Evidence and the NDIA; Clinical reports and NDIS language

- What does the NDIA mean when they ask for evidence?
- What is the NDIA looking for in clinical reports?
- Examples of how evidence can/ needs to be translated into NDIS language.
- What should be avoided when it comes to providing evidence to the NDIA.
- If a clinician doesn't provide sufficient evidence what can we do?

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Acknowledgement of Country

I would like to begin today by acknowledging the Traditional Custodians of the land on which we meet today, and pay my respects to their Elders past, present and emerging. I extend that respect to Aboriginal and Torres Strait Islander people here today.

What is evidence in the context of the NDIS?

- Evidence in the NDIS context is dependent on the support being requested and the functional impact that the participant is experiencing.

- The NDIS is an insurance scheme and so is reliant on us providing sufficient and appropriate evidence.

Purpose of providing sufficient evidence

- To support the individual with receiving appropriate funded supports in their plan, so they can build capacity and reach their goals.

When approaching a clinician for a report...

- Be clear on what report/ letter you are requesting.
- Be clear on the purpose or reason for the report/ assessment.
- Be clear on the outcome you are hoping for.
- Be clear on the areas you want the clinician to focus on.

What is the NDIS looking for in an assessment report

An assessment report is typically requested in response to a change in situation, a transition period such as transitioning to independent living, or if not enough evidence has previously been provided to secure NDIS funding for supports. It should demonstrate significant functional impact and:

- **Clearly identify deficits.** It is a deficit-based scheme so break down and unpack the challenges/ barriers/ gaps/ deficits for the individual.
- **Refer to 6 domains.** Making sure functional impact is speaking to the 6 domains (mobility, communication, learning, social interaction, self care and self management).
- **Individual impact.** Information speaks to the impact the individual has on social and community participation and employment/ study.
- **Comparison to typical**. Information gathered is clear when comparing to typically developing individual of same age.
- **Connection to support request.** Information in assessment links back to justify the supports being requested to help to build capacity as well as links back to the disability they met access for and the NDIS goals in their current plan.

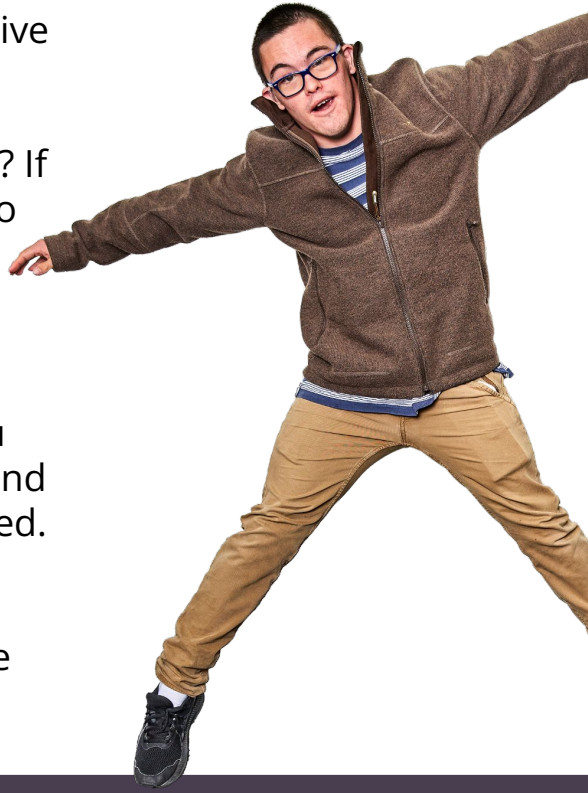
What is the NDIS looking for in a summary report?

A summary report is a report that clinicians using NDIS funding must provide at the end of each plan period. The report justifies the support that has been provided and the funding spent and makes recommendations for the next plan.

- **Outline history**. Clearly outline what has been worked on through the year, and what has worked well / not worked well.
- **Identify progress of clinical goals.** Speak to progress of clinical goals and how they have contributed to NDIS goals (NDIS goals are typically very broad so it is understood that there are smaller clinical goals as long as it is clear that is a step to the broader NDIS goal being achieved).
- **Next steps and recommendations.** Next steps for the individual, and the recommendations to work towards achieving those next steps.
- **Hours and costing**. Can be included as a guide for the NDIA or attaching a quote. Note this is a guide for the NDIA and not a guarantee, also when the new plan is funded it is always the choice of the individual how many hours they allocate.

