

Updated 17 June 2020

List of abbreviations explained with the recordings and presentation

The following acronyms were used during the presentation:

- HLO - Health Liaison Officer
- LHD - Local Health District
- MTA - Medium Term Accommodation
- STA - Short Term Accommodation
- SHN - Specialty Health Network
- NDIA - National Disability Insurance Agency
- SDA - Specialist Disability Accommodation
- SIL - Supported Independent Living
- PPE - Personal Protective Equipment
- ILO - Individual Living Options

NDIS Transition Leads

Where do we find the list of NDIS Transition Lead contacts across locations?

You can contact the NSW Health Transition Lead in your area by emailing MOH-NDIS@health.nsw.gov.au

We are being requested from local Hospitals to provide SIL quotes for customers in hospitals. Are all hospitals aware of MTA funding?

Yes, NSW Health NDIS Transition Leads are aware of the MTA arrangements. The decision on funding MTA rests with the NDIA. The NDIA has a preference for approving plans that allow participants to move to their permanent destination but will consider MTA where there is likely to be a delay in the permanent arrangements being available.

Check out the NDIA's public information on MTA at:

<https://www.ndis.gov.au/about-us/operational-guidelines/including-specific-types-supports-plans-operational-guideline/including-specific-types-supports-plans-operational-guideline-medium-term-accommodation>.

How will we be receiving request from hospitals as we haven't seen much come through?

The NDIS Transition Lead will provide relevant vacancy information and contact details for providers to the participant, their families and support coordinators. At the request of the participant or families, hospital staff may contact you to discuss an appropriate vacancy match for the participant.

If you any concerns about why your vacancies are not being utilised or other related questions, email MOH-NDIS@health.nsw.gov.au and someone from the Social Policy Implementation team will call you back.

Is there a clearer NDIS participant criteria as to who can access the NDIS Transition Leads? I am listening and hearing that it used to be related to those needing SDA. If I was to pass this information about transition leads, I want to be careful about what I tell them if they have a hospital confinement scheduled.

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NDIS Transition Leads are employed by NSW Health in each Local Health District and Speciality Health Network. Their job is to ensure the successful interface between the district/network and the NDIS.

They work closely with clinicians and other Health staff in hospitals and with the NDIA locally to ensure that participants get the supports they require, including transitioning safely from hospital and remaining supported in the community. The Social Policy Implementation (SPI) team within the Ministry of Health supports Transition Leads and is available to escalate issues which cannot be resolved locally.

Transition Leads are able to assist any NDIS individual who may be eligible for the Scheme or who is already a participant who is currently in hospital or at risk of avoidable hospital admission. If you have been provided with the contact details of the Transition Lead in your district, you can approach them directly. Otherwise the SPI Team can pass your email inquiry on to the right person by contacting MOH-NDIS@health.nsw.gov.au.

Would transition leads and HLO be available for community services?

If community service organisations have an issue involving an NDIS participant who is in hospital or at risk of avoidable admission to hospital, the NSW Health Transition Lead is the correct contact and can liaise with the HLO. Contact can be made through MOH-NDIS@health.nsw.gov.au. Many Transition Leads present to community groups on the Health-NDIS interface.

If you have a requirement for a speaker, contact your Transition Lead or email your request to MOH-NDIS@health.nsw.gov.au.

If you want someone from the NDIA, speak to your NDIA contact directly or email your request to MOH-NDIS@health.nsw.gov.au and we will pass it on to the NDIA.

If a person is an inpatient for another reason and has an NDIS provider who could continue to provide supports and services, can this happen into the hospital situation and the provider be paid?

NDIS-funded disability supports can be provided to participants who are in hospital where it can be accommodated by the hospital and requested by the participant or their guardian. This is referred to as 'concurrent supports'. These arrangements can be more complicated during the COVID-19 pandemic so discuss the situation with your NSW Health Transition Lead. If you don't know who your local Transition Lead is, email MOH-NDIS@health.nsw.gov.au.

Contact for Mental Health Champions?

Please send your request to MOH-NDIS@health.nsw.gov.au

Hospital Liaison Officers (HLOs)

How do we contact HLOs and do we need a doctor's referral?

HLOs are employed by the NDIA and work to assist in the successful interface between the NDIS and the health system. They will initiate contact with providers and clinicians as needed. If an issue arises requiring engagement with a HLO, contact your NSW Health Transition Lead or email MOH-NDIS@health.nsw.gov.au. A doctor's referral is not necessary.

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Are HLOs in all states or only NSW

HLOs have been rolled out nationally.

