for your NDIS plan**, and because about 70 percent of our webinar participants don't have NDIS plans yet, that is really important.

The second is **understanding the difference between plan management and self management**,

And the third section to our webinar will be the **ongoing success of your funding**.

So, **getting ready for your NDIS plan**:

Let's start with Charmaine. How do people actually start preparing for their planning meeting and getting access to the NDIS?

CHARMAINE:

I guess the first point is raising an [access request](#) [using an NDIS Access Request Form], and eligibility for the NDIS comes down to three key points. They are:

- **age** - the individual needs to be aged between 0 and 65 at the time they enter the scheme,
- **residency** - that means you ought to be an Australian resident or permanent resident.
- **disability** - that's probably the most important criteria that I will drill down on a little bit more.

So the evidence of disability eligibility under the NDIS can be demonstrated in two ways.:

You can on the access request form, have your treating specialist complete Section F. When you see the access request form, you will see what that section requires. Or you can submit existing reports and assessments. My understanding is that they need to be **not less than two years old**. They need to be recent and updated.

There are a number of conditions/disabilities that the NDIA recognises as being necessary criteria. People who have a diagnosis get automatic access into the scheme, and they can include things like:

- moderate, severe or profound intellectual disability,
- Autism level 2 or 3,
- cerebral palsy that has a severity of 3, 4 or 5 on the GMFCS,
- and a range of other genetic conditions,
- acquired spinal cord injuries,
- brain injuries,
- blindness,
- deaf/blindness and
- amputation.

Now, I've given you the link to those conditions [that give you automatic access] because it's really important to understand whether you are on the **VIP access** route or do you need to **prove functional capacity**.

Because if you're not on that list of conditions that are determined to already meet eligibility conditions, you need to circle back and prove that you have a **severe impairment disability**, and that you meet it across different **functional domains** that include:

- mobility,
- communication,
- social interaction,
- learning,
- self-care and
- self management.

One of the things that I noticed about the people that are participating in this webinar, is there are a high number of people that are on the Autism spectrum or have loved ones on the Autism spectrum. So let me just confirm that **automatic access** is granted to those with **Autism level 2 or 3**, and that's in accordance with the Diagnostic and Statistical Manual, 5th Edition, which is the latest diagnostic criteria for Autism.

And so that leaves us asking **what about Autism level 1?**

In that case you really do need to go back and understand the access criteria and be able to speak to the level of the Autism and the functional capacity.

I hope that helps and I'll send some links through so that people can really use reputable links to the NDIS resources so they can understand that.

NICOLE:

The important thing is that we will follow this webinar up with a transcript and useful links [containing information about everything spoken about].

So, now that people have an idea of how they become eligible, how do they access the scheme?

The next challenge is writing goals, and we know that there is NDIS speak that you need to use: **“reasonable and necessary”**.

So Sean, tell us a little bit about when someone is eligible, **how do they go about writing their goals**, and how can plan managers like Plan Management Partners assist people with this?

SEAN:

Yes, and thanks Nicole. The first thing I would say that the journey from assessing eligibility and becoming eligible, to preparing for a planning meeting, to having the planning meeting, to receiving the plan, and then bringing the plan to life, is a journey.

Each one of these points in time that I just spoke about, requires an enormous amount of preparation. The better prepared a person or a participant or their family is for those important milestones, the better outcome the person will receive.

In terms of NDIS speak, I think the best advice I could give is to understand a few terminologies like 'reasonable and necessary' and 'choice and control' and 'support and guidance' and 'navigation' but don't fall into the trap of trying to understand every piece of terminology or every word that the NDIA will use. Use language that you're comfortable with. Use language that you use in everyday life.

In terms of **preparing for the discussion [planning meeting]**, there are really 3 things to focus on:

What do I need in life?

What kind of supports do I need every day to be comfortable and to be able to feel good in myself.

The second is, **what do I want out of life, what are my goals**, what do I want to achieve?

Do I want to join a sports club, do I want to enter the workforce, do I need training in a certain part of any profession to enter the workforce, do I just want to make more friends in society, do I want to go to the club once a week? So understand what I want in life.

And the third thing is, **who do I want to help me?**

So what supports do I need to achieve my wants and my needs?

The goals you write should come out of answering those questions. But again the advice would be: prepare, don't over-complicate, but be very assertive in terms of what your goals and your needs and your wants are.

