

**Transcript of CICADA meeting**  
**Held Sunday, 13 August 2017**  
**Old Gladesville Hospital**  
**Prepared by Templeton Transcripts**

**SUE:** Please welcome Sharon from RIDBC to talk on the NDIS (National Disability Insurance Scheme).

**SHARON:** Good afternoon everybody and thanks for inviting me. My presentation is probably not as interesting as the last speaker as the NDIS is a little bit dry. I am going to talk about how you access the NDIS. Does anybody here have an NDIS plan? Has anybody else applied for access yet? Has everybody heard of NDIS?

NDIS is new. It was introduced from a trial in around 2013. It is a lifetime approach of investing in people under the age of 65. I will talk a little bit more about if you are over 65 towards the end of the presentation.

It supports people with a disability to build skills and capability so they can participate in the community and employment. But it is not for supports that are more appropriately delivered by other mainstream organisations such as education or health. A lot of the things relating to your hearing impairment such as your mapping and your assessments are all delivered through health. So the NDIS doesn't replace that, and none of that changes.

The NDIS is being rolled out nationally. After the trials in 2013, the rollout started in July 2016 but it's going to take until 2020 until it's Australia-wide. For New South Wales it is currently available across all of New South Wales now, but the people who are receiving statewide or government funded supports are being transitioned first. What that means is that, if you are currently not enrolled in any state-based or Commonwealth funded programs for disability, then you are not known to the NDIA (National Disability Insurance Agency) and you're classified as a new participant. You will transition after they have transitioned all of the state and Commonwealth based supports. While NDIS may be available in an area that you live from July 2016, it would not be unusual for you to not have a plan yet, even if you had started the process then.

The NDIA underestimated the number of people that would enter the scheme and have a large volume of people coming through. Just for New South Wales alone they are expecting 140,000 participants. But in the meantime your existing supports remain until you have a plan.

In terms of access, you need to be an Australian resident or have a visa that entitles you to receive supports within Australia. You need to be aged

under 65 years. If you are just under 65, say if you are 64, if you made contact with the NDIS now while you are 64, even if they didn't get to you and get a plan for another 12-18 months, you will still be eligible because you made contact before 65. For any of you approaching 65, I would suggest you contact them now if you want to participate.

You need to live in an NDIS rollout area. That is now everywhere within New South Wales. You need to have a permanent disability or an impairment that impacts on how you manage your everyday activities.

Some questions to consider as to whether you think this applies to you: If you have difficulty understanding and being understood by others; if you have difficulty making and keeping friends or coping with feelings and emotions; if you have trouble with your physical needs and self-care; if you need help in doing daily jobs and handling money and making decisions. It's a very broad scheme.

To get access, you go to the NDIS website and answer the questions. If you answer yes to all of these you then call the NDIA and request access.

What will happen is that they will send you a form which is called an access request form. This form asks you a few questions about whether you need help with mobility, self-care, communication and a few other areas. You send this back to the NDIA with your audiogram. You may ask your audiologist to help fill it out. Once the form is sent back, they make a decision about whether you are eligible. The NDIA don't have any criteria for hearing impairment which makes it very difficult to determine who will meet access requirements. We have had very mixed responses and outcomes, especially for a lot of our children.

After you have met access you will receive a letter stating that you met access and that someone will contact you. You will then meet with a representative of the NDIA. That could be an NDIA planner or a Local Area Coordinator. In New South Wales the Local Area Coordinators are Uniting and St Vincent's. They are the ones that interview you and collect information for the NDIA.

After this meeting a plan is developed that meets your needs and goals. I can't stress how important your goals are in this meeting. It's not around a shopping list of what you would like such as a Kanto or you'd like a phone clip or you'd like transport. Don't go in with a shopping list. Go in with a goal. Your goal may be that you want to be able to hear in the workplace or you want to be able to hear in social situations. You want to be able to speak on the phone. You want to be able to hear the TV. Go in with being more goal focused.

They will also consider your informal supports, so that's your family; mainstream supports which will be your medical support so perhaps your specialist, SCIC, Australian Hearing; and then community supports such as things that you access in the community.

They will then look at the reasonable and necessary funded supports. 'Reasonable and necessary' is a term that is used across the NDIA, but everybody's interpretation of 'reasonable and necessary' is very different. It needs to be linked to an outcome identified in your plan. For example, we do many of these plans for children. Their goal may be to develop their speech and language skills, to improve their confidence.

Then the parents will come back to me at the end and say 'I wanted an aqua plus so they could swim,' but they didn't have any goals in about swimming. They didn't mention that they swim. It's not unreasonable for a child who wears a cochlear implant to have an aqua plus so they can participate in swimming, but they had no goals about it in their plan and so they won't fund it.

There are three different types of support – first, core supports. Some of the things in core supports may be transport. If any of you were receiving a mobility allowance or transport funding, this would transition across to a NDIA plan.

Second, capital supports where they look at investment in technology. That's where all your upgrades fit into, your phone clips, streamers, aqua plus, and any home or vehicle modifications. But for our hearing impaired clients most of the things in this are assistive devices.

Third, capacity building, which are things that will enable you to build your independence and skills. This is something they provide for children around early intervention and having that early intervention when they are first diagnosed with their hearing impairment.

These are some examples of what the NDIS does fund. They don't fund things that are not related to the disability. They don't fund things that are supported through other means of funding. If you, for example, were having your first implant that would not be covered. If you had a hearing aid and were thinking of going to an implant, you would still access that implant through the health system. However, in the future your upgrades may be covered under NDIA.