Assistive Technology

Can you confirm again that the assistive technology \$5000 will go into all plans?

The current arrangements for funding of AT is set out by the NDIA at <https://www.ndis.gov.au/participants/home-equipment-and-supports/assistive-technology-explained>

If there are challenges or issues in securing funding for required AT during the COVID-19 response, please escalate any questions to the NDIA on 1800 800 110 or contact MOH-NDIS@health.nsw.gov.au.

Further on AT funding, if a participant has already accessed the \$1500 and require additional AT this will then reduce their Core Support funding. Would there be a light touch review to perhaps include further \$1500.00 to ensure they do not run out of funding?

Where a participant requires additional funding in their plan for any reason, contact the NDIA and explain the situation on 1800 800 110. The NDIA is hoping to undertake first contact resolution via this number whenever possible and this can include approving a new plan with additional funding if required. If you encounter any obstacles, contact MOH-NDIS@health.nsw.gov.au.

For laptops etc it is easier if Plan Managed or Self-Managed?

The way in which a participant's plan is managed should not impact access to low risk AT.

Is there any further information that we can distribute for the AT/Enable collaboration to share with colleagues?

Further information can be found on the EnableNSW website - <http://www.enable.health.nsw.gov.au/prescribers/hospital-discharge-during-covid-19>

Can \$5000 discretionary be added to rolled over plan if requested or will this trigger a new plan

Any request for AT is considered against reasonable and necessary criteria. Where 'low risk' AT is required the NDIA can add up to \$5000 to plans for that purpose. The addition of the funds does require a new plan to be approved but this can be via the 'light touch' approach where the only update is the addition of the AT funds.

I am a parent and we have spent AT allowance as self-managed funding, are these AT guidelines also the same for any hire of equipment required to facilitate hospital discharge?

The NDIA can add funding into a plan to allow up to 6 months hire of required equipment to facilitate discharge from hospital. Funding will then be added to allow for the purchase of the required equipment at the end of the hire period. As a first step, discuss with your hospital contact or the Transition Lead, or contact MOH-NDIS@health.nsw.gov.au

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Public Health Information / Orders

Last week you mentioned that NSW Health will soon be issuing specific public health advice for people with disability and those who care for them. Was there an update on that?

Guidance for providers of disability services can be found at:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx>

and

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-outbreak-identification.aspx>.

Links to any additional information posted on the NSW Health website will be provided to anyone registered for the webinar when it becomes available. Given the rapidly evolving situation, providers of disability services should regularly review official information for updates.

Where can information be found in relation to exceptions for disability services?

See <https://preview.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules>. Links to the Public Health Orders are located at the bottom of the page. Providers of disability services are exempt from the mass gathering and indoor density requirements and are listed as a service that are permitted to continue operating during the COVID-19 response period. Appropriate physical distancing and infection control protocols should be observed wherever possible.

Is transport from a group home to a day program considered an accepted reason to travel under the public order?

Yes.

Would you know if this is the case in Victoria? Where would we find this info otherwise? (re: Group activities being discussed).

Disability services are exempt from the mass gathering and indoor density rules under the Public Health Orders in each state and territory. This includes day programs, however, providers need to apply appropriate risk management principles in line with public health advice issued by public health authorities in each respective jurisdiction, and guidance to providers issued by the NDIS Q&S Commission.

If you have specific questions about interstate arrangements, refer first to the relevant public health agency in that state or territory, or email MOH-NDIS@health.nsw.gov.au if you have any concerns. Information about Victorian health services and people with disability can be found here:

<https://www.dhhs.vic.gov.au/information-people-disability-coronavirus-disease-covid-19>.

Can Caroline tell us what is being provided to GPs re: people with intellectual disability living alone in the community?

Public health information issued to general practitioners (GPs) by the Commonwealth Government can be found here:

<https://www.health.gov.au/resources/publications/information-for-primary-health-care-staff>.

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Public health information issued to GPs by NSW Health can be found under the 'General Practitioner' tab here:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx>

Public Health guidance (e.g. testing and isolation advice) is regularly issued via GP networks by NSW Health.

Do you know when the guide will be available re: allied health practitioners visiting in community?

Refer to <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/community-outpatient.aspx>.

These guidelines have just been updated. The Clinical Excellence Commission now has infection control guidance for home visits – all providers are encouraged to review as this has some very helpful information:

http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0009/583695/COVID-19-Infection-Prevention-and-Control-Guidance-for-Home-Visits.pdf

Has been consideration of AGP's with distressed clients (crying/yelling) re: counselling for social work, psychology, etc?