This is not a time to be a shrinking violet and to sit back and hope everything will go well. Prepare, be assertive, be very direct as to what you want to get out of your NDIS plan.

NICOLE:

And plan managers can help you take note of those goals and put some substance to them?

SEAN:

Yes. We would like to think that our role as a plan manager is to take what can be quite a boring 15-page document and bring it to life, and the way that we do that, is to help people think about the questions that they are going to be asked by the planner or by the NDIA. We can help our customers or any participants for that matter, with answering those questions through pre-planning documents, through different fact sheets, through telephone calls or face-to-face conversations with our people.

It's quite a significant amount of work that we do in helping customers prepare best for that first discussion they are going to have. We have a number of very helpful documents that I think Nicole will share through the website at MyCareSpace. [See webinar links and resources]

NICOLE:

I think we should be clear and indicate to people, and we will emphasise this later, that **anyone can apply for plan management** in their plan and in their goals. It doesn't detract from any of the other services and therapies that you may be funded for under the NDIS.

It's important to realise that a plan manager is really there to help you, and they focus on the administration of your plan, not necessarily finding you service providers, but they are focused on the administration.

In practice Charmaine, I know that your son is an NDIS participant and you are a support coordinator, but tell us, in real life what does 'reasonable and necessary' mean? How does that play out for a person that is seeing this for the first time?

CHARMAINE:

These are three big words in the NDIS. It's not just 'reasonable or necessary'. It's 'reasonable and necessary'.

So the best thing that I can give you is a link to the NDIS page that discusses 'reasonable and necessary', and also actually Sean's Plan Management Partners did an excellent blog post on 'reasonable and necessary'. Read those because they really are going to help you to understand it. But if I've got a few minutes, I'm going to just kind of cover what that means and why those words are so important.

So, the first thing is that 'reasonable and necessary' supports should really do four things:

- 1) They should help you pursue your goals - and Sean mentioned about formulating goals,
- 2) Increase your independence,
- 3) Increase social and economic participation, and
- 4) Develop your capacity to take part in the community.

They're really the broad, over reaching objectives in the scheme and that's why 'reasonable and necessary' supports seem to fall into that. It sounds easy but wait, because there's more.

'Reasonable and necessary' supports need to be:

- related to your disability,
- not include day to day living costs - that's a big one,
- represent value for money,
- be likely to be effective and beneficial,
- and take into account informal supports, community supports and mainstream supports.

There are a few things that are definitely 'out' when it comes to 'reasonable and necessary' supports:

- If it's not related to your disability,
- It's a duplicate of other supports funded somewhere other than the NDIS,
- If it relates to those day to day living costs,
- Or if it's likely to cause harm.

It's quite a lot, and I don't expect people to remember it, but you can refer back to it and you can always do your own kind of tests

I thought I'd test a couple of items:

[Test of reasonable and necessary for capacity building supports]

So there are a lot of parents that have registered and one of the most commonly questions is therapies, and if they fall into the broader support purpose called 'capacity building'.

So yes, therapies are generally considered 'reasonable and necessary', but you will need to look at evidence base, because the NDIS will only fund things that are proven to be beneficial, that have an evidence base. And expect the agency to be looking for recommendations [for number of hours funding]. If you have a speech therapist or an OT or a behavioral therapist or a psychologist, they'll be looking at their recommendations for how many hours might be reasonable to fund.

[Test of reasonable and necessary for core supports]

So let's switch to support purpose and have a look at the core supports: these might be daily activities or social and community participation. This is definitely an area that the NDIS fund,

but in this case the **NDIS is going to start looking at what would be 'reasonable' for an informal support to provide.**

While it might be that the NDIS expects the parents of an infant or a young child would be contributing to all of their personal care, as that individual gets older the NDIS would start to consider funded supports like personal care and social and community participation for an adult with a disability.

NICOLE:

So for example, if you have a child, the parents are expected to do the bathing and feeding of that child no matter what?

CHARMAINE:

Well there is a 'reasonable' expectation. I think what we have to understand here is that disabilities are incredibly broad, and some people have disabilities with very high physical support needs which might be a two-person job, so then the NDIS funds one person or two people.

