

Report writing in the NDIS

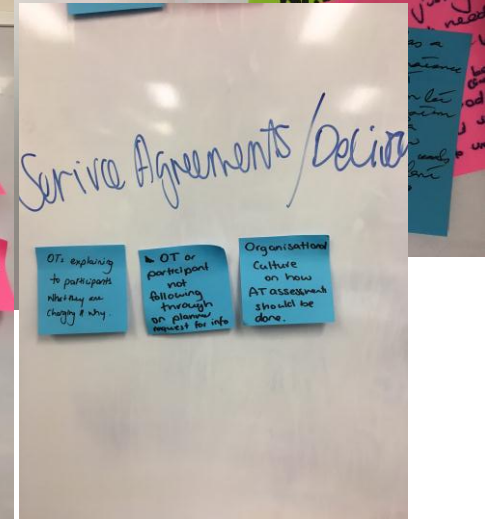
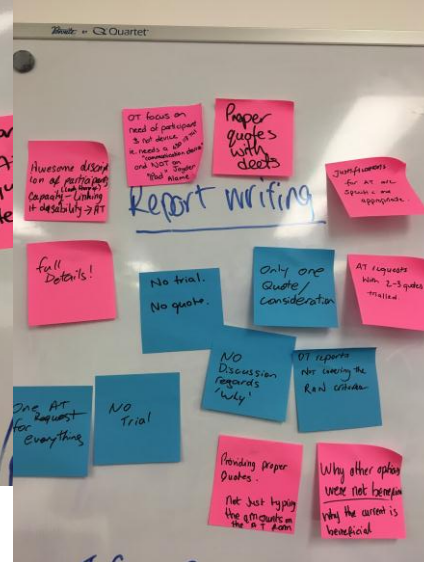
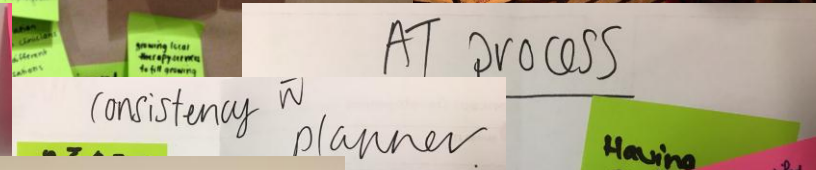
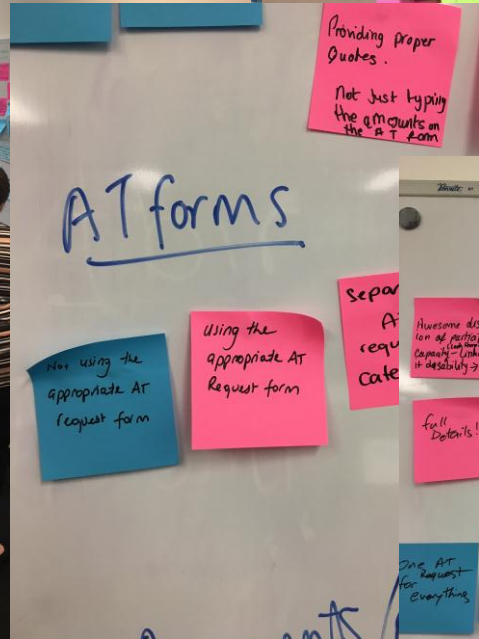
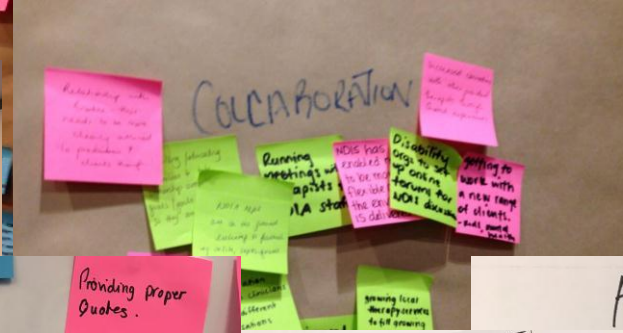
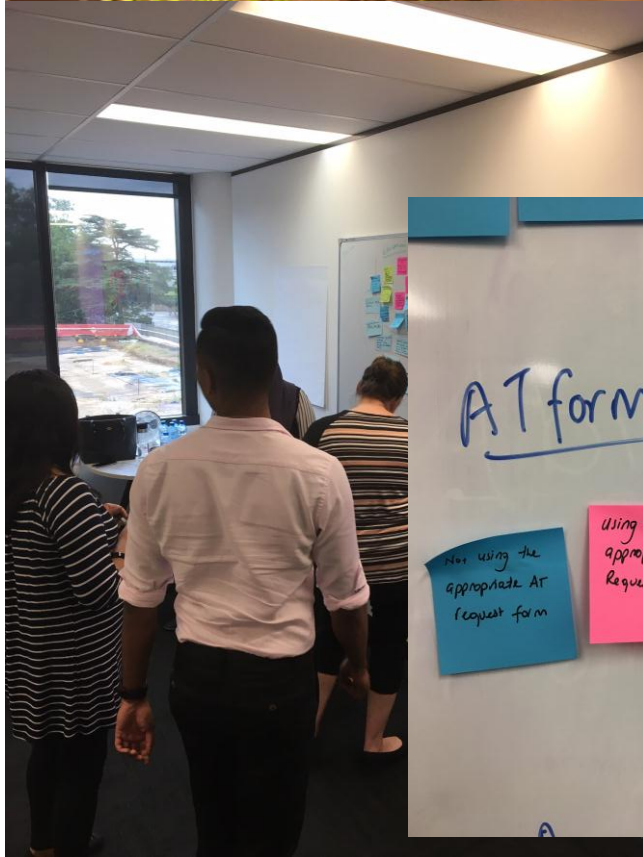
Angela Yee