Information regarding aerosol generating procedures (AGPs) in community settings can be found here:

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf.

New information relevant for home visits is also available at:

http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0009/583695/COVID-19-Infection-Prevention-and-Control-Guidance-for-Home-Visits.pdf.

As per CEC infection prevention and control guidance, PPE is recommended under Standard Precautions if staff are in contact with blood or body substances. This is irrespective of the COVID-19 risk and should be used routinely in caring for clients where interaction has been identified as having the potential to expose staff to saliva (e.g. spitting/shouting) and other bodily fluids.

For more information on Standard Precautions, refer to CEC resources. If providers have specific concerns around caring for clients with behavioural disturbance who are suspected or confirmed to have COVID-19, for additional support, ring your local Public Health Unit.

We have been getting questions from providers around mandatory influenza vaccinations for disability sector workers particularly those working in residential settings. This is mandatory in aged care - is there any indication that this type of measure may be rolled out to the disability sector?

Annual influenza vaccination is not mandatory for disability service workers, however both residents and workers are encouraged to refer to the Commonwealth aged care guidelines on vaccination as a guide:

<https://www.health.gov.au/initiatives-and-programs/residential-aged-care/responsibilities-of-residential-aged-care-providers#mandatory-flu-vaccination-program>.

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See also the NDIS Quality and Safeguards Commission Provider Alert at:

<http://createsend.com/t/t-FB41F6C40AD86CA12540EF23F30FEDED>.

Vulnerable groups, including people with disability, are at higher risk of poorer outcomes if they do get flu, therefore annual flu vaccination is encouraged for residents, carers and disability support workers to minimise the risk. It is more important than ever to get a flu vaccine this year given the COVID-19 pandemic. For more information on the flu vaccine and COVID-19, see <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/frequently-asked-questions.aspx#1-6>.

COVID-19 PPE, Isolation & testing

Is there any guidance around reasonable prices for PPE - there are people who are offering to supply providers, but the prices are up – understandably so – but is there any conversation around prices what is reasonable now?

Providers who cannot access PPE at all or where they are concerned about unreasonable prices should contact the National Medical Stockpile at NDISCOVIDPPE@health.gov.au.

Updated information on PPE availability is available at:

<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-03/fact-sheet-covid-19-provider-information-about-ppe.pdf>.

The latest Provider Alert from 7 July 2020 is available at:

<https://ndisqualityandsafeguardscommission.cmail19.com/t/ViewEmail/t/2ADC41F01CFFCE8A2540EF23F30FEDED/D350B5CDC2FD23BF27D1E72AD0FD8334>

Can we just clarify that disability support workers would be considered under the same testing protocols as health care workers? The NSW Health website refers to workers in residential care but does not specifically reference disability support workers.

For information on testing for staff refer to <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/advice-for-professionals.aspx>.

The page has been updated to make it clearer disability support workers and residents should be prioritised for testing like other health care and aged care workers and residents.

When disability service provider staff present for testing, they should self-identify that they are essential service workers. This will expedite the test and provision of results. See additional information regarding priority testing here:

<https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/testing-prioritisation.aspx>

Can we talk about the responsibility of providers during this COVID19 pandemic, for caring for residents in supported independent living - for residents who may test covid19 positive but be experiencing mild symptoms that do not require hospitalisation?

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Providers are responsible for service continuity to participants during the COVID-19 pandemic, including where a participant has COVID-19 symptoms but has not yet been tested (a 'suspected case') or where a participant tests positive for COVID-19 (a 'case'). The presence of a confirmed case in a group residential setting is classed as 'an outbreak'.

Provision of advice on managing the response to suspected or confirmed outbreaks of COVID-19 in group homes is a joint responsibility of state public health authorities and the NDIS Quality and Safeguards Commission.

The Australian Health Prevention Principal Committee (AHPPC) has established the [Advisory Committee for the COVID-19 Response for People with Disability](#), which has been charged with developing a [Management and Operational Plan for People with Disability](#).

The Plan was [endorsed by National Cabinet](#) on 16 April 2020 and aligns state and territory level public health plans for infection control, and guidance by the NDIS Quality and Safeguards Commission to providers in managing arrangements for participants, where there is a suspected or confirmed outbreak of COVID-19. Implementation plans that will support the National Plan will be issued in due course.

NSW Health guidance on management of disability services during COVID-19 response can be found at:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx>

and

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-outbreak-identification.aspx>.

