

Information for HACC-PYP providers on the NDIS transition

DHHS Community Based Health Policy & Programs Branch
September 2017

Purpose

This bulletin provides information to support providers of services funded by the Home and Community Care Program for Younger People (HACC-PYP) in preparing for the implementation of the National Disability Insurance Scheme (NDIS).

This bulletin provides practical information regarding NDIS registration, funding and reporting, as well as answers to a range of frequently asked questions.

Separate advice will be sent to your organisation identifying the indicative amount by which your HACC-PYP grant will be reduced at the end of the transition period.

To help ensure a smooth transition for HACC-PYP clients who are eligible to join the NDIS, DHHS is asking all organisations currently funded by HACC-PYP:

1. To confirm their understanding of the transitional funding arrangements for HACC-PYP, and
2. Whether they are intending to register as an NDIS provider (for details, see Part 7).

Part 1—Transitional funding arrangements

In order to stabilise HACC-PYP funding arrangements during the client transition period, the Department of Health & Human Services (DHHS) has developed an arrangement described as 'in kind' funding. The arrangement is essentially the same whether or not your organisation has registered as an NDIS provider. When a HACC-PYP client has become an NDIS participant, their existing HACC-PYP services continue to be funded by DHHS for the in-kind period, rather than paid for by the National Disability Insurance Authority (NDIA). For HACC-PYP providers, the *in-kind period* means the NDIS phase-in period plus 6 months (except in the North East Melbourne area, Central Highlands and Loddon, where it is 3 months).

Impact of individualised funding

The transition of a proportion of HACC-PYP clients to the NDIS involves a significant change in funding arrangements and business processes:

- HACC-PYP is a program that allocates grants to providers on the basis of a service agreement setting out the agreed aggregate hours of service to be provided. These hours are paid at standard unit prices for each activity, plus any block grants.
- By contrast, when fully rolled out, the NDIA will pay registered providers in arrears for services delivered to individuals, on receipt of a payment request. Each individual has an NDIS plan with a budget for expenditure on particular support types. NDIS participants will also have the option of self-managing their funds; in this case the provider will invoice and be paid by the participant.

Advance notice of HACC-PYP funding changes

After the end of the HACC-PYP in-kind period (phase-in period plus six months), the Department will transfer a portion of HACC-PYP funds to the NDIA as part of the State's financial obligations to the Scheme.

Approximately 21,000 HACC-PYP clients have been identified as likely to get into the NDIS when the scheme is fully implemented. An indicative contribution from each HACC-PYP funded organisation has been calculated, based on the estimated numbers of eligible clients, and their profile of service use.

You will be informed of the indicative amount of the HACC-PYP funding reduction before your area's phase-in period begins. The figure is indicative only, as the final funding reduction will depend on how many of your clients actually transition to the NDIS. The intention of the advance notice is to help organisations to plan ahead for any necessary changes to staffing profiles or service mix after eligible clients have joined the NDIS.

How HACC-PYP funding reductions will be made

- Your organisation will continue to receive the full amount of its HACC-PYP funding during the transition period. That period will vary in length in different areas, from 6 to 12 months, and will include an additional 6 months of HACC-PYP service delivery on an 'in kind' basis. Funding will continue during both periods irrespective of whether individual HACC-PYP clients become eligible for the NDIS or not.
- The first reduction in your HACC-PYP payments will occur after the end of the in-kind period in your area. The amount reduced will reflect the number of clients who had an NDIS plan approved as at the end of the transition period plus 6 months.
- If any potentially eligible clients have not obtained an NDIS approved plan by that date, then funding will be reduced in subsequent months to reflect the number of clients with a plan approved after that date, until all eligible clients have transitioned to the NDIS. This will ensure that funds reductions follow clients.

How to assist your clients during transition

- Continue to provide existing HACC-PYP services to clients as they test their eligibility and after they have been accepted for the scheme.
- Support clients with 'access met' status to prepare for an NDIS care plan meeting.
- After a client has 'plan approved' status, keep providing the hours funded by HACC-PYP.
- When clients have an approved plan, help them nominate a registered NDIS provider to take over at the end of the in-kind period. If your organisation is a registered NDIS provider, the client may nominate you.

It is appropriate to use HACC-PYP funds earmarked for assessment in order to help clients in this way.

Some people are reluctant to make a change to their existing arrangements with HACC-PYP providers. Some people may wish to retain the relationship with a particular home-care worker who has become familiar with the needs of the person with a disability.