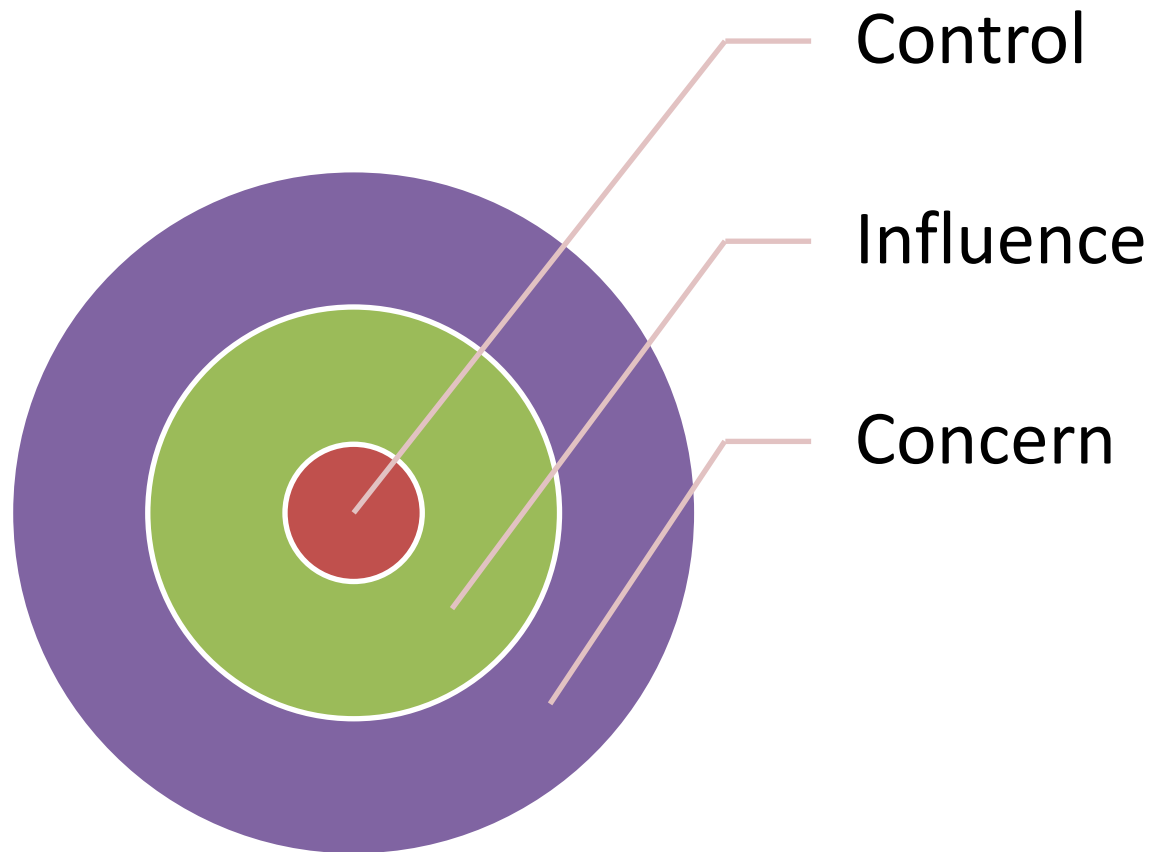
Manager Community Inclusion and Capacity Building

28 June 2018









Learning Objectives

- Understanding the decision making tools used by the NDIS
- Understanding the reasonable and necessary criteria and how to ensure this is addressed in your report
- Understand the principles of a good clinical report for the NDIS for Assistive Technology.