Any other links will be shared with those who registered for the webinar. Where a resident is diagnosed with COVID-19 in a group home setting, support and advice will be provided by the local Public Health Unit.

I'm wanting to understand whether disability support workers providing 1:1 supports are all required to be tested as they are frontline healthcare workers, and whether they are required to isolate until they find out the result even if they don't have symptoms?

Testing of asymptomatic people (that is, people with no symptoms) is not currently being undertaken except in specific circumstances, such as:

- recovered cases wishing to return to work in a health care, aged care facility, or other high-risk setting (this would include a disability group home or working with people with disability), or
- individuals who are part of a public health unit outbreak investigation.

Advice for healthcare workers, staff, students and volunteers (this includes disability support workers) is available at: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/healthcare.aspx>.

For further information call the National Coronavirus Helpline on [1800 020 080](tel:1800020080).

How do they plan to undertake social distancing in group homes or isolate residents if necessary?

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It is clear that physical distancing and infection control in congregate care settings (including group homes) is difficult.

Providers need to consider and apply appropriate risk management principles in line with public health advice issued by public health authorities and guidance to providers issued by the NDIS Quality and Safeguards Commission. Where there is a suspected or confirmed case of COVID-19 in a group home, the local Public Health Unit will provide advice on the most appropriate response.

Providers should also review available information now to ensure plans and protocols are in place should this occur. More information is available from:

- CEC Infection prevention and control guidelines - <http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19>
- Information for disability support providers - <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx>
- Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities - <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

In some cases, the person with symptoms can effectively isolate within the group home. Where this will not be possible, alternative arrangements will need to be negotiated with the NDIS Quality and Safeguards Commission and the NDIA to align with the public health advice.

Is the Agency able to provide innovative funding solutions in the case where a group home resident needs to be isolated elsewhere?

The NDIA is responding to community COVID-19 outbreaks including with additional funding for participants where they need special accommodation arrangements. Providers should refer to their emergency response plans and escalate to the NDIA any urgent needs relating to additional funding requirements for COVID isolation purposes.

Where outbreaks are identified after hours, the Public Health Unit or the local hospital Emergency Department can escalate to the NDIA's after-hours crisis response service.

When participants transition from hospital to group homes with medical clearance will this include clearance of COVID19.

In order to minimise the risk of a participant having COVID-19 infection at point of discharge, all participants undergo frequent monitoring for fever and other COVID-19 symptoms. Unless a person displays symptoms consistent with COVID-19, they will usually not be tested.

NSW Health follows national guidance on discharging new and returning residents to aged care facilities and other residential settings. All residents returning to a facility should be screened by an appropriate medical officer to confirm:

- they are not experiencing acute respiratory symptoms or fever compatible with COVID-19, and
- they have not had any close contact with a confirmed COVID-19 patient in hospital.

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Local health districts have their own arrangements for documenting that symptom/contact screening is completed at discharge, but a template certificate is also available and can be requested by disability support providers for returning residents

(<https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/discharging-residents.aspx>).

Neither NSW nor national guidelines recommend automatic testing of residents returning to RACFs or any other residential facility at hospital discharge, except where the returning resident has previously been diagnosed with COVID-19 and is well enough to be discharged back to the facility.

What is your take on having Support workers on having access to PPE so they can continue to provide essential work in a safe way, considering PPE is typically used daily when supporting with Personal care etc?

PPE is currently still in short supply for many services including in some health care settings. Where supply is short PPE must be rationed to ensure that it is available for the most high-risk activities.

Advice on effective and appropriate use of PPE in the current situation and more generally can be found at the Clinical Excellence Commission (CEC) webpage:

<http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19>. Requests by providers and self-managed participants for PPE for personal care purposes should be sent to the National Medical Stockpile by emailing NDISCOVIDPPE@health.gov.au.

Is that COVID contact number for all community organisations or just NDIS providers?

The email address (MOH-JamesCovid19Support@health.nsw.gov.au) is to be used to identify any immediate need for Personal Protective Equipment (PPE) either for the purposes of managing an outbreak or suspected outbreak of COVID-19 infection, or for non-COVID-19 related purposes. It can be used by NDIS providers or other community organisation providers who care for people with disability in the community.

The NDIA has advised (<https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19/connecting-and-helping-participants>) that the Commonwealth Department of Health will be triaging requests that are sent to the National Medical Stockpile for ongoing supply of PPE. Providers will need to demonstrate:

- they have not been able to source masks on the open market
- existing stocks have been depleted
- who will be using the masks
- how masks will be prioritised and distributed to minimise transmission, and
- how previous stockpile supplies (if applicable) have been used efficiently and effectively.

