



## 1. Access to the NDIS

### Eligibility criteria for the NDIS

Eligible patients need to meet all criteria below:

- Have a permanent disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments relating to a psychiatric condition.
- The condition is likely to be permanent and significantly affects their functional capacity to take part in everyday activities.
- Meets the early intervention requirements outlined in the NDIS Act 2013.
- Are aged less than 65 years when they first request access to the NDIS.
- Resides in Australia and is either a permanent resident, permanent visa holder or holds a special category visa, or satisfies other requirements in relation to residence prescribed in the NDIS rules.

## 2. The Role of a GP

### Evidence with regards to becoming an NDIS Participant

You may be asked to provide evidence of your patient's disability and its functional impact by:

- Providing the NDIS with professional supporting evidence within the section of the [Access Request Form](#) (application form for the patient to become a participant of the NDIS). Refer to Section 2: Completed by the Treating Professional, pages 13-25.

This may include evidence such as:

- Confirmation that the disability is likely to be 'life-long'.
- Assessments or reports outlining the extent of the functional impact of their disability and how these deficit functions impact their everyday life.
- Confirmation of diagnosis of the type/s of disability and the condition if it has been identified. ([Refer to NDIS Eligibility Lists A, B, C and D \(note List C refers to WA patients only\).](#))
  - [List A](#)
  - [List B](#)
  - [List C](#) (WA participants only)
  - [List D](#) (under 7 years old)
- Effects on day-to-day functional capacity for the patient including the reliance (24/7 care if applicable) of their Informal Carers (Parent/s). Ref: [Types of Disability Evidence](#).
- Treatments (if available, completed and/or planned).

- Impact on day-to-day living for the patient.
- Impact on the patient's 'informal/primary' family/carer. Noting that without NDIS in-home support within the family home, it is unlikely the sustainability of this informal support can continue. Ref: [NDIS Operational Guideline 11](#).
- How supports can help the patient build/increase their independence and improve functional capacity.
- Noting if support from the NDIS is not provided, there is a possibility of the patient's condition deteriorating.
- Supports and services being requested cannot be found/obtained within mainstream services.
- Other "Reasonable and necessary supports" Ref: [Section 34 of the NDIS Act 2013](#)

**Note:** The time taken for the GP to complete their section of the NDIS participants application form as part of the person's GP consultation can be claimed under a Medicare item number that most reflect the nature of the consultation.

## Evidence for Supporting a Participant's NDIS Plan Assessment Meeting

The NDIA assesses whether requests for funded supports in a participant's plan are deemed 'reasonable and necessary, will be 'effective and beneficial' to the individual and is 'value for money' as stated within [Section 34 of the NDIS Act 2013](#).

Requested supports will only be funded if they meet the following criteria.

- Assists the participant in pursuing their NDIS goals, objectives and aspirations.
- Support the participant to access and participate in social, community, recreational, civic and economic activities.
- Demonstrate 'value for money' relative to other alternative supports.
- Be 'effective and beneficial' to the participant.
- Will take into account what is reasonable for 'informal supports' (such as parents/carers) should provide to support the participant. Are the parent/s providing 'above and beyond' parental responsibilities with consideration to the age of the child and what is deemed as 'reasonable supports' within a typical parental role for children without disability.
- Represent 'value for money' and is not more appropriated by other means outside the NDIS.
- Is identified as a support under the NDIS rules as not being funded by the NDIS scheme.
- The funding complies with methods outlined in the rules of the NDIS when deciding if the support is reasonable and necessary.

## The Early Childhood Approach

The [early childhood approach](#) supports best practice in early childhood intervention and supports children under six years old with developmental delay (no formal diagnosis is necessary) or children under nine years old with disability and their families to access the right support they require.

Early intervention is an important aspect of the NDIS. Early Childhood Partners are teams of early childhood professionals such as allied health professionals who work with children and their parents/carers to determine and support a child's developmental support needs. *"They can then help families connect with appropriate mainstream and community services. As part of this process, the early childhood partner will also help families understand the potential role of the Scheme and where appropriate, help them apply for access."*

If you consider that a child under nine years old may benefit from Early Childhood Intervention (ECI) or disability support through the NDIS, **DO NOT** complete an Access Request Form. Instead they will need be referred to and contact their [Local Early Childhood Partner](#) in their area.

### 3. Tips for Writing Letters of Support for NDIS Participants

#### General tips:

- Use **BOLD** font in the letter to ensure diagnosis or significant challenges stand out.
- **Compare** a NDIS child participant to typical children of the same age, mentioning the different types of disability (e.g., neurodevelopmental, autism spectrum disorder (ASD)).