**State Insurance
Regulatory Authority**



State Insurance
Regulatory Authority

INSURANCE
COVERAGE


THERE'S BEEN AN
INJURY

CLAIMING
COMPENSATION

DISPUTES AND
COMPLAINTS

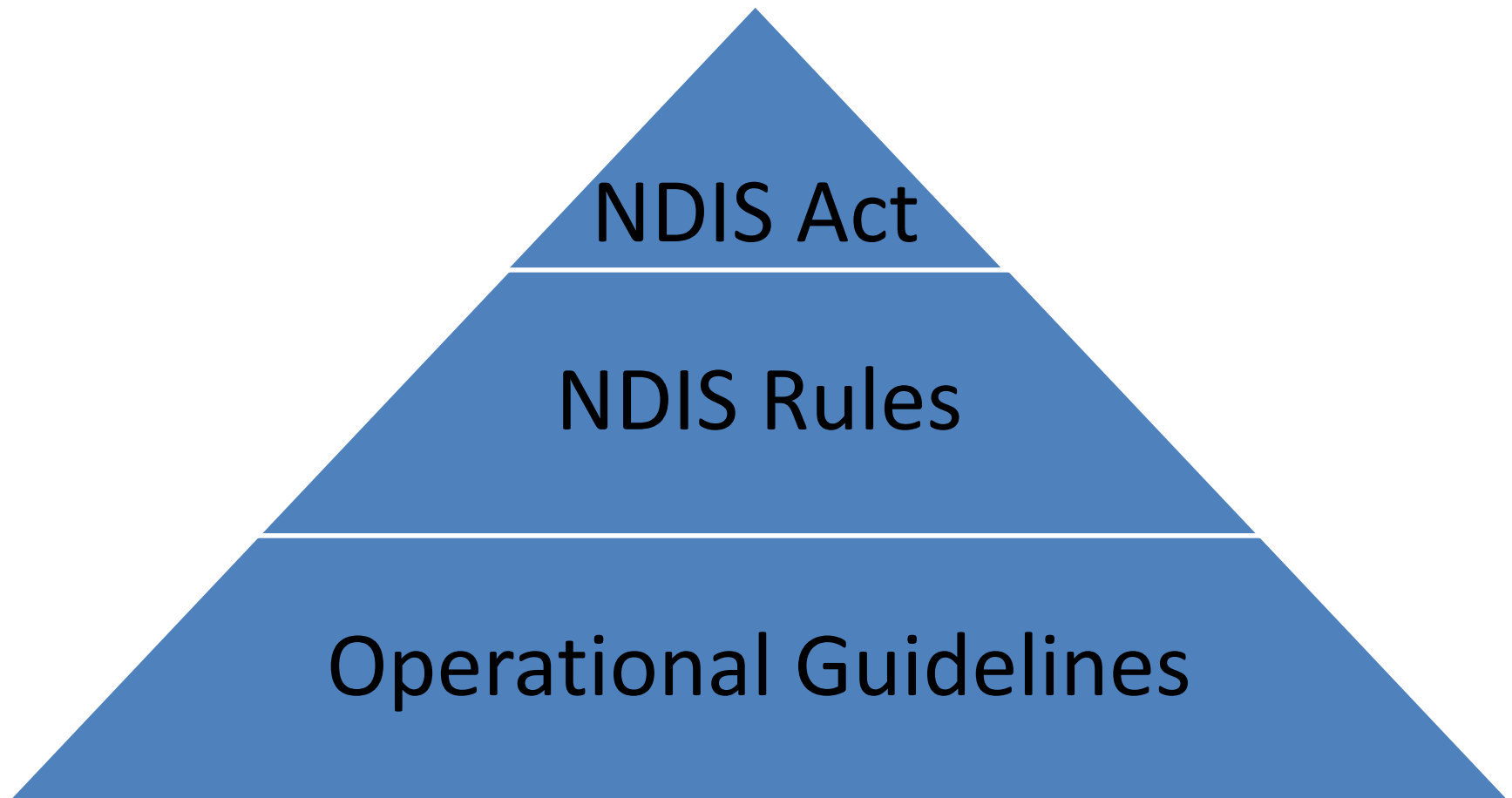
FOR SERVICE
PROVIDERS

3. Reasonable and necessary treatment

Under the [Motor Accidents Compensation Act 1999](#) , CTP Green Slip insurers are only obliged to pay for treatment that's considered 'reasonable and necessary'. You need to take this into account when proposing treatment.

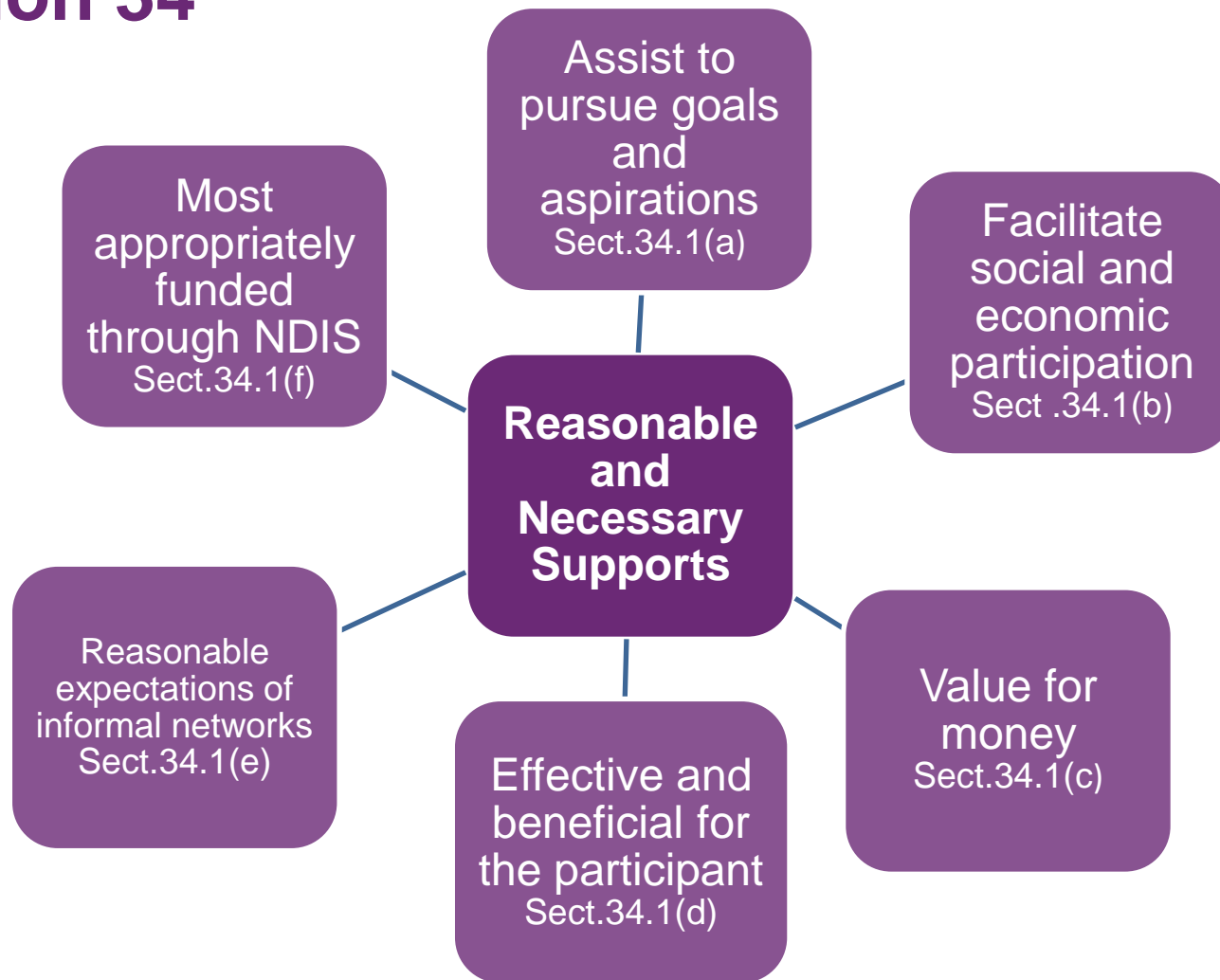
An item considered to be reasonable and necessary in one case may not be considered reasonable and necessary in another.