So in the end there is never an answer that says the 'NDIS funds this' or 'they don't fund that'. It's **always personal circumstances** and then it always **tracks back to your goals and aspirations**. So there is never a simple answer to 'reasonable and necessary'.

[Test of reasonable and necessary for capital supports]

I have one more to throw at you, which comes from the support purpose of capital. They're very clear on what assistive technology might be in the NDIS fund. They [NDIS] will **fund assistive technology that increases independence or reduces person to person supports.**

Some of the things that I see a lot of that are funded is mobility aids, communication aids, hearing and inhibition aids. This is very easy to be 'reasonable and necessary', but I've seen knockbacks on other things. The most classic one that I saw a few years ago – a lot of requests for things like, can I use the word "thermomix"? So let's just say "multi-purpose cooking equipment". It's was highly desirable for many 45 year old women. It might be [desirable], but look, the NDIS didn't fund those, and the reason why - my understanding of the reason why they didn't - was because it didn't represent value for money, they felt that the combined tasks it achieved could be purchased more cheaply somewhere else, but also there was that point about safety. So I'm not sure 100 percent where the 'reasonable and necessary' failed on that, but there would have been two points there.

The other things that I've seen knocked back are things like pool hoists where they don't reduce person-to-person supports, or vehicle modifications in older cars, and iPads. They've really become that kind of everyday item that the NDIS says "We don't fund that."

Again, this is not me making that decision. This is me interpreting the legislation, so I hope that helps people. Follow the links, read the blog and understand what's 'reasonable and necessary'.

NICOLE:

Yes, so guys, hopefully that's got everyone onto the sort of idea of the amount of preparation that you should do in preparing for your first plan meeting and getting your first plan ready.

Lets get into the meaty part of the webinar today, which is really understanding the key differences between the different funding options under the NDIS.

Everyone has choice and control in terms of how they manage their NDIS plan, and there are four different ways:

- One is agency-managed,
- the second is plan managed,
- the third option is self-managed and then
- the fourth option is a combination.

So we would like to try and tease out the **main differences between self managing and plan-managing** because we do believe that that's how you're going to get the most out of your NDIS funds. That's how you're going to stretch your funds and that's how you're going to get the most flexibility. But we think it's important that people understand the difference between all four options.

So Charmaine, we'll kick off with you. So very briefly --

CHARMAINE:

I'll try to be brief. [everyone laughs]

NICOLE:

Self-managed and agency-managed, so if you could tell us [the difference] in two minutes?

CHARMAINE:

What's the highlight of self managing? I think the highlight of self management is sitting in my dressing gown and processing invoices whilst muttering to myself.

I fell into self management because back in 2014 when my son joined the scheme, the service provider that we were using hadn't registered yet. We were in Newcastle down in Sydney and the NDIS was three years away, and we were blissfully oblivious to what was coming. So by being self-managed I was able to access that provider even though they weren't registered, so really I became a self manager by default, not design.

But now I really love being a self manager because I get choice and control over who I can engage, I can use registered or non-registered providers - and actually I know we're going to provide a link to a great blog that Plan Management Partners did about "What does it mean to be non-registered?" - That doesn't mean dodgy, it just means not registered. As I said, that very reputable provider that we had in Sydney just wasn't registered yet.

For me it means that we can use a real mix of providers. We use some big providers, some small providers, independent contractors, and then some of the newer innovators like Hireup and Better Caring. We'll talk a little bit more about them later because this is really about processes.

In every case, the provider that we use issues us with a tax invoice. It details the hours of support that they've provided and the price. I check it and then, in my dressing gown, I get on to the NDIS portal and process that invoice. Within about 48 hours the funds arrive in my account - that's a dedicated bank account, with my own debit card - and then once those funds are received, I pay the invoices.

Even when we see a psychologist who likes to be paid on the day, I can either claim it back the same day and be reimbursed, or I can even potentially get a quote from them, claim on the quote and have the money in my account [before I go].

So I don't need to be out of pocket to be a self manager and I could even use the savings that I make as a self manager to bring in some more of those supports. I could outsource the administration that I do, but it would come out of my budget [unlike plan management], and I'm going to give you a link to capacity building supports in self management. It's a fact sheet to explain what you can and can't claim additionally as a self manager.

I keep all the invoices and files on my computer. I label them with the provider and the date, so if I ever had to pull up an invoice --

NICOLE:

Yes, for the auditors.

