

HACC-PYP providers of Allied Health and Nursing services: Advice on NDIS transition

DHHS Community Based Health Policy & Programs Branch
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Purpose

This fact sheet provides further information on the NDIS implementation as it affects organisations such as community health services that are funded by the Home and Community Care Program for Younger People (HACC-PYP).

Background

Under the NDIS, nursing and allied health services are treated differently to other disability supports. The NDIA decides whether a particular type of service relates directly to the person's **disability** or whether it relates to an associated **health condition**. The NDIS does not provide funds to treat health conditions; rather these conditions remain the responsibility of the health system. However, this distinction is not necessarily clear in practice. Further advice will be provided by the department and the NDIA as the roll-out progresses.

Terminology: Allied health services are described as *Therapeutic Support* in NDIS plans.

Home nursing funds

Experience shows that NDIS participant plans rarely include a cash or in-kind component for ongoing nursing services. For this reason, HACC-PYP funds can continue to be used to provide nursing services to individuals who become NDIS participants, based on the normal program eligibility criteria and priority of access. HACC-PYP providers will continue to be funded for home nursing during and after the NDIS transition.

Allied health funds

It appears that most HACC-PYP allied health clients who transition to the NDIS will continue to have an allocation for allied health services in their NDIS plan. However, not all kinds of allied health may be in the plan.

Allied Health providers will therefore continue to receive an amount of HACC-PYP funding after the NDIS roll-out. It will be used for two target groups:

- Individuals in the HACC-PYP target population who are not NDIS participants; and
- NDIS participants whose NDIS plans do not include services required to meet a short-term need, or services (such as podiatry) that are deemed by the NDIA to relate to a person's health condition rather than to their disability.

Q1: Our organisation gets allied health funds from several sources. How will we be affected by the NDIS?

Only HACC-PYP funds will be adjusted as a result of clients entering the NDIS. Community Health Program (CHP) funding is not affected, and neither is funding under the Commonwealth Home Support Programme (CHSP) for clients aged 65-plus.

If your organisation has pooled its HACC-PYP and CHP funds to provide allied health services, it is important to separate the funding for reporting purposes. For under-65s, report via the HACC MDS or the CHP MDS, as appropriate. For over-65s, report to the Commonwealth's DEX system for clients funded under the CHSP, or to Victoria's CHP MDS as appropriate.

Q2: On what basis can allied health be provided to NDIS participants using funds from HACC-PYP or the Community Health Program (CHP)?

A request from an NDIS participant for services funded by HACC-PYP or the Community Health Program should be treated as a normal referral or self-referral. The usual criteria should be applied. That is:

- Decide whether the person is **eligible** for a HACC-PYP service or a CHP service (noting that an NDIS participant is very likely to meet the eligibility criteria because of their level of disability);
- Decide whether the type of service requested is **appropriate** to HACC-PYP or CHP;
- Determine if the service is already included in the person's NDIS plan; and
- Decide what **priority** the person has, compared to other referrals.

Q3: What kinds of allied health can be provided to NDIS participants from HACC-PYP funds?

In general, state-funded health and community care services are not intended to substitute for services that should be funded by the NDIS.

On the evidence available so far, the types of therapeutic support more commonly found in NDIS plans appear to be counselling, speech therapy and occupational therapy. Smaller allowances for occupational therapy (as a one-off assessment) are also found in some NDIS plans.

Data from community health services in NEMA and Central Highlands suggests that the most common types HACC-PYP funded allied health that these agencies are still providing to clients who have transitioned to the NDIS are podiatry, dietetics and physiotherapy. This suggests that NDIS plans include little or no hours of these types of allied health. A request from an NDIS participant for these kinds of allied health should be treated as in Question 2 above.

Q4: What kinds of allied health can be provided to NDIS participants from Community Health Program funds?

All types of CHP-funded allied health can potentially be provided to NDIS participants, based on normal CHP eligibility and priority of access guidelines. See Question 2 above.

Q5: How will hours of allied health (therapeutic support) be described in NDIS plans?

This depends on how the HACC-PYP provider has chosen to handle financial transactions during the NDIS roll-out.

- If your organisation has chosen 'method 1' (the in-kind arrangement), the participant plan should include certain hours of therapeutic support to be delivered on an in-kind basis.
- If your organisation has chosen 'method 2' (progressive cashing out), the hours of therapeutic support will be quantified as cash in the participant plan.

Q6: What HACC-PYP funds will remain after the transition?

The exact amount of remaining HACC-PYP funds after transition will depend on the number of clients who transition to the NDIS and the value of services they have been receiving from HACC-PYP (that will be provided under the NDIS). The department's intention in calculating NDIS funding adjustments has been to apply a principle of 'funds follow clients'. This is intended to produce an outcome in which any provider's HACC-PYP grant is split

appropriately between (i) funds associated with services formerly delivered to clients who have transitioned to the NDIS and (ii) funds for services to remaining clients. It should be appreciated that the overall HACC-PYP budget is finite, and providers have always been responsible for managing competing demands within their budget.

