

**How to ACCESS the NDIS?**

**Meeting the “disability requirements”.**

To access the NDIS, you need to meet both the eligibility and disability requirements. To meet the disability requirements, the NDIS needs evidence of **all** of the following:

* Your disability is caused by an impairment.
* Your impairment is likely to be permanent.
* Your permanent impairment substantially reduces your functional capacity.
* It affects your ability to work, study or take part in social life.
* You’ll likely need support under the NDIS for your whole life.

*\*\* To be eligible, you must meet the following first:*

* *Be aged between 7 and 65 years (children under 7yrs fall under EECI)*
* *Must live in Australia and are in Australian citizen or permanent resident.*

**Conditions for accessing the NDIS:**

**List A** – conditions that are likely to meet the disability requirements. Eg: intellectual disability cerebral palsy, Rett Syndrome. Please refer to this link - <https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-conditions-are-likely-meet-disability-requirements>

**List B** – Conditions that are likely to result in a permanent impairment. Eg: Atypical autism, Fragile X syndrome, Huntington’s disease, Alzheimer’s disease. Please refer to this link - <https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-b-conditions-are-likely-result-permanent-impairment>

*NB – NDIS does not fund diagnosis on medical treatment.*

**How is a disability classified as permanent?**

A permanent disability means a disability that is likely to be lifelong and has a substantial impact on your ability to complete everyday activities. The NDIS may consider:

* Any reduction or loss in your ability to do things because of an impairment.
* Whether the impairment is likely to be permanent after all available treatment options have been pursued.
* If there are any medical, clinical or other treatments likely to remedy the impairment.

**What does “Functional Capacity’ have to do with a disability?**

Clearly stating how a person’s disability impacts day-to-day living in all areas of life is essential to accessing the NDIS and this is known as functional capacity. Below are the areas which are important to communicate to the NDIS on how a person’s disability impacts these areas:

* *Communication*: How you express wants and needs through speech, writing or other non-verbal methods.
* *Socialising:* Connecting with people, the ability to make friends and actively participate in society.
* *Learning:* How you learn, understand, and learn new things, and use new skills.
* *Mobility:* How easily you get around at home and in the community, how you get in and out of bed or a chair.
* *Self-care:* Taking care of basic daily needs such as personal care, bathing, dressing and eating.
* *Self-management:* Organising your day, managing your finances, making decisions for yourself and problem solving.

Applying to the NDIS can be done:

* Apply over the phone – 1800 800 110
	+ - Identify will need to be confirmed
		- Have evidence regarding disability/diagnosis downloaded and ready to go
		- Have pen and paper to record registration number given at the end of the call
		- Set aside at least an hour for this call
* Complete an access request form & email to nat@ndis.gov.au
	+ - Section 1 – is completed by participant or their representative. The evidence must include the main disability and how this impacts day-to-day life. Always talk from the worst day experienced not the best day.
		- Section 2 – is completed by allied health or health professionals. The evidence must be recent confirms your primary disability confirms the impact this disability has on areas of your life describe any current treatments and future treatments required.

**How the process looks?**

If declined additional information will be required and sent



ACCEPTED.

Prepare for NDIS plan meeting



Make the NDIS access request



NDIS will assess and either accept or decline the request



Choose a support coordinator and plan manager at this stage



Meet with the planner to develop a plan. This is where support coordination and plan management is requested

