

GRAHAM HEAD:

Good morning, everybody My name is Graham Head. I'm the Commissioner of the NDIS Quality and Safeguards Commission. And welcome to this morning's webinar, which is an important part of us talking to the whole sector about the next wave of transition into the new National Quality and Safeguarding framework. As is customary, I want to acknowledge that wherever we are in the country for this webinar, we're on Aboriginal ground, and I want to pay my respects to elders, past, present and emerging, and acknowledge Aboriginal and Torres Strait Islander colleagues who are participating in this webinar today. The format of this morning is that I'm going to give you a brief high level overview of some important things related to the Commission's work and then going to pass to my colleague, Samantha Taylor, who is the Registrar with the Commission. And Samantha's going to talk to you in detail about the transition process. So I'm going to speak for about 10 to 15 minutes. Samantha will then take over and then there's between 30 and 40 minutes for questions and answers at the end. And I think you've all been advised how to lodge questions for us as part of the webinar process.

So for those of you who are not familiar with the history of how the Commission came to be, and it's role, just a little bit of a potted history. The first thing to say, and it's really an important point, is that when the initial work was done to introduce the National Disability Insurance Scheme by the Productivity Commission, it was an acknowledgement at that point that we would need a new national approach to Quality and Safeguarding that was properly aligned to the new scheme. So really, the work that the Commission is here to do was acknowledged as essential right when the scheme was originally conceived. State and territory Ministers For Disability and the Commonwealth Minister, through the Disability Reform Council then oversaw a piece of work to develop a new purpose-filled National Quality and Safeguarding framework for the NDIS. And the Australian government's major obligation under that framework was to establish the Commission. The framework itself is a very, very important underpinning for everything that the commission does. And importantly, people should be aware that the framework deals both with, I guess, conventional regulatory activities that the Commission's involved in, but other important parts of Quality and Safeguarding as well. So the framework really operates in three domains. The first is what we call the preventive domain. So that direct our efforts towards preventing problems from arising in the delivery of supports and services.

The second, the developmental domain is really about the role of the Commission in capacity building across the sector. And when we talk about capacity building, we're talking about both the work we do with participants to encourage people with disabilities to understand the Quality and Safeguarding arrangement and to speak up and speak out if they're encountering problems in relation to the delivery of their supports and services, but also capacity building with providers as well. Add the third domain probably covers what people think of more traditionally as our regulatory activity, so the corrective domain. And that's the, I guess, the functions and powers the Commission has in relation to registration of providers, compliance, activity, all of the powers to intervene in the system when something does go wrong. So the Quality and Safeguarding framework was agreed by Disability Reform Council ministers in 2016 and by and by first ministers, the Prime Minister, State Premiers and Chief Ministers of territories, in COAG in early 2017. We were created by amendments that were introduced to the National Disability Insurance Scheme Act and those amendments went through Parliament late in 2017 and the Commission commenced its life formally on 1 July 2018. So we've been fully operational in New South Wales and South Australia since 1 July last year. Our rollout structure largely is driven by the way implementation of the NDIS more broadly works. And So what that means is, as each state and territory comes into full scheme, at that point, we take over the registration of providers from the NDIA and we take over the Quality and Safeguarding regulation from the state and territory from which those providers are transitioning. So that

occurred for providers in New South Wales and South Australia on 1 July last year. We're about 9700 providers transitioned to us from the NDIA and the Quality and Safeguarding obligations became obligations to us under the new scheme, and those providers ceased to be regulated for Quality and Safeguarding by New South Wales and South Australia. In a little over two weeks, two weeks today I think, we will transition the next five states and territories. So essentially, all the remaining jurisdictions, with the exception of Western Australia, will move under the Commission's jurisdiction for Quality and Safeguarding and will be registered by us, instead of by the National Disability Insurance Agency. Now Samantha, when she speaks to you, is going to talk to you in detail about the way that transition process will work.

But it's important to say up front that one of the design features of the approach that the Commission has taken is to avoid disruption for service providers, as a result of transition. So essentially what that means is we've designed a process, where we use transitional rules which mean that if you're currently registered with the NDIS, then you will essentially, when you go to sleep on the 30th of June, wake up the next day and your registration will have transferred from the National Disability Insurance Agency to the Commission. You will receive a new Certificate of Registration and that Certificate of Registration will tell you what's required next, in terms of reregistration and assessment against the features of the new Quality and Safeguarding arrangements. So very important message between now and 1 July. Providers who are already registered with the NDIA don't need to do anything to transition to the Commission. I want to talk briefly about a number of the important things we're doing across the sector to roll out the Commission and to embed this new national approach to Quality and Safeguarding. So a big part of our work, as I've said, is in the preventive and developmental domains, as well as in the conventional regulatory domains. So one of the things that both people with disability and providers who are coming in contact with the Commission in this next wave of transition will notice is that we now have very well developed resources for both participants and providers about the work of the Commission. And those resources are being quite systematically distributed to both providers and participants in the lead up to 1 July.

So a lot of very good information now for people with disability about how to make complaints, about how the Quality and Safeguarding arrangements work, about the very new features of this new model, in particular the Code of Conduct, and the Practise Standards. And again, Samantha will talk to you about those in more detail. For providers, you've really been the next five jurisdictions will really be the beneficiaries of the work we've done since New South Wales and South Australia transitioned in, where we've looked really closely at the questions that people have about our regulatory responsibilities, and we've now got very detailed but easy to access information for people about the role of the Commission. You'll be pleased to know that I only have one slide which I stole from Samantha and I'm just gonna touch briefly in the last few minutes on what the Commission's broad functions are. So as I said, we are set up through legislation. That legislation is an amendment to the NDIS Act. So both the National Disability Insurance Agency and the Commission are set up under the same piece of legislation. As I've said, where we'll be a national body and our powers and functions are turned on in each state when that state transitions in, already in place in two states and in the next five from this next coming 1 July.

And essentially, we do a number of very important things within a single integrated regulatory agency. We regulate all providers. So any provider of NDIS supports and services is regulated under our legislation. Some are registered and have conditions that attach to that registration, and some are unregistered but still subject to the Code of Conduct. Compliance with the practise standards and Code of Conduct is an extremely important set of functions for the NDIS Commission. We also receive complaints about NDIS supports and services, and our complaints function links to our jurisdiction, which is about Quality and Safeguarding. So essentially what that means is, if somebody has a complaint about what is in their plan, or an access decision, that's the complaint within the

National Disability Insurance Agency's jurisdiction. If it's a complaint about the quality or safety of services and supports delivered by a provider, then that's a matter within the Commission's jurisdiction. We require registered providers to report certain types of serious incidents to us as a condition of their registration. So if you are at the webinar today and you are part of a registered provider organisation, understanding the reportable incidents framework is going to be an important thing for you to understand, and we're talking about that later on in today's agenda. Reportable incidents includes a range of serious matters that are outlined in the legislation, including abuse and neglect, or allegations of abuse or neglect of a person with disability who's a participant. And the last two areas that we're involved in in a functional sense are shared responsibilities with the states and territories.

So the Commission has a leadership role in behaviour support. And that role includes the need for the Commission to develop a competency or capability framework for behaviour support practitioners. And it includes assisting states and territories to develop national consistency in the way the use of restrictive practises are approved. The actual approval of restrictive practises remains a function for states and territories to perform. So in respect of behaviour support, the Commission has some unique roles and the states and territories continue to play a part as well. Similarly, in worker screening, there is an intergovernmental agreement between the Commonwealth and the two territories and six states, and we're working towards a nationally consistent model of NDIS worker screening. Again, you'll get some more information on that later on today, as you will on behaviour support. But important to know that, broadly speaking, the Commission will host a database, which will have information on people who have been cleared to work in the NDIS or indeed, who have been excluded from working in the NDIS, and that any exclusion or clearance in any one state or territory allows people on the one hand, if they are cleared, to work across the country, or indeed, if they are excluded that will operate across the country as well. So that's a very, very significant development, a very significant resource for providers, and states and territories will operate the worker screening units, within that system. So broadly speaking, that's the Commission's functional raiment.

It would be really useful for today for you to remember that each of those functional areas sees us working in those preventative, developmental, and corrective domains. So a big part of what you'll see from the commission is us working with the sector, working with people with disability to lift capacities but also using those regulatory tools where it's appropriate to do so. A word you will hear during the course of today quite a lot is the word proportionality. And what that really means is that the regulatory architecture we're talking about here has been designed to make sure that we are really using the right tool or combination of tools to deal with the situations that we encounter and that the suite of tools we've been given allows us to have a proportional response to the problems we see to make sure that we're lifting capacity, as well as taking strong corrective action, when it's required. I'm going to leave my introductory remarks there, and you're going to be joined now by Samantha Taylor, who's the Registrar in the Commission who's going to give you a much more detailed set of insights into the registration process and the transition process that we've designed for the next five jurisdictions. So thanks for your attention. I'll be talking to you again about complaints later today and I'll be joining Samantha for the question and answer session at the end of her presentation. Thank you.

**SAMANTHA TAYLOR:**

Thank you, Graham, and thank you, everyone, for joining us today. I'm going to take you through a fair bit of detail about what's involved with the registration process under the NDIS Commission and some of the features of the code as well as the new national practise standards.

So we've got a Code of Conduct that applies to all NDIS providers, and workers, including

contractors. Whether or not, as Graham was describing, those NDIS workers are registered with the Commission, we can take any action in regards to complaints about people's allegations against the code or any complaints that we receive. It sets out minimum expectations for the behaviours that we expect to see in the NDIS, and really, the elements of the code set out nothing that anyone in the community would find unreasonable. It's about respecting individual rights and the right to self-determination and decision making, respecting people's privacy and acting with integrity, honesty, and transparency. Taking steps as a provider to make sure that issues with the quality and safety of supports are responded to quickly and that those services are delivered in a competent manner with suitably skilled workers, preventing and responding to violence, abuse, neglect, and exploitation of people with disabilities is also a foundational element of the code. This will deliver us a view of national consistency across the NDIS for behaviours in working with NDIS participants. And importantly, it will empower NDIS participants to understand what it is that they can expect from the people that they work with. We've got a new work orientation module available for you. The module's been developed in consultation with the sector, and in fact, a collaboration between the Commission and national disability services, as well as advocates and people with disability themselves. It covers what the NDIS is, what the role of the Commission is and the responsibilities for providers and workers under the code. A lot of people ask us whether or not they need to have all their workers go through the module before the 1st of July. You don't. It's available to you to use in whichever way works within your organisation. What the practise standards do require is that you make the module available to new employees as part of your induction process and over time, give the opportunity for people who are working with you to go through the course. You'll find it's a very easy tool to use, a very high-quality tool. We've already had around 12,000 people complete the module. And once they've completed the module, they'll get a certificate, because as we know, there are a lot of workers who work for different organisations across the disability sector. And it means that if you're bringing someone in who may be working in another organisation, they'll have a certificate that they can take with them to show you that they've done the module. It takes about an hour and a half to complete, but it can be done in 20-minute parts. We've put out some material about how we'd recommend providers use the module. That's on our website and it's under our Provider Newsletter section. We are suggesting that you use it maybe in some of your regular training and also in group activities. So I'm going to describe who needs to be registered with the Commission. Providers who are delivering support to NDIS participants whose plans are managed by the NDIA must be registered. There are also some very specialist areas in the NDIS where registration is also a requirement. Specialist disability accommodation and behaviour support are two areas where there is a requirement, no matter whether you are supporting an NDIS participant with a plan managed by the agency or someone who's self-managed. SDA and behaviour support must be delivered by registered providers. Providers who also implement restrictive practises as part of the supports and services that they deliver to NDIS participants must also be registered with the Commission. You'll hear more later on about behaviour support and why it's really important that we're able, through the registration process, to set those minimum expectations about what behaviour support and implementation of behaviour support activities that involve restrictive practises, why we need to set out those requirements in a very particular way. There's also a requirement for providers that are delivering supports for people who are not participating in the NDIS and did not transition from states and territories, because they were over the age of 65. In those cases, those individuals deserve the same level of quality and safeguarding that other people receiving very similar supports receive. So they are covered also by the Commission. There are a

number of benefits to being registered with the Commission. One is that it's a national registration. And that means that we'll be able to set a national standard that applies for people with disability in the NDIS. No matter where they live, they can expect the same level of standards and practise no matter where they live and no matter who they receive supports from. There's also a very powerful element to registration, in terms of the quality and safety benchmarking that this will set within your own organisation and help with changing cultures in the organisation to really reflect the principles and outcomes that we're all working towards to support people who are with disability who are in the scheme.

So I'm sure what you all want to know, really, is what's involved with registration. So there's really three components to the registration process with the Commission. We assess the suitability of you as a provider, and also your key personnel to participate in the NDIS. And what we're looking for there are some really basic suitability measures, whether or not you or any of your key personnel have been convicted of an offence that would exclude you from working in the NDIS, whether or not you've been banned or had an adverse finding in another system or by another regulator. Insolvency under administration and bankruptcy are also considerations to name a few. There's information about the suitability assessment and also the kinds of evidence that you would be giving to the Commission as part of your application for registration about that suitability.

The second step is an independent assessment or an order against the practise standards that are relevant to the NDIS supports and services that your organisation is seeking to register to deliver. I'll take you through that in quite some detail. As Graham mentioned, the word proportionality is writ large in our description of that particular process and it's very important that we make sure proportionality is applied because we wanna make sure that we are reflecting in processes of that independent assessment, the diversity and complexity of this particular marketplace where we register everyone, from an individual practitioner through to very large specialist providers. Out of those two steps, we then set conditions of registration and those conditions depend on the services and supports that you're registering to provide. They also set out those minimum requirements that Graham was referring to that the Commission is responsible for regulating, like complaints management, like incident management and reporting, and, of course, the code as I've described. So Graham also mentioned that when the 1st of July ticks over, you will be if you're already registered with the National Disability Insurance Agency, automatically registered with the NDIS commission. There's nothing you need to do for that to happen. What we'll do is issue you with a new Certificate of Registration that sets out the details that we have about you that have come over from the NDIA, as well as the registration groups that you are registering to deliver. That certificate will give you a date. And that date signifies the period of time that your registration will be in force for. We've been working with states and territories to establish a phasing arrangement, where we don't require people to do everything at once. So over a period of time, over about a two-year period, we'll be phasing everyone into the registration process and what that means is if you want to continue to be registered to deliver NDIS services and supports, you will need to re-apply, and go through the process that I've just described, the three components of registration. You might have a period where you have a date which is three months after the 1st of July. And what you need to do before that date comes around is simply start a process with the Commission, which is to signify your intention to continue to work with us to renew your registration. And then after you've clicked on the application, and started that process of giving us information about suitability and also starting

some other things preparing you for that independent assessment, you'll then have around nine months to complete that process. It's very much in your hands. You are in the driver's seat of the timing for that particular process. And we can't stress enough that you take the time you need to be ready for it. We'll monitor how you're moving through the process and give you some assistance at key stages in it.

I just mentioned some of the conditions of registration.

This slide sets out the key conditions of registration, so compliance with state and territory and Commonwealth laws, the NDIS practise standards, particularly the ones that are relevant to what you will be delivering to NDIS participants, meeting the code, having complaints management and resolution arrangements in place, no matter how large or small your businesses is. And also when things don't go well for someone or an incident occurs, that you've got good management strategies, and you're able to report particular incidents to the Commission. Sometimes there'll be behaviour support requirements you need to meet and also there's an obligation to screen workers.

I've taken you through the code but what really are the Practise Standards? There's a clue in the title I think. Practise, it's about how NDIS participants experience the standard of service that you deliver. It's about how your workers understand what they're trying to achieve in terms of outcomes for people with disability, and it's really about setting a benchmark to assess performance and demonstrate that improvement, and continuous improvement in quality and safety for NDIS participants. So it's about how you do it not what you've got that supports your business to know what needs to be done, although, of course, that's very important also. The Practise Standards are modular. And what that means is we have a core set of standards that apply to most organisations where they have to do a full audit. And then we have a series of specialist modules that set out the very particular requirements we have for different activities in the NDIS where they are highly specialised. We also have a modular which is what we refer to as our verification audit approach, which does exactly that. It verifies the qualifications of individual practitioners who are wanting to work in this space.

At the core referred to certification and verification as the two core pathways that we ask providers to undertake in terms of their assessment against the Practise Standards. Verification, as I said, is exactly that, where we're looking at individuals or partnership providers who are delivering low-risk and low complexity supports. They may be products. They may be more episodic supports such as particular therapies. At what we're looking to do with that particular audit approach is verify that a practitioner has the requisite registrations from other regulators or other qualifications. That includes from upper in the case of Allied Health Professionals, where it's a desktop approach so the verification of those qualifications is undertaken by an auditor but occurs off-site. And we're also looking with that particular approach to test certain core elements of the standards which relate to complaints management incident reporting risk. We'll go through that in a moment in more detail. Certification is a full audit that relates to any provider that is a corporate and delivering more complex high-risk services. Both have a three-year cycle, so your registration will apply for three years. And as is the case, if you're a renewing provider you will need to start a new process to maintain your registration before the end of that period.

The Practise Standards that relate to the verification ordered, as I mentioned, are the general requirements relating to qualifications and experience. We have a verification guide on the web that takes you through the various professions that are most commonly working in the NDIS, and what registration groups evidence about those particular professions are relevant to. The verification module also sets out the requirements for good complaints management systems that are proportionate to the nature of the work that you do. Incident management arrangements, again, proportionate to the work that you do. A good sense of how you manage risk and think about risk in the context of the supports that you deliver. And also making sure that you are screened and anyone who may be affiliated with your business is also appropriately screened.

