

A GP & Health Professional's guide to the NDIS



What is the National Disability Insurance Scheme?

The National Disability Insurance Scheme (NDIS) is the new way of providing support for Australians with disability, their families and carers.

The NDIS will provide up to 500,000 Australians under the age of 65, who have a permanent and significant disability, with the reasonable and necessary supports they need to live an ordinary life.

As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life.

The NDIS supports people with disability to build skills and capability so they can participate in the community and employment.

The NDIS is delivered by the National Disability Insurance Agency (NDIA), which is the independent Commonwealth Government agency responsible for implementing the NDIS nationally.

How to access the NDIS

To access the NDIS, a person must:

- **meet residency requirements**
- **be aged under 65** at the time they apply to access the Scheme
- demonstrate they have a **permanent disability that affects their everyday life**.

If they are not currently receiving any disability supports, but wish to join the NDIS, they or their guardian (including carer or nominee) will need to complete an Access Request Form. To request this form, contact the NDIS on 1800 800 110.

For more information about the access criteria, visit the [NDIS website](https://www.ndis.gov.au).

What role do GP's and health professional's play?

General Practitioners (GPs) and other health professionals have an important role in the NDIS. This includes:

- helping people understand the NDIS, particularly people who have limited community connections and support outside their GP
- referring people to current information on the NDIS website about who can access the NDIS
- supporting an NDIS access request by:
 - completing the supporting evidence section of the Access Request Form; or
 - documenting that the person has or is likely to have a permanent disability; and
 - providing copies of reports or assessments relevant to the diagnosis/condition that details the extent of the functional impact of the disability.

How do GPs provide evidence of disability?

The NDIA requires evidence about a person's primary disability (the one which has the greatest impact on their life) as well as any other disabilities that affect them and the impact of the disability/disabilities on their functional capacity. This evidence is considered against the legislative criteria for accessing the NDIS in order to make a decision about access request.

It is important to summarise the effect of the disability on the person's day-to-day function in all relevant domains, including mobility, communication, social interaction, learning, self-care, or their ability to self-manage.

To avoid requests for additional evidence about a person's disability, include information about treatments that have been completed or planned, permanency of the impairment and the impact(s) the impairment has on the person's functional capacity.

GPs and health professionals do not have to refer a patient to a specialist to obtain supporting evidence.

GPs or health professionals can summarise or attach existing medical reports that describe the diagnosis/condition and the impact of the disability on the person's daily function.

More information about providing evidence of disability to support a person's request to access the NDIS, can be found on the [NDIS website](#).



The NDIS is responsible for:

- Home modifications, personal care and development of skills to help a person become more independent.
- Allied health and other therapy needed because of a person's disability, including occupational therapy, speech therapy or physiotherapy.
- Prosthetics and artificial limbs (surgery remains the responsibility of the health system).
- Assistive technology (aids and equipment), such as wheelchairs, adjustable beds or hearing aids related to a person's disability.
- Therapeutic and behavioural supports for people with psychosocial disability.
- The NDIS may support non-acute care under interim arrangements for eligible participants. For example, wound care that is not at the acute stage (acute is defined as a quick onset, serious medical condition requiring urgent treatment in hospital or other clinical setting).



The NDIS will not fund:

- Diagnosis and assessment of health conditions, including mental health conditions and disabilities.
- Medication, general medical and dental services and treatment, specialist services, hospital care, surgery and rehabilitation.
- Clinical care for mental health conditions.
- Palliative care, geriatric and psychogeriatric services.
- Sub-acute, rehabilitation and post-acute care including treatment of wounds by a nurse.
- Planning and preparation for a patient to return home after a hospital stay.
- General hearing and vision services not related to a person's disability (for example, prescription glasses).

How does the NDIS and health system work together?

The NDIS can provide a significant source of support for people with disability; however, it is not intended to replace health or other public services. These remain the responsibility of state and territory governments.

The NDIS will fund a range of disability related health supports where they are part of the participant's everyday life and result directly from the participant's disability. Visit the disability related health supports page on the [NDIS website](#) for more information.

The health system remains responsible for clinical, rehabilitation and medical treatment.

Does the NDIS support young children?

Yes. For children aged 0 - 6 years with developmental delay or disability there is a separate pathway to access support under the NDIS through Early Childhood Early Intervention (ECEI).

The NDIA has partnered with experienced early childhood intervention providers to deliver the ECEI approach.

Early Childhood Partners are teams of early childhood professionals and paediatric allied health staff who work with children to determine appropriate supports for their development.

