

## **Feedback on the NDIS 2021/2022 Annual Pricing Review Consultation Paper to NDIS, prepared by Australian Community Support Organisation (ACSO)**

### **1. In responding to simplifying the pricing arrangements.**

Additional clarification within the NDIS pricing arrangement document is required to simplify the understanding for participants. Currently this document, while carrying multiple pages of information, has large amounts of duplication and limited explanation of intent or clarity of the content. One way to increase ease of understanding for participants could be achieved through collation or bundling of like and complimentary services, rather than repetitive information that is creating confusion for participants. Currently participants are only receiving consistent explicit pricing information through registered organisations. This results in significant additional time for the organisation to ensure that the participants correctly understand multiple line and service items within their service agreement and schedule, prior to even engaging the organisation.

All oversight and legislative requirements should be applicable to agents providing service under the NDIS. Identification through NDIS registration is currently the only assured way for participants to receive adequate information to identify that the service provider is the correct fit and safe fit for them. Participants can only be assured that the service being received is meeting the pricing arrangements, has oversight, is evidence based and produces high quality outcomes, by selecting a registered agent and this is not evident within the current pricing arrangement document. Currently participants select service supports that they understand to be the cheapest or provide the greater margin to the support worker. The pricing arrangement contains no additional explanation to support understanding as to why there are differing costs. The pricing arrangement would be simplified by further explanation of the costs incurred by registered providers and greater clarity or why an agent maybe a more appropriate option for their support requirements and why they may carry additional costs.

The pricing arrangements does not include a clear delineation of registered compared to unregistered organisational costs to support participant understanding. The pricing arrangement should incorporate each of these as separate costings, accounting for the additional overheads of registered organisation. The pricing arrangement should also incorporate information for participants outlining why registered agents incur additional costs to the participants. This will support understanding for participants in what support costs include and what is required of the organisation.

Simplification should be supported by the NDIS in delivering a well written comprehensive NDIS participant plan, with clear identifying supports needs. NDIS plans currently lack information as to how they connect to the relevant component of the pricing arrangements. NDIS plans need to remain flexible to incorporate unforeseen circumstances, they also need to have supports clearly identified so participants and service providers understand what has been approved within the funding allocation. Currently it is difficult for participants to understand the difference between service provision from registered and unregistered provider, placing the responsibility on the provider to explain to the participant. This explanation from the service provider currently comes without NDIS

endorsement or clarification and is solely at the determination of the organisation. Further explanation within the pricing arrangement on why there are registration requirements and therefore additional costs for some support services, published within the pricing arrangement, is required to ensure clarity for participants.

The ability to reduce transactional and administration costs and support innovation requires the acknowledgement of the provider registration requirements and the capacity to allow self-direction by registered organisations. There should be the ability for registered organisations and participants to agree on a bundle of support services, reducing invoicing repetition and simplifying the process, while allowing greater understanding for participants. This would require a change to the pricing arrangement to allow for bundled line-item invoicing, creating an easier system for both participant and service provider. i.e., participant goals identify the requirements of – accessing the community, activity based transport, non-face to face and centre based costs, in this instance the price limit should be able to be bundled into unit rate than a hourly rate and invoiced as a single item. Moving from the current hourly rate to a unit rate, that is all encompassing of each item of service provision, could then allow for prepayment arrangement of registered organisations. This could see organisations being able to draw down on agreed funds on a quarterly basis in line with the service agreement arrangement, with ongoing recorded evidence against funds utilisation. This would then provide organisational sustainability in the planning and creating of innovative service provisions for participants.

The implementation of a registered organisational pre-payment as a retainer to cover audit, centre based, and vehicle cost etc. could provide greater sustainability to organisations. Having the security of upfront funding will allow greater capacity to provide innovative and creative solutions for participants as is expected by the NDIA. Presently organisations are unable to draw against funding until the service has been provided, this system places organisations into a position of wearing the risk of not receiving payment despite having completed what is often extensive pre-planning for participant support. This is placing organisations at risk of financial failure and putting participant service availability at risk.

