

# ITS ALL ABOUT THE LEGISLATION

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## What is the NDIS?

### 1.4 What is the National Disability Insurance Scheme?

The NDIS is a new way for people with disability to get the support they need to manage day-to-day living, and to socially and economically participate in their community.

The NDIS is individually funded, based upon what needs people have. It is not a scheme that will place people on waiting lists. If eligible, people can get funding for support. The aim is that disability support funded through the NDIS complements people's clinical care.

The NDIS provides reasonable and necessary supports, Reasonable meaning something that is fair and Necessary meaning something a person requires to support their disability. The NDIS gives people with disability more choice and control in how, when, where and from whom they purchase their supports.

## Who is eligible for the NDIS?

### 1.5 Who is eligible for the NDIS?

The NDIS is a national approach to providing individualised support and services for eligible people with a disability.

The NDIA are the only people who can decide eligibility.

#### To be eligible, a person:

must be under the age of 65 years when applying to join the NDIS

must live in Australia be an Australian citizen **OR**

hold a Permanent Visa **OR**

hold a Protected Special Category Visa, that is were in Australia on a Special Category Visa on 26 February 2001 or

had been in Australia for at least 12 months in the two years immediately before 26 February 2001 and returned to Australia after that day.

have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and the impairment substantially reduces the ability to participate effectively in activities, or perform tasks and actions unless the person has: assistance from other people or assistive technology or equipment or can't participate effectively even with assistance or aides **and**

the impairment affects the person's capacity for social and economic participation **and** are likely to require support under the NDIS for life.

An impairment that varies in intensity e.g. because the impairment is of a chronic episodic nature may still be permanent, and may require support under the NDIS for life, despite the variation.

People with psychiatric disability, or psychosocial disability, may be eligible for the NDIS. For further information on psychosocial disability and NDIS access, visit [www.ndis.gov.au/psychosocial/products](http://www.ndis.gov.au/psychosocial/products).

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## 1. A permanent lifelong psychosocial disability

- When was the first diagnosis?
- When did you first notice something different?
- When did you first start seeking support non- clinical and clinical?
- The NDIA says you don't need a diagnosis; they may send you back to get one! Or may say you are unsuccessful due to the legislation of not having a lifelong and permanent disability!
- Your time is precious as is everyone's!
- Go back in time, they say only the last two years but what we are doing is painting a picture for a stranger to see, historical information is so important!!!!

### Permanent Functional incapacity

**A person with a psycho-social\* disability has an impairment that impacts upon their functional ability to manage i.e. day to day living (Self-Management) and care for their personal hygiene or take their medication as prescribed (Self Care).**

## 2. A permanent functional incapacity in one of the domains

### Mobility

**Moving around the community able to attend to daily activities, appts, needs, social community access**

- Are you transporting your loved one to appointments, supporting access to community and daily life activities?
- Can they utilize public transport if not why? What does getting from A to B look like
- Do they forgo attending to appointments if not supported?
- What does that (unable to attend to) look like? i.e. behaviours, mood, actions, or inaction
- The cost of taxi's and uber's is unaffordable
- How much time are you spending out of your day to support access?
- Disorganised, inability to stay on track in any given day to attend to such daily activities, appts, life.
- Preoccupied with thoughts and emotions, lack of self-confidence, self-worth, being stuck!

## 3. Communication

**Being understood, understanding others, and expressing needs and wants, context appropriate.**

- Are they able to express their needs appropriately if not what does this look like?
- Do they forgo life activities due to their inability to communicate effectively?
- Do you walk on eggshells trying to communicate and pick your words very carefully?
- Is their communication effective

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- Do you have to bargain and negotiate, utilize bribery, beg and wear the blame game?

## 4. Social Interaction

**Making and keeping friends, interacting with the community, coping with feelings and**

### **Emotions**

- Are they able to make friends?
- Do they have any friends?
- Do they instead have acquaintances/superficial relationships?
- Are they at risk of being taken advantage of? i.e. financially, sexually, physically, environmentally
- Do they have a history of being exploited, what did this look like?
- Do they take advantage of others?
- What do their friendships look like?
- How do their friendships impact their lives on a daily basis?
- Are they isolated, reclusive, mistrusting?
- Are they demanding?
- Are they dominating?

