



MAKING NDIS APPLICATION AND REPORT WRITING EASIER

A guide to NDIS for individuals, practitioners and families.

This is a guide to assist Dr's, participants and specialists on how to fill in the application forms and write application reports for NDIS 'layman' style, no disrespect to practitioners.

Congratulations you met the criteria for NDIS application forms to be sent to you and now need to get these filled in. Here is a simple guide to try and help make your experience with the NDIS application forms easy and quick.

Disclaimer

The information in this resource is general in nature and does not constitute advice.

This document is not endorsed by the National Disability Insurance Agency and does not guarantee outcomes or be held responsible for any planning, plan review or appeal outcomes as a result of using this information. The contents of this entire document do not constitute legal advice and should not be relied upon as such.

SEEING A DOCTOR OR HEALTH PROFESSIONAL; ARE YOU ELIGIBLE?

To be eligible the NDIA must be satisfied that a participant's impairment/s are or, are likely to be permanent. In general, an impairment is accepted as permanent if:

- there are no appropriate evidence-based treatments that could cure or substantially improve it;
- it does not require further medical treatment or review before it can be demonstrated to be permanent (notwithstanding that it may continue to be treated after its permanency has been medically demonstrated);
- it is of a degenerative nature and medical or other treatment would not, or would be unlikely to, improve the condition. (1)

Some people may have multiple diagnosis's, and some may not fit into this scope, **but** you only need **one diagnosis** which meets the requirements to be approved for the NDIS by the NDIA.

CRITERIA:

The criteria are designed to determine whether people with a disability/disabilities have one or more permanent impairments that have consequences for their; daily living, social participation and economic participation. The cause of disability or impairment is not a factor in access requirements. (1.1)

PRIOR TO THE DOCTORS MEETING:

Try to collect whatever evidence (reports, documents, relevant x-rays, scans etc) you have and place it all together. **Don't stress** if you have nothing or can't find one yet as your Dr. **may** have a copy if needed. Further, if you are with any society such as MS etc. just jot that down as many can help guide and assist you through the application.

The NDIS focuses on two aspects. One being; the level of functional capacity as it relates to disability. The second being: how your reduced functional capacity, or psychosocial functioning impacts on you undertaking one or more of the following **Activity's Categories**:

1. mobility/motor skills
2. communication
3. social interaction
4. learning
5. self-care (showering, toileting etc)
6. self-management. (finances, bills etc are you able to control these)

When you have some spare time write down how your disability impacts on your everyday life and how it does in relation to the above activities. Write them as if it's a bad day for you so they can get the best understanding to assist you. All activities might not be relevant in some cases but at least one must be affected to a level approved by NDIS.

Now write down what's important to you, what interests you or things you would like to improve regarding your disability and life style. These then become short-term and long-term goals. Note: They would not accept my goal of owning a V8 convertible wheelchair! Or my dinner with Heston Blumenthal because it didn't come under the 'reasonable and necessary' agenda or relate to the disability. These goals and ideas of 'reasonable and necessary' will be discussed later in the planning meeting, or you can view it on the NDIS website.

Some examples are:

- wanting to be able to shower independently,
- increasing the number of social outings,
- strengthening muscles to improve walking or mobility,
- love to cook and wanting to be able to better maintain your home,
- wanting to join a support group,
- being able to see friends and,
- reduce feelings of anxiety.

Long term may include:

- completing a course,
- walking independently,
- playing a sport,
- getting a job,
- being able to garden,
- driving a car or improved transport,
- Improving communication over the phone

Once you have what's important to you written down pair each goal or interest to the 6 **Activity's Categories** that stop you achieving those goals. (Note: One goal or interest can go under multiple activities if they are relevant to you achieving the goal). Now that's done you and the Dr can then work out what needs to be done to achieve these goals.

HERE ARE SOME EXAMPLES:

Social interaction: has limited help getting out into the community; unable to drive, no public transport available, wants to increase social outings but socially impaired due to mobility.

Mobility/motor skills: has limited mobility, is in a manual wheel chair, can transfer independently. Wants to strengthen core muscles to improve muscle strength to walk and maintain level of independence.