You should explain to clients that the HACC-PYP program cannot guarantee ongoing delivery of current services, because the Department will be reducing the existing funds on the assumption that anyone eligible for the NDIS has made the transition.

Remaining funds after NDIS implementation

The funding reduction aims to ensure that HACC-PYP providers have sufficient funds to continue delivering services to all existing clients, including potentially eligible clients until the end of in-kind, and sufficient ongoing funds to continue delivering services to clients who are not eligible for the NDIS. Ongoing HACC-PYP funds will also be available to provide social support through volunteers, and to provide nursing and allied health services to NDIS participants who do not have these services funded in their plans, if assessed as needing them.

The approximate amount of remaining funds is shown in Table 1 advising you of the indicative funding reduction.

Renegotiating the service mix

Post NDIS phase in, if organisations want to renegotiate their HACC-PYP service mix they can contact their Program Advisor and discuss the options. Service providers and the Department will need to work together to consider the demographic characteristics and service needs of clients under 65 who are not eligible for the NDIS.

Table 1: Sample advice on indicative funding reduction

SAMS ID: 9999

Organisation Name: ABC

The sample is for an organisation transitioning to NDIS in Area A over a 12-month period beginning 1 November 2017, with the in-kind period extending for another 6 months to 30 April 2019.

	2017-18	2018-19	2019-20	2020-21
1. Base funding for HACC-PYP services as at 1 July 2017	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
2. Indicative funding reduction	\$ -	(\$ 100,000)	(\$ 600,000)	(\$ 600,000)
3. Expected remaining HACC-PYP funding	\$ 1,000,000	\$ 900,000	\$ 400,000	\$ 400,000

Notes on the table

All funding amounts exclude future indexation allocations and also exclude RAS funding and all SACS/ERO.

Row 1: Shows the base funding for HACC-PYP services that your organisation delivered to clients (pre-NDIS).

Row 2: Shows the indicative funding reduction relating to services that your organisation has delivered to people identified as likely to transition to the NDIS. The amount for 2018-19 is shown as **part year effect**: it is one-sixth of the reduction in a full year. This is because the grant reduction dates from 1 May 2019 (in this example). The amounts for 2019-20 and 2020-21 are the **full year effect** of the reduction.

Row 3: Equals row 1 minus row 2. It is the expected revised base funding for service provision for HACC-PYP clients who are not eligible for the NDIS or who will continue to receive HACC-PYP services that are not part of the NDIS.

Part 2—How will it work?

The following two scenarios step through how the overall arrangement will work for organisations and their transitioning clients, depending on whether the provider is registered with the NDIS or not.

If your organisation is a *registered* NDIS provider:

- Before the phase-in period begins in your Area, DHHS will notify you about the **indicative** size of the HACC-PYP grant reduction that will occur at the end of transition. This will enable you to plan ahead.
- DHHS will inform the NDIA that your organisation will remain an in-kind provider during the phase-in period.
- You will continue to receive the full monthly HACC-PYP grant during the phase-in period, plus 6 months.
- The NDIA will develop a 12-month plan for each client who becomes an NDIS participant. The typical plan will allocate the same hours of in-scope service from your organisation on an in-kind basis for the phase-in period plus 6 months. These hours of service will not draw on the NDIS funds allocated in the plan. The plan will also show a level of funds so that these services can continue, when the in-kind period ends, for the rest of the plan's 12-month period, until it is reviewed.
- If the NDIA agrees to fund **additional** hours of service to the person, these will also be put into the plan with the appropriate funds. Then the person may decide to ask your organisation to provide these additional hours at the NDIS price. If so, as a registered NDIS provider, you will process these transactions on line, and be paid cash in arrears for these additional hours.
- At the end of the phase-in period, there will be a reconciliation during which DHHS will review the indicative grant reduction (as advised earlier) against the actual data on client transitions involving your organisation and others in that NDIS area. The department may need to adjust the contributions accordingly. Your organisation will then be advised of its **actual** contribution to the NDIS.
- Your HACC-PYP grant will be reduced at the end of the in-kind period (phase-in plus 6 months). With the remaining funds, your organisation will continue to provide services for clients who were not eligible for the NDIS, or for volunteer-based services, or for certain health services to NDIS participants that were not in the NDIS care plan. If required, your DHHS service agreement for HACC-PYP will be renegotiated in the usual way.