Early Childhood Partners may refer families to appropriate supports and services in the mainstream or community, provide some short term early childhood intervention or assist the family to complete an NDIS Access Request Form if this is required.

If a GP or health professional considers that a child aged 0 - 6 years may benefit from early childhood intervention or disability support through the NDIS, do not complete an Access Request Form. Refer parents/carers to the NDIS Early Childhood Partner in their area.

Contact details for Early Childhood Partners can be found on the Contact page of the [NDIS website](#).

For more information about the ECEI approach, go to the [NDIS website](#).

Patient summary examples

The type of disability the patient has will determine the type of health professional best placed to provide evidence on their behalf.

Further information is available on the [NDIS website](#) on the evidence of disability page.

The following are some examples of the information that is required.

Haiden (functional impairment)

Haiden, 34 years old, has a significant physical disability and moderate intellectual disability, and requires support to get out of bed, complete his morning routine and travel to his part-time job in supported employment where he has some support during the day.



Mobility: Haiden requires assistance with all aspects of daily living including toileting, transfers from bed to his wheelchair and pushing the wheelchair both at home and out in the community. He is unable to transfer independently. He has an old wheelchair which often results in pressure sores. His mother, at 62 years old, cannot continue to do this demanding physical work, and Haiden says he would like a male support person his own age to assist him. Equipment to reduce the effort of physical support and enable Haiden to be more independent would be useful.

Self-care: Haiden requires at least one support worker for assistance in all aspects of personal care, hand-over-hand support with showering, brushing his teeth and total support getting dressed. He is unable to independently prepare or eat meals.



Learning: Haiden has a moderate intellectual disability and has a part-time job in supported employment. He requires assistance with learning new skills.



If Haiden's GP is able to provide an overview of the likelihood and severity of deterioration in his daily function, this can support his NDIS planner to identify the level of funding he needs to enable swift support.

Ming (functional impairment resulting from a mental health condition)

Ming has a mental health condition that has resulted in a psychosocial impairment that will likely remain across her lifetime. Ming struggles with tenancy issues which has on occasion resulted in homelessness. Ming has a loving and supportive family and a small circle of friends, but has difficulties interacting with strangers due to paranoia related to her mental health condition.

Ming struggles with money management and decision making, and she has formal guardianship and administration orders in place to help with this. Her bills are paid by her public trustee and she is provided with a small allowance per week to buy incidentals. Ming loves her dog, Luna. Ming really wants to enter Luna in a local dog show but doesn't know how to go about this and is experiencing extreme anxiety about Luna's wellbeing. This has triggered a medication review as Ming's mental wellbeing has declined.



Self-management: Ming is able to manage her own small budget for incidental expenses but needs another person's assistance to make major life/financial decisions and budget.



The existence of guardianship and administration orders and limited control over her own affairs, particularly financial, demonstrates Ming has substantially reduced capacity for self-management.

How do I bill for completing an Access Request Form for a patient?

When GPs provide any details about a patient without an associated consultation and without the patient present, a Medicare rebate is not payable under subsection 19(5) of the *Health Insurance Act 1973*.

However in providing this information, it is reasonable to expect that GPs will perform an examination of some description to assess or confirm the patient's current medical condition. With this examination, the time taken for GPs to provide details and information for the purposes of the NDIS, may be claimed under a Medicare item if it is part of the consultation.

Consistent with the operation of the Medicare Benefits Schedule generally, it is at the GP's discretion to select the Medicare item number that most appropriately reflects the nature of the consultation.

Paid compensation

An individual applying to access the NDIS must specify if they have received compensation for any injuries in their NDIS Access Request. If they have received compensation, including funding for NDIS-like supports, they will be asked to provide documentation.

Receiving compensation does not exclude a person from being an NDIS participant, but where the compensation provides for services/supports in line with NDIS supports, these will be taken into consideration when determining the amount of support the NDIS provides.



Compensation for pain and suffering or income replacement will not affect any support the NDIS provides.

A request to access the NDIS can be made up to six months prior to the NDIS rolling out in their area.

What is the process after a person is granted access?

If a person is deemed eligible for the NDIS, an NDIS representative (such as a Local Area Coordinator or an NDIA planner) will contact the participant to gather information to develop an NDIS plan. NDIS plans are built in accordance with the participant's immediate needs, and their medium to longer-term goals.



All supports in an NDIS plan must be reasonable and necessary and related to their disability.