## 2. In response to the pricing arrangements for the 1:1 core supports.

The current cost model does not support organisations remaining sustainable under this funding model. This is particularly evident for service providers of participants with complex behaviours and the provision of associated supports. Under the NDIS practice standards, the provision of high intensity for complex care is focused on complex medical needs related to a disability and excludes complex behaviours, complex forensic issues and complex multiple and dual diagnosis participants. These participants also require a high intensity level of support. In many cases a lack of support around these types of complexity can mean harm to the participants, their carers and /or others within the community. Additionally, the current pricing arrangement neglects to incorporate cultural and diversity inputs including additional supporting training and supervision requirements for care providers

Area of undervalue or non-inclusion	Tasks associated that is an underfunded or unfunded area
Incident reporting	<ul style="list-style-type: none"> <li>Incident write up, including design of future risk mitigation strategies and event planning</li> </ul>

	<ul style="list-style-type: none"> <li>• Reporting -organisationally-manager-carer/family</li> <li>• Notification and reporting to emergency services where required</li> <li>• Quality and Safeguards Reporting</li> <li>• Behaviour management plan review requests</li> </ul>
<p>Staff</p>	<ul style="list-style-type: none"> <li>• Maximum qualification level is SCHADS 4.4- by the NDIS disability support worker costing model (costing model), the described methodology for this results in more than a \$20 per hour deficit for the organisation</li> <li>• Costing model only accommodates a breakeven cost where no exceptions have occurred based on a low skill level support worker</li> <li>• Costing model only accommodates the median paypoint for qualified provision of worker</li> <li>• SCHADS Award demand an incremental paypoint increase to a 2.4 that is not included in the cost model</li> </ul> <p>Allowances not included in the cost model include:</p> <ul style="list-style-type: none"> <li>• First aid</li> <li>• Telephone</li> <li>• Meal</li> <li>• Oncall</li> <li>• Vehicle</li> </ul>
<p>Supervision</p>	<ul style="list-style-type: none"> <li>• Supervision cost for the delivery of a quality service is grossly undervalued with one supervisor providing oversight to 15 DWS. For organisations working with complex cohort this is placing participants and staff at risk</li> <li>• No provision of oversight or supervision to the supervisor</li> <li>• Supervision methodology is not in line with registration requirements of skilled staff working with a complex client cohort i.e., APRAH, AASW, ANU etc.)</li> <li>• There is no allowance within the cost model for the cultural needs of staff or participants</li> </ul>

Utilisation	<ul style="list-style-type: none"> <li>• Cost model is not in line with the provision of the provider transport and the SCHADS Award allowance requirements when travelling between shifts</li> <li>• Provision of SCHADS allowances- travel, broken shift and shift work are not accounted for in this cost model</li> </ul>
The provision of service design and innovation	<ul style="list-style-type: none"> <li>• There is no allowance for the provision of creative service design and delivery, or the provision of developing innovative outcome measures</li> <li>• Cost model has minimal allowance for training and</li> </ul>
Overheads and Margins	<ul style="list-style-type: none"> <li>• For registered NDIS organisation this cost should include the additional provision of audit fee's, quality and safeguard commission incident and restrictive practice requirements, worker registration and monitoring requirements, fleet (converted vehicles), and insurance requirements associated with the increased requirements of a registered organisation</li> </ul>

At present the NDIS pricing arrangement model does not incorporate sufficiently or at all, in relation to SCHADS Award requirements pertaining to:

- Overtime rate
- Mobile phone allowance
- Clothing and equipment
- Community Language use
- Client cancellation (12 hours with the provision to reschedule)
- Broken and minimum shift
- No paid meal break
- Causal rates

There is no current pricing arrangement to account for the additional NDIS audit costs for registered organisation to remain accountable and ensuring a high level of service provision. Unregistered organisations receive the same funding (or can negotiate a higher rate in some instances) and remain unaccountable with no regulatory or statutory oversight. This model is lacking fairness and is likely to create a two tiered system where there is a disincentive for providers to be registered. It also means that there continues to be situations where unregistered providers are not monitored leaving participants in vulnerable or even dangerous situations where inadequate care is being provided.

