Leading the rollout of the National Disability Insurance Scheme in Queensland:

“Realising our Value as Allied Health Professionals in navigating a new system and achieving outcomes for patients in Townsville Hospital and Health Service - Acute Rehabilitation Unit”

Presented by
Richelle Carta - Advanced Clinical Social Worker
NDIS - New Reform - Roll Out

Townsville Hospital and Health Service – THHS

July 2013
Trial Sites

July 2016
Full Scheme Transition

July 2019
Full Scheme in place nationally
The Interface

❖ The division of responsibilities between the NDIS and the Health system is complicated to navigate

❖ Consequently, many patients and families find themselves confused about the NDIS and how it will meet their support needs ongoing post injury.

❖ The systems are designed to complement each other, with Health responsible for short-term care and the NDIS looking after long-term supports.
Who Provides What Support?

Health responsibility:
❖ Diagnosis of medical conditions (including chronic conditions)
❖ Clinical treatment of medical conditions, including services such as general practitioners, hospital care, surgery, dental care and medical specialists
❖ Pharmaceuticals, such as medicines, vaccines
❖ Acute and emergency services
❖ Sub-acute care such as palliative care and geriatric care
❖ Ambulatory and outpatient care, including nursing care and wound management
❖ Recovery oriented services and rehabilitation following medical or surgical treatment
❖ Population health or preventative health care, such as immunisation programs or health screenings

NDIS responsibility:
❖ Daily personal activities, such as assistance with toileting, showering, dressing
❖ Assistive technologies (e.g. electric wheelchair, equipment)
❖ Transport and mobility support
❖ Access to information and referral support
❖ Early intervention support
❖ Allied health and other therapy where this is required as a result of the participant’s impairment, including physiotherapy, speech therapy or occupational therapy.
❖ Home and vehicle modification
❖ Community activities
❖ Elements of community re-integration enabling the person to live in the community,
❖ Specialist housing (SDA)
Key Areas

1. INCONSISTENCIES IN KEY DOCUMENTS
   • Two key documents outline the interface between NDIS and Health; these are the:
     1. COAG Principles to Determine the Responsibilities of the NDIS vs Other Service Systems
     2. NDIS Operational Guideline on Planning.

2. EVIDENCE AND IMPACT OF DISABILITY
   • The onus is on the Health system to provide NDIS with the evidence and impact of a participant's disability
     ❖ Supporting Evidence form
     ❖ Functional and Assessments reports
     ❖ Assistive Technology reports and quotes

3. ROLE OF ALLIED HEALTH
   • Play a vital role in connecting patients with the NDIS
     ❖ “Gatekeepers” of the NDIS
NDIS CHAMPION / HEALTH REPRESENTATIVE

Social Work

These are our champions for

- NDIS Services available for people with a disability or low income. We are committed to providing the best possible outcomes through

  - Enhancing the lives of people living with disabilities
  - Providing support and guidance in navigating the NDIS system

Contact Details

- Phone: 1300 887 542
- Email: ndis@ndis.gov.au

Social Work

- Phone: 07 4772 6000
- Email: info@townsvillehospital.health.qld.gov.au

Social Work and Welfare Services

A guide for patients and families of the Townsville Hospital and Health Service

Working with the NDIS

- Phone: 1300 887 542
- Email: ndis@ndis.gov.au

AASW

Social Worker
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>First part of Section F of the ARF</td>
</tr>
<tr>
<td>NDIS Participant</td>
<td>Call NAT with SW, Complete Sections A-E of ARF with SW, Inform NDIS of health team member contact for communications, Work with the MDT to complete Section F of the ARF</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Complete the ‘mobility’ part of Section F</td>
</tr>
<tr>
<td>Social Work</td>
<td>Contribute to the ‘Social Interaction’, ‘Learning’ and ‘Self Management’ parts of Section F. Identify potential NDIS Participants, Contact NAT and obtain ARF. The role of the Social Worker is to support the NDIS participant to complete sections A through E. Coordinate ARF, Submit ARF to NAT, Notify Health Team of NDIS Eligibility</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Complete the ‘Self Care’ part of Section F. Contribute to the ‘Social Interaction’, ‘Learning’ and ‘Self Management’ parts of Section F.</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Complete the ‘communication’ part of Section F and send to the SW. Contribute to the ‘Social Interaction’ and ‘Self-Management’ and ‘Learning’ sections of the ARF.</td>
</tr>
</tbody>
</table>
Discharge Planning

Our Rehab Unit has faced many barriers to discharge planning, because of our gaps in knowledge and process of the NDIS. With NDIS not understanding Acute Health Services, to support newly acquired disabilities that are complex.

NDIS/HEALTH - Initial Implementation – July 2016-June 2018

NDIS/HEALTH – Moving Forward - July 2018 - Current
CASE PRESENTATIONS

“We have no idea what future is out there. We can’t do this alone. We need you.”
THOR

“I choose to run towards my problems and not away from them. Because that’s what Heroes do”

Admission 16/04/2017
Discharge 14/03/2019
THOR underwent intensive rehabilitation program for 3 months but:

❖ did not gain independence to live in his shared accommodation independently

❖ required full support for care and mobility

❖ no capacity deemed and QCAT appointed Public Guardian. Finances already was under Victorian Public Trust since he was 16yrs.

❖ Had minimal family contact with his father who was his only support and not in a position to manage his affairs.

❖ NDIS ARF submitted 12/05/17 and granted ACCESS 27/03/18, despite being medically stable for discharge on 21/09/17

❖ Required Supported Independent Living under NDIS. Needed to exhaust all other SIL options before NDIS would approve SIL with 24/7 care support which was approved 5/01/19.
### Hospital SNAP Episodes

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Code</th>
<th>Episode</th>
<th>Start Date</th>
<th>End Date</th>
<th>Patient Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Aug 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/11</td>
<td>01</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>25 Jul 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/10</td>
<td>06</td>
<td>PAL CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>19 Jul 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/11</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>04 Jul 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/01</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>15 Jun 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/11</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>05 Jun 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/01</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>30 May 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/11</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>23 Jan 18</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/01</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>25 Sep 17</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/20</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>21 Sep 17</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/01</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>07 Jun 17</td>
<td>Acute</td>
<td>GPLS</td>
<td>TREQ 06/20</td>
<td>06</td>
<td>REH CHAPMAN</td>
<td></td>
</tr>
</tbody>
</table>

01 – Acute
30 – Palliative
11 - Maintenance
20 – Rehabilitation
Captain Marvel

“This isn’t about fighting wars. It’s about ending them”
NDIS Changes... WIN for Hospital and Health Services and Participants!

• NDIA New Funding - Commences 1 October 2019

  • The NDIS will fund health-related supports if they are a regular part of the Participant’s life and a result of their disability. The list includes:
    ❖ Dysphagia Supports
    ❖ Diabetic Management Supports
    ❖ Continence Supports
    ❖ Wound and Pressure Care Supports
    ❖ Respiratory Supports
    ❖ Nutrition Supports
    ❖ Podiatry and Foot Care Supports
    ❖ Epilepsy Supports

• Draft ‘NDIA Hospital Discharge Framework’ April 2019
Choice and Control... NDIA and HEALTH Collaboration

“NDIS is EVERYBODY’S BUSINESS”
THANK YOU