Hierarchy of information



Reasonable and Necessary supports - NDIS Acts 2013

Section 34



PART 1 - Details

NDIS PARTICIPANT DETAILS

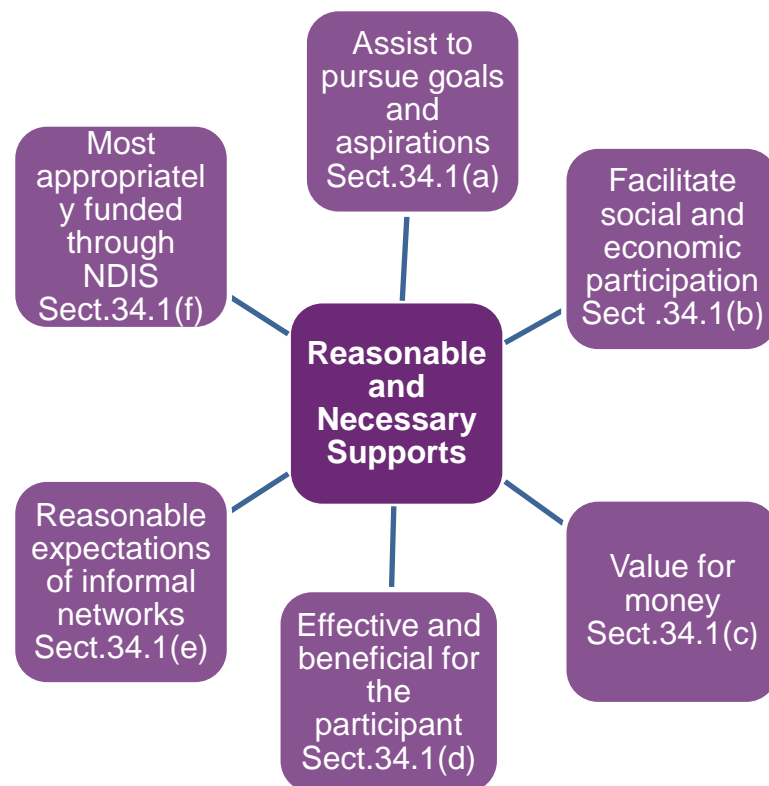
Name	
DOB	
Address	
Contact telephone number	
Alternative Contact/Guardian	
Contact telephone number	
NDIS Number	
Participant's NDIS Contact (name & phone number)	

AT ASSESSOR

You must be able to provide evidence of competence in assessing this type of AT on request from NDIS Auditor

Name	
Position & Qualifications	
Business Name	
Email address	
Contact telephone number	
Date (s) of initial assessment	
Date of Report	
State Equipment Supply Scheme	
Prescriber Number (if relevant)	

PART 2 - Participant's Goals and AT assessment request



Please ensure all details are filled in

PART 1 - Details

NDIS PARTICIPANT DETAILS

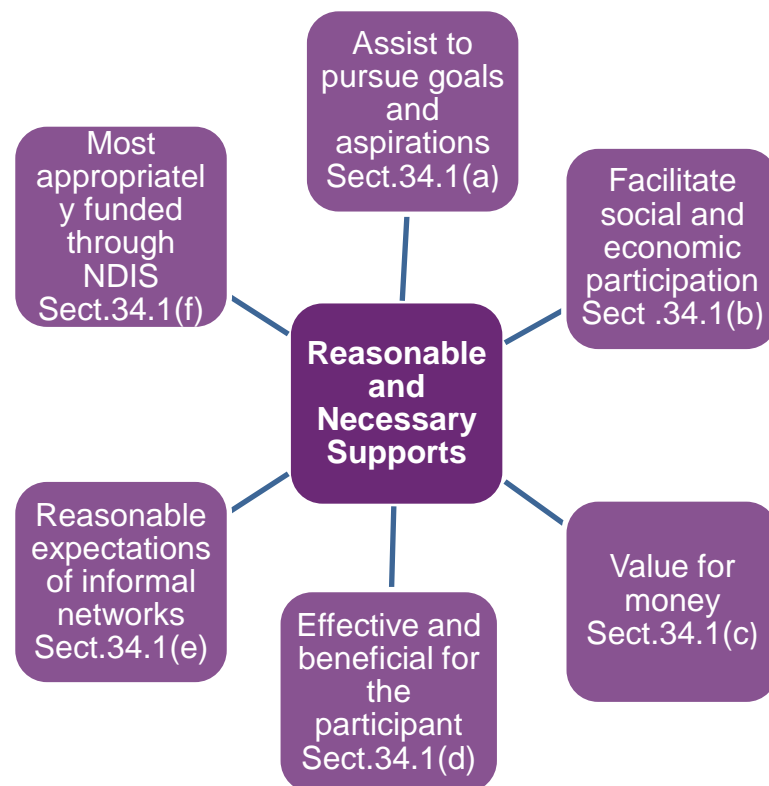
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PART 2 - Participant's Goals and AT assessment request



The prescribing professional should be making recommendations within the scope of their profession, and within the guidelines, as per page one of the AT assessment template.

PART 1 - Details

NDIS PARTICIPANT DETAILS

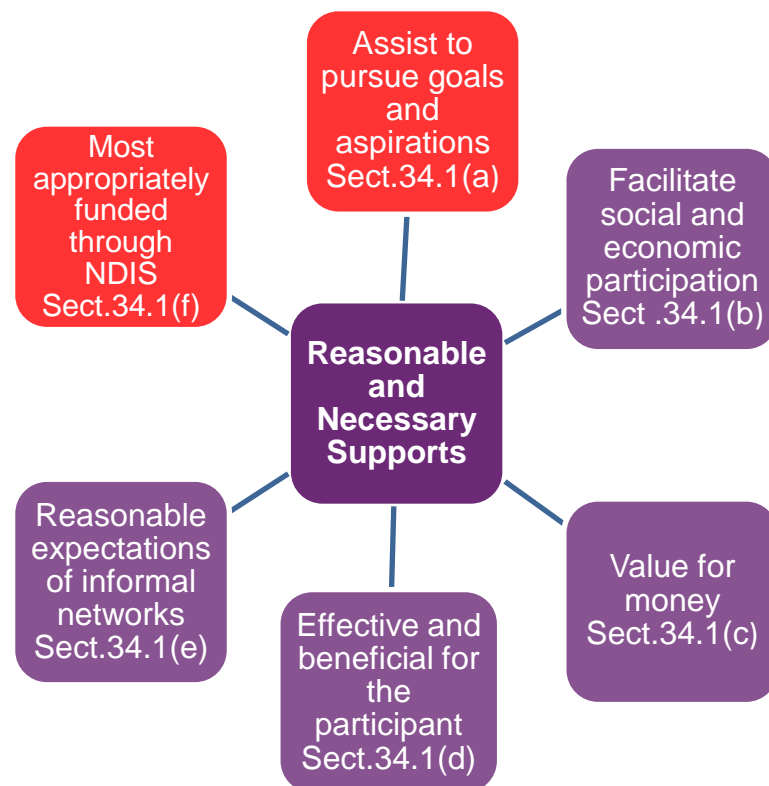
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PART 2 - Participant's Goals and AT assessment request



