

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL  
DISABILITY INSURANCE SCHEME AND THE PROVISION  
OF DISABILITY SERVICES IN NEW SOUTH WALES**

**Organisation:** Name suppressed

**Date Received:** 30 July 2018

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Partially  
Confidential

30<sup>th</sup> July 2018

The Director  
Portfolio Committee No.2 – Health & Community Services  
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Sydney, NSW, 2001  
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**PARTIALLY CONFIDENTIAL** – the client could be identified by the details of the story.

To The Committee,

As a service provider it has been difficult to engage with the LAC's about client services.

We had one client "Fred" who we, unfortunately, had little information about as they had been on a designated home care package through a local provider and we were effectively sub-contracted to provide services. When the NDIS came along, that provider simply advised us that as of XX Date, Fred was moving to the NDIS – no information about who was supporting him other than a name and mobile number for the LAC.

It became evident that Fred required advocacy and assistance to manage his services and when I tried to chase up arrangements for his services and to explain ongoing payment requirements, the LAC I was told to contact didn't get back to me and when I finally hounded him into a response I was told Fred had been allocated to a different LAC who I never did hear from, despite attempting numerous contacts.

We continued to try to communicate with Fred – sadly no-one had pointed out the level of sight impairment he was suffering so any correspondence we had issued previously was basically redundant. Fred was frequently absent – between dialysis and other appointments he was hard to catch at home or even by telephone. We were forced to end our service relationship because I was not in a position to put our NGO at risk of further debt because Fred was not paying his accounts. By mid-2017 we were well over \$2,000 out of pocket because we continued to provide services on good faith and knowing that they were required by Fred. We tried organising Centrepay deductions but this was never taken up. Fred clearly needed assistance to manage his situation and the only person that was trying to help us to support him was a social worker at the hospital attached to the renal unit. We were both astounded by the lack of support from the LACs and the lack of communication – it all seemed to be too hard. Fred was then hospitalized for an extended period and our services ceased. I have never been advised of his situation since – either by the client OR any representative acting on his behalf. I have no idea what arrangements are in place for accessing meals now.

From the outside looking in, it feels like some NDIS clients are just floating around in the wilderness without support, direction or a full explanation on how they are required to self-manage their services, if that is their choice. Fred was clearly under the impression that the NDIS arrangements would emulate his previous Package arrangements where services were paid for by the provider and little input was required in terms of administration by the client.

On another matter, our organization is not yet registered as an NDIS provider as I have not had the time to undertake this process. For larger organisations this might not seem like a big job but as a small NGO I undertake all the management level administration myself and the process of registration is a time consuming one.

We are already federally funded and accredited and yet we have to comply with a new set of regulations and requirements to be able to register with the NDIS. This type of duplication for service providers is extremely frustrating and inefficient. In our case it has been prohibitive.

In addition to that, the ongoing administration requirements for the invoicing process around NDIS clients is significant. After the experience outlined above, I am concerned about the number of other NDIS clients that may not have appropriate levels of support (for administering their budget) which leaves my organization responsible for explaining (and justifying) the processes around payments and budget management under the NDIS. With limited resources this is not an attractive business opportunity for us to undertake, as sympathetic as we might be for the clients in question.

We have had to establish new billing systems to charge clients who are on Home Care Packages and then also send a portion of the fees to their Package Funds holder (service provider) which is complex and frustrating. We would need to replicate this AGAIN to undertake correct billing processes under the NDIS.

We have a staff of just 4.2FTE to administer around 200 clients and the provision of 2,500 meals every week. With what spare time are we to jump through these hoops AND provide budget management advice to NDIS clients who have been ignored by FUNDED LAC's??

Yours Sincerely,