The certification approach, I mentioned that there's a core module and also supplementary modules that point to very specialised and more complex support arrangements in the NDIS, where we need to be quite specific about what's meant by those things. The core module includes the rights of participants and the responsibilities of providers to support them. The general operational management and governance arrangements for your organisation, the way in which you go about providing supports, and that includes things like access to supports as well as things like service agreements and really the support provision environment is also looked at through where it is that you deliver these supports that they are safe and undertaken by appropriately qualified staff. The six supplementary modules are high-intensity daily personal activities which is really about the supports that people with disability need where they have some health-related or other complex needs that require staff who have a level of qualification to deliver those supports. That might be things like bowel management, pig feeding, the giving of injections that are required to support a person in delivery of any plan around the health that they might have within the disability setting. Specialist behaviour support you will hear more about this afternoon as you will about implementing behaviour support plans. Both of those separately have modules. One is about practise relating to the development of plans and the assessment of someone's behaviour support requirements. And for implementing providers who are using restrictive practises in the course of delivering services and supports, what that entails. Early childhood supports is another area where there are more detailed obligations but really that's about assessing whether or not your organisation understands the very particular arrangements that are needed for a young person, engaging with their family, engaging with the child, and engaging with and understanding the environment of support that that child is connected to throughout the aspects of their of life. Specialist support coordination. And I've mentioned before specialist disability accommodation also have specialised modules. The complexity of the ordered approach will depend on how many of the specialist supplementary modules you.. well, of these groups if you choose to register for them will attract an audit that includes looking at your practise in regard to the supplementary modules as well as the core module. I'm going to take you through a quick example of the structure of the Practise Standards, using the Rights and Responsibilities Practise Standards. And that standard has five elements to it. Each one of those elements has an outcome statement that is focused on what we would expect an NDIS participant to experience.

And in that regard it's focusing on person-centred supports. So in regard to person-centred supports, the outcome that we're looking for is to see that each participant accesses supports that promote, uphold, and respect their legal and human rights. An important aspect of the NDIS is exercising choice and control. So this particular outcome statement is very much about the core elements of

the NDIS. We're also looking here at making sure that the provision of the supports promotes, upholds, and respects individual rights to freedom of self-expression, self-determination and decision-making. It's an example practise standard which is quite reminiscent of what you would have seen in the Code. We then have a series of quality indicators that relate to demonstrating whether or not that outcome has been met. In this particular case where we'll be looking to see whether or not NDIS participants' legal and human rights are understood and incorporated into everyday practise. Importantly, auditors will be asking providers about their view of that. It's a really important feature of the new approach where not just looking at the policies that you might have available to your workers, auditors won't just talk to workers and their experience, but really assessing practise is very much through the lens of the individual experience of NDIS participants. And of course, they'll be asked if they're willing to participate in that audit process and to give their views. When I've spoken to providers about their experience with this process, a lot of providers have said that they really value that aspect, the participants, their families, and the significant people in their lives are able to give feedback they might not feel that they have the opportunity to give or maybe because it's a different process and they're being asked about their unique perspectives in a particular service setting that they feel able to really describe what they think could be done better in the service or what works incredibly well for them. It's not all about what can be done better. This is also about showcasing really great practise. This practise standard also looks at how you communicate with each participant. Just as the Commission's rolling out information to NDIS participants, we are thinking deeply and asking people about what the mode of communication is that they would prefer and what's the form of information... manner in which they would like to receive that information. It's a really important part of the way in which you provide service. In fact, when we look back at our experience the past almost 12 months, the complaints that we've received from NDIS participants have been mostly about communication and really sharpening up communication and making sure people have got good access to information about what supports you're gonna deliver to them, what your undertakings are to them. And just generally keeping them up to date with things is a really important and respectful part of service.

Almost done on this section, before we go into the questions that you've been asking us since we began, which is great. We do learn a lot from the questions that you ask and it's a very powerful part of the sessions that we do face to face as well as webinars. Worker screening. Graham mentioned that there is a new approach where the Commission will be collaborating with states and territories on screening of anyone working in the NDIS. The Commission will host a new national database. that will have really basic information but important information for you as employers about whether or not your workers have been screened. There'll be a national approach to screening which means that someone can be screened in New South Wales but their clearance, or if they have been excluded from working in the sector, will be evident to a provider who is operating in Queensland or the Northern Territory, or anywhere in Australia. So complete portability. You'll be able to come on to the database to associate yourself with a worker. Only workers that you're thinking of employing or that you already have in your employ, you can associate with those. And you will be able to see a very limited amount of information which really is simply about your ability to verify that the person you're looking to connect with on that particular database is the person that you are considering employing, and whether or not they have that screen clearance. It's an important part of the system. It's the first time across the country we'll have ongoing monitoring. So workers will have the obligation to get the screen themselves. Screening units will let the Commission know the status.



And that will then be available in the database, and you will then be able to see those clearances. People will need to be continually reapplying over a three to five year period for that particular screen. And if something changes during that time, for example, someone might be charged of a particular offence, the worker screening will pick that up and the person's status will be changed after a process of engaging with that individual to verify their situation. It's an important part of the Quality and Safeguarding framework. It will be available not only to registered NDIS providers but also critically, to people who are self-managing their plans. A lot of those people who are self-managing choose to directly employ workers to work with them. And they will be able to ask those workers to also undertake a screen and to associate with them in the database.

When things don't go well, Graham reflected that our first port is to look to do develop and enhance your understanding of the obligations within the NDIS Quality and Safeguarding frame. We are here to educate and provide support where things aren't entirely clear to you, or a number of providers need assistance with understanding your obligations. We can identify issues that are important to you through a range of things through individual events but generally through trends and issues that we observe through the registration processes or through complaints and reportable incidents that we receive. Where things are very serious, we can take a number of different actions, issuing compliance notices, infringement notices, civil penalties where they might apply, and banning and revoking registration in the most serious of events. We can take these actions, regardless of whether someone is registered or whether they are an unregistered provider and have done so already, although our primary effort at the moment is of course in the compliance support.

So how are we going to support you? Graham mentioned that we've got a really great set of resources on our website. We've refreshed our website. We've got feedback from our providers and participants about navigating the information that was available on our website. And while people said the information was really good, they were having difficulty locating what they needed, so we've adjusted that. We've got really good packs which take you through the various obligations that you have, as well as material for participants. We're working with states and territories around information sharing and building local relationships with the bodies that will continue to operate within those states and territories and also with national regulators, where we need a very strong relationship. We're working closely with the NDIA on setting up protocols around the way in which we work, where there is a need for us to collaborate and to support a participant and to work with a provider. We'll be rolling out grants that are designed to provide resources to NDIS providers to support you with the process of registration. And you'll see more on that in coming months. We are here to help, really. We have an 1-800 number that you can contact. 1-800-035-544 and ask to speak to the registration team. If you would prefer to email, we also have a registration email address that you can find on our website. And we've got a group of very expert staff who can answer most of the questions that you might have.

You can also follow us on LinkedIn and Facebook and encourage you to do so. Will be putting out a lot of information on there that will be useful for you through those particular avenues and also for the participants that you support. Thank you very much. We'll now, I think, go over for questions.

GRAHAM HEAD:

Thanks, Samantha. Just before we go into answering the questions that you've been shooting

through and kept them coming, we've got 8 to 10, so far, from people. But this is really an opportunity for you to ask whatever's on your mind. If we can't answer it in the here and now, we'll be happy to take that question offline. And one of the things we've been doing with forums is at the end of our road shows, so we're doing about seven or eight live road shows, as well as this webinar, we've collected the questions that are asked in each, and we've published a compendium of questions and answers at the end of the process. And that way each of you gets to see what other people have asked and what the answer to that question might be. Just before I go into the specific questions we've got so far, and I'm going to answer some and then I'll pass over to Sam to answer others. Just a little bit about how the Commission will be operating in a logistical sense. So our national office is in Sydney, in Western Sydney in Penrith, and about half of our staff, nationally, will work out of that office. The central functions, registration, the Contact Centre, our National Behaviour Support Team, our legal team and most of our corporate staff will be based in our national office. In each of the jurisdictions around the country we will have a local presence. So we're currently finalising offices in Brisbane, Melbourne, Darwin, our New ACT office, and Hobart. So the staff on the ground in states and territories will be people who have local knowledge and, importantly, will be principally involved in complaints resolution, compliance and investigation work, and some of the important work on behaviour support. There will be, in addition to the resources we've already outlined, an expert team in each state and territory. We are very well advanced on the recruitment processes. We have directors in place in each of the incoming jurisdictions and staff commencing in a couple of blocks between now and the end of July, to make sure that each state and territory office can ramp up as people come across. So just a couple of housekeeping questions about this presentation and the slide deck. A number of you have asked will you have access to the webinar and the slide deck and the answer is yes. And in fact, through our web, you'll also have access to some of the earlier roadshows we've done and the information that's been provided at them so plenty of information. But importantly, as I said in my opening remarks, we've developed a new provider pack. That's provider pack is already available on the website. And the issues we're talking about today, the registration approach, complaints, incident management, behaviour support, it's easy to access that comprehensive information in that provider pack, and that's available for you already. So plenty of information. If colleagues were unable to get to today's event, as I've said, they can watch the webinar at a later time, or indeed, they can access the information through the provider pack on the website. Somebody has asked when the WA transition will occur. That's the final transition and that's on the 1st of July 2020. And at that point, all states and territories will be subject to the national Quality and Safeguarding framework and all providers in all states and territories will be registered with the Commission and no longer registered with the NDIA. And the obligations for Quality and Safeguarding, related to your registration by that stage will be to the single national regulator. So that's a very significant date. I should apologise to our two colleagues, Paula and Kylie, who are doing our Auslan translations today, and they are being asked to make sure that this particular webinar is as accessible to the widest possible range of people.

I've got to master this technology and help my colleague to make sure she knows which questions on this list have been answered.

So I will let Sam talk to you about a number of things to do with audit costs.

Right, I think I'll pass over to Sam now because there's a number of questions about audits, audit

costs and worker screening checks. We're keen to get as many questions as possible so please keep them coming.

SAMANTHA TAYLOR:

Yeah so one of the questions here is about what the cost for registration is, not including the audits. There is no cost to register with the Commission. There are a variety of intrinsic costs in registering because you need to be able to demonstrate that you are meeting particular practise standards but there is no fee payable to the Commission to register. You need to be ready and to have material available to undertake the assessment. And we've given some guidance on our website under the Service Provider Newsletter about what we'd recommend providers do to get ready for that particular process.

Now on audit costs, we do get a lot of questions about costs of audit. And we've been listening to those very carefully. And in fact, only a couple of months ago adjusted our order to guidelines to be a bit clearer to auditors about what we mean by proportionality. We are also surveying providers who have completed the process. So if you're one of those and we've asked you to participate in a survey, please do so. It's really important information for us. What we're doing is collecting information about actual cost, but also the kinds of supports that would have been useful to you in the lead up to the process, and then we can adjust our resource pack so that they're fitting the bill for you, in terms of that readiness. What we're finding through that survey and feedback from providers through other forays that in verification the range of costs is about \$1,000 to \$500 for that three-year period. That's direct advice that we've gotten from a relatively small number of providers, but significant so around 50 providers. The certification costs really do range, as I said, depending on the registration groups that you are delivering. So if you are a large organisation and you're delivering a significant variety of those very specialised modules it is going to be a more expensive process than if you were delivering services and supports that were just attracting just the usual certification kind of approach, such as a day program or short term accommodation or support to someone in a shared living environment. Once you add in those additional modules, the auditor will be looking at your practise in regard to those. The big issue with notice as we've moved through states and territories and coming into new locations is that providers are going and asking auditors who may or may not be part of the approved auditors that the Commissioner has endorsed, and I'll explain a little bit about the process for achieving that approval in a minute, and asking them ahead of time what they think it might cost to undertake the audit. So we approve auditors and we do so following recommendations from the Joint Accreditation Scheme of Australia and New Zealand regarding certified ordered bodies that have the demonstrated capability to undertake audit work within the NDIS. It's incredibly important for the Commission that we have that assurance through that higher-level certification accreditation arrangement through JAS ANZ. We then train individual auditors against the registration process as well as the practise standard. So we have some very expert auditors around the country. That number is growing. At the moment we have 12 audit bodies that you can choose from. If you seek a speculative audit from an auditor that's not part of the scheme, you will get a very high quote and it will not be reflective of what you need to do within the NDIS. The process for starting your application for registration will generate you a scope of audit. It's incredibly important that you wait until you generate that scope of audit before approaching an auditor. Although we do encourage once you've got that scope that you do shop around and find an auditor that's going to be suitable to you. There's no limit to how many quotes you can get. You can

go to all 12 if you wish and get a quote that reflects the place in which you're delivering supports and the nature of the particular supports you're delivering. We do ask auditors to undertake those audits in accordance with very detailed audit guidelines that we prescribe, and that has a strong flavour of proportionality. What that relates to is not only the types of services and supports that you're registering to deliver, but also the scale of your organisation, the number particularly of participants that you're supporting. And the way you think about that is, perhaps for an organisation that's delivering maybe to hundreds of people over the course of the year, in terms of products and services or episodic supports, but really to think about, at any given point in time, how many people are you supporting, and that's really the number that we're interested in, because auditors will use that number to determine how many people they might approach to participate in an audit. And that, of course, contributes to the cost.

Graham mentioned there's a question here about the cost for worker screening. The cost for obtaining a worker clearance is a matter for an individual worker, and that cost will be set by each state and territory. The Commission doesn't set that cost. And equally, we don't require providers to pay anything to have access to the resources available through the Commission, including, once it's available, the national database. The timing for the availability of the new National Worker Screening Database will be driven by when states' and territories' new screening units are up and running, and they could start, through those new screening units, to flow decisions through into that National Database. It won't happen overnight. It will be a very progressive upload of information for you about clearances.

We have to start in each state and territory with a new process, and states and territories are adjusting the process now of putting in place the legislation that they need in order to perform that particular function. There's another question here about who needs to hold a current Working With Children's check. Working With Children checks are required as some aspects of interim worker screening arrangements that apply in each state and territory before they start the new arrangements and start screening against the new national standards. So at the moment, in New South Wales, having a criminal record check and a worker screening check are important interim safeguard measures for you as employees. And there's information on our website about how each of those interim arrangements operate in New South Wales and South Australia. At the moment we're in the final stages and expect before the 1st of July for there to be information for you about the onboarding five jurisdictions and what the interim arrangements for workers screenings look like in those places. In the main, it will be a maintenance of the existing worker screening arrangements that have applied under the NDIS to date.

So again, someone's asking about the process for training and getting information about the new worker screening system, making the correct observation that it's two weeks away and there's been no information about what's required. For us to establish worker screening arrangements with each state and territory, we need to establish a rule. And at the moment, we're working with states and territories to finalise that rule and information about what you can ask workers to do for you as an employer will come out hot on the heels of that rule being made. As I said, the states and territories that are commencing from the 1st of July 2019 are indicating to us that the screening arrangements that have been in place to date under the NDIS will continue. So you can simply require workers that you are thinking of employing to undergo those particular screens, no matter where it is that you

might be located. As soon as we have the information from states and territories about the start of the new worker screening units in each jurisdiction, we'll let you know and you can start pointing your workers to those new arrangements. The screens that people have today and up until when those new worker screening arrangements come into play in each state and territory, will continue to be valid until they expire. So that might be three or five years, depending on the jurisdiction, so you don't have to have everyone screened at that very first moment. This is a progressive process where, as people's existing checks do expire, they will then be required before that date for you to go and have one of the new checks. Just taking a different note.

There's a question here about key personnel and whether you list by names or positions. Key personnel are the critical decision makers in your organisation. They're the people who might be on your board, CEO and senior management. They're the people who would pay attention to issues around quality and safety in your organisation, and really hold the accountability for managing things where they go wrong, or where they need to guide particular improvements across the whole of the organisation. You would let us know the names of people, as well as the positions that we hold. Ultimately we'd be looking for each of those key personnel to also be screened. It's not only frontline workers that will need to be screened, but we would encourage providers to think about that as an important tool for them.

There's also a question about the orientation module being mandatory for support workers or just encouraged, and how it integrates with providers' own learning management systems. It's a free resource for you to really use however it suits you in incorporating into your learning management arrangements. We can give you access to the module in a way that would better integrate if you've got a more sophisticated approach to learning and development across your organisation. The module can be made available to you to integrate with those particular arrangements and you just need to contact the commission to facilitate that. It is mandatory for inclusion in your induction process. So again, the principle is, that this a progressive implementation. There's no need for you to make sure that every single one of your workers has been through the orientation module on day one. It's whatever works best for you and for the individuals that are in your employ. What we do require as I say, is that you incorporate it into induction. So new people coming in get the benefit of it, and then over time, you do have an obligation to make sure that your workers do understand the code and this is a really great resource to give them access to, to help satisfy that requirement.

So a question here about how long registration has taken for small to medium providers who have gone through the process already. The commission, if you've been through the commissions process already and you're coming in as well, you've got a registration in another jurisdiction, part of the provider pack is going to set out for you different scenarios about what you need to do to incorporate the registration from other jurisdictions that are coming online and even through to WA in 2020. Our first principle is that we want people to do the process only once. So if you've started the process, we can work with you to add in new arrangements into that process, or to pick up some of those new services and supports in other jurisdictions in subsequent audit processes. In the main, it depends on the scale of your organisation, how many days the audit process might take. The question's a good one in terms of having gone through a process already, and we do encourage providers who have been undertaking assurance processes through states and territories to really use the evidence that you've accumulated through those processes to assist you in the audit

readiness for the NDO's commission process. It will streamline things for you, and particularly if the auditor that you've been using in the past is one of the approved auditors, we would really encourage you if you're happy with that relationship, to continue it on, but to have a conversation with that auditor about the areas where there is a degree of commonality to consider what they saw in previous audit, and to incorporate that evidence into their approach to this new process.

Just sifting through, I've got some great questions. They're really, really good. We're gonna have to do a lot of work I can see, and getting some responses back to you on some of these things. Another one on worker screening, is a question from Sue saying, will providers receive automatic notifications regarding employees with screening concerns? And the answer to that is, yes. Once an individual has undertaken a worker screening clearance within any particular jurisdiction, if something fresh comes up that fits within the things that those screening units are looking for, comes up during the period before their particular check is due to expire, they will be notified by, the worker will be notified by the worker screening unit to say, we see that you've had a charge against you, or something like that. Can you please explain what this means, and give it an opportunity to respond. The screening unit will, in each state and territory will review the response, and depending on how that process plays out, they may adjust the screening status of that particular worker. If for example, someone is convicted of a serious offence, and the process within each jurisdiction has been satisfied, the clearance will change from a cleared status to an excluded status. And the employers associated with that particular worker will be automatically advised that a status for a particular worker has changed. You'll be then able to go onto the database to see what has changed for that worker.