CHARMAINE:

Yes. Well, I'm fully ready, and part of the job of being a self manager is being organised and being ready to retrieve records. The only restrictions are really about using my funds is that it has to be for 'reasonable and necessary' supports. And then I have to avoid falling into something like fraud or misuse of funds, and again I can help you out to understand what that means, by giving you a fact sheet that the NDIS has produced about what they call 'payment integrity'.

So what my simple tip is: just know the rules, play by the rules, and you will be fine.

NICOLE:

And you will be fine, great. I think the key here is, if you're the type of person that wants maximum control, that wants maximum flexibility, and you have the capacity to do the administration, then self managing is for you. But what if you want all of those benefits, but you don't have the time or you don't have the inclination? Or you just cannot pay invoices? Then you can have all the benefits but, plan managers like Sean, will take that headache away from you.

So Sean, tell us a little bit about the plan management option and what the benefits are, over and above some of the other options.

SEAN:

Yes that's correct. The first thing Nicole, just to reinforce something you said a couple of minutes ago, is that plan management comes under what's called 'choice and control'.

If you want your plan to be managed by an intermediary like Plan Management Partners, that is your choice and no one can take that away from you. It's one of the biggest pieces of misinformation that is currently within the sector. It doesn't take funds away from other support areas, it's fully funded, it's a quarantined funding, and it's separate, and it's your choice, and my best advice is do not let anyone tell you otherwise.

The benefits of planned management are that you get almost all of the flexibility of self management but someone else takes care of the endorsing, the administration, keeping track of spending, managing service providers, managing their invoicing, managing issues that they might have, ensuring that we're complying with all of the rules and regulations that the NDIA put in place.

We will help people source service providers. So Charmaine mentioned Hireup and Better Caring are two fantastic, innovative service providers that are new to the disability sector. So we've got, I think I'm close to guessing here, but somewhere around 1500 service providers that we deal with day-in day-out, and we will help people find those service providers and put them in contact with those service providers.

We will then make sure service agreements are in place, we will make sure they understand how the NDIA works, we will receive their invoices, and we will pay their invoices, take care of all of the other stuff that Charmaine likes to do in between dismantling and rebuilding IKEA equipment in her nightgown [laughter all around].

NICOLE:

Good remembering.

SEAN:

Look, it's all of the benefits of self managing without any of the paperwork and we would say any of the headache that would come with someone who hasn't got the time or the inclination,

or to be fair the background and the experience and the training that's required to manage quite complex financial transactions.

NICOLE:

So would it be fair to say that in some ways you simplify dealing with the government agency? You take that headache away, people don't necessarily have to deal with the NDIA portal, and in terms of setting up relationships with service providers you do all of that on people's behalf?

SEAN:

Yes, we do. What I would say is, if a participant had no inclination whatsoever to deal with the NDIA ever, then deal with the plan manager and we'll do that. We can handle the portal, we can handle inquiries and keep track of budgets, and we would like to think that our customers then have the time and participants have the time, to focus on them and their lives, and not worry about all of the other stuff that becomes a problem from time to time.

NICOLE:

And with planned management, Charmaine, a lot of people were asking about flexibility of funding. So how much flexibility do people have when they're using a plan manager? We know that you have maximum flexibility when you are self managing, but do you have to comply with the NDIS price guide if you're using a plan manager? Can you tell us a little bit about that?

SEAN:

Yes. Again this is one of the grey areas, and it has changed over the last 12 months or so. We have flexibility to use any providers whether they've decided to register with the NDIA or not, so **using a plan manager allows you to access all the same providers that you would be able to access if you were self-managed.**

However, in the last 12 months, there has been a change that now requires us to ensure that **providers**, registered or unregistered, **meet the price guide that the NDIA sets.** We would prefer that to not be the case. We would prefer for our customers to have the same flexibility of self managing as in plan managing, but no we're required to meet the price guide.

That creates some issues from time to time. We try to ensure we establish very firm expectations up front. I was speaking to an OT in Toowoomba on Friday for a customer who has been going to see this OT for a number of years. Typically they charge above the price guide. It was about a 15-minute discussion. We came to an agreement where they would meet the \$175.57 requirement of improved daily living.

So it's something that we do on behalf of our participants. We maneuver our way through some of those complexities.