Requests will be prioritised where:

- the participant has a confirmed or suspected case of COVID-19
- safe care cannot be provided without PPE, or
- where there is a clinical need.

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The National Coronavirus Helpline ([1800 020 080](tel:1800020080)) is available for anyone to contact 24/7, including disability service providers.

We have provided a home for Support Staff if they don't want to risk going home while supporting a person with COVID-19. This has assisted in Support staff being more willing to continue working.

This is an excellent initiative.

Staff isolate with participant. 24-hour fees? NDIS plan cost will go up. I am using overnight now for my son having psychotic episode. Dr says hospital too dangerous.

Providers or families need to apply appropriate risk management principles in line with public health advice issued by public health authorities and guidance to providers issued by the NDIS Q&S Commission.

Where there is a suspected or confirmed case of COVID-19 in a group home or in the participant's own residence, each situation will need to be assessed on its merits to identify the most appropriate response.

In some cases, the person with symptoms can effectively isolate within the group home or at home. In some cases, this will not be possible and alternative arrangements will need to be negotiated with the NDIS Quality and Safeguards Commission and the NDIA to align with public health advice that will be provided by the local Public Health Unit. Connect with your NDIA contact, submit a change of circumstances review request, or email MOH-NDIS@health.nsw.gov.au if you have any concerns.

If an individual is unwell, including where they have acute psychiatric symptoms, and require acute care, they can be safely cared for in hospital. Call an ambulance if there is an emergency or in NSW call the Mental Health Line on 1800 011 511 which operates 24/7.

Is there anything written down on this topic caring for a person who has tested positive in a group SIL setting?

Information regarding actions that must be taken if a person tests positive to COVID-19 is accessible via the DCJ website. This information is specific to service providers:
<https://coronavirus.dcj.nsw.gov.au/services/service-providers>.

Service providers should also contact the NDIS Quality and Safeguards Commission to seek advice and information on 1800 035 544.

NSW Health guidance on management of disability services during COVID-19 response can be found at:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx>

and

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-outbreak-identification.aspx>.

Any other links will be shared with those who registered for the webinar.

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Other

Is there training available to support health practitioners to provide telehealth to people with disability?

Refer to:

<https://www.aci.health.nsw.gov.au/make-it-happen/telehealth/local-contacts-and-training-for-clinicians> or your peak professional body to seek this information.

Additional telehealth training and resource information for allied health practitioners can be found here:

<https://www.health.qld.gov.au/ahwac/html/telehealth>

With access to meals via NDIS - if the client was not initially approved for meals (pre-covid-19), but now requires access to meals- due to increased difficulty with access to meals to help improve/maintain health and wellbeing, reducing the risk to Covid-19 (e.g. not having SW at home to help with meal prep; less frequent trips required to shops), reducing anxiety exacerbated by Covid-19, can NDIA review the access to delivered meals during COVID-19?

Participants may choose to use their Core supports budget flexibly to help access any additional supports needed.

The NDIS can make changes to participant budgets through the unscheduled plan review process, so that expenses incurred in the delivery of disability supports can be claimed on the basis of changed circumstances.

Consult your local NDIA contact or refer to the NDIA National Contact Centre on 1800 800 110.

Participants may also be able to access free delivery of groceries from major supermarkets including Woolworths and Coles.

Will there be updates to the MOH of any key updates from NDIA?

The NDIA publish all updates via an enewsletter. You can register to receive the newsletter via the link - [https://www.ndis.gov.au/news/enewsletters#ndis-enewsletters.](https://www.ndis.gov.au/news/enewsletters#ndis-enewsletters)

The NDIS Quality and Safeguards Commission also have an enewsletter as well as provider alerts that ensure up to date information. You can register via the following link - <https://www.ndiscommission.gov.au/news-media/provider-newsletters>

Where there is relevant new information from NDIA or the NDIS Quality and Safety Commission we will distribute to anyone registered for the webinars.

What's happening with 2A and 2B health assessments for children entering the out of home care space with DCJ?

This inquiry has been referred to the Department of Communities and Justice for response and will provide advice once it is received.

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Is SIL available for clients in the community or only hospital discharge?

Supported Independent Living (SIL) is help with and/or supervision of daily tasks to develop the skills of an individual to live as independently as possible. These are the supports provided to a participant in their home, regardless of property ownership, and can be in a shared or individual arrangements. It is available to participants who need it regardless of where they currently reside.