If your organisation is **not** a registered NDIS provider:

- Before the phase-in period begins in your Area, DHHS will notify you about the **indicative** size of the HACC-PYP grant reduction that will occur at the end of transition. This will enable you to plan ahead.
- Your organisation will continue to receive the full monthly HACC-PYP grant during the in-kind period (phase-in period plus 6 months).
- HACC-PYP payments from DHHS will continue irrespective of the number of your clients who become NDIS participants (status 'plan approved'), as long as the clients continue to receive at least the same level of HACC-PYP services as they had been receiving before transition. This will be verified through the quarterly HACC MDS reports.
- The NDIA will develop a 12-month plan for each client who becomes an NDIS participant. The typical plan will allocate the same hours of in-scope service from your organisation on an in-kind basis for the phase-in period plus 6 months. These hours of service will not draw on the NDIS funds allocated in the plan. The plan will also show a level of funds so that these services can continue on a cash basis (after the in-kind period ends but with a different provider) for the rest of the plan's 12-month period.
- If the NDIA agrees to fund **additional** hours of service to the person, these will be put into the plan with the appropriate funds. Another organisation will provide these additional hours.
- NDIS participants cannot be charged a co-payment (e.g. the HACC-PYP fee) once they have an approved plan.
- At the end of the phase-in period, there will be a reconciliation during which DHHS will review the indicative grant reduction (as advised earlier) against the actual data on client transitions involving your organisation and others in that NDIS area. The department may need to adjust the contributions accordingly. Your organisation will then be advised of its **actual** contribution to the NDIS.
- Your HACC-PYP grant will be reduced at the end of the in-kind period (phase-in plus 6 months). With the remaining funds, your organisation will continue to provide services for clients who were not eligible for the NDIS, or for certain health services to NDIS participants that were not in the NDIS care plan. Your DHHS service agreement for HACC-PYP will be renegotiated in the usual way.

During the in-kind period, you would be expected to work with clients and with the NDIA (or the Local Area Coordinator), in order to assist the client identify an alternate provider. The client would nominate a new provider to commence providing similar services at the end of the in-kind period. The sooner the NDIA knows who the new provider will be, the more seamless the transition on that day will be.

At the end of the in-kind period, the new provider will take over delivery of the formerly HACC-funded services in the participant's 12-month plan, on a cash basis.

Part 3—Nursing and allied health

In addition to the advice above, there are some special points to note for nursing and allied health providers.

For the NDIS, nursing and allied health services have some significant differences from services such as personal care, domestic assistance or planned activity groups. In drawing up an NDIS participant's plan, one question to be considered under the NDIS legislation is whether the service relates directly to the person's **disability**, or whether it relates to an associated **health condition**. The NDIS does not provide funds for treating participants' health conditions; these are the responsibility of the mainstream health system.

The distinction between 'health' and 'disability' can be problematic, and is discussed at length in the NDIS Applied Principles. Further clarification will be provided as implementation continues.

Calculating grant reductions for HACC-funded nursing

In calculating the amount of grant reduction to providers of HACC-funded nursing and allied health services, DHHS has taken into account the experience of the Barwon trial. The data showed that, of 100 NDIS participants who had previously received a HACC-funded nursing service, NDIS plans included an allowance for nursing hours in the case of 15 participants, but not in the case of the other 85 participants. For the other 85 participants, if home nursing was required, the person would need to seek assistance from the mainstream health system (e.g. from HACC-PYP funds).

Calculating grant reductions for HACC-funded allied health

The same reasoning applies to allied health services funded by HACC-PYP, such as physiotherapy or occupational therapy, except that the percentage split in the Barwon trial was 70/30 rather than 15/85. That is, most HACC-PYP allied health clients who got into the NDIS found that hours of allied health (therapeutic support) were in their NDIS plans.

Q: Our organisation gets allied health funds from several sources: HACC-PYP, the CHSP and the CHP. How will we be affected by the NDIS?

Only the HACC-PYP funds will be reduced as a result of clients getting into the NDIS. Community Health Program (CHP) funding is not affected, and neither is Commonwealth Home Support Programme (CHSP) funding.

To the extent that your organisation has 'pooled' its HACC-PYP funds and CHP funds to provide allied health to under-65s, it is important to **segregate the funds for reporting purposes** via the HACC minimum dataset (HACC MDS) and the CHP MDS (and DEX for over-65s).

Part 4—Monitoring and reporting during phase-in

During the phase-in period, your organisation is also required to continue reporting via the quarterly **HACC MDS**, covering all HACC-PYP clients under 65, including those who are receiving HACC-funded services from you as part of an NDIS care plan.