#### Use keywords such as:

- Permanent and lifelong (genetic conditions are for life)
- Complex (if applicable)
- Multiple disabilities (if applicable)
- Multiple **disability related** health and/or medical conditions
- Neurodevelopmental disability
- Evolving cerebral palsy-like condition
- Neuromuscular
- Mobility issues/challenges (Includes balance issues)
- Communication challenges (Non-verbal &/or fully/partially relies on Assistive Technology)
- Use **NDIS language and terminology** such as “capacity building” and/or “developing and improving independence” ensuring it relates to supports under [Section 34 Reasonable and Necessary of the NDIA Act 2013](#).
- List the diagnosis and symptoms in **plain English**, with medical jargon in brackets, for example:
  - Decreased muscle tone (Hypotonia)
  - Can only take food through a tube (Nasogastric tube fed)
  - Can only eat puree food and/or thickened liquids (Dysphasia)
  - Is incontinent (Neurogenic Bowel and/or Bladder)
- State why the supports you are suggesting are **best funded by the NDIS** and not by another means, such as health or education.

#### List challenges such as:

- Significant challenges with daily living skills and independent living tasks.
- Impaired functional capacity in a number of different areas.
- Child needs 24-hour around the clock care – cannot be left unsupervised due to safety, e.g., the child could have a seizure and die (harsh but needed). Cannot be left alone due to significant risks of self-harm or harm to others.
- Child needs 1:1 full coactive support for Daily Living Tasks and/or to meet their NDIS Goals

- The child requires a variety of different therapy supports provided by an experienced Multidisciplinary Team of Allied Health Professionals for continuity of care and to achieve best outcomes as the child is complex.
- The intensity and complexity of the child's rare condition greatly impacts the informal carer/s emotional wellbeing (Mental Health), physical, medical (sleep deprivation, diet etc.), social and financially. Without the appropriate supports and services funded by the NDIS, there is a great possibility that the parent/carers is at risk of breakdown or worse still, relinquishing their child.
- Intensity and complexity of the child's 'rare' (at times) life-threatening/limited condition, significantly impacts the parent's emotional and mental well-being.

### **List the supports you want the child as a NDIS participant to receive, and the reason why the NDIS is best placed to fund these supports:**

- Supports need to be meaningful and inclusive and provided in a variety of settings, e.g., in the home and in out in the community.
- The child's safety should be considered when suggesting supports that will help a child to reach their goals. If supports are not provided within the NDIS Plan, the child (patient) may be at risk of losing skills they have recently gained (deteriorating), absconding (creating risk/danger) as they are unable to learn basic skills, they need to safely cross a road etc. Providing supports and services now may well mean less supports long-term, reflecting the NDIS Act Section 34: Value for Money.

### **NDIS Pricing Guide (Support Catalogue)**

The [NDIS Pricing Guide](#) can be used as a guide to the types of supports that are funded under the NDIS. Some participants use this as a guide to identify what supports they need/want funded, working backwards to ensure their goals and evidence letters support the funding items they are requesting.

## **4. Hints for your Patients who are NDIS Participants**

- Encourage parents/carers to write a Carers statement to submit at their first NDIS Planning meeting. NDIS Plan Reassessment or Change of Situation/Circumstances.
- Encourage individual participants to write an individual Participant Statement (with support if needed). (Children who are non-verbal often parent/carers write their NDIS Participant Statement on their behalf.
- Encourage parents/carers and/or participants to write a weekly schedule and highlight all the areas the participant requires support.
- Encourage the parents/carers and/or participants to think about goals the NDIS could support them to achieve and what supports are required to assist the participants with mastering them.

## **5. Rare Disease Resources**

### **SWAN's Plain and Easy English Information Sheets**

- [Plain English](#)
- [Easy English](#)

## SWAN's NDIS Information (aimed at families)

- [NDIS information to assist SWAN families](#)

## Report Writing Resources

- [VALID - 10 Step approach to reports for allied health professionals](#)
- [Summer Foundation – “Getting the Language Right”](#)

## 6. Practical Resources for GP to Support NDIS Participants

- The RACGP and the National Disability Insurance Agency (NDIA) have co-designed a [resource](#) to help GPs support their patients to access the National Disability Insurance Scheme (NDIS).
- [Information for GPs and Health Professionals](#)
- [Practical Resources for GPs and Health Professionals](#)
- [Resources Developed by GPs](#)
- [Is your Patient Eligible](#)
- [Eligibility and Medical Conditions FAQ](#)
- [Mental Health Mental Health \(Psychosocial\) and the NDIS](#)
- [Video – Providing Evidence to Support an Access Request – Tips from a GP Colleague](#)

## 7. GP Sample Template Evidence Letter

**Attention:** NDIS Planner

**Date:** XXX

**Re:** [NDIS Participant's Name], [NDIS Participant's Date of Birth] and [Participants NDIS Number]

**Diagnosis effecting all NDIS domains of functional daily capacity** – Supported in Specialists Reports:

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**Medication chart** - All/most medications are required due to the disability related health/medical needs.