- State participant's NDIS goals
- Clearly state equipment being requested

PART 3 - Evaluation / assessment

A. Background

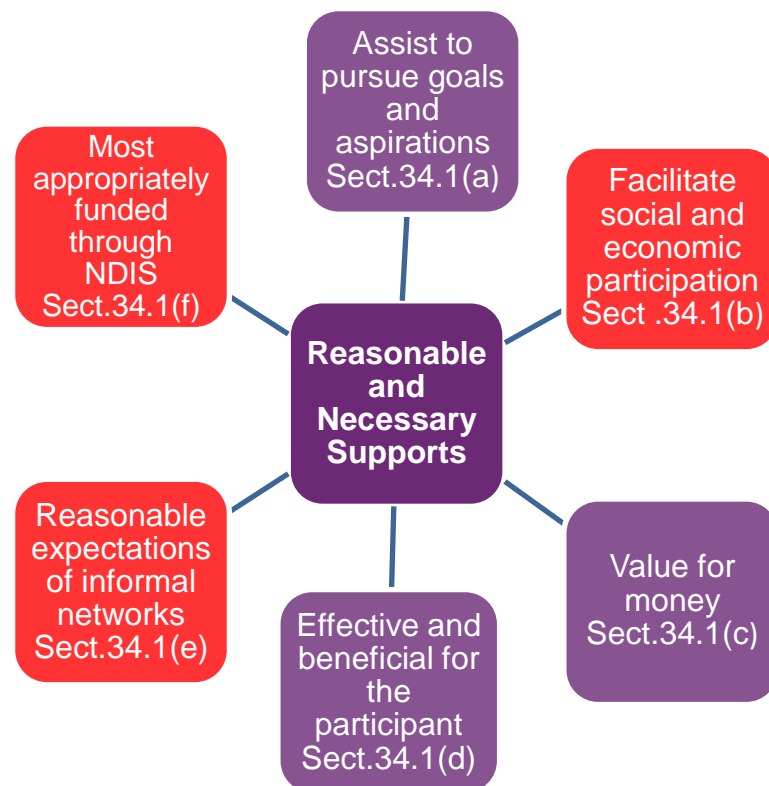
B. Functional Assessment findings

What are the applicant's measurements? Height cm Weight kg

PART 4 - Exploration of Options

Please provide information on alternatives considered to achieve goal/s including use of other supports and approaches and reasons why they were not considered suitable. Where trials have been conducted please give details of where the trials took place and for how long.

	Describe features/functions of AT solutions and other options trialled that make goal achievement possible	Trialled (T) or Considered (C)? Include trial details	Describe why it was not considered suitable (not applicable for preferred option)	Estimated cost (include training ²)
Option 1				
Option 2				



Only include information relevant to this AT request.

- Very helpful to describe what has been tried in the past and its success or failure and why along with its current condition.
- Please also list any other options explored e.g. hospital supplied equipment, grant-funded etc

PART 3 - Evaluation / assessment

A. Background

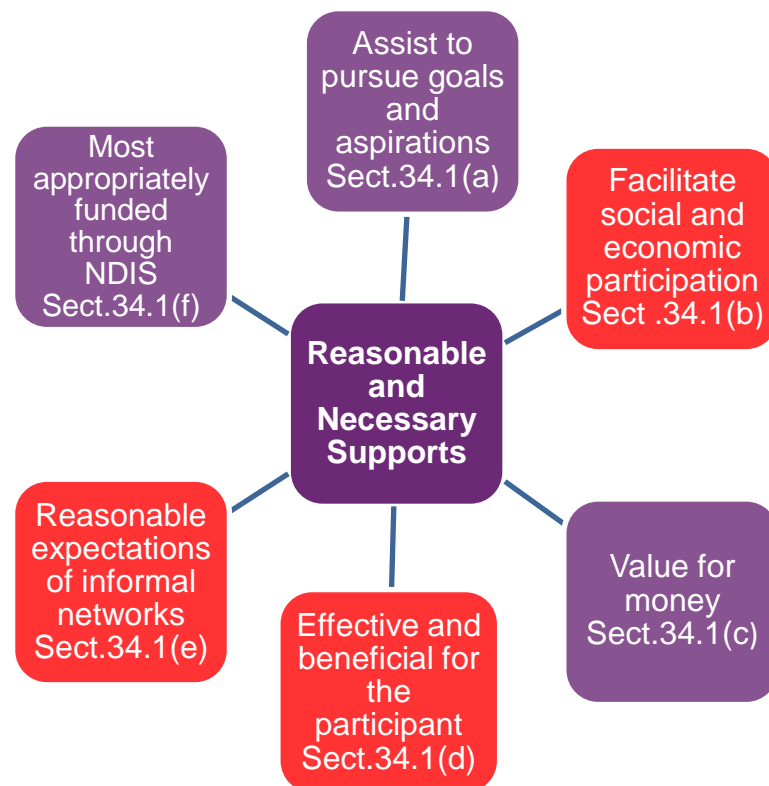
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Please provide information on alternatives considered to achieve goal/s including use of other supports and approaches and reasons why they were not considered suitable. Where trials have been conducted please give details of where the trials took place and for how long.

	Describe features/functions of AT solutions and other options trialed that make goal achievement possible	Trialed (T) or Considered (C)? Include trial details	Describe why it was not considered suitable (not applicable for preferred option)	Estimated cost (include training ²)
Option 1				
Option 2				



What can the participant do, partially do and not do

- This needs to show a clear link between the functional capacity of the participant and the AT equipment being requested.

- Include the participant's height and weight.

