

NDIS Service Delivery Procedure

Overarching SVHA or SVHM policy: N/A
Overview and purpose: This procedure covers request for supports and services, referral criteria, intake, wait times, cancellations and the transfer, completion or suspension of services.
Scope (where?): Fitzroy, Community.
Scope (who?): All AH NDIS Staff
Key related documents: e.g. quick reference guide, or tool, or related external link <ul style="list-style-type: none">• NDIS Practice standards

Index

B. Choice and Control	1
D. Entry Process.....	2
E. Priority of Access criteria:.....	3
F. Wait list management.....	3
G. Exit of service criteria:	3
H. Exit or transfer of service:	4
I. Continuity of Supports.....	4
J. Appointment Cancellation	5

Procedure

A. Guiding Principles

The purpose of this procedure is to provide SVHM Allied Health NDIS staff with direction when considering the suitability of a participant for an AH NDIS Service. This procedure covers request for supports and services, referral criteria, intake, wait times, cancellations and the transfer, completion or suspension of services. This procedure explains how participants are provided with choice and control, and to ensure participants understand under what conditions they may exit or leave the service. Where SVHM AH NDIS services are unable to provide the expertise to support a participant, where possible, the participant will be assisted to obtain services elsewhere.

AH NDIS services are committed to providing potential and existing participants and their referrers with clear and concise information about access to services, expertise of the service provider, and transparency regarding expected wait times to the service. AH NDIS services are committed to providing clear guidelines regarding situations where services may cease and how care is transferred in those situations.

B. Choice and Control

AH NDIS services promote and protect individual rights including freedom of expression, self-determination and decision-making. This procedure provides guidance to staff to help them support participants to exercise their rights and have choice and control over their services. AH NDIS instils the following principles in service delivery to:

- Respect the rights of people with disability in exercising choice and control about matters that affect them;

- Collaborate and consult with people with disability (and other key stakeholders where appropriate) to promote and ensure active choice and control in relation to the services provided;
- Assume all people with a disability have capacity to make decisions, exercise choice, and provide informed consent regardless of their disability and be supported to develop their capacity to make independent decisions;
- Provide timely information in appropriate formats to support informed decision-making including people's rights and responsibilities;
- Include choice about smaller decisions about everyday living through to more complex consultation on co-design of service;
- Support people with a disability in a way that is appropriate to their circumstances and cultural needs so as to maximise their opportunities to make choices and have control over decisions that affect their lives;
- Recognise the role of family, carers, other support networks and advocates in representing people's interests and promoting choice and control in the planning and delivery of supports;
- Respect each participant's autonomy, including their right to intimacy and sexual expression.

C. Entry Criteria

Participants of AH NDIS services are required to be;

- An NDIS participant
- Be 18 years of age at the time of request for service.

Each program contains specific clinical criteria for acceptance, see Appendix A.

D. Entry Process

AH NDIS services are available to people with a disability who are NDIS participants. A participant can self-refer or be referred via a support coordinator, another disability or health service provider, the NDIS or Local Area Coordinator, by a family member or they can self-refer. The Prosthetics and Orthotics service can only accept internal referrals as the service is at capacity.

On referral, AH NDIS services may require additional information about the participant, including:

- preferred communication method and language;
- NDIS goals;
- Confirmation of funding availability and how the participant wishes to utilise this funding;
- NDIS Plan management information such as NDIS Plan Manager contact details;
- If the participant has a legal decision maker other than themselves and their contact details;
- Any risks or concerns the participant may have and want the service to know;
- Identification of any possible risk that the participant may pose to the therapists, including recent forensic or criminal involvement, or any illicit or legal drug use the participant may participate in, including tobacco or e-cigarette use.

These questions may be asked to help determine if AH NDIS service is the most appropriate service for the participant. If the participant poses a risk to the clinician, all reasonable steps will be taken to mitigate these risks before a participant is declined service.

Referrals are triaged at a maximum weekly. Once the referral is triaged, the service will provide the participant and/or the referrer with an estimated wait time for service. This wait time is an estimate and can be affected by urgent / priority referrals, staff shortages or other unforeseen circumstances. The AH NDIS service endeavours to provide the participant and their referrer with updated wait times on a monthly basis. During this wait time, participants and their referrers can request to be removed from the wait list, with no financial penalties or notice period required. Where possible, alternative services will be recommended.

Once a participant is allocated to a clinician, the participant is provided with a copy of the Participant Welcome Pack. This pack contains important information about how the AH NDIS service meets the standards expected

of a registered NDIS service provider. This pack also contains a service agreement and a consent to share information request.

Where the AH NDIS service is unable to provide a service to a participant, these reasons will be clearly explained and the participant provided with a list of alternative services where possible. Rationale for this may include any of the following:

- The participant does not meet clinical criteria;
- The participant poses a risk to clinician that cannot be mitigated through additional interventions such as location management or mode of service provision;
- The AH NDIS service does not have the expertise required to adequately meet the participant's needs;
- The participant may require home or community visits and live outside of the designated travel area;
- Participant preference request cannot be met by the service eg gender or religion.
- Demand for AH NDIS services means the participant cannot be seen within a reasonable time frame, usually more than 12 months;
- The participant's needs are better managed by a health or community service.

