



Accessing the National Disability Insurance Scheme (NDIS): a brief introduction

What is the NDIS?

- The National Disability Insurance Scheme (NDIS) is a national insurance scheme designed to help support people with disability.
- The NDIS is a federally managed and funded safety net, providing a nationally-consistent, lifetime commitment to people who have a permanent and significant disability with funding for supports and services.
- The NDIS is an insurance-based scheme that invests in participants to improve long-term outcomes.

Am I eligible?

- You must have a permanent disability that significantly affects your ability to take part in everyday activities or a developmental delay
- You must be less than 65 years old when you first access the NDIS
- You must be an Australian citizen, hold a permanent visa or a Protected Special Category visa

Questions to ask

- Do you usually need support from a person because of permanent and significant disability?
- Do you use special equipment because of permanent and significant disability?
- Do you need some supports now to reduce your future needs?

STEP ONE: Applying for the NDIS

People who are already in certain State and Territory programs will have received a call from the NDIA, the Agency responsible for rolling out the NDIS when the Scheme became available in your area.

What if I'm new to disability supports?

- You must contact the NDIS directly on 1800 800 110 to complete an Access Request Form. You do not need a referral.
- More info: <u>https://www.ndis.gov.au/applying-access-ndis/how-apply</u>
- For the full operational guideline item 8.2: <u>https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-table-contents/access-ndis-disability-requirements</u>

Common challenges

- NDIS eligibility is hinged on permanent and significant disability.
- Some NDIS planners view ME/CFS as impermanent due to the fluctuating nature of symptoms (for some) or as health-related, not disability-related and therefore the responsibility of the health system.

This is why it's so important for ME/CFS sufferers to apply for the NDIS in a way that maximises their chances of eligibility.





Some recommendations

- We recommend you refer to your ME/CFS as Myalgic Encephalomyelitis (ME) throughout your NDIS pathway NOT Chronic Fatigue Syndrome as it is often misunderstood and confused with Chronic Fatigue (a symptom not a disability)
- Learn the NDIS language (note: it's different to health language and will impact on whether you receive funding)
- · Request the necessary supporting documentation from your specialists
- Ensure your disability assessments are based on your worst days of managing your symptoms and are mindful of NDIS operational guidelines
- Let your specialist/GP know that GET/CBT is not best practice and is likely to worsen your condition. A note explaining this is required.

STEP TWO: Access Request – Supporting Evidence Form

- Our observation is that reports from specialists appear to have more clout (and if you're rural, your GP). The health professional should work in an area related to your condition. It's ideal to have a specialist/GP who knows you and your circumstances well.
- The more detail your doctor can provide, the better, so make sure you book a double appointment if necessary.

Ask your GP/specialist to provide information about:

- the type of disability
- the date the disability was diagnosed (if available)
- how long the disability will last
- how it impacts on your daily life (functional impairment/s)
- previous treatments and outcomes
- future treatment options and expected outcomes of those treatments

You do not need to complete this form if you can provide recent existing information (letters, assessments or other reports) from a health or education professional with the above information

 Include copies of any reports or assessments you have which illustrate your level of functional impairment - really important.

The more supporting evidence you can provide to back up your request, and show the impact of ME/CFS on your life, the better.

Emerge has prepared a handout that informs GPs how to complete an access request form for ME/CFS, print it out and take it to your GP or specialist:

https://emerge.org.au/wp-content/uploads/2018/10/MECFS-and-NDIS-Guide-for-GPs.pdf





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STEP THREE: Eligible or ineligible?

What happens if I'm not eligible?

- If NDIS decides you're not eligible, you have the right to ask for a review of this decision. It's called an internal review.
- Must be requested within 3 months of receiving your plan.

I'm eligible to access the NDIS. What do I do now?

- You'll need to start preparing for your planning meeting with the NDIS, this is called pre-planning. Preparation is really important to understand how it works, how to speak NDIS language and how to ask for what you need, to enable you to get the best outcomes.
- Many service providers offer free pre-planning sessions.
- Many booklets are available free online. Google 'NDIS pre-planning workbook'

At Emerge Australia, we lobby and advocate to improve the situation in Australia (and internationally) for people with ME/CFS. We do not offer one on one advocacy, however, we have many resources to offer to support those in the community including those who are working to access the NDIS. These resources include the GP education training we are currently working on rolling out and also the newest addition to the Emerge Australia team, a telehealth nurse, who can assist with a health care plan.

If you have more questions, contact us on the information line and we will connect you to the resources you need.

T: (03) 9529 1344

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For more information including webinars and detailed PowerPoint slides please contact us.

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Types of supports to apply for

medical appts for bedbound sufferers, assistance with Employment – personal care at work, equipment for relating to travelling to and from work, relationships community participation may be required to enable transport such as taxis or carer provided transport. work, transition-to-work support (such as training, social interaction, have hobbies and interests, and Transport – complex transfers by ambulance for Therapists, Physiotherapists and Psychologists improve wellbeing outcomes. Volunteering. Community participation - assistance with Allied Health - Occupational gardening so as to avoid PEM and conserve energy to support to shop and get there and back, someone to washing, showering, bathing, dressing, feeding and wheelchairs, scooters, feeding tables, incontinence Assistance with Shopping and Food preparation -Personal Care - assistance with personal hygiene, modifications – hospital beds, hoists, lift chairs, Home Care - assistance with house cleaning or Mobility and Assistance equipment/home shop for you, assistance with preparation. participate in other things. toileting.

Communication – speech or writing aids where bathrooms for assisted access.

products etc. Home mods for wheelchair access or

with colleagues, communication and foundation

employment skills)

Social interaction – support to maintain family and community connections, manage emotions. cognitive impairments affect ability to communicate.