PART 3 - Evaluation / assessment

A. Background

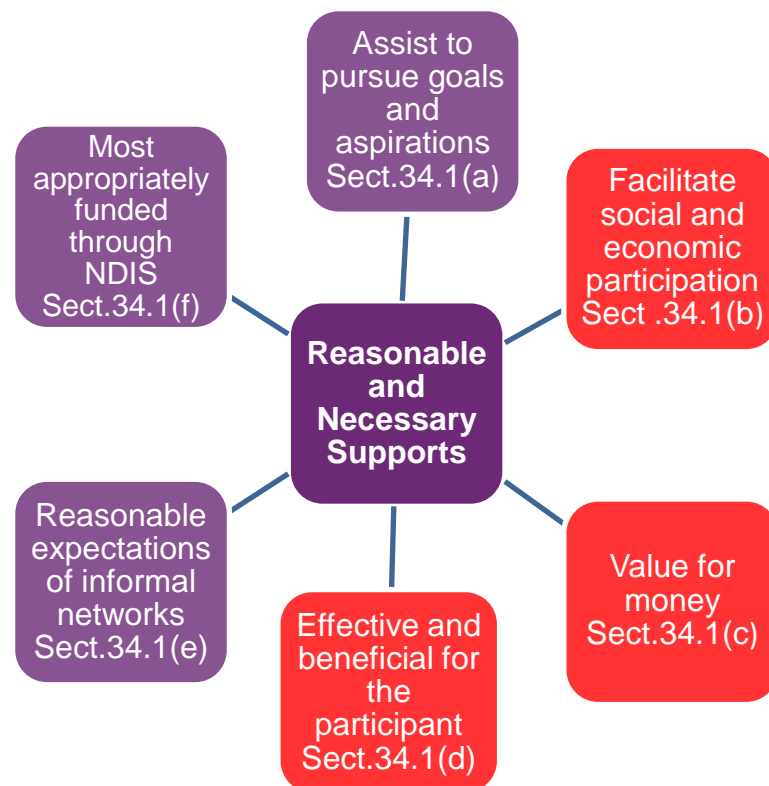
B. Functional Assessment findings

What are the applicant's measurements? Height cm Weight kg

PART 4 - Exploration of Options

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What can the participant do, partially do and not do

- This needs to show a clear link between the functional capacity of the participant and the AT equipment being requested.

- Include the participant's height and weight.

PART 5 - Recommended Option:

A. Please state all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

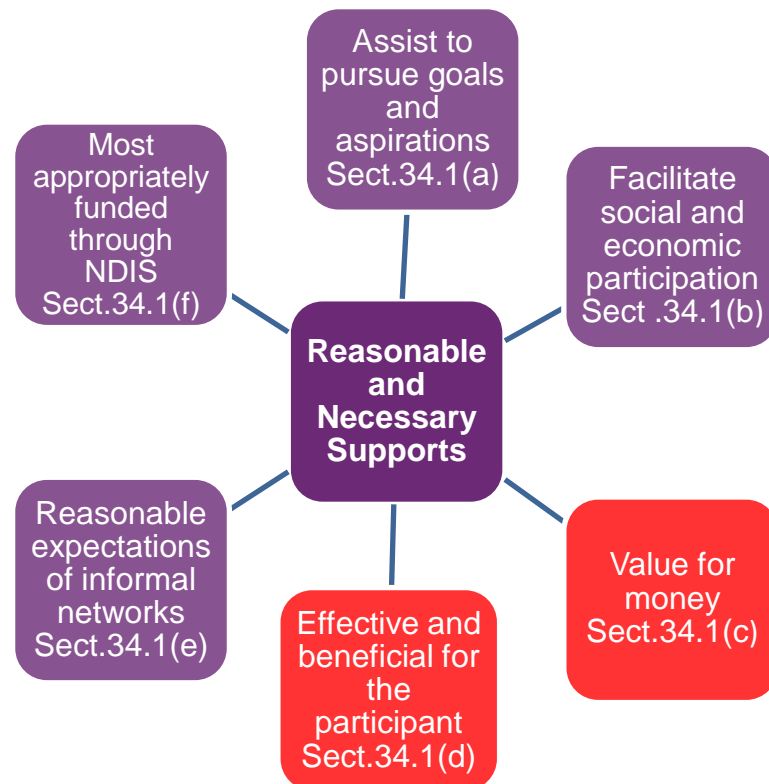
Do AT Assessor and Participant agree on recommended option? Y ☐ N ☐

Additional comments (optional)

B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

C. Are there any other factors that need resolution in order to implement the above?

D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding?



Please include the full specs of the AT being requested including brands, sizes etc. There should be enough info that we can cross-check it

•Is the participant aware of what's been recommended and do they agree? Please check and comment as appropriate

PART 5 - Recommended Option:

A. Please state all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

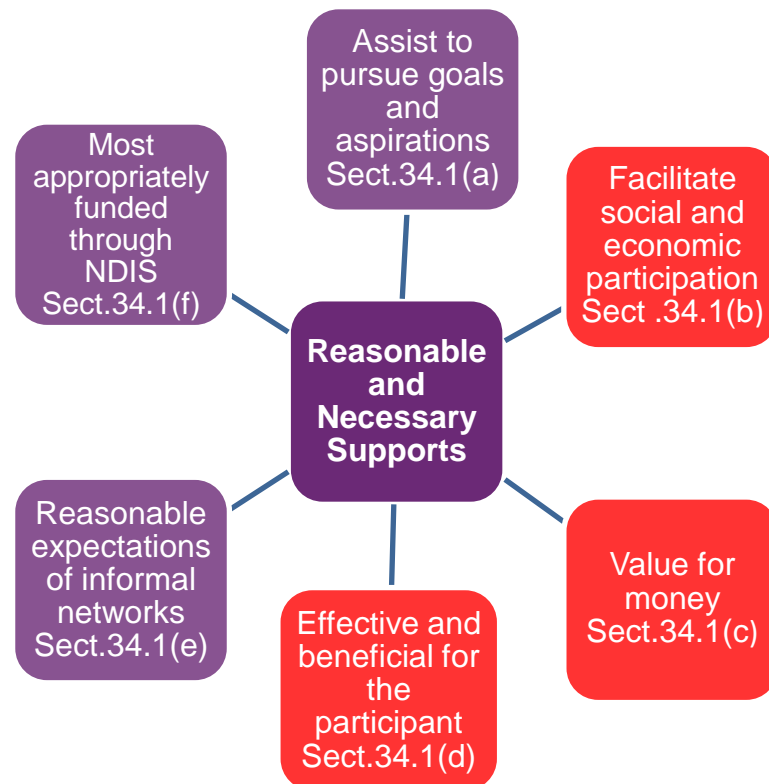
Do AT Assessor and Participant agree on recommended option? Y ☐ N ☐

Additional comments (optional)

B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

C. Are there any other factors that need resolution in order to implement the above?

D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding?