NICOLE:

So in a way you smooth the edges for people and take away some of those headaches?

SEAN:

We would like to think so.

NICOLE:

Right okay, so let's say I'm sitting here and I'm thinking fantastic, plan management is for me and I couldn't bear to worry about invoices or excel spreadsheets, so Sean, you're the guy. How do I go about finding and choosing a good plan manager?

SEAN:

There are plenty of resources available online and there are plenty of discussions online as well, but I would say do your research and trust is the biggest factor. Find someone that you can trust in a partnership with you. Trust that they'll take care of your service providers, that they'll pay them quickly, that they'll track your spending, and that they'll talk to you when you need someone to receive advice from.

So have a conversation with someone on the telephone. We've had people who we've spent hours on the telephone in the pre-planning discussions before they become a customer of ours. We've had customers who are desperate for a plan manager because they've received their plan and they needed to access funding straight away through unregistered providers. It's a five-minute conversation and they sign and we were off and running.

Go and talk to someone, find someone you can trust, find someone that you can rely on. This is the advice that I will give. There are plenty of resources online. We would love you to come to Plan Management Partners if you chose a plan manager, but there are other very good plan managers out there.

NICOLE:

Great, thanks, and of course there's always MyCareSpace. We have a national directory and we have many plan managers, and certainly we encourage people to provide reviews so that if you don't have access to a network you can still see what other people are saying about plan managers.

I think we had a discussion about this before: One of the key things in terms of your success in the NDIS in getting the most out of your plan, is to talk and connect with as many people as possible. So speak to other parents, speak to other peers who have a lived experience and do your research. And the same applies when you're choosing a plan manager.

So Charmaine, a lot of questions we received were about **engaging service providers**. If you're self managing, I think one of the concerns or fears about self managing is that you may have to employ care workers and support workers. Can you talk a little bit about what the options are?

CHARMAINE:

I think sometimes people get a bit confused and they think that if you're self-managed, you will always be directly engaging supports, but actually I engage supports in a range of different ways. I thought I'd talk about the different options and hopefully clarify it a bit for people:

The first way, as a self manager that you can engage supports, is you can just go to a disability service provider and disability support provider - they could be registered or unregistered. They might have been around for years, they might be new to the game and usually that provider would source their own staff, employ them directly, perform background checks, maybe train them, schedule their staff, pay them in accordance with the award, and have insurances in place and the good ones, would have an 'on call' team so if somebody canceled at the last minute they might even be able to source a replacement. So that's a kind of full service, and for that you pay the full NDIS price guide rate. So if we used a comparison to the daytime support for personal care, then it would be \$44.72 on a weekday. That's the kind of 'all in' rate.

But people who are looking to be innovative or stretch their budget a bit further might look for other options, so you could look among the ranks of independent contractors. Now, independent contractors have set up their own little business so they would have an ABN. They could still be a registered NDIS provider or unregistered but it's just the nature of their businesses - they set themselves up as a contractor, and a contractor is responsible for their own insurances, their own superannuation. And you know, if you just think about that: they're unlikely to have a backup for cancellations, so they're more likely to just be their own show.

So what would you expect for the cost of independent contractors? It's hard to say because they really are allowed to operate outside of awards, but I suggest a starting rate at about \$25 an hour. And you can imagine the differential between that means that you really can stretch your funding a bit further.

So we've got disability service providers, we've got independent contractors, and then we've got that option where you might actually. So that means **you're the employer** and you need to learn about a few important things. Australian employment law is complex but you need to understand about paying somebody the award wage, how to withhold tax from their salary, insurances, compulsory superannuation, there is quite a number of things. And again, the NDIS had put out a fact sheet. You can find out about this. It's not outside the reach of people, and some may already have expertise in this area. You might be running your own small business and this is exactly the same thing.

As a guide, the SCHADS award [pay rate for Social, Community, Home care and Disability] and is about \$27/hr. If you're adding super, you're rolling in at about \$30/hr. So again, there's an opportunity to really stretch that budget further than if you were using somebody who is charging by the price guide.

And then one of the things I mentioned and that Sean mentioned, is that there are innovators in the market. Again, they could be registered or unregistered, and they have different ways of acting as a platform to engage with support workers.

A good example is Hireup where they actually take on the employment responsibilities. They employ people, pay their award wage, pay their superannuation and they give them this

platform to advertise their availability, and you can book them, and the money funding exchange is all online.