They won't fund things that relate to day-to-day living costs that are not related to your support needs. An example of this is a lot of parents want the NDIA to fund iPads for their children because of the apps that help them learn. They won't fund an iPad. They believe that's mainstream and that every parent should buy their children an iPad. They don't see it as

something that is particular for the disability. However, if the iPad was the only way that that child could communicate, it may be funded.

What they fund for one person may not be the same as another. I would warn you against looking at what other people may have funded and thinking you can get the same. It does depend on your individual goals.

It does need to represent value for money and have some evidence base. The previous talk about the research is very important because when if you want to get an upgrade and you want to go to a Kanso, if you already had an N6, given that the Kanso does not provide anything different in terms of outcomes than the N6, they probably wouldn't fund that. However, if you are going from an earlier one, the Kanso does have more benefits that would be evidence based and they may fund that.

That research is very important because, when you get to that point of asking for a recommendation from your audiologist around this, they will have to provide that evidence that it allows you to hear more, 80 per cent improvement in certain environments. All of that evidence is very important. If you said you wanted them to fund something that didn't have any evidence behind it, they may not fund it.

We have had a little bit of experience with some of our adults clients getting Kanso, and it's been mixed. Some they have funded and some they haven't. As NDIA is new things are changing regularly and we have seen a lot of change with processes around assistive technology. Before I take questions I would like to touch on a little about Australian Hearing. Are any of you in the Australian Hearing program? If you are a hearing services program client, you will remain in that scheme and you will continue to receive what you receive through Australian Hearing. You will eventually transition to NDIS by 2019-20 for those under the age of 65.

You can contact the NDIA to determine your eligibility. When you contact them they will determine if you meet the access requirements which we spoke about earlier and then try to consider whether you have needs that can be addressed through the program. They will then make the referral to hearing services program if you are not eligible now. Then you will be able to receive services through a voucher or CSO.

Australian Hearing is the only government provider of these services. The Office of Hearing Services has said that Australian Hearing remains the sole provider for children up to 26 and adults in the Hearing Services Program. If it's determined you need something that is above what you can get through the Hearing Services Program, that is when you may be able to get the NDIA to fund it.

I guess the message is you need to talk to your audiologist around NDIS, look at what your goals are and then consider the funding, things that you can't get funded now which you may be able to get funded through the NDIA.

Our experience at RIDBC indicates that some NDIA Planners have very limited understanding of hearing impairment and the impact this has on a person, and what a cochlear implant provides. So a conversation and advice from your audiologist is very beneficial before you have those conversations with a Planner.

I just want to finish off with people aged 65 or over. They are looking at the Commonwealth Continuity of Support Program which is run through the Department of Health I don't have a lot of details on that program, but information is available on the Department of Health website. It basically suggests that, if you are currently receiving support, you won't be disadvantaged in the future. If you are not eligible for their program, they will be able to recommend you to other avenues of support.

I didn't want to present too much information because the NDIA can be challenging to navigate through. Eleanor and I would be happy to take questions and talk to you individually and also for any of you who do come through SCIC either me or a member of my team at RIDBC . are available for any of you to contact us. You can do that through your audiologist and we can speak to you, give you advice and help you with the process, and help you understand your plan when you receive one.

Even if you have your planning meeting and you say, 'My goal is I want to be able to hear in the community and I would benefit from an upgrade,' they may understand that and they will say they will give you funding for an upgrade. But they will say this funding will be released once they have received a recommendation, which means you then have to go and have an assessment recommendation by SCIC which presents the evidence, which we have just seen, as to why that piece of technology is going to be good for you. Then they will release the money.

Some items are classified as low risk technology. You may say you need an alarm clock or a smoke alarm. They are things that do not need an assessment and can be funded in core support funding. The most important thing is how you are able to explain your goals and your current level of functioning to your planner. That's where your audiologist can help you before you have that meeting.

I will take questions or am happy to take questions after, if you like.

**QUESTION:** Do you only have one bite of a cherry? If you do a poor plan, can you revise that plan more widely if you don't word it properly? If in the future different things happen to you where you need to change that plan, can you do that?

**SHARON:** A plan is only in place for 12 months. Your first plan is your goals for the next 12 months. Things may change over that time obviously. When you do your plan the next time, they will look at what did you achieve in this 12 months, what are your goals for the future. If you get a plan back that is wrong or not reflective of anything you need because somebody hasn't listened to what you said or hasn't understood anything, you can appeal that plan.

The challenge with that is that the NDIA have rolled out things very quickly and there is a high volume of Plans to get issued as well as a high demand for review. My advice is that if you have received a Plan you need to start using the Plan and not try and go for a review as this is taking a long time. There is a process to appeal, but your first plan is only for 12 months. A lot of people get very anxious about having that first planning meeting and worried they are going to miss something out. If your circumstances change within that 12 months, you can go back before 12 months is up and ask for change of circumstances.

**QUESTION:** Thanks for that talk. It was really informative. I am under 65 and I am a self-funded retiree and not eligible for the pension. Does that mean I am not eligible for the NDIS?

**SHARON:** The question was around you are under 65 and not eligible for a pension, it doesn't matter. The NDIS is not means tested. It's not related to any other government benefits or any other funding. That does not matter at all. I wish you all well with your NDIS journey. (Applause)

**SUE:** Thank you, Sharon