After the end of the transition period, you should continue reporting via the HACC MDS with respect to services you provide to clients who are **not eligible** for the NDIS.

What is SigBox?

SigBox is an online data room for the secure exchange of client data between the department and service providers. It was used for the NDIS state-wide client data collection in October 2016. It is currently used for the distribution of Provider Reports, and for the client data refresh.

SigBox can be accessed from the following link:

<https://dhhs.sig-box.com/login>

SigBox works best using either the Google Chrome or Mozilla Firefox browser.

What is the Provider Report in SigBox?

The Provider Report is produced twice-monthly by DHHS. It is a set of Excel spreadsheets customised for each organisation involved in the NDIS roll-out. It contains information that is essential to HACC-funded providers during the phase-in period. The report charts the progress of your clients through the NDIS intake and assessment process. It has a cumulative list of those HACC-PYP clients who have an Approved Plan.

Provider Reports for your organisation will begin to be loaded into SigBox six months before the phase-in period in your Area.

Relevant managers in your organisation need to be constantly consulting these reports during the phase-in period.

How do I get access to the Provider Report?

Access to the Provider Reports in SigBox is provided **separately** from access to SigBox for the statewide client data collection.

To check whether you already have access, go to Sigbox and look for files with the prefix PR, such as PR Provider_Name (20170315).

If you don't have access, you need to put a request through the person who is the financial signatory to your organisation's DHHS service agreement.

Requests for additional access (or updates to existing access) should be emailed to **ndis.data@dhhs.vic.gov.au** and copied to your organisation's DHHS Local Engagement Officer or Program Adviser. Then the SigBox administrator will send you an email with instructions for signing in. The email will be from **ndis.data@dhhs.vic.gov.au**

How do I update the client data in SigBox?

Service providers will have the opportunity to update data through the client data refresh process periodically. The Department has recently completed the client data refresh process, completed and validated templates were due on 22 September 2017. By now, you should have participated in the September data refresh. Please contact your organisation's Local Engagement Officer (LEO) or Program Adviser if you have any queries about this process.

Part 5—Commonly asked questions

Can clients join the NDIS before the phase-in period begins?

Yes. People on the Disability Support Register or Early Childhood waiting list who are identified as having an urgent need for NDIS services are being offered the opportunity for **early transition**. Some of these may be people already receiving HACC-funded services, such as respite.

How will HACC-PYP funding be affected by people who transition early?

HACC-PYP funding will not be impacted by people who transition early. If you are registered with the NDIA you will continue to provide services and receive your HACC-PYP grant in full. If you are not registered you will work with the client and the LAC to transition the client to a new provider and you will continue to receive your HACC-PYP grant in full. At the end of the in-kind period, your HACC-PYP grant reduction will include the funding associated with early adopters.

In the interim you should not allocate these funds to a new ongoing client. You should negotiate an appropriate use of the funds with your program advisor. You could use the funds to offset income lost to fees, or to offset the costs associated with helping clients test their eligibility for the NDIS (preparing for their care plan or identifying a new provider to take over after the end of the in-kind period) or for any other purpose mutually agreed with your program advisor.

Can a HACC-PYP client choose another provider during in-kind period?

This is discouraged. The client is expected to continue to receive the relevant services from their current HACC-PYP provider. They will however be able to exercise choice and control for all other services and for any additional hours that are negotiated in their NDIS plan.

What happens if some clients move to another NDIS provider during the in-kind period?

As an in-kind provider, your funding will only be reduced at the end of the in-kind period. Meanwhile, you should not allocate the 'freed-up' funds to another client because the funds will have been included in the amount to be transferred to the NDIA. You should negotiate with your Program Advisor to find an alternate use for the funds, such as encouraging potentially eligible clients to test eligibility for the NDIS, or helping them to prepare for their care plan interview.

Can we charge fees to clients who join the NDIS during the in-kind period?

No. Once a client has achieved the status of NDIS Plan Approved, they can no longer be charged a co-payment (such as a HACC-PYP fee) for any service in their NDIS plan. This is a requirement in the Commonwealth's NDIS legislation.

What happens if a HACC-PYP client does not wish to join the NDIS?

This can be a difficult situation if the person's level of disability suggests that they are eligible for the NDIS. Some people are reluctant to make a change to their existing arrangements with HACC-PYP providers. Some people may wish to retain the relationship with a particular home-care worker who has become familiar with the needs of the person with a disability.

You should encourage the person to test their eligibility, and explain that the HACC-PYP program cannot guarantee ongoing delivery of current services, because the State will be reducing the existing funds on the assumption that anyone eligible for the NDIS has made the transition.