Is there activity in relation to GPs and other health professionals in the community who have NDIS participants as part of their caseload. These folks are not in hospital (yet) and don't have Covid19 (yet). What advice are GPs being given? Are there other Health contacts to help parents helping their adult children who may live in the community on their own?

See answers to similar questions about GPs above.

The COVID-19 response period has been stressful for people with disability living alone in the community and their families. In the main, they have continued to be supported by their GPs, disability service providers and the public health system for acute problems.

Other support for families is available from:

- Carers NSW - (02) 9280 4744 from 9am-5pm, Mon-Fri
- Council for Intellectual Disability (NSW) - 1800 424 065 from 9am-5pm, Mon-Fri
- Lifeline - 13 11 14 anytime
- local public hospital Emergency Departments – see local guides – always open - EDs, Public Health Units and NDIS Transition Leads can also escalate NDIS service failures in relation to anyone in the care of NSW Health or at risk of avoidable admission to the NDIS After Hours Crisis Response Hotline.

What supports / in-reach options are considered similar to Grace or Ace models for Aged care?

NSW Health is in the process of developing protocols for the model of care for disability residential care settings to mirror those available for aged care, which can be found here: (https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0004/273919/eci-ace-moc-version-2.pdf).

Links to these materials will be provided to those registered for the webinars when the material is posted.

Medium Term Accommodation (MTA)

Is the support component that may be required for those entering MTA still being funded through core supports or is there some other mechanism being used?

Yes. MTA is a separate item in the NDIS Price Guide to cover the temporary accommodation required while awaiting transition to a permanent location. The support component is funded separately via core supports.

MTA being made available to all participants - is it available to long stay mental health?

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Yes, MTA is available for all participants who meet the criteria – including that they have a permanent accommodation destination identified.

If someone is in hospital now and meets MTA eligibility, what are the steps?

NDIS participants currently in hospital and ready for discharge will be identified to the NDIA for assistance to leave hospital as soon as possible. The NDIA will make an assessment as to the participant's reasonable and necessary support needs and the best method of funding their discharge. If the participant requires MTA funding, the participant will be assisted to engage a suitable provider. Hospital staff will ensure that the arrangement is safe. The NDIA will ensure that the MTA funding and appropriate core funding for care are both in place to support the participant's successful transfer to the community.

If you are aware of a participant in hospital who should be considered for MTA, speak to the NDIS Transition Lead or email MOH-NDIS@health.nsw.gov.au to discuss.

For participants already with MTA (3 month) will these be automatically extended to 6 months?

During the intensive period at the beginning of the COVID1-9 response, MTA funding was being routinely extended if it was initially approved for 90 days.

As at 1 July 2020, the NDIA ceased some of the temporary measures that were used during the COVID-19 response. This includes the temporary extension of MTA from 90 to 180 days. For more information please visit the NDIS website - <https://www.ndis.gov.au/news/4844-update-ndis-coronavirus-response>

Why can't these people go back to where they were living before?

Anyone who has a permanent residence in the community should return to that place unless there are good reasons not to. Most participants whose discharge is delayed have a new disability or do not have permanent accommodation in the community. Hence, there is a need for intensive effort to ensure that participants who cannot go back to their previous place of residence get linked up with the available options and make informed decisions on where they wish to live and from whom they wish to buy their services.

Has the NDIA found a way to allow SDA providers to access MTA directly?

MTA funded support can be claimed by providers registered to provide assistance in daily living. Many SDA providers are not registered for this and so cannot claim. Where MTA is proposed to be provided by a SIL provider in an SDA residence, the selected SIL provider will need to negotiate with the SDA provider to agree on the payment for the accommodation. Participants whose is self- or plan-managed can purchase supports from non-registered providers.

For those with significant cognitive and behavioural issues MTA may not be appropriate as we need long term solutions. Will funding be assured for future, or will they have to be reassessed fast being appropriate later on down the track (and possibly risk of losing support)

While the preferred outcome is for participants to move to their permanent accommodation when they discharge from hospital, in some cases this will not be possible. The decision about where the

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participant will live in the longer term is one for the participant and their families, supported by the participant's Support Coordinator, and facilitated by the NDIA. The NDIA will ensure that funding is available to allow the participant to continue to live safely in the community while permanent arrangements are finalised.

One of the key impacts of MTA being funded is that it frees up hospital beds at a time of increased need while providing a safe option for a participant to receive the care they need in the community while they wait for their permanent option to be built or confirmed.

I have a participant with medium term accommodation approved in her plan, and ready for discharge for a month now but is still residing in hospital due to no accommodation available due to the care needs, and the covid-19.

