

PORTFOLIO COMMITTEE NO. 2
INQUIRY INTO THE IMPLEMENTATION OF THE NDIS AND THE PROVISION OF
DISABILITY SERVICES IN NSW

Supplementary questions

Spinal Cord Injuries Australia

1. Are you aware of any specific groups of people with disability who are not being captured by the NDIS and thus not receiving NDIS funding? Please describe these groups by their disability/medical/health condition? a. How are these groups accessing the support and services they need, if not by the NDIS?

One area of great concern for SCIA is those newly injured over the age of 65. Since the implementation of the NDIS, this cohort has been excluded from disability services and must now access support through the Commonwealth My Aged Care gateway. Aged care do not have the required expertise in assisting those with significant disabilities, particularly those with profound levels of impairment such as high level spinal cord injury (quadriplegia). Compounding this issue is the level of funding provided through My Aged Care with the top tier provided being a level 4 home care package which is capped at \$50,000 per annum. This funding limit is to provide personal care, domestic assistance, as well as assistive technology needs.

Given that a new power wheelchair costs at least \$20,000 and represents only one of many assistive technology requirements, the funding limits provided through my aged care are inadequate for anyone with a significant disability. By comparison to what someone with a similar disability would receive through the NDIS, there is a huge disparity between the two schemes representing inequity simply because someone is over the age of 65. Coupled with this is the copayment element for anyone receiving My Aged Care services; funding is means tested with an assessment of assets and for those without assets they must at the very least contribute 17% of any pension received. NDIS participants on the other hand are not required to make any copayment.

The differences between the two schemes are stark. The burden – for anyone with a significant disability reliant on the aged care sector – falls heavily on family members because of this disparity in funding. There are two things that can be done to improve circumstances for this cohort:

1. Provide a supplementary payment to increase funding for anyone with a significant disability reliant on a level 4 home care package. The \$50,000 limit is not enough to cover needs when one factors in all that is required – personal and domestic care, as well as assistive technology and ongoing maintenance and repairs for equipment.
2. Allow My Aged Care participants access to state and territory equipment schemes (EnableNSW) so they have access to funding for expensive assistive technology (power wheelchairs, hoists, commode chairs, pressure mattresses and cushions) and include the cost of ongoing repairs and maintenance to these devices. Providing eligibility to EnableNSW for this cohort would mean they would be able to utilise all of their My Aged Care funding for vital in-home support services such person and domestic care.

As committee members may be aware, with the implementation of the NDIS, the National Injury Insurance Scheme (NIIS) was meant to commence at the same time providing coverage for anyone catastrophically injured across motor vehicle accidents, work-based accidents, general injury and medical injury. Unfortunately the last two of these – general injury and medical injury – have not

progressed in any way. There is no age limit for lifetime care support for motor vehicle accidents or work based accidents.

As it stands there is no coverage or implementation for the two heads of damage for general and medical injury. If they were up and running, as was intended by the Productivity Commission's Disability Care and Support inquiry, and with no upper limit on age, this issue would be solved and remove the current inequality because of age.