There's a question here about, supported employment, and will certification to the National Standards for Disability Services, as well as the National Practice Standards be a condition of registration for providers who offer supported employment? Certification under the commission and assessment relates to the NDIS practice Standards. Where a provider is delivering supported employment, they will have to meet for people who are not participating in the NDIS, the National Standards for Disability Services. However, we are aware that the Department of Social Services is considering how they can in fact recognise a provider's registration with the commission for the purposes of meeting certain aspects of the National Standards for Disability Services in supported employment. So you should be receiving information about that in a little while.

There's a question here about the ongoing role of the NDIA, and whether the NDIA's job of work will continue when the commission commences. The NDIA and the NDIS commission both are key entities in supporting the full implementation of the NDIS. The NDIA will continue to have the very important role of working with NDIS participants to determine their access to the NDIS, as well as the planning arrangements to deliver the reasonable and necessary supports that those participants require. They'll then be doing a whole lot of participant capacity building, continuing with informational linkage at capacity building, supports for the broader community. So they have a very significant and ongoing role, as does the commission when it commences in each jurisdiction. The NDIA will in addition to, as Graham said in his opening remarks, will take complaints regarding those access decisions, those planning decisions, and planning review decisions. The NDIA also will investigate allegations of fraud in the scheme, because they are the manager of the NDIS budget. Where the NDIA has identified and confirmed together with the Australian Federal Police, or other

police and jurisdictions that there has been an instance of fraud and charges have been laid, the NDIS commission is definitely involved in what happens next and we take those matters incredibly seriously, and where an allegation of fraud has been upheld, whether it regards an individual or a provider, the commission will act in accordance with the various powers that I've described earlier.

There's a question here about whether the registration dates will be dependent on when providers were last audited. The dates that have been worked on, we're in the process of finalising that will come onto your certificate, have been done with significant involvement of states and territories, and also the NDIA where they have had responsibility for the registration of providers in to the NDIS. And that includes considerations around audit recency, but also the level of complexity and risk that the services that you're delivering present in the NDIS. So if a provider has had a very recent audit for example in Victoria, the date of that audit will be taken into account and we will take advice as we have from the Victorian government, and maybe set a date for your organisation, which is maybe to have you commence the process of reapplication in maybe six months or even a little bit longer. If you have, if you think that the date that's been given to you is one that doesn't fully reflect the things that are described in your certificate and the material that we've given you about how phasing is determined, then you can contact the commission. But in the main, because we are setting those dates with a view to giving you effectively, 12 months from the date that we issue the certificates registration to start something, and some of you may need to finish within that 12 month period or so, there is plenty of time for you to undertake that process.

So a question here is, I'm registered as a sole trader, however, my client base is growing. How can I convert my registration into a company? Under the rules, there's a requirement for you to let us know if there's a change in circumstances for your organisation. And that might include that you've moved from being an individual practitioner to form a proprietary limited company. And you need to let the commission know that you've done that. And we'll then let you know what you need to do in terms of satisfying the commission through an assessment against the core module that the elements of that company and the way in which you're managing risk, you're managing the operating environment of that company as it's growing. Really align, continue to align with the practice standards. You can get more information about those change of circumstance arrangements on our website.

Wow there's lots of questions about worker screening. It's a very hot topic. There's one here about, do our administration staff need to have a clearance if they see participants on a daily basis at reception, or one to one as they complete financial transactions or other tasks? It's a really good question. The national arrangements for worker screening and the intergovernmental agreement that all jurisdictions have now signed sets that obligation for clearances at staff who have more than incidental contact with a person with disability, and that will generally mean people who are working with people in a direct support context. If you think it would be beneficial for you, for example, if some of your staff are working with NDIS participants, particularly to complete financial transactions around their plan, we would encourage that screen. But administration staff are seeing people in reception. It really is a matter for you if that's not considered to be more than incidental contact. We think that this is a good tool for you generally in supporting your organisation with its broader risk management obligations, and you don't have to do anything to demonstrate that a worker fits a particular criteria in terms of having more than incidental contact. So if it's your desire to screen

your whole workforce, then you can do that. You can require that as an employer. All the commission staff are being screened, and are required to meet the code of conduct, and some of our staff are located in Penrith, working for example in registration. Our expectation is that they have an understanding of what it is to work with people with disability, although they may not have any direct contact with NDIS participants themselves. Whereas others of the commission staff definitely do have very regular interactions.

There's a good question here Graham about... ..about the staffing profile for the commission.

GRAHAM HEAD:

Alright. So we have a question from one of our colleagues in north Queensland about office locations around the country. So the commission, as I said earlier, is going to be about 300 people around Australia, about half of whom will be in the national office.

We have made the decision that the general distribution of state and territory resources will be through having an on the ground presence in each state and territory. But that will have our offices in those places in capital cities. That said, we will have quite a flexible workforce for deployment. We're very sensitive in particular to the regional, rural, and remote issues in the Northern Territory and Queensland, and indeed WA when it comes on. So the fact that people are attached to an office in a capital city, will not mean that you won't see those people in the regional, rural, and remote parts of any given state. It's really about making sure that we're keeping our overheads sensibly structured in terms of the efficient operation of the organisation, while at the same time, maximising the access that people have. So even although Samantha and I are technically based in Penrith, some of you in the room and many others would attest to the fact that we're out and about in the wilds of different parts of the country very often and the commission does have an absolute commitment to ensure that it's accessible to people in rural remote areas. So one of the things that we'll be doing through our engagement team, is trying to ensure that we understand what the most useful form of engagement will be for providers and others in particular parts of the country, so that we're a bit coordinated in the way that we provide direct services. That for an organisation of 300 people nationally, we will in effect have eight offices around the country, which I think is a pretty reasonable spread, provided that we are very, very attuned to the fact that people want access to us beyond capital cities, and we'll be deploying a range of different mechanisms to make sure that happens.

Just while I'm looking through some of these more general questions, Sam, I noticed earlier that there was a question about provider phasing, and in particular whether or not, it looked to me like it was a question from Queensland about the status of audits that are done under the human services quality framework in Queensland, and whether people would need to undertake something new.

SAMANTHA TAYLOR:

So yes, they are really good observations and as I mentioned, we have been working with each of the departments within each state and territory who's managed these processes in the past to make sure there's a sensible recognition of audits that might have been done very recently. Our first principle is that, if organisations have gone through processes that were required as part of their registration to date, that it's important that we don't duplicate too early. The point of this



assessment is to assist your organisation, really, in taking, well getting a very clear view about how you benchmark against new national standards. Whilst they're different to the standards that have applied in other jurisdictions, there is a high degree of alignment with national disability standards, and the core difference is looking at the experience of participants. So taking that first principle that this is actually about your organisation, thinking about its qualities, thinking about how it provides safe and competent services to people participating in the NDIS. If your organisation has gone to the trouble and expense of undertaking an audit within say, Queensland, that will be taken into account in the timing that you have, to undertake a new audit against the new practice standards. If it seems to you that the date that we've set for you to start the process of reapplying with the commission would mean that it's still a very short period between when you completed that previous audit and what we're asking you to do, you can let us know and we'll certainly work with you to consider the timing of the next process with the primary objective being, to make sure that your organisation has the tools available and the feedback available to know what you need to do in terms of any areas for improvement, what you're doing really, really well, and how you're using the intelligence that's come from those particular audits back into your organisation through whatever quality management arrangements you might have.

GRAHAM HEAD:

So I'm going to, we've got three minutes left for this part of the webinar, and then we're gonna have a bit of a changing of the guard. So I'll answer a couple more questions. Don't be concerned if we didn't get to your specific question. We are going to get information back out to people in response to all of the questions we've asked through the mechanisms I described earlier. We have one question here about the types of supports that there are for sole providers who have concerns and questions. An important program that the commission is administering is a grants' initiative with grants that are being provided each year over a four year period to support transition in the sector. Now that first grant round includes a number of grants selected through an open process to support the sector around transition in addition to a couple of targeted grants, one which was targeted to the peak body for allied health professionals, and one was targeted to the Council for Intellectual Disability in New South Wales and South Australia, which is about developing specific resources around transition for, on the one case, allied professionals, and in the other, supporting people with intellectual disability in particular to contribute to the audit process in the way that Samantha was outlining before. So there is a targeted program of supporting transition for providers. We'll be making the announcements about the first round of grants in the not too distant future. The other question here was around, who is responsible for complaints and queries in regards to payments. The commission or the NDIA directly, and I'm happy to say that that's a matter for the NDIA to address that the commission's jurisdiction is a very, very, very confined to quality and safeguarding, and not to the operation of the NDIS as it pertains to either access, or the plan, or the funding that attaches to a particular plan. Now it's 11:29 and a bit. So, I think we're going to pause here for just a couple of minutes while we get our next speaker in. That will be Tracey Harkness, who is a Director of Behaviour supporting the National Behaviour Support team. Tracey will talk to you for about 20 minutes about behaviour support, and then I'm gonna come back and talk about complaints and incident management, and then there'll be another Q&A session this time for Tracey and myself on those two areas. So I'd very much like to thank Samantha for her contribution this morning, and you can all stretch your legs or grab a cuppa, or whatever you want to do for the next couple of minutes while we have a changing of the guard here. Thank you.

SAMANTHA TAYLOR:

Thank you.

(SLOW TEMPO MUSIC)

TRACEY HARKNESS:

Hi, my name is Tracey Harkness and I am the Director of the National Behaviour Support team at the NDIS Quality and Safeguard's Commission. Before I start the presentation on behaviour support, I'd like to acknowledge the traditional owners of the land of which we meet on upon today, and also the traditional owners of wherever you might be watching this webinar from today as well.

So first of all I'd like to talk about the regulators of restrictive practices that the Quality and Safeguards Commission monitors and oversights. There's five categories of regulated restrictive practices, and any restrictive practices is really any practice or intervention that has the effect of restricting in the rights of freedom or movement of a person with a disability. So the regulated restrictive practices are in the categories of seclusion, which is putting someone in a room or a place where they're unable to leave, or even if it's implied that they're unable to leave. Chemical restraint is the next restrictive practice, and that can either be routine, so something, medication that a person takes every day, or it can also be as needed, which is also known as PRN medication. So chemical restraint is really one of those medications that is psychotropic medication that has any effect on the brain of the person themselves, and has the effect of suppressing or reducing the behaviour of concern. Mechanical restraint is the next restrictive practice, and that's using a device or a splint to suppress or manage a behaviour, such as an arm splint on a person to stop them from hitting themselves. Physical restraint is using a part of your body to restrain the person. Again, this is something to suppress or manage the behaviour. Environmental restraint is one of the more broader categories of regulated restrictive practices, but most commonly it's included in plans as restricted access. So restricted access to items or preferred activities to manage behaviours of concern.

The regulated restrictive practice in behaviour support can only be used in the context of reducing the risk of harm to self or others, clearly being identified in a behaviour support plan that they have to be authorised or approved however described by the state or territory where required. It can only be used as a last resort and needs to be the least restrictive response available. It also needs to be proportionate to the potential harm to self or others, and be used for the shortest possible time. The NDIS participant, if they have restrictive practices in their plan, they also need to be given opportunities to develop new skills that have the potential to avoid the need for restrictive practice in the first place, and also may reduce the behaviours of concern as well.

So our role in behaviour support in the NDIS Quality and Safeguards Commission is really about safeguard of the dignity of the person in improving their quality of life. So we provide practice and clinical leadership on positive behaviour support, and we're really looking at reducing and eliminating the use of restrictive practices. The contemporary research evidence shows that there's better alternatives than the use of restrictive practices to manage behaviours of concern. Some of these alternatives include teaching skills, development and creating choice in controlling the person's life as well, or building appropriate social communication skills in a more positive environment as well. So under the new arrangements implemented by the NDIS commission, specialist behaviour support services can be provided to a participant only by an NDIS behaviour

support practitioner who is engaged by a specialist behaviour support provider registered with the commission. And I'll talk in further detail about those requirements a bit later on. So how will the commission reduce and eliminate restrictive practices? We'll be building the capacity behaviour support practitioners, and I know this morning we've already talked about the education and capacity building in terms of one of the larger pieces of work that the commission is doing, certainly in these first few months. We're developing policy and guidance materials around restrictive practices and other best practice. We would be doing education, training, and advice to providers, and that's practitioners are implementing providers and participants.

(INAUDIBLE) and analysing the use of restrictive practices. And lastly we'll be assisting states and territories in developing nationally consistent restrictive practice definitions and principles for authorization. If you're working in a provider that works across different borders or different jurisdictions, you'll probably be aware that there's a number of different processes in each state and territory around how restrictive practices are approved and authorised, and also the definition of those restrictive practices and what's considered restrictive practices. So that really makes it tricky for providers that are working across different jurisdictions, and we're looking at assisting the states and territories in coming up with some nationally consistent definitions, and even the principles for authorization as well, which will help in the future.

So behaviour support provider requirements. Providers must be registered for specialist behaviour support, or be a registered sole provider. They need to be registered for registration group 110, which is specialist behaviour support. Providers must engage behaviour support practitioners to deliver services, and practitioners must be considered suitable as an NDIS behaviour support practitioner to undertake assessments and develop behaviour support plans. So in terms of considering who is suitable to undertake behaviour support plans, the NDIS commission considers a range of factors that include review of practitioner qualifications, trainings and experience in the field. The Behaviour Support Capability Framework will provide a baseline for practitioners and a pathway for reviewing their capabilities to achieve a level of practice excellence. The capability framework really reflects I guess, the diversity of sector capacity in specialist behaviour support. As you were probably maybe aware, there's not one single qualification that behaviour support practitioners are able to do to provide behaviour support. And they come from a range of backgrounds and experiences to do that work. It also clearly defines levels of capability within a tiered workforce framework as well. And focuses on professionalisation of the sector. So this is a little look about, of the capability framework. It is based on the principles of positive behaviour support and reflects the UN convention on the rights of persons with disabilities. It was, so there was a number, when we developed the framework, people with lived experience with disability played a critical role in the development of the capability framework, including an expert reference group and extensive consultations with people (INAUDIBLE) as well. There are four practitioner levels in the capability framework as you can see, from core practitioner, which is an entry level, considered an entry level person, to a proficient practitioner, and then there's two equal but more advanced practitioner, sorry, one being an advanced practitioner, and the others being a specialist practitioner. So an advanced practitioner might be someone who has got a number of years of experience in positive behaviour support, and really has a really well rounded advanced skills in that area. Whereas a specialist practitioner might be someone that has worked with people with disability, maybe with co-existing mental illness and other specialist areas within the specialty of behaviour support.

So really people can allow increased professionalisation where people can move through the framework and become, move from the core practitioner to a proficient practitioner as well.

So the next phase in the capability framework that was developing an assessment resource toolkit for the framework itself, and this really outlines the process of how a person can be considered suitable. So first of all, the framework outlines a knowledge and skills that are needed to provide proficient or above. So the domains in those are really the process of what you should follow when you're doing positive behaviour support. So, it starts at the top with an interim response, then we do a functional assessment around why the person is engaging in the behaviours that they are. Planning and working with the implementing provider to, in working out the plan and the steps to implement that plan. Next is the implementation of the actual plan, so that's putting the plan in place with the people that are providing the support to the participants. Then there's a really, an understanding at some point, when once you're doing an implementation, the next phase is really knowing that the plan works. So making sure that the plan is actually engaging working with the participant and the service providers to reduce the behaviours of concern. Also with a focus, again, on improving the person's quality of life, and increasing their choice in control and activities. And then the main thing is really, as I've already mentioned, we have a view with about reducing and eliminating restrictive practices. So that means that in behaviour support plans, the commission will be really keen to see over time, fade out plans for the restrictive practices that are included in plans. And functional, and I guess the CPD and supervision is really a fundamental thing for all practitioners to have supervision by a more proficiently advanced person in their area of expertise, and continuing professional development. So those are the principles and values of the capability framework itself. And the assessment resource toolkit really outlines then the next stage of that assessment. For step one at this point in time, we're looking at a practitioner self-assessment, and then the supervisor or the support provider would provide validation of those experiences and qualifications. Step two, the practitioner and supervisor evidence. So the supervisor will need to provide and assist the practitioner to provide the evidence to the commission, and the assessment resource toolkit talks about the types of evidence that you'll need to provide. Step three, it comes to the commission and we verify the evidence and determines suitability for the person to continue providing behaviour support. At this point in time, practitioners in New South Wales and South Australia have all been considered provisionally suitable, whilst the capability framework is being developed.

So if you're developing a behaviour support plan and you're a practitioner, for plans written after 1 July, 2019, that include regulated restrictive practices, the practitioner must develop an interim plan within one month, and a comprehensive behaviour support plan within six months, including a functional behaviour assessment. Authorization needs to be obtained from your existing state or territory legislation and department. And interim and comprehensive behaviour support plans must be lodged with the NDIS commission. So the comprehensive plan, the interim plan is really around, the focus of an interim plan is really around making sure that people are kept safe within a specific environment whilst you're developing more functional, more comprehensive assessment. So it should be focused on risk management and strategies to make sure, like I said, people are just kept safe in the environment that they're in. A comprehensive behaviour support plan needs to include a functional behaviour assessment, and needs to make sure that it includes teaching strategies, proactive strategies, as well as other skill building ideas and for the person based on their level of

skill, and then it may have a restrictive practice in place. If your plan doesn't have a restrictive practice, if you're doing behaviour support plan and your plan doesn't have a restrictive practice in place, it does not need to be lodged with the commission.

And implementing providers requirements, those are the implementing providers are what's we consider implementing providers to be the providers that are implementing the plan for the person, so they're the, it might be day program or accommodation service that's providing, using the restrictive practice in accordance with the plan. So the implementing providers must keep records on the use of restrictive practices. They must report monthly to the NDIS commission on the use of those practices. They must obtain the authorization using the existing state or territory legislation. And they must comply with reportable instance requirements. So, if you're using a restrictive practice and you don't have current authorization with the state or territory, it becomes a reportable incident, and you need to complete a five day notification with reportable incidents team. You need to engage with an NDIS behaviour support practitioner to develop behaviour support plans, and you need to work with that practitioner to implement the positive behaviour support strategies and monitor outcomes with the person with the disability. And support staff also need to receive appropriate training. So implementing providers really need to take all, what's considered all reasonable steps to engage a NDIS practitioner when they're using a restrictive practice in place.

We can provide, the commission can provide further advice around what's considered reasonable steps as well.