Refer any issues about discharge difficulties to MOH-NDIS@health.nsw.gov.au. All Local Health Districts and Speciality Health Networks, as well as the NDIA, have access to a list of available SDA and SIL vacancies that providers have nominated, including vacancies that can be utilised for the purposes of MTA.

There are strict safety protocols about the discharge of participants from hospital including frequent monitoring for COVID-19 related symptoms. Testing for COVID-19 for discharging participants will be undertaken if anyone shows even mild symptoms or has been in contact with anyone who has contracted the virus. Hospitals continue to be safe for participants to attend for either emergency or acute care, and attendance to health care needs should not be delayed due to concerns about COVID-19. If the matter is an emergency, call 000.

If you have any concerns or doubts about a participant or staff member coming to hospital or being discharged from hospital, contact your local Public Health Unit, call the hospital Emergency Department, or email MOH-NDIS@health.nsw.gov.au.

I am from the Illawarra, we have a few participants who are residing in hospital ready for discharge but huge issues with no accommodation available.

Refer any inquiries about SDA or SIL vacancies for participants in hospital to MOH-NDIS@health.nsw.gov.au and it will be referred to the appropriate NSW Health Transition Lead or NDIA, whichever is appropriate.

Where accommodation is the issue, the Transition Lead or Support Coordinator can approach providers to discuss additional options that may be available. If you believe there is a systemic issue in your local area, please let us know via MOH-NDIS@health.nsw.gov.au.

Accommodation Vacancies

Is there a list of SDA available in various regions in NSW?

NSW Health Transition Leads have the list. If you don't know the name of the Transition Lead in your area, email your request MOH-NDIS@health.nsw.gov.au.

Where can we get a list of all the SIL and SDA providers in our LHDs?

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The list of vacancies has been provided to all NSW Health Transition Leads. If you don't know the name of the Transition Lead in your area, email your request MOH-NDIS@health.nsw.gov.au.

Requests by providers for consolidated lists of SDA providers should be directed to the NDIA.

Often the agency may state they have a vacancy but then they take many weeks to assess the client to determine if they are a match. How will this work in the current situation?

The NDIA has modified its protocols to allow more flexibility in funding to assist participants to leave hospital more quickly while maintaining their safety. The Agency is prioritising action for those participants whose discharge is straightforward and waiting only on confirmation of an appropriate vacancy match.

In some cases, the pathway from hospital may be to interim location, however where this occurs the permanent location must be identified before the Agency will approve MTA or STA. Any decision on funding for interim accommodation must be safe and appropriate to participant needs. This is one reason why SDA properties may be preferred for interim arrangements.

If NDIS transition leads had the relevant contacts for disability accommodation within their specific areas, they could be proactively working with their public health units to proactively support disability accommodation services/providers to prevent unnecessary public health issues!

NSW Health NDIS Transition Leads have recently been provided with the relevant contacts for disability accommodation within their specific areas specifically to assist with the COVID-19 response. If any provider has not had contact from their LHD or SHN and wishes to establish that contact, send an email to MOH-NDIS@health.nsw.gov.au and we will facilitate the contact.

If any provider is aware of a public health issue that requires attention or if they require public health advice that cannot be obtained through the NSW Health website, they should alert their local Public Health Unit or escalate via MOH-NDIS@health.nsw.gov.au.

Due to COVID-19, hospitals and SIL accommodations are both in lock down, therefore transitions have been placed on hold because consumers are not allowed to inspect properties they have been accept into.

SDA and SIL providers are reporting significant numbers of vacancies across NSW. NDIA protocols for funding transitions out of hospital have been modified to help participants leave hospital quickly and safely.

Where inspections cannot take place in person, providers can use videoconferencing, virtual tours and other means to provide information to participants to maximise the suitability of a match. Providers are encouraged to use whatever means they can to appropriately maximise the number of participants who can safely leave hospital as soon as possible.

Group Homes & Day Activity Programmes

Can we please get written information on the changes to day programs continuing to charge despite having to close, how does that work? Also, SIL providers charging for additional time at home due to day programs being closed.

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Questions relating what day program and SIL providers can charge for during the COVID-19 response should be referred to the NDIA on 1800 800 110. The NDIA has indicated that they are taking a flexible approach to ensuring continuity of these kinds of services with a priority always on participant outcomes, especially during the COVID-19 response.

Where additional supports are required in a SIL environment, participants should work with their Support Coordinators/LAC and service providers to have current service bookings amended to meet these additional needs. Core supports can be used flexibly to meet these requirements.