NICOLE:

So you still get to choose who your support worker is, you just don't have to employ them. Hireup actually employs them.

CHARMAINE:

And probably even more so. You know when you think about, if you go back to the traditional disability service providers, they tended to book shifts. Like "Friday lunchtime", "I can get you someone for Friday lunchtime." Then someone like Hireup started to match on personalities and interests and you can start to use different ways to find a support that suits you.

So I personally use Hireup. Better Caring is not registered and their platform helps you engage with independent contractors, so they're different - they're similar but different - and worth checking out what would suit you the best, and pricing methods vary. There are other innovative platforms like Home Care Heroes and Careseekers – there are many of them, but the thing that they have in common, is that they are below the NDIS price guide, so you can stretch your funding further.

NICOLE:

Right Charmaine, I think that's the key. It's that there are options and there's something for everyone. So if you happen to use an unregistered provider, then Careseekers for example, gives you that option. But if you prefer, you can stick with an NDIS provider, then Hireup. So the important thing is to know about these platforms and to know about these innovative providers.

That's great. Thanks Charmaine.

The other question that was asked repeatedly from people who registered for this webinar is, **what is the difference between support coordination [and plan management]**, who gets support coordination, and does it have to be agency-managed?

So Sean, I don't know if you want to comment on that given that Plan Management Partners does do support coordination, and maybe a little bit of comparison between that and Plan Management?

SEAN:

Yes, good, thank you. Support coordination is very much work with the participant or with their family, trying to establish what supports might be reasonable, what supports could be accessed given the funding that's available. So it's very much shoulder to shoulder, over the telephone, deep conversations about my goals, what I want to achieve in life, and what my needs are.

Plan Management on the other hand, is more of the financial administration. I can really break it down:

- Plan management is invoicing payments and keeping a track of budgets.
- Support Coordination is working side by side, shoulder to shoulder, to try to get the most out of my plan. If you like connecting with service providers that might provide alternative opportunities for your support.

So that is a very quick definition of the two.

Support coordination is subject to a 'reasonable and necessary' test, so not everyone who asks for support coordination necessarily gets it. Our view is that support coordination is undervalued by, I think - if I can be critical - by the agency. It is of an enormous benefit to participants, and we've seen just extraordinary outcomes for people because they've been connected to a good support coordinator with a good plan manager attached at the back end.

I think it's undervalued but it's also then underutilised. We see customers who've got support coordination in their plans and it's horribly underutilised. So it's an enormous opportunity to get support coordination in your plan and in turn then to utilise it as much as you possibly can.

NICOLE:

Alright great, and in terms of whether that part of the plan needs to be agency managed, is that a good assumption?

SEAN:

No, it does not. So we've got quite a number of customers who have their support coordination managed by the agency, managed by a plan manager or self-managed. There's not a lot who are self-managed but we've got quite a number of customers who had support coordination either managed by us as the plan manager or another plan manager, because they've chosen to separate the two.

So no, because you've got support coordination does not change any of your plan management options whatsoever.

NICOLE:

Good. Charmaine, do you want to jump in there or do you agree?

CHARMAINE:

My understanding is that in terms of business is that support coordinators have to be registered.

SEAN:

Yes.

NICOLE:

They have to be registered, right.

CHARMAINE:

Yes, but you can still work that around the way the funds are managed then.

NICOLE:

Sure. Okay great, so I guess it's important that people understand that in Support Coordination you can ask for, but it's not guaranteed. Plan Management - everyone is entitled to plan management.

So Sean, the third part of our webinar is around **how can we provide for ongoing success** of managing our funds, and again one of the key areas here that people ask for support was around **how do we find suitable service providers and suitable therapists** and people who will help bring our plan to life.

And of course there's MyCareSpace and we would like people to come on and see how we can support them, but as a plan manager what would your response be to people asking this question?

SEAN:

Yeah. We will ask people what they are trying to achieve out of connecting with a certain support provider. We will ask them whether it's important that they're close to home, that they focus on my specific need as a participant - whether I'm a child or an adolescent or an adult - what my goals are, if it's physical therapy or other types of therapy.

We will then provide people with choices. We are an independent plan manager, which means we don't provide any service provision at all, nor do we make or receive any payments for referring customers to certain service providers, so we are entirely independent.