And for more information about behaviour support, you can contact the behaviour support team on through the contact centre on the 1800 number, or you can look at the website as well. Thank you.

GRAHAM HEAD:

Thanks very much for that Tracey. I'm now going to go through a short presentation on complaints and incident management for those of you who have just joined, I'm Graham Head, the NDIS Quality and Safeguards Commissioner. When I'm finished my short presentation, Tracey and I will both be taking our answering questions that you've provided to us. I'll speak a little bit briefly at the front of that Q&A session just to cover off some of the questions about access to information that we were asked in the last session, for the benefit of those who've just joined.

So I want to make a couple of preliminary remarks about complaints that really draw from the experience of talking to people in other sessions about complaints. There's been I guess, some questions that have suggested that people are concerned about whether or not what we're specifying in relation to complaints management is going to be complex or simple. So I'll just start by making what I think's a really important point that I'm pretty sure all of us would agree with. So everybody who's participating in this webinar in their day to day life would interact with service providers in a wide range of situations, whether we're paying a bill, or buying something, or seeing our GP, or supporting somebody with whatever care and responsibilities we have, who's interacting with either a health professional or some other person. I'm pretty sure that each of us expects in each of those situations to be able to speak up if there's something happening that we're concerned about, and that we would expect that issue to be addressed, and where it's not addressed, we would expect to have somewhere to go, to raise that issue and have it examined if we so desired. And

really, that's what we're talking about here. We're talking about the fact that people with disability who are participating in the NDIS, have the right to complain or provide feedback about the safety or quality of supports and services. They should expect the providers who are providing those services to have a process or registering their complaint, and seeking to resolve it, and where that doesn't occur, or where a person with disability's uncomfortable for some reason raising the issue with a provider, that they have somewhere else to go to raise their issue. In this case, the commission. So what we're really talking about in this presentation, is what the commission requires of registered providers in terms of, their capacity to manage complaints, and in addition, how the commission manages those complaints that come to it. We take the view that all complaints should be taken seriously and assessed, but some complaints are appropriate for a facilitated resolution process, and some complaints because of the nature of what is being complained about, may well require further investigation.

So for those of you who only joined for this session, in the earlier part of today's presentation, Samantha Taylor, the registrar of the commission explained the NDIS code of conduct. The code of conduct is one of the fundamental tools of the new national quality and safeguarding framework, that sets minimum expectations really, for how people working in the NDIS as providers or in any capacity that has more than incidental contact with a person with disability, who's a participant, would behave. So the code of conduct is there to help shape the behaviour and culture of providers and workers. It applies to all providers, registered and unregistered, and importantly, is the very significant regulatory tool for unregistered providers and workers. Anyone can complain to the NDIS commission about a breach of the code, and we monitor compliance with the code. If you go back to what I said a few minutes ago about the expectation that each of us would have about being able to heard to raise issues to get feedback, to seek resolution. It's very difficult to see how a person's individual rights could be respected in accordance with the code if a provider was not providing the opportunity for people to make a complaint.

So as I've said, anyone can make a complaint about the provision of supports and services by a provider, including a person with a disability who's receiving or is eligible to receive supports or services from the provider or worker employed or otherwise engaged. Friends, family, or a significant person in the life of a person with disability, or indeed anyone who observes a problem. Very importantly, we do encourage people with disability in the first instance to raise their concern or complaint with their provider. But we recognise that sometimes people will not receive the response they're seeking, or as I alluded to before, may for some reason be uncomfortable raising that complaint, and so the commission is able to take the complaint in either of those two circumstances. Importantly, we aim to resolve complaints as quickly as possible, wherever that's possible. And the process can require us seeking documents, looking at possible actions for providers, facilitated meetings. So for instance, early resolution may include conversations between us, the complainant and the provider. Early resolutions where the complaint really is handled by the provider to the complainant's satisfaction between any formal action is taken. Conciliation can also be used to resolve a complaint so that each party has a voice in the process, and the most common form of conciliation is a meeting between the complainant, the person with the disability, and the provider with each person having an opportunity to have their voice heard in the process. An agreement is made for future arrangements out of a conciliation process, and that may include taking action to address concerns raised in a complaint could include changing the complaints

management system to make it easier for people to make a complaint. Ensuring that all participants behaviour support plans and other plans are up to date. It could be related to whether or not somebody has adhered properly to a practice standard, or it might relate to an area where there's a view that staff needs some further skills development. If a complaint raises a serious compliance issue, and that complaint is notified to the commission, we may undertake a site visit to ensure that there's no immediate risk of harm to the individuals affected, or if it points to a serious breach, we may take formal compliance and investigative action. Complaints, I think it's important for people to understand, relate both to the specific experience of an individual at a point in time, but they may also give us insights into sort of broader system wide issues. So complaints also help us to understand whether or not there's a systemic issue that we need to address, and that may be an issue that's best addressed through using one of our educational approaches, producing good practice material and disseminating that broadly across the sector, or it may mean taking more formal action depending on the nature of the issue. So the complaints process is an extremely important one for gathering those insights. It's also important in relation to the points I raised in the opening part of this session, to acknowledge that an effective complaints process for an organisation is often one of the features of an organization's processes that is most likely to contribute to a higher level of customer satisfaction. If people feel that they can trust the organisation they're receiving supports from, to hear a complaint and respond to that, that creates confidence and trust. So having a complaints process that works is important for a number of reasons. One, it's people's right to be able to complain. Two, you will learn things through a complaints process that help you adjust the way you're approaching doing things. And thirdly, if your clients are confident that they can complain, then more of your complaints will be handled through that process. Fewer of them will need to come to the commission. And lastly, but not leastly, for registered providers, it is an obligation of your registration and it's required under the act and the rules that you have a complaints process in place. So very, very important, and a very, very significant mechanism for people with disability who are accessing NDIS supports and services. Reportable incidents are also a very significant feature of the new framework for providers to understand. So the obligation is an obligation on registered providers to have an incident management system in place to prevent and respond to incidents, and to notify the commission of certain types of incidents that are specified in the act, and in the subordinate rules that sit under the act where those incidents occur in connection with the delivery of NDIS supports and services. Importantly, the duty to notify us doesn't extinguish a provider's existing obligations to, for instance, report suspected criminal conduct to the police and other relevant authorities. So the notification to the commission is a requirement on providers of meeting that obligation does not extinguish people's other obligations where things are going wrong. So what sorts of things do people have to report to the commission? So the slide in front of you outlines what is both in the legislation, in the parent act, but also in the subordinate rules that relate to reportable incidents. And again I stress, these are incidents that occur in connection with the NDIS supports and services that includes the death of a person with a disability. So that's any person with a disability who's a participant in the scheme irrespective of the cause. Serious injury of an NDIS participant, abuse or neglect of a person with a disability, unlawful sexual or physical contact with or assault of a person with a disability, sexual misconduct committed against or in the presence of a person with a disability, including grooming of a person with a disability for sexual activity, and importantly, in respect of what Tracey's just outlined, the unauthorised use of a restrictive practice in relation to a person with a disability. Now I should stress there that an incident includes an allegation. So if an allegation was made of abuse or neglect of a person with a disability

then that allegation is the subject of the reporting requirement as well. Most incidents need to be notified to the commission within 24 hours, of providers key personnel being made aware of it. And a more detailed report about the incident and the action taken in response to it must be provided within five days. The difference there is the unauthorised use of a restrictive practice is notified to us within five days rather than the 24 hours that applies to everything else, with one important exception. If there is harm to a participant of a type that's covered in the other criteria for reporting, that's connected to the use of a restrictive practice, then it's subject to the 24 hour timeframe.

In all cases where providers are reporting to us, they must assess the impact on the person, whether the incident could've been prevented, how it was managed, what if any changes are required to prevent similar events occurring. We require providers to prioritise the immediate safety and wellbeing of participants where an incident has occurred, ensuring that impacted people are and feel safe, and have someone who they trust to support them. So in some states and territories, there have been variations of different reporting schemes. It's very important that in jurisdictions coming into the NDIS, that people understand these new obligations, because it is a very significant obligation of registration with the commission that people report these incidents.

So the sorts of things that we might do in respect of reportable incidents to require the provider to undertake remedial action, we might require them to carry out an internal investigation. That could include engaging an independent expert to investigate and report on the incident. We may give information to police or refer to another body, or we may require the provider to do that, and providers have to make their records available to audits as part of their quality assurance process. By their nature, reportable incidents may in addition to whatever actions are taken by bodies such as police in relation to serious incidents, may also require the commission to examine the status of a provider's registration or to take particular actions using its regulatory powers where that's appropriate to do. So reportable incidents, important new obligation. The obligation to report does not extinguish the obligations to report to others that are pre-existing. Our first priority is the safety of the affected people and providing support and security to those people and, then, the proper review of what happened, what could have been done to prevent it, what is the appropriate course of action to be undertaken by the commission, the provider, or, indeed, other involved regulators in relation to what's happened and to report an incident. So, a bit of information, that's a bit different for the incoming jurisdictions. In both New South Wales and South Australia, the IT development for the commission was largely undertaken before the commission opened its doors in 1 July, last year. The area of the commission's operating system that we required more work to be done on, whereas the online lodgement of reports of reportable incidents that work with a lot of input from both staff but also providers, has resulted in a lot of functionality enhancement of what was proposed for that module. And in communications that go out to providers over the next few weeks will be letting people know when the online lodgement of reportable incident reports will start. But it's imminent. It may not be fully operational everywhere by 1 July, but if it's not, it will be within a very short period after that. And that will be a significant improvement in the jurisdictions that are coming online compared with the more manual process we had in place for New South Wales and South Australia. So, we're going to move, now, to questions. The way we do this is you've been lodging your questions. We have them on this little iPad.

I'm gonna make a couple of general remarks. Then, I'm gonna pass to Tracy 'cause most of your early



questions are about behaviour support. I do wanna make a couple of points, so there's lots of questions about will the overheads be available. As I said in the session earlier this morning, the webinar itself, the slide decks used within the webinar are available. In addition, there's a provider pack that's available on our website, and, as part of the preparation for transition for registered providers, your nominated contact person has received two letters already from me and will receive a new certificate of registration on 1 July. The letters that have already been sent include a link to the provider pack. But, for people here who are not the nominated contact persons, those provider packs are already on our website. And, in addition to that, the questions that we answered today, but also those we're unable to get to today, will be assembled into a compendium of questions and answers. That will also include the questions and answers asked in state and territory, face-to-face, provider forums. And you'll all have access to the questions in that. We won't, probably, get to answer all of the questions today, but don't be concerned about that because we will provide that compendium. You will have access to the information. Just before I pass to Tracy, one additional thing to say. We spent some time in Brisbane on Friday. There were a lot of questions in relation to behaviour support and, in particular, behaviour support and early childhood. And I gave a commitment in that forum that we would do some additional factsheet on the interaction between the system we're describing here and the arrangements in Queensland in respect of early childhood. In fact, there will be jurisdiction by jurisdiction information about the transitional arrangements that relate to behaviour support anyway. So, if we're getting into a level of very microscopic detail about those things, then we may not take up time in this forum to address those questions in detail. But we will respond to people who ask them. So, with that, I'll pass over to you, Tracy.

TRACY:

Thank you. Just hit 'answer' once you've answered them so that I don't get lost when you pass it back.

Oh, OK, I see. So, someone's asked - Sandra has asked if restrictive practices apply to children if the practice would be considered a normal behaviour when dealing with any child. For example, stopping them from running out onto the road or putting up a child safety gate to keep them in an area where they will be safe. So, I guess, in terms of children and anyone under 18 that has restrictive practises in place, it's really all - considering whether it's a restrictive practice or not. It really has to take into account the age of the child or the person, and, then, also, their capacity to understand and put those things in place. So, if we're talking about a young child where you'd normally have a child safety gate in place to keep them safe, that's not considered a restrictive practice. Also, if you've got imminent risk where someone is running onto the road, and you are physically restraining them or picking them up to stop them from running on the road, that's not considered a restrictive practice. However, if the person is older and lacks the capacity to have good safety - road safety skills, I guess we - the first time where you may only realise because it's a new participant or it's a new behaviour they hadn't ever done before where they might've decided to run out on the road. You're able to stop them as emergency use as once. However, if you think that's going to be an ongoing issue, you need to have - and it's more like we're - like I'm saying, we're talking for a person who should be able to - If it's we're looking at just age, they should be able to have access to be able to cross roads, then you will - then that gets into a bit more of a grey area around whether it's a restrictive practice. And if you're going to be thinking that you're gonna have to do this on more than one occasion, you should be engaging in a behaviour support practitioner to

develop a plan for that person to either improve their - It might be around improving their road safety skills and getting them to understand or teaching them how to cross the road safely. It might be working out why it is that they're wanting to run across the road. Or are they trying to run away from the provider or what? What's happening for the person, as well?

OK, and Emma's asked if it's considered environmental restrictive practice if a provider keeps smokes and money and hands out application per day. This is one of the questions we get in terms of the grey area, in terms of people helping to manage other people's cigarette management. And I think my comments around this are really around understanding, first of all, has the person - obviously, we have cases where participants have asked staff who they work with to help them manage their cigarettes. I think the main thing that I often notice is missing in that is the person or the participant understanding that they can withdraw that consent at any time and if they're able to give that consent in the first place. So, if a participant's asking you as a service provider to help manage their cigarettes, that's OK as long as you have a clear kind of protocol in place in terms of the restriction around that. And if the person's consenting to it, it's less of a problem. But, again, I would need to - I would like to kind of encourage people to make sure that they talk to participants about being able to withdraw their consent at any time. And if they can withdraw their consent and have access to all their cigarettes, then it's not a restrictive practice. But if you're restricting them on top of that, then it is an environmental restraint. Some of these things, obviously, are a case-by-case decision, as well.

OK, so, there's a question from Marion asking about whether a parent self-manages their adult child's plans, and they employ their own teams or workers directly. And the family asks their workers to implement restrictive practices. The situation may go unnoticed. However, if an allied health practitioner is purchased to provide a specific clinical service, and they are unaware that this situation's not following Q&S requirements, who do they report to? So, if, in the case of a parent, whether they're implementing a restrictive practice or employing staff to implement a restrictive practice, if a allied health practitioner is working with a family, then they need to be working with the family to reduce the use of the restrictive practice and really negotiate in that with the family members that are managing the plan. The other thing that needs to be, I guess, clarified is that NDIS implementing providers also need to - that are implementing restrictive practice, need to be registered.

So, they, and now, will need to report monthly to the commissioner, as well. So, if there's employees that are not registered, they're not able to implement restrictive practices in that situation or any other service, as well.

Is it good training support to NDIS planners?

(INAUDIBLE) parent is self-measuring (INAUDIBLE). So, does a parent who is self-measuring receive an information pack? I'm not sure about that one.

GRAHAM HEAD:

I can answer that.

One of the very significant improvements, I guess, in this round of transition is that the commission's

been working to improve the information provided to participants and, as a, I guess, a subgroup of participants, to self-managing participants about what the quality and safeguarding arrangements are, how people can access them, what the obligations are. So, there is some material already developed for participants generally and self-managing participants, in particular. Participants will be notified by the commission through their preferred mode of communication about the availability of these resources. And they can choose in which format they wish to receive them, whether that's in an easy-read document, whether it's a resource that has Auslan interpretation, whether it's a braille document, a range of different formats and, also, a range of different languages. If there are specific areas where people feel they would like additional or more detailed guidance about a particular aspect of the commission's work, then we're happy to either develop that generally or respond to individuals who are seeking some quite sort of bespoke information.

TRACY:

Thank you. Linda asked about - has asked about and wondering whether a therapist making therapeutic recommendations. So, if a seatbelt's required for postural support to help someone in a wheelchair if they would fall out, is it therapeutic or is seen as a restrictive practice? Someone needing therapeutic support or postural support to just remain in their wheelchair safely is not a restrictive practice. Kai has asked a couple of questions. In terms of developing a behaviour support with plan which does not include restrictive practice, who's able to develop the plan? And does the service have to be registered as a behaviour support provider? The rules actually stipulate that anyone developing behaviour support plans has to be registered with registration group 110 specialist behaviour support.

But you don't have to lodge that plan if it doesn't include restrictive practices to the commission. And Kai has also - When a service is only implementing a plan, does the framework apply, in other words, to all people implementing in the plan have to be practitioners? If a service is - service is implementing a plan they considered, by our rules, as an implementing provider, they will need to be registered for whatever the support they provide. So, they don't have to registered as practitioners with registration group 110. But they need to be registered with the commission for whatever they provide. So, if they provide specialist disability accommodation, they need to be registered for SDA, or if there's a day program or a (INAUDIBLE) program or anyone else that needs implementing that practice, they need to be registered. And each of those implementing providers will need to report to the behaviour support team at the commission around the use of the restrictive practices each month.

Emma's asked if it applies to children or young people under 18, or whether it only applied to people with disability types. It applies to anyone who's considered a participant under the NDIS scheme. So, it does apply to children and young people.

Well, the next one's about - Leah's asking about whether a fadeout plans are not able to be actualized and whether a participant would need an ongoing (INAUDIBLE) Practice. I guess the expectation is still that we expect to see fadeout plans of when it would be possible to have a fadeout plan. Sometimes, when you're writing a behaviour support plan, in the first instance when you're meeting a new participant, and you're working the very first plan, it's a bit hard to think maybe what - when a fadeout plan could happen. But I would encourage

practitioners to think about what skills and what would be the bar that would be needed when the restrictive practice could be faded out.

Is there a list of supervisors for PDS in Queensland? I'm not sure what that means. I might need to take that one on notice.

Anne Marie's asking, "From Victoria, do we still need to report to (INAUDIBLE) in Victoria as well as the commission?"

In terms of reportable incidents, that's - I'm not sure if you still need to report to (INAUDIBLE) or not. I don't know what the existing state rules are around that. And we're working through some of those transitional arrangements for behaviour support with Victoria at the moment, as well. But I might need to take that one on notice.

(INAUDIBLE)

So, Veronica's asking if it's implementing via implementing restrictive practices via family if it's not recommended in the first instance by us. I mean, we don't, obviously, have oversight over what families do in their own private homes, but I would say, as I said before, that we'd expect practitioners to do what they would've done before the commission was in place and work with families where possible to try and reduce their use of restrictive practices and encourage the family and negotiate to do more positive practices and less reactive ones.