Where supports are insufficient to meet essential daily support requirements, participants or their nominees can contact the NDIA to discuss additional support needs. The NDIA is committed to ensuring first contact resolution whenever possible.

Supporting residents in disability group homes needs a much more coordinated and considered approach rather than just leaving it to various providers to manage it themselves and to possibly contact public health units if they even know/think to access this.

The Australian Health Prevention Principal Committee (AHPPC) has established the [Advisory Committee for the COVID-19 Response for People with Disability](#), which has been charged with developing a [Management and Operational Plan for People with Disability](#).

The Plan was [endorsed by National Cabinet](#) on 16 April 2020 and aligns state and territory level public health plans for infection control, and guidance by the NDIS Quality and Safeguards Commission to providers in managing arrangements for participants, where there is a suspected or confirmed outbreak of COVID-19.

NSW Health guidance on management of disability services during COVID-19 response can be found at:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx> and
<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-outbreak-identification.aspx>.

NSW Health will update this guidance in response to changes in the PHOs. Any other links will be shared with those who registered for the webinar.

Would clients who are not willing to go to school or Day Options due to high anxiety (not because of forced closure) about the virus be eligible to access extra support hours for SIL provider to keep them home in SIL?

Funding to support this situation would usually come from a reconfiguration of existing supports (as described above). Where there is a need for additional supports, the NDIA has stated that it understands the concerns of participants and families about the risk of infection and will deal with every scenario on its merits.

The concerns are that the funding will be inadequate because 'day program' funding may have been based on group ratios which are not able to be maintained in a residential setting.

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This is covered in the FAQs page. Where additional funding is required, contact should be made with the NDIA on 1800 800 110 to discuss. The NDIA has acknowledged that the funding for group day programs may need to be reviewed if this support is provided on a 1:1 basis while face-to-face day programs in group settings are unavailable.

NDIA Payment & Funding issues

Is there a guideline for the NDIS advance payment that register providers have received? E.g would clients who are not willing to go to school due to high anxiety about the virus be eligible to access extra support hours for SIL provider to keep them home by using this payment?

Funding to support this situation would usually come from a reconfiguration of existing supports (as described above). Where there is a need for additional supports, the issue should be escalated to the NDIA on 1800 800 110. The NDIA has recently announced changes to the advance payments arrangements effective from 1 July 2020. Further information can be found at:

<https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19/payments-and-billing>

Service providers cannot access the core budget making it difficult with shared support. Any info would help

Although SIL support funding sits in Core Supports, it is secured by the service booking. Other services which come from Core Supports include Community Participation. Where there is insufficient funding in Core Supports for shared services, call the NDIA on 1800 800 110 to discuss potentially moving available Capacity Building support into Core or seeking a Change of Circumstances Review.

For families who have withdrawn participants from SIL model of supports, should providers negotiate with families on how SIL weekly rates are charged?

SIL providers should always involve the participant or their nominee in any decisions regarding charges or available funds.

SIL providers should negotiate how they can continue to provide services where the participant is temporarily living away from the SIL residence. The question of whether SIL providers can continue to invoice participants who are not receiving SIL services has been referred to the NDIA for response.

Would clients whose parents are requesting SIL providers to keep their children home (not because of govt. forced closure) be eligible to access extra support hours to keep them home in their SIL accommodation?

In circumstances where required services cannot be accessed and other supports are required, service agreements can be renegotiated with providers. Changes of this kind can be done on the NDIS participant portal. If funding is insufficient, the NDIA has advised that it will review any situation brought to its attention and work flexibly with the participant and providers to ensure participants get the supports they need and that can be safely provided.

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There are issues with the service booking being made when plans are being rolled over?

The omission of re-approval of service bookings when plans are auto-extended is a known issue and the NDIA is working on a solution. Where a problem has been identified, contact NDIS provider support line.

Are there any guidelines/instruction around the advance payment that NDIS have provided providers to help navigate the business through the current crisis? How do we allocate spending against each client or is it not for specific client expenses?

The advance payment is to pay providers in advance for services that they will render. It will be reconciled against those services in a future period.

The NDIA has recently announced the recovery of advance payments. Further information can be found at:

<https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19/payments-and-billing>.

How are automatic plan reviews determined?

When a plan reaches its end date and a new plan has not yet been approved, a new plan will be automatically approved at the same funding level as the previous plan. For further information, go to:

<https://www.ndis.gov.au/news/4802-plan-flexibility-and-auto-extensions-now-include-assistive-technology>