E. Priority of Access criteria:

AH NDIS service endeavours to provide a fair and equitable service to all participants. As such, there will be occasions when one participant is seen before another participant who may have been waiting longer. When participants are referred, they are provided with a priority rating – urgent or standard care. Priority ratings are based on a range of factors, including a participant's clinical need and associated risk of deterioration, socio-economic factors and NDIS requirements. Each service provided by the AH NDIS has different priority access criteria and appointment prioritisation. Please refer to Appendix B for details.

F. Wait list management

Once a participant is accepted by the AH NDIS service, they will be allocated a clinician immediately or placed on a waitlist. Participants will be added to the waitlist in order of the date they were referred.

G. Exit of service criteria:

Participants may choose to leave AH NDIS services at any time and have a right to do so. AH NDIS requests four weeks' notice of any intention to leave the service. At any time, services can be recommenced, subject to the entry and waitlist requirements.

The AH NDIS services may also decide to terminate services. These may include:

- Where the participant or their associates behave in a manner that is unacceptable to staff. This includes violence, abuse, aggression, theft or property damage, or when staff have repeatedly requested the participant not participate in certain behaviours, such as smoking, in their presence and the participant refuses to modify their behaviours;
- When a participant moves to a location outside of AH NDIS area of service. These areas of service differ based on individual programs. See appendix 1.
- When a participant is unwilling, over time, to work towards agreed plans, goals or outcomes;
- Where the AH NDIS services are no longer able to meet the participant's needs;
- When the participant has achieved their goals;
- The death of a participant;
- Disagreement about reasonable conditions required to provide safe supports or care;
- When participants repeatedly fail to pay the costs incurred during the provision of services.

Wherever possible, cessation of services would only occur in consultation with the person and their support network and after all reasonable attempts have been made to modify service provision. In exceptional circumstances, the AH NDIS service may decide to cease services without the consent of the participant.

These include:

- When a person or their associates are at risk of harm due to the service provided;
- When a member of the AH NDIS service is at risk of harm from the participant or their associates and the risk of harm cannot be mitigated;
- When a participant disengages with the service and becomes uncontactable despite numerous attempts;
- When financial obligations aren't met;
- There is a change in the participants support needs resulting in care that is above what AH NDIS service can deliver; AND this issue cannot be reasonably resolved;

In the event that AH NDIS is required to withdraw services, the service will offer alternative service suggestions to help transfer care.

H. Exit or transfer of service:

AH NDIS services aim to ensure that all service exits are made in a professional and planned manner in order to minimise distress or concerns with participants or their supports. Prior to exit, where practical, AH NDIS services will:

- Provide participants and their referrers with a list of alternative service providers;
- Provide a written clinical handover document to the participant, their referrer and the new provider;
- A copy of the participants MRO notes and files will be provided in accordance with the SVHM Freedom of Information Policy.

When a participant or the AH NDIS services initiate an exit of the service, a four-week notice period is required by either party of the intention to leave.

I. Continuity of Supports

Continuity of supports is an integral part of AH NDIS service provision. On occasions there will be times that AH NDIS service are unable provide a scheduled service, such as in the event of staff illness or emergency situations.

Where possible and with the participant's consent, an alternative Allied Health Professional (AHP) will be provided. Alternatively participants can opt to reschedule their appointment.

In the event of an unavoidable cancellation, the AH NDIS services will inform the participant of the change in service as soon as is practical. The AH NDIS Service will make every attempt to contact the participant via telephone, email and text message. If the participant cannot be reached, the AH NDIS services may contact the participant's coordinator or alternative contact if the participant has provided consent for these people to be contacted. When the NDIS service cannot provide a suitable alternative option, the participant will not be charged.

In the event there is a prolonged service disruption as a result of an emergency or prolonged staff shortage, participants will be supported to transition to a more suitable service. This may include transition to a different mode of service e.g. telehealth or transition to a provider at another location.

J. Appointment Cancellation

This appointment cancellation procedure applies to all participants who are receiving supports through AH NDIS Services. These requirements are in accordance with the NDIS Pricing Agreement and Price Limit recommendations. The service agreement contains details of these requirements and are discussed with participants when reviewing the agreement. A cancellation is defined as:

- a short notice cancellation (Fail to attend)) if the participant does not attend a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when the provider is travelling to deliver the support; or
- less than seven (7) clear business days' notice for a support. AH NDIS Services only apply cancellation fees when notification is provided with less than 48 hours' notice.