Can the phase-in period be made shorter?

No. The phase-in period in each of the 17 Areas has been agreed with the NDIA, and is 6, 9 or 12 months depending on the Area. **It is not practical to shorten the period for a particular HACC-PYP provider**, because the timing for any HACC-PYP client will depend on whether they are also getting Disability services or only HACC-PYP services. If they are getting only HACC-PYP services, they may not be able to test their eligibility for the NDIS until towards the end of the phase-in period.

How are HACC-PYP output targets affected by the NDIS transition?

Output targets against HACC-PYP funding are not being adjusted during the transition period. In the financial year following client transition, output targets and service mix will be renegotiated with the Department in the usual way. During the transition period, performance against output targets will be managed in a flexible way.

What range of services will our organisation provide to NDIS-ineligible clients?

The range and quantity of services will be determined by the size of the remaining HACC-PYP grant. The service mix and output targets will be subject to renegotiation with your DHHS Program Advisor in the usual way. The department's aim will be to ensure that the remaining funds are optimally deployed to meet client needs.

After roll-out, can HACC-PYP funds or CHP funds be used to deliver services to NDIS participants?

HACC-PYP funds should not normally be used to provide services such as personal care to an NDIS participant on an ongoing basis (after the in-kind period). State-funded community care services are not intended to substitute for services that are in scope of the NDIS. There will be further guidelines on this.

However, if you are a provider of **nursing or allied health**, it may be appropriate to use HACC-PYP funds or Community Health Program (CHP) funds in order to provide these services to an NDIS participant, if the participant does **not** have an allocation of funds for these purposes in their plan. You should treat this as a normal referral or self-referral. To decide whether to supply the requested service, apply the normal criteria in the HACC-PYP guidelines (or CHP guidelines). That is:

- Decide whether the person is eligible (an NDIS participant is very likely to meet eligibility criteria because of their level of disability).
- Decide whether the type of service requested is appropriate to the HACC-PYP program or community health program (e.g. a request for short-term nursing caused by a skin condition exacerbated by the person's disability).
- Decide what priority the person has, compared to other referrals.

How is your indicative funding reduction calculated?

The key principles to identify your indicative funding reduction are:

- The amount by which your HACC-PYP funding is reduced is based on data about clients nominated by you through the NDIS statewide client data collection and matched to the hours for those clients reported by you through HACC MDS and then proportionally adjusted;
- Block grants related to services in scope of the NDIS are included in the financial calculation;
- Not included are funds for assessment, volunteer funding and block grants not targeted to clients (i.e. industry consultant); and
- Nursing and allied health contributions are moderated to reflect the fact that NDIS plans often exclude some or all health services that a person may have previously received from HACC-PYP funding.

Part 6—Roll-out schedule and eligibility

Roll-out schedule for NDIS

The NDIS is being rolled out progressively over three years to 30 June 2019, across 17 DHHS areas.

Table 2: NDIS Roll out Start & End dates, and In-kind End date by DHHS Area

DHHS Area	NDIS Roll Out: Start Date	NDIS Roll Out: End Date	In-kind Period: End Date
2016-17 Financial Year start:			
North Eastern Melbourne	1-Jul-16	30-Jun-17	30-Sep-17
Central Highlands	1-Jan-17	30-Jun-17	30-Sep-17
Loddon	1-May-17	31-Oct-17	31-Jan-18
2017-18 Financial Year start:			
Inner Gippsland	1-Oct-17	31-Mar-18	30-Sep -18
Ovens Murray	1-Oct-17	31-Mar-18	30-Sep-18
Western District	1-Oct-17	31-Mar-18	30-Sep-18
Inner Eastern Melbourne	1-Nov-17	31-Oct-18	30-Apr-19
Outer Eastern Melbourne	1-Nov-17	31-Jul-18	31-Jan-19
Hume Moreland	1-Mar-18	30-Nov-18	31-May-19
Bayside Peninsula	1-Apr-18	31-Mar-19	30-Sep-19
2018-19 Financial Year start:			
Southern Melbourne	1-Sep-18	31-May-19	30-Nov-19
Brimbank Melton	1-Oct-18	30-Jun-19	31-Dec-19
Western Melbourne	1-Oct-18	30-Jun-19	31-Dec-19
Goulburn	1-Jan-19	30-Jun-19	31-Dec-19
Mallee	1-Jan-19	30-Jun-19	31-Dec-19
Outer Gippsland	1-Jan-19	30-Jun-19	31-Dec-19

The Department conducted a statewide client data collection involving all disability and HACC-PYP providers in October 2016 and has subsequently conducted two data refreshes. These have resulted in a database of individuals who are potentially eligible for the NDIS.