As a support coordinator/ participant or family member - What to look for in a good clinical report:

- It is always good to request the draft report from the clinician to give the opportunity to read through and suggest any changes.
- Do recommendations meet the reasonable and necessary criteria? If it does not then we need to make sure we provide this feedback to the clinician so an updated justification on the support can be written.
- The clinician may require support to understand how to write a justification or how to word using appropriate NDIS language. You cannot write a report for a clinician, but you can use their words and information to support them to understand how it can be reworded.
- When we receive a report or letter, we must read and provide feedback (or if happy with it then letting them know to finalise the report) before sending it to the NDIA.



Why is it important to understand the 6 domains

- Understanding the domains and what the NDIA is looking for in a report is important to help with guiding the clinicians when you are providing feedback.

- A lot of people believe that the 6 domains are only relevant when a person is going for access, but it is relevant for the clinician to speak to the 6 domains in assessment reports whether an OT function, Neuropsychological Assessment, Physiotherapy assessment or Psychological Assessment.

- It is important the clinician remains within their scope but assesses and reports in all the functional domains as much as they can.

- If there is no impact on one or more of the 6 domains, there is no need to comment on them, but the clinician must comment on all the domains where there is an impact.

Mobility – some examples:

Typical language seen in reports:

- Person A has a diagnosis of cerebral palsy and does not have control over any of their limbs.

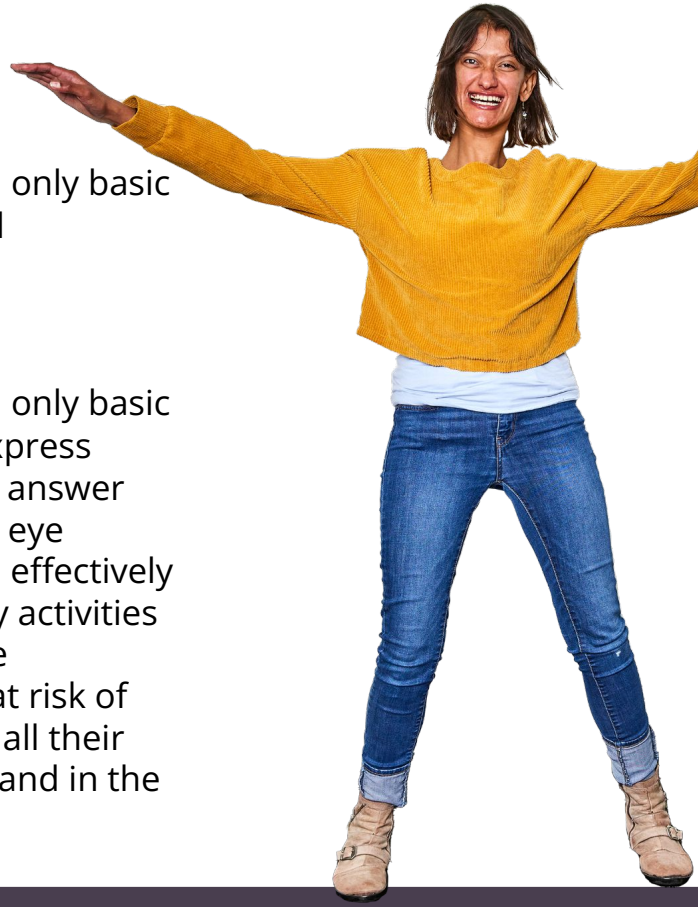
Functional language recommended:

- Person A has a diagnosis of cerebral palsy which has a significant functional impact on their mobility and results in them requiring a lot of support to be able to safely move around the home or access the community. For example person A requires a two person assist to physically support them from one room to another at home and in the community uses a manual wheelchair with the support of someone to mobilise it for them. Without this support they are at risk of falls and isolation as they are unable to mobilise without the support of others.

Communication – some examples:

- **Typical language in reports :**
  - Person A has dysarthria, auditory processing difficulties and only basic numeracy, literacy, and vocabulary, leading to limited verbal communication.

- **Functional language recommended:**
  - Person A has dysarthria, auditory processing difficulties and only basic numeracy, literacy, and vocabulary. Despite being able to express some basic wants and needs they misinterpret information, answer ‘yes’ without adequate comprehension, and display variable eye contact which impacts on their overall capacity to be able to effectively communicate day to day. Support is required during all daily activities to facilitate communication, express themselves and receive information from others and without this support they are at risk of not being able to communicate effectively and will not have all their needs met or be able to participate independently at home and in the community with their peers.



Social Interaction - some examples:

Typical language seen in reports:

- Person A has Autism Spectrum disorder which impacts their social interaction.