Self-care: can attend to self-care independently but requires shower to be switched over from overhead to hand shower as presently switch is too high. Also requires shower chair to be put in place as it can't be left in the shared shower. Bathroom requires some modifications for safety ie. remove bath for more space, install flat shower base and rails. Also needs assistance maintaining toe and finger nails.

Communication: Has impaired hearing but wants to be able to hear over phone, can't write due to Ataxia (lack of voluntary co-ordination).

BOOKING APPOINTMENT:

When you book in to see the Doctor ask for a double appointment and tell them why; this will save the Dr. rushing to complete forms in time and allow for a more relaxed and less stressful time to accomplish the task.

Don't feel shy, take these notes with you to the Dr's appointment! Or, even better have three copies (one for you, one for the Dr. and one for the NDIS) and take one along with a copy of this guide which may help them also!

SEEING YOUR DOCTOR:

Drs. don't need to do a full report, the attending Dr. filling in the application only needs to complete the forms given to you by NDIS.

K.I.S.S – Keep It Simple Sweeties

Not all people reading these reports are Dr's or understand medical terminology. The NDIS like to have reports that are simple and easy to read so all parties involved can read them and understand them including participants. If Dr's could refrain from using medical text and go back to basic wording to complete these forms that would be very helpful. It is a participant right to have access to this information, so you are within your rights to ask your professional to make information understandable. Bar the diagnosis of course as medical terminology is used by professionals to convey very specific meaning.

AT THE APPOINTMENT:

Your Dr will need to provide evidence that:

- you have, or are likely to have, a permanent disability, including information about:
- the type of disability; (the information needs to be written according to *DSM 5* or *MDM* or *a recognised diagnostic tool*)
- the date your disability was diagnosed (if available);
- how long the disability will last; and
- available treatments (i.e. medications, therapies or surgeries),
- plus, the information regarding the 6 activities mentioned above

Don't feel worried if neither of you can work out recommendations to reach a goal, just show the NDIS the activities list with the paired goal(s) you prepared earlier. This is because once you are approved by the NDIS strategies or ways to achieve acceptable goals will be discussed in the planning meeting.

Remember not all Chronic illnesses cause disability so some won't be accepted within the limits of NDIS. If the term 'chronic' is used, you'll need to explain it more and how it impacts on person's capacity for social or economic participation; reduced functional capacity, or psychosocial functioning.

If the Dr is satisfied that you; have a disability, the disability will be permanent and, all avenues of treatment that could cure or improve the condition have been applied, then the Dr needs to tick the '**NO**' box then under that state that:

Where a person has a diagnosis that meets all criteria and is noted in the list of 'Permanent impairment/functional capacity – no further assessment required' this is indicative of positive eligibility. In these cases, no further evidence needs to be provided for eligibility purposes. (1)

If a GP can provide an overview of how quickly a person is deteriorating in function, this could support the NDIS identifying the level of funding needed to enable swift support adjustments for a deteriorating person/consumer. (2.1)

Please note: it is important to use precise language to ensure proper meaning is conveyed. For examples of misinterpretation which can lead to participants being excluded see **Figure 1**, Page 9.

GOOD LUCK AND NOW IT'S ALL DONE, JUST SEND OFF THE FORMS AND WAIT FOR THE REPLY!

FOR PHYSICIANS & SPECIALISTS WRITING APPLICATION REPORTS

Evidence based reports from professional therapists are a critical element in determining whether a person with disability will receive NDIS or NDIS funding for a given support.

When working in the Allied Health spectrum you are accustomed to using medical terminology and wording reports in a certain way which can be complex or impossible for any lay person to understand. This is where NDIS differs from the mainstream format you are used to.

The primary role of NDIS-funded therapy report is to provide evidence that assists decision-makers at the NDIS. However, reports also inform the NDIS participant, their families, carers and support workers who help support people implement their NDIS plan. Many of these people don't have a medical background so using medical terminology or complicated words or sentence structuring can really inhibit an individual's ability to understand and translate advice and recommendations.

All reports should be written in plain language, structure and design so that people without specialist expertise can find what they want, understand it and understand key points and recommendations (3)

When writing an application report you should provide information on the impact of the impairment on the person's functional capacity. Information should include 1) a professional report; 2) the client's recent assessments; and 3) consent information. (4)

The NDIS only funds support for NDIS participants that are 'reasonable and necessary' so you need to respond to those 6 areas also.