OK, the next one from Jean is just about the PDS capability framework when it's available. The final version of the PDS capability framework is being made accessible at this - go through an accessibility request. And we've got a final version back from us, so we'll be put up on the website in the next few days. Certainly within the - by the end of the month.

OK, the next one's about, Hamish is asking about the template for behaviour support plan that's currently on the website. I would encourage people to not use the current template on the website because it is very long and overly complicated and much more longer than it needs to be, wherever advised. Behaviour support team have revised the template down to a much more manageable and useful size. And we're in the middle of doing website updates this week, and that new form will be up there for people to use.

Yes, we agree. It's very much more longer than it needs to be.

When is it expected, the PDS framework, in the assessment toolkit will be made available? Like I said, the capability framework will be available certainly within the end - by the end of this month, and I think this week with the website updates. The assessment toolkit, we've got a final revision version happening at the moment, and, then, it has to go through accessibility. And we're wanting to do a plain English version of that, as well. So, really, it gives people time, and that will probably be going up later in July. It gives people time to kind of look at the capability framework and think about that. And then, the assessment toolkit talks about the resources that you need to use. But, in the meantime, there'll be, I guess, a phasing approach with the capability framework with New South Wales and South Australian providers first. And the new providers that come over on 1 July will all

be considered suitable - provisionally suitable until you go through the - assess through the capability framework to ensure that we don't have any service provision stopping, or ceasing, on 1 July.

So, the next question from Recca's about use of seatbelt clips and buckle covers. They're getting conflicting information. So, we have participants who do not exhibit behaviours of concern, but they will undo their seatbelt and walk around the vehicle to try to get out. Can I get clarity, please, about whether these constitute restrictive practice? They're not participants who would otherwise be eligible to access funding from a behavioural support plan." We have had discussions at the national level with all the seeing practitioners from each of the states and territories to work through some of the kind of common grey areas of restrictive practices. And seatbelt buckle covers and safe transportation is one of those areas that we have decided that if it's just for safe transportation, the person doesn't have any behaviours of concern, and it keeps them safe in the vehicle whilst they're going from one place to another, that's not considered a restrictive practice. However, if the person does have other behaviours of concern and engages in other behaviours for concern as well as undoing their seatbelt, then they'll need to have a plan and a practitioner to write that plan for that person.

This next one's about secondary assessment required for doubling. Also, behaviour support plan is the provider providing the secondary assessment required to (INAUDIBLE). I'm not sure what that means, so I might have to take that one on notice, right?

Other reporting obligations around the use of nonpliant or emergency applications where there are restrictive effects such as physically preventing a person from stepping onto traffic. I think I may have said that one already before in terms of if you - you're able to do it once as a one-off, emergency use, but if you're - you know that that's going to be an ongoing issue, you need to have it - get the practice authorised and, also, working with the person to develop skills and capabilities in that area.

The next one's Rick's asked quite a long question about being a behaviour support practitioner if he's asked to create a plan for someone because they have a restrictive practice, but he doesn't think the restrictive practice is necessary. Do I decline? Do I complain to the BSP? Or complete mine, which concludes the restrictive practices of the plan for its reduction elimination?" I would say that the latter is what you would do. So, you'd work with the family, or the service, and work with them and fade out the restrictive practice over time with - in a safe, manageable way. I mean, obviously, when you're working in behaviour support, it's very complex in terms of the sum of the systems that you need to work with. And you're often working with - you might be meeting with a staff team that's really stressed out and completely over working with a person. And some of that stuff is really difficult to do. And maybe behaviour support is the last thing that they need. So, sometimes, it's around really coaching those people to get through the situation, providing alternative strategies, and more proactive things that they can get quick wins over time. And all will be making sure that you can fade out the plans when they feel safe to do so, as well.

The next one's - Steve's asked a good question about whether behaviour support plans, existing ones that have been authorised by the Victoria senior practitioner before the 1 July that contain an

(INAUDIBLE) you need to be reauthorized. They don't need to be reauthorized. We're working with Victoria at the moment around transmission of existing behaviour support plans. And we're working through a data process for that to happen and, also, finalising the transitional arrangements with providers with the Victorian government so we can communicate that really clearly to Victorian providers. That will all be required.

This one's more about, "Will the recordings be emailed to people?" But I think you already said it will be up on the website. Is that right? 'Cause I had problems linking in.

GRAHAM HEAD:

Need a rest?

TAYLOR:

I'm OK.

(LAUGHTER)

But, otherwise, (INAUDIBLE). Nora's asked what channels our providers offer to seek support and advice around participants behaving inappropriately and order (INAUDIBLE) service provision without justification. Our providers offer to seek support around participants behaving inappropriately. I guess if you got a participant that engages in behaviours of concern, and you are either an implementing provider, I would say that, for those difficult behaviours that you're managing at the moment, you need to facilitate steps to engage a behaviour support practitioner to work with that person.

There's one about complaints. Will the commissioner's complaint process override each state (INAUDIBLE) body?"

GRAHAM HEAD:

So, this relates a little bit to the earlier question two on reportable incidents that rid requirements in Victoria. What this transition is doing is, essentially, switching off the quality and safeguarding arrangements that have been in place in each state and territory as they apply to NDIS supports and transferring that - those regulatory operations to the commission. So, the general answer to the question is that, wherever the state had an involvement in regulating quality and safeguarding related to NDIS supports before and at the point of transition, that comes to the commission. So, the reportable incident obligation is to the commission. The complaints mechanisms now function within the commonwealth framework. So, if I were to give you an example of that, person with a disability may make a complaint about a service provider. They seek to have that complaint heard and addressed by the service provider. For whatever reason, that doesn't happen, and they determine that they would like to escalate the complaint to the commission. Now, the commission may examine that complaint and decide to - and make a decision that no further action is to be taken. This is just an example. Now, in that situation, the person who complained could seek a formal reconsideration of that matter by the commission, or, indeed, it could - that person could determine to seek a third-party examination of this. And, in that case, it would be the commonwealth ombudsman that they would complain to. So, essentially, complaints about NDIS supports. Once a jurisdiction is a participating jurisdiction, and, from 1 July, that's everybody other than Western Australia, that, as complaints come to us, as is the case with all good practice

complaints, management systems. We have a process of assessment and making decisions that we have to go through. If people are unhappy with that decision, they can seek a formal reconsideration of that matter. And if we determine the same way, and people remain unhappy, they can go to the commonwealth ombudsman to seek a - to make a complaint about that. Or, indeed, as is the case with many regulators, our whole host of the decisions we make are called reviewable decisions. And there may be - depending on the nature of the complaint and what it pertains to, there may be a capacity for a person to seek a review of that decision by the administrative appeals tribunal. So, essentially, obligation becomes an obligation to the commission. Just on reportable incidents, briefly, as I've said, the obligation is to us. With each state and territory, we have a set of transitional arrangements in place, particularly, that relate to behaviour support. And what I would urge each of you to do is, in addition to the general explanation I've provided, when material is provided to your organisation about the final detail of transitional arrangements on behaviour support, just pay close attention to what that says. Everything else is a matter for the commission. Do you want me to have a wheel through here, or?

So, Gabriella has asked, "For a sole provider, should the complaints process be for the participant to contact the commission?" So, a couple of bits to that answer. A sole provider might be a registered provider or an unregistered provider. If you are a registered provider, it will be a condition of your registration that you have a system in place to manage complaints, and that's a small S system. So, we don't prescribe a particular way for complaints to be managed, but we require that you have a capacity to receive a complaint from one of your clients. That person knows that they can make a complaint and that you're committed to working with clients to resolve a complaint and provide them with feedback. If you're an unregistered provider, the principle doesn't change that good service typically involves encouraging people to give us feedback. So, we would encourage any provider to encourage clients, if they have an issue, to raise that issue with them. But we will be providing information to all participants and, importantly, specific material to self-managing participants to say that if you've got an issue with a provider, and it's unable to be resolved, then complain to us. That's particularly important because the regulatory tool that applies to unregistered providers is the code of conduct. We don't have a registration arrangement by definition with unregistered providers. So, we rely on participants, their significant others, and family to advise us if there's an issue.

So, Steve has asked if there's an obligation for providers to report complaints made to them to the commission. So, the obligations on registered providers are as we've outlined. You have an obligation to have arrangements in place for receiving complaints. You have an obligation to report reportable incidents. It is the case that, in ordered processes ordered as, may want to look at the complaint management system. Make sure that participant experience matches what people are describing in their system, that there's not an ongoing obligation to provide reports of all complaints received. If we receive a complaint, we may seek information on whether or not that issue's been complained about before, what happened to resolve it. But the reporting obligation that people have is about reportable incidents.

So, Lisa has asked, "Will the commission be developing a portal to submit the incidents rather than sending emails?" And the answer to that is yes, and it will be live very soon. And that will be a significant improvement both for providers, and I have to say, also, for our own colleagues in the

commission because the manual process has been quite challenging. Nina has asked, "If incidents occur involving support workers that don't fit within the notifiable incidents category, but the provider feels the commission should know in order to manage risk of support worker behaviour elsewhere, how should that be reported?" That's quite a complex question, and some of it relates to the evolution of the worker screening system. And some of it relates to good practice generally. So, you are required, as a registered provider, to have incident management processes in place. One aspect of those incident management processes relates to reportable incidents, but there will be incidents that occur that don't trigger those obligations but where things still need to happen. Now, if there were - I guess if an organisation reviewed a number of these matters and found that there were issues relating to the conduct of workers and that conduct presented an ongoing risk to providers, then it may be that some kind of internal review around misconduct occurred. And, as Samantha Taylor outlined this morning, when we have the fully operational system of nationally consistent worker screening, that will not only look at things like criminal history, etc., but it will look at things like workplace misconduct where there have been proven findings made in respect of people. So, ultimately, it's the national database on worker screening that will become the key resource for people in identifying where there are issues and where people conduct a review of a matter, and there are issues related to professional conduct. Then, that would be a change of circumstance, potentially, for a particular worker.

So, there's a question here from Ray about if a health service is also a registered provider, and the death of a person with a disability who is an NDIS participant occurs. Does this need to be reported to the commission? So, the short answer is if an organisation is registered as a provider of disabilities supports with the commission irrespective of what type of organisation that is, the reporting obligation will extend to it. That's an obligation on all registered providers, and there's no carve out for it.

So, there's a question here just to save Tracy from reiterating it. Leah has asked whether - has noted that there are provisional behaviour support providers in New South Wales. When's the capability framework to be finalised? And when are we going to find out if we're able to be behaviour support providers ongoing? Really important thing for people to understand is that, in rolling up a new framework, the commission's been very diligent in not doing anything that would disrupt the continuity of supports to people with disability. Now, there are a number of new features to this scheme. The act required that I develop a competency or capability framework for behaviour support. It's a very important tool, and it couldn't just be plucked out of thin air before 1 July. And it requires a lot of careful deliberation and consultation to get a really first-rate tool in place. We now have that. We've been through that process. We've had input from providers. We've had input from advocates, from people with disability. We're pretty comfortable that this is going to be a very good purpose-built capability framework in this area. We're now aligning the tools for assessment against that capability framework. And the transitional arrangements will ensure that people are not prevented from providing the supports they currently provide while we get this system fully operational. That's why we've had the provisional arrangements in New South Wales, and you should expect that there will be an orderly process of moving to the new system where people have good information and adequate lead times to prepare for those changes. And that's been a principle in everything we've done.



TAYLOR:

Can I just add one further thing? We've also consulted with NDS providers - what am I saying? NDIS providers in terms of finding out from them and, also the other key contacts about what they think is a reasonable timeframe for this - to complete the self-assessment and kind of the lead time and all those things. So, again, we've been consulting ongoingly with this sector around how to manage this in a really orderly way. We've got lots of positive feedback at this point in time, so we're really pleased about that.

GRAHAM HEAD:

So, people are bored with me, and I've gone back to some additional questions about behavioural support and restrictive practises. We're going to answer about three to five more questions. Actually, we're going to answer about two more questions. And then, I'm going to do a wrap-up.

TAYLOR:

OK, so, this one's questions from Marion in Queensland asking about when several registered agencies support a participant where there's an RP, registered practicer, plan developed and written by an in-kind clinician from the Queensland service. And the plan is to be implemented in each agency context. For example, mechanical restraint. Do these agencies provide reporting data to the Q&S commission or not? Including the information about the - as the data from Queensland - so, this would not be provided to the commission. So, I guess there's a question around - there's an issue around in-kind services. And there's, obviously, - we understand there's an in-kind situation happening in Queensland, for containment and seclusion plans are written by the government department and will be for the next - up to the next 12 months where it will be transferred across. So, it's really, probably, much more of a question around in-kind arrangements. Generally, in-kind services do not come under the safeguarding context of the commission itself because it's still provided by a different government department. However, if there's an agency involved that is implementing a restrictive practice, regardless of the source of the funding for the plan, they still would be required to monthly report on the use of the restrictive practice to the commission as a registered provider.

OK, so, the next one, Brooke is asking about whether - if the person doesn't have their own approved relationships category in their NDIS plan, can that provider write BSP and consultation with them and their key supports.

The requirements of the rules specify that a person has to have - has to be a registered specialist support provider and needs to have the approved relationships there in their NDIS funding plan 'cause that is where our specialist behaviour support fits or sits. I mean, there's obviously - we understand there are some teething issues with some of these issues in terms of someone who is registered for both therapeutic supports and behaviour support.

I guess a potential problem, when you're working with a family that has one bucket of money but not another, but we would say, then, the person has to be registered behaviour support provider. And they also needed to work with the participant to get the right category of funding in their NDIS plan.

GRAHAM HEAD:

We might leave it there with questions, Tracy, and I might wrap up so that people can leave on time. So, really, what you've heard this morning from Samantha, from Tracy, and from myself is the number of things that are, I think, important for you all to reflect on. The first is that, of course, these arrangements are not about producing a national equivalent of the status quo. They are about improving significantly the quality and safeguarding associated with NDIS supports, supporting people with disability to speak up when things are not working for them. These arrangements are designed to - or they reflect a raising of the bar in this space. The second thing I think that's important is that we're very sensitive to the fact that transition is a complicated - or can be a complicated process for people who have a large number of other things that they're focusing on in running their practice or running their business. So, we've tried to do a number of things to minimise impacts. The first of those is to, basically, manage the transition process through transitional rules that don't require providers to do anything before 1 July and that, after 1 July, give providers a very structured approach with plenty of lead time for them to consider reregistration and assessment against the new practice standards.

So, nothing that people need to do before 1 July and a very orderly process after 1 July. And our experience with New South Wales and South Australia has been that there's been a general level of comfort with the way that's worked. The third thing, of course, is that all change is challenging. And it can be difficult to know whether or not you've got adequate information for the way that change affects you. The commission's really done a lot of work over the last 12 months to make sure that there are resources in every available format that address the questions that you will have about the way these changes affect you. And you can already access those resources today. There have been two specific communications with providers about transition and one more to come in early July with your new certificate of registration if you're a registered provider. And we've also provided information of a different order this year to participants explaining how all of this works. So, really quite a strong commitment to getting the message out there. Today's webinar is one of altogether, I think, about 16 or 17 presentations that will have taken place, maybe 20, over the last six weeks to try and make sure that people have had an opportunity to raise concerns and question senior staff from the commission about how this process will work. And, of course, as I've said before, the webinar slide decks as well as the information on the web and a compendium Q&A will also assist people to understand what we've discussed in these sessions.

One of the themes in Q&A has been about questions people have about audit costs. I think Samantha summed up, this morning, how important it is for people to generate that scope of audit that is generated once they've provided the commission with some of their information once they've logged in through the new portal once transition's occurred because that refined scope of audit is really what's going to ensure that, when you do approach auditors, you're getting a proper quote rather than what happens when people quote speculatively and without very, very granular information about their practice. You've heard from Tracy about the approach we're taking to behaviour support and how we'll interact with states and territories around the authorization of restrictive practices. And I think one of the take-outs there is that there are transitional arrangements in each state and territory. Important to make sure that, in addition to the general information that commission provides, those things that relate to unique transitional arrangements in a particular state or territory should have close attention paid to them. That's true for each of the

two areas that we share a responsibility with states and territories, behaviour support, and worker screening. And in respect of complaints and reportable incidents, I think what I hope you've heard is that we regard good complaints management as just an absolutely vital tool in a good relationship between a service provider and the people who are receiving services from them that we encourage you to really put a lot of effort into making sure that you're getting feedback and responding to that well but that we - and that we require registered providers to do that. But we also have the capacity in the commission to receive complains about either registered or unregistered providers. And, lastly, I've explained the obligations about reportable incidents, which will, for many of you, change what you've had to do in terms of who you report to. In some states and territories, there are quite well-developed schemes for reporting certain types of incidents. And so, for you, this change is more a change about who you report to. For other states with less-developed schemes, this may be a newer requirement. But there's very good guidance information available on what your obligations are. So, to just close by reflecting on what I said at the beginning of this summing up. This is not just about bringing all of the arrangements that pre-existed into a national model. This is about turning on a purpose-built quality and safeguarding framework that was built to take things to the next level in respect of quality and safeguarding as it relates to the NDIS. We're very grateful for your attention today. We're very committed to providing you with information that helps you on this change process. And we'll be staying in touch through provider newsletters and direct communications. But we're always happy to receive suggestions from you about additional things we can do or things we can do differently. So, my thanks for your attention and enjoy the rest of your days. Thank you.  
(JAZZ HOP MUSIC PLAYS)

STEVEN BROADFORD:

Good afternoon, my name is Steven Broadford and I'm from the National Disability Insurance Agency. I'll talk you through my role and responsibility shortly. But before I do so, I just wanted to acknowledge the traditional owners and custodians of the country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to the elders, past, present, and emerging. I'd like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander people watching today. I'd also like to take the opportunity to thank our Auslan interpreters, Kylie and Paula, who will be with us for this session. As mentioned earlier, my name is Steven Broadford. I'm here on behalf of the National Disability Insurance Agency, or the NDIA. I'm the national manager of the NDIA's provider operations and performance branch. In this role, I have responsibility for a number of areas that impact and touch on the provider experience. These include our existing provider registration functions, which we'll shortly transition over to the National Quality and Safeguards Commission Improvements to the MyPlace Provider Portal, and the NDIA's Provider Payment Assurance Program. I wanted to thank you all for making time to be with us today. The focus of these next two sessions is purely focused on insuring that providers have the education and materials they need to help become an active participant and deliver outcomes on behalf of the National Disability Insurance Scheme. I really wanted to acknowledge the role of providers in ensuring the success of the National Disability Insurance Scheme. Without providers, there will be no scheme. There's two main presentations this afternoon. The first session is on workforce and demand. And I'll pass over very shortly to Christine, who's here on behalf of the Department of Social Services. She'll talk you through around workforce and demand initiatives that are underway. After Christine's presentation, you'll have the opportunity to ask her a few questions. And then I'll return and talk to you about good payment practices from a National Disability Insurance Agency

perspective. However, before going onto those specific presentations, I just wanted to touch on the purpose of the NDIS and talk you through some latest statistics which gives you an idea to the size and the volume of the support and participants that have been implemented as part of the National Disability Insurance Scheme. Before pushing on, I think it's important just to restate how vital the National Disability Insurance Scheme is. For the first time in history, people with a disability are been given a choice and control to achieve their goals in ensuring that community is inclusive, and they have the ability to participate fully with society. The National Disability Insurance Scheme is a world first scheme, and every Australian has a very important role to ensure its success. At the same time, we need to also ensure that the scheme is financially sustainable, and that it lasts throughout a long period of time. You may be interested to know that from our latest quarterly report, so as of 31 March, there are now around about 277,000 people with a disability who are now NDIS participants. And this includes around about 11,5000 children who are part of the NDIS Early Childhood Early Intervention program. This represents a 13% increase over the previous quarter. To put that in real terms, that's around about 32,000 new participants in the scheme that are being brought onboard over the last three months from the period January, 2019 through to end of March, 2019. Of significance, that number is greater than the total number of participants that were brought into the scheme as part of the trial period, which lasted for a three year period of time. Also, very interesting is that the National Disability Insurance Scheme is reaching people who never previously received any supports to help them with their disability. Of the 277,000 people who are now participants in the scheme, there is approximately 85,500 people who never received any supports and indeed are receiving supports for the first time. There's also a large number of payments being made. And as we build into full scheme rollout, we expect there'll be around 460,000 participants in the scheme, and NDIS will pay somewhere in the range of \$22 billion per annum in support. So that's it for me. Thank you for your initial attendance. And I might hand over to Christine to present on her workforce and demand. Thank you.