The NDIA will use this database to contact people for an assessment. Others will need to submit an Access Request Form to the NDIA.

A phasing schedule has been developed for each of the 17 DHHS Areas. Transition will occur over a period of six, nine or twelve months. Depending on the main type of support service that a person has been receiving from the State, they are scheduled to enter the NDIS at different months. Typically, transition starts with people on the Disability Support Register (DSR waiting list), some of whom may be receiving HACC-PYP services. People who have only been receiving HACC-PYP services may be joining towards the end of their area's transition period.

If a HACC-PYP client is also receiving State disability services, the transition date will be the date relevant to those disability services. **HACC-PYP providers should therefore expect some of their current clients to join the NDIS at any time before or after the beginning of the transition period in their Area.**

For more information, visit the web site: <http://www.vic.gov.au/ndis/rollout-in-victoria.html>

Who is eligible for the NDIS?

To access the NDIS, an individual must:

- have a permanent disability that significantly affects their ability to take part in everyday activities;
- be aged less than 65 when they first access the scheme; and
- meet certain requirements for citizenship and residency.

For more information, see <https://www.ndis.gov.au/people-disability/access-requirements.html>

How many HACC-PYP clients are likely to be eligible for the NDIS?

It is estimated that about 21,000 HACC-PYP clients in Victoria will be eligible for the NDIS. The experience of the NDIS trial in the Barwon area shows that those eligible tend to include:

- HACC-PYP clients who are also receiving substantial support from State disability services, such as Individual Support Packages (ISPs)
- People receiving a case-managed HACC-PYP Linkages package
- People who have been receiving ongoing personal care or respite, or attending a planned activity group.

Many of the above will also have been receiving HACC-PYP funded allied health services or home nursing.

Part 7—Registration with the NDIS

The advent of the NDIS will significantly expand service delivery opportunities. To participate fully in the NDIS, your organisation needs to register as a provider.

Registration as an NDIS provider will:

- enable your organisation to deliver services to individual NDIS participants on a cash basis, in addition to in-kind arrangements during and after the end of the in-kind period;
- provide a framework for ensuring quality of services and safeguards for NDIS participants; and
- enable you to expand into new opportunities in the field of community care, where the advent of the NDIS means the effective doubling of service delivery funds in Victoria.

Whether to register as an NDIS provider is a business decision. It does not affect the ability of individual HACC-PYP clients to make the transition to the NDIS, if eligible. However, it is important for DHHS and the NDIA to know in advance whether a HACC-PYP provider will be seeking registration as an NDIS provider, in order to expedite the care planning process for individuals.

Steps to registration

The registration process for existing HACC-PYP providers is as follows:

1. Your organisation applies to the NDIA to become a registered NDIS provider, listing the registration groups or support services that you intend to provide to NDIS participants.
2. If your application indicates that you propose to provide services (such as Household Tasks, or Therapeutic Supports) that are **out of scope**¹ of Victoria's interim NDIS quality and safeguards arrangements, the NDIA will proceed to consider the application and may write to you with a Certificate of Registration approving you as a provider of the services set out in the certificate.

¹ Meaning that providers of household tasks or therapeutic supports for the NDIS do not need certification from the State's interim process.

3. If your application indicates that you propose to provide services (such as Assistance with Personal Activities, or Participate Community) that are **in scope** of Victoria's interim NDIS quality and safeguards arrangements, the NDIA will write back asking you to contact DHHS.
4. DHHS will check that you have been a provider of these services funded by the HACC-PYP and that you have met the HACC-PYP quality standards. DHHS will then issue you with a Certificate of Compliance.
5. You will upload the certificate onto the NDIA portal, as evidence of your status a Victorian Approved NDIS Provider of these NDIS support types.
6. The NDIA will proceed to consider the application and may write to you with a Certificate of Registration approving you as a provider of the services set out in the certificate.

Further information

Contact your local Department of Health and Human Services divisional health office.

Queries about funding arrangements during NDIS transition can be sent to the HACC-PYP team dealing with the NDIS transition: **haccpyp_ndis@dhhs.vic.gov.au**

To receive this in an accessible format phone **03 9096 7255** using the National Relay Service 13 36 77 if required, or email **haccpyp_ndis@dhhs.vic.gov.au**

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