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**Disability related health concerns effecting [Patients Name] functional daily capacity** – Supported in numerous reports over the last 12 months/2 years.

- (list all specialists)
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[Patient's Name] has multiple complex disability as part of their undiagnosed/rare genetic condition [name of condition if known] causing [physical and intellectual disability (state all that apply)] and chronic disability related health/medical concerns causing an ongoing deficit in all areas of their functional daily capacity.

[Patient's Name] requires active night supports to be provided at the high intensity rate by [disability support workers or registered nurses (delete what is not applicable)]

[Patient's Name] has extremely high-dependency needs and requires 1:1 care, supervision, monitoring and support [list how many hours each day]. [Patient's Name] lives in their family home with their loving supportive family, [list family members]. Their parent/s is/are continuously providing informal care which is 'above and beyond' typical parental responsibilities.

I also support [parent name/s] with their own health and medical needs. Providing the intensive 24/7 'informal' support to [Patient's Name] over the past [XX] years has affected [Parent's Name/s] overall health & wellbeing - physically, emotionally and financially. However, they continue to sustain and provide [Patient's Name] with an extremely good life where they continue to receive all necessary services and supports (mainstream and disability) and [Parents Name] continually attempts to provide a 'good quality of life' and experiences with all family members whenever possible.

I fully support the request for [Patient's Name] to receive [XX] hours of care from a [disability support workers or registered nurses (delete what is not applicable)] in their family home, when it is requested by [Parent's Name] to enable them to sustain ongoing care as well as support in their own relationships with family members, partner, friends and/or work colleagues.

If economic participation is important this can also be mentioned here: *in-home supports are required to ensure the continuation of economic participation/employment to sustain financial supports for [Patients Name] and the whole family. This will also, enable them to maintain and sustain their own health and wellbeing as the only informal support available. This support is paramount to prevent the 'breakdown of care' and to ascertain ongoing sustainability of care.*

[list who else the parent/carer is providing informal supports and care and what is the diagnosis? E.g.: ageing parents, other family members and/or other children within the family]

[Patient's Name] is currently seeing in excess of [XX] specialists and allied health professionals. [Patient's Name] is required to attend numerous disability related medical/health appointments and surgical interventions all in (state major city) [XX] km return trip from the family home).

Note any surgeries over the past few years and list where the surgery took place for the disability related medical/health issues.

[Patient's Name] committed, dedicated and very loving parent/s [Parent Name/s] always take [Patient's Name] to these appointments and surgical interventions.

If [Patient's Name] is admitted to hospital, [Parent's Name] stays with them and provides the necessary 24/7 care to ensure [Patient's Name] is safe, supervised and fully supported with all necessary medical interventions, personal care and daily activities, with the aim to improve their health and wellbeing.

[Patient's Name] is fortunate to have a parent who continually advocates on their behalf, to ensure they have a good quality of life and continue to achieve positive life outcomes.

I fully support the [Patient's Name] NDIS [application/plan review (delete the one not applicable)] and all the professional supported evidence which have been provided.

As [Patient's Name] GP and their family GP (if applicable) confirm that it is paramount that [their NDIS access request/all NDIS requested supports (delete what is not applicable)] eing proposed by [Patient's Name Parent's] and their allied health professionals, is provided at the earliest opportunity.

Please feel free to contact me if you have any questions or require further information.

Kind regards

[Name of GP and Practice]

## 8. DISCLAIMER AND ACKNOWLEDGMENTS

All website URL's used in this resource are subject to change without notice.

SWAN Australia would like to acknowledge the GPs we consulted with in relation to this document. SWAN would like to thank Helen Johnson for her expertise in reviewing this document and credit her with the GP Sample Template NDIS Evidence Letter.

For more information about the National Disability Insurance Scheme (NDIS) please refer to the [NDIS website](#) and the [National Disability Insurance Scheme Act 2013](#).