CHRISTINE:

Thank you Steven. I would also like to acknowledge the traditional owners of the land on which this broadcast is taking place, and to pay my respects to elders past and present, to elders who may be watching and to emerging leaders and emerging people within the Indigenous community moving into the disability sector, thank you. So. Recapping to an extent, what Steve was saying there that the National Disability Insurance Scheme is a \$22 billion opportunity to support 460,000 people to achieve their goals. Boosting the local care workforce program has been established as part of that process of implementation to provide support to providers to realise the opportunities that come from the introduction of the scheme, and to establish an effective market for disability services nationally. As you can see, there are four main aims to the program. The first is to enhance the capability of disability and aged care service providers in the provision of disability services, support disability services and aged care providers to operate effectively and expand their workforce under the NDIS, to increase the service providers awareness of opportunities, and to boost local job opportunities in regional, rural and outer metropolitan areas across Australia. Why do we have the intersection between age and disability? Obviously most of you know that participant entry is based on an upper age limit of 65, and that means that the continuity of support program for those already in the disability service system at transition point have the opportunity to go into the aged care system as a response. So the blending of the two also reflects the fact that there are disability and aged care workforce shortages. How we in fact share those labour pools across the country to meet

demand is also part of the ongoing challenge of the implementation period.

So the BLCW program's initiatives are many. These aims are being achieved through three key initiatives, which include a national network of regional and specialist support coordinators, and transition assistance funding available to eligible service providers. These initiatives are supported by the BLCW program website including the NDIS demand map, and the readiness assessment tool. These are new resources that have recently come online, and with the feedback we've received so far from providers is that they're very useful. If you haven't had a chance to have a play around with them yet, I certainly recommend that you have a look, and that you can consider their use as you go along.

The BLCW program initiatives provide a valuable insight and analysis back to the Australian government to inform policy approaches and to make the necessary adjustments, that over time, as the system comes further into play, that may need to occur. So the focus is on policy adjustments through business intelligence gathering, data analysis, and direct engagement with service providers, specific issues and specialisation issues in the context of business and operational issues in NDIS service provision, and participant pathways.

The regional and specialist coordinated initiative is the key part of the program. There are 25 regional coordinators across the country. I am in fact one of the regional coordinators in New South Wales and there are five in New South Wales and one in the ACT, and I'm lucky to be their team leader across those six roles. There are eight specialist coordinators, and I'll tell you a little bit more about what those specialities are as we go along today. So the Regional Support Coordinator Initiative, currently located in 23 locations across Australia, and work with service providers and key stakeholders in their geographical area. The main functions of the role is to identify issues in the local market by engaging with providers, by capturing analysis and information, looking for trends and patterns in that sort of information to assist providers to complete a readiness assessment via the BLCW program website and that's an extremely useful tool. And I'll talk a little bit more about it in a moment. Identify opportunities for collaboration and localised support including facilitating workshops, round table with other forums, raising awareness of available information, resources and tools, and certainly promoting various grant opportunities that may exist through multitude of programs, not just those related directly to the NDIS, but those that may also relate to workforce development, training, other aspects of the process of workforce. So the specialist coordinator initiative is a very interesting part of the program. And at the moment, the website has just begun to publish specialised information around areas including, in that group of eight, there is one that looks at high support needs clients. and that certainly links into the presentations earlier today from the commission, and around the behavioural support issues for complex clients in that particular area. The next role is in disability and aged care collaboration. So the opportunities to work between those two areas to potentially share labour force, and to look at other opportunities that are arising through that continuity of support platform that I spoke about earlier. The next area's remote areas. So, particularly across the country. This includes Indigenous communities, areas and looking at the process there in terms of how to service, how to quickly the content of people's plans and to support them in their aspirations moving forward as NDIS participants. backing that up is another specialist role for Indigenous providers, and certainly that's got a very strong focus in encouraging potentially new providers in Indigenous communities to come forward, and to become providers under the

NDIS operating conditions. Also includes collaborative arrangements between existing services, and how they might work together around NDIS service provision as well. We also have a specialist on self management, the focus of that is on participants who are not fully utilising their support, or having some difficulty in engaging with providers where they wish to be in control of the process of selecting the services they want to work with, and controlling the process in terms of potentially hiring and working with staff directly. The next area is allied health. And allied health is an integral part of the delivery of the NDIS both in the assessment framework and also in the processes of referral and support of participants, and support of service providers in dealing with the complexity of some participant's support requirements. The second to last one is in financial management, and that's the support to disability service providers in working with specialist disability accommodation, which is an area of great challenge for some providers at the moment, and working with developers in the SDA platform in terms of encouraging more investment in the housing marketplace that the NDIS is generating. And the last one is in workforce planning. And that's a very closely linked one to the work that's been done by the regional coordinators at the local level in that process of generating and encouraging growth in the labour market. So the transition assistance is an area that most providers immediately jump to in terms of what can this do for me, and that's a totally appropriate response to have. So the transition assistance funding is available to eligible disability service providers to make application for a Transition Assistance Funding grant where amounts between \$5,000 and \$20,000 are available primarily for the purchase of individual support around business planning, business advice, and other professional services. That includes, in terms of professional services where there may be need for an adjustment to an IT system, to better service the requirements of the NDIS delivery processes, or other opportunities that may be there for service enhancement. Applications are currently closed for the current round of that program but moving forward, we certainly intend, as regional coordinators, to support providers in identifying additional grants, particularly those that can be accessed through the Community Grants Hub, the Commonwealth Community Grants Hub, things like the IOC grants, Jobs and Market fund, and other support programs that are there to help the industry to adjust.

So the BLCW website. In my opinion, it's a great website. It's very useful. And we've certainly have some extremely positive feedback from providers about the content and about its early work in helping them with data on being able to understand where there is demand or need for potential service, provisions, service growth and those sorts of areas. So if we work our way through the actual slide there, the very first part is obviously the URL of how to get out there and have look at it. And I certainly recommend that you paddle around in it and get to understand it, how it works and certainly use it. So the first stage is to explore, to understand the NDIS demand via the demand map. And that includes, it starts with a base of true data, and from that uses of forecasting tool to work towards forecast of demand, potential demand, and then where growth targets might be developed. So it starts off with postcodes. So the way in which you can come at it, is to plug in the postcode of the area you're operating from now. It also allows then for related postcodes around the area you work in to get an idea of what level of service provision is expected, in what service types, what sort of funding that that would generate in terms of income projections. All the key things you need to really do business planning around where you might target growth, where you might target service adjustment, and those sorts of things for which you need hard data. It also, on the side, allows you to complete a readiness assessment tool, which is also a very useful business planning tool. And from the completion of that tool, you will get back a specific, identified with a single user

identification plan around how you might look to develop resource, adjust whatever you're doing now in terms of growth opportunities, potential change, etc. When we're in the middle of the business planning cycle, within most businesses right now coming up to the end of the financial tool, I think it's a fantastic tool to set some targets for the next financial year. And once you have that unique identifier, you can go back in and you can run that tool multiple times if you wish, where you've put a broad adjustment strategy in, you might wanna check it at the three, six, nine months in terms of how that strategy is impacting your business.

There's also information and linkages to the commissioned website in terms of registration around the issues of the audit process and what the requirements are as a registered provider to complete the ordered process as well. And then there's a range of other tools that are available to you on that website. And over time they will continue to be upgraded and enhanced so that there are more opportunities for you to use that site as a generalist tool of building your business and redirecting your attention. So there's a little bit more detail there around the demand map. So in terms of the content of the map, you will find things like providers can use the map to find out how many NDIS participants are expected to live in a specific postcode, how much participants are expected to spend, and on what types of support, and how many workers may be required to meet participant needs and preferences. So that map is a very useful tool. And as I say, it's in constant upgrade and change in response to requests and feedback that we receive on how it's going in its early implementation phase. OK, the thorny issue of workforce demand.

From the outset, we knew how much the NDIS process would require growth in the workforce, and they're kind of staggering numbers when you think about it. NDIS will create an estimated one in five new jobs in Australia over the next five years, which is quite significant. 71% of newly created jobs are expected to be support worker roles. 12% allied health services. 11% case and social worker roles, and 6% managerial roles. So the front line staff of today are likely to be the CEOs of tomorrow and they need a career path upon which to develop their skills and develop their capacities to get there. The roles therefore are quite diverse, and the expectations of a career path, I think, is something that is not necessarily part of the long standing history of the disability sector. Moving from disability work as being a job into it being a career I think is part of the growth and change that the NDIS promote and is promoting. And the BLCW program is working across both the aged and disability sector to find opportunities for collaboration, promoting career paths, alternate shared workforce models, and to support the broader health and care workforce.

So what are some of the disability workforce challenges that we're currently finding within the program? And I'm sure that many of these will resonate for those of you that are putting your attention to those issues right now in your service provision. And the first one of those is the perception that the disability work is, as I said before, a job rather than a career path. And I think that that's something we need to change in order for the industry to be able to develop and generate and sustain the workforce that it needs. There's a lack of awareness of the variety of career paths that exist, and the new ones that have been created by the NDIS implementation process such as support coordination, multitude of different planning roles, the intersection between allied health and frontline service provision, just to name a few. There have been historical difficulties in attracting a skilled workforce into the sector, and recruitment, retention, retraining have always been somewhat problematic and I think that the rate of change in terms of the NDIS implementation

has put a further spotlight on that issue. We need to recruit for attitude and values, hire for demonstrated capacity, and retain and develop available workforce based on competency, development, and the shift into specialisation that the third tier of funding has allowed in terms of frontline staff supporting people with high and complex needs. We need to also have a think about what we mean by retention. What are the metrics that we use around labour force? I personally worked in an organisation that had a very large metropolitan provider whose labour force was mostly university students, who we had come in to the service at the beginning of their university education, who remained right through the time of their courses, and then we lost them to whatever profession they had then entered. And that's the way we tended to think about it, that we lost them, where in fact, we actually had very good retention of people for a three year period, or whatever the length of the degree might be. So we need to think about workforce differently, and we need to think about the challenges differently rather than sort of some of the mindsets that pervade the labour force still around what's a loyal, long-term employee. Jobs for life are not part of this generation of workers. So we need to look at our workforces in terms of how we reconsider the metrics, I think. What are the difficulties we have in attracting a skilled workforce? While any system is in transition, there's obviously uncertainty and how we then promote stability, how we promote opportunity is about messaging, I think, more than anything. So some of the other things we're finding is that there's a high staff turnover, particularly in a workforce with a non-permanent casual complexion to it. And that's again, part of that representation of uncertainty. Allied health are telling us that there are limited places in terms of new graduates and the support that they require to develop the expertise that they require in the disability sector. What else do we have in? We've got traineeships required in frontline labour force in terms of where we're looking at competency profiling in terms of Certificate III and IV. With psychosocial disability coming into the NDIS, the entry points there are much more at levels higher than that around III, IV, V even. So an integrated workforce strategy is obviously something that we need to be consistently working on and partnering with service providers around.

There's a need to work closely with the allied health and health providers in workforce integration, particularly the allied health processes, where plans can be developed as part of a participant plan. There is certainly much more interest in the idea of allied health assistance. But at the frontline we all certainly need to have that process where the requirements of plans can be implemented consistently and well in the frontline. There's a lack of awareness of available government funding through employment programs, and inconsistency, obviously, that can be created where states have the major running around some of those areas. So promoting consistency, promoting good programs that are happening in other states and territories and linking those into the national focus of the NDIS is also important. So what are some of the things we're hearing from some of the states and territories?

Just got my soup a little bit muddled up there. OK, just work our way through this one first. So the growing market for NDIS market and workforce strategy is a really important step. And that includes investing to build capable NDIS providers, fostering a capable NDIS workforce and growing the NDIS workforce.

In our opinion, but then we're working on the program, the boosting the Local Care Workforce program is the crucial part of the NDIS market and workforce strategy. It's all about enabling a



market that delivers innovative, people centred services that participants can achieve their goals. The goal of this strategy is for market to meet the needs of participants, and DSS is optimising the market in providing information to support investment through the BLCW website and demand forecast, as well as understanding where there may be thin markets, and what sort of strategies are working with providers and communities in solving some of those thin market needs. DSS is investing to build a capable NDIS provider platform with the short-term transition arrangements of the BLCW program in terms of transition assistance to make business adjustment or business growth decisions, and the jobs in market fund to solve collective issues. so national issues that potentially have a relationship to design issues within the actual NDIS participant pathway. Market development is crucial for workforce growth, which is why this strategy focus on supporting providers to transition to the NDIS and develop their business capability. Efficient and effective providers will be able to attract, train and retain a competent workforce, and delight their participants as a result. As I said earlier, what are some of the things we're finding in the states and territories around workforce and market issues, and what are some of the programs that are out there as well that we're working with? In Tasmania, there's the Quality Disability Workforce Program. In another area - this is happening on both coasts - east and west coasts, which is how we divide up our workforce in Tasmania. They're finding a lack of a skilled disability workforce, and particularly in remote areas on the island, and the cost of training, which is obviously one area that I think the whole industry is reporting at this point in time. In New South Wales, workforce recruitment retention, there are pockets of labour challenge. Even in Greater Sydney, there are pockets and that's to do with economic factors such as if you take for example the North Shore. The workforce is often found from areas way outside of that area so the cost of travel and those sort of things add to the instability in the labour force

Workforce capability and competency. There's a lack of training opportunities, casualisation, high change demands are driving down retention, and eroding the skills base in the industry. With the introduction of the high and complex tier, that has added another requirement for a specialised and well-experienced labour force. With labour force changed, obviously and churn, that becomes problematic and the entry of the new participant pathways for psychosocial disability, complex need and exceptionally complex need, that's posing demands upon the labour force to be able to respond with a skilled labour force able to meet those needs. In the ACT, types of issues there, are workforce recruitment retention, workforce capability and competency, and responding to change in terms of pricing and those sorts of things.

So there are consistent themes you'll see just between Tasmania and New South Wales and the ACT, and they're reflected also in the other states and territories. Obviously the NDIS implementation began on the East Coast and are still to get fully implemented on the West Coast. So across the country, those changes and the impacts vary, and that's why we've got a distributed labour force within this program to be able to engage with local providers and to tap the business intelligence of what's occurring.

So how do the BLCW coordinators work with providers who address market and workforce challenges? There's multiple ways in which that's done. The first is to help providers to understand their readiness plans, to encourage them to undertake - in order to do that - to undertake the Readiness Assessment Tool. And also when they receive the plan to talk to them about the content

of what they received back in that assessment and how they might pitch towards service improvement goals related to the areas that are identified as requiring for the development. How else do we work? We promote existing workforce programs to initiatives that are available both through the Transition Assistance Funding, the jobs and market fund, in terms of grant programs and at the state and territory level, there are also opportunities that state and territory governments are offering up to the industry in terms of the adjustment period to look at specific areas as well. So in knowing what's out there, being able to encourage people to provide us to use those programs who will submit for grants where they're available is also part of the role. The other main part is to gather intelligence on what's working and what's not and to be able to readily pass that information up through DSS and into the NDIA as required on employment issues and how policy and other processes may be impacting industry responses that are relevant in those areas. And the other thing is collaboration, and this is a really huge part of the process. Encouraging providers to work together to solve common issues, to adjust in ways that work for participants, and to be able to remain viable within a changing workplace environment, and a changing industry marketplace environment. Some of the things that are coming up there are things like workaround and lead cooperatives, sharing of workforce, mutual pools of workforce. And certainly, the high and complex needs area is one of those areas where a reframing and a reconsideration of workforce models has great opportunity. Just a few things around the readiness assessment plans. The early data on those suggests that there's 57% of readiness assessments indicated that providers had issues with their people and capability. And... ..that obviously has implications for how coordinators are working with providers in that linking process into available workforce programs, and particularly in terms of training programs, and other opportunities that exist. Employment areas include plugging people into job active through the Department of Jobs and Small Business, which are creating job board space to advertise NDIS jobs, utilising the Employment Fund to place job seekers in disability sector related training, and the community development program led by the Department of the Prime Minister and Cabinet where there are 6,000 flexible wage subsidies and other incentives through NDIS businesses employing community development program participants in remote Australia. So generating a community lead introduction or entry into the disability sector both as workers and as owners or providers of disability service programs is a great potential growth opportunity in Indigenous communities, so support for that. It's obviously gonna be one's interest. The other program is Disability Employment Services, DES program, which has a committed placing for the 10,000 job seekers with a disability into NDIS jobs. Through recent reforms to the program, greater awareness raising with DES providers, Jobactive and DES placements do not necessarily further, is a useful process in terms of building further labour force capacity. The other thing that we're working on is collecting and publishing on the website, case studies on good practice, case studies on examples of innovative practice, innovative solutions to presenting issues and pressure points, and certainly in terms of how participants and providers are collaborating on new ways of looking at things. In New South Wales for example, the recent election created the portfolio of a Minister for Skills and Tertiary Education, and certainly that is an area where the workforce of the future may be generated. The Department of Industry through their Business Connect program also provides business advice to providers, and has a component of that program looking at those potentially entering the NDIS marketplace. Education and training through the REAP program is looking at the career path process. So I think this one personally, is a very interesting area, that whole process of saying to high school people about to graduate high school, that the disability services sector is a good field to get into, that it's something to think about in terms of career path and in doing that,

looking at the potential for high school students to be doing work experience in disability areas leading ultimately to qualifications that they can then take forward. The universities, particularly those around allied health are working very actively in terms of the development of communities of practice, mentoring schemes and other opportunities to help new graduates test out, particularly rural practice, and to also develop the expertise that is needed to work in the more complex areas of disability service provision such as high and complex need clients, and most definitely the reportable incident pathways, and those things that attach in terms of acute care and behavioural support requirements.