Funds will be approved to help a person to have an ordinary life and increase their social and economic participation. The NDIS plan will detail how the funding is expected to help the person.

The NDIS places great emphasis on building an individual's independence and many NDIS plans will specify supports that build a person's ability to develop their skills and independence. Equipment, home and/or vehicle modifications are considered an investment in a participant's increased independence.

What happens after an NDIS plan is approved?

Once a plan is approved, a Local Area Coordinator or a funded Support Coordinator will help the participant to access other government and community services; to select providers to provide services to them and develop Service Agreements with these providers; and to understand how to track expenditure of NDIS funds throughout the life of their plan.



Are copies of plans automatically supplied to GPs and health professionals?

No. GPs and health professionals should ask participants to bring a copy of their NDIS participant plan to a subsequent consultation. It may be useful to be aware of what services can be purchased by the participant with NDIS funds, as these may complement those already available through Medicare.



NDIS Referrals

Role of the GP/health professional

Patient's experience



Scenario 1

The parent of a 5 year old boy who has autism would like support for their son.

What can I do?

Refer the parent to their local Early Childhood Partner. See the Contact page on the [NDIS website](#).

The Early Childhood Partner may either link the family with appropriate community and mainstream supports, deliver short term early intervention supports or assist the family to complete a formal access request into the NDIS.



Scenario 2

I have a patient who is 42 years old who has a permanent disability who I think will benefit from the NDIS.

They currently do not receive any government support.

What do I do?

If the NDIS is available to them, they are aged less than 65 meet the residency and disability requirements, either yourself, the patient or their guardian/ carer, can call the NDIS on 1800 800 110 and request an Access Request Form.

The patient will receive an Access Request Form and will be required to fill in the form, including providing evidence of disability.

Upon receiving a valid access request, the NDIA must respond within 21 days.

If the patient is eligible for the NDIS, they will receive an individual NDIS plan that outlines the short and long-term goals they want to achieve.



Scenario 3

I have a patient who is aged under 65 who has a permanent disability, and is already receiving State Government support.

How can they join the NDIS?

If your patient is already receiving supports from a state or territory government or Commonwealth Government program, they or their carer will receive a letter and a phone call from an NDIS representative when it is time for them to transition to the NDIS.

Once the patient has been contacted by the NDIA and their access is confirmed, they will receive an individual NDIS plan that outlines the short and long-term goals they want to achieve.



Scenario 4

I have a patient who is aged over 65 and has a permanent disability.

What can I do?

If the patient is aged 65 years and over, they are not eligible to join the NDIS.

Instead, refer the patient to the Australian Government's My Aged Care program. More information is available on the [My Aged Care website](#).

The patient will receive a My Aged Care assessment to work out their care needs and what types of care and services they may be eligible for.

Frequently Asked Questions

Is the Disability Support Pension and the NDIS linked?

While both the Disability Support Pension (DSP) and the NDIS provide support for people with disability, they perform very different functions and have different assessment criteria. Therefore, an application for a DSP cannot be used as part of an application for the NDIS.



Assistance from the NDIS is not means tested and has no impact on income support such as the Disability Support Pension.

Can NDIS funds be used to pay the gap for Medicare services?

No. The NDIS is not designed to fund supports more appropriately funded or provided by the health system. NDIS funds cannot be used to pay Medicare gap fees.

A support the NDIS pays for is not claimable against any other Commonwealth Program such as Medicare.

What happens if an NDIS participant turns 65?

If an NDIS participant is receiving support and reaches the age of 65, they can choose to stay as an NDIS participant and continue to receive the supports in their plan or they can choose to leave and access supports provided by the aged care system.

If they are from an Aboriginal and/or Torres Strait Islander background, they are able to switch at 50 years of age. If they do choose to move to the aged care system, they are unable to return to the NDIS.

What address can doctors send medical documents to?

Medical information can be sent through email, post or be delivered in person into a local NDIS office.

To send it by mail:
GPO Box 700, Canberra, ACT 2601

To send it by email:
NAT@ndis.gov.au



If sending items through post, it is recommended that a photocopy is made.

For more information about the NDIS please contact:

National Disability Insurance Agency

1800 800 110

Find us on Facebook/NDISAus

Follow us on Twitter @NDIS

ndis.gov.au

For people who need help with English

TIS: 131 450

For people who are Deaf or hard of hearing

TTY: 1800 555 677

Speak and Listen: 1800 555 727

Internet relay: National Relay Service
relayservice.gov.au

Note: 1800 calls from fixed lines are free.
Calls from mobiles may be charged.