The provisional price limit for high intensity supports is not currently reflective of the actual high intensity presentations of participants in a range of settings. Within the current pricing arrangement high intensity support relates to complex medical needs as a result of a participant's disability and neglects to acknowledge other non-medical complex presentations. The complexity of many participants needs, including multiple service engagement, high risk taking and violent behaviours, complex behavioural needs, and fluctuating extremes of mental illness, incur the requirements of highly skilled and trained staff. Currently the provision of suitable staff for alternate complex need

presentations, are excluded from the ability to claim for high intensity supports (levels 1-3). This is despite requiring in most cases additional, qualifications, experience and skills than the high intensity price limits reflect. There is also no provision for the additional NDIS audit requirements associated specifically with the delivery of high intensity supports. In addition, the current pricing arrangement within the NDIS support worker staffing model, see organisations run into a deficit, placing no incentive for organisations to provide supports to complex client cohorts.

The times noted for provision of service is not in line with the SCHADS Award requirements and needs to be reflective of these conditions. ACSO is firmly of the opinion that the price arrangement should include provisions where shifts run over into penalty rates, providers must be allowed to bill accordingly. To have the systems and prices set otherwise is in contradiction of all fair work requirements around remuneration across Australia.

Additionally, to assist organisations with administration costs (not funded) organisations should be able to complete this in one line item rather than breaking this into up to 5 separate line items for one shift. The administrative cost of applying these “add on” versus the payments received often run into an even greater deficit and as such are not worth the burden to organisations in terms of claiming and will continue to lead to organisations opting out of provision of services in these markets. This is particularly the case for complex participants where the unpredictability of the person’s needs means it is difficult to schedule set times for provision of services. Many of these costs could be incorporated into a unit cost with the NDIS outlining in the price arrangement as to what the total unit cost includes rather than multiple line items required for one provision of service.

Other areas for consideration of the NDIS pricing arrangement under 1:1 Core;

- An incorporated unit costs according to the varying levels of registration audit requirements based on organisation service delivery.
- The delivery of core supports should include a minimum organisational or individual professional insurance requirement. This should be mandated for all providers (including unregistered) to ensure participant safety and ongoing service provision.
- Activity based transport requirements, particularly in regional areas are a critical requirement for accessing goal based serviced. Combining and equating these costs is a high administrative requirement as this often incorporates a SCHADS award staffing cost and can run simultaneously with provider travel requiring 4 elements to be administratively applied.

### **3. In response to the pricing arrangement related to the Therapy Support.**

The NDIS have drawn comparison to several other Government agencies that fund therapy services. The detailed map provided by the NDIS in the consultation paper, indicates the NDIS being almost exactly in line with other systems at 24% or the 4 areas of comparison. This is indicated as being a rapid growth area but neglects to detail or explain the compared service systems. This is often not a fair comparison and not indicative of the participants within the systems and the level of service provision required. NDIS participants that require therapy assistance and support, often have complex needs that may not be present in participants of other Government funded therapy areas.

For ACSO the work we do with complex clients (multiple co-occurring presentations including extreme behaviours, forensic requirements, mental health, intellectual disability and ABI) and dual diagnosis (often substance abuse issues) requires highly skilled practitioners, or heavily supervised graduates with high supervision requirements. There is currently no comparative price arrangement

for therapy qualifications and skills above the clinical registration requirements. With the incredibly thin market in this specific cohort, there are significant additional costs incurred to recruit and retain therapists for organisations like our who are dealing with the most complex clients other organisation cannot or will not service. We are having to engage recruitment specialists to support the sourcing of therapists with limited success. Not for profit and small to medium enterprises such ours are often unable to compete with hospital and large community health services in terms of wages and conditions. This has resulted in significant additional costs to provide therapy services which is unrecognised or compensated within the NDIS pricing arrangements currently.

In the event a new university graduate can be employed, which is often a result of ongoing engagement ventures with various universities, these staff members require significant support, supervision, and professional development compared to experienced practitioner clinicians. These functions to a great extent are unfunded, despite holding high additional costs to the organisation and are outside of the normal costs of individual professional registration, clinical supervision, and annual CPI. This is another example of where the complex nature of those organisations like our choose to support makes provision of service financial unsustainable under the current pricing arrangements and continues to lead to further and further erosion of appropriate markets for NDIS participants with high degrees of complexity.