So how do we all go about working collaboratively with service providers? Again, I'll use examples in New South Wales. So we have been... ..oops, there we go. We've been hosting and facilitating forums and roundtables on key workforce issues and themes, including workforce recruitment and training and labour supply. We've been developing and identifying successful case studies to replicate in local regions. And facilitating and understanding local pressure points and supporting providers on a case by case basis. So the roundtables themselves are actually a response to those meetings with providers and discussions around pressure points, and looking at how that they can contribute in industry led ways in that information exchange, and pushing up business intelligence to the NDIA, to DSS, where solutions can be generated at the local level. Also working with providers to highlight opportunities, to maximise available grants and other sector development. So a couple of examples that the roundtables might be used for to get some idea of how we're actually doing that. We've got one that's running at the moment around the high end complex needs workforce, and that includes the development of a reframed view of supervision which aligns to also the reporting requirements of the compliance framework. I'm in fact off to one in Coffs Harbour tomorrow that's looking at the relationship between participants with particular needs in Indigenous communities around foetal alcohol syndrome, and how that presents in terms of learning capacity and engagement with the criminal justice system in later life that potentially the Early Childhood Early Intervention process in terms of understanding and recognising that FASD as it's known, has implications for outcomes of participants or potential participants is a useful thing to be working with. And this was something that was generated by the community itself in terms of wanting to start that conversation, and I'm aware that the same conversation is happening in a number of rural and remote communities right across the country. We've got one scheduled in August around age and disability workforce collaboration in a thin geographical marketplace, and that's indeed the North Shore area that I was talking about before. In the ACT area, which is part of the New South Wales ACT process that I am the manager for, there was a roundtable about to be developed for cross-border collaboration. Historically, the ACT and New South Wales providers around the ACT boundary have worked collaboratively in the provisional disability services, in that sort of transition period between ACT fully implementing and New South Wales fully implementing. Some of that collaboration brought down a little bit, and so we're working on a roundtable that is about encouraging the reinvigoration of that collaboration process. Another area we're looking at is a study, a potential study area to get some better understanding of pressure points and the kind of what's working, what's not working in terms of the trial sites where they are now. Most of the trial sites now are at least into their sixth year of NDIS implementation, so that half a decade on, what approaches have worked? What approaches haven't? Where's the pressure points? If any, what adjustments and how are those adjustments occurred? What's the learning that can come from those for other providers nationally?

So next steps in the program and next steps for you as providers. Firstly, I suggest you visit the BLCW website that you complete a Readiness Assessment on the website. And I would suggest in doing that, that you take a very realistic view of how you assess yourself. You want something that's actionable coming back from it in terms of where you might want to grow capacity or improve upon something. So be realistic about how you assess yourself. It's a private matter in terms of your engagement with the site. So be realistic so that you've got a realistic tool to then work with. We suggest also that you may attend any upcoming BLCW events that may be on the website, and they will be published on the website so check in there every so often. And most particularly, connect with the regional coordinator in your area to share information, insights and issues, even just to bounce issues off. You know, this has been a long journey so far in New South Wales, and we still have a way to go, and so the collective experience of providers in that time when processed things tend to take over a great part of your day. It's hard to maintain those collaborative relationships with other providers but we certainly encourage that, and wherever we can assist you in facilitating that. That's part of our role and part of our intention to provide that assistance. So thank you for your time, and are there any questions? I can see one sitting there, so I better have a look at that. If you don't mind, I'll just have a quick drink.

OK, the question is can the data from the demand map be downloaded? At this point, it can't. As I said, it's in constant redevelopment, at improvement. So certainly, I'll take that on notice and pass that along to our development team. And that's all we have.

(JAZZ PIANO MUSIC PLAYS)

STEVEN BROADFORD:

Good afternoon, my name is Steven Broadford, and I'm here from the National Disability Insurance Agency. For those of you that may have missed my opening comments prior to the workforce and demand presentation earlier this afternoon, I just like to acknowledge the traditional owners and custodians of the country in which we meet today, and the continuing connections to the land, sea and community. I pay my respects to the elders, past, present and emerging. I like to extend that acknowledgement and respect to any Aboriginal or Torres Strait Islander people here watching today. By way of introduction, my name is Steven Broadford. I'm from the National Disability Insurance Agency or the NDIA, and I'm the national manager of the NDIA's provider operations and performance branch. I'd like to thank you all for putting the time aside in your busy diary to attend this webinar. Hopefully you'll find it informative and of use for your everyday practices. I hope you can leave today feeling more informed and confident in how we can work together to ensure that National Disability Insurance Scheme and the NDIS payments are being appropriately paid. Before going into the detail of my presentation, I just wanted to talk on why good payment practices matter. The focus of today is very much on the support and information to help your business or organisation meet the NDIA's payment obligations. The NDIA knows that providers are critical to the NDIS's success so thank you again for being here today, and I hope my presentation may answer some questions that you have, or if it doesn't, I certainly welcome questions at the end of my presentation. I acknowledge there's a range of experience of people watching this webinar. So if I repeat something that you've already heard, my apologies, but hopefully you can still take something out of today. As I mentioned earlier, if I haven't addressed your particular question or matters of concern, there will be an opportunity for you to ask questions at the end of this

presentation.

I'll go through the topics to be covered throughout this presentation soon but before I do, I thought it may be helpful if I spoke about why good payment practices matter.

We, there is a National Disability Insurance Scheme Act. The Section 46 of that Act, talks about participant funds being paid in relation to or in adherence to their NDIS plan. Don't worry, I don't plan on talking through the Act with you today, in fact, that's the only time I actually mention it but I think it's important to say that ensuring the integrity of NDIS payments was given such importance by the policymakers that is actually enshrined in legislation.

There are other parts of the Act that talks about the NDIA's ability to request information from providers and participants in relation to payments as well. Of course, poor payment practices do have the potential to have a negative impact on participants' outcomes. Of course, if they, their NDIS funds are used inappropriately, it means that they're not receiving the support they need to achieve the goals outlined in their plan. And then from a more macro level perspective, wide-scale inappropriate claiming could place the NDIS at risk.

And of course, whilst we talk about the NDIS Act, providers have other obligations under law, such as Australian Consumer Law, just like any other business. So, I certainly encourage you to be aware of your responsibilities in relation to your obligations under Australian law. So, what will we be covering today? So I'll be talking through to, through a few definitions of payment integrity, misuse, sharp practices and fraud, your responsibilities as an NDIA provider in relation to payments, the NDIA's assurance approach, and provider payment assurance program. I'll give you some hints and tips as to record keeping and service agreements, and then, of course, there'll be an opportunity for you to ask, ask your questions.

Before I go into the detail, I thought it might be useful to give some information in relation to how the NDIA and the NDIS Quality and Safeguard Commission will work together in relation to payments, and also just talk about our different roles and responsibilities. So, the NDIS Commission has oversight of and regulates providers. The NDIA will work with the NDIS Quality and Safeguards Commission regarding matters of provider non-compliance to support service continuity for participants. I'll touch on this later. But that may include discussing with the National Quality and Safeguards Commission, if we believe that a provider is acting, perhaps not illegally, but perhaps immorally or unethically and potentially breaching the NDIS Code of Conduct.

We'll obviously also engage with and liaise with the National Quality Safeguards Commission in relation to any payment matters that may impact the quality and safeguarding arrangements for participants. Most importantly, and the reason why I'm here to talk to you today is that the NDIA will retain responsibility for NDIS payments under the NDIS Act.

And I think it's important to note that that's the reason for this webinar today is to talk to you about how we can work together to ensure that payments are made correctly and in accordance with rules and obligations.

So, I often get asked, "What's the difference between an error, misuse and fraud?" So, we often see people inadvertently making mistakes. That's OK, we all make mistakes from time to time. And some examples of errors that we see would include incorrect coding. So, you've put some incorrect information into the Myplace Portal. For example, when you're trying to make a payment request, and you've received incorrect payment as a result of that incorrect coding. It might mean that you have delivered a support or a service, but you actually haven't received or haven't retained the documentation to validate or to show that you've actually delivered that support. And then, of course, we're also aware that a number of providers and organisations have created systems that helps them to make payment requests. If there was some kind of inadvertent coding error in that system, we would of course, know that that would be a mistake, and that's OK, we all make mistakes. Misuse or what we sometimes call sharp practice, includes things such as block funding or block booking out. Sorry. I'll start again. Booking out through the service booking arrangements in the Myplace Portal... ..funds that you have no intention as a provider to actually to deliver. That means that other providers can access those funds. And therefore, participants may not be able to obtain supports and services that they need to which to receive to achieve the goals outlined in their plans. We also see other examples such as under servicing, which would be, providing a support or service but charging for one hour, but you've actually delivered only 45 minutes. And then of course, there's fraud. Today is not a fraud presentation. But I think it would go without speaking that obviously, any accessing funding for, of NDIA's funds inappropriately would be or could be considered as fraud. Any falsifying payment requests may be considered as fraud. And using non or using NDIS funds on non-disability related supports, may also be considered as fraud. Whilst today is not a conversation around fraud, I think it's incumbent on me to suggest or to state that of course, we would treat any allegations of fraudulent activity very seriously, and we would address those concerns. I think the main point that I wanted to take away today, or wanted you to take away today is that the NDIA is very much committed to working with providers to ensure that there's good payment practices embedded in organisations to enable providers to receive the payments that they are quite rightfully entitled to receive. As part of that, we are very much committed to an approach of education, support and partnership. And the NDIA does take a measured and practical approach to assurance. And we respond to identify payment integrity issues proportionally. So for example, we understand very well that sometimes errors are made. That's, we all like to be perfect, but of course, we're not. So, if there is an error that's been identified, we would work with the provider to ensure that that error is not repeated, and that we can get the payments that they're entitled to receive, paid to them. The other point I should make in relation to the misuse or sharp practices at, examples I spoke to earlier is that those are examples where we might engage with the NDIS Quality and Safeguards Commission to see if there's been a potential breach of the NDIS code of conduct that would be worthy for further investigation or follow up.

So, as I mentioned earlier, and sorry to belabour this point, but I think it's an important one, we are very much committed to an approach of education, support and partnership. We, very much have the view that we need to take a measured and practical approach to payment assurance. And we will respond to and identify payment integrity issues proportionally. That means that if there's been a small error, then we'll respond proportionally, as opposed to if there's been a significant error. Of course, if you've taken reasonable steps to meet your obligations as a registered provider, and still, find that you don't fully meet the requirements to push through your payments or receive your payments, we will work with you and support you so that you fully understand what you need to do

to ensure that you have good payment practices embedded in your organisation. We very much like to speak to providers, and we like to engage with providers to help providers get things right. And of course, if there is inappropriate claims made that perhaps are not errors, we would of course, progress those as previously discussed.

So just some, some to do's and some not to do's in relation to complying with pricing and payment requirements. So, all registered NDIS providers need to adhere to the NDIS price guide. That's for participants who are agency or plain managed. Self-managing participants do not have to comply with the price guide. However, we certainly encourage them to use those prices contained within the price guide to have a good understanding as to what the NDIA feels is a reasonable amount to be charged for a particular support or services. The other important point I would make in relation to the price guide is the prices contained in that price guide are maximum prices, there's absolutely no compulsion on providers or plan managers to charge at those maximum prices. And of course, participants are free to negotiate with service providers any - sorry, the cost of the support services they are going to obtain. I will talk a little bit more around how they might want to do that. Sometimes people have a conversation in relation to service agreements. And I'll come back to what some things should be considered or things that could or should be considered as part of making a service agreement with a participant.

So service bookings, so those registered providers who make their payment request through the Myplace Portal, you must create a service booking on the Myplace Portal prior to... prior to making a payment request. Indeed, if you don't have a service booking, you can't be paid. When you make a service booking on the Myplace Portal, you need to declare that you've discussed the service booking with the participant and the participant agrees to that service booking. When creating a service booking, providers have some mandatory information that they must include to ensure that that service booking is created in the Myplace Portal. All claims that are made through the Myplace Portal must be in line with the service booking that's created and the categories of registration that providers are registered to deliver. Providers should not deliver or claim for registration groups outside of their approved registration groups. So for example, if you are approved for household tasks, you should not be delivering supports in the attending care area for example. I also very much encourage providers to submit their claims for payments within a reasonable time. Whilst we suggest that would be 60 days, most of the providers I speak to state that they claim much more regularly than that, and I certainly support that claiming patterns. The reason for that is that it ensures that your service booking is still valid, and that you can make those payment requests. We do know at this point in time that if there is a plan review, for example, and a participant has a new plan created as a result of that plan review, existing service bookings are cancelled and you may not be able to claim the entirety of that payment request that you've, for the support you've delivered through the Myplace Portal, you can still put a similar request for payment through the manual National Provider payment team process. But of course, that's not as quick in relation, as opposed to putting that payment request through the Myplace Portal.

I've spoken earlier about making sure that claims payments must be in line with your service booking and categories that relate to your provider registration approvals. There are some things that I'd ask you not to do. Indeed, you shouldn't do and you can't do under the price guide. Those things include things such as adding additional charges to the cost of supports such as credit card surcharges, or

any other additional fees. You shouldn't make any payment requests before support have been delivered. There may be some exceptions to that if you're delivering a particular high-cost support, such as assistive technology or home modification. But if you feel that you do need to make a payment request before delivering a support, you should discuss that with the NDIA first.

We also ask you not to charge cancellation fees, except when specifically provided for in the NDIA price guide. The NDIA price guide does provide some guidance and direction in relation to when you can and cannot charge cancellation fees that those guidance is for both when a participant cancels a support. So for example, they may have a physio appointment that they cancelled. But it also covers the fact that providers, if a provider is to, cancels the delivery of the support, there is no fees that can be charged as a result of a provider cancelling that support.

I won't read the price guide to you word for word, I could think that I would lose most of you pretty quickly if I tried to do that. But I would certainly encourage you to refer to the price guide when you're making payment requests. And if you have any questions in relation to the price guide and the information that's contained in that, to please seek clarification from the NDIA prior to putting in any payment requests.

I thought it might be helpful if I provided you with some examples of some common mistakes or assumptions that we see here in the NDIA . So some of those examples would be charging for additional activities required to deliver the supports to participants outside of what's been agreed to. So for example, if a participant agrees to, for you to deliver one hour of support of a certain type, and you were to charge them for an hour and 15 minutes without the participant agreeing to that, then that would be something that would not be in accordance with good payment practices. We often get questions in relation to when can providers claim for non-direct service delivery? So for example, if you need to write some case notes or write a report, there is guidance on that contained within the price guide. But the main point I would make is ensure that you've discussed that with the participant prior to charging for it and make sure the participant agrees and understands that they will be charged for that non-direct face to face time.

You shouldn't charge for nonrelated services. So for example, if you include a surcharge for rent or electricity, that is something that you should not charge for. Those kinds of costs are built in to our prices and should not be charged as an addition.

Charging for those nonrelated services may potentially be in breach of the Act. And then, of course, we also get questions in relation to whether or not supports or payments requested through the NDIS are GST exempt or whether or not GST is included in the NDIS price limits. Generally, NDIS price limits are inclusive of GST, as outlined in the price guide. Providers should not add GST on top of any NDIS price limits. However, there may be one or two exceptions to that. So, I would suggest that if you have any GST specific questions that you should refer those questions to the Australian Taxation Office.

We often receive a lot of questions in relation to travel, and indeed travel and transport. The price guide does clarify the difference between travel and transport. Travel is when a provider travels to a participant's location, generally their house to deliver a support. Transport is when a provider is



actually transporting a participant to some kind of support or as part of the delivery of a support. So for example, a community access. If you are travelling to a participant, there are certain rules in relation to how much you can travel and the duration of the travel expenses you can claim for. Transport is covered in our price guide as well, and you can certainly claim for transport-related expenses. And then we will see other kind of costs. So we often get asked from providers that if they wanted to include some add-ons to a support that we're delivering. So for example, if they wanted to include a lunch or a morning tea as part of a community access activity, whether or not they can claim for that. The short answer for that is that the participant would generally pay for their lunch, or morning tea, it wouldn't be something that would be covered through NDIS plan funds. The reason for that is that it's not a disability-specific expense. It's something that would be expected for all citizens to pay for.

We also get asked whether or not providers can claim expenses for tickets and entry costs when you engage to take a participant on a social outing. So for example, if a participant wants to attend a movie, whether or not the provider can claim the cost of the movie ticket as part of delivering or supporting that participant to attend the movie. Once again the short answer to that is the NDIA would fund the cost of the worker who needed to attend the movie with the participant. But the NDIS would not generally fund the cost of the movie tickets itself, and the provider should speak to the participant in relation to who or how those costs of that particular movie ticket would be covered.