Functional language recommended:

- Person A has a diagnosis of Autism Spectrum Disorder which profoundly impacts on their capacity to comprehend the social world making it difficult for them to find and keep appropriate friends. Person A's parents have explained that person A does not understand appropriate social cues or behaviours which results in them often behaving inappropriately in the community which has meant they are no longer able to successfully take them about in public without these behaviours such as going up to people and interrupting conversations and when ignored they will escalate and begin to yell, scream and hit others.

Learning - some examples:

Typical language seen in reports:

- Person A has a diagnosis of a mild intellectual disability which impacts their executive functioning.

Functional language recommended:

- Person A has a diagnosis of a mild intellectual disability and as a result has a significant functional impact with their ability to learn new information. For person A this can look like difficulties with concentrating, comprehending and remembering information which without support through prompting, visuals and repetition they are unable to apply the information learnt and complete the activity or task they are learning.

Self Care - some examples:

- **Typical language seen in reports:**
  - Person A has a diagnosis of Down's syndrome and a moderate intellectual disability. They have sleep apnoea and pulmonary hypertension which affects their physical stamina and causes increased susceptibility to respiratory illness.

- **Functional language recommended:**
  - Person A's sleep apnoea and pulmonary hypertension affects their physical stamina and causes frequent respiratory illnesses. Their disability (Down's syndrome and moderate intellectual disability) means that they do not recognise or report when they are feeling unwell. They need considerable support and prompting to manage health needs, and lack understanding of the impact of their medical conditions on their health.

Self Management - some examples:

Typical language seen in reports:

- Person A has a diagnosis of Schizophrenia and therefore cannot manage day to day independently.

Functional language recommended:

- The impact of person A's schizophrenia has meant that they have significant difficulty in the self management domain. For person A this means difficulties with organizing and attending appointments which results in them not booking or showing up and they are unable to receive the support needed when this happens. Difficulty with remembering to pay bills and financially manage their bank account so they don't have enough money to budget for bills to be paid.

6 domains - summary

- I encourage using the 6 domains as a guide through an assessment report whether it is for an access request, first plan or ongoing plan reassessments.

- When speaking about functional impact ensure that the statement of what the individual cannot do is followed up by examples and what that looks like, what the support looks like (do not include recommendations but describe the support), the risk of not being provided the support.

- Ensure that the statements made of what the individual cannot do is backed up by evidence of an assessment tool (either standardised/ non standardised).

- Ensure that the information in this section and throughout the other areas of the report are building a picture and understanding so when the recommendations are made it makes sense to the LAC or planner as they have read through the report and have an understanding of the challenges.

What should be avoided when it comes to providing evidence to the NDIS?

- Do not focus on what the individual can do.
- Avoid medical language eg. words like “treatment” as they will view this as being health’s responsibility.
- Ensuring evidence in the report links back to the person’s disability and if the report is speaking about a health condition (i.e. anxiety) document how that relates back to their disability.

If a clinician doesn't provide sufficient evidence what can we do?

- **Support Coordinator:** If you have a SC then it is part of their role to assist with providing feedback to the clinician to ensure that the report/ letter is in line with NDIS and what they expect. The SC can also help build your capacity to provide feedback.

- **No Support Coordinator**: You should feel empowered to go back to the clinician and provide feedback. Make suggestions with regards to NDIS language. Be familiar with the NDIS legislation and the NDIS rules/ operational guidelines.

The golden thread:

We need to:

- See that the functional information is clear and backed up by both standardised and non standardised assessment tools and links back to the individual's disability that they have met access for.
- See that the recommendations are in line with NDIS legislation and the justifications link back to section 34 of the legislation outlining the reasonable and necessary criteria.
- See that the language used is not medical but functional.
- See the link throughout the report and ensure that it all is building on the picture of the individual and the impact of their disability, and that the recommendations are in line with supporting to build the capacity of the individual to help with those difficulties.

Then we can say that the report has the **GOLDEN THREAD** and is ready to be submitted to the NDIA as supporting evidence.

We need the report to have a golden thread but we also need there to be a golden thread throughout all the reports and letters so they make sense and don't contradict each other.

Some resources linking to legislation:

1. NDIS Act 2013 Section 34 Reasonable and Necessary Supports
   https://www.legislation.gov.au/Details/C2019C00332

2. NDIS Rules 2013
   https://www.legislation.gov.au/Details/F2013L01063

3. NDIS vs Mainstream NDIA Operational Guideline
   https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/mainstream-and-community-supports/who-responsible-supports-you-need

Questions?