Receive the approved NDIS plan



Start implementing the plan



As plan ends review the plan



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| --- | --- | --- |
| Primary disability | Treating health professional | Disability Evidence (in preference order) |
| Acquired brain injury | An ABI health professional | • Age over 17: Care and need scan (CANS) • World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over) or PEDI-CAT (16 years and under). |
| Autism | Psychologist, occupational therapist or speech therapist | 1. Diagnostic and statistical manual of mental disorders 5th edition (DSM-V) 2. Vineland adaptive behaviour scale (Vineland II) 3. WHODAS 2.0 or PEDI-CAT depending on age. |
| Cerebral palsy | Occupational therapist, physical therapist, paediatrician or physiotherapist | 1. Gross motor functional classification scale (GMFCS) 2. Manual ability classification scale (MACS) 3. Communication function classification system (CFCS). |
| Deaf or hard of hearing | Audiologist | • Age over 17: Hearing impairment responses and groupings guide • Age 16 and under: PEDI-CAT • Other: Hearing acuity score. |
| Intellectual disability, developmental delay, global developmental delay, Down syndrome | Psychologist, occupational therapist or speech therapist | 1. DSM-V 2. Vineland II 3. WHODAS or PEDI-CAT. |
| Multiple sclerosis | Neurologist or disease steps trained nurse examiner | 1. Disease steps 2. Patient determined disease steps (PDDS) 3. Other: Expanded disability status scale (EDSS). |
| Psychosocial disability | Psychiatrist, GP, psychologist (in limited circumstances). Other health professionals can supply supporting evidence. | A statement from a treating health professional including information about how long they have been working with you, evidence of the mental health condition, treatments explored and the impact on your everyday life. 1. Life Skills Profile (LSP-16) 2. Health of the Nation Outcomes Scale (HoNOS) 3. WHODAS. |
| Spinal cord injury | Neurologist, physiotherapist, occupational therapist, recreational therapist, psychologist, psychiatrist | 1. Level of lesion or 2. American spinal injury association impairment scale (ASIA/AS) 3. WHODAS or PEDI-CAT |
| Stroke | Neurologist | Modified Rankin Scale (mRS). |
| Blindness or low vision | Ophthalmologist | 1. Over 17: Vision impairment questionnaire 2. 16 and under: PED-CAT 3. Visual acuity rating |
| Other  | Occupational therapist, speech therapist, physiotherapist, social worker | 1. WHODAS 2. WHODAS 2.0 3. PEDI-CAT. |

Source: [NDIS types of disability evidence.](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence)

**Further information on Psychosocial Disability**

Psychosocial disability is a term used to describe a disability that may arise from a mental health issue.

Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery. People with a disability as a result of their mental health condition may qualify for the NDIS.

Psychosocial recovery orientated framework

The NDIS are committed to improving the lives of people living with psychosocial disability. Below are the six principles in the recovery framework model:

The six principles are:

1.          Supporting personal recovery

2.          Valuing lived experience

3.          NDIS and mental health services working together

4.          Supporting informed decision making

5.          Being responsive to the episodic and fluctuating nature of psychosocial disability

6.          A stronger NDIS recovery-oriented and trauma informed workforce.

Supportive Information to support accessing the NDIS through psychosocial disability. Your psychologist, doctor, support worker or mental health nurse will need to complete an evidence of psychosocial disability form. This includes information such as:

* How long they have treated you.
* Confirmation you have a mental health condition.
* Information about any hospital admissions.
* A description of any impairments against the six functional capacity life skills areas.
* Confirmation of impairments that are likely to be permanent.
* Medication, treatment and interventions trialled or underway.
* An assessment of your life skills.



**Getting help to access the NDIS.**

The NDIS is an amazing and supportive scheme, however, there’s quite a lot involved in applying. There are a range of options if you need assistance.

Local area coordinator (LAC). Your local NDIA office can put you in touch with a local area coordinator to help with the application process. Or use the NDIS online search function to find one in your area. This is a free service.

Advocacy services.

An advocate is an independent person who can assist a person with disability to have choice and control and have their voice heard in matters relevant to them. Advocates can help you to understand your rights, address gaps in support and navigate the NDIS as well as other services, among other things!

* All states: search for an advocate on the [Disability Advocacy finder](https://askizzy.org.au/disability-advocacy-finder)
* [Disability Advocate Network Australia](https://www.dana.org.au/find-an-advocate/) (for all states)
* [People with Disability Australia](https://pwd.org.au/get-help/ndis-support/)

Not all disability advocacy organisations can assist with NDIS access. Some advocacy services only offer assistance with the NDIS appeals process.

Finally, if you have any more questions around accessing the NDIS please feel free to call

**Westpeak Support Services**

**P: 1300 660 887**

**E: info@westpeakss.com.au**