Make the link between the background information gathered, your assessment of the participant and why the your recommendation is the most suitable, after considering all the options.

PART 5 - Recommended Option:

A. Please state all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

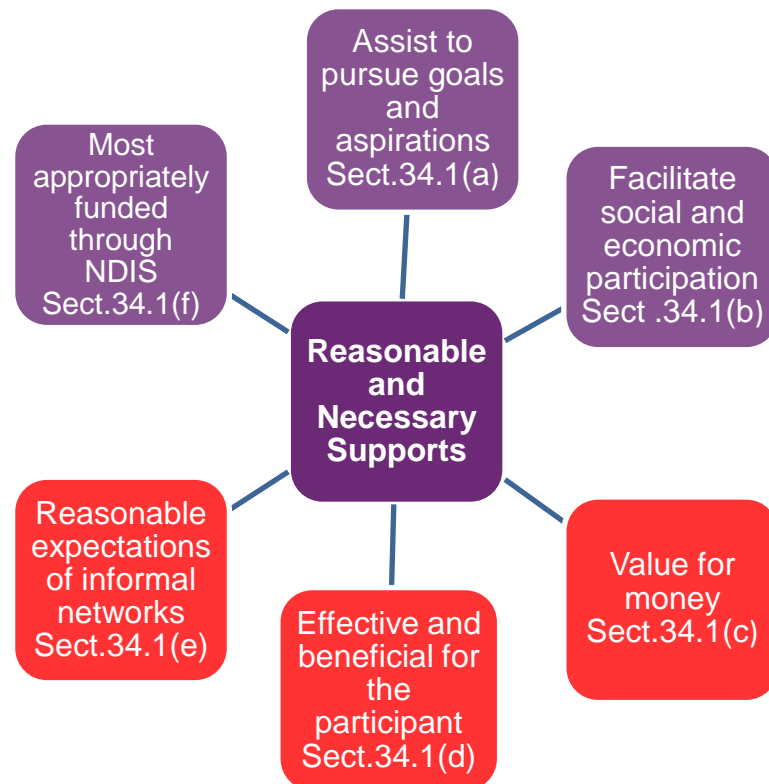
Do AT Assessor and Participant agree on recommended option? Y ☐ N ☐

Additional comments (optional)

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D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding?



Will the recommended AT work in all environments that the participant will be using it to access?

- If not, clearly state restrictions
- If so, please show us the factors taken into consideration
- If N/A, please clearly state so.

PART 5 - Recommended Option:

A. Please state all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

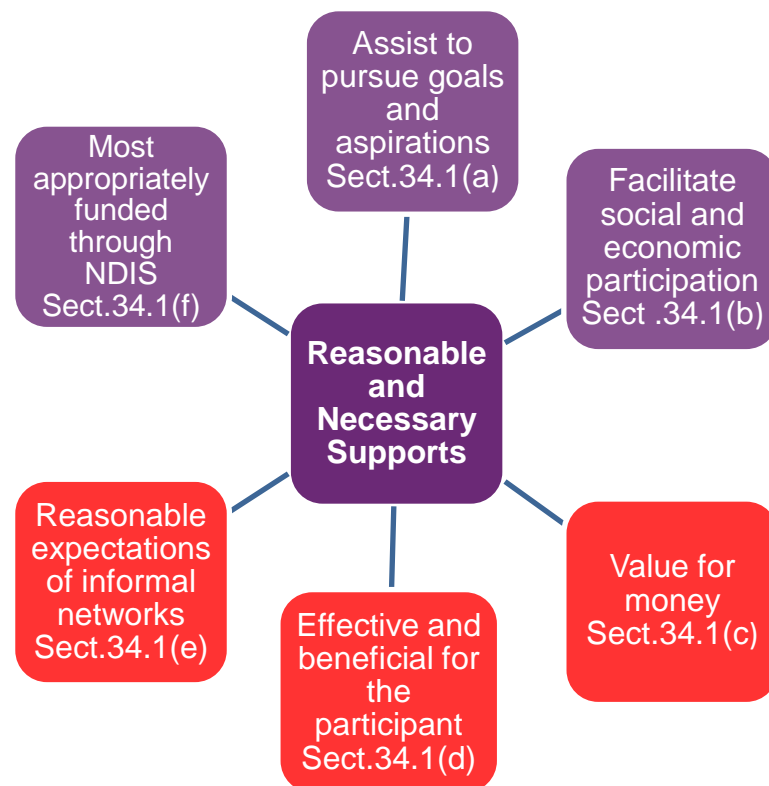
Do AT Assessor and Participant agree on recommended option? Y ☐ N ☐

Additional comments (optional)

B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

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D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding?



List all additional features/customisation/specs recommended above standard consideration for reasonable and necessary funding

- Include baskets, bags, sunshades, custom paint etc

PART 5 - Recommended Option:

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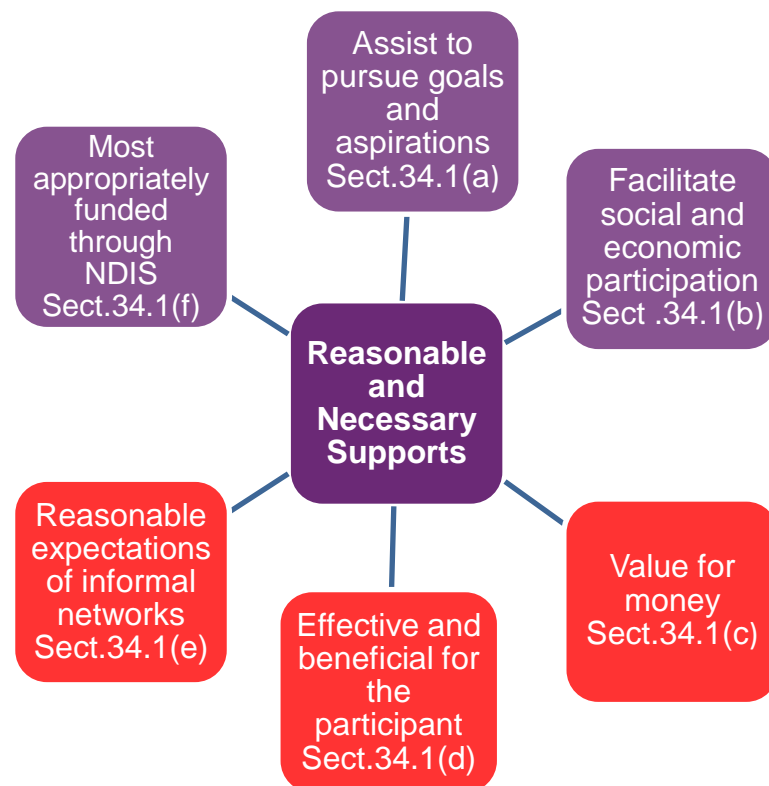
Do AT Assessor and Participant agree on recommended option? Y ☐ N ☐

Additional comments (optional)

B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

C. Are there any other factors that need resolution in order to implement the above?

D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding?



List all additional features/customisation/specs recommended above standard consideration for reasonable and necessary funding

- Include baskets, bags, sunshades, custom paint etc

PART 6 – Recommended AT specification

Description of AT device:

Is the AT solution/device likely to be available on reissue? Y ☐ N ☐

Recommended supplier:

Does recommended supplier endorse recommendation? Y ☐ N ☐

EXTRA FEATURES

Item(s):

Cost estimate: \$

Does the participant agree to pay for these from their own (not NDIS) funds? Y ☐ N ☐

Are plans in place for the ongoing maintenance and repair of the recommended AT? Y ☐ N ☐

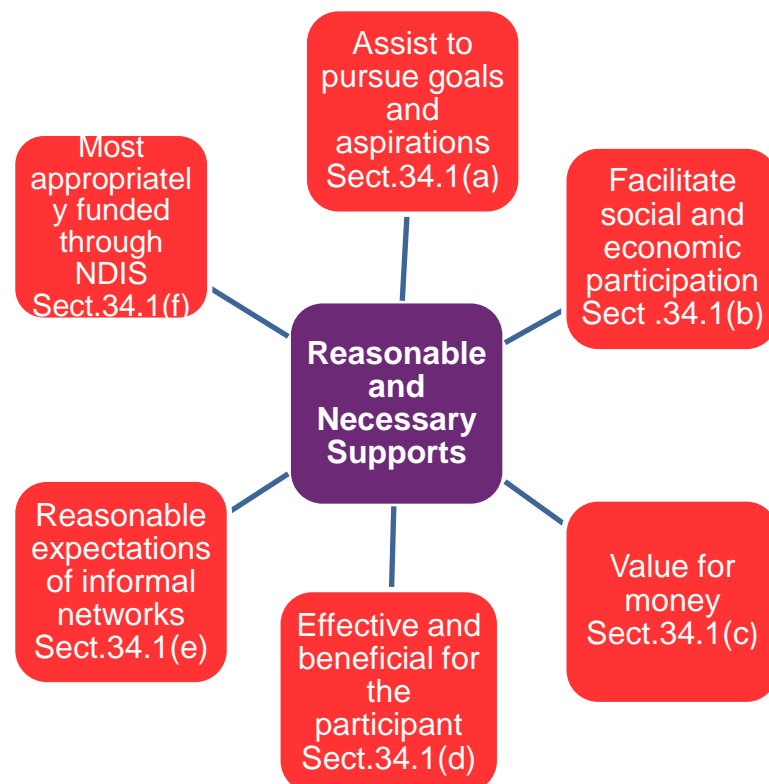
The participant must be provided with maintenance, servicing and troubleshooting information indicated for the solution to remain in good working order.

AT specification/order detail is attached (as advised by supplier(s)):	State/Territory Scheme specification (mandatory) <input type="checkbox"/>
	Other supplier's specification (optional) <input type="checkbox"/>

certify that I have evidence that I meet the NDIA expectations of provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess this type of assistive technology, home modifications and associated supports at the level of complexity required by this participant and will provide such evidence to the NDIA if requested.

The above specification is consistent with the preferred option agreed between the participant and the AT Assessor.

Signature of AT Assessor: _____ Date: _____



This last page covers all R&N criteria and professional responsibilities of the prescribing allied health professional.

- Ensure form has handwritten, digital or scanned signature.



Section 7

How do I measure outcomes and report?

7.1.1 Report for Participant Plan Reviews

Generally, each participant will work with the NDIA and its partners to review their plan every 12 months.

A plan review is an opportunity for participants to look at their progress and set new goals to increase their skills and independence. Through this process, providers may be requested to supply a report to the participant, demonstrating the outcomes achieved as a result of the provision of that support. This request should be in line with the terms of the Service Agreement with the participant.

It is expected that plan funding amounts will change and in some circumstances reduce over time as the participant achieves increased social and economic participation.

7.1.2 Progress reporting

Providers may be requested to supply a report to the participant, demonstrating the outcomes achieved as a result of the provision of that support. This request should be in line with the terms of the service agreement with the participant.

Generally, progress reports should include:

- a summary of the supports provided to the participant
- how the support has assisted the participant to achieve or work towards their goals – for example, how their functional ability has changed over the plan period
- whether the participant has been linked to any additional information, community or mainstream supports to assist them to achieve their goals
- barriers encountered during the plan period and the strategies implemented to resolve these
- any risks identified to the participant or others
- any evidence or other information that may be relevant for the NDIA to consider when determining reasonable and necessary supports.
- if recommendations for additional supports are made, justification for the recommendations and details of the proposed outcomes (including the risk and impact on other supports)

Learning Objectives

- Understanding the decision making tools used by the NDIS
- Understanding the reasonable and necessary criteria and how to ensure this is addressed in your report
- Understand the principles of a good clinical report for the NDIS for Assistive Technology.

Thank You