For that reason we'll provide a number of options to our customers to make contact with a service provider and have a conversation, and that's the only way that a participant or their carer or their family can make that connection with a provider that they can then trust for their ongoing support.

So we'll provide a number of options for people. We'll help them make connections with the service providers, but then we will say that you need to make the decision for yourself.

NICOLE:

Good, and that's where choice and control comes in.

SEAN:

Where choice and control comes in. Now I think I said earlier we've got somewhere around 1500 service providers that we deal with quite regularly, and that will be everywhere from

Townsville to Melbourne to Adelaide, in every region that that has rolled out to date. So we're well connected.

There are some just outstanding service providers in the sector. Charmaine mentioned some before. There are just remarkable opportunities for people. If you're not necessarily happy with who you're connected to. Call someone like Plan Management Partners. Look at MyCareSpace and other avenues to understand what else is out there. There are remarkable providers in the sector.

NICOLE:

We would agree, and I think the most important thing is for people to get connected and ask other people. Speak to other parents and jump online. There are lots of online resources. And you mentioned you have 1500 service provides that you have relationships with. We have over 8000 providers listed on MyCareSpace.

The issue with that is that people are overwhelmed. But ask for help. There are avenues and certainly in terms of innovative providers there are lots and lots of them. So thanks for that Sean.

So in the section of our webinar on ongoing success, one of the key things, again, that people struggle with is "**What happens at the end of my funding period if there are funds left over?** Can I carry it over to the next period? What do I do?" So Charmaine, in your experience how would you? Well, what advice would you give people?

CHARMAINE:

Well, I've got a very simple adage. That is, there are two things I don't understand: unspent funds in your NDIS plan and the leftover wine. So my advice to you is, **use your plan**, and look you're exactly right, the funds do not carry over. This is a one-year plan. You're funded for that term, and when that time runs out those funds don't carry over. And that is deeply shocking for people. But really, **if you don't use it you lose it**.

So make a plan, and that's whether you do it yourself with a spreadsheet and I am among other self managers just like me who have a spreadsheet, they run month by month. And if I can have a second highlight of self management, it's bringing my funds planning on time and on budget. That's kind of something that I take great time to plan for and pride in doing.

But there are a lot of reasons why people might not be able to utilise their budgets. So it's not as simple as saying you should spend it because there are a number of reasons why the capacity of the market might not be there to meet the funds. Just because everybody suddenly has funding for therapies doesn't mean that there is already a supply of those for the uptake.

So look, I think and really, the closer you are to the capital city the more chance you've got for choice, and the further you go from that there are some real issues in building the market to capacity.

So yeah, the issue is finding suitable staff, finding suitably trained staff who are available when you want, and that can make utilising your plan a real challenge, but make no mistake utilisation is the best justification you've got for continuing the funding of your plan.

SEAN:

The NDIA wants you to spend this money. This is not an organisation that is trying to cut costs. Every discussion I've had with senior people in the agency, is the accessibility to funds and utilisation of funds is one of their key performance indicators internally. They want you to spend this money. It will allow people to contribute to a better society if they're accessing all of the supports that are available. So I'm just reinforcing what Charmaine said that the money is there. Use the money.

NICOLE:

Yes. I mean I think it's safe to say in some especially rural and regional areas, people don't have access to service providers. So our experience at MyCareSpace is, have a look around and find out what are the innovative ways of engaging with providers. So there are a number of providers who are using Skype, who are using web conferencing whether they're music therapists or counselors. There are options out there and I think people just need to know about them and find out about them.

CHARMAINE:

Well that really comes back to unlocking potential through other plan managements or self management, because the answer to your support needs might not be your brick building with a yellow sign on it, just a traditional disability support.

One of the best supports that I found was a neighbor close by. Her adult son had a disability, had an ABN registered from a business. She was across the road and there when I needed her.

So think outside the box. Be innovative in your own lives about where supports could be, and then there's a dual benefit where you get the supports that you need and then as Sean pointed out, people are employed by the funds that are in the NDIS plan that you've got. And made no mistake - this is an insurance scheme and government initiative. The idea is that you spend your plan, which means that you employ people and then they spend money and they pay GST and they pay Medicare levy, and the economic wheels turn. So that's kind of a heartless, economic way of looking at it, but really when you spend your plan you create the viability of the next plan.