Q7: What if it seems that the person's NDIS plan has wrongly excluded a particular type of allied health?

If the clinician believes that the particular kind of nursing or allied health should actually be in the person's NDIS plan because it falls on the disability side of the disability/health spectrum, the person should be encouraged to contact the LAC and seek a review of their NDIS plan.

Q8: How is the amount of HACC-PYP funds adjustment calculated for allied health clients who transition to the NDIS?

When HACC-PYP clients transition to the NDIS (i.e. have an approved plan from the NDIA), a corresponding funds adjustment to your HACC-PYP grant is made in retrospect. The principle is that 'funds follow clients'. As noted, however, not all types of allied health are being put into NDIS participant plans, although this differs from case to case. Evidence from the Barwon trial suggests that the overall proportion of allied health transitioning to NDIS plans is 70 percent of the hours previously funded by HACC-PYP for these individuals, when aggregated across allied health sub-types. Therefore the funds adjustment is calculated as 70 percent of the value of allied health supplied to these transitioning individuals from your HACC-PYP funding in the previous year. We are currently gathering data on the actual situation with NDIS participant plans in areas where the roll-out has been completed, and will use this data to reconcile funding adjustments if necessary.

Q9: Our organisation has opted for 'method 1' (remaining in kind). What should we continue to report via the HACC MDS and CHP MDS?

Using the HACC MDS and the CHP MDS as appropriate, you should continue to report all types of allied health and nursing that you deliver to clients funded by these programs. (Note that CHP funding is not affected by the NDIS implementation.)

During the extended transition period, you should include the hours delivered on an in-kind basis to NDIS participants with an Approved Plan. You would cease reporting these services at the end of the extended in-kind period.

If you are registered with the NDIA, and have delivered additional hours of therapeutic support to clients during the extended transition period for cash, you would not report these additional hours via the HACC MDS. You would invoice the NDIA for these.

If you are registered with the NDIA, you might continue to deliver allied health to these individuals on a cash basis after the end of the extended in-kind period, but you would not report these hours via the HACC MDS or CHP MDS.

Q10: Our organisation has opted for 'method 2' (progressively to cash). What should we continue to report via the HACC MDS and CHP MDS?

You should only report those types of allied health and nursing that are funded out of HACC-PYP or the Community Health Program.

Once the client has an approved NDIS plan, you should **not** be using HACC-PYP or CHP funds to provide those kinds of allied health for which the person has Therapeutic Support funds in their NDIS plan. Any hours for which you are paid cash by the NDIS should not be reported in your quarterly HACC MDS and CHP MDS.

Q11: Can we supplement inadequate hours of allied health in an NDIS participant's plan?

As a general principle, it is not the role of HACC-PYP to supplement an inadequate level of therapeutic support in an NDIS plan. If an NDIS participant has, say, 2 hours a week of physiotherapy (Therapeutic Support) in their NDIS plan but requires 4 hours a week, there are two points to consider:

- Encourage the person to seek a review of their NDIS plan, in order to increase the hours of physiotherapy.
- If the person has a short-term need for additional allied health services, for which there was no allowance in the plan, you might consider supplying it. A short-term need would generally be considered as a health treatment or reablement plan (for which HACC-PYP funds could be used) rather than as ongoing maintenance for a disabling condition. The decision would depend on your judgement about the person's relative for services, compared to other clients, based on the normal program eligibility criteria and priority of access policy, in the context of a finite HACC-PYP budget.

Q12: If an NDIS participant's plan includes an allowance for continence nursing, can we use HACC-PYP funds?

This depends on how your organisation has chosen to handle the NDIS transition:

- If your organisation has chosen 'method 1' (the in-kind arrangement), you can continue to provide continence nursing on an in-kind basis until the end of the transition period.
- If your organisation has chosen 'method 2' (progressive cashing out), the hours of continence nursing should be specified as cash in the participant plan. You should not use HACC-PYP funds.

Q13: How can health services assist clients in the transition, especially those who are reluctant to make changes to existing arrangements?

We encourage providers to help make the client's experience of transition as smooth as possible. In preparation for a meeting with the NDIA or LAC, it is important that clients understand what services they are currently receiving and have thought about what other services they also need. Clients who may need particular help in locating providers and activating an NDIS plan should be encouraged to ask that their NDIS plan include funds for Support Coordination.

If a person is reluctant to make changes to their existing arrangements, or wishes to maintain links to a particular worker who understands their needs, it may be helpful to let them know that they may get additional services under the NDIS. Should the client seek your support to work with the NDIA and/or the LAC to identify a new provider, it is acceptable to use your HACC-PYP funding for this purpose. However, you need to negotiate this arrangement in advance with your departmental Program Advisor.

Further information

See draft *Practice Guidelines on NDIS and mainstream services interface*:

<http://providers.dhhs.vic.gov.au/practice-guidelines-ndis-and-mainstream-services>

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 here: haccpyp_ndis@dhhs.vic.gov.au

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

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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