You may or may not have heard of the provider payment assurance program. Basically, it's, the program aims to ensure providers are adhering to legislative and procedural requirements including the NDIS Act. As part of the provider payment assurance program, the NDIA undertakes quarterly sampling of payment requests made by registered providers, and I'll just make the point here that registered providers include plan managers as well. The provider payment assurance program by its very nature or the name, doesn't include payments made by self-managed participants. But the NDIA does have a separate program of assurance in relation to self-management payments being made or claimed.

As part of the provider payment assurance program, the NDIA context is what we call a stratified sample of providers who we would like to review their payment request. As part of that request, we ask providers to provide the NDIA with any documentation you may have that would support the payment request or the payment claimed to ensure that the payment was claimed in adherence to the NDIS Act.

That is a process that initially the NDIA would write out to the relevant provider, explain that they've been included as part of the provider payment assurance program, and sets out the expectation the NDIA has of that provider in relation to that, being part of that assurance program. I just wanted to stress at this point in time, that is purely stratified sample. It's not something that we would suspect, there's been payments that have not been made in accordance with rules and requirements. But it's an assurance program, we have to fill the NDIA to assure ourselves that of the payments that have been sampled, they have been paid, or claim to correctly. That stratified sampling approach includes providers across different provider types. So whether it's large providers, small providers, or sole traders, and also different payment types and payment claim sizes. So there's not one common

theme of the month or theme of the quarter if I could put it that way. We are interested in having a wide sample of payment claims made. So to ensure ourselves that those claims are made in accordance with the Act and agreements with participants.

Once you've provided the documentation requested, a specialised team assesses that information to ensure that the payment was made correctly. If required, that specialist team may engage with the provider to request additional information or have a conversation around some questions, they may have. We have developed guidelines in relation to the provider payment assurance program that's available on the NDIS website to help you to understand your obligations if you are requested to participate in that provider payment assurance program. Of course, if claims are found to be unsupported by documentation, those claims may need to be repaid. Of course, we would work closely with the provider to fully understand the circumstances surrounding that payment request before we actually asked for that money to be repaid. Of course, if there are any concerns we have in relation to payment claims made that may potentially suggest they may potentially be fraudulent claims, we would pass it on to our fraud and compliance area for further investigation.

Record keeping. So I spoke in the last slide in relation to the provider payment assurance program and I mentioned that we would ask to see documentation. So to help you understand what documentation we would like to see as part of that program, I thought it might be helpful if I taught you through some of the different things that we found is very helpful, not only from an NDIA perspective, but certainly from a provider perspective, to fully understand why that may payment requests and support those payment requests if asked to do so. So at a very minimum, providers should record information or keep documentation on file in relation to the participants' name, the date and total hours or the quantity of the supports delivered, and the support type that's been delivered. Generally, that's sufficient for evidence or record-keeping purposes. However, I have found that when talking to providers, a number of providers also include additional information as part of their processes, and I would certainly encourage you to consider also keeping this information. That information could include things such as records of any service agreement you may have with a participant. And the service agreement would generally contain information relation to the costs, the types of support, and how often those supports will be delivered. If you've quoted for an item I would certainly suggest that you retain evidence of any quotes or proof of quotes that you've received from the NDIA and any other evidence that helps support either the support type that you delivered, or the quantity of support that you've delivered.

The other question we often get asked relates to logs for one to one support or rosters for group supports. I would suggest that if you can keep records in relation to either the rosters, or the logs in relation to one on one and group supports delivered, that would make it a lot easier for you to evidence what supports you provided either individually or in a group setting.

And once again, I'll just reiterate that the NDIA can request to see any evidence or information or documentation to support any payment request made. So I've mentioned a few times now service agreements.

Service agreements are generally, an agreement made between a participant and a provider, the NDIA does not become involved in that conversation, and certainly is not a party to those service

agreements. Service agreements help participants to exercise choice and control, which is of course, a key driver of the National Disability Insurance Scheme or NDIS. And service agreements help participants have an overview and an understanding as to what supports will be delivered, when they'll be delivered, and how often it will be delivered. I would make the point however, that service agreements are not mandatory, with one exception - there's always an exception - which that exception is in relation to specialist disability accommodation, where a service agreement is mandatory. However whilst they're not mandatory, we would certainly recommend them as better practice as it clearly articulates the roles, responsibilities, and obligations placed upon providers and participants. That way it helps overcome any questions or misunderstandings in relation to supports to be delivered and fees or cost to be claimed.

In relation to who can enter service agreements, that certainly is a conversation between a participant or their nominee or carer, whoever is able to enter a service agreement on their behalf and the provider. It's not something the NDIA would enter into on behalf of a participant or indeed enter onto, into on behalf of the provider. I have often been asked whether or not a service agreement needs to be signed. The answer to that is it doesn't have to be signed, but I would certainly recommend it as a better practice. Having said that, certainly very aware that there are sometimes circumstances that would prevent a service agreement from being signed. And as long as the provider can show evidence that they have a service agreement, and they've provided it to the participant, that's generally OK. I'll also at this point in time, bring to your attention, some fantastic resources that the Australian Competition and Consumer Commission has on their website. Obviously, the ACCC is aware of the growing role of the scheme and has provided some disability specific information for both providers and participants in relation to their rights and obligations under Australian Consumer Law. I would certainly encourage both participants and providers to visit that website because it does contain a lot of very useful information that would help drive good practice.

And of course, the service agreements should also capture the claiming, the way the payments would be claimed by providers, whether that means directly from participants, if they're self-managed participants, whether from a plan manager if they are plan-managed participant or directly from the NDIA through the Myplace Portal if they're an agency-managed participant.

Of course, it's always worthwhile reiterating that only approved or registered NDIS providers can deliver support to agency-managed participants. Self-managed participants can elect to receive their payments, sorry, their support from both registered and nonregistered providers as can plan-managed providers. However, I would go back to my earlier information in relation to the price guide, and restate that plan managers need to charge in accordance with the price guide, as well.

So I've touched on previously, sharp practice or misuse. As mentioned, sharp practice isn't something that is absolutely illegal. It might be, but it's something that is perhaps immoral or unethical. And the NDIA becomes aware of sharp practices through a number of different channels. This includes information delivered or provided to us from the community through our tipoff hotlines, or from participants themselves, or indeed other providers who have noticed that something doesn't appear quite right. In relation to the support that a participant is receiving from another provider and then delivers that information to the NDIA .

Any information we receive in relation to sharp practice is assessed and then escalated for appropriate action or intervention. As I mentioned, sometimes sharp practice whilst on the face of it might not look like fraudulent information or fraudulent activity, indeed, it may be. So we would refer that to our fraud team. Conversely, something that looks like sharp practice, maybe a simple error or misunderstanding. And if that's the case, it will be referred to the provider payment assurance team for further engagement with the provider, and participant is required to ensure that that error is corrected and that everyone understands that the correct way of moving forward.

I've provided some examples of sharp practices there. I don't mean to go through them all. But I think it does give you a feel for things that whilst on the face of it may not necessarily either be erroneous, or fraudulent things that we would need to consider. And as mentioned earlier it is something that the NDIA may engage with, the NDIS caught in Safeguards Commission in relation to sharp practices, if we feel that that may potentially be a potential breach of the NDIS code of conduct.

So here are some examples of sharp practices. So that would be delivering or claiming for registration groups outside of the approved registration groups. It's something that you shouldn't do. And indeed, we actually suggest that that's, that they're inappropriate claims and we would engage with the provider in relation to see if that was an error. Or if indeed, there was something a little bit more to it. Other questions that we would look at or other issues we look at includes providers of support for coordination and plan management services, encouraging behaviour that benefits their business. So for example, if someone has a business relationship with a specific provider, the plan manager directing participants to that other provider without giving the participant the option to exercise their choice and control as to which provider they would actually like to receive their supports fund, or supports from. Obviously, people or providers increasing their costs substantially when notified that a participant is an NDIS participant offering favourable employment conditions for staff willing to leave the current employer and bringing participants that they may currently be delivering supports to with them.

We have, and we are aware that there has been some small examples of providers, encouraging participants to request additional funding to enable that provider to deliver additional supports, and then, of course, received the payments for that additional supports. That would not be in accordance with what we would consider reasonable and necessary decision making. And the funding that then flows on from any reasonable unnecessary decisions in relation to plans and plan funds.

There are some things that we would also like providers to do. And that would be, of course, to respond to any incidents that comes to your attention, including any immediate emergency management and follow up support.

Of course, if we receive any information relating to sharp practices, the NDIA's first response is to engage with the provider to get a better understanding as to the circumstances that led to the information being provided to us, and then, obviously, work with providers to see what the intent of their activities or actions were. And then from that point, we would look at what response we would

consider appropriate. But once again, we would certainly approach that from an education and training and support perspective, as opposed to naturally or firstly, considering that there's been some kind of mischievous or ill intent.

In relation to payment practices, I would strongly encourage you to stay informed in relation to changes that are being made by the NDIA to help improve payments being able to be made through the Myplace Portal. We certainly have engaged with a high number of providers in relation to some of the challenges associated with the Myplace Portal, and some of the downstream impacts of those challenges. I certainly won't say that the Myplace Portal is perfect at this point in time. But we have certainly made a lot of changes over the last 12 months to help improve the user experience, and to ensure that payments can be made more quickly and more simply. A couple of things that have changed over the last 12 months that you may not be aware of. So we've improved some functionality within the Myplace Portal, which is called provider finder. Now provider finder is often used by participants to find providers of supports their in their area, I would suggest that you have a look at the provider finder tile on the provider Myplace Portal and update your information because a number of providers that I've spoken to have advised me that ensuring their information is up to date helps them to make sure they're visible and easily discoverable by participants. In relation to payments and helping improve the process for payments, we have updated the functionality in relation to providers being able to edit or delete service bookings that they have created. You can also extend service bookings assuming the participant consents to that. There's also some increased information both in the Myplace Portal and also in help guides in relation to error messages. So if you try and make a payment request and it doesn't go through, there's better information to understand or help you understand as to what to do next. In that vein, we've also updated the step by step guides as well, to help you to better understand what needs to happen from step one of providing - sorry - finding a participant, to creating a service booking, to actually making a payment request successfully. We've also given providers the ability to view the participant plans budget where consent has been given. And I'll just make that point that participants do have to give their consent prior to providers being able to see any information in relation to that participants plan. And we've also improved search features and delivered a number of new reports. The providers I speak to who are utilising that new reporting functionality, has advised me that those reports to make it easier to track service bookings and the status of those service bookings. I am very much aware that when at this point in time, that if a plan review is undertaken, the service booking is cancelled. So I would certainly encourage you to look at those, your service bookings, run the report that gives you visibility of service bookings, so you know exactly what's going on, in that case.

So just a really quick recap. So just to reiterate, the payments and pricing. Please read the price guide. Understand your roles and responsibilities in relation to making payment requests. Work with us to ensure you can do the right thing as I mentioned earlier, we're very much of the understanding that payments and the National Disability Insurance Scheme is new to a number of providers, and we want to work with you to help you to do the right thing. So if you have any questions, please refer to the user material available on the website or contact us through our contact centre or through your local National Disability Insurance Agency office and we will be more than happy to support you. Certainly, ask you to ensure your records are kept up to date, and that you can substantiate any payment requests made. I wanna ask you if you do create service bookings which I would encourage as part of better practice to ensure that they are transparent that both you as the

provider and the participant understand each other's roles, responsibilities, and obligations because that often helps to ensure any misunderstandings are communicated and understood early rather than later. And of course, I'm fixing or ensuring the problem doesn't happen in the first place is far better than trying to fix the problem once it arises. And then I'd also ask you to stay informed in relation to things that change with the NDIA and our payment systems. We will continually engage with providers and participants to identify areas of interest and where we can make further improvements. I think today is a reasonably good example of that and we are certainly looking at ways that we can make engaging with and receiving payments easier and more effective for both participants and providers. So on that note, I thought I might throw to the audience now and enable you to have your say and ask any questions you may have in relation to good payment practices. Apologies, I need to put my glasses on to read this iPad here.

OK. So Liz asks, "If a claim for payment has been lodged after 60 days, what are the means to be able to claim for the payment after that time?" So, if the service booking is still current, you should still be able to make that payment request in the Myplace Portal. However, if the service booking is not in place you will need to lodge a request for payment through the NDIA's National Provider Payment team and their web or email address is available on our website. I think the overriding principle is that if a support has been delivered in good faith and delivered in accordance with a plan that the NDIA, of course, will honour that payment and will ensure that that payment is paid to the provider. The reason why I strongly advocate making payment requests as soon as possible, is because we know around about 92 to 95% of all payment requests lodged through the Myplace Portal, go through and pay within 24 to 48 hours, whereas we know that manual payment requests take longer than that. So hence, my words of encouragement to put your payment requests in as soon as you possibly can.

OK. Linda asks, "Do I need to provide a receipt to each participant once the money from the agency comes through?" So I think the answer to that is, it depends. That's a bit of a non-answer. But I think it really depends on what you and the participant have agreed to.

The service agreement, if you have one should define what information will be provided from the provider to the participant. But generally, if they've agreed to a service agreement, you've discussed the service booking that you've actually made, or about to make with the participant and the participant is agreeable to that service booking, then that's generally OK. If the participant asked for some kind of receipt or acknowledgment that support's been delivered in a payment will be made, then that's OK, and that's something that the provider and the participant should speak about or talk about.

So I've received a question in relation to, "Are providers able to charge for public holidays?" So, what I would refer you to Helen is the price guide. We do have different rates of payment available depending upon when the support is delivered. And the price guide would or should provide you with that information in relation to claiming for public holidays. Off the top of my head there is rates payment, sorry, public holiday rates. But once again, I would suggest you refer to the price guide, which provides the definitive information in relation to you know, when something is considered a day shift, an evening shift or a night shift and weekends, for example. So definitely refer to the price guide which will provide you with that definitive information.

So Richard asked a really good question, which is in relation to, I think or I'm making an assumption that Richard may be a plan manager. And Richard asks, "Can we do prepayment for assistive technology items?" The answer to that question is you might be able to do so, Richard. We understand that some assistive technology items can be quite expensive, can require prepayment from the wholesaler or the supplier, etc, etc. So what I would suggest is if a provider requests prepayment or partial payment for some kind of assistive technology or indeed home modification, that they engage with the NDIA in relation to that, and the NDIA will provide advice in relation to that particular instance.

OK. PC asks a question in relation to service agreements. A question in relation to who's able to sign a service agreement, particularly if a participant is unable to sign the service agreement. Our general position is that if possible, either the participant or their nominee or family member if for example it's a child, should at least be given the opportunity to sign a service agreement. However, we also acknowledge that sometimes that's not possible. What we would do as part of their Provider Payment Assurance Program, is that we would speak to the provider in relation to the service agreement. And if the service agreement was unsigned, we would speak to them about the circumstances that led to that service agreement not being able to be signed, and then we would make a decision from there. But there is no legislative requirement for service agreement to be signed.

Richard asks, "For plan managers, do we need to get approval for all the invoices from participants?" So as a plan manager, plan managers generally sit down with participants. They, at the start of their plan is a plan establishment fee that can be payable to plan managers. And as part of that conversation, we would anticipate the plan managers would talk to the participant about the types of supports they want to access where they want to access them, and the types of monies in their plan to be able to receive those supports. From those conversations, both the participant and the plan manager should have a good understanding in relation to the supports that expected to be delivered, and the price of those supports. So you don't need to get approval from a participant for each individual invoice because you should have some kind of overarching agreement or understanding as to what would be considered reasonable in accordance with their plan. If however, you received an invoice and it appeared to be not legitimate, and that you had concerns about that invoice, then I would certainly encourage you to contact the participant, have a conversation with a participant about that invoice and whether or not that is something that can be paid through NDIS funds from that participant's plan. Of course, if there's something that appears to be potentially fraudulent, I would strongly encourage you to contact the NDIA to provide us with that information.

OK. Rachel asks, "If a service agreement has expired and the participant is happy to continue services in the new plan, do you need to write up a new one or can it be ongoing?" So once again, this is where I would make a suggestion in relation to what's better practice. Better practice would suggest that if you have a service agreement, it's always better practice for it to be a current service agreements. That way everyone clearly understands roles, responsibilities, and obligations, and that whilst you may have a service agreement that was fit for purpose 12 months ago or for the previous plan, I would suggest it's always helpful to have a new conversation with the participant to ensure that they're happy with the services that they wish to continue as per previous agreement, and then

establish a new service agreement that captures that conversation and clearly articulates what's been great.

So Linda asks, "Linda has just had a self-managing...manage participant wanting to pay for therapy prior to it beginning. Are the rules the same around these for self-managed participants." So self-managed participants can... ..try and negotiate the supports and services to be delivered by providers. Generally, we would say that, regardless of whether your self-managed, plan-managed or agency-managed, you should not pay for supports prior to it being delivered.

Examples to date would suggest that if for some reason that support isn't delivered for whatever reason, it may be that the participants aren't able to make those appointments or the participant chooses to change providers or if indeed that provider might choose to discontinue service, then it, by not prepaying, you don't have those challenges around refunds, putting it back into the plan, etc, etc.

OK, just seeing if there's any other questions coming through.

So Steve asks, "Can you charge on a public holiday if the participant does not attend? Staff still need to be paid if the participant attends or not." So this is where I refer back to the price guide that provides some really good information about when you can and can't charge cancellation fee. The fact that it's a public holiday doesn't change that information. And indeed, if it fits within our cancellation policy to charge for that support, then you can do so.

OK. So there doesn't seem to be any other questions coming through.

So with that, I would just like to thank you. Hopefully this session has been of some value and interest and helpful to you. It's something that we would like to continue to provide education, training and support to providers to ensure that their payment claims are made in accordance with participants plans and rules and responsibilities. If you'd like to provide feedback on this webinar please provide feedback to the email address that's on your screen now, which is [provider.support@ndis.gov.au](mailto:provider.support@ndis.gov.au). We'd be delighted to hear your feedback, both constructive and positive, if there's any positive. And of course, if there's other issues or areas that you would like to particularly covered off or further information provided by the NDIA we will be delighted to capture your feedback and suggestions and look at how we can address those. So without any further ado, I might thank you all for your attendance today and I hope you have a very enjoyable rest of today. Thank you.