NICOLE:

I mean the bottom line is there's no benefit to not spending your funding. So there is no benefit to leaving some over for the next period. So the idea is you may need to become innovative, you may need to engage directly with providers, but hopefully Sean and Charmaine have given you the confidence to know that there are different avenues for doing this.

Yes, you may need to find out what the tax implications are, or you may need to find out what the insurance implications are, but it's doable. You just need to know where to find the information.

We will be publishing useful links for a lot of the references from Charmaine and Plan Management Partner's resources will be published online on MyCareSpace, so look out for that.

Charmaine, I'm coming back to you. As a mother, in terms of innovative ways of engaging with service providers, you've spoken about using your neighbor. Is there anything else? So if you had to wrap it up and really give your opinion on **whether self managing is worth the effort?**

CHARMAINE:

Look, it has worked for us. I thought to myself in years to come, will I still be a self manager? If I wasn't here, would my husband step up and self-manage? And the answer is, probably not. I really am the designated self manager. I'm the designated internet banker.

So I think sometimes with self management it's whether it's the right time to do it. It really suited us at the time because it unlocked the providers that we wanted to use, and I had some insights. Actually I probably didn't know what I was getting myself into, but I saw something like this, and another mom said that she was a self manager, and I thought if she could do it I can do it. Really, it was not that I have some kind of deep realisation that I wanted to be a self manager, I just thought if she can do it, I can do it, and it has worked out well. But there could be a stage where if I get older I might actually change and move to plan managing.

I've also seen people that have gone the other way, that have used plan management as a stepping stone to then realise that they could be self managed.

So I think the other thing that we can say is you don't have to lock into an identity. For those people out there who have agency-managed plans, that's not the end of it. That's actually great. You still got choice and control, you still got self-direction. Don't feel bad about that. It's the default for NDIS plans so most people are that.

But if this just awakens just a little thought that "I would like to be more innovative" or "We should have more choices", "Oh, if I was plan managed I could engage with that person", well then that's I guess the objective I'm talking about in this.

So then you don't have to choose. You don't have to choose 'team self management' or choose 'team plan management'. We're not against each other. We're actually kind of complementary alternatives to agency managed.

NICOLE:

And I think the way that Charmaine has sort of described it, and Sean I don't know how you feel about this, but certainly for people who want more flexibility, perhaps a good option is to start

with plan management. So the first thing is to ask for it, act as a plan manager, and that will unlock some of the potential.

So Sean, would you say that is potentially not a bad journey for some people to take on planned management to start off and then move on to self management?

SEAN:

If that's what the person has as one of their goals, then absolutely. One of our proudest moments in this business was a young man - I think he was in his early 20s – who said to us all along that “I want to get to a position where you can teach me how to self-manage.”

So we provided the tools, we provided the information, all the service agreement templates that we had, and at the end of the first 12 months, as hard as it was to say goodbye to a customer, this young fellow is now self managing his plan. It was an incredibly proud moment for the small part that we played in this.

[Background image behind Nicole and Charmaine starts to drop down by mistake] I think we're losing you [your background].

NICOLE:

That is a sign that the webinar is --

SEAN:

It's just falling off.

NICOLE:

Yeah sorry. My wig is falling off [laughter all around].

It's just a sign that we need to wrap up this webinar, but thank you. I think that must be an incredibly proud moment for Plan Management Partners to know that you have built someone's capacity to a level where they can do it themselves.

SEAN:

Oh, it was one of a countless number of proud moments that we've had in short of a couple of years, Nicole.

NICOLE:

Well, that's wonderful. So on that note, we did get a lot of questions from people about plan reviews and appeals, and due to the complexity and the amount of information that we can share around plan reviews, that would really involve separate webinars. So we are working on our material.

By the way, Charmaine, if you're interested, Sean up on the next webinar, but certainly we will provide some information on where to go if you need a plan review.

But in terms of wrapping things up today, I would like to just thank Sean and Charmaine for taking time out to share your insights, and hopefully if we've moved a couple of people and built up their confidence to consider plan management and self management, then this has been a success.

Of course **we will provide useful links on mycarespace.com.au**. So thank you everyone.

SEAN:

Thank you.

CHARMAINE:

Bye bye.

=====finish=====