

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

Supplementary questions

NSW Disability Advocacy Alliance

1. Are you aware of the contracting of the NDIA that commenced in early July that reportedly requires nine providers (Marymead, Northcote, (Northcott?) the Australian Foundation for Disability, Life Without Barriers, Uniting and Live Better) to act as a provider of last resort?

Prior to it being raised at the inquiry hearing on Oct 2, members of the NSW Disability Advocacy Alliance (NSW DAA) were not aware that the NDIA had contracted nine providers to act as a provider of last resort.

2. 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?

As discussed in our evidence provided at the public hearing member organisations of the NSW DAA are concerned about the following cohorts:

Individuals who were formerly receiving CCSP (Community Care and Supports Programme) funding through the Department of Ageing, Disability and Home Care (ADHC) and are found ineligible for the NDIS, or do not know how to access the scheme. This cohort include people with psychosocial, physical, or intellectual disability (and in some cases a number of these) chronic health conditions.

The loss of community based supports to assist with activities such as shopping, cleaning, assistance with meals and personal care has to date seen some people in this category unable to maintain their health and in order to access assistance are calling emergency ambulance services, or being admitted to hospital.

Additionally, those people with disability whom reside in private boarding houses - again, predominately those with a psychosocial disability, but also acquired brain injury and intellectual disability.

This group used to also receive assistance under ADHC, particularly to access community, make and attend health related appointments and continued contact with family members, through valuable case management, however now that ADHC services have ceased they no longer have access to individual case managers, with the NSW Government now only providing a monitoring and oversight role.