Support must be:

- goal related
- effective and beneficial
- facilitate social and economic participation
- value for money and
- Supports cannot/should not be funded by other systems

The report also needs to contain:

Primary and secondary disability: Remember not all Chronic illnesses cause disability, so some won't be accepted within the limits of NDIS. If the term 'chronic' is used, you'll need to explain it more and how it impacts on person's capacity for social or economic participation; reduced functional capacity, or psychosocial functioning.

Current treatments and supports: Other treatments likely to remedy the impairment- Any other therapy directly related to maintaining or managing a person's functional capacity. This includes therapy and supports directly related to the impact of a person's impairment on their functional capacity required to achieve incremental gains or to prevent functional decline.

Outline relevant medical intervention that has occurred to date and indicate if you think the client's function has reached a baseline and is either likely or not likely to improve. If there are no other treatment options available **state that** and be precise (see side-box below) as the NDIS will not accept participants unless all treatments have been tried. Include disability supports that might assist the client in the future in order to maintain their current functional status in the community.
(4.1)

Persons functional impairment:

Link the therapy goal to the participant's NDIS goals;

1. mobility/motor skills
2. communication
3. social interaction
4. learning
5. self-care (showering, toileting etc)
6. self-management. (finances, bills etc)

NOTE!

Figure 1

It is important to be precise as words can be misinterpreted. For example:

'Appears' could mean that the cause or issue is unknown;

'Likely' could mean might and;

'Limited solutions' could be interpreted as, there are options for recovery.

These terms can cause uncertainty leading to the participant being excluded.

Tips:

Define how the client needs assistance (special equipment/ assistive technology/ assistance from another person). It is important to discuss functional impacts and the goals for helping the client to gain greater independence in the community (including what the client needs to be able to use any recommended/required equipment functionally).

Functional Loss:

Consider describing the client's functional loss followed by the disability support that might be required to achieve their goal related to that functional loss. (4,2)

Here's some examples:

Mobility:

- uses a wheelchair for all aspects of mobility (inside and outside the home).
- Client requires assistance from two people to transfer between equipment.
- Client requires assistance with all transfers through use of a hoist with two assisting

Social interaction:

Client experiences social phobias which prevent him / her from travelling alone using public transport, client does not drive. This leads to social isolation. Client would benefit travel training and gradual exposure to travelling alone to enhance independence.

Client prefers not to engage in community activities due to psychosocial impacts of the mental health condition. Client would benefit from joining a community social support group to increase his / her support networks.

Communication:

- Client is not able to use voice commands to communicate.
- Client is not able to articulate needs and wants without assistance from a carer / interpreter

- Client is not able to use voice commands or writing to communicate. Client would benefit assistive technology for reading, writing and speaking and the training required to use this technology. (4.3)

Application reports don't have to give recommendations of further treatments as such because this can be viewed that there may be further treatment to improve or that some treatments haven't been tried yet which can make the person invalid.

State the risk of no support. Reports should detail the risk of not providing the recommended supports, and if relevant, include sound rationale for how the individual's impairments might worsen without them.

Good luck- *M.W*

References:

- (1) NDIS guides for physicians and paediatricians..... https://www.racp.edu.au/docs/default-source/default-document-library/racp-ndis-qa-guide-for-physicians.pdf?sfvrsn=95263f1a_4
- (2) A GP and Allied Health Professionals guide to NDIS. <https://www.ndis.gov.au/medias/documents/gp-factsheet-dec-2017-pdf/GP-Factsheet-4pp-dec-2017.pdf>
- (3) 10 steps to excellent NDIS therapy reports https://www.valid.org.au/sites/default/files/10-steps-to-excellent-National-Disability-Insurance-Scheme-NDIS-therapy-reports-v1.pdf?fbclid=IwAR2jTWRQWIERF8muRyK7KNyoBwdNkq5FSVw15DmbrzpUbWBv_JN4jig6UF4
- (4) Professional report guidance <https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2017/11/ndis-professional-report-003.pdf>