## 5. Learning

**Understanding and remembering information, learning new things, and practising and using new skills**

- Do they remember information, attend appointments, outings meetings in a timely fashion?
- Do they have the ability to learn new skills? Do they want too?
- Do they need support with reading, writing, comprehension?

## 6. Self Care

**Showering bathing dressing eating toileting caring for their own health.**

- Do they maintain good self-care, shower regularly without prompting or supervision?
- Do they present themselves appropriately on a daily basis?
- Do they attend to their physical health needs? i.e. GP, appts, teeth, hair, toenails, general grooming
- Have they had regular physical health check-ups?

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## 7. Self-Management

### Doing daily jobs, making decisions and handling problems and money

- Are they able to live independently and meet their daily needs?
- Are they able to manage their finances, save money pay bills on time?
- Buy groceries, cook, clean their home effectively
- Are they able to make effective decisions to meet their daily needs?
- Did they complete schooling, drop out of school, Uni, TAFE?
- Unable to manage routine, stay on track
- Set goals and work towards them
- Disorganised
- Overwhelming feelings of hopelessness, despair, fear, powerlessness, suicidal ideation
- Grandiose, unrealistic,
- Does your loved one take responsibility for their actions?
- Are they able to problem solve when problems arise?
- Do they effectively manage their diet and nutrition?

## 8. Have you exhausted all avenues of treatment?

### EVIDENCE PLEASE PUT YOUR INVESTGATOR HAT ON!!!!

- Different medications what kinds and when and how long for? you need a summary of these
- Hospital admissions, discharge summaries, GP's are usually forwarded these and can have access to hospital records if not.
- Psychological therapies, counselling when, how long, and who?
- Psychiatry when, who and how long for.
- Community groups social well-being groups, letters of support for NDIA detailing functional capacity
- Community Mental Health Teams – have they attended
- Cognitive behavioural therapy, Dialectical behaviour therapy – NDIA will have wanted your loved one to have at least engage in one of these treatments,
- Suicide prevention groups, 1:1 supports
- Have they been a part of any government based or not for profit services for non-clinical support?
- Any clinical Reports, assessments you have or GP's, Psychologists, therapists, Psychiatrists old and new have,
- Forensic evidence, court appearances, charges, criminal record of behaviour

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## NDIA Language YOU MUST SPEAK their Language

- Unable to.....
  - Cannot
  - Has demonstrated an inability to effectively .....
  - Not capable
  - Not able
  - Incapable
  - With Supervision
  - Lack of capacity
  - Lack of ability
  - Incapability
  - inability
- 
- **NDIA Access requests are quite confronting and deficit based that's the language you must use.**
  - **You must prepare and explain this to your loved one**
  - **Once eligible it then becomes person centred and strength based**
  - **An NDIA plan can change not only the participants life but also the life of the ones around them**
  - **It can be scary to get a plan, when you have been service poor!**
  - **You can download the Psychosocial form from the NDIA website**
  - **Collect all you evidence first, show your GP, book a double appointment with either your GP and or your Psychiatrist, let them read your Carers statement and your collection of evidence.**
  - **You only need to prove a deficit in one of the domains to be found eligible BUT its more effective to get all the evidence you can if you have more, let's not waste time and hurry to find things whilst waiting for a planning meeting.**
  - **Is there a dual diagnosis? If so which one can qualify all the points in the legislation?**
  - **Is there drug, alcohol and or gambling issues? Be mindful that the reader of your access request understands that there was underlying trauma before the drugs and alcohol became prevalent, it's a bit like the "chicken and the egg" If this is detailed in your Carers statement and a Clinician has also detailed this state which came first and how. You do not need to spell out what the trauma or traumatic event was in detail.**

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- Episodic – how often? How long is the duration? Do you keep any record ? Triggers what are they? How do they impact your loved one? How do they impact significant others?
- Your Loved one can also write an impact statement detailing what life is like for them.
- Carers Impact statement that's formal or informal caring roles.
- Bottom line -If you can't tick the box for each piece of legislation you will not be found eligible, spend the time to exhaust all avenues of treatment, get a diagnosis, gather your evidence.

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### Reference:

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