There is no limit on the number of short notice cancellations (Fail to attend) that a provider can claim in respect of a participant. Providers have a duty of care to participants and should a participant have an unusual number of cancellations then the provider should seek to understand why this is occurring. There may be certain situations in where a late cancellation was unavoidable, such as illness or hospitalisation. In the event of unavoidable late cancellation, the late cancellation fee may be waived. This decision will be made by the team leader or head of department in conjunction with the allied health therapist and the AH NDIS Team Leader.

If a participant fails to attend a scheduled service appointment without notice AH NDIS will:

- Make reasonable efforts to contact the participant to determine if there is an issue or concern that may have prevented their attendance or may impact their safety. This may include contacting the participant's alternative contact or their support coordinator to confirm the participant's safety.
- Advise the participant that they will be charged for the appointment
- Charge cancellations at 100% of the agreed price, including associated travel costs.
- Attempt to implement mitigation strategies with the participant if they continue to provide late notice cancellation. Mitigation may include suspending service until the participant is able to engage in services.

Definitions and Acronyms

Definitions

AH NDIS Services – these include the dedicated AH NDIS team, Prosthetics and Orthotics (P&O) and Health Independence Programs P&O services.

Acronyms

AH NDIS – Allied Health National Disability Insurance Scheme

SVHA - St Vincent's Health Australia

SVHM - St Vincent's Hospital Melbourne

YACDS – Young Adults Complex Disability Service

References

1. National Disability Insurance Scheme Quality and Safeguard Commission 2021, '*NDIS Practice Standards and Quality Indicators. Version 4*', NDIS Quality and Safeguard Commission, Penrith, NSW
2. *National Disability Insurance Scheme Act 2013 (Cth)*, Part 4, Section 11A,
<https://www.legislation.gov.au/Details/C2022C00206>

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Appendix A - Access criteria for services

Mental Health Occupational Therapy

Inclusion criteria:

- 18 - 65 years at time of first appointment;
- Primary disability a psychosocial disability;
- Lives within 20mins of Fitzroy

Exclusion criteria:

- Non-NDIS participant;
- Primary disability other than psychosocial disability;
- Lives outside of travel zone, and alternative methods of service delivery not appropriate for quality service provision.

Amputee physio

Inclusion criteria:

- All levels of lower limb amputation for participants that reside in Victoria;
- Referral from an internal allied health professional, nursing or medical staff;
- Referrals received via GP clinics or private clinics, or self-referrals.

Exclusion criteria:

- Non-NDIS participant;
- Participants requiring upper limb amputee therapy.

Prosthetics and Orthotics

Prosthetics Service

Inclusion criteria:

- All levels of limb amputation for participants who reside in Victoria;
- Referral from an internal allied health professional, nursing or medical staff;
- Referrals from GP clinics, private clinics, or self-referrals.

Exclusion criteria:

- Non-NDIS participants

Orthotics Service

Inclusion Criteria:

- Referral from an internal allied health professional, nursing or medical staff for a participant requiring orthotics services

Exclusion criteria:

- Non-NDIS participant

HIP Services (Prosthetics and Orthotics)

HIP Polio Service

Inclusion Criteria:

- History of Polio

Exclusion criteria:

- Non-NDIS participant

HIP YACDS

Inclusion criteria:

- History of developmental disability (with a diagnosis of Cerebral palsy, or similar medico physical disability) with a combination of complex physical and medical needs

Exclusion criteria:

- Under 18 years of age
- Mental health / intellectual disability / behavioural diagnoses only
- Single discipline referral

HIP Rehabilitation & Clinics:

- Recent change in function or spasticity management AND
- Identifiable, achievable therapy goals (time-limited, recovery orientated services);
- Lives within City of Boroondara, Yarra or southern section of Darebin (unless spasticity management or linked with other HIP teams who provide non-catchment based service).

Exclusion criteria:

- Non-NDIS participant;
- Maxilla-facial prosthetics;
- Orthotics Referrals received via GP clinics or private clinics.

Appendix B – Priority of Access

A participant will be considered a priority referral if they meet any of the following criteria for each individual Service.

Mental Health Occupational Therapy

- Aboriginal or Torres Strait Islander participant;
- Participant is at risk of homelessness *that can be mitigated by the NDIS*;
- Participant's plan is due to expire and require a plan review report¹

Amputee physio

- Recent falls with ongoing risk of falling;
- Participants currently receiving new device/ component;
- Aboriginal or Torres Strait Islander participant;
- Participants at risk of functional mobility decline that would impact their safety in their home or their ability to complete personal activities of daily living (eg. bathing, toileting, eating);
- At risk of pressure injury that can be mitigated by physiotherapy input.

Prosthetics and orthotics (including HIP)

- Existing or high risk of pressure injury;
- Recent falls with ongoing risk of falling;
- Participants at risk of functional mobility decline that would impact their safety in their home or their ability to complete personal activities of daily living (eg. bathing, toileting, eating);
- Broken device that is causing falls or personal risk to the patient;

¹ After the plan review report is completed, the client will be placed back on the waitlist