Participants with multiple and complex needs (as described above) often require extensive collaboration and case conferencing. There is usually minimal allowance for the provision for therapy assistance let alone the associated non face to face components. This is time either donated by organisations to ensure quality outcomes for participants or neglected as is rarely included in funded plan amounts. Supporting participants with complex and multiple support who present with additional disability comorbidity and require complex assessment skills and tools means (e.g. participants using assistive technology) complex and multiple reporting to the NDIS, including re-writing for the lay person completing the NDIS plan assessment as they are often not clinicians and don't understand the terminology and diagnosis as presented in clinical documents and reports. Clinicians are often challenged with NDIS planner's requests of reports being specific to the participants disability needs, where the clinician's registration and ethical oath require that they assess and report observations in a wholistic personalise manner. For clinicians to then extract disability specific information, without consideration of additional observations requires extended reporting time. There is also an extensive amounts of administration time required for this reporting and minimal provision within NDIS plans to bill for non-face to face service provision.

The consultation paper has drawn reference to reduced cost in other Government cohorts of participants accessing therapy services in comparison to the NDIS pricing structure. This comparison neglects to incorporate the additional specific requirements that accompany NDIS participants receiving therapy support. These inclusions include but are not limited to, reports for minor and major change of circumstances which are unique to the NDIS and require specific skills sets from the practitioner clinician. Many of these reports are only able to be completed by practitioner clinicians with a high level of experience or those under constant supervision of an advanced clinician. These skills requirements are particularly evident and unique in the provision of restrictive practices. In addition, for the Specialist Behaviour Support Practitioners (SBSP) there is the inclusion of their own professional registration and CPI requirements through Australian Health Practitioner Regulation Agency (AHPRA), Australian Association of Social Work (AASW) Australian Counselling Association (ACA) or similar, along with the mandatory NDIS specific registration and supervision requirements for NDIS SBSP registration.

For all practitioner clinicians there are a number of equipment items and tools they are required to purchase to support their evidenced based work and outcomes for participants, baring additional

costs not currently included in the pricing limits. The more complex the client needs, the higher the cost of tools and equipment with no acknowledgment of these within the current pricing arrangement. Many of these additional expenses, unique to NDIS therapy practitioner clinicians also incur an annual indexation, whereas the pricing limits from therapy have not reflected any cost indexation for 24 months.

Therapy practitioner areas such as psychology and occupational therapy, usually have varying ranges of qualification and skillset which are not accounted for within the current NDIS price arrangements. When managing highly complex and dual diagnosis participants, the practitioner clinician required need the supporting qualifications of Forensic Psychologist, Clinical Psychologist, Mental Health Occupational Therapist etc. None of these specialisations attract any additional funding support for service provision under the NDIS, although they do in other Government funded programs delivering the same service. The market for provision of this skills is already under considerable pressure in terms of not having enough people with these skills to meet demand and pricing arrangements mean further competitive disadvantage is experienced in adequately sourcing and recruiting to provide the appropriate services to meet participant need.

Provider travel is currently capped at 30 minutes, given the thin market in the therapy driven areas, travel time for practitioners is often well in excess of this allowance. Consideration to the current thin market should be applied when designing capped pricing arrangements for professional clinicians. As mentioned in our response to 1:1 pricing arrangement, the administrative burden associated with applying provider travel (both labour and non-labour costs), is excessive and the capacity again to 'bundle' services into a unit cost would be a simplified method of applying these costs and reducing the administration requirements.

Some of the above-mentioned facets are presumed to be included in the current maximum hourly rate provision and this is often why the maximum allowable rate is claimed, to ensure the coverage of all the above. Moving forward without at least incremental price increases, the ongoing provision of therapy services will become an even thinner market than is currently presenting. This places NDIS participants in jeopardy of not able to access, or accessing inappropriate services to meet their goals.

#### **4. In response to the pricing arrangements for support coordination.**

Currently the pricing arrangement for Support Coordination is exclusive of skill and or qualification outside of level 3 supports. The current system is funded to a set level regardless of skill and experience level to deliver supports universally. Support Coordination should be qualified by the practitioner skill and efficiency level and funded accordingly. Support coordination should be limited to registered organisations as it lacks the governance and oversight when delivered through unregistered parties (although is funded at the same hourly rate). Having a fairer pricing arrangement that is provided to registered NDIS organisation acknowledges the skill, qualification and experience that is required to make this a safer and better outcome for participants.