

Information & Tips for Health Professionals



Evidence of Disability

What is a primary disability?

This is the disability that has the most functional impact on the patient's day-to-day life.

What is a secondary disability?

This is a disability that also has a significant functional impact on the patient's life, although less of an impact than the primary disability.

What is functional capacity?

The patient's ability to perform certain activities, considering factors such as communication, social interaction, mobility, learning, self-care and self-management. The patient's functional capacity can be determined through a number of avenues. These may include a doctor, specialist, or an allied health or other medical professional such as an OT. The NDIS can also accept more detailed functional information from social workers or patients and their carers if this is supported in writing by a medical professional.

What is meant by treatment and why does the NDIS need to know about past, current or future treatment options?

The NDIS does not fund supports to treat a patient's impairment(s). The NDIS needs to know about past, current or future treatment options in order to determine the patient's ability to recover their functional capacity. The patient's impairment will likely be permanent if the treating professional provides evidence that indicates there are no further treatments that could relieve or cure it, including medical, clinical or other treatments that are likely to remedy the impairment.

Evidence of functional capacity

An **NDIS Access Assessor** is trained in NDIS legislation. They use the information provided by GPs and other health professionals to determine if the patient meets NDIS access requirements. Assessors rely on the level of detail provided by health professionals to make evidence-based decisions.

What do assessors look for when assessing a patient's eligibility for the NDIS?

As well as determining age and residency status an assessor will look at the following:

- ✓ When you come to details around permanency, the assessor needs to know if your patient's impairments are lifelong. It is the permanency of the impairment that is assessed, not the condition. Any information you have on your patient's treatment history is helpful to include.
- ✓ For functional capacity, the assessor wants to understand what type of support the patient needs in their day-to-day activities, such as communication, mobility, social interaction, self-care, learning and self-management. These are what the NDIS call 'functional areas'.
- ✓ When the NDIS talks about the lifetime approach, the assessor wants to know whether your patient would need support from the NDIS throughout their life. If your patient doesn't meet this criteria, early intervention may be an option.
- ✓ It is important to note that the NDIS is not designed to fill gaps, so consider whether your patient's needs might be better met through mainstream services such as health or education. If you think your patient needs early intervention, outline these supports, the goals your patient has, and how long intervention might be required.

Evidence should help to validate the type and extent of the patient's impairment, as well as its permanency and functional impact.



Time spent writing and collating quality evidence for the NDIS now will save you time later!



Existing Assessments - Types of evidence & examples

- 1 Diagnosis & treatment information**
Hospital Discharge Plan or Discharge Assessment, Mental Health Plan, Level of Lesion SCI, ASIA Score, Modified Rankin Scale, DSM ID & ADS.
- 2 Functional assessments related to disability**
Specialist reports relevant to impairment, Treating OT, Psychologist, Speech Pathologist reports/ax, Ax from relevant government departments (Education, Housing, Justice), statement from the patient, family member or carer statements, support worker statements.
- 3 Impact of disability on daily life**
Case notes from service providers, statement from the patient, family member or carer statements, support worker statements.

What To Avoid

- ✗ Writing about diagnosis only, not the impact on daily life.
- ✗ Supplying medical history unrelated to the disability.
- ✗ Writing single-word/phrase responses: e.g. adequate, needs assistance, equipment needed, unable, yes, struggles.
- ✗ Stating all treatments explored/exhausted without supplying what those treatments are/have been and the outcomes.
- ✗ Only ticking the box - no information supplied.



Early Intervention

A patient who does not have substantially reduced functional capacity, or who is not likely to require NDIS supports for their lifetime, may not meet the disability requirements, however they may be eligible under the early intervention requirements.

A patient does not need to have the potential for significant functional improvement to be eligible. They may be eligible if early intervention will prevent functional decline, or build the capacity of their informal supports. Early intervention supports must also be most appropriately funded by the NDIS.

The purpose of early intervention is to lessen the impact of a patient's impairment upon their functional capacity by providing support at the earliest possible stage.

Early intervention support is intended to prevent further decline, and where possible build the capacity of the participant and their informal supports and improve independence.



Tips

- 1 The NDIS assesses an application based on the impairment resulting from a disability, not just a diagnosis. Make sure you provide sufficient evidence to validate the impairment, with examples of suitable evidence types, such as a letter confirming the disability or impairment. Avoid using complex medical jargon and acronyms, and be clear and concise in your statements. Remember diagnostic evidence is helpful, however you also need to provide functional capacity evidence.
- 2 Provide detailed evidence around permanency, clearly explaining why the impairment is permanent. Make sure you provide information that all evidence-based treatments have been exhausted. Include any specialist reports.
- 3 Make sure you describe the functional impact of the impairment against the six functional areas. A patient only needs to have substantially reduced functional capacity in one functional area to be considered for access to NDIS, however ensure you provide evidence in all functional areas that apply. Include information on what a patient is unable to do without significant support. Detail any assistive technology the patient has been prescribed, such as prosthetics or a wheelchair. Include supports the patient needs to participate in daily life and in the community, such as equipment or a support person. Also state how often the supports are needed and for how long.
- 4 Are you the best health professional to provide the information? If not, consider referring your patient to the relevant health professional to best support their access request for NDIS. The NDIS website contains a suite of practical resources for GPs and other health professionals that you may find useful.
- 5 In some situations, it may be clear a patient's impairment is likely to be permanent while they are still undergoing treatment or rehabilitation. For example, they may still need treatment and rehabilitation for a spinal cord injury, but it's clear they'll have a permanent impairment. In these situations an application to the NDIS should be made. However, generally, if a person is still undergoing or has recently had treatment, we'll need to wait until the outcome of the treatment is known before we can determine if the impairment is likely to be permanent.
- 6 Tools such as the CANS are helpful to determine the level of support a patient may need. However, it is important to provide additional information to outline what recommended supports relate to a patient's health condition(s) and what supports relate to the disability for which they are applying to the NDIS. The CANS tool alone does not satisfy evidence requirements, as it does not explain the functional impact of the patient's disability, and therefore why the supports are needed.

Key Contacts

NDIA Partners in the Community assist people to understand and access the NDIS. They also work with participants to develop and use their plans.

The Mid North Coast NDIA Partners in the Community are:

Blue Sky Community Services (Ages 9 - 65)

1800 241 675 bluesky@ndis.gov.au

Northcott (Ages 0 - 9)

1800 818 286 ecei@northcott.com.au



Delivering the NDIS in your community

The NDIS website offers information, resources and everything you may need to understand the NDIS.

Visit <https://www.ndis.gov.au> and search 'GPs and health professionals'.